

# Turning a blind eye to dying and eroticism: some remarks on contemporary cinema\*

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Since the beginning of the cinematographic industry there has been a visible interest in exploring two themes: death and sex, whereas the motif of dying and sexuality/eroticism seem to be mutually exclusive in mainstream movies to such extent that they rarely appear together on the screen. To shed some light on this cinema tendency of separating eroticism from dying we investigate some of the factors of the phenomenon as well as the ones that could have contributed to the shift we have noticed. The majority of films devoted to the subject of dying and eroticism concentrate on a very limited range of visual and narrative schemes. In our paper we present the main clichés, plot and visual schemes, motifs and narrative techniques in contemporary cinema. Although the unique power of the cinema is “matter of making images seen”, it could be argued that the cinema uses not only the command ‘open your eyes to’, but also the command ‘close your eyes to’. In this way, audiovisual culture closes its eye to the entwinement of the motif of dying with the themes of eroticism.

**KEYWORDS:** dying, eroticism, ageing, stereotypes, clichés, contemporary cinema

## Introduction

Since the beginning of the cinematographic industry, there has been a visible interest in two themes: death and sexuality. One of the reasons for the unfading popularity of these motifs was the fact that employing death or sex as leitmotifs attracted the attention of viewers, and

this guaranteed financial success. Long before feature-length narrative films developed, this tendency played a central role in the medium, whose essential aim was, and still is, to give pleasure through watching and being watched. As Tom Gunning points out, early short films constituted “the cinema of attraction” which “bases itself on the quality that Léger celebrated: its ability to show something.”[1] Showing attractions involves an exhibitionist tendency in cinema that takes the form of either deriving pure aesthetic pleasure from watching or of portraying shocking images. He contrasts this concept of the early paradigm with the “voyeuristic aspect of narrative cinema”[2] that was introduced later and has played a dominant role in contemporary movies ever since.

The majority of films devoted to the subject of death concentrate on a very limited range of visual and narrative schemes. The most dominant image of death in mainstream cinema is

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[1] T. Gunning, *The Cinema of Attraction: Early Film, Its Spectator and Avant-Garde*, in: T. Elsaesser and A. Barker (eds), *Early Cinema: Space, Frame, Narrative*, London, 1990, p. 64.

[2] Ibidem.

sudden, unexpected and full of violence, and as such, it can take the form of attraction. This trend shows that, in fact, the cinema of attraction did not disappear with the dominance of narrative films: "In classical cinema, narrative integration functions as dominant, but attractions still play a role (moments of spectacle, performance, or visual pyrotechnics) with their subordination to narrative functions varying from film to film."<sup>[3]</sup> Nevertheless, it manifests itself more evidently in some particular themes or genres. It should be emphasised that one of these themes is human death that appears on the screen to produce a shocking effect. The attraction of showing death can take two contrasting forms: it can be shown as a choreographic ballet organized strictly for aesthetic reasons (*Kill Bill* 2003) or it can be based on realistic, visual and audial illusions (*Saving Private Ryan* 1998). Several prevalent genres used to show this particular image of death (such as action movies, war cinema, and the thriller and horror) employ a variety of stylistic conventions, ranging from naturalism to purely aesthetic forms. It seems worth mentioning that death has become one of the favoured themes, whereas the process of dying is rarely shown, and even if it appears on screen, it usually takes a voyeuristic form expressed by means of drama or melodrama (*Love story* 1970).

As to the theme of sexuality/eroticism, some dominant tendencies can be observed. The most common portrayal of sexuality/eroticism is a young, beautiful and physically attractive body involved in sexual activity. Apart from two film genres strictly interested in sexuality/eroticism<sup>[4]</sup>, i.e. pornographic and erotic films, sexual/erotic motifs hardly ever become independent themes. What is more, they are typically used to counterbalance the main topic in nearly all movie genres.

It is interesting to note that the themes of death and sexuality/eroticism seem to be mutually exclusive in mainstream movies to such an extent that they seldom appear together on screen. Employed as leitmotifs, they describe opposite experiences of human life: one refer-

ring to an affirmation of life, the other pointing out to atrophy and decay. For that reason, as far as film themes are concerned, we can observe a rarely challenged film paradigm, namely that death is typically separated from sexuality/eroticism. Thus, relatively less attention has been devoted so far to entwining the themes of death and sexuality/eroticism in a single movie. One of the most noticeable exceptions is an idea of death during sexual intercourse. *The Big Feast* (1973) can serve as the best example. This shocking and decadent film is an artistic provocation in which the storyline is focused on four middle-aged men who decide to eat themselves to death. During the feast they also want to fulfil their erotic desires. As a result of their hedonistic consumption of both food and sex, one of them dies during an orgasm. A more popular way of depicting this idea is a realistic narration. In an erotic thriller *Basic Instinct* (1992), a woman stabs men with an ice pick during sexual acts. During the investigation, the police officers unanimously declare that this is the most desirable death they can imagine. What seems interesting is the fact that the desire expressed by the police officers is a rather stereotypical fantasy that is invariably ascribed on screen only to men.

The two aforementioned films provide examples of binding the two realms of human existence by showing death during sexual intercourse. Surprisingly, the directors pay considerably less attention to the idea of intertwining the theme of dying with that of sexuality/eroticism. Dying and sexual activity have become two extremes that are rarely presented together. Given that they are both intimate experiences

[3] Idem, *Now you see it, Now you don't. The temporality of the Cinema of Attraction*, in: L. Grieveison and P. Krämer (eds), *The Silent Cinema Reader*, London and New York 2004, p. 43.

[4] Although we are aware of the fact that sexuality and eroticism may have different meanings in different contexts, we treat them as a realm of human existence that can reveal itself in various aspects. Therefore, in this paper we use these two terms interchangeably.

of high importance to human beings, we find it especially intriguing to examine movies that explore the concept of entwining them without the context of violence or crime.

In our paper, we wish to have a closer look at visualizations of dying with a focus on the aspect of sexuality/eroticism. Our analysis concentrates on contemporary European and American mainstream cinema, and especially on recent productions that contribute to the cultural phenomenon of entwining the two realms of human life. We focus on mainstream cinema because it seems one of the most important media that shapes laymen's opinions and cultural trends. Although our analysis has revealed that there is a relatively recent attempt to show how these two spheres of human existence are entwined, some clichés and stereotypes can be observed in portraying it. Therefore, we wish to investigate the main clichés, plot and visual schemes, motifs and narrative techniques in portraying sexuality that dissolves to dying. Against this background, we give insights into a recent highly original film production that provides a shift in this new emerging trend. To shed some light on the cinematic tendency of separating eroticism from dying, we investigate the phenomenon as well as factors that appear to have contributed to the shift we have been recently observing.

### **The main clichés, plot and visual schemes, motifs and narrative techniques**

#### **Dying at home versus dying in hospital**

The phenomenon of the medicalization of culture witnessed during the 20<sup>th</sup> century has influenced the tendency to eliminate all possible manifestations of sexuality from the realm of dying. Medical standards that have located dying and death in hospital wards have strengthened this tendency. Dying in hospitals, outside a home-like environment, which has become a dominant standard in many countries, leaves no space for expressing affection. Loving gestures, erotic kisses and cuddles, which belong to the domain of life, seem to remain beyond the range of acceptable manners of behaviour

in the presence of death, as well as beyond the standards of hospital rules. Institutionalized death excludes sexuality by definition. The image of dying in hospital in the surrounding of medical professionals and equipment has been widely presented in mainstream cinema (*Love story* 1970, *Życie jako śmiertelna choroba przenoszona drogą płciową* 2000, *The Fault in Our Star*, 2014).

It should be noted, however, that in recent films, especially those produced after 2000, the place of dying is no longer restricted to hospitals. A new trend has emerged, namely films have started portraying characters as patients who decide to spend their last moments of life at home surrounded by friends and family. Their decision to die at home is presented as conscious and sound. One of the best examples of this new trend is *A Little Bit of Heaven* (2011), which shows the choice of the heroine, who gives up chemotherapy and wants to die at home cared for by her lover and friends. The desire to have some control over her last moments of life is extended even to planning her own funeral. Another interesting example we would like to point to is *Now is Good* (2012), which shows a heroine's (Tessa, played by Dakota Fanning) conscious decision to die at home being respected and supported by her father. Apart from the detailed portrayal of a dying teenage-girl, we also see well-prepared and professional end-of-life care provided by a nurse. The help provided to a terminally ill patient consists of both physical and emotional care. Philippa (Rakie Ayola), the palliative care nurse, takes care not only of pain management, but also of the psychological aspect of accepting death. She prepares her patient for the last moments of life, explaining to Tessa what she will feel, think and experience when nearing the end of life. One of the scenes when they talk about the physical and mental symptoms of Tessa's progressing disease becomes especially meaningful:

Tessa: Tell me how it will be.

Philippa (nurse): You won't want too eat much from now on.

P: You'll be thirsty. And sometimes feverish. You'll want to sleep a lot. You'll have little or no energy.

T: Will it hurt?

P: No. The morphine will make sure you're not in any pain. It will give you some beautiful dreams. [...]

T: Do you think I'll be scared?

P: I think you've had the worst luck in the world, and if I was in your shoes, I would be scared. But I also believe that however you handle these last few days will be exactly as it should be done.

T: I hate it when you say days.

P: Quite soon you'll start to drift in and out of consciousness. Sometimes you won't be able to respond, but you'll know people are there, you'll hear them talk. [...]

P: And eventually, Tess, you'll just drift away.

Ol Parker, the director of *Now is Good*, emphasizes the changes in the heroine's state of consciousness by employing narrative techniques focused on subjective point-of-view that is in counterpoint to the objective perspective. In this way, the filmmaker gives us the kind of impression we cannot experience in our lives, namely the possibility to be both inside and outside a character's terminal illness. Tessa's mental condition is reflected in the narrative composition, which at the end of the film becomes neither linear nor chronological. The simultaneous montage joins Tessa and the nurse's conversations with flash-forwards showing the heroine's last days of life. Also, the boundary between real and unreal is blurred. Parker paints visual impressions of what is real and what is imagined, showing the intimacy between Tessa and her boyfriend that are intertwined with her fantasies representing the loss of sense of reality. The employed structure of narration evokes a strong identification with the main character and represents a convincing depiction of voyeurism.

It seems that recent films reflect changes concerning opinions about the place of death expressed by patients and their caregivers. Recently, the issue of the place of dying and death has gained growing interest among providers and recipients of palliative care and end-of-life care. Studies on the evaluation of the quality of dying for both patients and their caregivers

confirm the association between the place of dying and the quality of dying.[5] There has been growing evidence showing that the majority of terminally ill patients at the end-of-life stage prefer home death to hospital deaths.[6] Although home death rates vary significantly in various countries, meeting patients' preferences to die at home is still far from becoming a standard.[7] Nonetheless, many studies show an increasing recognition of this issue, emphasizing a dominant preference expressed by terminally ill patients and their caregivers to spend the last moments of life at home. Therefore, there is a visible tendency among health-care providers and clinicians to recognize the value of home palliative care or at least home-like environment for dying patients and to support patients' decisions.

[5] S. Hales et al., *The Quality of Dying and Death in Cancer and Its Relationship to Palliative Care and Place of Death*, "Journal of Pain and Symptom Management" 2014, November 48(5), pp. 839–851.

[6] B. Gomes et al., *Preferences for place of death if faced with advanced cancer: a population survey in England, Flanders, Germany, Italy, the Netherlands, Portugal and Spain*, "Annals of Oncology" 2012, 23, pp. 2006–2015; B. Gomes et al., *Heterogeneity and changes in preferences for dying at home: a systematic review*, "BMC Palliative Care" 2013, 12(1), p. 7; I.J. Higginson and G.J. A. Sen-Gupta, *Place of care in advanced cancer: a qualitative systematic literature review of patient preferences*, "Journal of Palliative Medicine" 2000, 3, pp. 287–300; I.J. Higginson et al. 'Dying at home – is it better: a narrative appraisal of the state of the science', "Palliative Medicine" 2013, December 27(10), pp. 918–924.

[7] J. Cohen et al., *Which patients with cancer die at home? A study of six European countries using death certificate data*, "Journal of Clinical Oncology" 2010, 28, pp. 2267e2273; J. Flory et al., *Place of death: U.S. trends since 1980*, "Health Affairs (Millwood)" 2004, 23, pp. 194–200; B. Gomes and I.J. Higginson, *Where people die (1974–2030): past trends, future projections and implications for care*, "Palliative Medicine" 2008, 22, pp. 33–41; D.M. Wilson et al., 'The rapidly changing location of death in Canada, 1994–2004', "Social Science & Medicine" 2009, 68, pp. 1752–1758.

### 'Carpe diem' in the face of dying: the young versus the elderly

Our research on the issue of dying and sexuality has revealed that the majority of film productions separate these two aspects of human life. There are, however, some recent movies that try to overcome this general tendency and entwine the two spheres presenting terminally ill patients with a focus on their sexuality. Before we develop this issue, it should be noted that this new approach is invariably embedded within a dominant cliché that presents a change in the lives of the film characters once they learn about their terminal illness. Making them leave their stable and comfortable job, family and friends, the diagnosis pushes them beyond their routine and everyday life. One of the most popular motifs is running away, expressed by one of two main storylines: 1) running away from a hospital, standing for a character's decision to discontinue treatment (*Knocking on Heaven's Door* 1997, *The Bucket List* 2007); 2) running away from a character's current life, either as the result of denying their family and friends the possibility to be a part of their illness (*And Your Mother Too* 2001, original title *Y tu mamá también*) or of being rejected by the local community (*Dallas Buyers Club* 2013). Although the running away cliché generally takes one of the aforementioned forms, sometimes a theme of sentimental travel to a past life can be encountered (*Funny People* 2009). Another popular motif is a wish list made by terminally ill characters, who use it to plan the remaining time of their life. Here again, we can point to two dominant plot constructions: 1) we witness protagonists writing a wish list of what to do, and then watch them to accomplish the things on the list (*Now is Good* 2012, *The Bucket List* 2007, *My Life Without Me* 2003); 2) we discover that a character's unconventional behaviour conceals a conscious plan for their last moments of life (*Sweet November* 2001, *Keith* 2008).

Against the background of the dominant cliché of a change in life, the new theme of entwining dying with sexuality that has recently attracted directors' attention seems especial-

ly interesting. Our analysis of narrative films devoted to this issue has revealed one prevalent dimension accentuated in the new theme, that is, the focus on a change in sexual behaviour. The characters decide to leave their present sexual attitudes and lifestyle and embrace their new sexual self. Three main plot modifications become noticeable. Now, we would like to analyze them using three films as examples: *Sweet November* (2001), *And Your Mother Too* (2001), *A Little Bit of Heaven* (2011).

*Sweet November* by Pat O'Connor, which applies the conventions of melodrama, is a remake of a film from 1968. The story is told from Nelson Moss's (Keanu Reeves) point of view. He meets Sara Deever (Charlize Theron), who is quite different from all the women he has met before. He is beguiled by her seductive promise to change his life for the better if he spends one month with her. Although we do not know why she limits their time together to one month, we find out that this is a routine for her, namely, she gives each of her lovers only one month of her life. Nelson becomes Sara's November. The month becomes an experience full of love and eroticism as well as an occasion for Nelson to re-evaluate his current life and values. When November is over, he asks Sara to marry him, but to his surprise, she does not accept his proposal. It is then that we learn the reason for her unconventional behaviour and limiting her time with Nelson and her other lovers: she has terminal cancer and has decided to use her limited time to experience alternative versions of her life with different possible lovers. Sara's decision remains unchanged, even though she has fallen in love. She ends the relationship, depriving Nelson of the chance to share with Sara the end of her life. As far as her eccentric life style is concerned, the melodramatic ending of the film seems significant. In the closing scene, she blindfolds Nelson, giving him a last kiss and then walks away. It may seem a heavy-handed metaphor. Nevertheless, we think that this metaphor aptly, albeit not by design, describes the tendency of audiovisual culture to conceal the theme of dying. Elaborating on Gunning's

concept, we agree that the unique power of the cinema is a “matter of making images seen”,<sup>[8]</sup> but it could be argued that the cinema uses not only the command ‘see’ or ‘open your eyes to’, but also the command ‘close your eyes to’. In this way, audiovisual culture closes its eyes to dying.

*And Your Mother Too* by Alfonso Cuarón is a Mexican drama film that can also be qualified as a road movie. The film employs an omniscient narrator to provide information on the characters and their lives presented against the background of the history of Mexico. The film tells a coming-of-age story about two teenage boys who take a road trip accompanied by a woman in her late twenties. The story begins at the threshold of the protagonists’ adulthood. In the opening scene, Julio (Gael García Bernal) and Tenoch (Diego Luna) are having sex with their girlfriends before the girls go on a trip to Italy. The boys, who stay behind in Mexico, take advantage of their girlfriends’ absence and enjoy their sexual freedom. They meet Luisa (Maribel Verdú), an attractive and wealthy woman, who charms them with her grace and sex appeal. Bewitched by her beauty, they invite her to accompany them on a journey to a beach called ‘Heaven’s Mouth’. Rather unexpectedly, she decides to leave her husband and her current life and accepts their invitation. Over time, the road trip develops for all of them into a journey through sexuality and erotic games. Luisa takes the role of a guide, unveiling to the boys various aspects of sexuality that include both erotic techniques and fantasies. She becomes an inspiration for the teenagers, who discover a wide range of erotic pleasures, while she simultaneously derives pleasure from liberated sex with each and both of them. Her inspiring guidance becomes even more striking when we observe their last evening during which she erotically stimulates them both and initiates homosexual passion in them. The transgression all of the protagonists undergo seems liberating for her, whereas it becomes excruciating for the boys who drift apart after the perplexing evening. The film ends with a scene in which we are told that Luisa was terminally ill and died

of cancer a month after the journey. Up to the very end, the reasons for Luisa’s sexual transgression, as well as the symptoms of her illness, are kept secret from both the characters and the audience, who do not suspect that she might be terminally ill. It provides a rather unauthentic image of a terminally ill person, who throughout the film looks seductively attractive. What is more, we get no images either of her illness or of her dying. It is the epilogue that makes us rethink her decisions to leave her current life, to accompany the boys in their travel, and to explore various dimensions of eroticism. The epilogue twists the plot, revealing that the main subject of the film is in fact the dying of a young woman. So again, it could be argued that audiovisual culture turns a blind eye to dying.

*A Little Bit of Heaven* by Nicole Kassell starts as a melodrama telling a story about dying, but over time, the movie’s style develops into a romantic comedy combined with fantasy. Marley Corbett, (Kate Hudson), who is a young and beautiful career-oriented woman surrounded by friends, leads an emotionally carefree life of no commitments and no long-term relationships. Keeping in mind a painful divorce her parents went through, she chooses not to open herself to true love. Nevertheless, things are going to change, and her life is going to be turned up-side-down, as Connie Ogle notes in her review, “When a movie opens with a character telling you that love isn’t important, that movie is definitely going to smack down that nonbeliever, because movies always believe love is important.”<sup>[9]</sup> The obvious twist in the plot is underlined by Marley’s conversation with God (Whoopi Goldberg), which takes place when she is put under anaesthesia for a colonoscopy. Marley dreams that God offers to fulfil three wishes. The heroine chooses being able to fly and being rich, but she is unsure about the third wish, which is aptly commented by Ogle,

[8] T. Gunning, *The Cinema of Attraction...*, p. 63.

[9] C. Ogle, ‘Review: *A Little Bite of Heaven*’, “The Miami Herald” 2012, 5 March, p. 13, <<http://www.miami.com/039a-little-bit-heaven039-pg-13-article>> [accessed on 20.08.2015].

“God’s pretty good about keeping Her word on the first two but when Marley says she doesn’t know what her third wish would be. God smiles wisely.”[10] The colonoscopy becomes an important moment in her life for two reasons. She is diagnosed with terminal cancer, and she meets Julian, a handsome oncologist (Gael García Bernal). The plot of *A Little Bit of Heaven* now shifts to that of a typical cancer movie and focuses on emotions such as anger, regret and the acceptance of approaching death. Another typical motif that is explored from the moment of her diagnosis is a conversation with God that is captured with a trademark Hallmark glow.

The storyline ostensibly presents a dramatic challenge, allowing the heroine to change her life. Nevertheless, it is limited to three stereotypical directions towards which her life can turn: 1) she falls in love with her oncologist; 2) she forgives her parents; 3) she recognizes the value of friendship. The film elaborates on the first motif. It should be noted, however, that the ethical dilemma of an erotic relationship between a doctor and their patient is presented rather superficially. Medico-moral principles point to the boundaries of the physician-patient relationship and refer to what it should and should not include. The codes of medical ethics situate a romantic involvement beyond the area of ethically acceptable behaviour. The violation of the principles of the physician-patient relationship seems to constitute no issue for the filmmakers. What is even more surprising from an ethical point of view is the lack of doctor’s professionalism in scenes concerning the procedure of obtaining informed consent when the patient is asked to consider an experimental treatment. As far as the medical aspect of the film is concerned, the image of Marley’s terminal illness is also quite unrealistic. She does not experience any of the side effects of chemotherapy. It seems that both the medical aspects of terminal illness and the principles of medical ethics are ignored. Instead, we get naïve scenes of a doctor and patient dating, dancing

and having sex. Given the fact that the medical and medico-moral themes constitute the core part of the film, it is quite startling that this is the perspective the filmmakers have decided upon.

We believe that a rather general feature of contemporary Hollywood and European productions (*50/50* 2011, *Nad życie* 2012) that fail to balance the reality and hoariest clichés of the romantic comedy is materialized in *A Little Bit of Heaven*. The film poses a question about the reasons for this stylistic confusion. It could be argued that the trend of combining serious and hilarious themes has become a part of post-modern culture. It seems we witness a strong tendency to link the dying/sexuality theme with carnival and irony, which, to some extent, is an evasion of the complex and unsettling theme of the sexuality of a dying person.

Against this background, *The Garden of Earthly Delights* by Lech Majewski (2003) presents us with a multifaceted structure of narration as well as a fascinating, unconventional and multi-layered story that is based on his own novel, entitled *Metaphysics*. The movie takes its iconography and philosophy as well as its title from Bosch’s triptych. Claudine (Claudine Spiteri) is an art historian specializing in the paintings of Hieronymus Bosch. Although Chris (Chris Nightingale), an engineer writing a PhD thesis on gondola construction, so far has had little interest in art, he becomes fascinated by her passion for revealing the secrets hidden behind diverse symbols in Bosch’s works. Their love, which has both a spiritual and corporeal dimension, which are presented rather vividly, is threatened by Claudine’s looming illness. With her remaining days on earth numbered, she chooses to fan the flames of her obsession by taking her lover on a trip to Venice. She wants to find a background for understanding iconographical symbols from Bosch’s triptych in the mysterious beauty of the city and in her personal experience. In Venice Claudine guides Chris through the tangled web of meanings and interpretations of the painting. Recreating vignettes from Bosch’s masterpiece, they arrange intimate behaviours and roles to play. One of the erotic

[10] Ibidem, p. 13.

scenes that refers to details in Bosch's universe is especially meaningful. This involves a detail on one part of Bosch's triptych, entitled *The Garden of Earthly Delights*, which shows lovers hiding from the world in a gigantic black shell while making love, which is recreated by Claudine and Chris in their apartment in Venice. They close themselves in an oversize black suitcase to shield themselves from the intrusive eyes of the viewers and initiate erotic cuddles. Their journey is filled with intellectual challenges entwined with unleashed erotic desires presented against Claudine's terminal illness and nearing the end of life. It can be argued that their journey through Bosch's triptych is mirrored in their attempt to build their own intimate garden of love and earthly delights. The entwining of the realms of eroticism and dying is revealed by Majewski on numerous occasions; for example, in a scene when Claudine kisses Chris through the lens of the camera that he is holding, and just after the kiss, she starts to cough up blood that is a symptom of her deteriorating physical condition. Together with their erotic passion, which becomes more and more intense, we observe the symptoms of Claudine's progressing disease.

After his girlfriend's death, Chris compiles the clips he filmed over the previous year into a personal film diary. The personal perspective of filming chosen by the director emphasizes the directness of the narration and constitutes a core feature of the movie. Not only does it underline the subjectivity of the images, but it also creates an impression of sensuality, tenderness and closeness. What is worth noting here is the fact that images filled with erotic details are mounted without a hint of pretentiousness. Majewski creates "a luminous, highly erotic treatise on art, love and death"<sup>[11]</sup> that is realistic and incredibly intimate, and therefore becomes convincing and enthralling in every aspect. In our opinion, Majewski's film is one of the most illustrative examples of extreme voyeurism. It not only gives us profound insight into the characters' lives, but also deprives us of the distance traditionally created between the viewers and protagonists, allowing us to sym-

pathize with the lovers and become engaged in their journey through eroticism and dying.

### Sexuality and advanced age

As far as the sexuality of the elderly is concerned, two visible cinema tendencies can be observed. It is either perceived as a non-existent, unacceptable issue, and therefore totally ignored, or it is portrayed as humorous. Both of these tendencies underpin myths and stereotypical views of the sexuality in later life, which show "the old body [as] a pathologized body".<sup>[12]</sup> As Hinchliff and Gott point out "old bodies sit in stark contrast to contemporary images of sexuality, which portray a youthful physical appearance. It is no surprise that sexual activity and aging have been positioned as incompatible [...] later-life sexuality has been viewed as a perversion."<sup>[13]</sup> One recent film contributing to the stereotypes is *The Bucket List* by Rob Reiner (2007). It tells the story of two elderly men diagnosed with terminal cancer, who in the face of the illness make a wish-list. Edward (Jack Nicholson) invites Carter (Morgan Freeman) to take part in a journey and visit exciting places all over the world. The journey becomes an opportunity to fulfil their wish-list. Although the focus of the plot is on their wishes and friendship, some elements of sexual involvement are noticeable. Nevertheless, they are invariably presented ironically as medical treatment. We may get the impression that sexuality of the elderly is something that should not be visible, maybe even something we should be ashamed of, and definitely something that should not be taken seriously. It is a rather startling approach adopted by the director given that it has been commonly acknowledged that sexuality/eroticism occupies an important

[11] A. Gronvall, 'Review: *Garden of Earthly Delights*', *Chicago Reader* 2009, 5 February, p. 13, <<http://www.chicagoreader.com/chicago/garden-of-earthly-delights/Film?oid=1055874>> (accessed on 20.08.2015).

[12] S. Hinchliff and M. Gott, *Seeking medical help for sexual concerns in mid – and later life: a review of the literature*, "Journal of Sex Research" 2011, March 48(2–3), 107.

[13] *Ibidem*, p. 107.



place in the life of all human beings. As such, it is one of the most discussed issues not only in contemporary cinema, but also in medical and bioethical subject literature. Nevertheless, when it comes to the elderly, the image of their sexuality takes a symptomatic form. In medical and bioethical literature, the elderly and sexuality/eroticism are in sharp contrast. Thus, given that medicine and bioethics take such a perspective in portraying sexual activity of the elderly, it should not come as such a big surprise that also cinema tends to exclude the elderly from the realm of sexuality/eroticism.

Our research on the issue of sexuality suggests that as far as bioethical and medical debates are concerned, some groups of patients are generally excluded from those to whom the issue of sexuality refers. The analysis we have made reveals that in particular three kinds of patients are hardly visible in the discussions concerning sexuality: 1) people at a very advanced age; 2) terminally ill patients; 3) patients with psychiatric/neuropsychiatric/cognitive disorders. It has been only a decade since the awareness

of the sexuality of these groups of patients has been rising among researchers and clinicians.[14]

We are aware of the fact that the concepts of sexuality can differ significantly, and various aspects and activities are included in the range of sexuality. This is especially important when talking about the sexuality of the elderly. Therefore, for the sake of our discussion on the sexuality of the elderly, we wish to emphasize that the notion of sexuality can be rather wide and

encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.[15]

Once we acknowledge that the terms sexuality and intimacy may include a wider range of activities when it refers to people at a very advanced age, there is no doubt that sexual experiences do not disappear once people enter a certain spell of life. On the contrary, they continue throughout the life span. Therefore, the question arises as to why so little attention has been paid so far to aspects of sexuality, intimacy and aging. The stereotypes repeatedly articulated both in the movies and in bioethical debates, which are based on the dichotomy of young, healthy and sexually active *versus* old, disabled, ill and sexually inactive,[16] could be held responsible for this negligence. The image of 'asexual old age' is reinforced by biomedical sciences portraying aging as pathological and abnormal[17] and depicting it "negatively as a process of inevitable decline, disease, and irreversible decay." [18] Still, the lack of interest in the sexuality of later life is rather surprising given the fact that convincing data has shown that "Fifty to eighty per cent of people aged over 60 years are sexually active, and regular sexual activity continues through the eighth decade." [19] The cliché that sexual needs and desires

[14] S.T. Lindau et al., *A study of sexuality and health among older adults in the United States*, "New England Journal of Medicine" 2007, 357, 762–774; S.E. Trompeter et al., *Sexual activity and satisfaction in healthy community-dwelling older women*, "American Journal of Medicine" 2012, 125, pp. 37–43.

[15] World Health Organization, *Defining Sexual Health. Report of a technical consultation on sexual health*, 2002, 28–31 January, Geneva, <[http://www.who.int/reproductivehealth/publications/sexual\\_health/defining\\_sexual\\_health.pdf?ua=1](http://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf?ua=1)> (accessed on 14.08.2015).

[16] M. Gott, *Sexuality, sexual health and ageing*, Berkshire 2005.

[17] C.L. Estes and E.A. Binney, *The biomedicalization of aging: dangers and dilemmas*, "The Gerontologist" 1989, October 29(5), pp. 587–596; S.R. Kaufman et al., *Revisiting the Biomedicalization of Aging: Clinical Trends and Ethical Challenges*, "The Gerontologist" 2004, December 44(6), pp. 731–738.

[18] *Ibidem*, p. 594.

[19] C.H. Abdo, *Sexuality and couple intimacy in dementia*, "Current Opinion in Psychiatry" 2013,

decrease with advanced age may, to some extent, explain the so-far little recognition of the problem in bioethical and medical literature as well as in audiovisual culture. Another stereotype that could be the reason for the little attention devoted to the sexuality-aging issue is the image of infantilized residents of nursing homes, especially those suffering from dementia.[20] Thus, as Mahieu et al. rightly observe the elderly

are stigmatized as being either sexually inactive or highly inhibited. As a result, the sexual interest of older nursing home residents might easily be perceived to be a behavior problem rather than an expression of a basic human need for love and intimacy. This in turn can evoke feelings of embarrassment, disgust and fear on the part of caregivers and family members.[21]

It could be argued that the clichés present in contemporary culture, and especially visible in cinema, are strengthened by medical and bioethical literature that situates the elderly beyond the realm of sexuality/eroticism, closing its eye to something that is considered unacceptable or even pathological.

### Conclusions

Both eroticism and dying constitute elementary realms of human existence. They also, to a significant extent, determine our lives and the way we perceive ourselves and others; thus, it could be expected that the motifs exploring eroticism as well as dying would be presented on screen with equal attention and interest. And they are. Nevertheless, a striking phenomenon in contemporary cinema can be observed, that is, they have been separated almost entirely from one another. Therefore, apart from rare exceptions, when they do appear together, the idea of entwinement dying with eroticism in one movie is rarely encountered.

However, our analysis of the latest films exploring the themes of dying and eroticism reveals that a new idea for their entwinement has been emerging, namely, the theme of eroticism accompanying the theme of dying, not as a counterbalance to the main topic, but as a motif of equal importance. It should be noted

that this new approach is a novelty in the cinema, albeit the presentation of their entwinement is filled with stereotypes and clichés that can be presented in the following clusters: 1) the construction of the protagonists; 2) components of genres regulations; 3) plot schemes; and 4) audiovisual techniques. In our research on the reasons for the tendency to separate eroticism from dying in the cinema, as well as of attempts to take a different approach in portraying these motifs, we have learned that the phenomenon of the medicalization of culture and recent changes taking place in medicine and bioethics could be considered one of the most important factors. Thus, it comes as no surprise that the cinema, as a medium that reflects social attitudes and opinions, in this case also mirrors certain myths and stereotypes.

Against this background, *The Garden of Earthly Delights* by Lech Majewski is a unique and original way of presenting us not with two separate themes – one of dying and the other of eroticism – but with one theme that skilfully combines them both. It should be acknowledged, however, that Majewski also remains under the powerful cult of youth present in popular culture. Although his approach stands out in the aspects of protagonist construction, precision of narration and its subjectivity compared to other film productions undertaking the motifs of dying and eroticism, he still shows dying and eroticism only through a young and attractive woman. Our analysis has shown that the dichotomy of young, healthy and sexually active *versus* old, disabled, ill and sexually inactive is deeply rooted in cultural narratives, and there

November 26(6), pp. 593–598; A. Comfort and L.K. Dial, Sexuality aging. An overview, “Clinics in Geriatric Medicine” 1991, 7, 1–7.

[20] C. Archibald, *Sexuality, dementia and residential care: Managers report and response*, “Health and Social Care in the Community” 1998, 6(2), pp. 95–101.

[21] L. Mahieu et al., *Eternal sunshine of the spotless mind? An anthropological-ethical framework for understanding and dealing with sexuality in dementia care*, “Medicine Health Care and Philosophy” 2014, 17, p. 377.

are almost no recent films that would discuss the eroticism and dying of old, disabled and unattractive people. We have pointed out to the fact that medicine and bioethics also strengthen this common stereotypical view. Although there is some growing awareness of this issue in medical and bioethical literature, the sexuality of the elderly and of terminally ill patients is still a rather neglected topic. It seems that medicine and bioethics as well as the cinema have turned a blind eye to entwining dying and eroticism with the elderly. All that contributes to the fact that some stereotypes die hard.

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