In conversation with … Daniel Laforest

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I. To introduce…

Could you briefly describe your recent research project and the key issues you are interested in?

I am pursuing two things. First, I'm in the midst of writing a short history of the relations between literature and the rise of medical humanities since the 1950s, for University of Toronto Press. It is a fascinating endeavour. In part because it harks back to a time when

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the area of the medical humanities had not been articulated as such, but initiatives that would now fall under that category were already gestating. Secondly, I'm investigating the value and possible developments of narratives in the medical and health humanities. The starting point are the many challenges posed to our idea of a 'whole' body as we believe it ought to overlap with our idea of a 'whole' life story. I'm using quotation marks here to stress the fact that in the West, we generally entertain a view of wholeness, of integrity, of somatic holism, which remains at the heart of our conception of personal health in neoliberal times. This may sound counterfactual at first glance. But keep in mind I'm not referring to healthcare systems and medical or pharmaceutical institutions, which are another affair altogether. I'm talking about the dominant popular discourse that is encapsulated today with the omnipresent word 'self-care'. Consequently, I'm talking about our sense of self in relation with our personal health and our life as a whole.

Now, when it comes to narratives, there's the primary dimension of time. Therefore, to be more precise about the problem at hand, I am examining the contemporary implications of our persistent belief that we possess a coherent, balanced, unified body which persists over time and which, by doing so, remains in sync with our life-story. Of course, people fall ill and lose the coherence of their body. But we know, thanks in large part to the recent legacy of research in illness narratives, that people who fall severely ill will often lose the plot, so to speak. I mean they lose the sense of coherence in their life, and sometimes in their very self. My interest is to examine those questions from the standpoint of health, at first, instead of illness. And health, for us today, doesn't exactly mean *mens sana in corpore sano* as it used to. Health, to make minimal sense for a person, means a healthy story in a healthy body. Because a person, like a literary character, exists over time. That said, I'm also aware that the pertinence, or even the existence of a life story is a long-disputed idea in academia. But it does not take away from the fact that you, me, and everyone I know are conscious of the different stages in their life, and how there's a beginning and an end, and how there are moments of birth and of acute loss along the way, and so on. We live in chronology. We want our body to do the same. That's health for us. But is it so simple? Introduce only one element related to current health technologies in there - for example biometrics -, and the question opens up in fascinating ways.

The journal's current issue is dedicated to the topic Pain & Compassion. *Do these two terms play a role in your research?*

Compassion, definitely. I don't think there's any way around it when we speak of medical or health humanities. Because my focus is on literature, I have to take compassion into account, just as much as empathy. They are both integral to that form of expression. Empathy is equally needed by the writer and the reader. After all, the experience at the center of literature is to momentarily suspend our self-awareness and bring ourselves to think along with other minds - which as far as I'm concerned is a fine basic definition for empathy. To an extent, empathy is not difficult to achieve. I mean what's really difficult is not to put ourselves in someone else's place. Rather, what is difficult is the implied necessity to forget about ourselves: to accept that what we feel and focus on is not more prevalent than what others are feeling and focusing on. In this sense, empathy is a pre-condition for compassion.

I think compassion, on the other hand, is a heavier burden on the writer. Compassion involves more than the capacity to wrap our mind around the mind of another person. It involves a capacity to share the emotions of another person. Are they the same emotions, are they felt in the same way? No, because the other person has a different body and a different nervous system, and a different story. That means there's an element of imagination at play when we feel compassion, even if it's unconscious. We need to imagine part of what things *must* feel like for the other person (or the other group of persons).

Now, to be able to craft language in such a way that most readers will literally share the emotions or affective framework of a piece of literature is far from an easy feat. I'm not talking about formulaic narratives, which are dominant in prefabricated media products (including literary ones) and where emotional reactions are expected and always prompted. I'm talking about the reader being caught by surprise by emotions that are not theirs. The element of surprise is crucial. That's real compassion because we never, in everyday life, *expect* compassion to happen. If we expect compassion, we're liable to merely perform it - a mere look at social media will confirm that in a minute. So, to surprise other people with the experience of compassion for things that don't exist before them with the sole use of language and style is an extremely powerful thing. Fundamentally, it means bringing people to feel differently than what they're used to, what they're supposed to, and what they're expecting to. One of the hardest things in the world.

Personally, I can become slightly annoyed by the plethora of discourses justifying the importance of literature (or the humanities as a whole) based on the idea that it "teaches empathy and compassion". Don't get me wrong, the idea is not false. But it remains an empty common ground as long as it doesn't state why, exactly, do we need to be "taught" about empathy and compassion. Right now, it often feels as if those two words have become failsafe guarantees of morality simply through their utterance. But you can read the Marquis de Sade with empathy, that won't make you a more moral person. I think that what really lies behind the impetus to learn about empathy and compassion is that they both, ultimately, constitute an education in loving ourselves. To think and feel along with other minds and other nervous systems brings us to realize that we are no better nor worse than the next person, relatively speaking. To this effect, I find Milan Kundera convincing when he identified the only moral promise of the novel as its capacity to "suspend moral judgment" (in *Testaments Betrayed*, 1993). But does loving ourselves means an entrenchment inside our certitudes? Does it lead to narcissism? No, it means the opposite, and that's why there's learning and personal work involved. To love ourselves means accepting our many imperfections in the absence of guilt or "sad passions" as philosopher Baruch Spinoza used to say (melancholy, self-hatred, resentment, regret, etc.). With respect to health, since this is our topic here, to love oneself means accepting that our personal story of health - physical and mental - is not integrative but imperfect. Inasmuch as we can make meaningful stories with the experiences and the various ages in our lives, those stories will necessarily be imperfect and morally heterogeneous. That's why stories matter. They teach us imperfection along with a sense of fate and the vital necessity to love both of those things *together*.

As for pain, it touches upon one element of my research: the aforementioned hazy boundaries of what we regard as our personal health. I exchange a lot and collaborate with colleagues who work on grief, for example, or on body exercise and modifications, or in the field of disability studies. I find them exemplary in their knowledge that pain is not necessarily a medicalized reality, and that there are vast swathes of our life in which pain is valued differently, as a necessary part of our life, and ultimately, in the long run, a part of a healthy growing self. That's what I'm interested in with respect to pain.

II. The relationship between literature and medicine (in the era of posthumanism)

How do you conceive the relationship between literature and medicine? How can the medical humanities prevent the 'risk' of considering fiction, and literature in general, as mere supplier of skills and competencies for healthcare professionals – a 'side effect' that the 'second wave' of Critical Medical Humanities is getting more and more aware of?

This is precisely where a history of the relations between literature and the medical humanities proves necessary, and also quite compelling. Critical Health and Medical Humanities today are denouncing it perhaps more loudly, but in fact the risk that literature would simply provide skills to medical professionals is a matter of controversy which has been around for a relatively long time. I believe this is important. The question was most pressingly debated in the late 1970s and early 80s, following the creation of the first university program in literature and medicine in the US and the pioneering work of Joanne Trautman Banks, a literary scholar and feminist thinker who was its initial appointee. Then the debate had another moment of prominence in the years leading to the creation of Narrative Medicine at Columbia University at the turn of the 2000s. We are still grappling with the debate today, and probably will be for a while, be it with respect to literature or to art in general. In a way, the debate itself justifies the existence of medical and health humanities. I think we can legitimately ask whether literature and storytelling have any use for medicine. The question itself is not counterproductive. It can sometimes even prove stimulating, especially in the classroom. But we should also ask another, more important question, that is whether the sense of self over time is useful for medicine and healthcare. In short: is a sense of the *person* necessary in medicine? Rare are those who would, in all good faith, answer no to that question. Yet any 6-minutes primary care consultation, in North America, will demonstrate there's very little room for the person in our healthcare systems today. This may explain why literature, which expresses the sense of self over time to the utmost, is a prominent art in the medical humanities and narrative medicine classrooms and workshops. Literature (successive conceptions of literature and storytelling, actually, including non-Western ones) has accompanied the development of interdisciplinary work between the humanities and medicine from the onset. In that way, literature has already been immensely useful to healthcare and medicine for a long time.

Where do you see, apart from an unproductive assignment of prefigured role to literature on the one hand and medicine on the other, other stimulating and fertile areas of – more or less frictional – intersection?

I think people's religious beliefs tend to be underestimated in medical and health humanities, at least among Western academia. In a similar way, people's existential views also tend to be underestimated. I'm not saying there is an absence of specific research on those questions, but globally speaking, I observe that the legacy of Foucaldian biopolitics and poststructuralist theory- all the way up to contemporary posthumanist and new materialist critical approaches -, constitutes the overwhelmingly dominant framework in the field today, especially with regards to critical health humanities. Since Michel Foucault (at least), the idea of 'person' has become suspicious, to say nothing of the 'soul' or any concept referring to a transcendental 'core', undividable self. I could've equally pointed at the whole Marxist tradition, and especially its reinterpretation by the New Left of the 1960-70s. But I choose Foucault because of the very impressive traction his notion of biopower has garnered in studies of health and the body.

When I say that the 'person' is a suspicious notion in the dominant critical framework of today, my point is not to go back to the basic Cartesian divide between perishable body and eternal soul. My point is that in major religions, this idea of a core 'person' simply never went away. This is a fact. And my other point is that, from a pragmatic view, there is a very substantial population on this planet who still subscribes to religious beliefs, that is: who still define their lifetime and their self and their family in accordance with them. I've seen many instances in which a perfectly airtight theoretical framework which purported to be all-inclusive and devoted to social justice and health was brought to a standstill by the simple question: "how would you include orthodox Christians? Or Muslims, etc.?" When it comes to the medical and health humanities, that is an urgent question for religious and non-religious people alike.

Following that, and in view of debates that I'd personally like to see happen in the near future, perhaps the idea of 'community' ought to be problematized much more than it is at the moment. One of the most striking aspects of the resurgence of identity politics today is the overwhelming use of the word 'community' as a shorthand term for 'legitimate difference', and sometimes simply for 'those who think like I do'. Various people will not only identify with their difference (somatic, mental, gender-based, etc.) and their legitimate need to struggle for recognition and respect. They will also claim that they are

always already part of a community defined by their difference, as in the 'the disabled community', or 'the 2SLGBTQ+ community' for example. But a community is a loaded affair! To belong to a community is far from a given! It takes time, learning, trust. There are internal conflicts, and dissidence. Not to mention the fact that the 20th century has left us with a plethora of unanswered questions as to the very meaning of the concept of community. And when it comes to communal beliefs and religion, as I said above, well, I don't think medical and health humanities as a whole have the tools to integrate and accept that.

When taking a look on your bibliography, two projects particularly caught my attention, Connections: Bringing Neuroscience and Art Together *(2022) and* Dyscorpia: Future Intersections of the Body and Technology *(2019). How would you describe the 'contact zones' they open between medicine and the humanities?*

Both those projects were conducted with interdisciplinary teams of visual artists and graphic designers led by my colleague Marilène Oliver at the University of Alberta. They both resulted in public art exhibitions. What I found the most promising with those collaborations is the ways in which medical visualization has progressively warped our sense of who we are. I'm talking about the first microscopes, followed by the advent of X-rays, then by the advent of medical imagery (PET-scans, MRI scans, CAT scans, etc.), and eventually by the multiplication of biometrics data that we have today. It's not only medicine that uses those images. They have become available to us as well. What I mean is that we may have come a long way from the sense of wonder and uncanniness elicited by the first X-Rays, but we still maintain a degree of perplexity when seeing representations of our own organs, of our *milieu intérieur* as Claude Bernard famously coined it in the 19th century. Now, with the availability of wearable health technologies, we are facing the proliferation of images and data about our bodies like never before. How does that fall within the long history of the atomization of our bodily image through medical visualization? This was the guiding principle for my participation in those projects, and I think the disciplines of visual art can bring formidable contributions when it comes to our understanding of the democratization and the growing availability of medically produced images of who and what we are.

Closely linked to this development of medical technologies (affordable, more or less, for anybody): What are the most important tasks for the medical humanities in a, let's say, posthuman era, where artificial intelligence (A.I.) becomes more and more important?

Once again: The medical and health humanities ought to be aware of their own history and how it interacts with the notions of "self" and "person," in the philosophical as well as in the common sense. Posthumanism, because it opposes the Kantian placement of human consciousness at the center of the world, is only moderately fruitful in that regard. Posthumanism helps us understand the terrible planetary dangers of putting human thought and goals above all else. It does so through its capacity to imagine all kinds of new ways to conceive relationality as a natural phenomenon that precedes and supersedes humankind ('kinships' in the language of Donna Haraway; 'hyperobjects' in the language of Timothy Morton; 'assemblages' in the philosophy of Gilles Deleuze & Félix Guattari which is seminal for posthumanism). That's all good. But it doesn't really connect with what I see as the basic goal of medical humanities, which happens to be the same as medicine: To strive to heal, reduce, alleviate, or eventually accept pain and suffering as they are experienced in the first place by actual persons. That's why I think narrative medicine, for instance, is so important in today's academic and healthcare landscapes. Its primary goals are exactly what precedes. And it offers the best example of a higher education initiative including serious research and inquiries about the idea of person in medicine just as much as in the humanities.

You mention A.I. in your question. It provides a good example of a contemporary phenomenon for which I believe posthumanism don't suffice. Many works falling within the purview of posthumanism are thinking about the imbrications of human and machine, and certainly A.I. is at the top of those considerations as we speak. But for the time being, what's impossible to ignore with A.I. are the loudest public reactions we've witnessed in the past year only. A.I. could destroy humankind. At the very least, A.I. will bring another model of cognitive abilities that will rapidly put ours to shame. We run the risk of being literally replaced. I'm not downplaying the risks, which are real and quite vertiginous. But what I see as symptomatic is the tacit definition of human intelligence it carries and that we, in our rather legitimate panic, all seem to suddenly subscribe to. A.I. is *already* more intelligent than us because it acquires and processes data in infinitely more rapid ways than we ever did and ever will be able to within the confines of our flesh. But since when did "information processing" become a sufficient definition for human intelligence? Is

that all we are? The problem is that the term 'intelligence' in A.I. is only partially aligned with what we conceive as our human intelligence. In this sense, to believe that A.I. is just a more powerful substitute for human intelligence amounts to accepting what the ideology of our time - neoliberalism - wants us to be: more or less efficient nodes of information processing assigned with a market value. Ok, so at this point my question is: As long as we are made of flesh, what will A.I. change for the person suffering from chronic disease? What will A.I. do for the person screaming in pain? What will it do for the person whose mind and heart are split apart by acute grief? What will it do for dementia? And the answer is: many things, presumably. However, we have only approximate and unverifiable ideas of what those things will be. A.I. will help with medical diagnosis by removing human bias and decreasing risk of error. That sounds great. But will A.I. develop its own bias? I don't know. So, one task of medical humanists today might just be to maintain the capacity to ask and investigate and debate such questions. Can our cognitive existence be replicated, and can it be replicated in ways we are not capable of? It seems so, yes. What, then, will happen to our long-standing love/hate relationship with our own bodies? What will happen to our metaphorical mind? To the negativity inside us? What will happen to pain itself?

III. Narrating life stories

Approaching the world in narrative form is a highly unique process and experience. It will thus come as no big surprise that there is no universal understanding of what a 'narrative' actually is. What would you say are the main differences between the way 'narrative' is defined in medicine versus the humanities? Could you also think about junctions?

Medicine has not defined the 'narrative' in a consistent way. There were stages. What we call the medical history of a patient has long been the obvious bare-bones template for a medical narrative. Case histories as well, in physiology and pathology for example. Now, what we often underestimate is the cross-pollination that took place between early psychology and early medical psychiatry in the developing presence of the narrative in medicine. Practicing psychiatrists were paying sustained attention to the growing popularity of psychoanalysis (not just Freudian) in the first half of the 20th century. Psychiatrists like Michael and Enid Balint in the 1950s UK, for example, imported psychoanalytical tech-

niques to the training of clinicians, with their famous and influential Balint groups. Today, psychoanalysis is no longer *en vogue*, so it's easy to overlook its momentous influence in the proliferation of the narrative in the medical world. Other paramedical practices, such as bedside confessions for the dying, or the work of birth doulas, must have played a role as well. But to answer your question, I think in medicine the narrative is defined as a practice instead of a concept. There are manifold narrative practices making up the medical world (there's a great book by Annemarie Mol about that: *The Body Multiple*, 2002).

In the humanities, it's different. Writers obviously make an art out of narratives, it's their practice and *raison d'être*. But otherwise, when we study it in the humanities the narrative becomes less a practice and more an object of controversy. And as is often the case in our time, the controversy rapidly becomes radical: Are narratives inherent to our lives? Are they part of our human nature? Those debates, being radical, inevitably produce radical questions for the medical humanist: Are narratives necessary? In such a case, I believe we need a little less radicality. We exist in time, there's no way around it. Narratives are our privileged way to think about that and to express it. Note that they don't have to be linear narratives. Modern and postmodern literatures have already submitted the narratives to every experimentation conceivable. If we kept being interested in them it's because even the most iconoclastic avant-garde piece of narrative literature contains an element of trust. I'm talking about trust in the reader possessing what Paul Ricœur called *narrative intelligence* - our inherent capacity to understand a narrative framework at first glance and relate it to our own life. Even if an experimental literary text seeks to go so far as to destroy the idea of narrative, we will assess the resulting destruction based on our narrative intelligence.

I like how narrative medicine today remains the guardian of the temple of narrativity in the medical and health humanities. That's presumably because it has never forsaken a practical view of narratives. I like it because it allows for many constructive critical questions. For example, we can wonder how phenomenology, which is quite important for narrative medicine, can deal with narratives and storytelling. That's a sizeable blind spot right there. We can also wonder how our biometrics data feeds into our sense of chronological everyday time, and into our potential life-story (if we accept there's such a thing).

Since Rita Charon coined and developed the concept of Narrative Medicine, the medical humanities discourse stresses the importance of storytelling. Looking at that from a postcolonial perspective, one could object that the conviction that "self-expression through narrative is fundamentally healthy and desirable, particularly in the case of illness" is a kind of Western

'master narrative' (Woods 2011, 75). Do you see a danger of universalizing this grand récit that means to stifle alternative views? Does the (over-)estimation of narratives has also risks and side-effects?

Yes. It resonates with my critique of 'healthy self-narration' as a discourse that obfuscates the contradictions between a healthy life-story and healthy body-story. However, I think this master narrative might not be as prevalent and hegemonic as Angela Woods puts it, seeing as how the internet, at this point, allows for the rapid creation and multiplication of 'alternate communities of discourses'. The gigantic corporations that profit from the instant digital expressions of anyone's opinion and passing thoughts online are not primarily interested in facilitating master narratives. Their basic model is to 'own' every utterance and soundbyte we can produce, regardless of what they actually say. Their currency is data, not meaning. More importantly, I also think it's a mistake to imply that the Western equation of self-expression + narrative = health and happiness is monolithic and stable. It has never been stable. Now more than ever, this equation evolves due to the diversity of population and cultural traditions in urban centers, to the creation of new pharmaceutical products, to dietary habits and trends, to new medical technologies, and so on and so forth.

That said, there's a good case to be made about the overestimation of narratives in medical humanities in recent years. I know that Rita Charon and her colleagues in Narrative Medicine have lamented the multiplication of illness narratives being sent to them by patients from all over the US, without any other objective than to write them, share them, and make them visible for academics. The research on the therapeutic power of illness narratives in the 1990s, by the likes of Arthur Kleinman, Arthur Frank or Ann Hudson Jones, was remarkable and very impactful. But it seems that the basic need people have to be heard and seen was underestimated (that was before social networks). The mere initiative of writing about one's illness has come to gain a kind of performative, almost magical power nowadays. As a result, the abundance of illness narratives poses the risk of undermining their therapeutic value and credibility. This is what I've witnessed, at least. For example, case-stories of illness have become a valued currency for medicine in the digital age, with databanks of those narratives now available for easy reference. Most of the time those case-narratives will have been colligated by people completely removed from the person or the illness at stake. That's why we need to insist much more on the difference between narrative and storytelling. The former is a real process which in the best cases can include

aesthetic, philosophical and political questions. And the latter is just another preformatted and highly valued currency in the planetary market. Narratives are open-ended, they force us to consider their conditions of creation and what they mean with respect to our own lives. Storytelling, on the other hand, consists in replicating the same models (healing, self-growth, story arc, resilience, happy-ending, etc.) over and over again so that we can easily abstain from the interpretive and critical work narratives are asking of us.

IV. The Body – and the Impact of New (Mind-Body) Conceptions on Models of Narration

Your Innsbruck lecture in March 2023 held at the Department of English (in Cooperation with the Canadian Studies Centre) *was dedicated to, and I quote, "The Weird Things Literature Can do With the Body" – a title that immediately caught me. Can you name and describe some of 'these things' briefly? And what about: "The Weird Things the Body can do with Literature?"*

Definitely, the title could've gone the other way around! The real focus is between holism and the idea of a composite body. I believe that's where we're at. It's the conundrum we're living in. Here's an anecdote: A few years ago, a student stormed out of my class while I was teaching Mary Shelley's novel *Frankenstein* (1818). I later learned that the student's specific religious beliefs were putting them at odds not, as I had suspected, with Shelley's idea of a humanoid body made alive in a purely materialistic manner, but rather with the fact that this body's existence resulted from salvaged limbs and organs. In *Frankenstein*, the mad scientist's creature is a heterogeneous biological construction, and the stitched surface of its body is a permanent reminder of that process. The creature is a composite living body, and this is what proved unacceptable on that day when a work of literature, and an old one at that, did weird things to the atmosphere of my whole classroom. I've also experienced very interesting exchanges while teaching Maggie Nelson's *The Argonauts* (2015) as a love narrative literally out of norms between two persons who refuse to be contained in pre-scripted, normative stories of emotional attachment. In both examples, literature brings us to the edge of our comfort zones with regards to our bodies.

Reciprocally, yes, the body definitely does weird things to literature. I approached that in my lecture with the examples of the microbiome, and of body-hacking. How to inte-

grate those new somatic knowledges or practices in our capacity to construct and stage literary characters, and in our desire and capacity to narrate ourselves?

How do recent medical techniques – and if so, which ones – affect and modify narration or models of narration?

First, as I've previously said, the whole history of medical visualization is fertile ground for reevaluating the progressive impact of medicine on our various models of narration. The novel *The Magic Mountain* (1924) by Thomas Mann, which is more than 100 years old, already had very rich considerations on the matter. Second, I think the imaginary of the microscopic biomedical realm is an interesting continent to explore. What of those other living bodies inside our own, can we think about them and their impact in a story? Can we think about narrating their reality? Third: biomedical data. It proliferates, it is readily available, it is valuable and vulnerable to theft, and it seems to say much more about us than our body envelope would hint at. Fourth, the whole world of prosthetics and disability. All those examples imply different rhythms of life. Essentially, if we keep in mind that narration is grounded in the most widespread experience of all, which is living in time, then the question for me becomes how to narrate, or to read, or to interpret, those various, seemingly incompatible rhythms of life and time that constitute us in our flesh.

You highlight the "multi-agency inside the body", which points, above other, to the entanglement of the human and the non-human… How does this (medical) evidence affect the telling of a life story?

Posthumanism has a lot to say about that, given that the idea of multi-agency in the constitution of meaning is what makes it so compelling and inspirational. But as I said before, posthumanism leaves out the existential dimension of a person's life. I'm aware there are critical positions that will say the existential dimension of a person's life is a crypto-conservative, highly problematic alibi for maintaining a master narrative over other possibilities of emancipation. Ok, but let's just have a look, if only for a second, at how we treat elderly people and the general experience of old age in the West. We hardly listen to the voices coming from that age of life where existential considerations take front and center stage. So, the answer to the question here, for me, is akin to what I've said when addressing the previous question: the challenge is to think about integrating our growing

knowledge of the multi-agency inside the body to our desire to keep on narrating in order to build and maintain a meaningful sense of our individual existence *over time*. And it is definitely a challenge. I'm thinking for example of a team of colleagues I know in Montreal who worked a lot recently on how to weave new individual stories in the context of organ donation and transplant. I'm also thinking of a graduate student I'm working with who is writing about their own life, as a person with type-1 diabetes who decided to resort to experimental digital technologies - known as body-hacking - in order to make sure their continuous insulin supply remain in sync with their desire and aspirations to lead a fulfilling life.

What impact recent theories as the 'extended mind thesis' have on the (literary) narration of life or on the traditional model of a life story?

There is a whole constellation of theories bent on redefining human consciousness at the crossroad of cognitive sciences and the humanities. Some are quite popular thanks to their occasional feature in mainstream publications. This is the case of the extended-mind theory, initially proposed by David Chalmers and Andy Clark. We could also cite the popular works of Douglas Hofstadter or Antonio Damasio, for example, or of Ed Yong who recently wrote a book on human microbiota aimed at the grand public. Karen Barad, whose training is not in cognitive science but in quantum physics and who has become a leading voice in posthumanism, suggests an equally fascinating perspective with respect to relationality. Some of those theories have strange, at times concerning implications. And they are all more or less openly speculative. At first glance, they may not even offer much for the study of narration and health. But I find them all inspirational. And that's how I approach them: as a non-specialist seeking inspiration and new metaphors. To conceive of the mind as something that operates by mapping and constantly remapping its immediate physical surroundings in order to integrate them as a constitutive extension of the 'self' - the extended-mind thesis in a nutshell - has to involve quite a few displacements in how we conceive of a literary character. For example, reading or re-reading the works of Franz Kafka under such a light would be no doubt rewarding, in untold ways. Such theories, while not immediately applicable, can nevertheless bring us to read anew the literary traditions that we have learned. They are fantastic tools of distortion and subversion of our received habits as readers and writers.

How could we conceive a body's narrative which is not a narrative about a body told by a person?

Well… I believe that's what Christianity has done for centuries. In Christianity, the bodies of those who are saved are promised resurrection and somewhat become part of the greater body of Christ, in eternity. To spend efforts at narrating one's own personal body does not really have value in such a context. Of course, Christianity is also responsible for the subjugation of countless bodies through the ages, beginning with those of women. My point is that there are several traditions of organized knowledge which have done precisely that: harnessing the body as part of an overarching narrative. I find that overarching narratives of the body as they forcefully maintain their arbitrary vantage point can quickly lead to terrible perspectives and actions (the management of bodies; the herd mentality of basic nationalism; forced scarification; racism, etc.). That's why it truly matters to maintain a form of proprioception in self-narration, an awareness of one's personal proportions and rhythms in life.

The recent across-the-board enthusiasm in the West for psychedelic therapy speaks volumes in that sense. As beneficial as they can potentially be for therapy, psychedelics will inevitably warp a person's sense of self and of proprioception. That's why I never cease to amaze at the glaring poverty of narratives pertaining to those experiences. Some psychedelic molecules have been around for millennia. In the West they were a touchstone of the 1960s counterculture. Now they are on everyone's lips once again thanks to the hope they offer for the treatment of depression and addiction. Yet how many convincing, or even interesting literary narratives do we have about psychedelics? Next to nothing. People still refer almost exclusively to Aldous Huxley, and that was seventy years ago. This may speak of the limitations of psychedelics in therapy. Or it may speak of the limitations of narratives. I honestly don't know since this isn't my area of focus. But I used the example to insist of the self-grounded, existential nature of individual narratives, and how they remain at the heart of the idea of therapy.

Can you briefly sketch out new life story models and new metaphors having become necessary because of new theories of the mind or microbiota ecology?

Even before such theories, we already had intriguing models of narratives to look at. The wars of the past century have been instrumental in creating extreme cases where wound-

ed bodies and minds were pushed to their limits. In France, the poet Joé Bousquet spent most of his adult life bedridden and in constant pain due to battlefield injuries. His whole oeuvre is about that. Later, US writer Dalton Trumbo imagined in his novel *Johnny Got his Gun* (1938) the story of a soldier whose body was for the most part blown up in the trenches, but whose mind had not been harmed. The poor character is in hospital somewhere, a confused deaf and blind torso, and the entire novel is told from his point of view. Closer to us, I find that the best literature presenting new models of 'self' and life stories in the wake of epistemological progress on the body are still to be found on the threshold between science-fiction and mainstream literature. That is: as long as we see science-fiction as speaking of today's possibilities instead of looking at an impossible future (the word for that in French is stories of 'anticipation'). I'm thinking of Ted Chiang, who has a short story about a humanoid cyborg who, while operating on itself, becomes able to see its own brain at work. Or Joseph McElroy, in his novel *Plus* (1977), who imagines a disembodied conscious brain adrift in space following some scientific experiment. In a more mundane context, the stories of Courtney Moreno in her 2008 collection *In Case of Emergency* are about situations of common attraction and love between people, but each time they are treated at the organic level of the internal processes that enable those feelings and emotions inside us. The same goes for the very successful 2014 French novel *Réparer les vivants* (transl. as *Mend the Living*) by Maylis de Kerangal, in which we follow every step in the process of a heart transplant, with all the characters playing a secondary role.

In terms of new life story models, we can think of the possibility we have, thanks to the growing availability of documentation, of revisiting the existence of real people who have given a literal part of themselves and their life to medicine. Since those people cannot speak for themselves, there's a whole dynamic at play involving the writer's imagination and the writer's ethics. We then find ourselves somewhere at the crossroad of literary writing, investigative journalism, and history. The best recent example is *The Immortal Life of Henrietta Lacks* (2010), in which the author Rebecca Skloot narrates her quest to unearth the figure and life of the titular character, a real African American woman whose cancerous cells never ceased replicating even after her death and thus provided the primary biological samples for decades of study and progress in cancer medicine (and more). In this case the actual cells of a real person are the basis for what medical science has learned about cancer over many decades. Does the life of that person matter? Of course, especially since that life and the fate of those cells are inseparable from the segregation and racism that have plagued America from its onset. Indeed, Henrietta Lacks and her descendants

were never given credit or even recognition until literally a week ago, in July 2023, after a long-overdue settlement in court. Choosing a literary account in order to reestablish what is due in such a story is a daring move on the part of the writer. I believe it represents a good example of our contemporary literary challenge with regards to medicine.

In your research you challenge traditional ways of seeing and saying the human body; for example, you have proposed the idea that "organs think". When we follow the idea that the human body can think, speak, react, remember – would you say that it can also anticipate what lies ahead? And who or what is the narrator of a body's future? Is it the body itself that tells its own prospective story, or is it others, physicians, who read the body's present signs? In how far would the idea of the human body being its own narrator impact common definitions of 'prognosis'?

When I say that "organs think", what I really wish to insist on is that organs function according to their own timeline and rhythms which are not the same as the timeline and rhythms we experience in our daily life. Our nervous system keeps the imprint of experiences we have long forgotten in our conscience. Our endocrine system produces hormones whose fluctuations, over time, will in turn define stages in a person's life for the definition of which we only possess feeble words such as 'puberty', or 'menopause', or 'midlife crisis'. Those stages of life are crucial for all people. They are real, they have real impacts, and cannot be reduced to mere social or linguistic constructions. Yet, the hormonal fluctuations underpinning those stages of life remain quite mysterious. They remain mysterious, to an extent, for science. Or, often for political reasons, they remain under-researched (I'm thinking of menopause and endometriosis in particular). But they are not mysterious in the same way for the person living through them. I think the notion of intuition is extremely important here. People have an intuitive knowledge of what takes place in their body - in that sense, yes, the body thinks ahead of conscience -, but to communicate that intuition efficiently is the hardest thing.

So, inasmuch as one subscribes to the idea that a person's life-story is a meaningful concept, what precedes should be acknowledged first and foremost. My life story is not the same as the life story of my organs. Given the medical technologies and techniques we have today, there's no guarantee that any of us will end up in their grave with all the organs they were born with. More importantly, the stages or 'ages' that characterize my life are the visible results of those obscure hormonal fluctuations which for all intents

and purposes are me. Here, again, we perceive the necessity of an existential perspective encompassing not just the chronology of a person's life, but also the overall perspective that this person entertains about their life over time, including those aforementioned and commonly accepted stages in a body/person's development which we simply refer to as 'crisis' for lack of a better word. How to include such awareness in conceiving of my own life in a narrative way? I think the question matters, whether we believe that a person's life is inherently narrative or not.

When you say, to stick with this example, that "organs think" then the verb "think" receives the status of a metaphor, suggesting an anthropomorphizing of the organ – and thus a humanization of the human body. This paradox is fascinating! What do such metaphorical framings tell us about the way we perceive the human body, of whether we feel that we have or are a body? We would be truly interested in your thoughts on this matter!

My interest in the role of metaphor in the medical humanities has grown in the past few years. I agree that anthropomorphizing is a key part of the metaphorical process. But that's, arguably, for good reasons. In 1929, a first momentous experiment was conducted in the Canary Islands by German American gestalt psychologist Wolfgang Köhler to verify the hypothesis that metaphors had neurological and physical bases instead of purely rhetorical ones. It was inspired by a burgeoning interest of the scientific community for the peculiar neurology of the synesthesia effect and its distribution in the human population. In Köhler's experiment, two shapes, a rotund and a spiky one, were almost systematically associated by the participants with two made-up words of respectively continuant and labial consonants (evoking 'round' and 'sharp' sounds). The conclusion is that metaphors may be the mental images we fundamentally require in order to process and make sense of our basic perceptions of the physical world. In short, we as a species think in metaphors before we even learn grammar, syntax and the like. The success of this experiment kickstarted interest for the metaphor as a foundational device of the human mind. Later, Indian American neuroscientist Vilayanur Ramachandran, who repeated Köhler's experiment with the same results, came to suggest that our capacity not only to create but also to comprehend metaphors may be tributary to a widespread, and perhaps systematic presence of the faculty of synesthesia in the brains of early humans. I'm certainly using a metaphor when I say that "organs think", but my goal is really to stress the pre-linguistic, literally embodied nature of our metaphorical mind. The anthropomorphizing of the

metaphor is inevitable. It played a central role in psychoanalytic therapy, back when it had an influence in shaping up the modern clinical encounter. And we find it in many theoretical works which have great importance in medical humanities, such as the phenomenology of Maurice Merleau-Ponty for example. I think there's much more fascinating research to be done regarding the metaphorical mind in the field.

Could you give a fictional example of a narrative structure inspired by this fact that "organs think"?

I previously mentioned the stories of American writer Courtney Moreno and the novel *Mend the Living* by French writer Maylis de Kerangal. In the UK, Ian McEwan has two novels - *Saturday* (2005) and *Nutshell* (2016) - where part of the 'thinking' instrumental to the plot happens at the organic level rather than at the level of the characters' consciousness. To disclose the details would be to spoil them, so I won't. For those interested in philosophy, I would also recommend diving into the works of Henri Bergson. It is far from an easy read, but there are pages which are absolutely delectable and inspirational from a literary standpoint. And to this day, Bergson's oeuvre (especially his treatment of intuition) still constitutes the philosophical proposition which went the farthest in pursuing the idea that the body and the organs think in their own ways.

The conversation was conducted by Katharina Fürholzer and Julia Pröll

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