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Introduction: Death and/as Relationality

Enda McCaffrey and Steven Wilson

ON OCTOBER 7, 2020, the *Washington Post* published an article entitled “Covid-19 makes us think about our mortality. Our brains aren’t designed for that.”¹ Exploring the “eerie uncomfortable feeling” – resulting from a combination of grief, distress, and apprehension – that, for many, has characterized our co-existence with a global pandemic, the author of the article interviewed three social psychologists on the subject of “the existential anxiety caused by reminders of our own mortality.” Drawing on the research carried out by these academics, the piece proposed that, when we live in a state in which we are constantly made aware of the inevitability not of death as a generality, but of *our* death, we experience a form of existential shock. This condition is compounded when the comforting familiarity of routine is disrupted. If SARS-CoV-2 has performed any useful function, it has at least accelerated a process that began to develop in the 1970s, by forcing us to confront our psychological, cultural, and possibly even neurological propensity to deny death.² The daily press conferences, news bulletins, and social media feeds, each containing an update on the latest death tolls, have rendered mortality shockingly salient. It is hardly surprising, then, that death cafés, in which people openly discuss their fears, questions, and understandings of the end of life, have witnessed a global surge in demand in 2020 – even if they have had to be hosted on Zoom.³

This special issue contributes to the current impulse to break the taboo of death. It considers what French cultural and philosophical production from the nineteenth century to the present day tells us about how we think about dying, how we represent death, and what it means to die. Bringing together *Thanatos* (in Greek mythology the personification of death/dying) and the suffix “ology” (the study of death as account, story or speech), this special issue explores new frames and trajectories in the way death and dying are reimagined in French literary, cinematic, and philosophical narratives (“*récits de mort*”) that span the

period from the medicalization to the demedicalization of death. It departs from the premise that modern French culture – with its rich and distinctive literary, artistic, and philosophical reflections on illness and the body – has much to contribute to current debates on the meaning(s) and experience(s) of death. Catherine Ceylac’s 2018 book *À la vie à la mort*, which brings together fourteen leading French artists, writers, and *personnalités* who share with Ceylac – and the reader – their thoughts on absence, loss, pain, and beliefs in the context of losing a loved one, provides an illustration of France’s recent public conversation on death.⁴ The topical debates taking place in France on euthanasia, following the 2018 decision of the Assemblée consultative du Conseil économique, social et environnemental (CESE) to adopt a recommendation that people suffering from an incurable disease “en phase avancée ou terminale,” and whose pain is classified as “inapaisable,” should have the right to benefit from a “sédation profonde explicitement létale,” offer further compelling evidence that France is reconsidering its relationship with death.⁵

The socio-cultural shifts towards talking and thinking about death are all the more remarkable since, as Ceylac observes, Western cultures have traditionally been reticent, even anxious, about the subject: “Par peur de l’inconnu, du mystère, du vide abyssal, la mort, en Occident, est taboue, on en parle en baissant la voix, à demi-mot, de peur qu’elle nous contamine” (Ceylac 10). Such has been the traditional taboo surrounding death that it has given rise to an endless series of euphemisms. In English, we refer to someone being “at peace,” “at rest,” “in a better place”; we explain that they have “passed away,” “departed,” “deceased.” In French, too, there is a plethora of linguistic options available if one wishes to avoid any explicit mention of *la mort*: “rendre le dernier soupir”; “rendre l’esprit”; “expirer”; “cesser de vivre.” Two of the most common expressions relating news of a death in French are “elle s’est éteinte dans son sommeil” and “il nous a quittés.” Journalist and author Eduardo Berti, having undertaken in 2015 a “résidence *littéraire-médicale*” in Rouen, and spent several weeks at the city’s CHU (Centre hospitalier universitaire), wrote his first book

in French directly inspired by his experience of talking to doctors, nurses, and other carers. *Une présence idéale*, published in 2017, is composed of fifty-five short texts based on the lived experience of the medical staff. In one *recueil, assistante sociale* Barbara Sylvère (a pseudonym) explains that, while most terminally-ill patients have “quelque chose à régler avant de mourir” – “une confidence plus ou moins explosive,” “un regret ou un dernier souhait,” “recevoir une personne ou évoquer un souvenir précis” – “ils n’arrivent pas à parler de la mort.”⁶ The difficulty in confronting death is, apparently, a linguistic as much as an ontological one: “Les patients, malgré leur courage, utilisent rarement des mots comme “mort,” “mourir” ou “décès.” “Avec les temps,” Sylvère explains, “j’ai trouvé un euphémisme: je parle avec eux de ‘l’après’” (Berti 135).

Consultant gastroenterologist Seamus O’Mahony opens his 2016 reflection on mortality by alluding to the problematic linguistic status of death: “Death, for most people, is a rumour; something that happens to others, far away.”⁷ Death, it seems, can only be uttered using the third-person form of a verb, thereby distancing *us* from the phenomenon. In the 1970s, philosophers and cultural commentators in Europe and the United States began to pay attention to the factors that had contributed to the denial of death. While the fracturing of traditional communities and the secularization of society were important contributors, notable “thanatologists,” including Ivan Illich, Ernest Becker and, above all, Philippe Ariès, sought to highlight the pervasive influence of the “medicalization of death” in the twentieth century.⁸ In the nineteenth century, most people died at home, surrounded by family and frequently the figure of the priest. Death was even romanticized, including in the fiction of the time, perhaps most famously by Madame Bovary who, having decided to end her miserable existence, naively says to herself, “Ah! c’est bien peu de chose, la mort! [...] Je vais m’endormir, et tout sera fini!”⁹ The reality of death, she discovers, is rather different from what her preconceptions, mostly driven by reading romantic fiction, had suggested. Within a few lines,

as the effects of the arsenic she has swallowed begin to take effect, Madame Bovary exclaims, “Ah! c’est atroce! mon Dieu!” (Flaubert 409).

Even so, the nineteenth century rarely offered insightful accounts on the corporeal or experiential realities of dying. Death, in the literature of the time, was presented more often than not as a trope allowing for the ultimate neat ending, or a commentary on the fate of a seemingly subversive protagonist. This unwillingness to consider the experience of dying reflected the denial of death that pertained in wider society at the time. In turn, by the early twentieth century, this denial translated into attempts to render death invisible, far removed from the intimacy of the family home. Citing figures from Strasbourg that show that, whereas in 1840, 15% of the population died in hospital, that figure rose to 30% by the time of World War One and stands at 75% today, Anne Carol has written extensively on the “révolution récente” in cultural practices of dying in modern France.¹⁰ Many important consequences have resulted from the cultural shift towards what is termed a “medicalized death.” The dying person is more often surrounded by wires, monitors, and clinicians than by family members or clerical figures. Death, in many ways, has become a technical phenomenon, where the doctor relies on surgery, drugs, and medical knowledge. Technology sustains organs, pushing against the limits of natural biology. The approach of modern Western healthcare has been to urge us to delay death for as long as possible; death is always to be resisted and postponed, and when we do approach the end of our lives, we cede responsibility for death to medical professionals, the palliative care sector, and, eventually, the funeral industry. Death, it seems, is always handed over to an institution that takes control.

Much of our contemporary desire to reclaim mortality has emerged as a reaction to the so-called “medicalization of death.” Atul Gawande, in *Being Mortal*, his best-selling reflection on the modern experience of dying, has argued that “the problem with medicine and the institutions it has spawned for the care of the sick and the old” lies in their narrow focus:

Medical professionals concentrate on repair of health – not sustenance of the soul. Yet – and this is the painful paradox – we have decided that they should be the ones who largely define how we live in our waning days. For more than half a century now, we have treated the trials of sickness, aging, and mortality as medical concerns. It’s been an experiment in social engineering, putting our fates in the hands of people valued more for their technical prowess than for their understanding of human needs.¹¹

“That experiment,” Gawande concludes, “has failed” (Gawande 128). With the development of the modern hospice movement since the late 1960s, the advent of palliative care in the 1970s, and more contemporary debates on how and when individual patients might legally end their life, death is a topic of discussion once again, and is particularly associated with notions of control and dignity. In this new era of “patient-centered,” “humanistic” medicine, the patient is beginning to take back control – if not of death itself (though the question of euthanasia is topical in many countries), then of how to prepare for it, how to approach it, and how to understand it. This newfound willingness to embrace what it means to die is reflected in a recent spate of death memoirs which have become best-sellers, including *The Bright Hour* (2017) by American poet Nina Riggs and Australian writer Cory Taylor’s *Dying: A Memoir in her Final Year of Life* (2016). Oliver Sacks’s columns in the *New York Times* on his experience of living with and dying from cancer were followed by millions of readers.¹² These contemporary patient narratives have been supplemented by more sociological and philosophical writings on mortality, notably by Gawande and O’Mahony, but also by surgeon Sherwin Nuland, whose moral philosophy seeks to “demythologize the process of dying” by presenting “its biological and clinical reality,” and Spiro et al., whose book *Facing Death* considers how different cultures and religions perceive and respond to death.¹³ The morbid scale of the SARS-CoV-2 pandemic has merely accelerated these recent shifts in our reluctance to confront death.

France, as we noted earlier, is presently engaging in its own distinctive conversation on what it means to die. Régis Bertrand, Anne Carol, and Jean-Noël Pelen, in the introduction (“Narrer la mort”) to their co-edited book on French death narratives, suggest that there has been a thanatological turn – or what they term a “retour aux morts” – in French sociology, anthropology, philosophy, and medical ethics since the beginning of the new millennium.¹⁴ The publication of texts such as *Cinq méditations sur la mort, autrement dit sur la vie* (2015) by François Cheng (of the Académie française), Jean-Jacques Charbonier’s *La mort expliquée aux enfants mais aussi aux adultes* (2015), and psychiatrist Christophe Fauré’s *Vivre le deuil au jour le jour* (2012, republished in 2018) reflect this turn. In recent years, the most significant contribution from France to understandings of dying and death has arguably come from Marie de Hennezel, the author of two influential reports on the end of life for the French ministère de la Santé and over ten books denouncing the medicalization of death.¹⁵ In a signal that Hennezel’s 1995 book *La mort intime* would generate discussion and debate even at the top of society, the preface was written by no less a figure than former President François Mitterrand, barely a year before his own death. In response to his opening question – “Comment mourir?” – Mitterrand laments that “Nous vivons dans un monde que la question effraie et qui s’en détourne.”¹⁶ He ascribes the reasons for this state of affairs to a lack of spirituality in modern life, characterized as it is by the exigencies of the present: “Jamais peut-être le rapport à la mort n’a été si pauvre qu’en ces temps de sécheresse spirituelle où les hommes, pressés d’exister, paraissent éluder le mystère” (Hennezel 9).

Mitterrand’s reference to “le rapport à la mort” provides the conceptual impetus for this special issue. This volume does not simply continue the process of breaking the taboo of death, or think about how artists, philosophers, and writers are using their work to reclaim control of death and reassert the subjective voice of the dying patient, important as these issues are. Instead, through sustained analyses of French literature, cinema, and philosophy, we aim to offer a new approach to thanatology: one based on relationality, and forged through

the subversive power of connection, dialogue, and shared experience with people, via emerging practices and beliefs, and across time and space. In recent decades death by virus (HIV or SARS-CoV-2) has placed a microscope on the dangers lurking in the proximity of contact – with the most human of proclivities becoming one of its most deadly. Death by virus has invited us to rethink how we relate to each other and in particular how we come to terms with distance as our new nearness. What is personal has given way to “impersonal relationality”¹⁷ and a “relationnalité extérieure.”¹⁸ Relationality and its variants have cast a critical light on old unities, totalities, and certainties, including that of death as a medical “category” and “pathology.” Relationality urges us to cast our nets much wider and deeper for new dispersed knowledges – ethical, discursive, and ontological – of death’s finality. Relationality means “bringing together as many approaches to the elaboration of knowledge without ever hoping to see them fuse into the whole picture or lead to a unifying conclusion.”¹⁹ In this way, we reframe death as connection, or more precisely, in terms of the connectivities that emerge between people, concepts, texts, modes of representation, and academic disciplines, and that allow us to engage with the practices associated with the end of life.

As Frank Kermode once observed, death is a “fact of life and a fact of the imagination, working out from the middle, the human crisis.”²⁰ But death’s status as a “fact of the imagination” increasingly results from and is nourished by shared experience. We talk about death more openly; we read thanatologies; we participate in creative therapy sessions in response to grief; we are even invited to take part in shared writing experiences, such as the initiative pioneered by Mathieu Simonet following the publication of *La maternité*, his 2012 “autobiographie collective” detailing his mother’s death.²¹ We imagine death *relationally*. Yet we experience death relationally too. The formal necessity for *accompagnement* in palliative care provision ensures that the end of life is approached more dynamically than was previously the case, with the result that spiritual needs are regarded as equally vital as

corporeal ones. Being with someone at the end of life – talking to them, sharing with them, listening to them – is, Tanguy Châtel has argued, crucial to the experience of death: “c’est justement ce [mot] ‘avec’ qui est l’élément central, le pivot de cette notion d’accompagnement, et lui donne sa véritable profondeur et sa pleine ambition.”²² “Being-with” is also an ontological condition of being human.²³ “Être-avec,” as Jean-Luc Nancy claims, is not an enclosure but a mutual exposure (“expeausition”) to one another.²⁴ It is an exposure profoundly felt by many carers. One nurse who contributes to Berti’s aforementioned book, *Une présence idéale*, recalls one evening when an unidentified patient, found semi-conscious on the street, had been taken to the hospital: “L’homme vivait ses derniers instants seul, et j’ai senti qu’il me fallait rester avec lui. Il ne devait pas mourir tout seul, même s’il était déjà presque inconscient” (Berti 29).

Dying *with* – a concept put into practice by the nurse in Berti’s text – gestures to our innate human sociality, to Nancy’s idea that in our essential singularity we are already plural, and to those cultural and religious traditions where death’s solemnity is marked as a public event. This special issue pursues this (inter-)relationality by drawing from across disciplines as well as textual and visual forms to map the complex web of death’s representation in French culture. Thus, as one of the prevailing themes underpinning this volume, de-medicalization is not defined as simply the rejection of medical discourse, knowledge or practice but an endeavor to negotiate a new structural relationality (a *thanatology*) between clinical medicine and human (subjective, ethical, philosophical) agency. The contributions to this special issue reflect this structural relationality in the diverse ways they address the dying “self” (patient, *autopathographer*, *photographed*, artist) as an agent of critical change, artistic transformation, and deformation of hierarchical, vertical, and spatial relationalities. The aim therefore is to establish a thanatology that is an authentic *ars moriendi* that resituates death not *in* a medical finitude but *along* a spectrum of still “being human.” Articles will explore death and dying in relation to connections between the social and the medical, the medical

and the literary, the passing “self” and the surviving “other,” the living body and the *post-mortem* corpse. Viewed in this way, thanatology acknowledges that death and dying are inextricable aspects of life and afterlife, and that recourse to the blunt instrument of medicine is not always of clinical or personal benefit to the dying. This recognition of death and dying fosters a culture of acceptance within a tradition of being human – accepting vulnerability, suffering, stoicism (the pinnacle of Nietzschean *amor fati*) – that looks to make sense of death through the cathartic impact of art, locating in death, pain, and loss sources of aesthetic liberation and creative possibility.

In many ways, this special issue returns to the pioneering approach of the thanatologies of Ariès, Illich, and Becker, who themselves situated illness and death within and between cultural and social contexts, resisting the turn towards the private, clinical space of the hospital and surgery by encouraging the public, collective, and communitarian acknowledgement of illness as a subjectivity. With our focus on contemporary public debates and memoirs on death, we embrace interdisciplinary (and relational) methodologies offered by the medical humanities (including literary, ethical, disability, queer, and death studies) in order to develop new synergies, trajectories, and insights into the experiences of death and dying. The issue opens with two philosophical studies that reflect on the ideas of waiting for and anticipating death. David Caron explores the concept of care for the dying in contemporary queer cinema. Care, like waiting, involves duration (of the caring relationship) and a degree of uncertainty (regarding the outcome). Caron asks if caring, usually premised on presence and spatial contiguity, shares ethical characteristics with waiting, defined by temporality and the absence of its object. Exploring directors from different cultural traditions, among them Tsai Ming-Liang, Apichatpong Weerasethakul, and Sébastien Lifshitz, he analyzes how their films have the power to bring strangerliness to their viewers’ sense of self and to present us with ethical modes of cross-cultural connection. Drawing on an understanding of thanatology as a practice in writing death and dying, Enda McCaffrey

explores the writings on “nearing death” of three French thinkers who composed their final works on this theme. For André Gorz, Jacques Derrida, and Paul Ricœur, death was an experience that they captured in their last writings: death by suicide for Gorz three years after his love letter to his wife in *Lettre à D.: Histoire d'un amour*; death from pancreatic cancer in the case of Derrida a year after his last publication, *Apprendre à vivre enfin*; and death from old age two months after the publication of Ricœur’s unfinished work *Vivant jusqu’à la mort, suivi de fragments*. Central to this practice of reflection is their focus on the anticipation of death and how it reshapes their respective thinking on life and the desire to survive. McCaffrey thus shows how these *memento mori* can be thought of as *memento vivere*.

Julie Rodgers and Steven Wilson direct us towards death in the context of connections that emerge between people, concepts, and texts in their reflections on contemporary literature and doctor-turned-patient inflections on our understanding of death and dying. Rodgers examines connections between mothers and daughters, and specifically the significance of the maternal deathbed and the impact of the final loss of the mother on the daughter, in two autobiographical texts by Quebec women writers, Gabrielle Roy and Francine Noël. Both use the mother’s death as a springboard for reflection not simply on their own identity as daughters, but also on the mother’s personal and intimate singularities outside of the maternal role.²⁵ *Le temps qui m’a manqué* and *La femme de ma vie* can be positioned within a wider body of work by women writers in Quebec as a subgenre of grief writing that is specifically concerned with what Barbara Havercroft calls “le souci de faire le deuil maternel.”²⁶ Turning our attention to a different and much-understudied facet of the subjective challenges posed by “being with” someone at the end of life, Wilson analyzes the spatial language of thresholds used by the physician-turned-pathographer to relate his medical experience, contemplation of death, and change in identity from doctor to patient-writer. Highlighting one of the first narratives penned by a doctor-turned-patient during the period that witnessed the “medicalization of death” (*Journal d’un médecin malade, ou six mois de lutte contre la mort*

by René Allendy), Wilson investigates how the language used in French physician memoirs contributes to our conceptualization, articulation, and understanding of dying and death. His article raises important questions about the roles allocated to “doctor” and “patient” in modern medicine – often referred to as the “doctor-patient hierarchy” – and what happens when these boundaries, which operate as a coping mechanism as much as a guarantor of medical authority, become blurred. More particularly, he explores what happens when roles are reversed and what challenges occur when the doctor becomes the patient – or the doctor-patient – and is forced to confront his or her own mortality.

In a socially conscious article that draws out the legal, social, medical, and subjective implications of euthanasia in contemporary France, Áine Larkin takes what are essentially literary texts and unearths the strong depth of political feeling towards the French health care system and its stance on euthanasia. Her article highlights how Anne Bert’s and Marie Deroubaix’s writing about illness can be read as a form of resistance in the way they appeal to action and solidarity as a means by which the human subject/body can ‘take back control’ from the system of care. Larkin’s study raises awareness about the growing clamor for changes to end-of-life legislation across Europe. Anna Elsner extends these medico-political considerations embedded in end-of-life literature into a consideration of the roles played by art and figurative forms of palliation in creating an aesthetic context for articulating the subjectivities of dying. In his work *La grande santé*, Frédéric Badré reflects on the meaning of health in illness, the place of others in dying, and the rivalry between science and spirituality. Elsner establishes a closer link between Badré’s work and the specific meanings and philosophical values that palliative care has taken on in the healthcare context. Larger ethical and social reflections about dying and the opposition to binaries frequently relied on for thinking about it, as well as Badré’s appropriation of ekphrasis as a literary form of particular relevance for end-of-life writing, are realigned with some of the key tenets of palliative care. Akane Kawakami continues the visual contribution to thanatology by studying

those photographs of French writer Hervé Guibert that represent death through a variety of subjects, including Guibert's self-portraits. In order to represent death, Guibert chose subjects that embody the *relationship* between the living and the dead – the lifeless, the old, and the dying. Guibert's approaches to these categories correspond to different approaches to the relationship between life and death, which Kawakami describes through a close examination of his photographs in each category. She demonstrates how Guibert fictionalizes – or auto-fictionalizes in the case of his self-portraits – his subject, using particular physical props and effects to cast doubt on its ontological status. In this way, she claims that Guibert represents but also cheats death, both that of others and his own. Through setting up a fictional space, sometimes literally, within his photographs, Guibert creates an escape route for his subjects from the finality of death that the viewer is also free to take, thus incorporating a kind of freedom from death into his thanatological images.

Taking an historical overview to serious medical phenomena (suicide and hysteria) that have preoccupied scholars researching currently in the medical humanities, the last two contributions to this special issue look to develop new forms of medical and literary therapeutic treatments. Eva Yampolsky explores the role of literature in the medical conceptualization of suicide as a contagious phenomenon. Researching what has become known as the “*effet Werther*,” Yampolsky assesses medicine's historical relationship to literature, the status of literature as mode of representation and source of action, and the correlation between literature and suicide as a basis for a new moral concept of contagion. These associations expand the parameters of psychiatry to include social and moral factors as medical causes, leading to new forms of treatment and prevention of suicide, such as moral and physical education and the avoidance of certain literary texts. Emilie Garrigou-Kempton explores Jean-Martin Charcot's rediscovery of hysteria in the late nineteenth century at the Salpêtrière hospital in Paris, where he developed an impressive clinical arsenal to identify, diagnose, and understand this mysterious disease. Garrigou-Kempton focuses on Charcot's

use of autopsy (the examination of the body after death) as a tool to improve diagnostic medicine, to develop his theory of cerebral localization, and crucially to map shifting representations of the body within the cultural imagination of the fin-de-siècle, while reminding us of the contemporary resonance of the scandal that is created when autopsies are handled carelessly.

As Cole, Carlin, and Carson explain, “Experiences of dying and perceptions of death [...] are matters of cultural and personal meaning that are shaped by their historical, social, and cultural contexts” (104). This special issue has been produced at a time when death has become more visible than ever. Our responses to and management of the novel coronavirus and its mutations have thrown into sharp relief our relation to death. How we die, with whom we die, and how we think about death have, as a result, become important points of reflection. Social distancing and face coverings have become as much an act of self-protection as they are an act of social solidarity and self-sacrifice for the protection of others. Conversely, in our isolation and retreat from the social, we have been made acutely aware of our interconnectedness, our dependence on global, collective action, and our need to rethink the social – to think relationally. Not only has SARS-CoV-2 resulted in thousands of people dying earlier than anyone had expected, but we have seen hospital visits being strictly limited, the number of funeral mourners curtailed, quick burials, and volunteers reciting prayers. Throughout the pandemic, many of life’s final moments have occurred, perhaps cruelly, via phone conversations and computer screens. In a context whereby *accompagnement* has become virtual, many have died alone. Mourners have attended funerals in absentia. Hennezel’s most recent book, *L’adieu interdit* (published in October 2020), denounces the indignity of death in such conditions. While the grim spectacle of death over recent months has made this special issue of *L’Esprit Créateur* tragically topical, the analyses of French thanatology offered herein, by adopting a relational approach to death and dying, aim not to dwell in morbidity, but to remind us of the fundamental relationality between life and death –

a relationality captured in the painting called *Hypnos and Thanatos* by J. W. Waterhouse that serves as the cover image for this volume. This image brings into tantalizing tension the relationship between life and death and the themes of caring, waiting, end of life, palliative care, and nearing death that are at the heart of that relationship – in short, it points to the contemplation of death and/as relationality that underpins this special issue.

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Notes

¹ Emma Pattee, “Covid-19 makes us think about our mortality. Our brains aren’t designed for that.” *Washington Post*, 7 October 2020, <https://z.umn.edu/6iq2>.

² Y. Dor-Zidermana, A. Lutz, and A. Goldstein, “Prediction-Based Neural Mechanisms for Shielding the Self from Existential Threat,” *NeuroImage*, 202 (2019): 116080.

³ Jools Barsky, “Death Cafe and Covid-19,” <https://deathcafe.com/blog/334/>.

⁴ Catherine Ceylac, *À la vie à la mort* (Paris: Flammarion, 2018).

⁵ The CESE report, “Fin de vie: La France à l’heure des choix,” is available here: <https://z.umn.edu/6lgt>.

⁶ Eduardo Berti, *Une présence idéale* (Paris: Flammarion, 2017), 134.

⁷ Seamus O’Mahony, *The Way We Die Now* (London: Head of Zeus, 2015), ix.

⁸ Ivan Illich, *Limits to Medicine: Medical Nemesis, the Expropriation of Health* (London: Marion Boyars, 1976); Ernest Becker, *The Denial of Death* (New York: Simon & Schuster, 1973); Philippe Ariès, *L’homme devant la mort: Le temps des gisants* (Paris: Seuil, 1977).

⁹ Gustave Flaubert, *Madame Bovary* (Paris: Gallimard, 2001), 408.

¹⁰ Anne Carol, *Les médecins et la mort, XIX^e-XX^e siècle* (Paris: Flammarion, 2004), 9.

¹¹ Atul Gawande, *Being Mortal: Illness, Medicine, and What Matters in the End* (London: Wellcome Collection, 2014), 128.

¹² See especially “My Own Life,” *New York Times*, 19 February 2015, <https://z.umn.edu/6iq3>.

¹³ Sherwin B. Nuland, *How We Die: Reflections on Life’s Final Chapter* (1993) (New York: Vintage Books, 1995 [~~1993~~]), xvii; Howard M. Spiro, Mary C. McCrea Curnen, and Lee Palmer Wandel, eds., *Facing Death: Where Culture, Religion, and Medicine Meet* (New Haven and London: Yale U P, 1996).

¹⁴ Régis Bertrand, Anne Carol, and Jean-Noël Pelen, eds., *Les narrations de la mort* (Aix-en-Provence: Publications de l’Université de Provence, 2005), 6.

¹⁵ Hennezel’s reports are “Fin de vie et accompagnement” (2003), <https://z.umn.edu/6iq4>, and “La France palliative” (2008), <https://z.umn.edu/6iq5>.

¹⁶ Marie de Hennezel, *La mort intime: Ceux qui vont mourir nous apprennent à vivre* (Paris: Robert Laffont, 1995), 9.

¹⁷ Leo Bersani, *Is the Rectum a Grave? And Other Essays* (Chicago: U of Chicago P, 2008), 87.

¹⁸ Michel Foucault, *L’archéologie du savoir* (Paris: Gallimard, 1969), 87.

¹⁹ David Caron, *The Nearness of Others: Searching for Tact and Contact in the Age of HIV* (Minneapolis: U of Minnesota P, 2014), 24.

²⁰ Frank Kermode, *The Sense of an Ending: Studies in the Theory of Fiction* (Oxford: Oxford U P, 1966), 58, cited in Thomas R. Cole, Nathan S. Carlin, and Ronald A. Carson, *Medical Humanities: An Introduction* (Cambridge: Cambridge U P, 2015), 104.

²¹ Simonet uses the term “autobiographie collective” in his article “L’écriture-médicament: Document,” *temps zéro*, 12 (2018): <http://tempszero.contemporain.info/document1604>.

Following the publication of *La maternité*, he invited readers to “Particip[er] au projet de *La maternité* en écrivant un texte sur votre mère” on his blog, <http://la-maternite.blogspot.com/>.

²² Tanguy Châtel, *Vivants jusqu'à la mort: Accompagner la souffrance spirituelle en fin de vie* (Paris: Albin Michel, 2013), 200.

²³ Martin Heidegger, *Being and Time*, John Macquarrie and Edward Robinson, trans. (New York: Harper and Row, 1962), 13.

²⁴ Jean-Luc Nancy, *Être singulier pluriel* (Paris: Galilée, 1996), 27. "Expeausition" is a term used by Nancy and other French thinkers (Didier Anzou) to characterize graphically the exposure of the self to others and specifically the trace of our relationality with the other.

²⁵ Julie Rodgers' article complements previous work she has undertaken into this relationship in reverse, specifically a mother who loses a child, as part of her special issue of the *Irish Journal of French Studies*, 19 (2019), *Untimely Mourning: Representing Child Death and Parental Mourning in Contemporary French and Francophone Literature and Culture*, co-edited with Elise Hugueny-Léger, <https://z.umn.edu/6iq6>.

²⁶ Barbara Havercroft, "Les traces vivantes de la perte. La poétique du deuil chez Denise Desautels et Laure Adler," *Voix et Images*, 36 (2010): 79.