

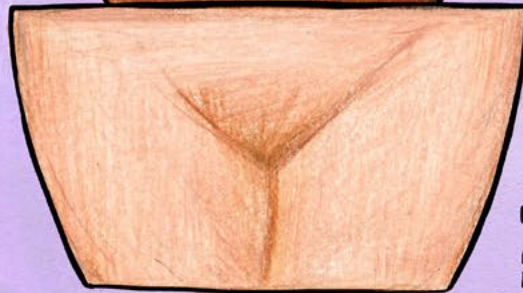
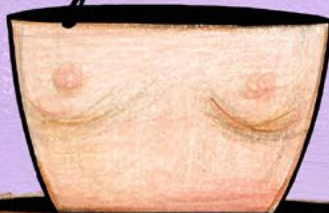


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Our body

a film by Claire Simon



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MADISON FILMS PRESENTS



Our body

A FILM BY **CLAIRE SIMON**

PRODUCED BY **KRISTINA LARSEN**

2023 - France - Documentary - 1.85 - 168 min

INTERNATIONAL PRESS

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CREW

Director	Claire Simon
Producer	Kristina Larsen
Editing	Luc Forveille
Sound	Flavia Cordey
Sound editing and mix	Nathalie Vidal and Elias Boughedir
Music	Elias Boughedir

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SYNOPSIS

In a Parisian public hospital, Claire Simon questions what it means to live in women's bodies, filming their diversity, singularity and their beauty in all stages throughout life.

Unique stories of desires, fears and struggles unfold, including the one of the filmmaker herself.



INTERVIEW WITH CLAIRE SIMON

In the prologue, you explain how *Our Body* originated. Can you tell us more specifically which personal, or even intimate, experience it is based on?

The initiative of the film came from Kristina Larsen, who is a producer I greatly respect. She told me she'd just spent two years in the hospital, discovering an entire world: the caregivers, from the nurses to the doctors, the patients, and the fact that the unit in which she stayed encompassed everything a woman goes through in her lifetime. I was deeply touched by her proposal, especially as, since I made *God's Offices* in 2008 which was about French family planning services, I regretted not having included pregnancy supervision, which these services sometimes cover as well. And yet the pill, abortions, pregnancies, control over one's body and the wish to have a child all belong to one and the same movement.

Very quickly, after just a few days as I spent time in the hospital, a narrative thread became self-evident: the stages of a life's journey, from youth to death. Funny thing is I don't like scouting and kept witnessing incredible slices of life that I couldn't film – which was driving me crazy!

Another detail in the prologue that is true: between my home and the hospital, there's a cemetery!

It made me laugh, but it also scared me. This is the reason why I was particularly keen on having this prologue, filmed in one shot, both subjectively and objectively. I wanted to recount this side of things, and also how excited I was with Kristina Larsen's idea, how taken I was with it, as well as how very intimate it was, the specific topography it entailed, literally. When entering the hospital for the first time, I immediately had this thought that a disease would plague me – cancer. My childhood also resurfaced, the corridors with the sun shining in, my father's being ill... These are my memories.

Did you make *Our Body* with specific films about hospitals or diseases – there are many – in mind?

Even though I believe it is rather clear, I really want to reiterate that this is not a film about hospitals but about patients, and specifically women and their bodies. It seems to me that this reverses the usual stance, centered more on the institution. When I went through the rushes, even though there's a fair place for caregivers – the intention wasn't to disregard them – it was wonderful to observe that the film is always focused on the patients.

From the patients' standpoint, Denis Gheerbrant's *Life Is Boundless and Full of Dangers* (1994) probably can't be surpassed. It's the story of a very young patient as well as a community of children suffering from cancer. I also thought of Frederick Wiseman's *Hospital* (1970) and *Near Death* (1989), which are two important films with respect to one's relation with illness and the hospital as an institution. I also had *The Long Holiday* (2000) in mind, which Johan van der Keuken directed as he was dealing with cancer. So when I fell ill myself, this struck a chord with me... The way he films his connection to the world is sublime, though I'd dare say that it fell a little short when filming his consultations with his doctor.

In a certain way, however, I didn't think all that much about any of those films for what I had in mind was akin to a leitmotiv: filming bodies, women's bodies. That was all that mattered to me. Bodies in their beauty, their materiality, and their singularity – meaning the absence of standards, canons of beauty – or for instance, with the young woman undergoing the ovum pick-up procedure, playing with this Hollywood-like, single tear rolling down her cheek, her presence something between Dominique Sanda and Grace Kelly.

Can you tell us more about choices that are specific to your stage direction?

First of all, I'd like to point out that we were an all-female crew, which was the one condition absolutely necessary for making the film! Flavia Cordey was our sound engineer and Clara François



my assistant director. They're young women who didn't have children at the time – one of them became a mother very recently – and it was like an initiatory journey for them.

Our staging approach was to deliberately anchor ourselves to these bodies. It's not all that easy to film bodies in a hospital as they're essentially hidden during surgical procedures, or while giving birth. I therefore wanted to be candid and graphic in terms of representation: breasts, flesh being palpated, stomachs and skin. The idea was to approach it in a sculptural manner. I don't feel that I did it brutally, but on the contrary with a great deal of love. When the female body is hidden, its pain and suffering is nearly impossible to find; I felt as though I was hunting for it. This is the reason why I attached such importance to the sequence where the woman is talking about her baby's delivery with the psychologist while breast-feeding. She sounds like her own voice-over commenting her giving birth... Pain is a strange thing, and tends to remain a blind spot.

My intention was also to film the connection between body and language. I was fascinated to see how putting a name to things led to designating and then palpating one's own body. Especially as doctors accompany words with gestures, like when this male doctor mentioned ovaries while touching their location on his lower – male – abdomen. Body, language, and body language all fascinated me.

The one-on-one encounters during appointments and consultations were also something I wanted to film, circulating between the bodies in those moments seemed the approach that was the most faithful to their inherent intensity; the mutual listening that is often extraordinary. The editor, Luc Forveille, knows me well now and edited with the aim of truly reflecting the way I filmed, following this choice to show what is circulating between the two people in the room. Then, given the situation, he was the one who made the selection among the rushes showing my disease. He simply said: “Leave the cancer part to me.” He’s never been as involved in editing as he was for *Our Body*, and I think his work is extremely beautiful.

Another formal choice: filming MAP (medically assisted procreation). It was an extraordinary experience which I enjoyed tremendously, playing with the scale, and the way the lab technician teaches the procedure, initiating the young man by her side. The machinery is extraordinary but ultimately it is all handled by hands, through movements and gestures, once again the body is present. MAP is coitus that is cut into slices in the hospital: an encounter, a kiss, semen collection, oocyte aspiration, injecting a spermatozoid into an oocyte and implanting the embryo into a uterus while the couple is holding hands... Knowing about the MAP process is not the same as seeing it.

As far as performing robotic surgery is concerned, it’s like being in Dr. Frankenstein’s lab, then on a more basic level there’s the subject of anatomy. For what’s hidden about women’s bodies also entails a further interior dimension, that of the womb, the bowels. We talk about endometriosis but what is it exactly? What does it look like? Where is it *inside* the body? Visualization is needed to understand and tame pain, which is the reason why doctors draw sketches all the time. With the robotic device inside the body, it’s like we’re lost in a landscape, but with words, naming things, we find our bearings and it becomes less worrisome. This is what cinema allows: giving a visual representation of things.

This film must have required significant upstream work to obtain authorizations and clearances for the shoot.

The initial level we needed to unlock was the Paris Hospitals (APHP/ Assistance publique – Hôpitaux de Paris), which we contacted through the deputy director François Crémieux. Then we met with leading doctors in the hospitals. I also wrote a letter for all the hospital staff, in which I explained my intention to follow the journey of a woman’s body in her lifetime, using the body as a vessel to tell the story of the gynecology department, this exceptional node where all kinds of life stages transit, happy and unhappy ones alike. Kristina Larsen was at some point hospitalized in this medical institution and therefore knew some of the staff and the doctors.



The doctor Jean-Pierre Lotz was supportive of the project since its very beginning. He helped us open every door and his enthusiasm was federative.

When the film shoot started, we were able to work on finer details, and ask certain patients or certain caregivers if we could work with them. For more difficult and sensitive situations, we had prepared authorizations including the possibility to see the edited sequence before it made it into the final cut.

Everything was generally well-received, though there were, of course, a few refusals – often from men, it ought to be noted! Clara François did a fantastic job, taking contacts, striking up conversations while Flavia and I were filming. The three of us cried a lot during the film's shoot, with emotions running really high the entire time.

We can also imagine that during medical and surgical procedures, your place and that of the camera was subjected to a number of constraints, and perhaps obligations as well.

There wasn't, in these circumstances, a specific spot in which we had to absolutely remain. But we obviously had to be extremely careful and especially understand how things worked, how people moved about in the OR. Of course, we had to gown up as well, and be especially careful not to

touch anything, not even the slightest contact, otherwise everything needs to be sterilized all over again – it happened once and I felt absolutely horrible about it!

The other questions was our endurance concerning the scenes we were witnessing. When the amniotic liquid spurted during the C-section, I told myself it was going to blur the lens... Then I said to myself: “All right, after this I’m ready to go to war!” More seriously, we get caught up in a sweeping motion, a natural dramaturgy, and it is so beautiful to be able to see, understand and bear witness to all this.

Something that hit me is the fact that the body is a sort of chaos, and in all surgical procedures – with scalpels, celioscopy or robotic devices – the doctors literally delve into the subject of anatomy, ceaselessly naming things, it’s fascinating. I felt I was being transported into the Age of Enlightenment! When I filmed staff meetings, it was like being among the Doges of Venice... except that the field of authority isn’t religion but science and reason, and that the sanction is life or death. Then there’s also the sheer faith they exude, the joy of managing to save an organ to preserve the chances of fertility or continence. We understand one word out of ten and yet in the end we still understand it all.

My father was in the hospital for 28 years because of multiple sclerosis and I did hold a grudge against the medical profession. Things are thoroughly different now. I was often dazzled, admiring the very fact of seeing and naming, the process of forming thoughts. Obviously, it is just as essential for the patients to see and understand what is being named, that we’re not in a realm of belief but of reason.

There’s one shot that seemed both ironic and essential to me, which is the panoramic view ascending towards the sky from the hospital’s chapel, when in fact the hospital is where destiny, science and reason meet, with – ultimately – the quintessence of humanity.

The whole film leads to the final sequence, where disease is the most acute. This is the way things go sometimes, as the nurse says to the patient. As far as I’m concerned, I experienced fear only after I was done filming. As I said, editing was the most difficult part.

Indeed, the film takes a big hit mid-flight when you are told you have cancer.

One morning as I woke up and stretched, I felt a lump under my arm. I did some tests and the diagnosis was announced. I hesitated about receiving treatment in the very location where I was filming. But I chose to do it there and it logically found its place into the film. It struck me hard one afternoon, and I stopped everything. But it didn’t last, caught up as I was in the sheer power



and beauty of the overall situation. I nearly took it lightly, and it took me some time to fully grasp what was going on. Perhaps because I'd been immersed in the disease's environment, I knew the protocol and that based on the case you either made it or you didn't.

What is ironic in this story is that I'd one day confided to Sonia Zilberman, a fantastic surgeon, that I had to film a cancer diagnosis... She'd told me it was impossible. But then when I fell ill and had that very opportunity, I asked my photographer Céline Bozon to film me while they were telling me, and she did so remarkably.

When you were told about your cancer, you experienced a sort of splitting of your persona, between you as an individual being and you as a film director, which lingered and expressed itself during this consultation. What did this feel like?

I was overwhelmed... And I think it shows! I heard exactly what I did not want to hear and what to expect, which I didn't want to accept. At the same time, I had all this knowledge; I knew I wasn't an exceptional case. However, I was keen on expressing at the end of the film that we only have one life story: our own. In any case, seeing others is tremendously helpful.

This was the moment when, through the disease, I fully joined the community that I'd been filming. I already belonged as a woman, but from that point on I also shared their destiny as a patient.

This is the reason why it appeared essential to me to be filmed naked, just like the others. It was also a way of avoiding the orchestrating position that being a filmmaker sometimes gives me. It's important to see the others, to not be a woman left all alone to face the questions raised by her body, the confrontation with the doctors and the hospital as an institution – to know that there are others, that there's a large, and strong, community of us out there.

Feminism is a constitutive part of who you are, a long-standing personal commitment. With this kind of hindsight, of historical awareness, how did you perceive the new feminist issues that appear in the film? For instance, just ten years ago, the topic of gender transitioning would not have been as present.

This makes me think of what Simone de Beauvoir wrote at the beginning of *The Second Sex* about reproduction of the species. Men and women are individuals, but women's physical condition differentiates them from the men by virtue of their gynecological dimension. I had the feeling that in certain instances, there were patients who thought that being a woman wasn't such a wonderful thing. At the hospital, the approach to a person's wish to transition appeared very kind and open to me. I never felt any form of criticism whenever the wish to transition was voiced, which sounds right but still noteworthy.

There are doctors, in cases others than that of transitioning, who sometimes did not understand that women do not systematically want to have children, that a person can choose not suffering from endometriosis over thinking of her fertility. I felt that female doctors were keen listeners, not necessarily trying to establish their status as an eminent doctor, which is evidently less the case for certain men, who tend to focus on their status to the point of becoming statues. That was when I could feel my feminism bubble up to the surface!

Another feminist dimension, in my opinion, is that women's bodies are shown in their beauty, as an object of desire, and yet the true reality of women's bodies is always hidden. This was something I actually could access here. For this beauty is also greater and broader, with a political dimension in that this was a hospital where you encounter a vast mix of social backgrounds. Often, female patients are accompanied by their spouses. When we explained what we were undertaking and asked for the authorization to film, the husband would often refuse. As if his wife's body belonged to him, as if he owned it. I have to admit that it delighted me to be able to answer them: "Excuse me, but this question was not addressed to *you*." I don't think I'd ever felt this so keenly before, and this wasn't strictly restricted to specific social or cultural profiles.

How did the demonstration against obstetrical and gynecological violence find its way into the film?

I spontaneously felt I had to film it. These were women gathered to give testimony as to their own experiences, along with a hospital nurse. This brings up the question of the patients' consent, which is much broader than this hospital in particular, and I did try to represent it from this general perspective: showing a feminine community in resistance facing the questions of consent, violence and even rape.

The “Our” in the title seems to be uniting a community of suffering. Which connections do you draw between being female and suffering?

This is what Lou, a pregnant woman suffering from cancer, says with a great deal of derision: “We women are destined to suffer; this is what we’re always told, isn’t it?” While things have evolved since epidural anesthesia was discovered, we can feel the lasting presence of archaic thinking: we are made to pay for sexual pleasure and the reproduction of the species through the demonization of women’s bodies, or at the very least through worry, wariness, and fear. This has determined the division of roles established by the men: we’ll take care of power, you take care of life. Men know that their existence depends upon this notion: they do not want to know where they’ve come from. The very idea that they could have been born from a woman’s desire displeases them...

I would not want the film to be seen as giving an idea of what a woman’s existence is made up of – we’re talking about being at the hospital, which is not to be confused with life as a whole. Unlike general pathologies, when you break a limb or in cases of cancers like lung cancer, all the illnesses and conditions we see here involve love, desire, sexuality, feelings, self-image. This means they leave a mark that is profound and persistent, when it’s not permanent.

Interview by Arnaud Hée
Paris, January 22nd, 2023



DIRECTOR'S BIOGRAPHY

Claire Simon widely contributed to documentary cinema's acknowledgment and spreading in France through many films that left a trail in the French cinematographic landscape. Claire Simon's films reflect the question she never stops asking: what is a story ? What is a story nowadays ? She makes a hero out of anyone she's filming, whether they are children, a young couple, young teenagers, fifty year old lesbian or family planning's counselors.

Born in London, Claire Simon grew up in France and began her studies in ethnology while also learning in Arabic. Self-taught, she learned to edit and directed her first short films in the 1970s, before joining the Ateliers Varan, where she became familiar with the realist style of direct cinema.

After several short films (*The Police* ("La Police"), *Domestic Stages* ("Scènes de ménage") and documentaries (*Playtime* ("Récréations"), *At all Costs* ("Coûte que coûte")), in 1997 she produced her first fictional feature film, *A Foreign Body* ("Sinon, Oui").

During her prolific career, the filmmaker has combined true and fictional stories, as illustrated in her films *It Burns* ("Ça brûle") (2005), or *Playtime* (1992), a documentary that explores the social life of children on a kindergarten playground.

In 2008, her film *God's Offices* (“*Les Bureaux de Dieu*”) (2008), a work of realist fiction, receives the SACD prize at the Cannes Film Festival Directors' Fortnight.

In 2016, Claire Simon wins the Award for Best Documentary at the Venice International Film Festival with *The Graduation* (“*Le concours*”).

In 2018, *Young Solitude* (“*Premières solitudes*”), a portrait about today’s teenagers that shatters clichés is presented at the Berlinale Forum.

In 2019, after three years of filming, the filmmaker has completed *The Village* (“*Le Village*”). This documentaries series consisting of 18 30-minute episodes was presented at the Series Mania International Festival in Lille in March 2019.

In 2022, she came back to fiction with *I want to talk about Duras* (“*Vous ne désirez que moi*”) starring Emmanuelle Devos and Swann Arlaud.

Our Body (*Notre Corps*) will premiere at Berlinale / Forum 2023.

ABOUT MADISON FILMS

In 2020, Kristina Larsen founded Madison Films, a new film production company, alongside Les Films du Lendemain. Since 2005 with Les Films du Lendemain, Kristina Larsen has produced more than thirty feature films such as Farewell My Queen by Benoit Jacquot and Mama Weed by Jean-Paul Salomé. Madison Films is a young independent production company that wants to produce unique, atypical and ambitious films, and is developing a line of documentaries for cinema.



Our body

A FILM BY **CLAIRE SIMON**

FILMS *Boutique*