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CARE NARRATIVES BY ANNIE ERNAUX AND MICHAEL ROSEN IN THE LIGHT OF THE COVID-19 PANDEMIC

SARAH TRIBOUT-JOSEPH

ABSTRACT

The Covid-19 pandemic has highlighted both the importance of care and a global crisis in care. Since its beginnings in the US in the 1980s as a feminist theory within virtue ethics, care ethics has emerged from the margins of the domestic sphere in the West to become a species theory and a force for radical societal change. Influenced by Joan Tronto's work, Alexandre Gefen has integrated the approach into literary studies in France as an interventionist reading strategy, offering therapeutic benefits to the reader as well. In a new intersectional approach, I argue that reading literature through a care ethics model can improve lives. I compare literary testimonies on either side of the patient/carer divide, Annie Ernaux's pre-Covid-19 care home narrative and Michael Rosen's Covid-19 patient testimony, which, read together, expand the field of medical humanities to promote a relational reconception of society over individualist neoliberalism.

Keywords: care; Annie Ernaux; Michael Rosen; Covid-19; testimony

DURING THE COVID-19 PANDEMIC IN 2020, the role that literature played in providing comfort and solace in a time of crisis was seen in the appearance of teddy bears in front windows as part of a teddy bear hunt which took place in several countries worldwide to distract children in lockdown.¹ The hunt was inspired by the former UK Children's Laureate, Michael Rosen, and his picture book, *We're Going on a Bear Hunt*. In the story, five adventurous children set out on a mission to find and confront a bear.² They overcome a number of obstacles on the way, but when they actually meet the bear, it turns out to be more than they bargained for and they rush back to the safety and comfort of their home, and huddle together under the covers in bed. The scary bear is 'tamed' and turned into a cuddly toy in the illustrations by Helen Oxenbury. The book shows the transformative power of literature to turn away the scary bear at the door and conquer fear. In the face of danger and the threat of fear itself, the book's motto, 'We're not scared', resonated across the globe during the pandemic.

The display of bears is also poignant in other ways. It pays tribute to the author, one of the first Covid-19 patients, in a message of support during his months in

intensive care and the long road to recovery. Rosen is recognized for his educational work with children, his push for early years' literacy and his desire to impart a life-long love of reading, and a generation of parents and children cared about him and whether he recovered. I will argue that Rosen's work as a whole champions a call for the recognition of the relational nature of care. His work offers a model for a relational dynamics of care as a two-way system. Having been a carer, he is in turn cared for. Rosen cared for his own children and, as a children's author and Children's Laureate, he cared for the nation's children and for children worldwide with the translation of his work into multiple languages. In his adult writing, he anticipates the crisis in care that the pandemic would expose. In the tradition of engaged literature that dates back to Jean-Paul Sartre, Rosen's satirical poem 'Hurrah' calls out zero-hours contracts and the lives of precarity that many care workers lead.³ His poem, 'These are the Hands' (2008), was commissioned in the UK by the National Health Service (NHS) to celebrate its sixtieth anniversary. Within a year of coming out of hospital and while still suffering from long Covid, one of Rosen's first actions was to publish a book, *Many Different Kinds of Love* (2021). Importantly, the book provides one of the first Covid-19 patient voices, and constitutes both an attempt to come to terms with his near-death experience and a tribute to the kindness, care and encouragement he received. In this article, I will look at the role of literature as an interventionist reading strategy for promoting a relational ethics of care, in critical care theory, care of the vulnerable and – also very significantly in this relational model – as a way of protecting and promoting the well-being of the carers themselves.

In a recent article written in response to the pandemic, Joan Tronto and Michael Fine argue that it has led to what they term care's 'coming out', which sees care

emerging from the shadows as a taken-for-granted afterthought in public life. Through spontaneous (and nearly spontaneous) events around the world, healthcare workers were rapidly cheered as heroes. Yet, once people began to see the scope of 'essential services', less visible care workers who are often ignored or forgotten, alongside supermarket shelf-stackers, became 'essential'. Soon, 'essential' came to include cleaners, transport workers and delivery drivers, as well as childcare and eldercare providers.⁴

In this article, I will adopt a new approach both to care and to literature, as recently opened up by Alexandre Gefen's work in France, and offer an application of the ethics of care to the literary domain. I will first look at the ways in which in France the ethics of care has been applied as a reading strategy for approaching and understanding a new empathic turn in twenty-first century literature. Whilst Gefen's work is important in surveying the field, I will approach the subject through two case studies. Within the burgeoning field of medical humanities, literary testimony is giving voice to caregivers and care-receivers alike, and is a valuable intersectional field for thinking about how we lead our lives. Literary testimony provides a treatment manual for both the self and for others, which elaborates on bedside manners and codes of conduct, but which may also constitute a form of therapy for the carer and warn against the dangers of self-effacement. Literary testimony goes beyond the domain of

the medical humanities to reflect on literature as a life guide and model for intervention in the world. In a keyhole comparison, I use Rosen's work as a response to Annie Ernaux's neglected earlier text, *Je ne suis pas sortie de ma nuit* [*I Remain in Darkness*] (1997). I show how Ernaux exposes the problem of the carer and the care home in literary testimony, before turning to Rosen's 'These are the Hands' and *Many Different Kinds of Love* for some pointers on the reconceptualization of care.

1. Care ethics, relational change and literary interventionist reading strategies

The British medical journal *The Lancet* reports that 'what is strikingly clear from early data is the disproportionate effect of COVID-19 on elderly, socioeconomically deprived, and ethnic minority groups, both in the UK and globally'.⁵ Those who are socioeconomically deprived and from ethnic minorities have a typically higher occupational exposure to the illness and are more likely to live in overcrowded conditions and in multigenerational households.⁶ As Tronto and Fine argue:

Access to outdoor public space, crowded living conditions, ill-ventilated public transport, who can observe 'quarantine' and who must continue to work – these and other socioeconomic factors are part of the profile of this disease.⁷

Some people cannot afford not to work, and many of those who are more vulnerable work in the care sector or are other key workers upon whom we rely. Furthermore, the close contact involved in much care work further contributes to the death rate:

When caring involves physical contact with or proximity to affected persons, it becomes highly dangerous, directly threatening – and all too often ending – the lives of those providing care, and drastically diminishing capacity to provide care at the level and of the quality required.⁸

The coronavirus pandemic has exposed a crisis in care. Care workers are underpaid, undervalued, taken for granted. Yet at the same time as it has exposed the issue, it has also reinforced many of the assumptions behind care provision. As countries went into lockdown and schools and childcare provision shut, the task of home schooling and childcare provision fell mainly to women.⁹

The theory of care originates in the feminist and civil rights movements of the 1960s and 1970s. Carol Gilligan's foundational text *In a Different Voice* (1982) emerged as a critique of Lawrence Kohlberg's theory of stages of moral development in children, which was focused upon the development of a sense of justice in boys.¹⁰ In her study, Gilligan concludes that women's sense of morality is based on relationships and a sense of care and responsibility for others and that this expands the moral domain.¹¹ Gilligan's work has been criticized by some feminists as essentialist.¹² Tronto takes us beyond gender differences to argue for a 'species-based' theory. One of her major contributions to the field is to clarify what is meant by the term 'care'. She specifies that care is a practice, not an abstract set of rules: it is performative, something that we do as best we can on an everyday basis. Furthermore, care is not

restricted to ‘women’s’ work in the home, or to welfare work, but rather ‘it permeates our daily lives’, as Fine and Tronto argue:

[The notion of ‘care’] first focused attention on the hidden work of (mostly) women enacting essential responsibilities for childcare and family and domestic support. Later, it was rapidly applied to the work of disability support and aged care as a more extensive sense of care as an ethical concern [...].¹³

The traditional division of life into public and private spheres has meant that care is dismissed as falling within the private sphere of domestic life:

caring is greatly undervalued in our culture – in the assumption that caring is somehow ‘women’s work’, in perceptions of caring occupations, in the wages and salaries paid to workers engaged in provision of care, in the assumption that care is menial.¹⁴

Given these assumptions, Tronto goes on to argue that one of the main priorities ought to be to rethink how we value care so as to ‘reflect the role that care actually plays in our lives’, and that this in turn will mean reorganizing our world.¹⁵

Tronto argues that a focus on abstract issues of morality and justice has denatured ethics. In her work she tries to ‘restore ethics to its original meaning – [which is] knowledge about how to lead a good life’.¹⁶ Leading a moral life, she argues, means thinking about morality in everyday life ‘as embodied in an ethics of care’.¹⁷ With the growing interest in the field, Tronto argues that we need to be clearer about what this concept actually means.¹⁸ In calling for a ‘more central place for care in human life’, what is distinctive about Tronto’s approach is that she seeks to define precisely what an ethics of care entails.¹⁹ She identifies four phases of care and links these phases to particular qualities in the carer:

caring about, noticing the need to care in the first place; taking care of, assuming responsibility for care; caregiving, the actual work of care that needs to be done; and care-receiving, the response of that which is cared for to the care. From these four elements of care arise four ethical elements of care: attentiveness, responsibility, competence, and responsiveness.²⁰

Attentiveness means being aware of the needs of others. Responsibility means wanting to care. Competence means delivering on the promise of care, which would otherwise result in a failure of care. Responsiveness means measuring the benefits of the care given, but this is often difficult to assess because of the vulnerable position of the care-receiver.²¹

In her 2015 book, *Who Cares? How to Reshape a Democratic Politics*, Tronto outlines how to radically reconceptualize care and adds a fifth phase: ‘caring with’ as ‘a democratic ideal’, which ‘imagines the entire polity of citizens engaged in a lifetime of commitment to and benefiting from these principles’.²² A caring democracy is one in which we all participate in caregiving and receiving:

The key to living well, for all people, is to live a carefilled life, a life in which one is cared for well by others when one needs it, cares well for oneself, and has room to provide for the care of other people [...].²³

In this sense, ‘caring with’ means caring beyond our own immediate sphere. What Tronto offers us is more of an invitation to respond to her call, which extends to care for the environment and for animal welfare, rather than a set of prescriptive proposals. Influenced by Tronto’s work and the field of care ethics, Gefen looks at how literature can take up the call of the political scientist, arguing that literature can be instrumental in bringing about a more caring society.²⁴

Care ethics is now an expanding field in France, but because the work is mostly untranslated, it has yet to reach an international audience. One of my aims here is to bring the French voice to the debate.²⁵ Gefen’s two books are still too recent to have been translated. *L’idée de littérature: de l’art pour l’art aux écritures d’intervention* [*The Idea of Literature: From Art for Art’s Sake to Interventionist Writing*] (2021) is a follow-up study of his earlier work, *Réparer le monde* [*Fixing the World*] (2017). In this earlier work Gefen argues that literature in the twenty-first century has become less about fiction and more about giving a voice to the vulnerable.²⁶ *L’idée de littérature* measures the distance literature has come from the ‘art for art’s sake’ movement, as is exemplified by Théophile Gautier’s preface to his *Mademoiselle de Maupin* (1835):

Il n’y a de vraiment beau que ce qui ne peut servir à rien; tout ce qui est utile est laid; car c’est l’expression de quelque besoin; et ceux de l’homme sont ignobles et dégoûtants, comme sa pauvre et infirme nature. – L’endroit le plus utile d’une maison, ce sont les latrines.²⁷

[The only things that are really beautiful are those which have no use; everything that is useful is ugly, for it is the expression of some need, and the needs of men are ignoble and disgusting, like his poor and infirm nature. The most useful place in the house is the lavatory.]²⁸

Instead, Gefen argues, we see the promotion of literature as a ‘[t]ravaux de sensibilisation et d’éducation’ [as concerned with rising awareness and educating] and moreover as about ‘[p]as seulement refléter, mais aussi celui d’informer et de construire les réalités sociales’ [not simply reflecting society, but rather informing and shaping society].²⁹ In the reading process, this happens through empathy:

Rendre présent et visible l’autre, se projeter affectivement par empathie, en ‘prendre soin’ par la littérature sont des projets centraux dans les métadiscours contemporains, à la fois comme mission assignée à l’auteur et comme mode de relation à la littérature.³⁰

[Making the other present and visible, the ability to empathize and ‘take care’ of the other in literature are central projects in contemporary metacritical discourse, both in terms of the author’s mission and our relation to literature.]

Gefen explores how in the twenty-first century writers are increasingly witnesses to the lives of others and act as ‘écrivain public’, a public scribe, for marginal voices who cannot tell their own stories directly.³¹ An extreme example would be palliative care in narrative medicine, in the work for example of Marie de Hennezel. Gefen himself cites the example of Emmanuel Carrère and his empathy for Sri Lankan tsunami victims in *D’Autres vies que la mienne* [*Other Lives but Mine*]. He defends the contemporary empathic turn of literature, which is ‘pourvue d’un destinataire’

[addressed to a recipient] and is ‘même ouvertement utilitaire’ [even openly utilitarian].³² He argues that as we move into the twenty-first century:

la lecture est définie comme une forme d’attention ou de participation et l’écriture, mise au service des *besoins narratifs* d’autrui, ou simplement comme une forme de soin par participation mentale.³³

[reading is defined as a form of attention or participation and writing serves the narrative needs of others or is simply a form of mental participation.]

As readers, we empathize with the plight of those we read about. This in turn has the further benefit of being therapeutic for the reader, as it takes us out of ourselves and our own problems. It is ‘l’occasion d’un projet de décentrement empathique, d’un exercice de sortie temporaire de soi’ [the opportunity for an empathetic decentring, an exercise in temporarily leaving behind the self].³⁴

Gefen’s *L’Idée de littérature* had no doubt already gone to press at the outbreak of the pandemic, and it does not specifically consider literature’s response to the Covid-19 pandemic. In this study, I will build on his work and apply a care studies approach in a comparative study of a coronavirus and a pre-coronavirus narrative. In the choice of narratives which deal with the messiness of care, I will analyse the contribution of these texts and of literature to the medical humanities and to our well-being more generally.

2. Annie Ernaux and the calling out of oppressive structures of care

Like most of Ernaux’s output, *Je ne suis pas sortie de ma nuit* is autobiographical. In unflinching detail, it tells the story of Ernaux’s mother’s Alzheimer’s disease in the 1980s and the author’s weekly visits to see her in a care home. Ernaux initially wrote a *journal des visites* which she tells us was not intended for publication: ‘Longtemps, j’ai pensé que je ne le publierais jamais’ [‘For a long time, I believed that I would never publish this text’].³⁵ In 1996 she added a preface and published it ‘as it was’ as *Je ne suis pas sortie de ma nuit*. As she says: ‘Je n’ai rien voulu modifier dans la transcription de ces moments où je me tenais près d’elle’ (*Je*, 13) [‘I have chosen not to alter the way I transcribed those moments I spent close to her’ (*I Remain*, 11)]. The fact that the diary was not originally intended for publication goes some way towards explaining the level of detail and the emotional intensity of the account. The narrative is certainly far removed from Gautier’s idea that literature is above bodily functions, and one of the main questions that the text raises is that of its own purpose and value. Responding to the text, Loraine Day draws attention to the fact that there is a paucity of literary texts that focus on older women and aging.³⁶ In the text, there is a palpable sense of anger and outrage at the loss of the mother to dementia. This is conveyed to the reader through the transgressive narrative and aggressive choice of language. The mother’s descent into dementia is reflected in the author’s descent into abject language. The descriptions of the visits are always accompanied by an ‘insupportable odeur de merde’ (*Je*, 88) [‘a suffocating smell of shit’ (*I Remain*, 61)]. Ernaux draws attention to the urine that sticks to the visitor’s feet and the excrement

that she finds in unexpected places (*Je'*, 58, 44; *I Remain*, 43, 33). The author is also horrified to find her mother exposing herself (*Je'*, 103; *I Remain*, 71). The mother's body and memory are defiled, and we have to ask why. In a recent study, Annabel L. Kim looks at 'what the scatological has to say about the human'.³⁷ She draws on the use of this metaphor in Holocaust writing to emphasize the 'deeply human inhumanity of the Holocaust' and to narrate illness in the work of Daniel Pennac. Ernaux's text raises important questions about the exposure of the subject without consent. The question of consent thus raises complicated ethical issues which are avoided in the AIDS writing of Hervé Guibert, for example, who also uses the metaphor of excrement, but who chronicles his own illness.³⁸ Rosen, likewise, looks at his own illness, including details about soiling himself (*Many*, 65–66), but Ernaux's text involves the writer and reader in ethical questions about exploiting the subject who is both too ill to consent or object.

Siobhan McIlvanney argues that the work may be 'interpreted as a retributive measure against the earlier transgression of Ernaux's privacy by the mother'.³⁹ Her mother feared the judgement of others all her life, and Ernaux now exposes her when she is at her most vulnerable. The text has been read almost exclusively in terms of the author's relationship with her mother. Critics have highlighted the mirroring of the mother-daughter relationship and seen in the graphic description of the demise of the mother the daughter's own fear of aging and death. Like care itself, the text has been marginalized in the author's output, and seen as a supplement to Ernaux's other work on the mother, *Une Femme [A Woman's Story]* (1987).⁴⁰ This article seeks to re-evaluate the text in the light of the growing field of care ethics.

The exception to the consensus approach to reading the text outlined above is a trail-blazing 2002 article by Ingrid Wassenaar which takes a care ethics perspective.⁴¹ Wassenaar contrasts Ernaux's text with the consolation writing of Simone de Beauvoir on the loss of her mother to cancer in *Une mort très douce [A Very Easy Death]*. The latter, Wassenaar argues, is written in the safely distanced space of the past tense, whereas Ernaux writes in the raw anger of the present.⁴² Wassenaar flags the 'creeping doubt about the ethical propriety of accounts such as Ernaux's', which 'force a dubious voyeurism on the reader', and even asks whether the author would not be better off 'emptying bedpans over writing books'.⁴³ Wassenaar is one of the first literary critics to apply a care ethics approach to literature. She describes the graphic detail of the text as 'outing the messiness of caring'.⁴⁴ Women, she argues, are writing about the conflicts they feel around caring, in which they are torn 'between passive self-effacement, and protest, resentment or ambivalence' at a 'historical moment at which emancipation is encouraged but care provision for this is not matched'.⁴⁵ Although Ernaux was probably not aware of Tronto's work (Tronto's first major work, *Moral Boundaries*, was only translated into French in 2009),⁴⁶ she is writing at the same historical conjuncture and exposing in literature what Tronto theorizes in her critical work.

Taking Wassenaar's analysis further, it is important to note that what is elided in the text is the time that Ernaux spent looking after her mother at home before the latter's emergency admission into hospital. Focusing on this overlooked point leads

us to read the text differently. Looking at the timeline in the preface, we can see that Ernaux brought her mother to live with her, and looked after her almost single-handed for some eight months as she deteriorated, in possibly one of the worst periods of the illness before diagnosis. At one point, she notes her mother's childlike dependence on her, 'accrochée à moi comme une enfant' (*Je'*, 47) ['a frightened woman clinging to me like a child' (*I Remain*, 35)]. She mentions little of her daily care for her mother – changing the bedclothes after she has wet the bed, getting her dressed, feeding her when she does not want to be fed. The thanklessness of the caring is ironically highlighted when her mother does thank her, '“merci MADAME”' (*Je'*, 16) [“thank you MADAME”' (*I Remain*, 14)]. Although she thanks her, she often does not recognize her daughter. This part is elided, we can assume, because it seems only natural for the daughter to look after her mother. What is not in the text is as important as what is. Many of the assumptions around care and who should provide it are social constructs. As a single mother, Ernaux is left looking after the children, looking after her mother and working. John Bayley's trilogy of memoirs on his wife, Iris Murdoch, and on the difficulties of looking after her, offer a counterpoint to the gendering of carers and the expectations that fall on women.⁴⁷ For Ernaux, the difficulty in meeting the expectations of a carer leads to a tremendous sense of guilt in the text.

The theory of care has been consolidated since Wassenaar's 2002 article. We can apply Tronto's phases of care and corresponding four qualities in the carer, already outlined in *Moral Boundaries* (attentiveness, responsibility, competence and responsiveness), to try and make sense of what might otherwise appear to be a rather ethically questionable text. This offers a way into a text which Wassenaar describes as leaving 'little room for critical intervention'.⁴⁸ Ernaux is clearly attentive to her mother's needs, immediately realizing that her mother cannot live by herself and bringing her to live with her, and then taking her to hospital for urgent care. She is responsible and competent in giving care when she can, but also, importantly, in realizing that she is not in a position to give the level of care required. It is perhaps at the level of responsiveness to the care provided that a written narrative provides most insight. For Tronto, this is the hardest aspect to measure, given that care-receivers are often in a vulnerable position, something which is compounded by memory loss and paranoia in patients with Alzheimer's.

Whatever the emotional response they generate in Ernaux, for her mother weekly visits are a source of emotional warmth and excitement. Seeing her mother's evident delight at her visits, she recalls the importance her mother gave to visits during her childhood: 'Elle disait, heureuse: “Annie! Tu as de la visite!” quand une camarade venait me voir. L'importance de la “visite” pour elle. Preuve d'amour, signe qu'on existe pour les autres' (*Je'*, 71) ['She would announce cheerfully, “Annie, you've got a visitor,” when a school friend came round to see me. “Visits” meant a lot to her. A token of love, proof that we exist for other people' (*I Remain*, 51)]. Upon Ernaux's visits in hospital, her mother proudly announces her daughter. Each visit the daughter performs small acts of kindness and care: clipping her nails, combing her hair, shaving her, wheeling her outside, taking her to the toilet and treating her to cakes which

have to be cut up into small pieces and patiently fed to her. As Ernaux remarks, it is when her mother goes into a home and no longer sees her every day that she does actually recognize her when she comes, and usually greets her visits with delight. Ernaux even tells us that her mother likes the small attentions like having her hair brushed (*Je'*, 88; *I Remain*, 60).

Yet this in turn also triggers guilt. There is clear disappointment that the daughter does not take her home with her and is effectively leaving her there to die (*Je'*, 96; *I Remain*, 65). The daughter notices how thin her mother is and wonders if the staff have the patience to feed her. When the daughter feeds her, the mother tells her “‘Avec toi je suis entre de bonnes mains’” (*Je'*, 99) [“‘With you, I’m in safe hands’”] (*I Remain*, 69). The text covers the author’s range of emotional reactions to her mother’s illness. Ernaux seems outraged that when she eats she gets food everywhere, and relieves herself in public like a newborn baby (*Je'*, 100; *I Remain*, 70). Above all, though, the narrative is shot through with a sense of guilt. The words ‘coupable’ [guilt] and ‘coupabilité’ [guilty] recur multiple times, like a resurfacing of the guilt. There is an immense sense of guilt that the mother ‘a traversé “sa nuit” seule’ (*Je'*, 77), that she faces her final illness alone.⁴⁹

As Tronto comments:

the process of care may leave too little distance between care-givers and care-receivers. One of the likely effects of any caring process is that the care-givers will have to struggle to separate their own needs from the needs of the ones who they care for.⁵⁰

In the margins of the text, we see how caring responsibilities can impact upon lives. The mother’s illness disrupts Ernaux’s work. This is played out textually when the mother is disoriented in the house and repeatedly mistakes Ernaux’s office for her own bedroom (*Je'*, 17–18; *I Remain*, 18); Ernaux has a day job teaching and has difficulty concentrating on the student papers she has to correct – though she only draws attention to this after her mother has died (*Je'*, 108; *I Remain*, 75). We see Ernaux’s guilt about having her own life – her sex life with A. (*Je'*, 22; *I Remain*, 20). Perhaps most significantly, in an aside, we discover that this period actually coincided with Ernaux’s own serious illness, her treatment and operation for breast cancer (*Je'*, 74; *I Remain*, 53).

Tronto stresses the importance of balancing the needs of caregivers and care-receivers:

The problems of evaluating proper levels of care, of anger and gratitude, and of providing smothering care as opposed to care that leads to autonomy, is intrinsic to the nature of care. Some people make greater sacrifices of themselves than do other people; some will even sacrifice too much. Part of this moral problem is exacerbated by the fact that those who are most likely to be too self-sacrificing are likely to be the relatively powerless in society.⁵¹

Unlike some of the most vulnerable in society, Ernaux is able to put her mother in a nursing home, to separate her own needs and to establish the boundaries of care. She recognizes that some tasks, such as changing her mother when she has soiled

herself, would have been too difficult (*Je'*, 92; *I Remain*, 62). There is an important moment of recognition in the book that 'la garder avec moi était cesser de vivre' (*Je'*, 47) ['letting her stay at my place would have meant the end of my life' (*I Remain*, 35)]. The mother's spell in hospital gives her a breathing space and provides a natural transition.

Ernaux is often brutal in the transcription of reality, unsparing of her mother's dignity which her mother herself has relinquished. In the text, Ernaux questions to what ends we use literature, concluding that the role of literature is to understand and salvage (*Je'*, 108; *I Remain*, 74). Anger and guilt and a degree of ambivalence are the most prevalent emotions in the text. The fragmented sentences are like angry outbursts that have dispensed with any co-ordinating logic, just like the mother's dementia, and the loved one's bafflement, frustration and sense of loss in the face of the illness. At one point, Ernaux makes a blunt prediction that in the future they will not keep people alive in such a state (*Je'*, 80; *I Remain*, 56). On several occasions, she questions whether she would prefer her mother mad or dead. It is in this way that we can understand Wassenaar's analysis of the text as questioning 'our readerly ability to care about the other'.⁵² Ernaux, she claims, 'offers relief at the ambivalence expressed about how dying others are cared for', before coming to the radical conclusion that the ethics of care might really just be self-interest.⁵³ Certainly, the text does not shy away from the messiness of care. Yet it also offers the possibility of a much more humane reading than Wassenaar allows. In the light of Tronto's work, it warns against self-sacrifice and self-effacement on the part of the carer and promotes an important message that caring is also about knowing the limits of caregiving for the carer. Unlike the support structures that are in place for patients and relatives in palliative care as part of the work of accompanying them at the end of life, Ernaux's text evidences no such support mechanism for patients with dementia. In the absence of such support, literature, and carer diaries in narrative medicine, can help in giving expression to emotions and recalling how small acts of kindness and care can make a difference to both caregiver and care-receiver, something which can be very important for carers of patients with dementia when so much else is forgotten. As Ernaux says, writing aids the process of understanding and salvaging. This can be of value to the family and to the reader in allowing them, as Gefen argues, to empathize with the plight of others, as well as to professional health care workers in understanding and accompanying families. During the Covid-19 lockdown, the banning of visits to care homes and the loss of contact with loved ones meant that dementia patients deteriorated much more quickly.⁵⁴

3. *Literary intervention and the reconceptualization of care: Michael Rosen's tribute to care workers*

Ernaux makes it clear in the preface that she is not writing a denunciation of the care workers: 'les soignantes étaient, dans leur majorité, d'un dévouement attentif' (*Je'*, 13) ['on the whole, the nurses were extremely caring' (*I Remain*, 11)]. Ernaux's voice gives us important insight into the family carer position. Rosen, as a recovering

patient, offers a response to Ernaux's testimony and provides feedback on the care received, Tronto's fourth criteria. Furthermore, Rosen's earlier pre-Covid work seems premonitory of the crisis in care as understaffed, underfunded and undervalued. In this way, his work is important in giving us insight into both the patient and the carer perspective. The medical humanities has been dominated by the novel form, and I use Rosen to look at poetry's neglected contribution to restorative care.⁵⁵

Rosen's poem, 'These are the Hands', commissioned to celebrate the sixtieth anniversary of the NHS in 2008 and included in *Many Different Kinds of Love*, also gives poetry a fitness check for the twenty-first century. Just as the NHS cares for and serves the nation, so too can poetry. The poem is testimony to the very hands-on care that the NHS provides; poetry too can serve practical purposes. The poem itself is very 'hands-on', performatively and proudly showcasing the work of the NHS. Adjectives are dispensed with, the language is stripped down like a hospital bed that needs to be practical and hygienic. Most lines contain only three words, all following the same model: verb, determiner, object. All the verbs are prosaic, basic 'doing' verbs; all the nouns are concrete rather than abstract. There is a predominance of monosyllabic words and the poem follows a regular but accelerating rhythm with a regular rhyme scheme across the verses (ABCDCEFGF) – like a patient's heartbeat or the pulse of the nation. The only punctuation in the poem is the four full stops: the pace of the work is relentless, spanning a human life with a lot to be done in just four breaths, three breathers, three work breaks. Each verse begins with the anaphoric repetition of 'These are the hands | That [...]'. The repetition further emphasizes the routine nature of the work which is repetitive and yet life sustaining. Rosen shows us here the life-affirming pulse of poetry, exploiting formal devices like rhythm and rhyme to emphasize the symbiosis between patients and carers.

Our lives are placed firmly in the hands of the NHS between the first lines 'These are the hands | That touch us first' and the final line 'And touch us last.' Many of the functions that the hands perform in the poem are medical: 'Find the pulse', 'tap the back', 'clamp the vein', 'log the dose'. But we also see the synecdochic relation to the hands, to the NHS as a collective body making a collective effort. The NHS is not just the doctors and nurses but all the invisible support staff, the cleaners who 'mop the floor', 'throw out sharps', 'wipe the pipes'; the porters who 'wheel the bin'; the lab technicians. Of all these actions, however, it is the first and the last that are emphasized by their repetition and prominent place in the poem. It is the word 'touch' that is emphasized. We are now aware of the importance of early skin-to-skin contact from birth, something which was sorely missed by elderly patients in care homes during the pandemic. Touch relates to caring, the hands that 'hold your arm'. Touch can be reassuring. This poem of very practical tasks is contained between the repetition of this word 'touch', like a pair of hands in which we place our lives. The poem also touches us in the abstract sense of the word. It moves us, making us feel a sense of warmth, reassurance and recognition. Poetry has the ability to reach out and touch us. As readers, we are touched and moved to gratitude by this long job sheet, by everything that the NHS does for us, from the cradle to the grave. The whole syntactic structure of the poem is dependent on the relative pronoun

‘that’, relating back to the head noun phrase ‘these are the hands’, the subject of the sentence, the active agent. The whole care system, in which we place our lives, rests in the hands of these dedicated care workers.

These anonymous hands are all the more praiseworthy because they are anonymous: these are strangers who care for us, as Rosen emphasizes in his book, *Many Different Kinds of Love*. The book gives testimony to his harrowing ordeal, his illness and recovery from Covid-19, but also pays tribute to the strength he drew from the kindness and care of those who looked after him. As he spent several weeks in an induced coma, much of the book is given over to the voice of others. The fragmented narrative consists of Rosen’s own prose poetry but also the voice of the health care professionals and of his wife. We learn that when patients are in a coma, the nurses write a ‘Patient Diary’ to go some way towards giving back to the patients the part of their life that they have missed whilst unconscious. Rosen is very moved by this act of kindness and the details it contains of the care he was given. The nurses, often from far-away countries, sit at his bedside and talk to him day and night, clean him and try to rouse him out of the coma. ‘I try to fathom | this devotion. | They aren’t my parents’ (*Many*, 181). ‘Why did these strangers try so hard | to keep me alive? It’s a kindness I can hardly grasp’ (*Many*, 183). The strangers who help him are not limited to the medical staff. Once out of hospital, he becomes confused in a shop and the shop assistant helps him (*Many*, 170). This care also comes from well-wishers amongst the general public and fans of his books. The text records acts of kindness and humanity in moments of frailty when he himself might have given up.

We see also, however, in the text that the caregivers must not smother the care-receivers. Unable to walk, Rosen seems ready to accept that he will be a wheelchair user (*Many*, 103). The Occupational Therapists teach him not to say ‘help me’, but rather to help himself:

The Occupational Therapists taught me
how to own my frailty.
I have to choose:
do the work
or give up. (*Many*, 113)

After so much time in a high-dependency unit, Rosen has to learn how to do things for himself again. The book is a powerful statement of human determination and willpower to overcome adversity, the obstacles in *We’re Going on a Bear Hunt*, and the need to confront the illness. The care team remark on Rosen’s ability to be lyrical whilst suffering from the debilitating effects of the illness (*Many*, 202). Faced with the prospect that he might never walk again, Rosen transforms the walking stick he is given into ‘Sticky McStickstick’ (*Many*, 117). The NHS offers him a crutch; Rosen uses figurative language to show how this support is transformative in aiding his recovery.

Rosen is also aware of his wife’s tremendous supporting role: ‘she was holding me, propping me up with words’ (*Many*, 141). At one point in the book, Rosen is so grateful to his wife for everything that she has done for him that he becomes too upset to

speak (*Many*, 141). When he first goes into hospital, he tries unsuccessfully to send a text message home: ‘I try to tap out a message | but I can’t read it and | my thumb has hit the wrong letters’ (*Many*, 16). After all the diary entries from the nurses, the messages from his wife and the letters from well-wishers, the book is his reply, his thank-you gift.

Rosen also questions the limits of care. Why, he asks, should his wife have to give him the syringe (*Many*, 149)? He is also considerate in trying not to overburden his family, aware that he should not expect his children be excited that he has made it up the stairs (*Many*, 242). His children have their own lives to lead and should not be crushed by his illness. It is in this sense that Rosen’s work and Ernaux’s can be read as companion pieces. The excess of detail in the hard realism of Ernaux’s text shocks the reader, as does the loss of dignity. Critics seem largely to have thought the Ernaux text unworthy of attention. Yet Ernaux and Rosen both tell us that this should not go unnoticed. In Ernaux, as in the act of caring itself, the text performatively shows us what caring means, in the attention to detail and bodily functions. Ernaux’s experience as a carer is first-hand. Rosen has to imagine the position of the carer and as such this opens up a more reflective critical space about the place of caring in society. The act of caring seems to overwhelm the Ernaux text, and Tronto and Rosen both make the point that the needs of the care-receivers should not overwhelm the caregivers.

Rosen’s poem ‘These are the Hands’ set the tone and gave the name to another book which came out at the start of the pandemic in March 2020. In his foreword to the volume, Rosen promotes the vital role that writing can play in offering insight into the lives of NHS workers: ‘we need poems by people who do things other than write poems!’⁵⁶ The book is part of a project founded by Deborah Alma and Katie Amiel called ‘The Bigger Picture’, which promotes literature therapy for patients. Amiel is a practising GP and Alma teaches creative writing and leads literature therapy groups for people with dementia and for women’s groups and in hospice care settings. They emphasize that the book

provides a stark reminder of the human cost of trying to offer compassionate care in a system that is underfunded and understaffed and the importance of showing the same compassion and support to its employees.⁵⁷

In a review of the book in *The Nursing Times*, Peter Carter describes it as compulsory reading for politicians, but also as a book ‘for all of us’ and one which will ‘inspire the next generation of health workers’.⁵⁸ Tronto’s fourth criterion for care, measuring the success of the care given, can be seen in the fact that the book has received such good reviews.

Nevertheless, Rosen’s writing for adults has not attracted any critical studies in literary spheres, perhaps because the author is associated with children’s picture books or not perceived as ‘literary’. This article has looked at how both Rosen and Ernaux use literature to further our understanding of the messy business of caring. *Je ne suis pas sortie de ma nuit* did not meet with the same success as some of Ernaux’s other works. This is perhaps in part because the emotional burden of care on loved ones is

not well recognized. Ernaux's work is important in raising awareness of the difficulties in caregiving and care-receiving. Her testimony gives insight into the invisibility of carers and highlights the need for professional care to shoulder the work. Across his writing for adults, Rosen contributes to the health care debate.⁵⁹ He flags the poor conditions of care workers on zero-hours contracts. He criticizes British government cuts and government policy and the fact they did not listen to World Health Organization advice on mask-wearing and instead floated the idea of herd immunity and what would have amounted to the sacrifice of the 'old and sick' who are seen to 'matter less than the young and fit' (*Many*, 168). His most valuable contribution, though, is in valorizing carers and the care professions.

What can we do about the crisis in care? Rosen's active effort is to raise awareness in his writing, Tronto's last phase of caring, 'caring with', according to which she hopes to radically reconceive society, as she outlines in *Who Cares?* Rosen looks more closely at this system of professional care. Children's Laureate from 2007 to 2009, and self-styled children's 'Ambassador for fun',⁶⁰ in his writing for adult audiences, he can be seen as an ambassador for a relational care ethics model of society, recognizing the needs of both patients and carers. Not everyone is competent to provide the level of care required – Rosen tells us in *Many Different Kinds of Love* that he began medical training but did not finish (*Many*, 174) – but we should recognize the efforts of those carers and health care professionals that do. In this respect, literature, and more widely, writing by the general public, can play a valuable role in consoling, inspiring and giving recognition. Despite his harrowing ordeal, Rosen does not lose his sense of humour or his faith and delight in storytelling, even if that means telling the story of his own near-death encounter. As with the mastering of fear in *We're Going on a Bear Hunt*, he uses humour and the transformative power of language to cope with and confront Covid-19, anthropomorphizing it, like in a children's picture book, into a 'wicked hedgehog' (*Many*, 162). As the nurses monitor his vital signs, he reflects that 'My body has become theirs. | They have it' (*Many*, 61). An important part of getting better, however, and an important part of life more generally, is keeping our spirits up, and literature can do that.

Conclusion

In her recent and timely book, *Global Healing: Literature, Advocacy, Care* (2020), Karen Thornber emphasizes the transnational dimension of care. In considering the circulation of texts across boundaries, she examines the role of World Literature in aiding recovery from illness across the world. She criticizes the short-term focus on treating symptoms rather than a long-term goal of healing and well-being, and she analyses the contribution that literature can make:

Writing, and more specifically literature, can help us overcome this failure by readily disrupting, even shattering assumptions and by changing consciousness concerning how illness is and could be better treated in societies, in healthcare settings, and among loved ones.⁶¹

In a three-part study, she brings together texts from across the globe to analyse illness and stigma in societies and communities; to advocate humanizing health care settings; and to prioritize family and friendship partnerships in the healing process. Thornber uses the term healing rather than care, adopting Eric Cassell's definition of healing as enabling 'the physical, mental, and social wellbeing of a person', which places more emphasis on the receiver, rather than Tronto's two-way process which also considers the well-being of the carer.⁶² In France the debate has turned on the difference between 'le soin' [treatment] and 'le care' [care], a distinction which is not normally underlined in anglophone scholarship. Thornber's distinction between treating people and healing them could be seen to align with conceptual reflections around the debate in France. In two untranslated works, the doctor and writer Martin Winckler, in *En soignant, en écrivant* [*Writing Treatment*] (2000) and *L'École des soignantes* [*Nursing School*] (2019), similarly criticizes institutional care in the medical profession, imagining in the latter work future hospital care 'au féminin', a feminization of the medical profession, with a closer and more caring treatment of patients, in which patients' stories are told and listened to.

Tronto's work has been translated into French, and she has been influential in France and acknowledged as a key thinker on care. Whilst the global Anglosphere has informed work on 'le care' in France, because of the language barrier there is little international awareness of the conceptual work done in France over the last decade.⁶³ Research into applying an ethics of care model to literature has largely been written in French, and one of the aims of this article has been to expand the predominantly anglophone sphere of medical humanities by including non-anglophone voices and taking forward Gefen's arguments about the role of literature in giving voice to the vulnerable and marginal in society. Such a transnational approach responds to Thornber's call for horizontality in examining our approaches to health care provision and challenging institutional functioning within any one particular health care system.

Je ne suis pas sortie de ma nuit is one of Ernaux's least studied texts, and yet it anticipates the current debate on care. The fact that the text went largely unacknowledged reflects the taken-for-granted nature of much care work. Both Ernaux's text and Rosen's *Many Different Kinds of Love* explore in literature what Tronto argues for in her theoretical work. I have argued here that these two works speak to each other, something which is important when carer and patient voices often go unheard. Rosen's work complements Ernaux's by offering a patient's perspective and paying tribute to the care he received. In speaking for the nation, Rosen offers a thank-you letter on behalf of those, like Ernaux's mother, who are too ill to voice their thanks. When illness makes loved ones unresponsive, testimony from others can help carers come to terms with the illness and aid in the healing process of carers. In *Jeanne Hyvrard: Wounded Witness*, Helen Vassallo looks at the metaphor of the family tree in Hyvrard as 'reinscribing into cultural history generations of nameless "elles"', often victims of female mutilation and abuse, by claiming to be an eternal female witness.⁶⁴ She looks at the conflation of illness and its perception in society in order to examine witnessing and legacy as a process of emancipation and

overcoming. Similarly, Rosen and Ernaux offer us testimonies which speak for silent others and can help in a collective healing process.

The work of both writers resonates beyond the literary sphere, Rosen with his poem to celebrate the sixtieth anniversary of the NHS, and Ernaux in an open letter to President Macron on 30 March 2020:

C'est un temps propice aux remises en cause. Un temps pour désirer un Nouveau Monde. Pas le vôtre! Pas celui où les décideurs et financiers reprennent déjà sans pudeur l'antienne du 'travailler plus', jusqu'à 60 heures par semaine. Nous sommes nombreux à ne plus vouloir d'un monde dont l'épidémie révèle les inégalités criantes, nombreux à vouloir au contraire un monde où les besoins essentiels, se nourrir sainement, se soigner, se loger, s'éduquer, se cultiver, soient garantis à tous, un monde dont les solidarités actuelles montrent, justement, la possibilité.⁶⁵

[It is an opportune time for questioning. A time in which to desire a new world. Not your world! Not a world in which decision-makers and financiers are already, shamelessly, resuming the old refrain of 'work more', up to 60 hours a week. A great many of us no longer want a world of glaring inequalities, revealed by the epidemic; on the contrary, a great many of us want a world where basic needs, healthy food, medical care, housing, education, culture, are guaranteed for all, a world which, indeed, today's solidarities show us is possible.]⁶⁶

Ernaux sees the global pandemic as revelatory of glaring inequalities, in health care, but also in education and housing, and in lives generally. She sees the solidarity shown during the crisis as indicative of the possibility of a better society, and in many ways some of the responses to Covid-19 have shown us a glimpse of Tronto's idea of a fifth phase of caring, what she calls 'caring with': a society which would be based on reciprocal relations rather than neoliberal competition, a caregiving democracy in which all citizens participate in caregiving and receiving.

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NOTES

¹ See Eleanor Ainge Roy, '“Bear hunt” Helps Banish Coronavirus Boredom for New Zealand Children', *The Guardian*, 30 March 2021, <<https://www.theguardian.com/world/2020/mar/31/bear-hunt-helps-banish-coronavirus-boredom-for-new-zealand-children>> [accessed 29 November 2022].

² In the Channel 4 TV adaption of the book (2016), the children are given names: Stan, Katie, Rosie, Max, the baby and Rufus the dog. The oldest child, Stan, sometimes mistaken for an adult, is sixteen.

³ Michael Rosen, 'Hurrah', in *Don't Mention the Children* (Harrogate: Smokestack Books, 2015).

⁴ Michael Fine and Joan Tronto, 'Care Goes Viral: Care Theory and Research Confront the Global Covid-19 Pandemic', *International Journal of Care and Caring*, 4.3 (2020), 301–09 (p. 302).

⁵ Rohini Mathur, Laura Bear, Kamlesh Khunti and Rosalind M. Eggo, 'Urgent Actions and Policies Needed to Address COVID-19 Among UK Ethnic Minorities', *The Lancet*, 396.10266 (2020), 1866–68 <[https://doi.org/10.1016/S0140-6736\(20\)32465-X](https://doi.org/10.1016/S0140-6736(20)32465-X)> [accessed 29 November 2022].

⁶ Rosen highlights the dedication of the care workers and the fact that many come from other countries. See *Many Different Kinds of Love* (London: Random House, 2021), p. 183. All references are to this edition as 'Many', incorporated in the main text.

⁷ Fine and Tronto, 'Care Goes Viral', p. 305.

⁸ *Ibid.*, p. 304.

⁹ See e.g. Rachel Hall, 'Women Doing More Home Schooling During Covid Lockdown than Men', *The Guardian*, 19 February 2021, <<https://www.theguardian.com/education/2021/feb/19/women-doing-more-home-schooling-during-covid-lockdown-than-men>> [accessed 29 November 2022].

¹⁰ See Lawrence Kohlberg, *The Philosophy of Moral Development* (New York: Harper & Row, 1981).

¹¹ Carol Gilligan, *In a Different Voice* (Cambridge, MA: Harvard University Press, 1982), p. 173.

¹² See e.g. Naomi Weisstein, 'Power, Resistance, Science', *Feminism & Psychology*, 3.2 (1993), 239–45 (pp. 239–40).

¹³ Fine and Tronto, 'Care Goes Viral', p. 302.

¹⁴ Joan Tronto, 'An Ethic of Care', *Generations: Journal of the American Society on Aging*, 22.3 (1998), 15–20 (p. 16).

¹⁵ *Ibid.*, p. 20.

¹⁶ *Ibid.*, p. 15.

¹⁷ *Ibid.*, p. 16.

¹⁸ Joan Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 2015), p. 125.

¹⁹ Quotation from *ibid.*, p. 125.

²⁰ Tronto, *Moral Boundaries*, p. 127.

²¹ *Ibid.*, p. 134.

²² Joan Tronto, *Who Cares? How to Reshape a Democratic Politics* (Ithaca, NY: Cornell University Press, 2015), p. 14.

²³ *Ibid.*

²⁴ Gefen acknowledges Tronto's influence directly and discusses her work on a number of occasions. See in particular Alexandre Gefen, *Réparer le monde: La littérature française face au XXI^e siècle* (Paris: Corti, 2017), p. 160.

²⁵ For a survey in English of the academic landscape of care in France, see Tessa Smorenburg, 'The French Voice', 18 July 2019, *Ethics of Care*, <<https://ethicsofcare.org/the-french-voice/>> [accessed 29 November 2022].

²⁶ Gefen, *Réparer*, pp. 216–17.

²⁷ Théophile Gautier, *Mademoiselle de Maupin*, as quoted in Gefen, *Réparer*, p. 21.

²⁸ Théophile Gautier, *Mademoiselle de Maupin*, trans. by Helen Constantine (London: Penguin, 2005), p. 23.

²⁹ Alexandre Gefen, *L'idée de littérature: De l'art pour l'art aux écritures d'intervention* (Paris: Corti, 2021), pp. 215, 226. All translations into English in this article are my own unless otherwise specified.

³⁰ Gefen, *Réparer*, p. 150.

³¹ *Ibid.*, p. 162.

³² *Ibid.*, pp. 162–63.

³³ *Ibid.*, p. 163.

³⁴ *Ibid.*, p. 150.

³⁵ Annie Ernaux, *Je ne suis pas sortie de ma nuit* (Paris: Gallimard, 1997), p. 12. All references are to this edition, incorporated in the main text, as ‘Je’. English translations are from *I Remain in Darkness*, trans. by Tanya Leslie (London: Fitzcarraldo, 1999), p. 12. All subsequent English translations are to this edition, incorporated in the main text, as ‘I Remain’.

³⁶ Loraine Day, ‘Revisiting the “Matricidal” Gaze: The Dynamics of the Mother-Daughter Relationship and Creative Expression in Annie Ernaux’s “*Je ne suis pas sortie de ma nuit*” and *La honte*’, *Dalhousie French Studies*, 51 (2000), 150–73.

³⁷ Annabel L. Kim, ‘The Excremental Poetics of Daniel Pennac’s *Journal d’un corps*’, *French Studies*, 73.3 (2019), 416–33 (p. 417).

³⁸ Catherine R. Montfort compares the description of the mother’s body in Ernaux’s *Une femme* and Beauvoir’s *Une mort très douce*, concluding that the graphic description enables the writer to distance herself from the scene and aids with the healing process: ‘Both expose the range of emotions women feel: love, admiration, hostility, rage, sadness, and they broach topics that society has suppressed for centuries by describing woman’s sexuality, genitalia, and aged body ravaged by illness. This willingness to represent their mothers honestly begins a process to redefine women as they are rather than as seen from some idealized (or satirical) perspective. Beauvoir and Ernaux describe their own liberation through writing, both aware of the urgency of remembering in order to forget and go on with living.’ Catherine R. Montfort, ‘La Vieille Née’, *French Forum*, 21.3 (1996), 349–64 (pp. 361–62).

³⁹ Siobhan McIlvanney, *Annie Ernaux: The Return to Origins* (Liverpool: Liverpool University Press, 2000), p. 118.

⁴⁰ See McIlvanney on how Ernaux anticipates the increased probability of a ‘hostile reception’ for her ‘graphic treatment of non-mainstream subjects’, *Annie Ernaux*, p. 120.

⁴¹ Ingrid Wassenaar, ‘The Bedside Manners of Contemporary French Women Writers (Hennezel, Ernaux, Nothomb)’, *Journal of Romance Studies*, 2.1 (2002), 91–102.

⁴² *Ibid.*, p. 99.

⁴³ *Ibid.*

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*, p. 101.

⁴⁶ Joan Tronto, *Un Monde vulnérable: Pour une politique du care*, trans. by Hervé Maury (Paris: La Découverte, 2009).

⁴⁷ John Bayley, *Iris: A Memoir* (Richmond: Duckworth, 1998); *Iris and the Friends* (London: Abacus, 2000); *Widower’s House* (London: Abacus, 2002). Following the popular success of the first volume, the film *Iris* (2001) was made, directed by Richard Eyre and starring Kate Winslet, Judi Dench and Jim Broadbent.

⁴⁸ Wassenaar, ‘The Bedside Manners’, p. 99.

⁴⁹ The title of the book is a start of an unfinished letter by the mother.

⁵⁰ Tronto, *Moral Boundaries*, p. 143.

⁵¹ *Ibid.*

⁵² Wassenaar, ‘The Bedside Manners’, p. 100.

⁵³ *Ibid.*, p. 101.

⁵⁴ See e.g., Sanchia Berg, ‘Coronavirus: Dementia Patients “deteriorating” without Family Visits’, *BBC News*, 9 July 2020, <<https://www.bbc.co.uk/news/uk-53338139>> [accessed 29 November 2022].

⁵⁵ Susan Harrow has looked at poetry as a genre in care studies in her work on one of the leading contemporary French poets, Jean-Michel Maulpoix. In response to Gefen’s work on care and fiction, she argues that poetry’s reparative potential is ‘too often overlooked or underexplored’ because of the ‘real or perceived challenges that poetry – especially modern and contemporary poetry – poses to readers in its variable pursuit of opacity, ellipsis, equivocation, compression, hybridity and interiority; in its refusal to “tell a story”’. Susan Harrow, ‘Poetry, Care and Value: Jean-Michel Maulpoix’s *Une histoire de bleu* (1992)’, *Australian Journal of French Studies*, 57.3 (2020), 307–21 (pp. 307–08).

⁵⁶ *These are the Hands: Poems from the Heart of the NHS*, ed. by Katie Amiel and Deborah Alma (Oswestry: Fair Acre, 2020), p. 9.

⁵⁷ Katie Amiel and Deborah Alma, 'Introduction', in *These are the Hands*, ed. by Amiel and Alma, pp. 10–11 (p. 11).

⁵⁸ Peter Carter, 'These are the Hands: Poems from the Heart of the NHS', *The Nursing Times*, 30 April 2020, <<https://www.nursingtimes.net/opinion/book-reviews/these-are-the-hands-poems-from-the-heart-of-the-nhs-30-04-2020/>> [accessed 29 November 2022].

⁵⁹ Rosen also contributes to the medical humanities in his children's work, with *The Sad Book*, on grief at the loss of his son (London: Walker Books, 2011).

⁶⁰ See e.g. [Anon.], 'Rosen is Chosen for Laureate Role', *BBC News*, 11 June 2007, <<http://news.bbc.co.uk/1/hi/entertainment/6740389.stm>> [accessed 29 November 2022].

⁶¹ Karen Thornber, *Global Healing: Literature, Advocacy, Care* (Leiden: Brill, 2020), p. 5.

⁶² Eric J. Cassell, *The Nature of Healing: The Modern Practice of Medicine* (New York: Oxford University Press, 2013), p. xiii, quoted in Thornber, *Global Healing*, p. 2.

⁶³ Working in Canada, Maïté Snauwaert and Dominiue Héту have recently provided an excellent state of the field account of both Francophone and Anglophone work: see Maïté Snauwaert and Dominique Héту, 'Poétiques et imaginaires du care', in *Temps zéro*, 12 (2018) <<http://tempszero.com/temporain.info/document1650>> [accessed 29 November 2022]. See also *The Care (Re)Turn in French and Francophone Studies*, ed. by Loïc Bourdeau, Natalie Edwards and Steven Wilson (= *Australian Journal of French Studies*, 57:3 (2020)), which offers some readings of recent contributions on care in the Francophone world for an Anglophone audience.

⁶⁴ Helen Vassallo, *Jeanne Hyvrard: Wounded Witness* (Oxford: Peter Lang, 2007), p. 213.

⁶⁵ Annie Ernaux, '“Sachez, Monsieur le Président, que nous ne laisserons plus nous voler notre vie...”', France Inter, 30 March 2020, online radio recording, *France inter*, <<https://www.radiofrance.fr/franceinter/podcasts/lettres-d-interieur/sachez-monsieur-le-president-que-nous-ne-laisserons-plus-nous-voler-notre-vie-annie-ernaux-3935871>> [accessed 21 February 2023].

⁶⁶ Annie Ernaux, 'Letter to the President', trans. by Alison L. Strayer, *Fitzcarraldo Editions Blog*, 3 April 2020, <<https://blog.fitzcarraldoeditions.com/letter-president/>> [accessed 29 November 2022].