

## *OLDER WOMEN IN FILMS GROUP*

### *EXCHANGE OF VIEWS AFTER WATCHING HANEKE'S LOVE*

Meeting 24 March 2013 at 28 Park Chase Wembley Park  
Viewing *Amour* d. Michael Haneke

Rina at the beginning asked us to note the long takes in this film and the space Haneke gives the viewers to develop their own interpretations. In our audience (9 women ) some were seeing it for the first time, some for the second and two for the third. We had many different views. Discussion developed along two main lines. First the techniques of the film – how the effects were achieved - and second, the substance - how did we react to the circumstances portrayed?

*Techniques of the film* As discussion developed more and more points were brought up and new aspects revealed. People who had seen it more than once noted new things that had escaped them before or had different interpretations now of what they had seen. The main points raised included:

The effectiveness of the long shots Rina had mentioned. The way the camera roamed around the apartment lingering on its shape and corners. D. remarked that she thought it was kind of the director to cut to landscapes paintings to give momentary relief from the claustrophobia and pain of the preceding scenes.

The detailed and unflinching portrayal of the indignities of the deteriorating body: the manoeuvring to the toilet, the incontinence pads, the difficulty of bathing and feeding. As she was watching one of us tried to keep track of 1) those scenes that seemed to emphasise the indignities of disability and dying, 2) vignettes that suggested kindness, love and sociability persist and 3) graphic and instructive sections on practical issues (examples of good support as well as appalling treatment in caring).

The way the film was full of hints and gestures waiting for the significance to be revealed: the mystery of the opening sequence with the police, the remark about the salt cellar, the opening and closing of doors and windows, and the two episodes with the pigeon.

The way the minor characters were in a sense one dimensional compared to the central figures, but each conveyed insights and contributed to broadening the scope, the daughter for example, the two carers – and also the pupil and the caretaker.

Detailed and convincing acting by the two central characters. We thought JLT was at least as good as ER.

*Substance* We all contributed our different experiences, life views, fears and expectations to this debate. S. remarked that in the care home where her mother is a resident, the staff ask her if she wishes to leave the room during intimate care. She does to preserve her mother's privacy, dignity and self-respect.

It was an effort not to see this situation as inevitable and to realise that there are other ways of dealing even with circumstances as challenging as this. We had some discussion about the absence of friends, or care services and wondered if the French social protection system is different in this respect. One of the main points raised was whether the film was loaded in a particular way by having the main carer a man. Did he get more sympathy and understanding for his ultimate actions than a woman would do in similar circumstances? Or was it a deliberate device by the director? Would a film about a woman carer attract the same attention in the male dominated film world? A woman carer would have friends and female support? Would a woman have the strength to suffocate? It was pointed out that at various points Anne showed that she wanted to die. Was she trying to get to the window when she fell out of her wheelchair? Could the refusal to eat and drink be taken as a sign of wish to die? People referred to the 'swansong period' where people suddenly become a little more lively just before they die. The scene of the suffocation was mentioned as impossible to watch. The issue of what happened to Georges was also considered.

At the end, Rina asked us to write a few lines in response to an article by Margaret Gullette in the *Guardian* in which she argued that the film was 'an advert for euthanasia'.

NOTE R: The Salt Cellar : this early episode shows Haneke's power of suggestion. Georges presents the salt cellar to Anne saying : "it is empty". Anne does not respond to this covert demand since she is having an absence. It is only then that Georges gets up to get the salt. This implied to some of us the way that Haneke in a way signposts the reversal of roles in the couple.

#### COMMENTS ON MARGARET GULLETTE'S ARTICLE IN THE GUARDIAN

<http://www.guardian.co.uk/film/filmblog/2013/feb/28/amour-advert-for-euthanasia>

S: - I thought she was interesting, and agreed with some of what she said, but for me the wider importance of is that it explores people of our age (old!) confronting illness, disability and death. How rare is that? Yes - they were isolated from care services, but it wasn't a documentary; of course her daughter could have taken Anne out - but she didn't want to be seen, and her

daughter was working full-time, living in another country with an unpleasant man ... It's possible that Haneke couldn't bear to imagine himself as the one who needed care, or wanted to reverse roles so that the shock made us look harder (as of course its more likely that women end up caring for men than the other way round). Either way, the film felt devastatingly realistic at a psychological level, profoundly moving, and thought challenging about what is to come for all of us.

C: - *Amour* is a remarkable film but not for me an advert for euthanasia. These were two individuals in particular circumstances which they dealt with in their own ways most likely drawing on their past experiences together. To generalise from this is dangerous. It is interesting that the man was the carer and she may be right that he gains more sympathy, and the film is regarded as more 'interesting', because of this. As a Buddhist I believe that people should as far as possible be allowed to die at the time and in the way that they choose with as little intervention as possible. Anne gave an indication of her wishes in this respect by refusing food and water. By not allowing this and by then suffocating her Georges was meeting his needs not hers. This would be the case whatever the gender of the carer.

E:- I find my response to *Amour* interesting, at the very least, as I see the story through the eyes of my professional life as a social worker in the NHS on a specialist team of social workers with older people. I must confess that I had not made the leap from the story to euthanasia, but to improved end of life care and support for patients and their families.

I've finally read all of Gullette's reflections on *Amour*, and realise that her comments on choices and advice to stressed carers are certainly considered best practice in any contact with those responsible for caring for family or friends confined by illness or disability (e.g., do take breaks, go out, etc.). But if this was made into a film, it would be a challenge to drum up an audience except for other carers to see. As it is, Hanneke's film arouses huge interest and concern. I am grateful to have had the chance to see the film and to have the opportunity.

I speak as one who has just passed my 80th birthday, but also one whose father died at 84 in hospital a short while, and whose mother died at 95, having just been admitted from her own home to be in hospital.

J : - 'For a film in which a husband murders his wife, *Amour* has been shown a lot of love...The reasons why euthanasia plays well with arthouse audiences – gendered euthanasia at least – have also gone unnoticed.'

I found the use of the terms 'murder' and 'gendered euthanasia' in the opening paragraphs of Margaret Gullette's blog to be sensationalist and patronising. Surely end of life 'choices' are as contested in the USA as in the UK and this should make us more, rather than less, critical in the language we use to explore our positions.

Is it possible that the film is so widely acclaimed precisely because it shows, in graphic detail, a plausible vision of our future and the consequences of being totally unprepared for it? For the carer the 'consequences' are no longer being able to listen or reason, becoming isolated, numb, and breaking down. For the one who is increasingly disabled, ill and/or dying the consequences are the diminution and then absence of independence and a voice. The second time I saw *Amour* I noticed much more than the scenes that for me emphasised the indignities of disability and dying. There were also scenes that showed what one author had described as 'the portrayal of love and adaptation with serious illness and aging' (O'Neill 2012 BMJ Group Blogs). There were also vignettes, almost instructive sequences, of practical issues - examples of kind and effective care as well as appalling care. I learned from these.

K: - Some responses to the Gullette piece on *Amour*

Some responses to the Gullette piece on *Amour*

I find Gullette's shocker opening statement – *For a film in which a husband murders his wife, [Amour](#) has been shown a lot of love* – to be cheap. The 'love' that has been pouring towards this extraordinary film is likely to have been inspired by the remarkable performances of two elderly actors in whose hands almost the entirety of the drama lies. There may also be some 'love' channelled towards the director of this bold film, for his challenge to us to step close – so very close – to this story, to consider the issues it raises, and to consider, 'What if . . .' for our selves and our own loved ones.

I find it extraordinary that Gullette takes it upon herself to gauge that the 'reasons why ['gendered'] euthanasia plays well with arthouse audiences' have gone unnoticed; surely it is those very audiences who may be relied upon to engage with a drama's underlying issues, to ask and discuss the 'what-iffery', and to bring the film-maker's challenges into the heart of their ruminations? Gullette's rather huffy assertion that there'd be a less favourable response to a woman's succumbing to the acute pressures carers face is a gauche, knee-jerk 'gendered' response to a nuanced drama that may be serving us more by its gendered profiles. The projection of a man into a traditionally feminine role brings 'care' issues to the forefront of our consideration, inviting us to reflect on the way our socialised if not essentialist gendered roles and expectations offer us both opportunity and constraint.

Having dissed the story on 'gendered' grounds, Gullette proceeds to hector the scenario-maker for cooking up something both unusual and unlikely (*Macbeth*, anyone? Or the Christians' stories?). For sure, the considered 'best practice' for carers includes all manner of rebalancing and respite activities but –in the

UK, at least – it is recognised that many carers do not achieve these balances. And the reasons for this are not necessarily financial. For Gullette to assert, crashing through any engagement with the drama *as presented*, that 'Georges could easily have secured more help from other agencies' and that the 'apparent inevitability' of the outcome is problematic suggests that her energies might be utilised more productively than in film-reviewing.

On the matter of 'euthanasia' Gullette is glib in her suggestion that the provision of morphine to the increasingly disabled wife 'could have eased her passing' and been a 'more compassionate alternative'. This seems to me to be a distasteful remark that completely fluffs the issue of euthanasia, conflating it with 'adequate pain medication'. It is a retrogressive suggestion that such matters should be pressed back into the hands of the medical profession, who are proven to be ill-qualified to handle the politics and processes of end-of-life, i.e. death. This seems to make a nonsense of Gullette's declared anxiety that the film 'raises [increases'??] cultural risks': the drama's provocative and stirring nature seems more likely to inspire deep reflection and cautious debate rather than anything problematic.

What is hard to imagine is Gullette's 'casual viewer', who will allegedly be shocked at Georges's 'disintegration' from so few cues. Those 'watching caregivers' who may become 'scared about the possible consequences of their devotion' may also be mythical beasts, but in Gullette's regime their being scared might be a good thing, as they may then switch to her simplistically prescribed approach of calling on the medics and social agencies. It's no good her quoting statistics about the vanishingly small percentage of caregiving cases that lead to carer-induced deaths: the point of a drama is to highlight issues and provoke thought. How many generals murder their wives? How many teachers return from the dead? The points of drama are not the same as those of documentary (and understanding this might be seen as one of various qualifications for film-reviewing).

There are interesting and pertinent questions buried in Gullette's review: about the allocation of healthcare resources, the non-consensual termination of life, the needs of carers, the placement of the seriously ill and/or increasingly disabled in our society, the 'justifications' of euthanasia. These merit our attention, through whatever stories bring us into the debate.