

OUR BODY

a film by Claire Simon



Synopsis

At the hospital, I had the opportunity to film the epic story of women's bodies, in all their diversity, uniqueness and beauty, as they make their way through the stages of life.

A journey of desires, fears, struggles and unique stories that only each of them can experience.

One day, I had to stand in front of the camera.

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Interview with director Claire Simon

In the prologue, you describe how *Notre corps* got started. Can you tell us more about the personal, intimate background it came from?

As I say in the prologue, the initiative came from Kristina Larsen, and I was delighted because she's a producer I have a lot of respect for. She told me that she had just spent two years in hospital, that she had discovered this world: the carers - from nurses to doctors - and the patients, and that the ward she was in encompassed everything that women go through in the course of a lifetime. I was very touched by her proposal, not least because when I made *Les Bureaux de dieu* (2008) about family planning, I'd been angry with myself for not having included pregnancy follow-up, which is sometimes provided by family planning. The pill, abortion, pregnancy, controlling one's body and the desire for a child are all part of the same movement.

It didn't take long, though, as I spent time in hospital, for the story to take shape: the stages along the path of life, from youth to death. All the more so as I don't like spotting, I was seeing incredible scenes without being able to film them, and it was driving me crazy!

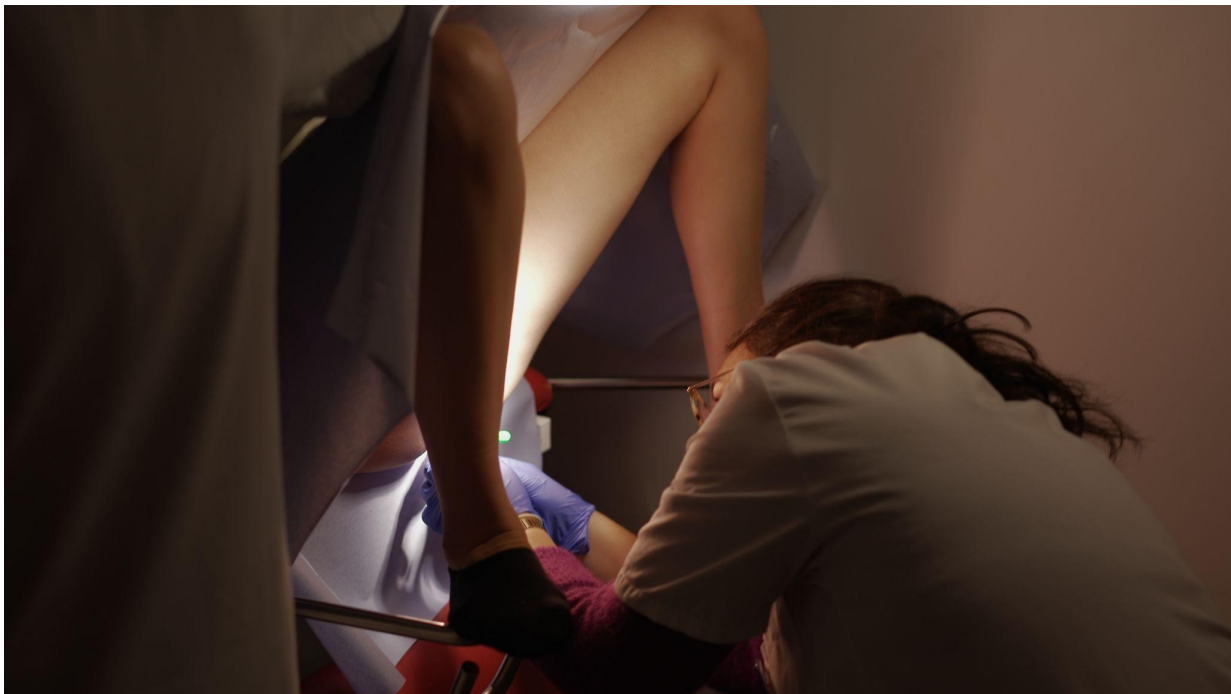
It's in the prologue, but it's no less true: between my home and the hospital, there's the cemetery! It made me laugh, but it also scared me. That's why I really insisted on this prologue, which is filmed in a single shot, both subjectively and objectively. I wanted to tell that too, how excited I was by the idea of Kristina Larsen, how onboard I was, but also how intimate and literally topographical it was. And so, when I first entered the hospital, I immediately had this thought of a disease that would strike me, cancer. Then my childhood came flooding back, the corridors with the sun streaming in, my sick father... These are my memories.

Was *our body* made with films - of which there are many about hospitals and illness - in mind?

Although I think it's very clear, I really want to make it clear that this is not a film about the hospital, but about the patients and their bodies. It seems to me that this reverses the usual relationship, where the focus is more on the institution. When I first saw the rushes, I was delighted to see that the film is always on the side of the patients, even though the carers are not denied - that was never the intention.

From the patient's point of view, Denis Gheerbrant's *La vie est immense et pleine de dangers* (1994) is undoubtedly unsurpassed: it's the story of a little patient, but also of a community of children suffering from cancer. I also thought of Frederick Wiseman's *Hospital* (1970) and *Near Death* (1989), two important films on the relationship between illness and the hospital institution. Of course, I also had in mind *Vacances prolongées* (2000), which Johan van der Keuken made while suffering from cancer. So when I fell ill myself, it spoke to me a lot... It's sublime when he films his relationship with the world, but I'd like to say that I found it a little lacking in strength when he films the consultations with his doctor.

But I didn't think much about these films. What I had in mind was like a leitmotif: filming the body, filming women's bodies. That was all that mattered to me. Bodies in their beauty, in their materiality, in their singularity - in other words, the absence of standards, of canons of beauty. Or by playing with them, as in the case of the young woman whose oocytes are punctured. We're somewhere between Dominique Sanda and Grace Kelly, with that almost Hollywood tear rolling down her cheek.



Can you tell us a little about your directorial choices?

First of all, I'd like to point out that we were an all-female team, which was a prerequisite for making the film possible! Flavia Cordey was sound engineer and Clara François my assistant. These were young women who didn't have children at the time - one of them had had one very recently - so it was like an initiation for them.

The director's approach is to focus on these bodies. It's not easy to film the body in hospital, because it's largely hidden during operations and childbirth. So I wanted to go straight to the point in terms of representation: breasts, acts of palpation of flesh, bellies, skin. It was almost as if I were on the side of sculpture. But I don't feel I've done it brutally, but, on the contrary, with as much love as possible. If the female body is hidden, pain is almost impossible to find. I felt like I was hunting it down. That's why I attach so much importance to the sequence in which the woman discusses her birth with a psychologist, while breast-feeding her baby. It's as if you're listening to her voice-over as she gives birth... But it's strange that pain remains a blind spot.



My intention was also to film how language relates to bodies; I was fascinated to see that naming led to designating and then palpating one's own body. I was fascinated to see how naming led to designating, and then palpating, one's own body, especially in the case of doctors who combine gesture with speech, as when a doctor points to the ovaries by touching the bottom of his male belly. The body, language and the language of the body, that's what interested me.

As for the appointments and consultations, these face-to-face meetings, I wanted to film this but also to move between the bodies, as this seemed to me to be the most faithful to the intensity of these moments, to the mutual listening that is often extraordinary. The editor, Luc Forveille, who knows me well by now, really edited as I filmed, following this desire to show how things move *between them*. Then, given the situation, he made his own selection of rushes for my illness. He even told me: "I'll take care of the cancer. He had never taken so much control of the editing process as he did with *Notre corps*, and I think his work is magnificent.

Another formal choice was to film PMA (Medically Assisted Procreation). It was extraordinary, and I really enjoyed it: playing with the ladders, then the way the laboratory technician teaches and initiates the boy at her side. These are extraordinary machines, but *in the end* it's the hands, the gestures, there's still the body there. MAP is coitus cut into slices at the hospital: the meeting, the kiss, the sperm collection, the oocyte puncture, putting a sperm into an oocyte and putting an embryo into a uterus when the couple hold hands... Knowing about the MAP process is not the same as seeing it.

As far as the robot operation is concerned, it's the same impression of being in Dr. Frankenstein's office, and then there's the more trivial question of anatomy. When it comes to hiding women's bodies, there's also the inner dimension, the entrails. We talk about endometriosis, but what is it, what does it look like, where is it *in* the body? Representation is necessary to understand and domesticate pain, which is why doctors are constantly drawing. With the robot inside the body, it's as if you're lost in a landscape, but with words and naming, you get your bearings and it's less worrying. And that's what cinema is all about: providing a representation.

It's a film that, as you can guess, required a great deal of work to obtain filming permits.

The first key was the AP-HP (Assistance publique - Hôpitaux de Paris), which we contacted through its director François Crémieux. We then met the hospital's top brass. I also wrote a letter to all the hospital's staff, in which I explained my intention to follow the trajectory of the female body in a lifetime, recounting, through it, this exceptional service involving all the stages, both happy and unhappy. Kristina Larsen had been hospitalized there, so she knew the people who cared for her, the doctors. When we started filming, things became more refined, and we asked specific patients or caregivers. For the most difficult things, there were authorizations including the viewing of the sequence if it was edited.

On the whole, it was very well received, with of course some rejections - often from men, I might add! Clara François did a fantastic job, making contacts and initiating conversations while Flavia and I were shooting. All three of us cried a lot during the shoot, which was of a very high emotional intensity.

We can guess that during medical and surgical procedures, your place and that of the camera obey constraints, no doubt assignments.

Under these circumstances, there wasn't a place from which we couldn't move. But of course we had to be very careful, and above all we had to understand how things worked and moved around the block. Of course, we were all bundled up, but above all we had to avoid touching anything, not even brushing against it, otherwise we'd have to re-sterilize everything - that happened once, and I was so angry!

There was also the question of our resistance to the scenes we were witnessing. But when the amniotic fluid gushes out during the caesarean section, I thought it would stain the camera's optics... then I said to myself: "That's it, I'm ready to go to war! Seriously, you're caught up in a movement, a drama, and it's so beautiful to see, understand and witness it.

What really struck me was that the body is a kind of chaos, and during any operation - scalpel, laparoscopic, robotic - the doctors are doing anatomy, they're constantly naming things, it's fascinating. I always had the impression of being in the presence of the Enlightenment! When I filmed the team meetings, it was like being among the Doges of Venice... Except that their domain isn't religion, it's science and reason, and the sanction is life and death. Then there's their faith, the joy of saving an organ to preserve the chances of fertility and continence. We understand one word in ten, but we understand everything in the end.

My father was hospitalized with multiple sclerosis at the age of 28, and I was pretty hard on the medical profession. I've often been dazzled and admired by the fact of seeing and naming, in other words, producing thought. Of course, it's also essential for patients to see and understand what we're naming, that it's not a matter of belief but of reason.

There's one shot that struck me as both ironic and essential, and that's the upward panoramic shot into the sky from the hospital chapel. At the hospital where destiny, science and reason meet, and, *ultimately*, humanity in all its quintessence.

The film tends towards the final sequence, where the disease is strongest. This is sometimes the case, as the carer tells the patient. As far as I'm concerned, I didn't feel the fear until after the filming; as I said, it was the editing that was the hardest part.

The film is hit hard by the news of your cancer.

One morning, when I woke up and stretched, I felt a lump under my arm. I went for a check-up and was diagnosed. I should point out that I hesitated about being treated at the film location. But I chose to do it, and logically it became part of the film. I had a setback one afternoon, when I stopped. But it didn't last, as I was caught up in the strength and beauty of the situations. I almost took it lightly, and it took me a while to become aware of the situation. I knew the protocol, and I knew that, depending on the case, you either come out of it or not.

Ironically, I had once told Sonia Zilberman, a wonderful surgeon, that I had to film an announcement (of cancer)... She told me it was impossible. Then, when I fell ill, I had the opportunity. I asked the cinematographer, Céline Bozon, to film me during my announcement, and she did it remarkably well.

At the time of this announcement, you experience a sort of split between your personal self and your filmmaker self, which remains and even expresses itself during this consultation. How did you experience this split?

I've been overwhelmed... I think it shows! I heard what I didn't want to hear, what was waiting for me that I didn't want to admit. At the same time, I had some knowledge, I knew I wasn't unique. But I wanted to say at the end of the film that you only have one story: your own. Even so, seeing others helps enormously.

This is the moment when I completely join, through my illness, the community I'm filming. I was already a member as a woman, but now I share a patient's destiny. That's why it seemed essential to me to be filmed naked, as I've done for others. It's also a way of avoiding the overbearing position that I can grant myself.

as a filmmaker. It's important to see others, not to be a woman alone with questions about her body, her confrontation with doctors, with the hospital institution, but to know that there are others, that there's a community, that it's big, strong.

Feminism is an integral part of your life, a long-standing personal commitment. With this kind of historical awareness, how did you perceive the new feminist issues that enter the film? For example, just ten years ago, the subject of gender transitions wouldn't have been so prominent.

I'm thinking of what Simone de Beauvoir writes at the beginning of *Le Deuxième sexe* about the reproduction of the species. Men and women are individuals, but women's physical condition sets them apart from men in this gynecological dimension. I had the feeling that, in certain cases, certain patients felt that being a woman was not necessarily a panacea. At the hospital, I found the reception of the desire for transition to be very benevolent and attentive. I've never felt criticized for expressing a desire for transition, which I think is a fair and remarkable thing.

Some doctors, in cases other than transition, sometimes couldn't understand why women didn't always want to have a child, why people might prefer not to suffer from endometriosis rather than think about their fertility. I got the impression that the women doctors were listening, without necessarily trying to build up their status as great doctors. This is obviously less the case with some men, who are inclined to build up their status, which becomes a statue. In such cases, I could feel my feminism returning!

Another feminist dimension for me is that the female body is shown in its beauty, as an object of desire, but its reality is always hidden. But that's precisely what I had access to here. This beauty is also democratic, or political, insofar as this is a hospital with a very broad social mix. Patients were often accompanied by their spouses. When we told them what we were doing and asked for permission, the husband would very often say no. It was as if his wife's body was his own. As if his wife's body belonged to him, that he owned it. I used to take great pleasure in saying:

"Excuse me, but I was asking Madame." I don't think I've ever felt this strongly before, and there was nothing strictly social or cultural about it.

How did the protest against obstetric and gynecological violence come into the film?

I spontaneously felt I had to film it. These women have come together to talk about their experiences, and among them is a nurse from the hospital. This brings us back to the question of patient consent, which goes beyond this particular hospital, and I tried to tell the story from this general point of view: to show a female community of resistance to these questions of consent, violence and even rape.

The "we" of the title seems to unite a community of suffering. How do you relate the feminine to suffering?

This is what Lou, a pregnant woman suffering from cancer, says with great derision: "We women are made to suffer, we've always been told that, haven't we? Although the discovery of the epidural has changed things, we still feel that all the archaic things are there: sexual pleasure and the reproduction of the species are paid for by a demonization of the female body, or at least by anxiety, mistrust and fear. This has determined the division established by men: we'll take care of power, you take care of life. Men know that their existence depends on this: they don't want to know where they come from. They don't like the idea that they come from a woman's desire..."

I wouldn't want anyone to think that the film gives an idea of what constitutes a woman's existence: it's about the passage through hospital, which I don't confuse with life as a whole. Unlike general pathologies, when you break a leg or get cancer like lung cancer, all the ailments here involve love, desire, sex life, feelings, self-image. In other words, the effects are profound, long-lasting, if not definitive.

Interview by Arnaud Hée, Paris, January 22, 2023





Biography of director Claire Simon

Claire Simon came to cinema through editing. *Récréations* and *Coûte que coûte* will resonate with others as a sign of the advent of documentary in French cinema.

Since then, she has alternated between documentary films and fiction.

Claire Simon films the others around her like heroes: the kids in *Récréations*, the stressed boss in *Coûte que coûte*, the child thief in *Sinon Oui*, the young girl on fire in *Ça brûle*, Mimi in love with women, Nathalie Baye as a family planning counselor in *Bureaux de Dieu*, Nicole Garcia's passion for Reda Kateb in *Gare du Nord*, Stephanie selling her charms in *Le Bois*, young men storming the fortified castle of the Fémis in *Le Concours*, high school students like Hugo weeping over the silence of their families, *the grocer's son and the mayor* of a modern village, Swann Arlaud's passion as Yann Andréa for Marguerite Duras in *Vous ne désirez que moi*.

Documentary or fiction, a single question: what is a story? Is it a life?

At the same time, she taught at Paris 7 and Paris 8, and headed the directing department at Fémis.

Technical and artistic list

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Produced by Madison Films, Kristina Larsen

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