

## The Intruder

There is in fact nothing so ignobly useless and superfluous as the organ called the heart, the filthiest invention that beings could have invented for pumping me with life.

—Antonin Artaud<sup>1</sup>

The intruder introduces himself forcefully, by surprise or by ruse, not, in any case, by right or by being admitted beforehand. Something of the stranger has to intrude, or else he loses his strangeness. If he already has the right to enter and stay, if he is awaited and received, no part of him being unexpected or unwelcome, then he is not an intruder any more, but then neither is he any longer a stranger. To exclude all intrusiveness from the stranger's coming is therefore neither logically acceptable nor ethically admissible.

If, once he is there, he remains a stranger, then for as long as this remains so—and does not simply become “naturalized”—his coming does not stop: he continues to come, and his coming does not stop intruding in some way: in other words, without right or familiarity, not according to custom, being, on the contrary, a disturbance, a trouble in the midst of intimacy.

We have to think this through, and therefore to put it into practice: the strangeness of the stranger would otherwise be reabsorbed—would be an issue no longer—before he even crossed the threshold. To welcome a stranger, moreover, is necessarily to experience his intrusion. For the most

part, we would rather not admit this: the very theme of the intruder intrudes upon our moral correctness (and is in fact a remarkable example of the *politically correct*). But it is inseparable from the stranger's truth. This moral correctness presupposes that, upon receiving the stranger, we efface his strangeness at the threshold: it aims thereby not to have received him at all. But the stranger insists and intrudes. This fact is hard to receive, and perhaps to conceive . . .

I (who, "I"? this is precisely the question, an old question: who is the subject of this utterance, ever alien to the subject of its statement, whose intruder it certainly is, though certainly also its motor, its clutch, or its heart)—I, then, received someone else's heart, about ten years ago. It was grafted into me. My own heart (you will have understood that this is the whole question of the "proper"—or else it is nothing of the sort, and then there is properly nothing to understand, no mystery, not even a question: just the mere evidence of a transplant, as the doctors prefer to call it)—my own heart, then, was useless, for reasons never explained. In order, therefore, to live, I had to receive the heart of another person.

(But what other program, then, was crossing my physiological program? Less than twenty years earlier, no one was doing grafts, and certainly not protecting against their rejection through the use of cyclosporin. Twenty years hence, to be sure, other grafts will involve other methods. Personal contingency intersects with the contingency of technological history. Earlier I would be dead, later I would survive by other means. But "I" always finds itself tightly squeezed in a wedge of technical possibilities. Hence the vain debate, as I watched it unfold, between those who wanted a metaphysical adventure and those who preferred a technical performance: certainly both are at stake, one inside the other.)

After they told me I needed a graft, any sign could fluctuate, any data be reversed. Without further reflection, certainly, without even identifying an act, a permutation. Just the physical sensation of a void already opened up in the chest, a sort of apnea where nothing, absolutely nothing, even today, could help me disentangle the organic from the symbolic and imaginary, or disentangle what was continuous from what was interrupted: it was like a single gasp, exhaled thereafter through a strange cavern already imperceptibly opened up and like the spectacle, indeed, of leaping overboard while staying up on the bridge.

If my own heart was failing me, to what degree was it "mine," my "own" organ? Was it even an organ? For some years I had already felt a fluttering, some breaks in the rhythm, really not much of anything (mechanical figures, like the "ejection fraction," whose name I found to be

pleasing): not an organ, not the dark red muscular mass loaded with tubes that I now had to suddenly imagine. Not “my heart” beating endlessly, hitherto as absent as the soles of my feet while walking.

It became strange to me, intruding by defection: almost by rejection, if not by dejection. I had this heart at the tip of my tongue, like improper food. Rather like heartburn [*un haut-le-coeur*], but gently. A gentle sliding separated me from myself. I was there, it was summertime, we had to wait, something broke away from me, or this thing surged up inside me, where nothing had been before: nothing but the “proper” immersion inside me of a “myself” never identified as this body, still less as this heart, suddenly watching itself. Later on, for example, when climbing stairs, feeling each release of an “extrasystole” like the falling of a pebble to the bottom of a well. How do you become a representation to yourself? And a montage of functions? And where, then, does it go, that potent, silent evidence that was holding things together so uneventfully?

My heart became my stranger: strange precisely because it was inside. The strangeness could only come from outside because it surged up first on the inside. What a void suddenly opened up in the chest or the soul—they’re one and the same—as soon as I was told: “You will need a transplant” . . . Here, the mind pushes against nothing: nothing to know, nothing to understand, nothing to sense. The intrusion of a body foreign to thought. This blank will stay with me like thought itself and its contrary, at one and the same time.

A heart that only half beats is only half my heart. I was already no longer inside me. I’m already coming from somewhere else, or I’m not coming any longer at all. Something strange is disclosed “at the heart” of the most familiar—but “familiar” hardly says it: at the heart of something that never signaled itself as “heart.” Up to this point, it was strange by virtue of not being even perceptible, not even being present. From now on it fails, and this strangeness binds me to myself. “I” am, because I am ill. (“Ill” is not exactly the term: not infected, just rusty, tight, blocked.) But this other, my heart, is done for. This heart, from now on intrusive, has to be extruded.

No doubt this can only happen if I want it, along with several others. “Several others”: those who are close to me, but also the doctors, and, finally, myself, now doubled or multiplied more than ever before. Always for different motives, this whole world has to agree, in unison, to believe that prolonging my life is worth the effort. It isn’t hard to picture the complexity of this strange group, intervening thus in the most sensitive part of “me.” Let’s pass over those who are close and pass over my-“self”

(which, however, as I have said, is doubled: a strange suspension of judgment makes me picture myself as dying without protest, but also without attraction . . . we feel the heart weakening, we think we are going to die, we feel that we aren't going to feel anything anymore). But the doctors—here a whole team—are far more involved than I might have supposed: they have to decide, first of all, on whether a graft is indicated, then propose it without imposing it. (In doing so, they tell me there's to be a constraining “follow-up,” nothing more—and what else could they guarantee? Eight years later, and after many other problems, I will develop a cancer brought on by the treatment: but today I'm still alive; who knows what's “worth the trouble,” and what trouble?)

But the doctors also have to decide, as I will learn bit by bit, on inscription in a waiting list (in my case, for example, to accede to my demand not to be scheduled before the end of summer: presuming a certain confidence in the heart's staying power), and this list presupposes some choices: they will tell me about another candidate for a graft, apparently not in any shape, however, to survive the graft's follow-up, in particular the course of medication. I also know that I have to be grafted with a type O+ heart, thereby limiting the options. A question I will never pose: How does one decide, and who decides, when a graft, suitable for more than one grafter, is available? Here we know that the demand exceeds the supply . . . From the very outset, my survival is inscribed in a complex process interwoven with strangers and strangenesses.

Upon what does everyone's agreement on the final decision depend? Upon a survival that cannot be strictly weighed from the standpoint of pure necessity: Where would we find it? What would oblige me to live on? This opens out onto many other questions: Why me? Why live on at all? What does it mean “to live on”? Is this even the appropriate term? In what way is a long life-span a good thing? At this point I am fifty years old: young only for people in an “advanced” country at the end of the twentieth century . . . Only two or three centuries ago there was nothing scandalous about dying at this age. Why can the word *scandalous* occur to me in this context today? And why, and how, for us, the “advanced” people of the year 2000, is there not a “right time” to die (just shy of eighty years, and it will not stop advancing)? At one point a doctor, having abandoned the quest for the cause of my cardiomyopathy, told me that “your heart was programmed to last for fifty years.” But what is this program, which I cannot turn into either a destiny or a providence? Just a brief programmatic sequence in an overall lack of programming.

Where are exactness and justice here? Who measures them, who declares them? This whole thing will reach me from somewhere else and

from outside—just as my heart, my body, are reaching me from somewhere else, are a somewhere else “within” me.

I do not claim to scorn quantity or to declare that nowadays we know only how to measure a life-span and are indifferent to its “quality.” I am ready to recognize that even in a formula such as “c’est toujours ça de pris” [“at least we’ve got that”] more secrets are hidden than might be supposed. Life can only drive toward life. But it also heads toward death: Why in my case did it reach this limit of the heart? Why would it not?

Isolating death from life—without leaving one intimately entwined with the other, and each intruding into the heart of the other—this we must never do.

For eight years, during these ordeals, I will so often have heard, and will so often have repeated to myself: “But then you wouldn’t be here any more!” How are we to think this kind of quasi-necessity, or desirable aspect, of a presence whose absence could always, very simply, have configured otherwise the world of various others? At the cost of some suffering? Of course. But why persist in re-figuring the asymptote of an absence of suffering? An old question, but aggravated by technology, and carried, we have to admit, to a point where we are hardly prepared for it.

Since the time of Descartes, at least, modern humanity has transformed the longing for survival and immortality into an element in a general program of “mastering and possessing nature.” It has thereby programmed the growing strangeness of “nature.” It has revived the absolute strangeness of the twofold enigma of mortality and immortality. Whatever religion used to represent, humanity has carried to a level of technical empowerment that defers the end in every sense of the word. By prolonging the span, it extends the absence of an end: prolonging what life, with what aim? To defer death is also to exhibit it, to underscore it.

We need only remark that humanity was never ready for any phase of this question and that its unreadiness for death is nothing but death itself: its stroke and its injustice.

Thus, the multiple stranger intruding into my life (my thin and winded life, sometimes slipping into malaise on the edge of abandonment, simply stunned) is nothing other than death, or rather life/death: a suspension of the continuum of being, a scansion in which “I” has/have nothing important to do. Protest and acceptance alike are strange to the situation. But nothing would not be strange. In the first place, the means of survival are themselves completely strange: What does it mean to replace a heart? Representing the thing is beyond me. (Opening up the entire thorax, taking care of the graft-organ, circulating the blood outside the body, suturing the vessels . . . I know very well that surgeons insist on the

insignificance of this last point: the vessels in transplants are smaller. But still: transplanting imposes an image of passing through nothingness, a flight into space emptied of any propriety or intimacy, or else, conversely, an image of that space intruding upon the inside of me: feeds, clamps, sutures, and tubes.)

What, “properly,” is this life whose “saving” is at stake? At least it’s agreed, anyway, that this propriety does not reside anywhere within “my” body. It is not sited anywhere, nor in this organ whose symbolic reputation requires no further development.

(Someone will say: there is always the brain. And the idea of a brain transplant certainly makes it into the papers now and then. Someday, no doubt, humanity will raise it again. Meanwhile, we acknowledge that the brain does not survive without a remnant of the body. Conversely, and dropping the subject for now, it might survive with a whole system of foreign body grafts . . .)

A “proper” life, not to be found in any organ, and nothing without them. A life that not only lives on, but continues to live properly, under a strange, threefold rule: that of decision, that of an organ, and that of sequellae to the transplant.

First of all, the graft is presented as a *restitutio ad integrum*: the heart is found to be beating once again. Here, the whole dubious symbolism of the gift of the other—a secret, ghostly complicity or intimacy between the other and me—wears out very quickly. In any event, its use, still widespread when I was grafted, seems to be disappearing bit by bit from the minds of the grantees: there’s already a history of representing grafts. With the aim of stimulating organ donation, a great emphasis has been placed on the solidarity, and even the fraternity, of “donors” and recipients. And no one can doubt that this gift is now a basic obligation of humanity (in both senses of the word), or that—freed from any limits other than blood-group incompatibility (and freed especially from any ethnic or sexual limits: my heart can be a black woman’s heart)—that this gift institutes the possibility of a network where life/death is shared by everyone, where life is connected with death, where the incommunicable is in communication.

Sometimes, however, the other very quickly appears as stranger: not as a woman, a black, or a young man, or a Basque, but as the immunitary other, the insubstitutable other that has nonetheless been replaced. “Rejection” is its name: my immune system rejects the other’s. (Which means: “I have” two systems, two immunitary identities . . .) Many suppose that rejection consists in literally spitting the heart out, vomiting it

up: indeed, the word seems to be chosen to make this plausible. That's not it, but there is certainly something unbearable about the intruder's intrusion, and it is quickly fatal if left untreated.

The possibility of rejection resides in a double strangeness: the strangeness, on the one hand, of this grafted heart, which the organism identifies and attacks as being a stranger, and, on the other hand, the strangeness of the state in which medication renders the graftee in order to protect him. It lowers the graftee's immunity, so that he can tolerate the stranger. It thereby makes him a stranger to himself, to this immunitary identity, which is akin to his physiological signature.

An intruder is in me, and I am becoming a stranger to myself. If the rejection is very strong, I need treatments to help me resist human defenses. (This is done by means of an immunoglobulin drawn from a rabbit and then assigned, as its official description specifies, to this "anti-human" use, whose surprising effects—tremblings almost convulsive—I remember very well.)

But becoming a stranger to myself does not draw me closer to the intruder. Rather, it would appear that a general law of intrusion is being revealed. There has never been just one intrusion: as soon as one is produced, it multiplies itself, is identified in its renewed internal differences.

Thus, on several occasions I will know the shingles virus, or cytomegalovirus—strangers that have been dormant within me from the very start and are suddenly raised against me by the necessary immuno-depression.

At the very least, what happens is the following: identity is equal to immunity, the one is identified with the other. To lower the one is to lower the other. Strangeness and being a stranger become common, everyday things. This gets translated through a constant exteriorization of myself: I have to be measured, checked, tested. We are flooded with warnings about the outside world (crowds, stores, swimming pools, little children, sick people). But our liveliest enemies are within: old viruses crouching all along in the shadows of immunity, having always been there, intruders for all time.

In this last instance, no possible prevention. Instead, treatments that deport to further strangenesses. They fatigue, they ruin the stomach, or there's the howling pain of shingles . . . Through it all, what "me" is pursuing what trajectory?

What a strange me!

Not because they opened me up, gaping, to change the heart. But because this gaping cannot be sealed back up. (In fact, as every X-ray shows,

the sternum is stitched with filaments of twisted steel.) I am closed open. Through the opening passes a ceaseless flux of strangeness: immunodepressor medications, other medications meant to combat certain so-called secondary effects, effects that we do not know how to combat (the degrading of the kidneys), renewed controls, all existence set on a new register, stirred up and around. Life scanned and reported onto multiple registers, all of them recording other possibilities of death.

Thus, then, in all these accumulated and opposing ways, my self becomes my intruder.

I certainly feel it, and it's much stronger than a sensation: never has the strangeness of my own identity, which for me has always been nonetheless so vivid, touched me with such acuity. "I" clearly became the formal index of an unverifiable and impalpable change. Between me and me, there had always been some space-time: but now there is an incision's opening, and the irreconcilability of a compromised immune system.

Cancer also arrives: a lymphoma, notice of whose eventuality (certainly not a necessity: few grantees end up with it), though signaled by the cyclosporin's printed advisory, had escaped me. It comes from the lowering of immunity. The cancer is like the ragged, crooked, and devastating figure of the intruder. Strange to myself, with myself estranging me. How can I put this? (But the exogenous or endogenous nature of cancerous phenomena is still being debated.)

Here too, in another way, the treatment calls for a violent intrusion. It incorporates certain amounts of chemotherapeutic and radiotherapeutic strangeness. Just as the lymphoma is eating away at the body and exhausting it, the treatments attack it, making it suffer in several ways—and this suffering links the intrusion to its rejection. Even morphine, easing pain, provokes another suffering—brutalization and spaciness.

The most elaborate treatment is called an "autograft" (or "stem-cell graft"): after relaunching my lymphocytic production through "growth factors," they take white blood cell samples for five days in a row (all the blood is circulated outside the body, the samples being taken as it flows). These they freeze. Then I am installed in a sterile chamber for three weeks, and they administer a very strong chemotherapy, leveling my marrow production before relaunching it as they reinject me with the frozen stem-cells (a strange odor of garlic pervades this injection . . .). The immune system is extremely weakened, whence the strong fevers, mycoses, and serial disorders that arise until the moment the lymphocytes start being produced again.

You come out of the whole thing bewildered. You no longer recognize yourself: but “recognize” no longer means anything. Very soon, you are just a wavering, a strangeness suspended between poorly identified states, between pains, between impotences, between failings. Relating to the self has become a problem, a difficulty or an opacity: it happens through evil or fear, no longer anything immediate—and the mediations are tiring.

The empty identity of the “I” can no longer rely on its simple adequation (in its “I = I”) as enunciated: “I suffer” implicates two I’s, strangers to one another (but touching each other). The same holds for “I delight” (we could show how this is indicated by the pragmatics of either statement): in “I suffer,” however, the one I rejects the other, while in “I delight” the one I exceeds the other. Two drops of water are doubtless no more, and no less, alike.

I end/s up being nothing more than a fine wire stretched from pain to pain and strangeness to strangeness. One attains a certain continuity through the intrusions, a permanent regime of intrusion: in addition to the more than daily doses of medicine and hospital check-ups, there are the dental repercussions of the radiotherapy, along with a loss of saliva, the monitoring of food, of contagious contacts, the weakening of muscles and kidneys, the shrinking of memory and strength for work, the reading of analyses, the insidious returns of mucitis, candidiasis, or polyneuritis, and a general sense of being no longer dissociable from a network of measures and observations—of chemical, institutional, and symbolic connections that do not allow themselves to be ignored, akin to those out of which ordinary life is always woven, and yet, altogether inversely, holding life expressly under the incessant warning of their presence and surveillance. I become indissociable from a polymorphous dissociation.

This has always more or less been the life of the ill and the elderly: but that’s just it, I am not precisely the one or the other. What cures me is what affects or infects me; what keeps me alive is what makes me age prematurely. My heart is twenty years younger than I, and the rest of my body is (at least) twelve years older than I. Turning young and old at one and the same time, I no longer have a proper age, or properly have an age. Likewise, though not retired, I no longer properly have a trade. Likewise, I am not what I’m here to be (husband, father, grandfather, friend) without also being under the sign of this very general condition of an intruder, of various intruders who could at any moment take my place in the relation or representation to others.

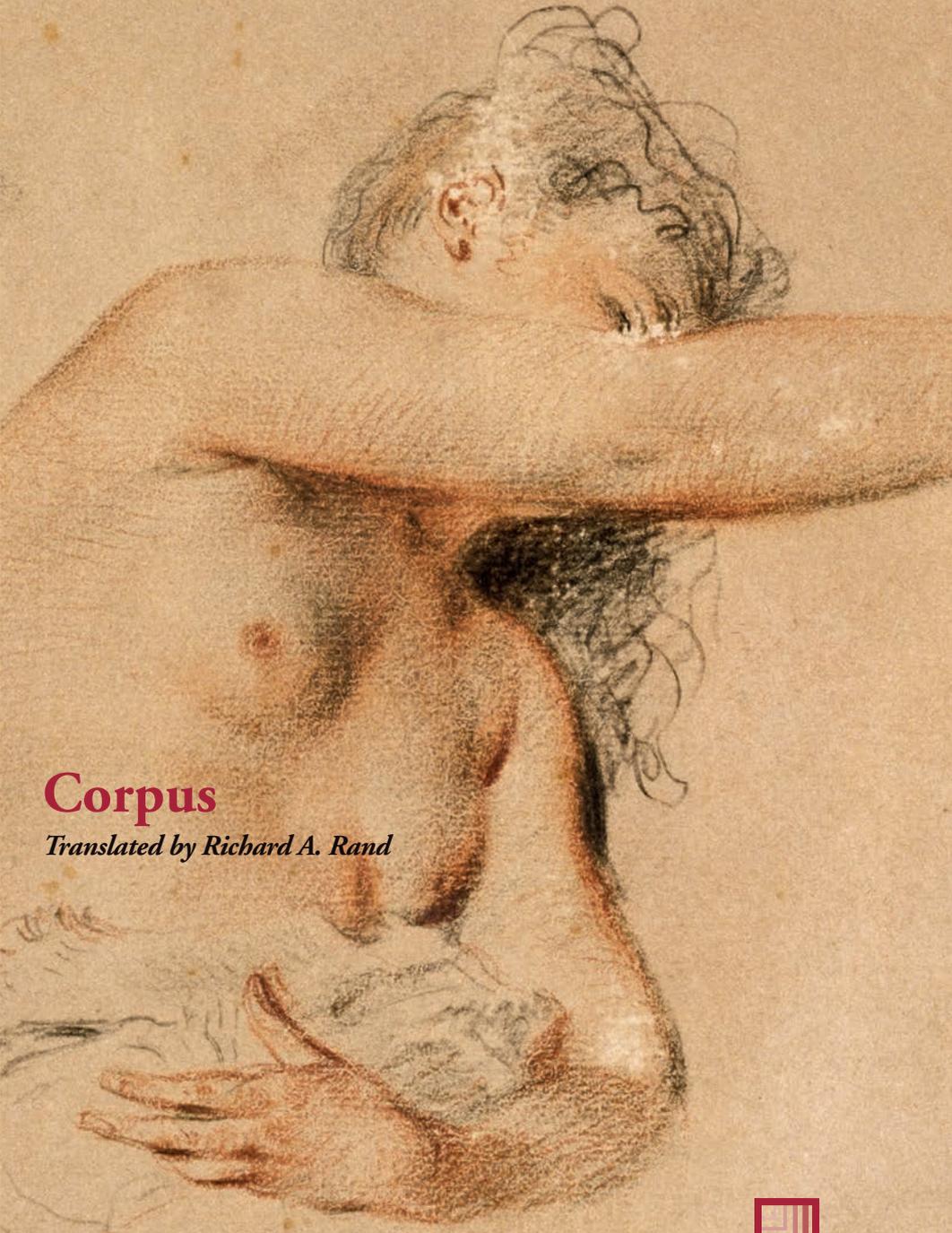
In a similar movement, the most absolutely proper “I” retreats to an infinite distance (where does it go? from what vanishing point does it still

proffer this as *my* body?) and plunges into an intimacy deeper than any interiority (the irreducible niche from which I say “I,” but which I know to be as gaping as a chest that is opened over a void, or as a sliding into the morphine-induced unconsciousness of pain and fear mixed in abandonment). *Corpus meum* and *interior intimo meo*, the two being joined, in a complete configuration of the death of god, in order to say very precisely that the subject’s truth is its exteriority and its excessiveness: its infinite exposition. The intruder exposes me to excess. It extrudes me, exports me, expropriates me. I am the illness and the medicine, I am the cancerous cell and the grafted organ, I am these immuno-depressive agents and their palliatives, I am these ends of steel wire that brace my sternum and this injection site permanently sewn under my clavicle, altogether as if, already and besides, I were these screws in my thigh and this plate inside my groin. I am turning into something like a science-fiction android, or else, as my youngest son said to me one day, one of the living-dead.

We are, along with the rest of my more and more numerous fellow-creatures,<sup>2</sup> the beginnings, in effect, of a mutation: man begins again by passing infinitely beyond man. (This is what “the death of god” has always meant, in every possible way.) Man becomes what he is: the most terrifying and the most troubling technician, as Sophocles called him twenty-five centuries ago, who denatures and remakes nature, who recreates creation, who brings it out of nothing and, perhaps, leads it back to nothing. One capable of origin and end.

The intruder is nothing but myself and man himself. None other than the same, never done with being altered, at once sharpened and exhausted, denuded and overequipped, an intruder in the world as well as in himself, a disturbing thrust of the strange, the *conatus* of an on-growing infinity.<sup>3</sup>

JEAN-LUC NANCY



**Corpus**

*Translated by Richard A. Rand*



PERSPECTIVES IN  
CONTINENTAL  
PHILOSOPHY

JEAN-LUC NANCY

Corpus

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JEAN-LUC NANCY

**Corpus**

TRANSLATED BY RICHARD A. RAND

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