

INTRODUCTION

INTRODUCCIÓN

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One of the major contributions of Julia Kristeva in all the diverse fields of study she has worked in since her emergence as a theorist of semiotics and avant-garde literature in the mid-1960s is her attention to the body and the bodily. Some of her central concepts of that period, such as the semiotic, semanalysis, the *chora*, and *signifiance*, have helped theorists in the Arts and Humanities but also in the Social and Medical sciences do justice to the complex vulnerability of the subject-in-process/on trial at the crossroads between biology and language¹. It is significant that she comes to develop the concept of the subject-in-process/on trial in a 1972 essay on Antonin Artaud², whose corporeal understanding of writing enabled Kristeva to theorize a literary experience that refuses to aestheticize psychic or bodily suffering and that aims to become a laboratory for the incubation of new, less species-arrogant perceptions of the human (Kristeva, *Hatred and Forgiveness* 247; *La haine et le pardon* 20)³.

1 See her development of these terms in *Revolution in Poetic Language* (1974; 1984) and *Desire in Language* (1980).

2 See Kristeva, "The Subject in Process" (1972; 1998).

3 I have analyzed Kristeva's indebtedness to Artaud in her long-term engagement with the question of the sub-

Her 1980s trilogy on abjection, love and melancholia⁴ has marked what many critics have described as her psychoanalytic turn⁵, one consolidated by *The New Maladies of the Soul* (1993; 1995), the three volumes on *The Powers and Limits of Psychoanalysis* (published between 1996-2005; 2000-2010) and her more recent *Passions of Our Time* (2013; 2018), among other works. As a practicing psychoanalyst and a theorist of psychoanalysis, Kristeva has systematically engaged with the theoretical frameworks within which psychic and bodily malaise has been understood, developing novel clinical approaches that aim to empower the embodied speaking beings we are to renew our bonds with others and nourish our psychic potential for rebirth. In particular, Kristeva has complicated the Freudian Oedipal model in her attempt to rethink the question of feminine sexuality and the distinct traumas resulting from women's ambivalent relation to symbolic law and the phallic; she has reclaimed the significance of narrative and the role of the listening, holding third in the process of analytic interpretation; she has renewed the stakes of defending a theory of counter-transference, especially in the face of what she calls the "new maladies of the soul" (such as borderline states, "as-if" personalities, or psychosomatic conditions); she has produced new psychic mappings of the development of the subject and its narcissistic crises; she has also articulated an innovative perspective on the subject's changing relation to the maternal, culminating in her recent elaboration of a psycho-somatic economy she calls "reliance"⁶. As scholars in different fields of study have noted, what characterizes Kristeva's treatment of psychic or bodily suffering is her refusal to objectify the patient's body, reducing it to medical terminology, her insistence on the embodied and relational nature of all subjects as well as her conceptualization of the therapeutic process as a form of *poiesis*, sensitive to the singularity of each malady and open to the function of translinguistic elements (i.e. ellipsis or silence, the texture or musicality of one's voice, laughter, etc.).

Since the beginning of the 21st century, Kristeva has remained concerned with what Anthony Easton describes as the "melancholic failures of flesh"⁷, increasingly employing the genre of detective fiction as one of the textual sites enabling her to reflect on psychic trauma and bodily vulnerability. She has also ventured to make a number of important interventions in the areas of motor or sensory disability, autism, the treatment of schizophrenia, cancer and the care of the dependent elderly. Importantly, in 2003

ject in "Artaud's Madness and the Literary Obscene: Humanism and its Double in Julia Kristeva" (2020).

4 See her *Powers of Horror* (1980; 1982), *Black Sun* (1987; 1989) and *Tales of Love* (1983; 1987).

5 See, for example, Beardsworth, *Psychoanalysis and Modernity* and "From Revolution to Revolt Culture". See also Jardine, *At the Risk of Thinking*.

6 See her 2014 essay "Reliance, or Maternal Eroticism".

7 See his review of *Kristeva's Fiction*, edited by Benigno Trigo.

she collaborated with Charles Gardou, a collaboration that resulted in the foundation of the French National Council on Disability and in the organization of a summit on issues of disability at the Maison de l' UNESCO in Paris (2005). Since then, she has become more and more actively involved in the context of the rights of the disabled, calling for “a revolution of the gaze” apropos the subjects experiencing exclusion on the basis of some form of psychic, mental or physical challenge⁸. Critically engaging with medical discourses on disability which infantilize and seek to normalize what they define as “lacking” subjects, Kristeva acknowledges the multiple and complex nature of disability, insisting on the need to perceive it as a chance to rethink the social bond on the basis of a sharing of the “irremediable” and a “democracy of proximity”⁹. In one of the opening chapters of *Hatred and Forgiveness*, she goes so far as to use the concept of a shareable vulnerability as the springboard for the transvaluation of the legacy of humanism against an ideology of “Man” made in the image of an “all-mighty Creator” (33).

Kristeva's growing concern with human vulnerability and issues of care has introduced, as Eivind Engebretsen suggests, a “medical turn” in her writing (671). As he argues, her thinking on health and illness constitutes a radical intervention in debates about evidence-based medicine, critically engaging with neo-positivist, neoliberal approaches to treatment while, at the same time, keeping a distance from holistic views that remain suspicious of biomedical knowledge (672). Significantly, in 2017 Kristeva joined Marie Rose Moro, John Ødemark and Eivind Engebretsen in an appeal for a radical program for the Medical Humanities, one that seeks to deconstruct the disciplinary division between hard and soft sciences, perceives all clinical encounters as inextricable from processes of cultural translation, and claims the need for a singularized treatment of all forms of illness.

The Medical Humanities, as a discipline distinct from medical ethics and medical sociology, has emerged only recently, i.e. at the turn of the 3rd millennium. As David Greaves and Martyn Evans explain, it is a response to “the shortcomings of a medical culture dominated by scientific, technical and managerial approaches” (1). Hence the transdisciplinary nature of this new field, which aims to graft perspectives, questions, concerns, methodologies or insights from diverse disciplines within the Humanities onto the body of knowledge associated with the medical sciences. As Greaves and Evans note, scholars have distinguished two different tendencies within the medical humanities, that is, the early approach that treated the humanities as a kind of harmless supple-

8 See Kristeva's *Hatred and Forgiveness*, *Passions of Our Time*, and “At the Limits of Living: To Joseph Grigely”. See also Charles Gardou's “The ‘Intimate Face’ of a Common Thought and Action”.

9 See *Hatred and Forgiveness* 29, 30, 44; *Passions of Our Time* 213, 217.

ment to medical science and technology and what has become known as the “second wave” of the medical humanities. Also described as the “integrated” model or the “critical medical humanities”, this approach insists on a more entangled relationship between the humanities and the clinical and life sciences, treating the former as “a critical collaborator”, neither a servant nor an antagonist to biomedical culture (Viney et al. 2)¹⁰.

In their own intervention, Kristeva and her co-authors affiliate themselves with the second wave of the medical humanities. Yet, they clarify that their understanding of the task at hand goes beyond “the mere application of perspectives *from* the humanities *on* medicine and healthcare” (Kristeva et al. 2; emphasis in the original). As they explain, medical humanities “should [...] be seen as a *cross-disciplinary and cross-cultural space for a bidirectional critical interrogation of both biomedicine [...] and the humanities*” (Kristeva et al. 2; emphasis in the original). It involves a questioning of the “culture-nature dichotomy”, an approach to the humanities and medicine alike “as biocultural practices” as well as an acknowledgement that a commitment to entanglement cannot and should not make us blind to any incommensurabilities between diverse perspectives, concepts, contexts or aims. This is why in the closing section of their article, they emphasize the need to continue reflecting on the limits and possibilities of a critical medical humanities, inviting the development of “a global ‘think tank’” (3). The present special issue aims precisely to take up this challenge, opening up a space for the creation of a forum where questions about the cultural dimensions of health and the healing agency of the humanities can be debated. More particularly, the essays comprising “Julia Kristeva and the Medical Humanities” attempt to interrogate theoretical attitudes that objectify and pathologize the speaking (and always relational) body, the treatment of illness or disability as privation, as well as the contemporary forms of what Kristeva calls the “Band-Aid of denial”, forms including the society of the spectacle, the neoliberal model of human transaction grounded in consumerism, and an evidence-based medicine attentive to brain imaging and population studies, rather than to clinical experience and the embodied situation of singular human subjects (*Hatred and Forgiveness* 32). Drawing on a variety of disciplines such as Medical Ethics, Health Care, Philosophy, Literature and Literary Theory, Psychoanalysis, Translation Studies, Feminist Theory, Disability and Trauma Studies, contributors seek to reconceptualize the theoretical contexts and

10 See Greaves and Evans, “Medical Humanities”; William Viney, Felicity Callard and Angela Woods, “Critical Medical Humanities: Embracing Entanglement, Taking Risks”; Johanna Shapiro, Jack Coulehan, Delese Wear and Martha Montello, “Medical Humanities and Their Discontents: Definitions, Critiques and Implications”; and Eivind Engebretsen, Gina Fraas Henriksen, and John Ødemark, “Towards a Translational Medical Humanities: Introducing the Cultural Crossings of Care”.

practices of care, the biomedical representations of the maternal body, the treatment and (un)representability of trauma, the singular situation and promise of each subject faced with the “irremediable”. Through their original and insightful readings, they not only claim the growing relevance of Kristeva’s thought for the critical medical humanities, they also contribute to the opening of the polyphonic, resonant worlds that Kristeva sees as inextricable from a politics inspired by the “*psychoanalytic listening to vulnerability*” (*Hatred and Forgiveness* 44-45).

“Julia Kristeva and the Medical Humanities” opens with one of Kristeva’s less well-known essays on disability revised and translated in Spanish for the first time¹¹. In this 2011 essay Kristeva seeks to take a position on an issue much debated in France, namely, the use of sexual assistance for physically, mentally or psychically challenged people. In her intervention Kristeva insists on the right of disabled people to a sexual life, clarifying, at the same time, that sexuality cannot be reduced to a merely “mechanical phenomenon”¹². Using as her starting point Simone de Beauvoir’s definition of sexuality as the lived experience of the body that each subject has, she proceeds to summarize the psychoanalytic model of sexuality that will permit her to throw into relief the complexity as much as the necessity of helping “this singular woman” or “that singular man” develop a *life* in touch with his or her own intimacy. She argues that “rehabilitating the psycho-sexuality” of disabled people does justice to the *subject* within the pathologized body or mind, foregrounding its “possible vitality” even in the face of mortality and its capacity to transcend any limitations.

The second essay included in this special issue sets out to trace the intertextual history of one of the key concepts in the field of Medical Humanities, namely, care. Starting with the 2nd century AD fable of *Cura* composed by the Roman mythographer Hyginus, Clemet Askheim, Eivind Engebretsen and John Ødemark map the journey of this concept from Hyginus via Martin Heidegger to contemporary biomedical discourse. Their aim is to show the gradual stripping off this concept of its ontological ambiguity to the extent that it has currently come to serve as the “soft” supplement to “hard” biomedical cure. In an attempt to recover the richness of the concept of care, the authors reclaim its intertextual baggage, focusing in particular on Hans Blumenberg’s reading of the fable as manifesting the latent traces of a Gnostic myth and on Kristeva’s different readings of the tale of *Cura* which lead her to a rethinking of the process of healing as fundamentally temporal as well as open-ended. Finally, the authors connect *Cura* to

11 See “Sexualité et handicap” (2011), <http://www.kristeva.fr/sexualite-et-handicap.html>

12 These are the words of Jean-François Chossy, quoted by Kristeva. Chossy was member of the National Assembly of France until 2011.

Heidegger's pre-ontological structure of Being and Kristeva's concept of the pre-symbolic in order to claim that care is, after all, another concept for intertextuality, weaving together its key components: i.e. subjectivity, temporality and relationality.

Interestingly, in their theoretical analysis of discourses of care, Askheim, Engebretsen and Ødemark emphasize the need to understand the meanings and potential of care *not* in abstraction but always in connection with concrete cases. This is precisely the aim of the remaining four contributions to this special issue. Focusing on Kristeva's analytic model based on the patient listening of a singular ailing subject, Josh Dohmen seeks to investigate the social effects of this model, beyond its usefulness in healthcare practices and, especially, in connection with the concrete situation of ill and disabled subjects.

Kristeva's recent interventions in the field of disability studies have led to an increasing interest in exploring the multiple ways in which her thought could be employed in this field. In particular, her concepts of "abjection", "intimate revolt", or "the semiotic", as well as her treatment of the material body as always situated in language have enabled theorists to articulate the distinct forms of exclusion disabled people face and to challenge social policies grounded in the "integration" or "assimilation" of disabled subjects¹³. As Kristeva has argued, such policies accept norms as fixed rather than as "dynamic" concepts and fail to recognize the singularity of each subject and his/her own unique abilities for psychic transformation (*Passions of Our Time* 218-219, 222). Dohmen's contribution in this issue, takes up these threads in Kristeva's thought in order to invite a new gaze on the disabled subject, one that will no longer be blind to its genius. In claiming the concept of "feminine genius" that Kristeva has developed in her trilogy on Hannah Arendt, Melanie Klein and Colette for certain ill and disabled subjects, Dohmen succeeds in turning the tables on a culture that has systematically excluded all subjects non-conforming to accepted norms, condemning them to live in dependence. The two case-studies she has chosen to discuss (feminist theorist Susan Wendell and Sessa Kittay, a cognitively disabled young woman) constitute a powerful response to this culture, demonstrating how a disabled genius can create significant work out of a limiting, oppressive situation. More importantly, Dohmen suggests that such often underestimated geniuses have the potential to affect their interlocutors, challenge our categories or assumptions and push for wider social change.

In "Writing Trauma: The Intertwining of the Soma, Semiotic and Symbolic" Natasha

13 See, for example, Mary Bunch, "Julia Kristeva, Disability and the Singularity of Vulnerability"; Melinda Hall, "Horrible Heroes: Liberating Alternative Visions of Disability in Horror" and "Patient Interpretation: Kristeva's Model for the Caregiver"; Josh Dohmen, "Disability as Abject: Kristeva, Disability, and Resistance". For an important critique of Kristeva's approach to disability see Jan Grue, "Rhetorics of difference: Julia Kristeva and disability".

Noël Liebig sets out to use the resources of Kristevan thought in her attempt to negotiate with and phenomenologically capture the inner reality of trauma as encoded in the body. Kristeva's impact on the fast-changing field of trauma studies remains unquestionable. Since the 1990s when trauma theory emerged as a dominant paradigm for the understanding of the world-historical disastrous events of the 20th and 21st centuries, a wide array of critics has drawn on Kristeva's conceptual reservoir to come to terms with the abject experiences at the warfront or in the Nazi concentration camps, theorize new approaches to healing or witnessing and rethink the process of working-through as an act of forgiveness that allows the subject's reconciliation with the impossible and the possibility of starting anew (Kristeva, "Forgiveness" 284)¹⁴. Kristeva explains that forgiveness gives meaning not signification:

I keep the word 'signification' for rationality, for all that contains univocal meaning, at the surface of consciousness. And I keep 'meaning' for intonations, metaphors, affects, the entire panoply of the psychic life, with which the psychoanalyst works but which expresses itself also in works of art; it distinguishes itself by meaningful 'semiotic' signs, and not by a dogmatic rationalization (282).

It is this understanding of "meaning" that Liebig invokes in her account of the embodied experience of writing trauma. Drawing on Polyvagal theory, she argues that trauma is stored *within* the body and "recalibrates the subject's autonomic nervous system". She then turns to Kristeva's analyses of the semiotic, poetic language and abjection in order to describe how the soma as the subjective feeling of one's body apprehended phenomenologically opens up to shared meaning. Finally, through a close reading of Maurice Blanchot's *Writing the Disaster*, she attempts to convey the paradoxical situation of the writing subject called to respond to trauma and, in responding, catching itself back in its recurring loop.

The perilous experience of "being-with" the body, as Liebig puts it, remains central in the last two essays included in this special issue. In both essays the writers turn to literature in their wish to investigate its power to attend to and mediate the ailments, tensions, or failures of the body, thus serving as one of the critical sites from where biomedical discourses of health and illness can be negotiated, re-interpreted or interrogated. "The Semiotic Pulsions of Dickinson's Poetry and their Medicinal Virtues" by Charis Charalampous and Thalia Trigoni analyses Emily Dic-

14 Indicatively, see Nicholas Chare, *On Nothing*; Kelly Oliver, *Witnessing*; Rina Arya and Nicholas Chare, *Abject Visions*; Clara Mucci, *Beyond Individual and Collective Trauma*; Sheryl Branham, "To hear – to say"; the essays by Oliver, Noëlle McAfee and Frances L. Restuccia in *Revolt, Affect, Collectivity*, edited by Tina Chanter and Ewa Płonowska Ziarek; Emilia Angelova's essay in *The Philosophy of Julia Kristeva*, edited by Sara G. Beardsworth and the essays by Arleen Ionescu, Nicholas Chare and Maria Margaroni in *Arts of Healing: Cultural Narratives of Trauma*, edited by Arleen Ionescu and Maria Margaroni.

kinson's "A Dimple in the Tomb", focusing on the poet's visceral approach to loss and death, her ability to mobilize what Kristeva describes as the semiotic pulsions within symbolic discourse in order to convey the subject's confrontation with the collapse of meaning and the breakdown of identity. Drawing on Kristeva's analyses of poetic language, abjection, melancholia and of a truth that results from the subject's exposure to the traumatic Real, Charalampous and Trigoni argue that Dickinson's "uncanny poetics of abjection" contributes to the project of a critical medical humanities in that it refuses to pathologize or aestheticize suffering and has a therapeutic effect on poet and reader alike.

Finally, Iro Filippaki's "Between Amniotic and Semiotic: the Kristevan Maternal Body in Modernist and Contemporary Women's Fiction" traces the inscription of the ambivalent maternal body in selected novels by Olive Moore, Doris Lessing and Jessie Greengrass. With close reference to Kristeva's early and more recent essays on motherhood, Filippaki throws into relief the singularity of her theorization of the maternal embodied experience, a theorization that counters both religious idealizations of motherhood as well as biomedical accounts which fail to do justice to the complexity, the ambiguity, indeed, the plasticity of what Kristeva prefers to call "maternal passion". In her analysis of the three novels she chooses to discuss, written at different historical periods and at distinct stages in the development of feminist thought, Filippaki shows how a Kristevan theoretical lens can help us appreciate women writers' continuing engagement with the potential, the riddles, the dead-ends of motherhood, situating their characters at the threshold between biology and culture. She concludes by claiming that such an in-betweenness not only materializes monstrous, *incredible* maternal bodies but also opens up a space for the production of new textualities.

Against the background of the recent pandemic the world has faced, the neo-liberal crisis of the welfare state, the biopolitics at work in institutional health practices and policies, but also in light of the fast-appealing ideology of transhumanism that seeks to foreclose any questions relating to the biological, psychic, cognitive or ethical limits of the human, strengthening the role of the medical humanities in education, research and the clinic is clearly imperative. As the essays included in this special issue demonstrate, Julia Kristeva's contribution in this direction is invaluable. Like Friedrich Nietzsche or Georges Canguilhem, Kristeva is a philosopher/physician who refuses a rigid distinction between health and illness, placing resilience and rebirth at the heart of a more dynamic, temporal, relational concept of life. "What characterizes health", Canguilhem writes, "is the possibility of trans-

ending the norm, which defines the momentary normal, the possibility of tolerating infractions of the habitual norm and instituting new norms in new situations” (quoted by Boyd 14). This is precisely Kristeva’s conviction when in *Passions of Our Time* she argues that “the *love of singulars*” allows “the-one-who-testifies to mortality to thrive in a society founded on the norm (without which... there is no link)” but can also “make norms evolve” towards crossings and chances that remain incommensurable (222-223).

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