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Article

Aesthetics of Care: Caring for the Mother with Chantal Akerman

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Abstract: Caring for the other is an ethical as well as an aesthetic question: but where does one end and where does the other begin? Rita Charon, in her work *Narrative Medicine* (2006), builds a strong case against such separation in medical care, or more precisely, against the negligence of what she calls “narrative competence”—defined as the ability to absorb, interpret, and translate stories of others. Charon compares the work of health professionals to that of a skilled translator, who reads not only words but also silences and metaphors. While Charon focuses primarily on developing the concept of care as aesthetic experience for health professionals, Yuriko Saito’s recent publication *Aesthetics of Care* (2022) draws a parallel between care ethics in general and aesthetic experience. Both, according to Saito, share the same attitudes such as open-mindedness, receptivity, respect, and collaborative spirit. In this paper, I will discuss the concept of care in Belgian film director Chantal Akerman’s later works: *My Mother Laughs* (2019) and *No Home Movie* (2015). Through different media—the former being a memoir and the latter a documentary—Akerman cares for her mother and bears witness to the end of her mother’s life. Taking cues from Charon and Saito, I argue that both media are media of care: they are aesthetic means of bearing witness to illness, trauma, love, and care. Especially through filmmaking, Akerman seems to have *achieved the impossible*: that is, the desire of the daughter not to take her eyes off her dying mother and look at her eternally. Such desire is also expressed in her film aesthetics: the long take inscribes a waiting becoming infinite; it is as if the movie, or the motion picture, is exposed to both a slow death and a passage to eternity. At the same time, unlike Charon and Saito, who position the carer as an ideal reader and viewer, I argue that Akerman as the carer is by no means perfect: her memoir offers a detailed account of her need to keep a distance and hide from her mother, and of her mother’s complaint about Akerman not sharing her life with her. Distance is what Akerman struggles with regarding her relation to her mother, and she struggles with it through writing and filming. In Akerman’s case, the ability to achieve the impossible with aesthetic media lies precisely in mediation and mediality: they enable a relation of care that is close, yet still maintains a safe distance.

Keywords: aesthetics of care; Chantal Akerman; motherhood



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1. Introduction

Speaking of care, let me begin by asking: can literature and art care?

It is an odd question because, to use W. J. T. Mitchell’s words, “it flirts with a regressive, superstitious attitude towards images, one that if taken seriously would return us to practices like totemism, fetishism, idolatry, and animism” (Mitchell 1996, p. 71). Mitchell himself, however, despite this danger of returning to animism, famously asks in his text, “What do pictures want?” Indeed, can an image be found in want of something? The way Mitchell proceeds from this unpromising start is by acknowledging the overlap between inanimate things and personhood: images, for instance, present for Mitchell “not just a surface, but a *face* that faces the beholder” (ibid., p. 72). In other words, we tend to relate to images in an anthropomorphic manner: we attribute agency and desire to images, encountering them by bestowing them a face. The subjectivizing of images, Mitchell claims,

“is an incurable symptom”—it is a dubious but inevitable approach to images, and is often done unconsciously (ibid., p. 72).

If images indeed present “a *face* that faces the beholder”, for Mitchell, this face encodes desire, or more precisely, the projection and transference of desire. The metaphor of the face typically evokes one of the central philosophical concepts of Emmanuel Levinas—except that for Levinas, the face embodies less desire but more an irreducible ethical experience. According to Levinas, the face of the other—being naked and exposed, “as if inviting us to an act of violence”—is at the same time “what forbids us to kill” (Levinas and Nemo 2014, p. 86). For Levinas, the face solicits ethical responsibility, the scope of which goes far beyond contemplation.

It is in this sense that I wish to proceed with the question whether literature and art can care—as if works of art and literature present a face that calls for openness and responsiveness, grounding aesthetic experience in a face-to-face encounter, and opening it up to an ethics of care. Similar to the claims that literature can think, an artwork can theorize, or an image is able to desire, I want to explore how literature and art can care (Bal 1999, p. 104; Mitchell 1996, p. 71; Grootenboer 2021, p. 6). My understanding of art and literature as care work is twofold. On the one hand, a work of art or literature can set the stage for scenes of care to unfold and be explored. On the other hand, the aesthetic experience of literature and art can be understood through—and also contribute to—the ethics of care.

In this paper, I aim to develop this understanding of literature and art as care work by engaging with the concept of care as ethically and aesthetically grounded. I begin with portraying and analyzing certain literary scenes of care to show how a care relationship can be explored in parallel to the aesthetic experience that entails imagination, creativity, and openness. This approach is, as I will later explain, informed by the feminist ethics of care and, particularly, by the works of Rita Charon and Yuriko Saito. While Charon focuses primarily on developing the concept of care as aesthetic experience for health professionals, Saito’s recent publication, *Aesthetics of Care* (2022), draws a parallel between care ethics in general and aesthetic experience. Both, according to Saito, “share the same attitudes and skills such as attentiveness, open-mindedness, receptivity, respect, collaborative spirit, and activation of imagination” (Saito 2022, pp. 17–18). Lastly, I will put the theoretical discussion of the aesthetics of care in perspective by close-reading Belgian film director Chantal Akerman’s memoir *My Mother Laughs* (2019) and her documentary *No Home Movie* (2015). These works have to do with her attempts to come into terms with, through aesthetic means, the illness and imminent death of her mother. Through different media—the former being a memoir and the latter a documentary—Akerman cares for her mother and bears witness to the end of her mother’s life. Taking cues from Charon and Saito, I argue that both media provide aesthetic means of bearing witness to illness, trauma, love, and care. Moreover, these media forms can become care work themselves through grappling with the complexity of caring and being cared for, exposing and reconciling the overwhelming desire to respond to the needs of the loved one and the often guilt-inducing realization of wanting to keep a distance and care for oneself.

2. Scenes of Care

Caring for the other is an *ethical* as well as an *aesthetic* question: but where does one end and where does the other begin?

It is a regular Sunday. A woman of seventy years old, her hair white and windblown, walks into a nail salon and asks for a pedicure. You run the air jets in the foot tub and scrub her one foot with your file.

“Ma’am”, you say, signaling her to lower her other foot in the tub.

After a moment, she rolls up her pant leg and grabs her ankle. With a jerk, she detaches her entire lower leg at the knee. A prosthesis.

“Would you mind”, she says. “This one also. If it’s not too much.” (Vuong 2019, pp. 81–82)

This is a scene I encountered in Ocean Vuong's debut novel *On Earth We're Briefly Gorgeous*. I remember myself pause and breathe deeply at these words—"If it's not too much." It is a vulnerable question, carefully and humbly worded, yet carrying significant weight. It is the kind of question that makes you want to oblige: you feel addressed and perhaps even responsible, since it grants you a glimpse of someone's deep longing, and the chance to respond to it and to potentially judge and crush it. You want to do the right thing—but how exactly? In *On Earth*, the pedicurist—also the narrator's mother, a Vietnamese migrant living in the U.S.—improvises as follows:

... you wrap your fingers around the air where her calf should be, knead it as if it were fully there. You continue down her invisible foot, rub its bony upper side before cupping the heel with your other hand, pinching along the Achilles' tendon, then stretching the stiff cords along the ankle's underside.

When you turn to me once more, I run to fetch a towel from the case. Without a word, you slide the towel under the phantom limb, pad down the air, the muscle memory in your arms firing the familiar efficient motions, revealing what's not there, the way a conductor's movements make the music somehow more real. (ibid., p. 83)

The narrator, a ten-year-old boy whose name is Little Dog, follows his mother's hands movement by movement: wrapping, kneading, rubbing, cupping, pinching, stretching and sliding, sliding and padding down. I am amazed at the many ways that one can massage a leg, especially an invisible one. Her movements and gestures convey precision, adeptness, and a certain matter-of-factness, which dissolve a potential spectacle into an interpersonal encounter where one's longing is revealed and cared for.

This literary scene is set in a nail salon, a place where interactions are normally scripted based on the clear assignment of roles: those who provide services and those who are able to pay and be served. A framework of exploitation and justice can be readily invoked to describe and analyze this scene and many other similar encounters and experiences: how the pedicurist and her customer find themselves in a capitalist condition mediated by money, how the labor of care is gendered, raced, and classed, and how economic and social disparities are exploited. This framework is unmistakably attuned to the layered manifestation of power and precarity, except that there is more to the scene. The encounter took place between a customer and an underprivileged pedicurist, but also between an elderly woman with a prosthetic leg and a Vietnamese woman who was asked to play a role which she had been playing only mechanically until that moment. The openness, longing, invitation, shock, interdependence, and, in a way, creativity folded into this scene seem difficult, if not impossible, to unpack through the vocabulary of the ethics of justice alone, one that is premised on, as F. Robinson explains, "the individualist, atomistic ontology, the liberal-impartial view of persons as 'generalized' rather than 'concrete', and the concomitant reliance on abstract moral principles" (Robinson 1999, p. 25).

Critiquing the justice-centric ethics' claim to impartiality, universality, and abstract moral principles, feminist scholars such as Carol Gilligan (1982) and Nel Noddings (2003) seek to develop our understanding of ethics based on empathy, compassion, and relationality—virtues that are traditionally considered feminine. Care ethics has thus emerged, since the 1980s, as a field that "urges a fairer world from relationships where we are called to care for or have experienced the care of some other: where our interdependence and reciprocal needs are highlighted" (Thompson 2020, p. 41). In his article "Towards an Aesthetics of Care", theatre scholar James Thompson explains that the way we use the word "care" in everyday life—as in "childcare", "medical care", or "she cared for her son"—"hovers between a descriptive category with no inherent moral quality, to a normative one that implies it is a prescription of the positive values found within caring per se" (ibid., p. 39). In fact, scholars who advocate for the ethics of care often lean into the latter: care ethics is frequently invoked as a set of positive values, attitudes, and practices premised on reciprocity, relationality, attentiveness, and open-minded responsiveness.

The massage scene from Vuong's novel vividly illustrates how the ethics of care could take shape on the spur of the moment. Wrapping, kneading, rubbing, pinching, padding down. These motions belong to the repertoire of a pedicurist's everyday practice: they are trained and ready, often performed according to a rigid and unwritten script that structures the relation between a client and a pedicurist. However, the elderly woman and her invisible leg defamiliarize the routine: the narrator's mother is invited to perform the repertoire and script, but perform it explicitly and with imagination. From the perspective of the narrator, his mother's hands, with their multifarious forms of movements, are involved in a creative process of "legging"—legging in the sense of *becoming* a leg and offering the body, sensation, and experience of *having* a leg. The narrator relates to these motions as "revealing what's not there, the way a conductor's movements make the music somehow more real" (Vuong 2019, p. 83). Like music taking shape through a conductor's experienced hands, the movements of his mother's massaging hands enable an aesthetic experience that is deeply touching and unique for those who are in it, but might look utterly bizarre and embarrassing for an outsider.

This scene of care from Vuong's novel makes a strong case for the inseparability of the ethical and the aesthetic dimensions of care. It illustrates how, first and foremost, the engagement with the ethical can transform into an aesthetic experience. But the other way around is also true: an aesthetic experience can be acquired and intensified because of its proximity to the ethical. Take, for instance, Leo Tolstoy's novel *The Death of Ivan Ilyich* (1886), a classic in medical humanities literature. Ivan Ilyich, a law court official in nineteenth-century Russia, suffers from an unspecified terminal illness. He resents his family, the doctor, and people around him, for they are either indifferent or deceptive, or simply because they are well while he alone has to face death imminently. His resentment spares no one but Gerasim—a young peasant servant who has no fear and discomfort in dealing with the fact that Ilyich is ill and might die soon. Ivan finds solace and temporary relief from pain in the company of Gerasim:

From that time forward Ivan Ilyich would sometimes call Gerasim, and get him to hold his legs on his shoulders, and he liked talking with him. Gerasim did this easily, readily, simply, and with a good-nature that touched Ivan Ilyich. Health, strength, and heartiness in all other people were offensive to Ivan Ilyich; but the strength and heartiness of Gerasim did not mortify him, but soothed him. (Tolstoy [1886] 2004, pp. 114–15)

Gerasim represents things and qualities that Ivan lacks: he is stout, healthy, clean, hearty, bright, and cheerful. The presence of his beauty and strength, however, does not trigger or offend Ivan because of its innate relation to the virtuous. In dealing with Ivan, Gerasim would "check the radiant happiness in his face so as not to hurt the sick man" (*ibid.*, p. 114). He would carry Ivan effortlessly yet "carefully not squeezing him", and pick up the chair "without letting it knock" (*ibid.*, pp. 113–14). His sensitivity, heartiness, and attunement are what made the beautiful good and thus enable the aesthetic experience of beauty.

3. Aesthetics of Care

These literary scenes showcase the intertwining of care as an ethical and an aesthetic concept and practice, which has drawn a great deal of attention from theorists and practitioners of care. Earlier, I discussed how care ethics is frequently invoked as a set of positive values, attitudes, and practices premised on relationality, attentiveness, and open-minded responsiveness. To say that understanding care this way and translating its values into practice are central to the work of a health professional seems rather like stating the obvious. After all, this is what they do as health professionals: providing care for those who need it. Yet how health professionals perceive the nature of their work and how care is professionalized and normalized are not at all unambiguous and straightforward. As Charon observes in the opening chapter of *Narrative Medicine*, it is tempting—for doctors as well as the field of medicine as a whole—to interpret the work of care along the lines of

diagnosing and treating diseases, and developing scientific expertise (Charon 2006, p. 3). Charon suggests a new narrative frame for health care, which focuses less on perfecting the technical skills of doctors but more on developing what she calls “narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others” (Charon 2001, p. 1897).

For Charon, caring for patients means not only to look for a cure (which may or may not be an option or a preferred option), but also to engage with the patients in a way similar to how a literary person may read a text. She compares the work of health professionals to that of a reader and a translator, who reads not only the patients’ words but also silences and metaphors, who notes the code-switching and translates both “the tongues of the body and the tongues of the self, aware that the body and the self keep secrets from one another” (Charon 2006, p. 107). Once narratives and experiences of illness are given center stage, different sets of skills and values—such as close reading, empathic listening, and imaginative engagement, all of which are traditionally cultivated in literary criticism—are called upon for health professionals.

Following Anne Hudson Jones, Charon refers to this literature-and-medicine approach as the “aesthetic” approach:

To recognize that one goal in teaching literary texts to clinicians is to build their capacity for aesthetic appreciation sharpens the task at hand. . . . Instead, I am trying to strengthen those cognitive and imaginative abilities that are required for one person to take in and appreciate the representation—and therefore the reality—of another. Whether that representation is visual art, a fictional text, or the spoken words of a patient in the office, the one who absorbs and *confirms* the representation must have the capacities to witness and give meaning to the situation as depicted. (Ibid., p. 113)

Charon’s intervention foregrounds the ethical dimension of care and its intertwined relation to an aesthetic approach to care work. It also suggests a specific way of understanding aesthetics, which has nothing to do with aesthetic objects, judgement, or value, but more with *a kind of attitude and experience*. For Charon, care work involves representations and bearing an aesthetic attitude toward representations. This attitude is further enabled by cognitive and imaginative capacities and “the courage to relinquish one’s own coherent experience of the world for another’s unexplored, unplumbed, potentially volatile viewpoint” (ibid., p. 112). Charon understands the aesthetic experience as an attentional activity, which entails, in this regard, the temporary suspension of one’s self-interest and desire, and experiencing the encounter with another object or person and their particularities with an attitude of openness.

Similar to Charon, Yuriko Saito, in her recent publication titled *Aesthetics of Care*, emphasizes the importance of, in any kind of care relationship, becoming receptive and responsive through temporarily relinquishing one’s own subjectivity and desires. Citing novelist and philosopher Iris Murdoch, Saito refers to it as a process of “unselfing”: while “our minds are continually active, fabricating an anxious, usually self-preoccupied, often falsifying veil which partially conceals the world”, consciously engaging in moral and aesthetic situations means that we give detached and unselfish attention to a person or an object, aiming to grasp their reality on their own terms while activating disciplined imagination that is other-centered (Murdoch 1970, p. 84). John Dewey makes a similar point by stressing that “works of art are means by which we enter, through imagination and the emotions they evoke, into other forms of relationship and participation than our own” (Dewey 1934, p. 336). Whereas empathy remains an important concept in Charon’s account of health professionals as readers and translators, for Dewey as well as for Saito, understanding works of art as care work means that we use aesthetic means to enter the world of another person or object instead of exploring our own consciousness and subjectivity. In this framework of care aesthetics, how we engage with another person or object hinges less on the psychological mechanisms of empathy, relatability, and identification

and more on anchoring our undivided attention in the reality and specific qualities of the person or object.

Besides attention to the particularity of the other, Saito considers open-minded responsiveness and imaginative engagement as the fundamental attitudes that underlie care ethics and aesthetic experience (Saito 2022, p. 14). The interrelationship between care and aesthetics, which is hinted at in Charon's book, is more thoroughly and explicitly explored in Saito's book. "In order to engage in an ethically virtuous act", Saito observes, "we need a refined aesthetic sensibility and an aesthetically modulated expression. In addition, a successful aesthetic experience depends upon an ethically grounded relationship with the other" (ibid., p. 18). This way of seeing aesthetics as rooted in a care relationship is not entirely new. Indeed, Saito traces it to the longstanding virtue theory of aesthetics, which considers aesthetic experience as a moral practice cultivated and manifested through artistic activities. A virtue-based approach to aesthetics, especially as held by Confucianism and the Japanese aesthetic tradition, also emphasizes that engaging in artistic activities and training are prominent means to discipline the mind and learn to live a good life. "What may first appear to be training manuals for artistic practices", as Saito explains, "hence can be considered as offering the criteria of aesthetic judgement, are primarily treatises on what constitutes a good life and how to live such a life" (Saito 2022, p. 16).

While Saito's emphasis on aesthetics as grounded in a care relationship can in principle be traced to the virtue-based approach to aesthetics, it diverges from this approach when it comes to the role of aesthetic judgement. According to Saito, the virtue theory of aesthetics, and more generally contemporary Western aesthetic discourse, place great emphasis on the judgement and evaluation of a work of art. Ethical considerations, such as that artists should exhibit the right attitude, are deemed crucial by the advocates of Western virtue theorists of aesthetics primarily because "the presence or absence of virtuous motives is taken to affect the aesthetic value of art, and the same determines the status of the aesthetic appreciation" (ibid., p. 20). Saito's approach, however, is more informed by the Japanese aesthetic tradition. It is an aesthetics of care that "focuses on the first-person practice of cultivating the virtuous mode of relating to the other in our aesthetic experience through care" (ibid., p. 20). In other words, a work of art can function as an aesthetic as well as ethical exploration and practice—and in a way, as care work—by enabling an "I-you" instead of "I-it" relationship. In what remains of this paper, I will discuss the aesthetics of care as manifested and explored in Chantal Akerman's memoir *My Mother Laughs* and her documentary *No Home Movie*, both of which have to do with her attempts to come into terms with, through aesthetic means, the illness and imminent death of her mother.

4. Distance and Intimacy

"The only subject of my films is my mother", says Akerman (Araujo and Cohen 2016, p. 32). In her earlier career, Akerman's films engage more explicitly with female sexuality and domesticity. It is with her most critically acclaimed film, *Jeanne Dielman, 23 quai du Commerce, 1080 Bruxelles* (1975), that the mother figure becomes central: the protagonist is a widowed mother and is inspired by Akerman's mother (Araujo and Cohen 2016, p. 32). This fascination and engagement with the mother figure continues to be present in Akerman's later works, while the ambivalence of motherhood and the complex negotiation of the mother–daughter relationship become even more pronounced because of her mother's deteriorating health and the consequent demands of caring for her mother. Akerman wrote *My Mother Laughs* in a small room inside her mother's Brussels apartment, and it is in the same apartment where her last film *No Home Movie* was shot. The domesticity of home simultaneously conveys a space of intimacy and confinement, against which the conflicting needs for closeness and distance alternately take place. In Akerman's work, expressions of identification, closeness, and empathy are often haunted by the guilty and overwhelming need for hiding and running away, and by shadows cast by small and big departures. I argue that foregrounding and negotiating the ambivalence of caring for the (m)other is central to Akerman's deployment of aesthetic means as care work. This

results in the signature style of her work that is, as Jenny Chamarette sums it up, the “impression of distance through proximity, and of intimacy through distance” (Chamarette 2019, p. 60). Through the paradoxical register of distance and intimacy, Akerman avoids simply attributing to aesthetic means a restorative meaning based on identification. In her writing and filmmaking, Akerman deploys different strategies to resist the temptation of approaching art as an extension of one’s own consciousness or of another person’s subjectivity. Her aesthetics of care finds its expression in a style of what Muriel Zagha calls “distant intimacy”, which upholds a space of an encounter between self and other, whose differences and complicities are oppressed, negotiated, and cared for (Zagha 2019, p. 12). Furthermore, I argue that Akerman’s works convey an aesthetics of care through a medium-specific stylization of distance and intimacy: her memoir highlights an aesthetics of *intimate distance*, whereas the documentary foregrounds that of *distant intimacy*.

Akerman’s memoir has an elegantly simple title: *My Mother Laughs (Ma mère rit)*. Akerman’s mother, Nathalia, can laugh over nothing. “She wakes up tired but she still gets out of bed ready to start her day” (Akerman [2013] 2019, p. 2). She waits for the spring and likes to hear birds singing. She can get excited at the thought of eating sole goujons. The lives of other people interest her, and she laughs with them. This is the case even when she is aged and sick, and has to rely on other people to dress and bathe her. Nudity does not bother her too much. “She can still ease herself into the bath and she loves that” (ibid., p. 7). “She needs someone to help her get her pullover over her head and to slide the arm with the broken shoulder into one arm hole. She can almost always manage the second arm herself, but someone does it anyway. She can do the rest herself and is happy that she can” (ibid., p. 8). This ability to laugh and enjoy life in the midst of moans and misery is both admirable and puzzling to Akerman, who is the opposite and neither enjoys small things nor is used to staying hopeful for the better.

Moreover, to Akerman, her mother’s dealing with aging and illness seems to have another layer of meaning that can be traumatic and even oppressive. Nathalia is a Holocaust survivor. The typical experience of being ill and cared for, including nudity and the lack of control of one’s body and life, is reminiscent, in Nathalia’s situation, of the days spent at Auschwitz. Akerman does not make an explicit connection between the two, yet hints at this reading of her mother’s laughter and hopefulness as a coping strategy guided by “this terrifying desire to live” (ibid., p. 53). At a certain moment, Akerman switches the narrative perspective and writes in the voice of her mother: “My eldest daughter [Akerman] always asks me to talk about it [the Holocaust] but I don’t want to. I know that if I do I’ll be lost” (ibid., p. 21). In Akerman’s writing, her own voice conjures up doubts and hopelessness: it is a voice without a home, and full of “I don’t know” and “I am not so sure.” Nathalia, on the other hand, is often the one in the know, the one who understands, enjoys, and finds interest in something and someone. However, there are moments where Nathalia does give in to doubts, moaning while saying “oh I don’t know, I don’t know”, except that she herself does not seem to hear it:

She’s a woman in a state of suspension. A woman who’s survived. She knows it, that she survived and will survive again. Her time hasn’t come yet, that’s what she says.

I don’t know if that’s what she really thinks because that’s not what she says through her moans and her I-don’t-knows that she doesn’t realise are out loud. (ibid., pp. 12, 14)

The laughter and aliveness of Nathalia seem to work against an unconscious murmur of uncertainty and unknowingness, which surfaces in times of illness and pain but always manages to elude Nathalia’s conscious attention. “I come back in and ask her why she’s groaning”, writes Akerman, “Am I groaning. I’m not groaning. She can’t hear her groans” (ibid., p. 53). Groans and doubts are neither to be registered nor recognized because they threaten to overshadow and overthrow an orderly life. And the remedy is laughter: “Tomorrow my sister will leave. I’m really scared of her leaving. I’ll find myself alone

with my mother who has got into the habit of grabbing my face and kissing it with such intensity that I have to turn away. . . . But we need to laugh. And sometimes we need to laugh hysterically. Because this blanket sentimentality threatens to overwhelm us and we don't know what to do with it, it's too heavy" (ibid., p. 29).

The narrative voice in the memoir largely embodies the ambivalence—and in particular, the darker side—of closeness and connection. The emphasis is quite the opposite of the documentary, which focuses on identification and the disappearance and rejection of distance. The memoir, in contrast, highlights differences and the necessity of hiding, maintaining distance, and running away. "What would it cost me", Akerman questions herself, "I could just let myself be kissed, she'd be so pleased" (ibid., p. 31). Yet the demand for intimacy seems emotionally costly for both Nathalia and Akerman:

She [Nathalia] said, you keep running away from me.

She's speaking, at last, I thought.

She's finally saying something and it's the truth.

I was happy.

She wasn't saying I love you.

I could breathe. (ibid., p. 39)

Unbridled, the love and attention leaves no breathing space and can, therefore, result in a sense of claustrophobia. Daniel Fraser comments in a review that Akerman's text employs various devices to mirror the sense of containment, the closeness of the two bodies confined in the space of the apartment, and the result is claustrophobic, circular, even stifling. The repetitious tasks of care become amplified, swollen, and strained by the recursive sentences, broken dialogue, and miscommunications. The closeness of mother and daughter pulls and pulls at each of them, threatening to engulf them both. (Fraser 2020)

A similar dynamic is repeated in Akerman's relationship with C., a younger woman Akerman met online and fell in love with. The attention of C. feels intrusive and controlling, and Akerman has to hide and run away. "Now I try to tell her [C.]", writes Akerman, "loosen the net, let me breathe a bit, you're hurting us both. I want to end it but I don't know how. I come, I go, I hide, I lie" (Akerman [2013] 2019, pp. 87–88).

In light of the overwhelming demand for closeness and identification from both her mother and lover, writing is, to Akerman, associated with a private space where she can distance herself and block out the emotional needs of others, while acquiring a sense of purpose and freedom. "I like to write down what's happened. Because then I feel as though I'm a person who has something to do even when nothing is happening" (ibid., p. 24). At the same time, Akerman is critical of the feeling of self-sufficiency and agency that writing seems to enable. "The only thing that can save me is writing", writes Akerman, "And even then. And even when I write it's about her and so it doesn't give me the sort of release that people who don't write might imagine. No, it's not a release. Not a real one" (ibid., p. 31). Indeed, even though her text highlights differences and disidentifications, there are unmissable moments of outcries of affection and, at the textual level, the unmarked breaking of boundaries. One of such instances is the abrupt shift of narrative voices without a direct indication of who is speaking (ibid., pp. 21, 22, 32, 33). The narrative, as Araujo observes, "assumes the point of view now of the daughter, now the mother, reiterating in this way the interchangeable positions of the two women, without, for all that, hiding the difficulties of their love" (Araujo and Cohen 2016, p. 33). Overall distant and uncertain, yet interspersed with moments of intimacy and identification, Akerman's memoir acknowledges and negotiates with the ambivalence of care through a narrative voice of intimate distance.

No Home Movie, by contrast, emphasizes intimacy and closeness, while it is an intimacy with an undertone of distance. Such closeness is what film, as an aesthetic medium, is good at: as John Berger observes, "[f]ilm clings to the surface of things. No other narrative art

can get as close as the cinema to the texture, the skin of daily life" (Berger 2001, p. 478). *No Home Movie* is exemplary in paying close attention to this "skin of daily life" of the mother. We watch Nathalia as she lives her life inside the apartment and the frame: we see her stand by the balcony to have a look at the outside, or fall asleep on a chair with her daughters pressing her for a story, or chat and eat by the kitchen table with Akerman. We get to notice the skin and texture of it through Akerman's signature use of long takes, which serve, according to Béghin and Cohen, "to summon the viewer to an aesthetic relation" (Béghin and Cohen 2016, p. 48). "In the course of their excessive duration", as Béghin and Cohen comment, "the long takes fascinate and repel, invite and reject. In equal measure, they solicit continuous attention and assume moments of relaxation, fatigue, abandon" (ibid., p. 48). Indeed, in between the activities of eating, waking up, and making conversation, there are often extended periods of non-activity and relaxation: the camera is positioned right outside a room, and the space in view is without humans, double-framed, and segmented by a closet, a door, or several doors. Yet, instead of conjuring up an empty space that repels humans, these moments of non-activity are animated by birds singing, sounds of cars outside, or the murmuring sound of the mother. The camera—as well as the room and the furniture—seems to anticipate voices, movements, stories, and the presence of the mother. The camera waits for the mother to enter the frame and answer its waiting eye.

Importantly, as Akerman herself emphasizes, there are different ways of looking through the camera eye, and her approach is to sustain an undistanced, self-conscious, and ethical look:

I was looking with a great deal of attention and the attention wasn't distanced... For me, the way I looked at what was going on was a look of love and respect. . . I let her live her life in the middle of the frame. . . I let her be in her space. It's not uncontrolled. But the camera was not voyeuristic in the commercial way because you always knew where I was. You know, it wasn't shot through the keyhole. (Bergstrom 1999, p. 28)

The aesthetic relation to the images and the mother—established through the attunement to duration and the "skin" of domestic life—is sustained by a specific way of looking, which is respectful, attentive, and decisively not voyeuristic. Yet the look of care does not mean that it is a look without ambivalence. Twice we see Akerman Skype with her mother, as she is away for work. Twice her mother asks her why she is filming her like that. Akerman says that she wants "to show that there is no distance in the world". Supposedly to close the gap of the physical distance between the mother and the daughter, the camera, however, is zoomed in so much and so close that Nathalia's face becomes a blurred image of pixels. When distance is denied, fatigue creeps in. The blur and distortion trigger the feeling of claustrophobia and of the lack of breathing space so pervasive in Akerman's memoir. The ambivalence of the look is expressed not only through this undistanced and hyper-close look, but also through the opposite: a look that is detached from the home and the mother, and attuned, instead, to the barren and uninhabited landscape of the desert. The movie is interspersed with long tracking shots of trees blown in the wind and of the moving but unvaried view of the desert. "The images of the desert created a distance", as Claire Atherton, Akerman's film editor, says, "which is always so important in Chantal's work, not to be stuck to the emotion" (Margulies 2019, p. 17). These images embody and trigger, indeed, the resolute withdrawal from any sensation or emotion. They contrast with, as well as *enable* and *qualify*, the intimate and unreserved display of affection and closeness inside the home. Unplaceable, monotonous, and unceasing, the images of the desert are practices for departing from home and turning the gaze away from the mother. They are preparations for being without home. In this sense, they echo what Akerman writes in her memoir:

And once again I remind myself that I should prepare for her death. I don't think that she'll die but I should prepare myself just in case.

I try to feel what I would feel if it happened.

I don't feel a thing.

Maybe I'm ready.

Maybe it's because I don't believe it'll happen that I don't feel a thing. (Akerman [2013] 2019, p. 58)

5. Conclusions

In a way, both *My Mother Laughs* and *No Home Movie* are deliberate, affectionate, and extended goodbyes. They are attempts to prepare for the death of the mother and, to use Akerman's own words, "imagine myself without her. And I think it'll be okay" (ibid., p. 53). Her works embody the aesthetics of care through a medium-specific stylization of distance and intimacy. While Saito's approach to the care relation is primarily linked to a set of positive values such as reciprocity and open-mindedness, Akerman's aesthetics of care is to create a holding place that is, to use Lori Marso's words, "able to hold—an image, a scene, a space for a difficult feeling or feelings . . . we must hold the ambivalent feelings of capture, violence, struggle, anxiety, anger, relationality, and love in one place, all at once" (Marso 2021, p. 749).

The creation of this holding place is central to my understanding of art and literature as care work. By foregrounding and negotiating the tension and ambivalence involved in the act of caring for the other, Akerman's works add nuances to the aesthetics of care that is hinted at in Charon's approach to narrative medicine and more thoroughly explored in Saito's book. For Charon, providing medical care means working with representations, which, in order to be fully appreciated and comprehended, entails an aesthetic approach—that is, the ability to absorb and relate to stories of others with an attitude of openness and through the temporary suspension of one's self-interest and desire. Saito expands the scope of the claim by drawing a parallel between care ethics in general and aesthetic experience, both of which, according to Saito, require attentiveness, receptivity, and the activation of imagination. What is implied in both cases is an idealized reader, viewer, or carer, whose activities and relationship to the other seem to rely on normative values about what care is and how it should be. Akerman's works open our understanding of the aesthetics of care as being inherently ambivalent and little short of tension, compromise, and back-and-forth negotiation.

For Akerman, the memoir and the documentary provide aesthetic means of bearing witness to illness, trauma, love, and care. Moreover, these media forms can become care work themselves through grappling with the complexity of caring and being cared for, exposing and reconciling the overwhelming desire to respond to the needs of the loved one and the often guilt-inducing realization of wanting to keep a distance and care for oneself. Akerman's memoir highlights an aesthetics of *intimate distance*, whereas the documentary seems to have *achieved the impossible* through an aesthetics of distant intimacy: that is, the desire of the daughter not to take her eyes off her dying mother and to look at her eternally. Such desire is also expressed in her film aesthetics: the long takes inscribe "a waiting becom[ing] infinite" (Béghin and Cohen 2016, p. 48). It is as if the movie, or the motion picture, is exposed to both a slow death and a passage to eternity. At the same time, unlike Charon and Saito, who position the carer as an ideal reader and viewer, I argue that Akerman as the carer is by no means perfect: her memoir offers a detailed account of her need to keep a distance and hide from her mother, and of her mother's complaint about Akerman not sharing her life with her. Distance is what Akerman struggles with regarding her relation to her mother, and she struggles with it through writing and filming. In Akerman's case, the ability to achieve the impossible with the aesthetic media lies precisely in their mediation and mediality: they enable a relation of care that is close yet distant, all at once.

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