

# L'Intrus

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JEAN-LUC NANCY  
Université de Strasbourg

*Translated by Susan Hanson, Drake University*

There is nothing in fact more ignobly  
useless and superfluous than the organ  
called the heart, which is the vilest means that  
one could have invented for pumping  
life into me.

—Antonin Artaud<sup>1</sup>

[11] THE INTRUDER [*L'INTRUS*] ENTERS BY FORCE, THROUGH SURPRISE OR RUSE, in any case without the right and without having first been admitted.<sup>2</sup> There must be something of the *intrus* in the stranger; otherwise, the stranger would lose its strangeness: if he already has the right to enter and remain, if he is awaited and received without any part of him being unexpected or unwelcome, he is no longer the *intrus*, nor is he any longer the stranger. It is thus neither logically acceptable, nor ethically admissible, to exclude all intrusion in the coming of the stranger, the foreign.

Once he has arrived, if he remains foreign, and for as long as he does so—rather than simply “becoming naturalized”—his coming will not cease; nor

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will it cease being in some respect an intrusion: [12] that is to say, being without right, familiarity, accustomedness, or habit, the stranger's coming will not cease being a disturbance and perturbation of intimacy.

This matter is therefore what requires thought and, consequently, practice—otherwise the strangeness of the stranger is absorbed before he has crossed the threshold, and strangeness is no longer at stake. Receiving the stranger must then also necessarily entail experiencing his intrusion. Most often, one does not wish to admit this: the theme of the *intrus*, in itself, intrudes on our moral correctness (and is even a remarkable example of the *politically correct*). Hence the theme of the *intrus* is inextricable from the truth of the stranger. Since moral correctness [*correction morale*] assumes that one receives the stranger by effacing his strangeness at the threshold, it would thus never have us receive him. But the stranger insists, and breaks in [*fait intrusion*]. This is what is not easy to receive, nor, perhaps, to conceive . . .



[13] I have—Who?—this “I” is precisely the question, the old question: what is this enunciating subject? Always foreign to the subject of its own utterance; necessarily intruding upon it, yet ineluctably its motor, shifter, or heart—I, therefore, received the heart of another, now nearly ten years ago. It was a transplant, grafted on. My own heart (as you've gathered, it is entirely a matter of the “proper,” of being one, or one's “own”—or else it is not in the least and, properly speaking, there is nothing to understand, no mystery, not even a question: rather, as the doctors prefer to say, there is the simple necessity [*la simple évidence*] of a transplantation)—my own heart in fact was worn out, for reasons that have never been clear. Thus to live, it was necessary to receive another's, an other, heart.

[14] (But in this case what other program was to cross or run into my own, physiological, program? Less than twenty years before, transplants were not done, and certainly not with recourse to cyclosporine, which protects against rejection of the grafted organ. Twenty years hence, it is certain to be a matter of another kind of transplant, by other means. Here personal contingency crosses with contingency in the history of technology. Had I

lived earlier, I would be dead; later, I would be surviving in a different manner. But “I” always finds itself caught in the battlements and gaps of technical possibilities. This is why the debate I saw unfolding, between those who consider this to be a metaphysical adventure and those who would see it as a technical performance, is vain: it is a matter of both, one in the other.)

From the moment that I was told that I must have a heart transplant, every sign could have vacillated, every marker changed: without reflection, of course, and even without identifying the slightest action or permutation. [15] There is simply the physical sensation of a void already open [*déjà ouvert*] in my chest, along with a kind of apnea wherein nothing, strictly nothing, even today, would allow me to disentangle the organic, the symbolic, and the imaginary, or the continuous from the interrupted—the sensation was something like one breath, now pushed across a cavern, already imperceptibly half-open and strange; and, as though within a single representation, the sensation of passing over a bridge, while still remaining on it.

If my heart was giving up and going to drop me, to what degree was it an organ of “mine,” my “own”? Was it even an organ? For several years already, I’d been acquainted with my heart’s arrhythmia and palpitations—nothing really that significant (these were the measurements [*chiffres*] of machines, like the “ejection fraction,” whose name I liked): not an organ, not a deep red, muscular mass with pipes sticking out of it, which I now suddenly had to picture to myself [*me figurer*]. Not “my heart” endlessly beating, as absent to me [16] till now as the soles of my feet walking.

It was becoming a stranger to me, intruding through its defection—almost through rejection, if not dejection. I had this heart somewhere near my lips or on my tongue, like an improper food . . . a sort of mild indigestion. A gradual slippage was separating me from myself. There I was: it was summer, I had to wait, something was detaching itself from me, or was coming up in me, there where nothing had been: nothing but the “proper” immersion in me of “myself” that had never identified itself as this body, even less as this heart, and that was suddenly concerned with and watching itself. Later, for example, while going up stairs, feeling each extrasystole beat disconnect like the fall of a pebble to the bottom of a well. How does one become for oneself a representation?—a montage, an assembly of functions?

And where does the powerful, mute evidence that uneventfully was holding all this together disappear to?

[17] My heart was becoming my own foreigner—a stranger precisely because it was inside. Yet this strangeness could only come from outside for having first emerged inside. A void suddenly opened in my chest or my soul—it's the same thing—when it was said to me: “You must have a heart transplant. . . .” Here the mind runs into a non-existent object [*un objet nul*—there is nothing to know, nothing to understand, nothing to feel: the intrusion on thought of a body foreign to thought. This blank will stay with me, at the same time like thought itself and its contrary.

This half-hearted heart can be only half mine. I was already no longer in me. I already come from elsewhere, or I come no more. A strangeness reveals itself “at the heart” of what is most familiar—but familiar says too little: a strangeness at the heart of what never used to signal itself as “heart.” Until now it was foreign by virtue of its being insensible, not even present. But now it falters, and this very strangeness refers me back to myself: “I” am, because I am ill. [18] (“Ill” is not the proper term; my heart is not infected—it's stiff, blocked, rusted.) But what is done for is this other, my heart. Henceforth intruding, it must be extruded.



[19] Doubtless, this takes place only on condition that I want it to, and some others with me. “Some others”: those who are close to me, but also the doctors and, finally, I who find myself here more double or multiple than ever. Everyone, all at once and for motives that are in each case different, must agree that it is worth prolonging my life. It's not hard to imagine the complexity of the strange ensemble that in this way intervenes in what is most intensely “me.” Let us pass over those who are close to me, and also my “self” (which, as I have said, becomes its own double: a strange suspension of judgment causes me to represent myself dying—without revolt, and also without attraction: one feels the heart let go, thinks one is going to die, [20] feeling that one will no longer feel anything). But the doctors—who are here an entire team—intervene much more than I would have thought: they must

first assess one's suitability for a transplant, and then propose, not impose it (at this point they tell me that there will be a compulsory "follow-up," no more—and of what else could they assure me? Eight years later, after an array of other difficulties, I will have contracted cancer as a result of this treatment—and yet I am surviving today: who can say what is "worth the trouble," and exactly what "trouble"?)

But the doctors must also, as I learned bit by bit, decide to inscribe my name on a waiting list (and, in my case, heed the request that I be enrolled only at the end of the summer, which supposes a certain confidence in my heart's capacity to hold out). Furthermore, this list presupposes choices: they spoke to me, for example, of another transplant candidate whose condition was too poor to withstand the regimen of follow-up treatment, in particular the medications. [21] I know as well that I can only be grafted with a heart belonging to blood type O positive, which limits the possibilities. I will never ask the question: how does one decide, and who decides, when a single available organ is suited to more than one potential grafter? The demand here is known to exceed the supply. . . . From the first, my survival is inscribed in a complex process woven through with strangers and strangeness.

What must we all agree upon, in the final decision? A decision regarding a survival that cannot be considered from the point of view of strict necessity: in this case, where would one find one? Moreover, what would oblige me to survive? This last question opens onto many others: Why me? Why survive, generally speaking? What does it mean "to survive"? Is it even a suitable term? In what respect is the length of one's life a good? I am fifty years old at this point: but fifty years old is young only with reference to the population of a developed country at the end of the twentieth century. . . . Dying at the age of fifty was in no way scandalous [22] only two or three centuries ago. Why today does the word "scandalous" come to mind in this context? Why, and how, is there no longer for us—we of the "developed countries" of the year 2000—a "right" [*juste*] time to die (scarcely before the age of eighty; and will not this age continue to increase)? One day, when they had given up finding a cause for my cardiomyopathy, a doctor said to me, "your heart was programmed to last to

the age of fifty." But what program is this, from which I can fashion neither providence nor fate? No more than a short programmatic sequence in a general absence of programming.

Where are right measure [*justesse*] and justice in all this? Who measures them, who pronounces them? Everything in this affair comes to me from elsewhere and outside—just as have my heart and my body, which are an elsewhere "in" me.

I would not want to treat quantity with scorn, nor am I declaring that, indifferent to its "quality," all we know anymore is how to reckon with the length of one's life. [23] I fully understand that there is much more to a formulation like "But this is better than nothing!" than it may seem. Life cannot but impel life; but life also moves toward death. Why, in me, was it proceeding according to the limits of this heart? Why wouldn't it have?

To isolate death from life—not leaving each one intimately woven into the other, with each one intruding upon the other's core [*coeur*]<sup>24</sup>—this is what one must never do.

For eight years now, during these ordeals, how often I have heard, and myself repeated: "but otherwise you would no longer be here!" How to think the kind of quasi-necessity—or desirable character—of a presence whose absence could have, quite simply, configured the world otherwise for a few? At the cost of suffering? Certainly. But why always revert back to the asymptote of an absence of suffering? An old [24] question, but one whose stakes are raised by technology to a height for which, it must be admitted, we are far from ready.

Modern humanity, at least since the era of Descartes, has made the wish for survival and immortality an element of a general program of "mastery and possession of nature." In this way, humanity has programmed an increasing strangeness of "nature." It has revived the absolute strangeness of the double enigma of mortality and immortality. What religions used to represent, modern humanity has exposed to the power [*puissances*] of a technology that postpones the end in all the senses of the word. In prolonging the end, technology displays an absence of ends: which life should be prolonged, and to what end? To defer death is thus also to exhibit and underscore it.

Only it must be said that humanity has never been ready for any form of this question, and that humanity's non-preparation for death is but the blow and injustice of death itself.



[25] Thus, the multiple stranger who intrudes upon my life (my feeble, winded life, which at times slides into a malaise that verges on a simply astonished abandonment) is none other than death—or rather, life/death: a suspension of the continuum of being, a scansion wherein “I” has/have little to do. Revolt and acceptance are equally foreign to the situation. But there is nothing that is not foreign. The means of survival themselves, these, first of all, are completely strange: what can it mean to replace a heart? The thing exceeds my capacity to represent it. (Opening the entire thorax, maintaining the organ to be grafted in the proper state, circulating the blood outside of the body, suturing the vessels . . . I fully understand why surgeons proclaim [26] the insignificance of this last point: the vessels involved in the bridging grafts are much smaller. . . . But it matters little: organ transplant imposes the image of a passage through nothingness, of an entry into a space emptied of all property, all intimacy—or, on the contrary, the image of this space intruding in me: of tubes, clamps, sutures, and probes.)



[27] What is this life “proper” that it is a matter of “saving”? At the very least, it turns out that it in no way resides in “my” body; it is not situated anywhere, not even in this organ whose symbolic renown has long been established.

(One might say: still, there's the brain. And of course, from time to time the idea of a brain transplant enlivens the news. Humanity will one day doubtless speak of this again. For the moment, it is accepted that the brain cannot survive without the rest of the body. On the other hand, and to leave the matter here, the brain would perhaps survive with an entire system of transplanted body parts. . . .)

A life “proper” that resides in no one organ but that without them is nothing. A life that [28] not only lives on [*survit*], but that still lives properly, within the three-fold grip of the stranger/the foreign: that of the decision, of the organ, and of the transplant’s effects.



[29] At first, the graft presents itself as a *restitutio ad integrum*: a beating heart has been found. In this respect, the doubtful symbolism of the gift of the other—a complicity, or secret phantasmal intimacy between self and other—swiftly crumbles; it seems, moreover, that its use, still wide-spread when I received the transplant some years ago, is gradually disappearing from the consciousness of those who receive them: there is already a history of the representations of organ transplant. A notion of solidarity, if not fraternity, between “donor” and receiver was greatly emphasized, with the aim of promoting organ donation. And no one can doubt that this gift has become an elementary obligation of humanity (in the two senses of the word); nor can one doubt that it institutes among us, without any limit other than [30] the incompatibility of blood type (and, in particular, without the limits of sex or ethnicity: my heart may be the heart of a black woman), the possibility of a network wherein life/death is shared out, where life connects with death, where the incommunicable communicates.

Very soon, however, the other as foreign element [*étranger*] may manifest itself: not the woman or the black, not the young man or the Basque; rather, the immune system’s other—the other that cannot be a substitute, but that has nonetheless become one. This is called “rejection”; my immune system rejects that of the other. (This means “I have” two immune system identities. . . .) Some believe that organ rejection consists, literally, in vomiting up the heart and spitting it out: after all, the word rejection seems chosen to convey this. But that isn’t the case: rather, it is a matter of what in the intrusion of the *intrus* is intolerable—and this is very soon mortal if it is not treated.

[31] The possibility of rejection establishes a strangeness that is two-fold: on the one hand, the foreignness of the grafted heart, which the host body



identifies and attacks inasmuch as it is foreign; and, on the other, the foreignness of the state that the medical regimen produces in the host body, to protect the graft against rejection. The treatments given to the one who has received the grafted organ lower his immunity so that his body will better tolerate the foreign element. Medical practice thus renders the grafter a stranger to himself: stranger, that is, to his immune system's identity—which is something like his physiological signature.

In me there is the *intrus*, and I become foreign to myself. If the rejection is very strong, I must receive treatments that will make me resist the human defense system mechanisms that produce it (this is done with an immunoglobulin that comes from a rabbit, and is intended for this “anti-human” application, as specified on the pharmaceutical laboratory's notice; I recall the drug's surprising effects as an almost convulsive trembling).

But becoming foreign to myself does not reconcile me with the *intrus*. Rather, it would seem that a general law of intrusion is exhibited: there has never been only one [*il n'y a jamais eu une seule intrusion*]. [32] As soon as intrusion occurs, it multiplies, making itself known through its continually renewed internal differences.

So, again and again, I became familiar with shingles or the cytomegalovirus—foreigners/strangers that have always lain dormant within me, now suddenly roused and set against me by the necessary depression of my immune system.



[33] At the very least, this is what it amounts to: identity is equivalent to immunity, the one identifying itself with the other. To reduce the one is to reduce the other. Strangeness and strangeness become ordinary, everyday occurrences. This is expressed through a constant self-exteriorization: I must be monitored, tested, measured. We are armed with cautionary recommendations vis-a-vis the outside world (crowds, stores, swimming pools, small children, those who are sick). But the most vigorous enemies are inside: the old viruses that have always been lurking in the shadow of my immune system—life-long *intrus*, as they have always been there.

In this case there is no possible prevention. But there are treatments that [34] keep deporting one into strangeness: that fatigue, ruin the stomach, and bring on the howling pain of shingles. . . . Throughout all of this, which self would have been following which trajectory?



[35] What a strange self!

It is not that they opened me wide [*béant*] in order to change my heart. It is rather that this gaping open [*béance*] cannot be closed. (Each x-ray moreover shows this: the sternum is sewn through with twisted pieces of wire.) I am closed open. There is in fact an opening through which passes a stream of unremitting strangeness: the immuno-depressive medication, and others, charged with combatting certain, so-called secondary effects that one does not know how to combat, (such as kidney deterioration); the repeated monitoring and observation; an entire existence set on a new register, swept from top to bottom. Life scanned and reported upon by way of multiple indices, [36] each of which inscribes other possibilities of death.

It is thus my self who becomes my own *intrus* in all these combined and opposing ways.

I feel it distinctly; it is much stronger than a sensation: never has the strangeness of my own identity, which I've nonetheless always found so striking, touched me with such acuity. "I" has clearly become the formal index of an unverifiable and impalpable system of linkages. Between my self and me there has always been a gap of space-time: but now there is the opening of an incision and an immune system that is at odds with itself, forever at cross purposes, irreconcilable.



[37] Now comes the cancer: a lymphoma whose eventuality (clearly not a necessity: few transplantees pass this way) I'd only remarked in passing on the cyclosporine notice. The cancer results from the lowering of my immunity; it is like the figure—worn, jagged and ravaging—of the *intrus*. Stranger

to myself and myself, self-estranging. How can I say this? (But the exogenous or endogenous nature of the occurrence of cancer is still in dispute.)

Here, too, although in another manner, the treatment requires violent intrusion; it incorporates a vast quantity of chemotherapeutic and radiotherapeutic strangeness. While the lymphoma gnaws at the body, [38] exhausting it, the chemo and radiation treatments also attack it and cause it to suffer in several ways: this suffering is the relation of the intrusion and its refusal. Even morphine, which calms the pain, provokes others: bewilderment, disarray.

The most elaborate treatment is called “autologous,” or “stem-cell transplant”: after having increased my white blood cell production by means of “growth factors,” for five consecutive days white blood cells are removed (at this point one’s entire blood supply is made to circulate outside the body and white blood cells are taken). They are then frozen. Next, I am put in a sterile room for three weeks, where I undergo a very strong regimen of chemotherapy, which knocks out my bone-marrow production before it is once again kick-started by injecting back into my blood-stream the frozen stem-cells that were removed (during this injection, there prevails a strange odor of garlic . . .). The lowering of one’s immunity—which becomes extreme—gives rise to high fevers, mycosis, and an entire series of disorders before the production of lymphocytes once again takes hold.

[39] One emerges from this adventure lost. One no longer knows or recognizes oneself: but here these words no longer have meaning. Very quickly, one is no more than a slackening, floating strangeness, suspended between poorly identified states, between sufferings, incapacities, lapses. Relating to such a self has become a problem, a difficulty or opacity: one does so through pain or fear, no longer is anything immediate—and mediations are tiring.

The empty identity of an “I” can no longer rest in its simple adequation (its “I” = “I”) when it speaks [*s’énonce*]: “I am suffering” implies that there are two “I”s, each one foreign to the other (yet touching). So it is with “I am in ecstasy” [*je jouis*] (one can show how this is manifested in the pragmatics of each of these two utterances [*énoncé*]): in “I am suffering,” one “I” rejects the other “I,” while in “I am in ecstasy” one “I” exceeds the other. The two resemble each other, doubtless like two drops of water, neither more nor less.



[40] “I” end/ends up being no more than a tenuous thread—from pain to pain, strangeness to strangeness. And there comes a certain continuity of intrusion, its permanent regime: added to the more-than-daily doses of medication, and being monitored in the hospital, are the dental effects of radiation therapy, the loss of saliva, alimentary supervision as well as that of contacts that may be contagious, the weakening of muscles and kidneys, the diminution of memory and of the strength to work, the reading of medical analyses, the insidious returns of mucositis, candidiasis, polyneuritis, and the general feeling of no longer being dissociable from a network of measurements, observations, and of chemical, institutional, and [41] symbolic connections, which do not allow themselves to be ignored, as can be those of which ordinary life is always woven. On the contrary, these connections deliberately keep life constantly alert to their presence and surveillance. I become indissociable from a polymorphous dissociation.

This was always, more or less, the life of the infirm and the aged: but, precisely, I am neither one nor the other. What cures me is what infects or affects me; what allows me to live causes me to age prematurely. My heart is twenty years younger than I am, and the rest of my body (at least) a dozen years older. So having at the same time become younger and older, I no longer have an age proper, just as, properly speaking, I am no longer my own age. Just as I no longer have an occupation, although I am not retired, so too I am nothing of what I am supposed to be (husband, father, grandfather, friend) unless I remain subsumed within the very general condition of the *intrus*, of diverse *intrus* that at any moment can appear in my [42] place in my relations with, or in the representations of, others [*autrui*].

In a single movement, the most absolutely proper “I” withdraws to an infinite distance (where does it go?; into what vanishing point from which I could still claim that this is my body?) and subsides into an intimacy more profound than any interiority (the impregnable recess wherefrom I say “I,” but that I know to be as gaping [*béant*] as this chest opened upon emptiness, or as the slipping into the morphinic unconsciousness of suffering and fear, merged in abandonment). *Corpus meum* and *interior intimo meo*, the two

together state very exactly, and in a complete configuration of the death of god, that the truth of the subject is its exteriority and excessivity: its infinite exposition. The *intrus* exposes me, excessively. It extrudes, it exports, it expropriates: I am the illness and the medical intervention, I am the cancerous cell and the grafted organ, I am the immuno-depressive agents and their palliatives, I am the bits of wire that hold together [43] my sternum, and I am this injection site permanently stitched in below my clavicle, just as I was already these screws in my hip and this plate in my groin. I am becoming like a science-fiction android, or the living-dead, as my youngest son one day said to me.

We are, along with all my more and more numerous counterparts<sup>3</sup>, the beginnings of a mutation: man recommences going infinitely beyond man (this is what “the death of god,” in all its possible senses, has always meant). [44] Man becomes what he is: the most terrifying and troubling technician, as Sophocles designated him twenty-five centuries ago. He who de-natures and re-fashions nature; he who re-creates creation; he who brings it out of nothing, and, perhaps, returns it to nothing. He who is capable of the origin and the end.



[45] The *intrus* is no other than me, my self; none other than man himself. No other than the one, the same, always identical to itself and yet that is never done with altering itself. At the same time sharp and spent, stripped bare and over-equipped, intruding upon the world and upon itself: a disquieting upsurge of the strange, *conatus* of an infinite excrescence.<sup>4</sup>



#### N O T E S

I would like to thank here Philip Adamek for his contribution to this translation of *LIntrus*, which owes its fluidity to his ear. The voice or heart of the rhapsode who herein tells his story, and whose rhythms beat so insistently in my ear, hold less sway over his. The ear of the other

indeed signs the text it reads, and doubly so in this case, inasmuch as it no doubt bears the rhythms of both his ear and mine. —*Trans.*

1. In 84, no. 5–6 (1948): 103.
2. [By virtue of, and to keep, insofar as is possible, the strangeness of this noun, l'intrus will remain in French. Harrap's *New Standard French and English Dictionary* offers the following: "intruder," "intruding," "gate-crasher," "unqualified [ . . . ]," "trespasser." The page numbers of the French text (Galilée, 2000) are given in square brackets to facilitate cross-referencing. —*Trans.*]
3. I have in mind certain thoughts of friends: Alex speaking in German of being "*un-eins*" with AIDS, to express an existence whose unity holds in its division and discord with itself, or Giorgio speaking in Greek of a *bios* that is no more than *zoé*, a form of life that would be but life's simple maintenance. Cf. Alex García-Düttmann, *Uneins mit Aids* (Frankfurt: Fischer, 1993), and Giorgio Agamben, *Homo sacer I* (Turin: Einaudi, 1995), (Paris: Le Seuil, 1997). To say nothing of Derrida's grafts, supplements, and prostheses. And the memory of Sylvie Blocher's drawing, "Jean-Luc with a Woman's Heart."
4. This text was first published in response to an invitation, by Abdelwahab Meddeb, to participate in the issue of his journal, *Dédale*, no. 9–10 (1999) (Paris: Maisonneuve et Larose), and entitled "The Coming of the Stranger." [*L'Intrus* was also published in book form (Paris: Galilée, 2000)]