



# On the Frontier Between Medicine and State: Traumatic States of Embodiment and Temporality in Waad Al-Kateab's *For Sama* and Wang Nanfu's *In the Same Breath*

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Set in the zone of egregious war crimes against the civilian population of Aleppo and in the biohazard zones of the encroaching COVID-19 epidemic, Waad Al-Kateab's *For Sama* and Wang Nanfu's *In the Same Breath* invent documentary approaches that create complex temporalities — modes of cinematic address that engage trauma as a field of experience that has been absorbed within institutional discourses of state power built through crises. Filmed in zones of crises in which hospitals exist in states of exception that generate and guarantee state sovereignty, the traumatic scene of crisis becomes both excess and fragment that documentary form contains and interprets. This analysis draws on Ruth Leys' 'genealogy' of trauma and Lisa Guenther's notion of the 'necro-biopolitical rituals' of state bureaucracy to show that both documentaries illuminate a fundamental split between discourses of medical knowledge and state power within which cinema asserts fluid and shifting temporalities as a mode of engaging events of crisis as history.

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## INTRODUCTION: TRAUMA AND THE DOCUMENTARY OF PROLOGUE AND EPILOGUE

The video installation 'Serious Games' (2009) by Harun Farocki shows relationships between cinema and trauma in a way that has much in common with the two films considered in this essay. One video screen of Farocki's installation is set in a military base where video games are used to train soldiers. Another screen captures a military clinic where soldiers receive treatment for post-traumatic stress disorder (PTSD) through game-like virtual reality interfaces. Videos of training and therapy appear in two-channel displays of the subjective viewpoint of the soldier and the environment in which the games are being used.

The halving and doubling involved in the four-video installation creates split chronologies that suggest the simplistic preparation for war and its complex aftermath as an ongoing but incompatible prologue and epilogue. Farocki's

clinic footage reveals the violence of state power manifested retroactively in the bodies of soldiers. Meanwhile, media splits experience of events in a doubling and halving of time and image. Missing, however, are documents of the synchronic moment of the present — the kind of evidence often assumed to be at the heart of documentary filmmaking.

Through exhibiting the complex temporalities of PTSD, Farocki's video piece suggests that trauma is, quite paradoxically, articulated in a future-tense as the desire for return to a past *before* the crisis that caused the trauma. In the fourth of four videos in Farocki's installation, a clinician insists that a traumatised soldier must repeat the tragic event in a virtual reality program as treatment. In much the same way that the soldier resists repeating the event but is thereby made to endlessly re-experience it, Wang Nanfu's *In the Same Breath* (2021) and Waad Al-Kateab's *For Sama* (2021, co-produced and co-directed by Edward Watts) both resist the repetition that is trauma and imagine a return to points before painful events had occurred.<sup>1</sup> In *For Sama*, Al-Kateab expresses through voiceover the wish that her child would not have been born so as not to become an innocent witness to war. For Wang, this desire is expressed through a reverse montage in which she imagines 'how this could have begun differently'. In their drive to create a moment-by-moment account of loss and suffering, the documentarians thus ultimately disavow attempts to interpret crisis through the logic of the present and resist the endless and melancholic return that this entails. While it is, of course, impossible to reverse the past, formal shifts in the film between cinematic temporalities and subjectivities contain crises past to resist the endless circulation spectacles of violence and loss on film. Further, by unsettling images of state power predicated on narratives established from these images, both filmmakers expose how trauma has become incorporated into an ensemble of discursive measures through which the state constructs authorised versions of history from crisis.

As recent documentary films notable for presenting trauma through scenes of hospitals, trauma appears quite differently in Wang and Al-Kateab's films than in the cinema of trauma that has been presented in major works on the subject — especially those that deal with memory of the Holocaust in the post-war era, the trauma of Hiroshima, the experiences of Vietnam veterans, or trauma around the events of September 11<sup>th</sup> in the United States.<sup>2</sup> In describing the proliferation of media around the events of 9/11, and the wars in Afghanistan, and Iraq, E. Ann Kaplan's exploration of the 'empty empathy' elicited by violent images anticipates the dialectics of immediacy and mediation in Wang and Al-Kateab's films.

Much like the media images that Kaplan discusses, which inhibit a relationship with the image that might foster healing, when a viewer attends to violence in images of crisis yet does not become deeply involved in what the images capture they are faced with the 'violence involved in the moment itself and the camera's capturing of it'.<sup>3</sup> By conducting images of crisis through temporal shifts marked by linguistic, visual, and acoustic techniques of prologue and epilogue deployed within cinema, Wang and Al-Kateab advance a documentary practice based in

what E. Ann Kaplan calls a 'context and continuity that [...] bring events into our own lives' as part of the invention of 'other strategies for communicating and understanding trauma'.<sup>4</sup> Both films engage a media environment in which the pain of the traumatised cannot move beyond a moment that reasserts itself as an unintelligible past within the present — as an impenetrable violence that endlessly returns as trauma, or what Ruth Leys terms a 'wound,' in her analysis of trauma as an overdetermined cultural construct spanning the sciences, humanities, and media.<sup>5</sup> In resistance to cinema as a repetition of violence — and also as mothers seeking in filmmaking a form of intergenerational communication — the films situate a documentarian viewpoint in the future in order to reassert a time before crisis as a vantage on the present.

*For Sama* and *In the Same Breath* both expand outward from the intimacy of the mother-child relationship capture globally significant events. Both films also glimpse an occult logic of state power in tension with the everyday protocols of hospitals. In Al-Kateab's documentary, Syria's authoritarian regime launches air and ground offenses against civilians and hospitals in Aleppo in the wake of the civil uprisings in 2012. In Wang's film, medical personnel and patients try to interpret the experience of COVID-19-related deaths on a personal and collective scale as person-to-person transmission of the virus is gradually revealed. In both films, documentarians track the meaning of crises unfolding historically and ideologically through what Lisa Guenther identifies as 'necro-biopolitical rituals' in which the dysfunctional bureaucratic management of life and death is inseparable from the consolidation of state power.<sup>6</sup> In this context, Wang and Al-Kateab establish a cinematic form and structure in which the capturing of images becomes secondary to the way that images are contained within temporal logics of prologue and epilogue. Terms of evidence and witnessing are thereby superseded by a containment of images within a maternal logos that challenges the 'assimilation' of the filmic image of atrocity — a process most memorably described by the narrator of Rithy Panh's *The Missing Picture* — in which most powerful and disturbing filmic images are consigned to collective neglect as footage of atrocities proliferate in media worldwide.<sup>7</sup> Resisting an already mediated present that becomes incorporated, moment by moment, into narratives endlessly recirculated by the state — always coercively and, often, violently — the films neutralise the power of images of the present over the audience: temporal shifts and the mother's transsubjective address to the child interrupt the viewer's fixation on the document.

## SUBJECTIVITIES OF TRAUMA: DOCUMENTS OF LOSS AND SUFFERING THROUGH MOTHERHOOD AND THE CLINIC

Interweaving prologue-epilogue tracks create a shifting experience of the filmic document that keeps traumatizing events in suspension. Wang and Al-

Kateab's films thus affirm that cinema can speak power to manufactured truths promulgated by authoritarianism insofar as cinema always exists in plurality — involving filmmaker and audience in viewing and interpretation as an ongoing and recursive collective experience. The films engage in a continuous process of 're-perception' within which the film is always 'becoming,' exhibiting cinema as system of collective thought in much the same way described by Shohini Chaudhuri in her examination of the prismatic conditions of conception and reception of films of atrocity.<sup>8</sup>

At the end of twentieth century, well before the flux of digital and streaming media within which Wang and Al-Kateab have formed as filmmakers, Linda Williams had already described the formation of the 'New Documentary' of the 1990s in the wake of the Direct Cinema movement in which audiences were inundated by a 'deluge of images [that] seems to suggest that there can be no a priori truth of the referent to which the image refers [but] the moving image [had] the power to move [...] to a new appreciation of previously unknown truth'.<sup>9</sup> A decade later, as documentarians engaged the trauma of war within an environment of nonstop media coverage of the U.S. wars in Iraq and Afghanistan, E. Ann Kaplan described an intensification of the media environment discussed by Williams as the 'daily barrage of images that are merely fragments of a large, complex situation in a foreign culture about which audiences may know very little and that reporters usually omit'.<sup>10</sup> Working in the hyperbolic density of the media landscape of the twenty-first century, Wang and Al-Kateab are embedded in the 'complex situation' of their own cultural backgrounds but acting as chroniclers interpreting events intergenerationally within and across cultures. In the process, they trouble boundaries between self and subject, as well as between past, present, and future.

As the structure of documentary is fused with the subjective states of the documentarian — in particular, in the intergenerational bond between mother and child — the films capture the process of crisis becoming part of the historical record while intervening in trauma as endless repetition. Produced in a context of up-to-the minute images of crisis on news media, social media, and streaming television, Wang and Al-Kateab resist what Leys describes as 'the immersion in the traumatic scene' the kind of indulgence in trauma that would preclude 'the kind of specular distance necessary for cognitive knowledge of what happened'.<sup>11</sup> As chronicles of crises that intersect with their lives and prompt them to create the 'specular distance' that Leys describes, *For Sama* and *In the Same Breath* suspend personal images at the source of trauma within separate temporal tracks of the film.

The question of asserting multiple subjective modes in documentary to deal with catastrophe is, of course, not a new one. However, most discussions of the representation of difficult memories in film have reproduced the contradictions that Leys outlines in writing of the traumatic scene as an epistemic site constructed in both clinical and cultural theories as a 'wound' that eludes all forms of knowing.<sup>12</sup> In Leys's account of the episteme of trauma, both the clinician or the cultural theorist seek return to an event that initiates forms of traumatized

consciousness but that, by definition, remains out of reach of perception. In a prominent example of such a cultural theory of trauma, Joshua Hirsch describes Alain Resnais' *Night and Fog* as a response to historical documentary form that could not fully represent the extreme traumas of the Holocaust. Establishing parallels with theories of PTSD, Hirsch contends that Resnais established a 'reflexive' documentary mode of 'posttraumatic cinema' defined by 'experiments with retrospective temporal structures' to struggle with 'memories that can neither be escaped nor possessed'.<sup>13</sup> For Hirsch, Resnais' work borrows from modernist precursors to make the past present by transcribing the 'temporal dimensions of history into 'spatial dimensions'.<sup>14</sup> Much like clinical theories of PTSD that redirect temporal ruptures of memory onto the body, Hirsch's notion of 'posttraumatic cinema' converts psychic phenomenon into physical phenomenon.<sup>15</sup> Interpreting such a projection of diachronic temporalities onto synchronic spatiality, Wang and Al-Kateab expand the field of spectatorship around the traumatic as both a discursive and historical formation.

Wang and Al-Kateab invent new filmic temporalities to contend with the ideological disruptions that shape the twenty-first century hospital. The hospital in both films appears as an unstable institution at the boundaries of the state in which the filmmakers document suffering and violence that arises from fusions of capitalism and authoritarianism. The films present contemporary ideological landscapes in which the ingredients of kleptocracy, nepotism, surveillance, and populist revisionism have combined to make the regimes in Syria, Russia, China, and the United States strikingly similar. Al-Kateab's film is a story of her family's survival of Russian military bombings of Syrian civilians under Bashar Al-Assad's dictatorship and at the fringes of Russia's neoimperialist encroachments. Wang's film compares China's ideological apparatus of control over people and information in the early coronavirus outbreaks to the United States during Donald Trump's tacit endorsement of conspiracy theories to undermine institutions of government and public health. Both documentaries turn to the hospital as a frontier no longer fully organised within state power. Hospitals are shown as exceptional zones of ideological autonomy where documents of crises — fragments of destroyed lives that still appear, at least momentarily, as individual, and collective, experiences — can escape the master narratives of power.

The idea that there is a 'deeply rooted convergence between the requirements of political ideology and those of medical technology' is most fully traced by Michel Foucault in his examination of medical science as an extension of state power in modernity. For Foucault, the hospital is built into the modern state as the site of the implementation of ideological programmes.<sup>16</sup> However, for Wang and Al-Kateab, the hospital is a kludged and overwhelmed space. Hospitals move towards a 'juridico-political' status that Giorgio Agamben ascribes to concentration camps.<sup>17</sup> The makeshift hospitals in the documentaries arise from the same 'state of exception and martial law' as the camp: a boundary space in which the distinctions between life and law underlying state power are in ongoing formation.<sup>18</sup> Accordingly, instead of being citizens, the people who exist

in the hospital are closer to the 'protective custody' that Agamben describes.<sup>19</sup> As such, the hospitals in these films expose vacillations between biopolitical and necropolitical measures through which the state perpetuates power.

By structuring the films around mother-child relationships, both films confront the biopolitical afterlives of crises in its intergenerational and epigenetic effects. For Wang, the narrative of the family's connection with both China and the United States during the early events of the pandemic forms a point of departure for understanding how, in both societies, bureaucratic mechanisms of power have stripped citizens of agency through negligence and deception. Al-Kateab's mournfully addresses her daughter in the future in voiceover over the chaotic bombing of an Aleppo hospital as doctors try to work in the rubble. In this scene of a government-sponsored bombing of the hospital – which includes an onscreen X-ray as another layer of film as visible evidence of the traumatised body while the viewer witnesses explosions that endanger the doctors – the filmmaker expresses the wish that all of these events would be undone to spare the children the trauma that will follow [Fig. 1]. The scene thus exemplifies the maternal logos seeking to contain trauma through the plural temporalities of cinema.



Fig. 1  
*For Sama* (Waad  
Al-Kateab, 2021)  
- screenshot

As clearly shown in Al-Kateab's footage of the hospital bombing, hospitals in the films upset assumptions of synonymy between discourses of medical authority and state authority. Capturing the hospital at the ideological limit of state authority, each of these films visualises a disruption of medical knowledge in modernity (or a break in what Foucault calls the 'empire' of the 'medical gaze').<sup>20</sup> The unsettling of hospital spaces connecting power and knowledge takes place within the larger consolidation of authoritarian power in which trauma becomes a central but overdetermined rhetoric for state projects. Within this rupture, the intersubjectivity of the mother's address to her child (and her future world) forms a response to the unilateral measures of patriarchal authoritarianism.

## FOR SAMA: VOICE AND IMAGE

Near the beginning of *For Sama*, Al-Kateab's expresses her pain in a voiceover while also explicating the ethical and rhetorical basis of the project: 'You are the most beautiful thing in our life but what a life I brought you into. You didn't choose this. Will you ever forgive me? [...] Sama I've made this film for you. I need to you understand why your father and I made the choices we did...what we were fighting for'. Al-Kateab's voice plays over a sequence that establishes the image track as a fragment of the present: a quotidian moment of Al-Kateab sitting at her desk interrupted booming airstrikes as Al-Kateab grimaces in fright. The voiceover ends on a slow fade of Sama asleep. Al-Kateab's voice gives structure to the chaotic images of her footage. Establishing voice as a deep and physical connection between mother and child, the sequence demonstrates Michel Chion's insight that the cinematic history of voiceover parallels the role of mother as the first 'image presenter'.<sup>21</sup>

Al-Kateab's melancholic and reflective tone makes clear that the onscreen images are now of a place and time that no longer exists. In borrowing the literary concept of 'tense' from Gerard Genette, Joshua Hirsch describes Alain Resnais' experimentation with what he terms 'diachronic present tense' to situate past trauma in relation to the present.<sup>22</sup> In contrast with this cinematic 'tense', Al-Kateab's narration punctuates the footage of the destruction of Aleppo but introduces complex modalities of prologue and epilogue — compound tenses of language that reroute the film's images to both past and future. Meanwhile, the film's image track captures a lost Aleppo that shifts between fragment and excess. Present-moment images of Aleppo's destruction are marked as filmic excess in which the image of atrocity appears as undigested shock, or at times, as absurd comedy. As Bashar Al-Assad's bombings around the hospital intensify at the midpoint of the film, Al-Kateab's shaky handheld camera captures an unexploded ordinance that has landed nearby. The camera captures this instrument of real violence but the scene is suffused with irony. Confronted with death, Al-Kateab's friends speak in apostrophe to the bomb and to death. They warm their hands on the bomb with a ludicrous word of thanks to Al-Assad stating that the bombs keep them warm in winter. [Fig. 2]



Fig. 2  
*For Sama* (Waad  
Al-Kateab, 2021)  
- screenshot

Throughout, Al-Kateab's handheld footage is disconnected and episodic, showing the student uprisings in Aleppo and the regime's violent reprisals and, subsequently, showing hospital triage scenes that document state violence. Intercalated throughout are the warm emotional moments of Al-Kateab's life — helping friends establish the hospital, marriage, pregnancy, and moving into a new house. These contrasts amplify the exceptional shock of images of crisis as the film uncannily resembles both home video and frontline war reporting. Around a flow of catastrophic and mundane images, Al-Kateab speaks to Sama from the future while the images remain in present tense. Prologue and epilogue thereby contain the excess of the documented events but not to merely repeat them: the maternal logos places their ultimate meaning in Sama's future in a filmic temporality physically embodied by mother and child.

The image track again and again tests the measures of the mother-documentarian to contain the document — to organise and make sense of violence through reference to past and future. In a central scene of the deep intergenerational connections that will emerge from the crisis, an emergency caesarean is performed on a woman who is nine months pregnant and has been severely injured in a bombing. What at first appears to be a routine procedure, with the steady sounds of the hospital monitoring equipment and instructions exchanged between surgeon and nurses, quickly becomes a confrontation with brutal sensory violence as a limp newborn is pulled from the cavity of the mother's body. The viewer faces death as a medium closeup shows the child's body, mottled pale blue and chalky white with a moist and twisted umbilical cord on its stomach. The still body is gripped by the large hands of a doctor in latex gloves attempting resuscitation. We hear the doctor confirm that the baby has no pulse. The small body is then peeled from the sheet covering the surgery table with the sound of tearing plastic. If the viewer has not yet physically felt horror in seeing the presumably dead child manipulated on the table, the sound of the body sticking to the hospital equipment — the inert materiality of the hospital now one with the body — provokes horror, outrage, and disgust.

Suddenly, just as the viewer feels the urge to withdraw from the film, the baby opens its eyes and emits a small cry — revived. Following this comes a moment of ecstasy as Al-Kateab explains in voiceover that mother and child will both survive. Her epilogue draws the relentless violence of the present back within the structure of the documentary. Affecting a kind of double return, the scene reframes the historical relationship between cinema and trauma. Most prominently, the scene shows that the film radically differs from the documentary encounters with trauma that emerged in the post-WII era. Hirsch describes the Lazarus figure that influenced Resnais as a 'a new literary practice from the posttraumatic space' who has 'physically returned from the land of the dead, while remaining psychologically bound to traumatic memory'.<sup>23</sup> In contrast, the Lazarean scene in Al-Kateab's film presents the child violently returning from what the audience presumes to be a tragic death but, because the viewer enters the scene *in media res*, the scene is not bound to any memory of a traumatizing event. As excess contained by prologue and epilogue, Al-Kateab's on-the-spot



capture of the image — as well as the fact that child and mother are unnamed patients in the hospital — decontextualize the violent image from documents of a specific family or community involved in the Syrian conflict. Much in the way that the earlier intercut footage of Al-Kateab's garden is shown flourishing and then leveled by an aerial bombing, the scene asserts life within the symbolic economy of wartime. As such, the newborn's resuscitation transforms an event in a record of war crimes into a primal scene of the vibrant yet precarious connection of life between mother and child. Removed from the exchange of documentary — or evidentiary — value, the charged image resists what Piotr Cieplak notes as a simultaneity of the 'evidential and reductive functions of [...] images' in his reading Susan Sontag's work on photographic images of atrocity.<sup>24</sup> Al-Kateab's image of the child brought back to life instead takes on a sublime excess of pathos.

In this way, this central moment of omphalic unity between mother, child, and audience in the film's aleatory montage undercuts the necro-biopolitics of state bureaucracy. As an aesthetic formation that also offers political gestures, Al-Kateab's film presents the hospital in twenty-first century zones of crises as sites of autonomy that interrupt state power. Nonetheless, as Cieplak notes, the indexicality of film means that images 'reach into the past' — as the lives and events recorded on film are present visual but formed of traces of that which has existed. This 'superimposition' of reality and the past is overtly part of the cinematography of *For Sama* as the spontaneous quality of its images enhance the melancholy of Al-Kateab's meditations on the destruction of Aleppo.<sup>25</sup> The scene of the newborn suddenly brought back alive in *For Sama* is haunted by the quality of the pasts embedded in cinema but in a way that accentuates and deepens the experiences of a rebirth on film that happens before the viewer's very eyes. Thus contained within a maternal logos, the traumatizing event stands not as document to be witnessed but as an assertion of an exceptional mode of social and political rebirth.

## ***IN THE SAME BREATH:*** **DISTANCE FROM THE DOCUMENT**

Beyond basic similarities in the mother-child relationship and the prologic and epilogic modes of address that they share, *In the Same Breath* and *For Sama* have deeper features of form in common. As noted above, both films conclude with sequences that elaborate a melancholic wish to return to the moment before the crisis. In these sequences, filmic memory emerges phantasmically intensified by indexical return to time and space. Both films introduce short sequences of CCTV footage in segments that seem to place the viewer in an objective relationship with crisis. In Al-Kateab's film, the hospital security cameras capture a moment in which a hospital filled with doctors and patients explodes during an aerial strike. Wang's film contains security camera

footage from a site of the virus' initial spread showing patients complaining of cold and flu symptoms but unaware that person-to-person spread had already been detected by doctors. In both documentaries, these CCTV sequences are discolored and distorted — likely resulting from the compression of the stored video files. Each is abruptly intercut with point-of-view footage from the filmmaker so that they suggest another stratum of the present beneath the live footage of the crisis while the film's prologic-epilogic structure suspends the moment of crisis it documents.

In Wang's film, fragmentary documents of the initial spread of the virus are bound within this confounding documentary structure to lead viewers to question that the social crisis of the pandemic is actually reducible to the virus. The virus is the ostensible subject of the film — the crisis event that it sets out to document — but the pathogen ultimately serves to make larger systemic fissures visible. The documentary gradually builds a case for understanding the pandemic as a biopolitical crisis that is bound to ongoing lapses in the social contract. This is articulated in Wang's voiceover comments near the conclusion of the film. Viewing the separate but commensurate crises over the pandemic in China and the United States, Wang states: 'We all think ourselves capable of separating truth from falsehood but how can we make that distinction when misinformation comes from the people we are supposed to trust'. She continues 'I have lived under authoritarianism...and in a society that have called themselves free...in both systems, ordinary people become casualties of their leaders' pursuit of power'. Although they come at the end of the film, these statements have the logic of prologue: drawing the viewer back to everyday life before the virus' spread was public knowledge. The film thereby shifts the focus from the pathogen to the anterior social and political conditions from which the pandemic emerged. The prologic effect is strengthened by the film's final visual coda — a reverse timelapse that appears to unrecord events and transports the viewer back to a time before trauma.

After the images of New Years' celebrations in Wuhan that begin the film, Wang's voiceover narration is interspersed with Chinese news reports recounting the course of the virus as it began to spread. Wang states that she wants to track the moment-by-moment development of the early pandemic in Wuhan but she does not have access to hospital sites in the locked-down city. Wang tries to get closer to the story of the origin of the virus by hiring camerapersons with hospital access. Though devised as a practical measure in *In the Same Breath*, this creates a loosening of the presumed connection between the film and the subjectivity of the filmmaker that also appears through surrogate cameras in Wang's earlier films, *Hooligan Sparrow* (2016) and *One Child Nation* (2019). The effect is most intensely explored in the free substitution of filmmaker and subject Wang's documentary that follows a young American man on the streets in *I Am Another You* (2017).

Handheld footage taken at random from anonymous points of view in the hospital in *In the Same Breath* produces a slippery subject position: as the film has shifts from Wang's camera to one of the surrogates, the viewer becomes

aware of the fact that they are seeing the world through the viewpoint of an unnamed stranger. This not only brings into question documentary as a direct kind of representation but also exhibits cinema as what Shohini Chaudhuri describes as a 'transsubjective entity that has its own being and becoming'.<sup>26</sup> Rather than defined by the specificity of medium, cinema is revealed as a merging flow of subjectivities. Insofar as Wang's documentary explicitly marks film as produced — and consumed by — a plurality of subjects, any presumption of self-evident connections between the filmic image and a single historical past dissolves.

Rather than being gruesome or horrifying, the COVID wards of the hospital captured by Wang's camerapersons are quiet and boring. Wang comments with irony that one cameraperson took a shot of a foot that lasted for five minutes. The traumatic scene of each patient's infection has already occurred in hundreds of disparate private homes before they arrived, and these buildings are dedicated to the long, slow process of treatment. The camerapersons' free exploration of the hospital as a frontline in the crisis leads to chance encounters with patients who share their stories. After a series of shots of nondescript hospital rooms and corridors, the impersonal and dissociated point of view of one of Wang's camerapersons holds for a moment. The camera swings around to engage a person who appears onscreen. 'Then someone caught the camera person's attention', Wang describes in epilogic voiceover while the scenes that follow show a father awkwardly trying to communicate with his bed-ridden son while a doctor in a protective suit treats his son. The film becomes situated within two temporal tracks as we hear the story of the boy's months-long illness from the man. He tells of being transferred between hospitals and his son's case becoming serious. He begins to cry, wailing, 'my poor child', as the camera cuts to the son being intubated to receive oxygen through what appears to be a tube cut into his throat. The doctors tell the father that they are looking after him twenty-four hours a day. The man's story of his son's death will become one of the stories of intergenerational connection and loss in film to follow.

Against hospital scenes that are both exceptionally alien and utterly familiar, Wang's surrogate cameras capture state media filming the hospital in a search of what Wang calls 'positive' stories. Situated within the tedium of long-term care, the presence of government bureaucracy in the hospital creates a strong set of contradictions: propaganda reaffirms state power by putting discourses of the hospital on display while the footage of Wang's surrogates shows that state narratives have nothing to do with the day-to-day medical treatment of the virus. Wang's own cameraperson is interviewed during this section of the film and she states that 'positive' stories by the state will counter the influence of 'imperialist' reports from abroad — a lapse in logic that reveals political and medical discourse as separate and mutually unintelligible. The party and the nation will be presented as prepared and as strong as its medical institutions but working knowledge of the virus will not inform state propaganda. Further depicting state power as a closed circuit, a segment of interspliced state TV footage that follows shows statements by an official that the communist party

will prevail over the virus through propaganda accounts of journalists.

While keeping both connections to the past and authorized narratives of the crisis in suspension, the film also thwarts the viewer's desire for a voyeuristic witnessing of the hospital as frontline of the crisis. Through narrated prologue, which begins as the Wang's retrospective account of unsuspecting public entering a new year amid the suppressed news of early spread of the illness, the film anticipates the crisis by alternating between the repetitive messages of state media — Chinese and international — and disconnected sequences of accounts of the pain of the disappearances of loved ones. Interviews with family members of those lost to the virus throughout the film redouble the prologic effect on filmic document, as testimonies of bodies of loved ones stand in place of records destroyed in the nebulous institutional machine of government morgues and funeral homes. Transmitted through a multitude of subjectivities, Wang's recurring passages of prologue and epilogue capture the crisis — but not as a traumatising event — as a closed official record with an unpredictable and open-ended afterlife among the public.

An underlying thesis of the film emerges near the last section of the documentary through Wang's collage-like use of the images of Chinese state media: the hospital exists in tension *vis-à-vis* state power but this tension provides the state with an instrumentalised set of biopolitical markers to eliminate dissent by showcasing a unity of state and subject. Bolstering belief in the state through a spirit of competition with its rivals, the documentary replays clips of state media with the slogan, 'China's system is superior' (*Zhongguo de zhidu youshi*). Instead of being expressed through medical discourses on life and death, state power now primarily engages in necro-biopolitical rituals performed at a remove from the hospital. In the documentary, this will later be confirmed by the state crematorium being a locus for the expression of state power in the signing over of the bodies of the cremated by relatives. In writing on the conjoined nature of state and clinic in the establishment of modern state power, Foucault writes that 'as an isomorph of ideology, clinical experience offers [the state] an immediate domain of application'.<sup>27</sup> Showing the state's ineffective measures to absorb medical discourse, the propaganda imagery that Wang incorporates shows medical discourse as no longer isomorphic with ideology. The disordered management of crisis instead becomes the field within which the state tests and applies power.

Wang follows the personal story of a small clinic run by Chen Ruzhen in an interview that exemplifies the shifting address of prologue and epilogue as a mode of presenting a medical worker's first-hand experience of the crisis. Chen recounts unknowingly encountering the virus while caring for neighbors working at the Huanan Seafood Market. The CCTV camera footage appears here with an effect of high frame rate that is both otherworldly and intimate — seemingly taking the source footage out of the flow of history. Wang's epiloric voiceover then tells the viewer that this footage shows a cluster of cases that came mostly from the market while the apparition-like bodies and faces recall the dead of the virus' first wave. Chen then describes the period around January

1<sup>st</sup>, 2020 in the weeks leading up to her husband's death. She describes him becoming seriously ill but being turned away from major hospitals in Wuhan. As epilogue, with both tears and determination, Chen describes that her husband's cremated remains stay state custody as her contribution to state propaganda that establishes the virus' low death toll.

The traumatic scene of the death of Chen's husband is missing from history and memory: she says that she did not get to speak to him before he died. In place of the missing documents of his final days, the film shows an insert of a small photo of Chen's husband. Onscreen, this simple photographic mediation stands in solemn contrast with the proliferation of filmic claims on the life and death of all those who experienced the same fate: no amount of documents, or other visible evidence, can effectively counter official narratives in which trauma is encoded as historical progress. As the documentary moves forward through other stories of those lost in Wuhan, the photograph stands as a stark reminder of missing documents. Meanwhile, the film moves radically away from gathering evidence of the crisis. After establishing a filmic structure that contains empty or reductive images of traumatizing loss, Wang turns towards visualising the power of bureaucracy over life. Wang's voiceover sequences in the second half of the film are both epilogue to the events of the COVID-19 pandemic and prologue to a future in which responses to the pandemic foreshadow the interconnected politics of China and the United States in decades to come. Turning to the way that the trauma of doctors and nurses in both countries mirrors political discourse, Wang's voiceover describes trauma that is synchronised with narratives that the state projects as history. She comments: 'people emerge from traumatizing events with even greater patriotic sentiments than before', as a montage of older Chinese state television productions shows celebrations after the 2003 SARS outbreak and the 2008 Sichuan earthquake. Although she is speaking of mainland China, Wang's statement is directed equally to narratives in the United States that have been deepened and affirmed alongside expressions of trauma – with September 11<sup>th</sup> as a prime example for both theories of trauma and political transformations of past two decades. As the film moves to the United States for its concluding section, Wang's voiceover meditations leave the viewer to wonder whether there is a great degree of difference in how those in power in authoritarian regimes and democratic societies seize power through trauma.

Moving from the document of the crisis to tracing the way that trauma is utilised for political power, the film observes the hospital as a site subsumed by discourses of trauma in such a way that it becomes reservoir of political affect tapped by the state. Wang shows footage from rallies for frontline workers in China in which trauma is absorbed into displays of nationalism. She follows this with rowdy demonstrations of Americans against measures that they perceive as taking away their freedom. By matching the sequences, Wang reveals trauma transformed into nationalistic romanticism in both countries. In segments set in China, the tears on the face of a young medical worker from Sichuan sent to Wuhan during the outbreak visualises this romanticism. The viewer cannot

tell if the woman is overwhelmed with pride for the collective effort to fight the virus or if she is experiencing a moment of catharsis, overwhelmed by what she saw in the hospital [Fig. 3]. In a later sequence, Wang will establish that it is primarily the latter, but the unfolding of state power in the rally suggests that it is in fact the combination of pride and catharsis that fuels the state's



Fig. 3  
*In the Same Breath*  
(Wang Nanfu, 2021)  
- screenshot

assimilation of trauma into its discourses of power.

Near the end of Wang's film, over a montage of faces of medical professionals that first shows the face of an American nurse in an emotional breakdown and then cuts to grieving Chinese hospital workers, Wang's epilogic voiceover plays: 'it was then I realised how vast their trauma was'. The hospital workers are silent but Wang notes that they might 'crash' if they begin to talk about their pain. The scene contains the trauma of the events that the film sets out to document but, in doing so, it maintains a distance through which state power can be more fully comprehended. Wang shows that emerging discourses of state power rely on what Leys calls 'an immersion in the traumatic scene.' Wang's film thus reclaims and reframes images that would otherwise become part of a shadow discourse of invisible and unrepresentable trauma foundational to state power.

## CONCLUSION

Wang and Al-Kateab's films are composed of violence and loss at the root of trauma but both bring into question how states consolidate power in a media environment that proliferates with painful images. Hospitals in both films become sites of knowledge and practice at the periphery — and frontier — of the state that are, variously, assimilated, suppressed, or destroyed. *For Sama* and *In the Same Breath* invoke a multitude of temporalities and subjectivities of cinema to offer a plurality of experience to resist the overdetermination and

assimilation of the document as evidence. Narration of the film around the mother-child relationship underlies the approach of both filmmakers because it presents an embodied perception that is oppositional to the authorized version of events manufactured by the patriarchal state. The logos of the mother engenders multiple temporalities that invoke times before the child was born, or can remember, and envision a future that is postscript to the traumatizing events of the filmic present. In the first instance, prologue and epilogue are ways of sharing the most important stories of the past with child and the world from within the myriad memories of the past and hopes for the future. However, the modes of documentary address that Wang and Al-Kateab invent also intervene in the establishment of narrative by the state around trauma. Reconstructing the traumatic scene from within the maternal logos, these documentaries push viewers to attend to the latent connections between crises and discourses of power.

# Notes

<sup>1</sup> Waad Al-Kateab is a pseudonym to protect the filmmaker from retaliation by Al-Assad's regime.

<sup>2</sup> Studies of film and trauma referenced here include Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 2016), Joshua Hirsch, *Afterimage: Film, Trauma and the Holocaust* (Philadelphia: Temple University Press, 2004); E. Ann Kaplan, *Trauma Culture: The Politics of Terror and Loss in Media and Literature* (New Brunswick: Rutgers University Press, 2005), and Allen Meek, *Trauma and Media: Theories, Histories, and Images* (London, New York: Routledge, 2011).

<sup>3</sup> Kaplan, 100.

<sup>4</sup> Ibidem.

<sup>5</sup> Ruth Leys, *Trauma: A Genealogy* (Chicago: The University of Chicago Press, 2010), 9.

<sup>6</sup> Lisa Guenther, 'On Pain of Death: The "Grotesque Sovereignty" of the US Death Penalty', in *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Anne Whitehead and Angela Woods (Edinburgh: Edinburgh UP), 395-411 (403-405).

<sup>7</sup> *The Missing Picture* (Rithy Panh, 2013).

<sup>8</sup> Shohini Chaudhuri, *Cinema of the Dark Side: Atrocity and the Ethics of Film Spectatorship* (Edinburgh: Edinburgh University Press, 2014), 17-18.

<sup>9</sup> Linda Williams, 'Mirrors without Memories: Truth, History, and the New Documentary', *Film Quarterly* 46.3 (1993), 9-21 (10-11).

<sup>10</sup> Kaplan, 93.

<sup>11</sup> Ibidem, 9.

<sup>12</sup> Ibidem, 248-253.

<sup>13</sup> Hirsch, 41-46.

<sup>14</sup> Ibidem, 47.

<sup>15</sup> Ibidem. For clinical theories of trauma and their uptake in cultural theory, see Leys, 83-84; 246.

<sup>16</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London, New York: Routledge, 1973), 38.

<sup>17</sup> Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford: Stanford University Press, 2020), 166.

<sup>18</sup> Ibidem, 166-167.

<sup>19</sup> Ibidem.

<sup>20</sup> Foucault, 38.

<sup>21</sup> Michel Chion, *The Voice in Cinema* (New York: Columbia University Press, 2008), 49-50.

<sup>22</sup> Hirsch, 46-47.

<sup>23</sup> Ibidem, 45.

<sup>24</sup> Piotr Cieplak, *Death, Image, Memory: The Genocide in Rwanda and its Aftermath in Photography and Documentary Film* (London: Palgrave Macmillan), 42.

<sup>25</sup> Ibidem, 43-44.

<sup>26</sup> Chaudhuri, 17

<sup>27</sup> Foucault, 97.