Logos Universality Mentality Education Novelty: Philosophy & Humanistic Sciences
ISSN: 2284-5976 | e-ISSN: 2501-0409
Covered in: ERIH PLUS, CEEOL, Index Copernicus, CrossRef, CrossCheck, J-Gate, Google Scholar, Ideas RePeC, Econpapers, Socionet, KVK, WorldCat.

2022, Volume 10, Issue 2, pages: 01-40 | doi: https://doi.org/10.18662/lumenphs/10.2/67

«If I Were Told the Experience of Medical and Surgical Resuscitation ...» The Resuscitation Notebooks of Benoît Misset. The Ethical Powers of Writing

Jean Pierre CLERO[1]

[1] PhD. Professor PhD, University of Rouen, FRANCE, jp.clero@orange.fr

Abstract: The experience we want to report on and about which we are going to start thinking is not entirely new. It has already taken place in several hospitals that deal with medical and surgical resuscitation; many reports of it have been published in medical literature that echoes voices of patients who did fairly well (Flahault et al., 2021; 2022; Garrouste-Orgeas et al., 2017; 2019). Psychiatry had already used notebooks for patients, encouraging each of them to keep a diary of which only the author himself and perhaps his doctor and some caregivers had knowledge. But here is what immediately makes the difference between the structure that is fit for the notebooks when they are implemented by Benoît Misset and the structure used in psychiatry. Unlike what happens most of the time in psychiatry, a patient in intensive care is not able to keep a diary. Everything happens as if various characters, who use the pronouns I, we, you, thou, they, she or he, kept the diary for the patient or for themselves, addressing the patient and talking about him. The voice of the medical staff can be heard, like a voice over, giving some information about the state of health of the sick person who enters the medical service, about his/her age, in order to objectively present the situation. Everything we learn about the patient is only known through the interlacing of voices that makes us discover, gradually and in snippets, who he was, who the members of his family, his friends, his colleagues were, and so what his trade was, how he lived and even many of the elements of the state of health that led him to the resuscitation service.

Keywords: *Ethical Powers of Writing; the Resuscitation Notebooks; Benoît Misset.*

How to cite: Clero, J. P. (2022). «If I Were Told the Experience of Medical and Surgical Resuscitation ...» The Resuscitation Notebooks of Benoît Misset. The Ethical Powers of Writing. *Logos Universality Mentality Education Novelty: Philosophy & Humanistic Sciences, 10*(2), 01-40. https://doi.org/10.18662/lumenphs/10.2/67

©2022 Published by LUMEN Publishing. This is an open access article under the CC BY-NC-ND license
http://creativecommons.org/licenses/by-nc-nd/4.0/

> «At the far end of this infinite distance a coin is being spun which will come down heads or tails. How will you wager?»
>
> Pascal Blaise, *Pensées*, frag. Br. 418, Penguin Books, London, 1995, p. 122.

Introduction

B. Misset[1] provides the family with a notebook which initially aims to tell the patient what happened to him while he was asleep. That aim is often recalled, both didactically and practically, through the acts of the medical staff -doctors, nurses, caregivers, physiotherapists, hospital hosts;[2] the patient being asleep allows for a great frankness of the writers. If the person dies, she/he will never know a rather gloomy series of healthcare reports; if she/he survives the adventure, she/he will know afterwards what happened to him/her. But most of the writers do not follow these instructions. More ambitiously, the question is, both for the medical staff and for the other visitors who are allowed to enter the hospitalised patient's room, to restore, as much as is possible, by writing in the notebook, the continuity of the subject that would have been lost, either because of the coma into which the disease has put the patient, or because of the artificial coma in which the patient has been deliberately put in order to help him/her bear the respiratory aid brought to him/her. It is no coincidence that each notebook generally begins with the text of a doctor: one knows that, in an exchange, the first to write or to speak takes the advantage over his companions and sets the tone for quite a long time.[3] The medical authority then gives impetus to the movement and strives, from the start, to give limits to the themes while restoring the continuity of the patient's subject, both from the point of view of what medically happened and from the point of view of the family. The family members who follow the footsteps of the medical personnel also set the tone, at least for a while. That is why each notebook has its own «tune» and thereby gains its unity; or, if there are many tones, one of them seems to absorb the others and become dominant and, as in a musical or theatrical piece, call the tune. In that case, the initial goal of restoring the lost

1 He used to be a Professor of intensive medicine and resuscitation in Paris and Rouen and holds the same position in Liège (in Belgium).

2 In a notebook one of those hospital hosts notes the precious remark that she has worked under the watchful eye of a patient who could not speak but who seemed to her to gain some coherence while looking at her work.

3 For example, Pascal (1954, pp. 75-90) skilfully makes his winner speak first in one of the expositions of the calculus of division. The winner, as he speaks first, convinces the loser of what he owes him.

continuity of the patient is nearly constantly exceeded; and that is quite fortunate, because what would be the use of a version that would simply duplicate the medical file from an approximate scientific and technological perspective, or maybe in a relevant language, but that would be satisfied with a redistribution of the content according to the whole palette of personal pronouns that take charge of the ordinary or literary discourse?[4] Thus considered, the notebook would bring nothing compared to the medical file that everyone can consult, if he is allowed.[5] By the way, most of the time, the hospital hierarchy leaves its mark on the notebooks. In a very professional manner, the doctor does not give way to any emotion or to any affect. Living more durably close to the patient during the time of the treatment, the other members of the nursing staff allow themselves to express more emotion; that makes it possible to play the role of intermediary between the explanation of the content of the medical file and compassion towards the members of the family or the encouragement given to them and, when possible, to the patient himself. The further down the medical hierarchy, the greater the place given to the affects seems; even if the expression the authors of the notebooks have chosen to express the affects is not necessarily the best. The families, first touched by so much compassion, end up getting annoyed by it while the treatment drags on without much apparent effect. The notebooks generally go beyond strict relevant medical information and the compassion that accompanies it. Those limits are largely transgressed by the family and friends who come up against their narrow framework. It is -no doubt- at the ethical level that this going beyond is the most transgressive: what do people want to speak about when, confronted with a cut in their life, they have to face it? It is easy to conceive that, once the instruction given and often recalled or preached by the caregivers, everyone -whether a member of the staff, of the family or a friend authorised to enter the patient's room during the resuscitation phase- is free to write what he wants and as he wants in the notebook. A philosopher could even have criticised the notion of *continuity of consciousness* (Jarry, 2000), *a fortiori the pretension to restore such a continuity*; no writer has declared himself in that sense among the cases we have had access to, but it could have happened, because no prohibition of any kind weighed on those who wanted to write in the notebooks. The only restriction that the writer may

4 «*You* are giving *us* a tachycardia attack», the same person said in a tirade which decidedly contained an inexhaustible number of clichés and slang expressions.

5 Perhaps the audience of the notebook is a little broader. But it would be difficult to get the content of it by the trusted person.

feel is that what he writes is both *intimate*, as if it were his own business, and *public* in another sense because the patient, if he ever emerges from this adventure, will probably read what was written about him one day or, even more certainly, nothing prevents any author from looking at what another author has written and perhaps all the other authors who have written in the Notebook. We know that some of them do not hesitate to do so because they respond to each other. Without encouraging these deviations, but without discouraging them either, the hospital staff regularly takes stock of the patient's health -every day and even several times per day and night-. Members of the staff seem to hope with the family, to welcome improvements with them, to worry with them when the evolution of the treatment is not favorable and to sympathise with the distress when death occurs despite high-value care which no one questions though it could be questioned because, once again, the statement is free even if it seems discreetly intimated by the medical staff. By the way, even if we would conceive the risky project of restoring some uncertain unification and continuity of the individual who has obviously lost them, that will of consistency would still have to face extremely different understandings, unavoidably diverse, given the blurring of such a lens: some claim to make a story of what «happened» -during the hospital stay-; others identify the notebook with a «logbook» that cannot be kept by the person concerned who, as an author, must be replaced. The notebook is often used to express one's affectivity. Love intrudes in it to prevent death, following a behaviour that seems more religious than the one that the actor might have imagined to be his. How does the notebook intimate religious behaviours? Does the writing in it arouse them? Does it create them?

The interest we can take in the process of Benoît Misset lies in its ethical value; though this process is singular, its worth is far from being unambiguous. But precisely, it seems to be worth because it opens multiple paths, of which we will sketch an analysis, following each and looking at how they intertwine. Because, to the cut that may be provoked by illness or accident and to the new cut that may result from the decision, then from the resuscitating test, another intrusion may be added, perhaps as a compensation: the breach of the notebook, the status of which is not very fixed from the outset, or when it is, will never be owned by the authors (other than caregivers) if not ambiguously. Added to what is supposed to be a testimony which will be used by the resuscitated person when he/she is back home and which is supposed to help him/her to restructure his/her life, there still remain many questions: is it a complement to his/her treatment? Is it intended for the treatment of minds? To help those who,

witnessing the treatment but stupefied by the heaviness of the care inflicted upon a relative, wonder how they would be able to bear such a treatment? Is it a psychical bin needed by every visitor in order to overcome his distress? Is the notebook a document intended to restore hope in everyone and particularly in oneself? A privileged instrument of communication of the family with the medical staff, which is necessary because of the high technology involved by the care and the legal obligation of the caregivers to explain the care? Is it a notebook that talks about the satisfaction of care? Never however a notebook of grievances, except when it becomes a book of condolences if the stay goes wrong? A bit of all of this at once? And even if we wanted to respond to a symbolic concern for the repair of the harm that the treatment cannot but inflict, what should we say and what should we talk about in order to restore the continuity of the I who has lost this continuity and who went through something quite different from what most people go through? An incredible number of functions are crossed and mixed by the notebook.

This story of the screenplay looks like the film «Les dieux sont tombés sur la tête» (The Gods Must Be Crazy). In that film, which was made forty years ago (in 1981), a people that was not ready for this intrusion, receives a Coke bottle dropped from a tourist plane; this launch tiggers all sorts of endless repercussions. Because the event of the admission of a relative to an intensive care unit is sudden and unpredictable, there is a cut between the world before and the world after which needs to be taken into account, on a symbolical level, but not only. We will analyse this cut -of which some aspects are symbolic, which are precisely collected in the notebooks-: it seems full of different meanings that need to be identified, separated, and whose knots must be understood. The notebook laid on the patient bedside table resembles the bottle of Coke fallen from the sky. Obviously, we could say that everybody knows what a notebook is and everyone has learned to write, whereas the Coke bottle is introduced without precaution among islanders that have never seen one nor heard of it before, but there are, from an individual to another, extraordinary differences in the ways they appropriate an object. Some see a possible use in it -perhaps in a stereotypical way related to their profession-, whereas others see it as a facetious object while their relative is trying to survive or dying a few centimetres away. The cut performed by the notebooks reveals prodigious differences among individuals and also undoubtedly cruel inequalities.

What do these notebooks teach us in ethics that we do not already know?

The Notebooks teach us how a sudden cut is recorded in the life of the patient and around him; the reactions provoked by it

The main interested individual is «asleep» in nearly all the cases and no longer has a normal relationship life; his life may be even reduced, for a certain time, to zero. The patient, being entirely dependent on the machine that helps him to breathe, cannot take any initiative of which he is aware; and yet this sudden and radical deterioration does not prevent the life of the others from being reorganised around his own. The cut is not a simple deficiency: while visiting the sick or injured relative, exchanging news about him, thinking only of the other's sickness or accident, work, commerce and ordinary business have to resume. A cut is not a stop either; life goes on on other terms. The work the patient was doing is shared among others. Tasks have to be carried out and they expect from the others they will be: plants grow in the garden; animals, if any, need to eat. A person in ICU suddenly gives a lot of work to others. School, university, apprenticeship can be very demanding and may prevent a young person from coming to the hospital. It is necessary for a family to reorganise while on the brink of an abyss that has just opened, removing one of their own for an indefinite period of time for an adventure of which no one knows the end.

The cut provoked by resuscitation in the life of a patient as in their family's is nearly as enormous as that which could cause their death, though it inflicts specific damage. It always reveals the structure of the relationships that everyone has with others who surrounded him in his family or in his work, without anyone ever taking notice to get a clear idea of their nature, importance and extension. It allows one, without warning, to become mentally aware of the ties that united one to others and to experience them concretely, to deal with them, without one suspecting them before experiencing that unpredictable breakup. Those ties seem now to have always been there, at an unconscious level, allowing to organise, without one being aware of it, the social, family and economic functioning of the group in which the accident took place, affecting one of their own; it is the cut that makes one feel, in one's mind and flesh, the meaning and value of lives to each other. That meaning and that value are seldom questioned in other conditions, so-called *normal* conditions, or only in a sporadic way, as what might happen if one of those lives -whether someone else's for myself or mine for the others- disappeared at once or for an indefinite time.

This scheme has often been analysed, from a double point of view: mathematical and religious. Pascal imagined, in a game that should have normally gone on until there was a winner and a loser (or losers), a sudden

cut that imposes reciprocal compensation on players (1954); what strikes most, in this sort of calculus, is the very counter-intuitive disparity -which explains that the problem of division was difficult to solve even though it was relatively simple from a mathematical point of view before the middle of the 17th century- of the shares that each player is entitled to take from the stake in a situation that is interrupted or of the shares that the other players owe the winner. When a game is going on, without any cut, we do not ordinarily realise what we should give others or what they should give us from the original part put in the stake, if it must be stopped *hic et nunc*, without us having time to prepare for it.

If that cut is at the origin of the calculation of the probabilities, it is also a strong idea of religions that willingly symbolise the temporality of death; that know or believe they know- that a dead person who has just died does not exactly the same symbolic status as a dead person who has already been dead for some time; that death can happen at any time; that the living can be more or less close to death without knowing it. «Only a sudden death is to be feared», said Pascal (1995, 16, frag. 984); precisely because the cut in our spiritual affairs introduces in them very different types of equilibrium depending on the moment it occurs. The remarks of Lacan about a detail in Shakespeare's *Hamlet* are interesting from this point of view (1959), because they highlight that the *ghost* of Hamlet's father does not only seek revenge from his son because he was killed, but because he did not expect to be killed and could not settle all his affairs, as is said in the play, somewhat mysteriously. It is this frighteningly contingent side that makes death terrifying for men and places them in a particularly difficult situation towards resuscitation.

The question is what ethics can gain from the experience of the notebooks that give an account of a cut and that practically take account of it. It gains a patient profile that no one could imagine without such a stratagem. We create the figure of a patient facing death, which is sometimes ineluctable, unavoidable, sometimes still on the edge and near the limit though already on the other side of it that is always at the core of the device, the patient being either aware or unaware of it. It is about this device that the writers of those notebooks try to give messages of hope -that passion that Spinoza discredits for making the soul dependent on the fluctuations of probabilities (1677)-. The **first important thing** is that the cut does not require the awareness of the patient. It can occur without it, consciousness placing the role of an actress in this cut. That does not prevent calculation: the play of probabilities that constantly oscillates whilst the game of

guesswork and of clashes of guesswork concerning the situation substitutes for it.

We have already said how, usually, probabilities are badly calculated; that is why the family, thrown into disarray, stupor, consternation, pours out streams of love upon the one that is not yet deceased, not yet defeated, recommending that he «fight», that he «hang on». The moment of resuscitation is a selvedge; we will see how ambiguous it is, because, once the first moment of stupor has been overcome, we will see how it has the astonishing property of opening the floodgates of love or giving the illusion of it. Everything happens as if we had huge reserves of love for each other and as if we did not tell each other enough of this love; as if we had to wait for a terrible accident to lower the modesty threshold; this love being declarable only in exceptional circumstances.

Beyond the cut, the second important thing that the notebooks bring to us is the transformation of the annihilation of the self of the subject into the sudden spread, burst or dispersion of his person, which is both the reason for his weakening and the condition for a new strength.

Doubtlessly, our ethical life is carried out through a prodigious multiplication of roles that moralists take pleasure in denouncing as diverse hypocritical masks to move forward in this life. Hobbes who, from this point of view, went far beyond the theory of games, understood and explained in the 16th Chapter of his *Leviathan* (Hobbes, 1651, pp. 119-123) that we cannot solve any ethical problem without looking for the issue of a situation as if it were set on the stage of a theatre. We put ourselves in the place of others; in any case we feign to do this in such a way that this bursting of characters would have a real efficacy. This trick is enough to get real changes.

In ordinary cases -because this spread also characterises ordinary cases-, there follows from this play of multiplications and of divisions, a game of reinforcements and depletions. There is a need to bring virtual characters into ethical relationships of bursting and to intertwine them. A certain play of sympathy partially allows for the functioning of this ethical game. The patient in ICU is in a situation of absolute weakness and distress. Undoubtedly, if the patient keeps the ability to multiply and divide without taking the initiative of it, it is because everyone around him performs this skill or can perform it as an *actor*. It is not now, as in the calculation of division of Pascal, the part just to be played and that will never be played

that needs to be taken into account but the part just played in the cut of which we spoke and of which the most skilful and the quickest seize the situation to give it a voice, a form, an expression, a sense. How is the cut expressed when it is performed by its essential author who is not aware of it, who may or may never regain consciousness?

Take note that even a dead person keeps the power of distributing roles around him without being the actor of that distribution, but also without anyone being able to deliberately and without any risk make up one's mind to do this distribution for him or also to organise this distribution to his own liking alone; as there are always people who want organise funerals and inheritances to their liking, manage the memory of a deceased, interpret what he has or would have wanted instead of others. They are not always, ultimately and necessarily, winners in this game. Exactly like life, death has a specific temporality; it has the same diversity, if only because of the consequences of the relationships that the living had with the dead.

Lacan regularly speaks of the plurality of deaths. It is right that there are different *sorts of death* and that we do not speak of dead persons, and even to them, in the same way, when they have just died, when it is a few hours after their death, on the day of the funeral, when they are being buried, and many years after the funeral. It is the same with the half-living who are sleepers in an intensive care unit. It is not therefore a question of *between two deaths*, but one of what may be called *between life and death*. What does the sleeping individual in such or such family, technical or medical structure become?

But in the status of being «almost dead», the individual, far from being a sum of deficits, has an extraordinary potential of strengths, redistributing forces around him in his own way; this redistribution evolves over time, as when a person enjoys a full life. Being on the other side of the frontier, between life and death, he is conferred a power he may never have had during his lifetime, even when he was in good health. The burst of the person into several persons: the one that liked to play football or to watch football matches, the one who preferred to go fishing, the one who had fallen out with such and such, etc... is quite striking. The Notebook shatters the figures and collects the elements of the burst. The Notebook is a book of «almost death» as much as a resuscitation book: really each one around the patient re-suscites -not to say: recovers- a piece of him. So, whatever center he is -through his cure of a serious illness and through the protection that law assures him in this state, the patient is no less a Harlequin's coat, a

passive partner of the phantasms of the diverse members of his family, of his friends, of his visitors, of the caregivers that take care of him.

The question is not here, in the case of resuscitation, that of the ordinary dispersion of our «I» or of the customary facets of that dispersion; nor is it quite a dead person's, since the person is not dead, even if she may seem to be «as if dead». The universe, in which we divide or rather in which we believe we are divided, and even, more precisely, the others think us to be divided in their imagination, is a dangerous universe in which however the patient is the main actor and plays the role in the spotlight.

Being himself in mortal danger, the patient plunges everybody into an unbearable and exhausting torment. A situation that is not too bad can take a wrong turn at any moment. A situation that deteriorates over a long time exhausts those around the patient. One just needs to look carefully at the style of the requests from the «transgressor» to see the theme of danger appear: «You are on the side of an edge where we are not»; «You can't let us go right now unless we are prepared for it»; «You can't «enjoy» the moment for causing so much suffering, for triggering so much void or such a hole». And there we see a strange reversal. Absolute dependence is at the same time a frightening superiority of the patient, as if he granted himself some superiority; as if it were given by himself. «Ultimately, we realise that we are the ones who need you». As the Hegelian servant reverses his status in a situation in which the master needs him, the struggle for the life of the resuscitated, or rather what some of his relatives or friends perceive as a struggle for life, highlights this life as their own dependence on it.

The persons that we are, here and there corroborate the burst provoked by the Notebook. Supposing that there is a «pivotal being» made of flesh and bones, that being around which all sorts of characters evolve can himself be reversed into one of those beings. He even has the capacity -I do not know if it is some superiority or inferiority, in that case- to become a body and so a character or characters of another or of others that take over.

The ethical value of the notebooks also depends on this: the sick person is not reduced to a sum of losses and deficits we have to deplore. He was, he did, he could no more do, etc. He can explode into possibilities through the Notebook which belongs to no one other than those who come to visit him and the authors of which are anyone who comes to visit him, provided with this right. The device of those notebooks causes the patient to burst and gives him an infinity of possible that he may realise but that he cannot perform now. They are the conditions of possibility of a sort of resurrection; without the patient who is at the core of that resurrection being able to be resuscitated in the way expected in those texts.

The patient remains an instance or a bundle of instances with which it is possible to speak, in spite of his lack of relationship initiative and even of the temporary inability to sustain any relationship life. He will sustain it; he will be able to sustain it. At least we bet on it. The question of the notebooks is to restore the symbolic and imaginary brilliance that accompanies the burst of the individual whose reality does not coincide with the universe of machines and pipes with which he is brought to life.

Through the notebooks, the question is not to make sure that the «too late», which often determines that separation -particularly when the case goes wrong-, can be made up for; that the impossible can find a way to express itself; which is properly the moment of the religious. The religious consists, through the creation of a space that is not necessarily far from the one in which men live *hic et nunc*, in resolving a difficulty that arose decades ago. It follows a very complicated game of delegations. Too narrow prohibitions of modesty, for instance, are partly overcome thanks to the Notebook that allows to deliver what we could not tell face to face to somebody who has become a patient in ICU. Who would we tell? When the approaching death becomes obvious, these are funeral orations that are written -perhaps a little prematurely- on the Notebook. Accounts are settled when it is late, too late, at least from the point of view of empirical reality: one of the important figures of the religious stands here. The end of a much-loved woman/man, written in a Notebook that she/he will therefore never read, implies the construction or the reconstruction of the figure of a fictitious mother/father, grandmother/grandfather, of a wife/husband, of a sister/brother. The functions deriving from the Notebook could have been used by the person whose health declines so markedly that we know, during her lifetime, that she will never use it again; yet it is this alone that gives it a value. So that is what I call the *religious moment* that we will find further and that the Notebook collects, maybe in spite of it, as a side effect.

What remains is the implementation of sympathy. Sympathy takes on different aspects. Its schema may vary: it depends on facets and on the openings that the patient has been able to create around him, who no longer speaks or communicates and who, very often, knows that he is going to die. Moreover, the medical staff know that they ask a lot of the patient and they willingly put themselves in his place. For all, sympathy is performed via writing. Those who know how to write and are used to wielding the pen are advantaged in this game. What do the others learn, when they are seized by the same desire to write, from the game established by the notebooks? We will get an idea of this in a later section.

So, a tree of roles -a cluster of roles perhaps- is growing. An indefinite game, without predetermined limits, is taking place. Those who could have been imagined to be eminent fade away; others, who were more marginal from the outset, are soon propelled to the front of the scene. The cut brings out a tree or a cluster of roles.

But that burst of roles happens behind a border; and the roles, from then on, only take on consistency behind this edge. This limit does not only have to do with intersubjectivity and with a casual impossibility for consciousnesses to put themselves in each other's place, but with positions of roles induced in a state of unconsciousness. The boundary that matters, this time, is the one that consciousness makes with itself, which has been lost and of which what is at stake is rebuilding some moments. The dying person passed it and he/she will not come back: it is one of the characteristics of resuscitation to make it appear like this; the «almost dead» person passed it too, but he/she has still good chances of coming back.

The passage of a dangerous edge, the forms that it takes; the behaviours that it begets

Of the behaviour of the boundary, behind which events that may turn out to be fatal are expected, J. Gracq seems to have written, in *Le rivage des Syrtes* (1951), the best possible 'evocation', dealing with it as the dread and tension of what will happen as long as nothing happens.

However, the boundary of resuscitation should not be confused with the border that an enemy army can cross, even if, here and there, belligerent words are resorted to (to fight, to cling, to resist). Only language is able to register the fact that the relative, the friend, has crossed to the other side of a border where we do not want to join him, to a scary area, where death is imminent, where we have never gone and where we are not looking for him; it is only in writing, only symbolically, that we can imagine we understand this unknown *terra incognita* or leave it. This parent has passed through the limit without telling us and without knowing it himself; what does it trigger in us? And what would it do to me/us if I/we were in his/her place?

This place approximatively fills the «purgatory», the area which some religions are using to figure intermediaries of a moral nature during the indeterminate time needed for the soul under punishment to consider his sins and faults, when his general condition deserves better than being thrown into hell, with this difference however that the heaven of those religions is here a figuration of the earth and that hell is a figuration of an ultimate death; the coming back to a normal life on earth being estimated,

even by most believers -I mean: those who deliberately refer to an explicit dogma of their religion- as worthier than any ascending to heaven. That ascent is transcribed here as a return among the living on earth where what is important is to be even among the last rather than among the first in Hades, to use Homer's well-known image echoed in *The Republic* (Platon, 2008).

The passage through the intensive care unit offers an ambiguous intermediary between an experience that seems to be a very real intermediary between life and death and a fictitious experiment; because as it is often neither a fully aware experience, but only sporadically unconscious with moments when the person is completely deprived of consciousness, nor a death experience -how would it be possible to come back from it?-, it is *something like a thought experiment*; a *sympathy experiment* -including all that sympathy can have that is unreal- with the patient, if we want. Something is offered to us by such an experiment that could be -at the limits of what is possible- recorded in the Notebook, and, at the same time, refused to us.

What does happen on the other side of the border that has been transgressed? The Notebook helps or feigns to help sharing an experience that, paradoxically, only those who have not really made it write and will write, as if it could not be written once it has been made. It is impossible to transcribe it into experimentation; and it not only feigned so that the expression *thought experiment* is insufficient, because it refers to a real treatment.

This border takes many forms that its notion concentrates or amalgamates, if not in a single form, at least in a bundle of related forms: life/death; consciousness/unconsciousness; heaven/purgatory/hell; intimacy/extimacy; public/private. With, each time, all sorts of variations and overlaps as, for example, this one: unconsciousness must not to be shown; it brings shame and, therefore, it has to be protected from foreign eyes and, as a result of these recoveries, suddenly reveals itself what the opposition conscious/unconscious owes to the oppositions public/private or extimacy/intimacy.

Let us be aware of a point that may seem subtle, perhaps too subtle, to the reader: why not make the *cut* coincide with what we have called the *limit*, the *border*, or the *bundle of limits*? Because the cut is a contingent event belonging to the order of an accident whereas the limit or the bundle of limits triggered or implemented by the cut-off are not and obey a sort of

separate logic or, at least, contingency is nothing but one of their features. The limits take over from cuts[6]

If the nature of what is experienced and if the time in which we act may be problems, another difficulty still appears constantly in the notebooks: how do subjects stand in relation to one another? Who are the authors writing to and who are they to write what they write? For sure, they write to somebody who cannot understand them or who can only partially understand what it is told by a consciousness supposed, or supposing itself, to be perfectly clear and distinct in its explanations. It speaks to somebody who «should understand» what she is spoken to, or who will understand, one day, what it is telling her. An ideal consciousness speaks to an ideal consciousness that, obviously, cannot exist since it is only feigned -for we know that this existence is impossible- and is supposed to duplicate the low level of consciousness, which may be null, insufficient in any case, to understand the discourse that the other consciousness understands, but without existing. The ill person is duplicated, like the «empirical» is duplicated by the transcendental. Sometimes it can go as far as the duplication of a dead person to whom we lend again the possibility to understand his condition, ideally separating the body from the spirit, and, in this spirit, what is still attached to the body from what is supposed never to be so anymore. The tool «notebook» allows for an extraordinary multiplication of characters and functions; the game being not stopped by death but going on a little further.

The Notebook seems sometimes less intended to re-establish the actors and the patient within the fixed frameworks aimed by the restoration of the lost continuity than to simply say that the writers were re-established within the frameworks and to register how this gradual reestablishment was realised.

Languages and tongues of transgression

Oral communication with the patient being more difficult and even impossible, we have reinvented the letter system; a pseudo-letter which would not be answered -not immediately in any case- for obvious reasons. With this letter, we try to reach the patient, whether we are relatives, friends or caregivers, by writing, since we can no more reach him by speaking, by keeping a language tie, through the Notebook which is a sort of log book, not a diary because the person concerned is unable to read it or will read it only if he is able to do that, one day.

6 It is what we have seen with Pascal's calculus of divisions the object of which is to transform a cut into a limit (1954, pp. 115-126).

Though the comments of the nursing staff are more likely to be normative than the family's and friend's speeches, those two types of discourses are nevertheless intertwined. The medical staff mix their voices with the family's; the public and the private are articulated in the notebook, in a pseudo-dialogue or expected dialogue; I say: *pseudo*, because when we are really talking to the patient, we will not say -it will be impossible to say- the same things as when they are written in the notebook.

Two stereotyped discourses never cease to refer to each other and to intertwine: that of the *lack* and that of the *back*.

«We miss you», «you are missing», not to mention a more crudely primarily narcissistic way: «do I miss you?»[7] are -we have already seen it- ordinary petitions and addresses to the sleeping patient, modulated according to all possible variations. The ill person is there without being there; such is his/her lack. He/she can also not be there whilst being there, as one of the authors says, without claiming to philosophise, while drawing, in the eyes of the philosopher, and almost unwittingly, the acts of a beginning categorisation of the lack. The lack of resuscitation is not the lack without return of a deceased. The modes of the lack depend on the odds it is filled with. Yet, no one is missing in the same way. Depending on the way in which the lack is overcome, it changes statuses; culture being what principally moulds it. Let us have a closer look at this point.

Among the schemes intimated by culture about the lack, the «return», as long it is not radical, culminates. The verbal stereotyped behaviour of family members is rather encouraged by the medical staff who, that way, see their task made easier and their responsibility somewhat reduced: «Come back to us! You cannot do this to us and walk away like this». Or, in a more indirect way, «I know that you will fight», which softens the injunction, making it more subjective. If the patient does not want to come back, it is a bit his fault and it is almost due to some ingratitude towards the living who love him so much. Love joins duty in demanding the same, that is to say a return which is decidedly oriented towards those who should not have been left. Are not those who die always a little those who have decided to let go?

The universal request for a *return*, except when the members of the family know that it will never be possible to grant it, over time matches the suspicion -worsening as they realise the depth and extent of the illness- that if the person returns from the adventure she will not be back under the same

7 The last question is asked, not without disquiet, by a young child to his grandfather who is in a coma. Does not the child here openly state our own disquiet?

conditions as before. Ulysses will come back worn out, tired, less wise perhaps. One of the visitors happily talks of «work» about this return, a term with which we could not characterise the beginning of the round trip, that of the sliding across the border. Others have more illusions and speak of the *return* as if the question was to rediscover yesterday's life, finding everything in its place. Perhaps they just want, without believing it, things to return to the same place as before, even to reproduce domestic scenes.

The return is perceived as a quasi-moral duty the performance of which needs courage. Undoubtedly, the patient did not want the departure, but no one doubts that he can act on the return. We remind him about his duty and we do not indemnify him for his debts: «You owe it to us not to upset us» and particularly: «You owe it to us not to leave us in sorrow». Or, more trivially: «You owe it to us not to cause us so much trouble for such a long time». The impromptu departure of the patient who seems to have abandoned all his responsibility in an unsuspected retreat looks like a defection that gives us the right to call him directly to order. The fact of being located beyond the dangerous line creates for him duties towards those who love him and who have stayed on the side of life.

This duty is nuanced by variations on the theme of solidarity: «We are with you»; «We will fight by your side»; «We are cooperative»; «We want to help you as much as possible».

Once settled, the ideology of the *return*, with its shade of '*being with*', which seems to appear spontaneously and out of nowhere, can be made available to the medical personnel who only have to arrange it into *patience of the return*, within the odyssey undertaken with the patient, who thus becomes an unexpected Ulysses. The medical staff benefit from a treatment that popular good will sees also as being a matter of virtue; the virtue of the patient's family and friends certainly, but also the virtue of the patient himself who must do his part. We see how the doctor can clear himself of a situation that goes wrong. Care demands a virtuous, courageous patient who demonstrates the moral strength that others expect of him. And it is true that it takes courage when life is to be assumed second after second, because of difficult breathing, when one, who has been told that he is going to be put to sleep, asks for his wife to be called for what may be a final farewell. Then, once again, the patient assumes the figure of Ulysses, before embarking on this singular journey from which, though he will remain on the same spot, he may never return. Here we have to measure the strange weight that such an act represents: the plunging into the unknown that this act involves; the trust in medicine; the modesty of the illness without any recognition -«I do not want them to see you like this» is often said to the

sick as to his feigned image-. Only some know the patient's condition and it is enough when the values of *intimacy* take precedence over those of the *person*.

In addition: the medical staff focus on the family in order to write the story-telling of the patient's continuity. On their own and without the help of the family, they could not write it; no more, in any case, than the psychoanalyst can reconstruct the history of the analysand without the help of the latter, and yet, without any guarantee about the reality of the proceeding. Is it needed elsewhere?

The moral conception of the illness and its treatment can take a more flattering form. A daughter writes to her father: «You are a winner, daddy». So you have to hear: «Behave like a winner, in accordance with your winning essence»; leaving of course time to whoever ultimately has to win, but «Do not disappoint us». How many times is the expression «Time takes time» <Il faut laisser le temps au temps> used in the little texts of the notebooks, echoing, this time, Penelope's wisdom, based on unfailing patience. Now, it is the discourse of the will's strength that is conjured against illness. Unlike the loser who lets himself be infiltrated, infused by forces that he does not control and that he feels hostile to him, the winner is at the pole of a recovery from which he is supposed to mainly diffuse his strengths.

This moral conception of illness is also encouraged by the hospital staff who fantasise a lot about the family's unity or who, at least, rely on this phantasm. Nevertheless, the story-telling that is gradually so constructed is strong enough for the reader who sets out to rebuild it, trying to guess who is who. For the reader, it is nothing but a game; for the others, the rebuilding of the puzzle meets reality here and there, as Freud suggests in his text *Constructions in Analysis* (1964)[8].

If now we look at the modes of expression of morality, we find a great diversity in the notebooks. Sometimes, a single voice manages to stand out from the others and to speak for the others who no longer seem to dare to speak, so well said are the words of the first voice. Sometimes, this voice, even if it has no particular beauty or intrinsic value, is chosen because of the character who says the few needed words or because he believes he is mandated by the family to say them and has settled into that role. In both

8 *Constructions in Analysis* is a wonderful text that, far from promoting the notion of resurgence of the past such as would have been allegedly experienced, looks instead for effects of reconstructed events, or even constructed event experiences as being past that will have real consequences on behaviour.

cases, the affects become simpler; they essentialise; that is, they are «thanatised». On the contrary, the living feelings are always mixed in ordinary life and they lack the stylisation that allows them to be deciphered at first glance.

As in all the rest of activities on which we have focused, the reading of the Notebooks makes one enjoy an impromptu cut in the ways of writing of all sorts of persons, even when it comes to the entourage of a single patient. Ordinarily, we do not know how people write. Nowadays they rarely have the opportunity to write letters and we are senders and recipients of letters, e-mails and text messages only in some social environments. The Notebook demands writing; without using force to write, it triggers the acting out to write. So, we discover a popular language, particularly when we are used to trying to write a refined discourse from a literary point of view. With a surprise: popular language can be mastered with more or less skill, expressiveness, wealth, etc., exactly as a loftier and more classical language can be.

Admittedly, we have celebrated the writing of the Notebooks as acts of freedom; but that writing is sometimes captured in families by a very small number of their members who think they are more representative than others to assume the task of performing -as if there were only one task, as if there could be only one, as if they fulfilled only one themselves: to give a full account of the state of health of a patient, who is unable to do it on his own.

Tragedy and comedy intertwine in the Notebooks. When language is purified, it tends to accentuate the tragic side of the situation; when, on the contrary, the voices are extremely mixed, the Notebooks do not escape comedy: everyone makes it a point of honour to write in the Notebook, even not to say much. So, we move towards the burlesque to precisely deny the tragedy. On *one side*, dramatisation is carried out, in a very dignified way, by assuming the tragedy and by leaving the patient's secrets in peace -by alluding to them without disentangling them- and by allowing only the mystery of his existence to be present: «July 6, 2016, 23.50. It's over.» The daughter will have held the pen to the end, beyond the beautiful funeral oration written two days before, when no more could be expected from resuscitation. She has managed the patient's death with the medical personnel from the start; with a beautiful, sober, dignified writing, she seems to have spoken for others, as a competent spokesperson. The excellence of her writing has caused a kind of inhibition and delegation effect in the other members of the family. The latter seem to have authorised her to write this speech, full of love -without any doubt-, but, more dignified, almost reasoning. *Speaking well is good for souls* (Platon, 1998): beautiful writing

partakes of wisdom; when it is missing it creates a messy atmosphere. Beautiful writing can go even as far as keeping, beyond the greatness conferred by death, the part of shadow and mystery of the person. We do not really know, when a talk about death is full of grandeur and mystery, which of the two outweighs the other.

On the other side, crude language dominates; an assumed popular language with some slang words. We are not saying that the voice that carries it is forcibly of less value than the former voice. A crude language can be fine just as it can also have no fineness and not be up to the events in which it interferes or meddle; in the latter case, it proves that whoever uses it does not understand that it is a question of death. Can one stay worthy when one addresses a patient and calls him in French back slang *zincou* rather than *cousin*, or *a jerk*, or finally advises him «to be awake the next time one is come back»? Without any doubt, the question is to answer a fear with an excess of bravado or with a feigned threat which must not be taken at face value. Unless it is, particularly in the case of verlan, a superstitious and palinodic practice of saying things backwards to put them right anew or to give them a more acceptable aspect. In the case of a pseudo insult, perhaps its function is to echo an unacceptable passage to the limit by another passage to the limit: however, do we insult, even per game, someone who is seriously ill? Are not indecent and provocative discourses supposed to counterbalance -to thwart, perhaps- a dangerous or unacceptable situation and to assert, in highly precarious situations, a manly tough attitude? Nevertheless, bravado remains somehow embarrassing when one is facing death, particularly another's death.[9] Modesty is better. Undoubtedly, the accent may be cheeky and put up with modesty. The bravery of a few is infallibly identified as due to poor control of language; contrasting with the humility of those who master it better. Bravado seems neither to realise nor to take into account that the question is about the relationship of one of their own with death and the measurement of this relationship against the yardstick of death. Unless it is a stupid denial.

Because they are inappropriate, the stereotyped jokes about drinking, sex, etc. always fall flat, being so contradicted by the fact. On the contrary, slang may be subtle enough, using words that are not to be written in refined French: *le taf*, *bosser*. The rhythm of the written text can also express spoken language, without imitating or reproducing it. Curiously, that mix is all right;

9 Schopenhauer, in *The World as Will and as Representation*, notes that even the roughest people adopt a dignified behaviour in front of a dead person (1958, p. 261). The notebooks show that it is not so simple. It is true that resuscitation is not death, even if it is close to it.

it is not more vulgar than a paragraph in a book of Faulkner or Hemingway who made their characters speak an unconventional English. Obviously, in the Notebooks, an academic French has been learned, but it serves a more familiar or slang language. Even when it is vulgar -which language is not in the Notebooks-, writing is the object of a discovery by those who do not often bother to write. Strangely enough, they become verbose, more than those who master a better language, but whom emotion and grief constrict, constrain, limit, censor. Without any doubt, when experiencing lack, absence, people who are ordinarily linked to one another but are driven away by circumstances start writing.[10] What is strange is that we find, among people who do not pride themselves on being literary, the distinction between libertine writing and lofty style that runs throughout literature. If those who address their speech to the zincou or to the lazy patient lounging on a resuscitation bed, were aware of that literature and of its distinctions, would they not go still further, overcoming the midway they have reached, expanding their language that, for once, stunts rather than expands the human being they expect to anchor in life? But would we have let them go further and commit deeper and riskier transgressions? Don't we live a more moralist epoch than that in which Molière, Voltaire lived when Piron, Grandval and Barrault could seemingly freely start a transgression of ordinary moral and Christian values?[11] Were we not taught, at high school, such a truncated literature that we have got a distorted mind? Is it not necessary to be courageous enough to assert the values of life without any hope or desire of resurrection, in front of the values of death and when facing the spectacle of a death postponed by a treatment but still threatening? Is it not incredible that we better suffer the assertion of the values of resurrection in front of a man who is losing his life than the assertion of life's values that have no malice for the patient?

Finally, there is a point to which we must pay attention, the analysis of which can go quite far. The whole gamut of the personal pronouns is obviously covered; but, among them, there is a curious use of two of them (in French) (one of them in English) we could not spontaneously expect, but their promotion seems logical afterwards: the use of *Vous* and *Tu* (*You* in

10 In the romance literature, we see that the lovers who are separated by circumstances begin to write letters, as if love contained a literary fusion, when it is thwarted, or allowed to discover it.

11 Isn't the greatness of Nietzsche (1909), from this point of view, to have opened, on the side of life, a space opposed to that of regularity, balance and harmony, all values embodied by Apollo, though just as worthy as them, providing it with a similar divinity, but, at once, so much less deadly and so much more exuberant in the person of Dionysus?

English). It is difficult to speak in the third person of an individual who, even if he has lost consciousness, is next to you. But which pronoun to use when no one matches the situation and which must we risk pronouncing in a kind of biased and awkward dialogue? Whilst, from a situation to another, the choice of one of them induces, in the notebook, a syncopated style that the authors did not particularly look for.

Such is the *You* <the *Vous*>, which, though ordinarily used by the medical personnel when speaking to the patient, becomes here, through the mediation of the Notebooks, quite extraordinary though far from the normal use. That we write «you» to one person in order to describe for him/her what s/he is doing actually and deliberately or what s/he does without knowing it and that s/he will discover only afterwards, such are two situations that often imply a form quite comparable to what we find in literature in *La modification* by Michel Butor, for instance (1957). «We have put you back in bed»: how could the patient ignore it? In the medical file, one would have probably written, if it was worth it: «The patient was put back to bed», implying: because he does not bear being in the armchair, or because it was premature to sit him in an armchair. And yet it is often written in any notebook: «We have put you back in bed», creating a sort of diplopy: that the *you* is addressed to a conscious patient or to an unconscious individual, is equally absurd. Yet, it is with those absurdities, those enthymemes and bits of argumentation that we try to build or reconstruct a lost unity which is thought to be indispensable to restore a rational behaviour or even simply to help the patient to recover health.

«You completely woke up this morning. We talked together during your shower». Those are impossible and particularly absurd sentences under normal conditions, though they are quite relevant and without surrealism in the context of resuscitation. The Notebook imposes another temporality. What has been consciously done must be profiled based on an uncertain future. We have to reshape space and time.[12] The Notebook opens up possibilities that would have been unimaginable without it: it demands that the person of the patient be multiplied.

It is no more possible to pronounce the sentences that have however been written in the Notebooks: «You are calm, cooperative», etc. in normal circumstances, even in an hospital. Those clauses are tolerable when in the form of imperative orders -«Be calm, cooperative»- or in order to thank someone for being calm and cooperative. The splitting or duplication of the

12 «You were lost in space and time», a caregiver tells the double of the patient who receives that piece of news in the Notebook.

person in the flesh who is no longer conscious by his/her «conscious» counterpart allows surprising uninhibited remarks: «I find you a little confused» or «You are in a bad mood today» -speeches that could occasionally be made by partners who no longer get along or that could have been those of Papa Ubu in dialogues with his wife, Mama Ubu, in Jarry's famous play. «You are a little more coherent this afternoon» sounds like «You are ugly, to day» (Act I, scene II) (Jarry, 2000). We allow ourselves to say what we could not say to anyone without the duplication between the person in the flesh to whom it would be impossible to speak that way if he were aware and the figured person likely to receive a harsher language. «Your state deteriorated in the afternoon». The person in the flesh will not read the message addressed to the fictitious person who bears it all the better because the letter person is not «alive», properly speaking. That can be -as we have suggested - a sign of modesty; but that seems to be like a sort of inertia impressed by the notebook, the function of which is too well understood as the *you* ends up being transformed into a sort of *he* or *she*, and the patient into a kind of thing. Such is the patient who, lifted then sat in his armchair, is still the recipient of a sort of letter while he is there and could be contacted more directly. The penning of the Notebook, which is already only too prone to petrification because it is more focused on the past than on the future, is sometimes pushed to the point of absurdity, as if its fulfilment were a sort of principle of continuation. All happens as if it were possible that the Notebook continued to play a role; as if it had created a character who demanded that one continued to take care of his role at least for a while. Continuity, continuation, inertia, all these notions refer to one another in a sort of circle that is not always virtuous.

Paradoxically, the Notebook sounds less like nonsense when it is addressed to a person who has already started the lethal process or that is dead. Even if the oddness can go so far in a context of resuscitation as a daughter calmly explaining to her father, who is almost dead or already dead, with the presumed agreement of the whole family, that, given the degradation of his brain it is or it was not possible to let him live. He is explained why the palliative solution is or was the better possible issue; that there does not nor did not exist another possible choice and that the patient himself would have agreed if he had been able to give his opinion. The fictitious subject has to be convinced that the empirical subject must give up the ghost. So the daughter accepts her father's death through the mediation of medicine; by love and over all by a strange authority that she grants herself or that she is granted as being that of the other. The decision is taken in the stead of the patient as being his decision; and it is explained to him in

the notebook that he will never read.[13] The religious -may it be secularised- overflows on all sides. We will have the opportunity to synthesise some of its figures, a little later.

Note however that this «religious» may sometimes be nothing but a superstition. The sick relative is subjected to a kind of fictive blackmail: make us the gift of your return to consciousness. The myth of the strong man, of the strongest man, of the man who has conquered illness and death reappears. A seemingly religious idea: did not Jesus conquer death? Everything happens as if we could rely on a kind of patient strength to obtain a sort of resurrection by our own forces. Then the request is less reasonable than what is directly asked by the ordinary believers in God; not to the person whose resurrection they desire but who could not resurrect on his own. It is true that the person is not yet dead and that she/he is just playing a dangerous game across a border that may close at any moment.

Lastly, we can see, from the perspective of language use, how misfortune -the great misery or what is felt so- intimates regressions towards the mother tongue, that of the ancestors. We start speaking Spanish or Arabic, though we have held those languages captive under French for a long time. But we see, more broadly, here, a behaviour towards the frontier: we crossed the border for the first time using a language; we cross it now in the other direction, using another language. The experience of the crossing of the border makes him live the return through a different language that is for him the most intimate. If the transfer, in psychoanalysis, could have been interpreted as a translation, and the translation as a sort of transfer, it is interesting to remark that the strange experience of resuscitation may also be interpreted as a behaviour of transfer or translation.

We willingly spoke of *regression experience* to characterise the strange experience of resuscitation; we thought until then mainly of the resuscitated's experience. But those who lived around the patient are also subjected to experiences of regression. One of those experiences did not escape one of the main writers of the Notebooks when she remarked the variations in language sensitivity related to tragic or difficult situations. A child, near his mother, called his grandfather «your daddy»; not «your father», as he used to do previously. «He improves his language, this little one», his

13 It is no less curious that the daughter, at the very moment when she explains to her father who is almost deceased and who will be so only some days later, commits an astonishing slip, as if some torment could overcome her apparent calm. She wants to speak of the «obstination» <use of intensive medication> she does not want for her father and she writes the term «destination» which tells how haunting what she strives to calmly live is, as if she sent a case on which medical staff could have worked very hard.

mother remarked, being sensitive to this change in language, softened by some regression for her, but marked by some progression in the relation with the others; far from judging she was dealing with a change that she could complain about and that she would have to correct, she understood and welcomed a suddenly tightened sensitivity to language levels.

There is however a less sympathetic regression; more difficult to hear in ethics: the justification by proverbs the alliterations of which take the place of reason, as if their supposed «wisdom» were particularly adapted to the situation; which is far from being the case.

A little interlude about the sutures of feelings and languages

I certainly do not intend, in this little interlude, to show that it is necessary to substitute the interest in language for the interest in feelings to establish that feeling underlies language or, on the contrary, that it is language that underlies affects; on the contrary, my purpose is, more willingly, to ask if a feeling is the same when it is expressed in a crude, violent, provocative language and when the attachment is expressed in completely different, better-chosen terms. A feeling could not be expressed in one form or another and remain the «same». Doubtlessly, there exists a constitution of the sentiment through a linguistic participation that allows it to stabilise, to identify itself.

The fact is that language *does not express* a sentiment: it is a constitutive parameter of it. Its «expression», far from copying the sentiment, is a part of it. One is not «loved» in the same way by people without literary culture as by people skilled in using language, by people who have such or such religion, as by people who have none. Is it even possible to speak of the «same» love in both cases? It is not that attachment cannot be deep in all cases; it is not that we better «love» when we know how to write this sentiment than when we do not know how to do so; love not being a quantity, it is not more or less great to be expressed through a cheeky bunter than through the very reserved style adopted by some to speak to their father's figure -like Hamlet to the ghost-. It is not even that certain ties are worthier than others because we know better how to write them; it is that those ties are heterogeneous, incommensurable.

The notion of *expression of the feelings* is irrelevant when it seems to imply that the feeling is the same and that it can be expressed in various ways, as if it could be identical, expressed at one level of language rather than at another. Yet, the very notion of «level» is deceitful because it supposes a sort of commensurability where there is none. Is it the same

sentiment that is expressed on such a language level rather than on another? Speaking of *language levels* implies a relative stability and autonomy that allow expression, which could have been diverse while remaining the same.

Never can it be better felt than in the experience of notebooks that feeling has a linguistic ingredient that structures it radically; that language not only expresses sentiment, but constitutes the latter; that it is not the same feeling when it plays its part in a vulgar language rather than in a refined language. It does not mean that love, for example, is less in the former case than in the second: it is expressed with more vigour and vital strength which refuse to solve themselves in simplified and thanatic sentiments and which oppose death that is too easily accepted by certain affective forms. Maybe they only missed knowing how to write, but their orientation and the passion of writing they denote are perhaps better focused.

Functions of the notebooks from an ethical point of view

It appears that the simple fact of laying a notebook on the nightstand in the circumstances we have described creates the *a priori* conditions we need; their desire at least. The Notebooks bring a certain perspective that we can describe as *critical* or *transcendental*. Their mere existence prevents me from secretly focusing the situation on me. I cannot have seen a notebook, have written in it, and have remained in a state of miserable loneliness which, without it, would have probably been mine while considering the poor family member or friend. The center of the situation is occupied by the patient who is in the blind spot of the operation in its whole complexity. He will not speak in the near future. He is probably aware neither of what we say of him nor of the presences to which he is subjected. If I am a member of his family or one of his friends, I am moved off center by that being whose relationship life was suddenly and greatly diminished. The Notebooks testify that their writers often watch for the improvement of the degrees of this life of relationship, diminished, or even reduced, if not to zero, at least to very little that is made much of -the blinking of an eye, the opening of the eyes, a quivering of the fingers-; whilst the family is touching in their way of seeming to gain those degrees on their own or imagining they are doing it. But there is, in the humble gesture of laying a notebook on the nightstand another dimension from which nearly all the families and friends profit. Forcing me to move off center for the benefit of that individual that does not talk anymore, that can be a member of the family, a friend, a colleague, and in order to objectivate this shift, the Notebook operates the very gesture of the Copernican Revolution.

This notion of «Copernican Revolution» encourages a remark that can go a long way. Everybody knows that Kant's philosophy was so characterised as considering thoughts, events and phenomena from the point of view of a subject that cannot exist, properly speaking, but that allows to structure what we think and live. That way of moving off center has something in common with what Descartes looked for in *The World* (le *Traité du monde*) (Descartes, 2010): to create a fictive, deliberately false world, in order to obtain truth effects about the real world; therefore to simplify the «true», to make it function following principles that can never exist in reality, without having the slightest illusion about the existence of this true and of those «principles». The theory of fictions, which only keeps this deliberate substitution of the false for the true, in order to obtain truth effects, helps to understand that what Descartes contemplated from the side of things is considered by Kant from the side of the subject. So the mere existence of the notebook, modestly laid on the table of the ill patient in ICU, has that function -or rather that bundle of functions- of substituting the truth of the «I» for a more existential «I» that has become inoperative because of the disease and its treatment, though it is, by its mere existence, truer. To explain, by a true, though inexistent «I», that the «I» that drags behind him his miserable existence should already be dead, implies something of that logic that leads, because of its very rigor, to apparent absurdities. And we can see that it is on that ridge line, which has nothing strictly rhetoric in it -even if we looked for a comparison in *La Modification* by Michel Butor (1957)-, that not only the «religious» but the «rational» are precariously balanced. It is through what is impossible that we understand the possible and, finally, the «real» itself, which seems so despised by the construction of the Notebook. We think, like Hume, that all the continuity of the «I» is an absurd and impossible chimera (1978, pp. pp. 254, 259, 260, 261, 263); but we also think that, if that chimera is not available to us, or if we do not equip ourselves with it, we cannot think of anything nor put anything in order in our world. So, the question is not only rhetorical in the *you* of the medical personnel who cannot avoid it, nor in the *you* in use in families, but it is a problem of method that seems absurd if we have not grasped the necessity of that indispensable dimension of duplication.

What the Notebook does is not without effect in reality or on the real; what it intimates, by its invention itself, before a single word is written on the first page and the slightest gesture is performed, in other words: its *a priori* action, as we dared to call it, with the schemes it imposes, is probably the transformation of what could have been, without it, a painful soliloquy of each family member with himself into a possible dialogue held with the

patient perhaps, and certainly between the members of the family, and also between those members and the medical personnel. Certainly, the operation is not without any risk or without blunders: sometimes, it is true that, rightly or not, it is a work of mourning that begins earlier than expected; other times, and more often, a call to life, a strong desire that the other still live against all common sense, seems incongruous. But there is, in those notebooks, something to be learned by anyone who cares about taking the chance to put at the center of a system the life of another who cannot do it on his own; about considering the point of view of another who could not achieve it by himself.

It seems that the transcendental dimension, solicited if not realised by those Notebooks, needs the *categories of a philosophy of existence* -practical categories, if we may say- rather than categories of knowledge. That is why the vulgar discourses are so painful in those notebooks; even though awkward discourses are too, though more for some reasons. The attachment of love -since it is almost always love that is written in those Notebooks-[14] cannot be said no matter how, without risking anything important. There are discourses that testify that nothing of the existence, and particularly its imminent proximity with death for example, was grasped by people who deliver them. So the Notebooks incredibly differ from one author to another: from a patient to another, the crystallisation that happens around the sick person is incommensurable with the one that will take place around another ill person in another Notebook. And yet, beyond this commensurability, those texts echo one another through some recurring themes, even though the authors of a Notebook ignore what the others have written in the other Notebooks. Supposedly living in the same society, speaking the same language and referring broadly to the same values, the authors of the Notebooks write texts that have a family resemblance. They do not all sound the same a priori of existence that may be collected in a philosophy of existence worthy of the name, but some of them show a few scrapes. It is not a question of well or badly refined language; we can, with a language, willingly slang, popular or familiar, hold a full discourse; we can also, in a well penned language, without a vulgar twist, hold a conventional discourse.

Of course, among all the forms that can be taken by those discourses where we watch those *a priori* forms of existence, an important place is devoted to swaggering discourses, generally held by persons with a big heart perhaps but who want to assert their virile values, in the least refined

14 Though some authors claim to tell the «truth» about what happens, beyond love.

language possible and hold them in order to shock or to show their strength, perhaps to cause the need for compensation for what is unacceptable. The Notebook can encourage a fairly blustering tongue in cheek of persons who want to make people feel that they are not afraid of death, provided it is another's death, and they do not envisage it for themselves who think that they will be able to continue to watch their football matches on television forever. Perhaps it is the «banter» version of the strength asked to the patient or for him to God. Because, no matter whether we are Moslems, Christians or agnostics, it seems that the grievance is everywhere the same: *fight!* The illness is considered as a fight that the patient has to win, even though all illnesses came from God -which is not the least paradox.

But there are many other forms and many other schemes that the discourses fundamentally take on. We will only mention and study a few of them in depth within the limits of this article.

One of them is certainly to be *reassured*, to soothe one's anxiety. It is easier to bear one's anguish when it is shared and so becomes less heavy. In a burlesque style, humour can feign that the person receiving treatment has deliberately wanted to find himself in these difficult circumstances from which he/she must be rescued. One pretends to minimise his/her pain as if the fact of being a long and continuous sleeper were only simple and fantastic sloth. But, paradoxically, though more rarely, anguish can also be worsened, because, if anxiety was badly evaluated or if we refused the weight of it in a sort of repression, that division, which is rather a discharge, can function as a finer awareness that allows to admit the seriousness of the disease: «We do not want to realise that it was to this point», a woman writes to her husband who, being in a coma, cannot hear her anymore. This sentence is the admission of a denial that the intersubjectivity of the Notebooks sweeps away. It can also provide some consolation when it is too late to be reassured. Another function allows *to be reflected*, by sympathy or by compassion, in the various facets that the patient's figure offers: «I see myself in you». One -selfishness immediately resurfacing- transforms the patient's figure into a mirror of his sportive exploits; another uses a few wake-up signs to admit that the patient's illness, and the care he received, the efficacy of which became so doubtful that it prevented him from sleeping, was not a simple nightmare. Visitors willingly recognise that the slightest signs of progress towards health allow them to recover sleep.

However, we have seen that, rather than speaking of a *mirror*, it would be better to speak of an *organ of duplication* or of *diplopia* about the Notebooks. Being a sort of stuttering, that redundancy of the present, while it has been normally lived, echoes, in the Notebook, a completely different

meaning than the one that has been lived. The Notebook does not merely record the real; it creates the duplication. And even if this one of the functions of the notebook would be to record and describe, its function to duplicate would transform it into something quite different. The Notebook creates an airlock that allows us not to stick to the situation, to open a space of freedom relative to a situation that has first stupefied and crushed the witnesses.

The creation of the airlock may be the occasion to check in with the members -that are rather those of a family-. Where do we stand with everyone? This focus, which can be done unilaterally, is not the readjustment that we perform at the time of burials; it requires subtler, less abrupt categories. Without any doubt, the death of a relative offers the occasion to *reestablish the ties* we thought were lost, at least loose. But the resuscitation ordeal does it its own way: «When the tribe is affected, it reforms very quickly», a son notices near his father in intensive care. The diaspora was only on the surface and temporally forgotten; what is needed is only for death to lurk for the unity of the tribe to gather new strength from deeper roots. Those energy transfers are interesting to analyse within the framework of a game theory that is not only about conscious people but also about sets of them, of whom at least one individual is no longer conscious.

We tend more to let out a confidence, a confession, when they may the last. The person concerned will not hear them, but its double will record them. A transfer of energy seems to take place when a substitution of persons happens whilst the individual becomes more and more evanescent to the point of extinction.

The time of resuscitation is also the time of the expression of *repentance*. Through the admission by the characters that they have a stupid temper, the reader of the Notebooks hears and suspects passed confrontations. A hand on his heart, the writer of a Notebook decides that we will recall that he is mortal when he wants to trigger a conflict. So when we know that our number of hours, days and -if we are lucky- months is counted, we will no longer get angry with others for small reasons.

The ordeal of the patient in intensive care is received as a «lesson» of precariousness. The time that was lost when everyone was in good health and is now aware of the frailty of existence because of the illness -one's own or another's- gives a new chance of better relations; at least it may be expected. One is ready at this time to give everything and to make the promise of an organ donation, if necessary. Isn't the fundamental passion that seems to concentrate those attitudes, beyond love, *expectation*? The Notebook immediately suggests a perspective to the present; and so

evidently that it seems to have the function of putting hope at the heart of the game; while relativising sadness, distress and trying to transform the other passions into derivatives of hope: joy when hopes are fulfilled, sadness when they are not and when fear overwhelms and overwhelmed everything, fear lastly when chances outweigh hopes. Resuscitation makes clear the pairing of transcendental philosophy with hope.

We have promised to highlight, in a more synoptic way, the religious functions that appear with resuscitation and that are somewhat induced by the Notebooks; I mean: even if we believe the action -of leaving the notebook within reach of all visitors and caregivers- to be quite secular, it serves religious functions, which are not easy to see at first sight. In this way, obviously, it serves religious functions that relate, as we might expect when we think about it a bit, to two main registers: to the *resurrection* that takes place at the border between life and death; to the *unity* and *continuity of the I*. Let no one tell us that resurrection concerns only the dead! In the Bible, there are passages that refer to nearly dead people or people about to die. In their way, the Notebooks are a reiteration of the Biblical situation that is figured in Luke's parabola about the rich and the poor [XVI, 19-31]: that parabola does not go without a critique of the situation by the Evangelist himself. The Notebook forms a border between those who are in the world of the living, and those who are on the side of the dead, of the nearly-dead. Like the text of the Bible, the Notebook is written by the living.

The religious figure of resurrection is constantly invited; or, rather, it never ceases to lurk in the imaginary of resuscitation. That is why I do not quite agree with the assertion of some anthropologists that willingly say -following the claim of an (excellent) President of the University of Rouen, J.-L. Nahel-[15] that there is no longer any imaginary of death in our societies. We do not think that appreciation to be right. There are, of course, many kinds of imaginaries. One of them is constituted by the symbolic of the limit or of the frontier, of the transgression of the frontier, more precisely of its crossing. So, whether the writers claim a religion of which it is one of the dogmas or do not claim it explicitly, resurrection is in the background of their talk. Would we conceive a right life down here, dare we say, without the consideration of what will happen in a way or in another after death,

15 I do not know if he has written this sentence in one of his texts; but it was not claimed in a simple table talk, because the speech was delivered in front of an audience of academics, specialists of medical ethics.

when the status of that «after death» could only be fictitious, according to some evangelists?[16]

The figure of the *purgatory* is also invited, whether implicitly or explicitly. The patient is situated in a sort of in-between; he is not quite dead and it is still possible to deal with problems with him. Undoubtedly, he has crossed a frontier from which it is obviously difficult to return, but that frontier can still be crossed in the other direction; the adventurer is not too far from it.

The *continuity of the I* falls under the magic invocation, in any case, under what is highly hypothetical, rather than relating of some real, ontological, characteristic of the I, since the I itself has only little reality. It relies, here, on the passion of hope, which is obviously a fiction linked to the constant game of chances and probabilities the degrees of which fluctuate throughout the time the patient is in intensive care. Hope is doomed to the ever-changing balance of positions that evolve over the days, weeks and months during which the person remains in intensive care.[17] The persons who, at the beginning, had the most power, lose it gradually, wearing out while waiting; those who had no power gain some and end up investing and distributing roles after a time that seems extremely long, as long as we do not know the outcome. Rebalancing is done according to rules that can be analysed in terms of the theory of games. Hope can, by trickery, reverse the momentum that propels it forward -in order to escape the unbearable and harassing reality of the present- and start looking from a forward-to-backward perspective so that, in the I, a rear base tries to consolidate; this attempt remaining prodigiously precarious and fallible. It can, by cultivating itself, develop without being forced to depend entirely on the game of odds.

Does not the Notebook have a religious function in the very project of *repairing* - or *of attempting to repair* - an undermined continuity? It is, from the outset, undermined, because how could the idea of *continuity* have the slightest reality? How could it be made sure of itself either by its own strength or by an external consciousness?

It is not that the religious is always explicit: but the religious is never far in the Notebooks, if only because they stand on the edge of life and death. We have, whether we like it or not, a religious apprehension of these relations. Sometimes, yes, religion is deliberate; the protection of the sick is

16 As the passage of the seven husbands sufficiently shows, when realism leads divines to wonder with which husband the woman will resurrect. Christ sternly rebukes the foolishness of a hinterland thus conceived.

17 Which disqualifies this passion seen with the eyes of the Spinozist wisdom.

asked to God or to Allah. I do not dispute the sincerity of these moments, but they are not my favourite; I have a clear preference for a religion that does not know itself, that does not believe itself, that does not know that it is present when it is the most exerted, and yet that criticises and surprises itself when it seems most plausible. The dogmatic moments are not the best of religions, which are never so good as when they critique themselves and reconstruct themselves beyond the criticism.

Among those functions, there is none that predominates; alternately and as needed, the one or the other seems to take shape as the essential, whereas the others organise themselves around it. Those functions are rather structurally linked in order for one to prevail over the others, when needed. It is not sure that it is our pleasure that makes us take refuge in one or the other or use one of them. There as everywhere, pleasure is only superposed on the act, but it is not either more often, nor more fundamentally, than others, the goal of what we do, taking into account the situation of the friend or relative who has become a patient in intensive care. It is, at most, a side benefit of the whole operation.

Behind all those wishes, requirements, consolations, affects of hope or despair, pleasures and displeasures, we find the reality of the machine and of the tube that serve as real entities to the fictitious ones that are articulated to those two organs which tend to substitute for the patient, to put his life on hold, at least for the time necessary for him to be able to do without them, if the odds turn bad. Edge to edge, the two concatenations -of the machine and of all sorts of affects- constantly play their role; the former to make the others bearable, viable; the latter to warrant the possibility of the first that make all the interest to live and that distribute, according to the possibilities, their chances to reach it. A multifaceted parallelism, simplified in comparison with the real life, underlies the existence of patients or, more extensively but also more sporadically -it is true-, the existence of all those who care about them, who are now in ICU.

We used the words of «thought experiment» to express the crossing of the border and the possible return. It is, however, more than that: the experience which the authors and the patient, despite him, are invited to make is not a mere thought experiment

We often hold that situation of consciousness beyond the border between a normal life and a life that is already no longer one of relations, to be an image, a metaphor. The Bible is full of those parabolas (the rich man and Lazarus [Luke, XVI, 19-31], one of the miracles performed by Paul on

the young man who fell from the window [Acts, XX, 9], the use of the perfume poured over Christ who, at that moment, seems to be akin more to the dead than to the living, though he is still eminently alive [Matt., XXVI, 7-12], etc.). There, in the case of resuscitation, the patient is not dead but he allows experiences that are between empirical experiences and thought experiments. More precisely, there is indeed, in this affair, a side «thought experiment», precisely because of the fact that the patient is not dead, that he may come back among us and that he will be able to say what he has «experimented». But, from another side, we could not associate a mere thought experiment and the fact that he is put into an artificial coma, that he is unconscious, that he no longer has a relation life, that he needs help to breathe, etc. Though there are some common points between the tube of the machine and language, the tube performs quite other functions than the symbolic functions of language. It makes the person live on its conditions, without words.

We can certainly talk about the «tube» that is, without any doubt, one of the most used words in the notebooks, as what means together life, death and the link between the living and the end. We can speak about it as what prevents us from talking and despairing, when the patient has not yet regained strength, but also as what will restore, one day or another, symbolic life. We can again speak of it as a sort of umbilical cord, a fundamental relation to the Mother-machine which operates as a protective belly out of which the patient, living or dead, will have to go.

What is threatening in intensive care and what the Notebooks fail to hide is that the machine, the tube through which oxygen is carried, have a function of *reality* that does not limit itself to the symbolic and that overflows the symbolic everywhere: we have *really* been far from a border that we have dangerously crossed and beyond which a machine holds the imprudent adventurer; it can also bring him to the right side provided the one it helps really tries and does his share; not only symbolically. Life and death seem there both present in those pipes that are well or badly tolerated in those numerous sleepiness and artificial awakenings to which the type of care engaged to cure the patient seems to constrain him. The machine and the tube impose themselves as the true signifying of the situation. The machine reshuffles cards: the great categories through which Michel Foucault thought a distension that were already no longer those of the «man» in the sixties -desire, language or law and death (Foucault, 1966, p. 386)- seem no more to fit, because the equilibrium between life and death

seems to go through that terrifying machine and its «naughty tube»[18] which can appear to be statistically efficacious but also do not to give back quite the same woman or the same man to the family, to the friends and to herself/himself. So there, this time, it is the figure of Isaac's sacrifice that would be -if we wanted to maintain a relationship with the symbolic universe- the schema to be chosen, in its Kierkegaardian variations one of which means that Isaac was given back alive to Abraham after his actual killing but that it was not yet the same Isaac (Kierkegaard, 1957, pp. 428-429)[19].

When Foucault speaks of the trilogy of desire, language and death, he still brings these three terms into play in symbolic relations. In this case, the border plays a symbolic role. But the machine gets out of the sphere of metaphorical displacements about which Foucault still talks. Where the author of *The Order of Things* (1994) still performed an essentially symbolic tripartition, machines are able to take charge of the patient's life and consciousness, under the pretext of keeping them and changing their structuration, dangerously perhaps but quite profoundly. It is rather in the terms of G. Hottois that the importance of such machines should be thought. In order to help them to breathe, a machine imposes its rhythm to the patient; if it fails to impose it, it is necessary to put the patient in a coma so that he will only regain consciousness once his life is better assured. Undoubtedly, in *L'inflation du langage dans la philosophie contemporaine*, G. Hottois showed his fear about the possibility open for a few decades to operate on genes (1979). There, in the case of resuscitation, it can be decided to take technically charge of the opposition consciousness / unconsciousness for the alleged good of the patient who, most of the time, will recover an independent life; but at what cost? Let us understand that the coupling with a machine is of a different nature than the symbolic coupling with signified and signifiers. The coupling with a demanding machine -so demanding that it is better to let it do and to entrust it with one's conscious life, through deep sleep for an undetermined period of time- includes elements of an experience that language cannot tell without putting itself in a position of inflation that condemns it in that function. We might wonder if those Notebooks do not result from a timid symbolic compensation; if they do not testify to a resistance -a very puny one all the same- in front of the

18 as one of the caregivers said out of empathy with a patient.

19 In one Notebook, the patient's wife complains, in her poorly mastered language, that the sick has been changed, that he is no longer the same patient, that he has become unbearable for those around him.

quasi-divine transcendence of the machines that seem to have in their power the life and death, consciousness and unconsciousness of the patient submitted to them.

We will not sing the «technophobic» verse; we will not say that the use of the machine to breathe and the artificial coma that it often needs necessarily represents more harm than good. The dependence on a machine - felt as rather disagreeable in intensive care- is the price to pay for the patient to stay alive and that patient often still has a lot to gain from his life and to bring others, even if he is not the same and if he comes back deeply altered from that experience.

Conclusions

The *first conclusion* that seems interesting relates to cautions that must be taken to interpret this kind of texts. Those Notebooks need the instruments and precision devices suitable for prudence. From many sides, they operate in parallel with the respirator tube. Notebook and tube have comparable functions. Their two bundles of functions go hand in hand and respond to each other; simply, the Notebook deals more with symbolic relations than with the biological reality, which is, on the contrary, the tube's business.

The cut of the theory of games or of the calculus of division (Platon, 2008, p. 1681) is present in the thought of resuscitation. The resemblance is relevant for multiple traits: Does the patient cooperate or not? Is he winning, holding on or is he letting go? Are we ever sufficiently taking into account what we assume others will do? Lastly, are we guessing how the event will turn out?

The functioning of the machine -on which the patient is depending- has certainly relegated, for several decades now, the tryptic Desire - Death - Language to the rank of talkative or inflationist metaphor, as Hottois could say (1979). The relations between medicine (the caregivers), the patient, the patient's family, a painful treatment for the patient, whether he is conscious or unconscious, require a delicate balance. The machine has absorbed the limit between life and death and it seems to have taken it in charge through the control at will of the medical personnel; likewise, language condemns itself to a kind of border activity at the edge of the machine to which it will be necessary to yield, by a necessity without *must* or *sollen* which implies a possible transgression.

Many questions still remain to be asked: if there were enthusiastic fashions to take over the notebooks in certain families, if some have

sometimes rediscovered a long-forgotten writing, of which the lack of practice is hardly concealed by a few slang, more conventional than really inventive eccentricities, is there, from members of certain other families, any refusal to write in such conditions to the resuscitated patient? Have those refusals been justified and using which arguments?

To appreciate such cares and their expression in the Notebooks, it would be necessary to know a psychoanalyst who would have sworn allegiance and who would know how to be sensitive to the novelty of the situation. What happens in an experience like that one? What happened? Perhaps, a psychoanalysis would be required, both of the patient and of a few other people who have made the experience, which largely overpasses the limits of a thought experiment; the thought experiment has the merit of not changing reality or of not willing to do it at least, leaving in place the symbolic nature of law, death and language. Here, we are forcing things; we are not content with displacing the symbolic. The risk is then of a certain brutality. It may be however that the experience of the Notebooks allows to correct the inevitable violence of the treatment by imposing it in connection with some symbolisation. If, at least, one does not condemn the other.

The *second conclusion* that seems important to me is that the Notebooks leaves us in the middle of the ford. Undoubtedly, it would be necessary that those persons, when they have survived resuscitation, can describe such an experience; have they read the Notebook that was supposed to be written for them? Have they discussed it spontaneously with somebody? Could they not express what they have learned from that experience and from that reading? Have the notebooks facilitated care? Have they fulfilled the promises of the expected recomposing of a continuity and of an identity, both assaulted by the treatment itself? Have not grey areas remained? When we read the notebooks, we have the strong feeling that the adventure is not over, that it cannot stop there, that it is itself a cut and, for once, an added cut. Have all the persons solicited for such a care and for such an experience, six or seven years ago, spoken afterwards and, if they have not done so, should they do it if there is still time, if they want to do so and if they have time? Have those experiences been fruitful or not, and even if they have been harmful, could not the women and men be re-called in order to teach us about them? Moreover, unfortunately, the patients the state of whom demands intensive care, do not miss: could we not, planning the edition of other Notebooks, ask their authors, to come back, by slightly modulating the date of the summons: some months, one year, some years after that kind of experience and writing, to assess what has resulted

from them? It remains to be decided who would launch these summonses and interviews.

I admit that a legal-ethical question, connected with previous research, has served as a guiding thread, during my reading of the resuscitation texts: do those Notebooks have a defined juridical status? Whom do those Notebooks belong to? A simple notebook on which everyone can write, except the patient who cannot know their existence and who does not use them immediately and directly, since he is not able to use them and finds himself perhaps in a situation where he will never use them, can create intense disturbances in the system of relationships inside the family of which the patient has become the center. It would be necessary to describe, over a fairly long period of time, re-enacting, if possible, the same actors who have written such or such notebook what that notebook provokes, in their mind, what it has provoked, as far as they can remember, and what it still provoke if they have in their memory some echo.

A *third conclusion* relates to the importance of the theory of games in ethics. «You are strong»: I admit that I did not expect this incantation would be made with such a frequency and with such insistence in the sense of: «You can deploy whatever health has been left to you in order to keep the disease in check on the front where it does not seem to let go, while the family offers you, of course, the points of support you need for the distribution of your forces.» The theory of games would not be without highlighting the situation, even though it would not be only in the case a distribution of power: the play of powers being only one of the parameters of such a situation. The Notebook probably transforms the relation between those forces, even if it is possible that everyone may feel its effects only without knowing where they come from.

There is another ethical difficulty of the Notebooks; people are encouraged to write, not necessarily intimate things, but the latter could not be excluded; everyone may freely read their text since it is not protected. Does an intrusion in the intimacy of the patient's coma have to be committed? In any case, it is true that the notebook allows to enter the world of daddies, bichounets, galinettes, baby Crass, younglings, famous, that are ordinarily not exhibited in public and that are embarrassing for the double reason that, first we seem to cross the threshold of someone's intimacy, and secondly, for the opposite reason, this time, we wonder if intimacy would not ultimately depend on a few words that only someone has the right to say to some others, without us ever knowing if the notion has more consistency.

Finally, it seems that the play of pronouns in the Notebooks highlights the game of the «Vous» of *La Modification* by Michel Butor (1957) as much as it is highlighted by this literary instance. The *Vous* of Butor is not addressed to a sleeping individual, but destined to a being, who is relatively unaware of himself and who is experiencing a kind of degree of consciousness of a higher level, of a super-ego that will end up making an important and unexpected decision concerning himself, while traveling by train from Paris to Rome.

But what is infinitely and above all touching, in those Notebooks, is that each one of them is, in its way, a hymn to love; and the continuity we want for the patient or that it is intimated to the authors to want for him is in reality the stable resonance of the feeling of love that remains against bad luck, against the sometimes chaotic results of the efforts of care. «Everything is stolen from me, but my love dwells in me» said Zulica, a Tahitian heroine of the *Tahitian Letters* by Joséphine de Monbart (1784): isn't it what is shown through those Notebooks which are generally so unliterary? Isn't it in the continuity to love independently of events that we find the continuity of the existence of the relative or of the friend, who has become a patient, the famous continuity that could be one of his projections? Does not the modest Notebook partake with love the function of rising above unfortunate circumstances that -maybe through illusions- of consolation?

Jean-Pierre Cléro
Paris, November 11, 2022

EPILOGUE

Hazard -but is there any?- would have it that I came across pages of Nietzsche I had read a long time before and had half forgotten their radicalism (2006). Nietzsche opposes *moral consciousness* to the *life* and what he called *animality*, but it is for a transvaluation that, far from estimating the first as higher than the second, tries to convince that it is the reverse weighing that is the good one. Certainly, consciousness -the good and the bad- stems from values of life and animality; but it is a sort of illness, that is more dangerous than the assertion of that life and of its strengths of animality as such. If we were, at first, while reading the Notebooks, so surprised, so shocked by thundering assertions, comical and opposed to tragical values, it is perhaps because we ultimately accept death and the values of death too easily. If we could have believed that the Notebook proposed to the members of a family, to the friends and to the medical personnel,

encouraged as the best the values well wrapped in their lethal dignity -those that can be put under the sign of Thanatos-, it was, as we could see, a false fear: the principle of the Notebook does not prevent the values of life in their loudest expression, the most disturbing for the other values. The terrain that the Notebooks reveal to us is really more open than the domain which we could imagine to be offered from the first moments.

References

Butor, M. (1957). *La Modification*. Minuit.

Descartes, R. (2010). *Le Traité du Monde*. In *Œuvres philosophiques. Classiques Garnier, Tome I* (1618-1634), (pp. 315-377). Alquié

Flahault, C., Trosdorf, M., Sonrier, M., Vioulac, C., Fasse, L., Timsit, J. F., Bailly, S., & Garrouste-Orgeas, M. (2021). ICU Survivors Experience of ICU Diaries: An Ancillary Qualitative Analysis of the ICU Diary Study. *Crit Care Explor, 3*(5), e0384. https://doi.org/10.1097/CCE.0000000000000384

Flahault, C., Vioulac, C., Fasse, L., Bailly, S., Timsit, J. F., Garrouste-Orgeas, M. (2022). "A story with gaps": An interpretative phenomenological analysis of ICU survivors' experience. *PLoS One, 17*(3), e0264310. https://doi.org/10.1371/journal.pone.0264310

Foucault, M. (1966). *Les mots et les choses*. Gallimard NRF.

Foucault, M. (1994). *The Order of Things* (A Translation of *Les mots et les choses*). Vintage Books.

Freud, S. (1964). Constructions in Analysi. In J. Strachey (Ed.), **The standard edition of the complete psychological works of Sigmund Freud**. Macmillan.

Garrouste-Orgeas, M., Flahault, C., Fasse, L., Ruckly, S., Amdjar-Badidi, N., Argaud, L., Badie, J., Bazire, A., Bige, N., Boulet, E., Bouadma, L., Bretonnière, C., Floccard, B., Gaffinel, A., de Forceville, X., Grand, H., Halidfar, R., Hamzaoui, O., Jourdain, M., Jost, P. H., Kipnis, E., Large, A., Lautrette, A., Lesieur, O., Maxime, V., Mercier, E., Mira, J. P., Monseau, Y., Parmentier-Decrucq, E., Rigaud, J. P., Rouget, A., Santoli, F., Simon, G., Tamion, F., Thieulot-Rolin, N., Thirion, M., Valade, S., Vinatier, I., Vioulac, C., Bailly, S., Timsit, J. F. (2017). The ICU-Diary study: prospective, multicenter comparative study of the impact of an ICU diary on the wellbeing of patients and families in French ICUs. *Trials, 18*(1), 542. https://doi.org/10.1186/s13063-017-2283-y

Garrouste-Orgeas, M., Flahault, C., Vinatier, I., Rigaud, J. P., Thieulot-Rolin, N., Mercier, E., Rouget, A., Grand, H., Lesieur, O., Tamion, F., Hamidfar, R., Renault, A., Parmentier-Decrucq, E., Monseau, Y., Argaud, L., Bretonnière, C., Lautrette, A., Badié, J., Boulet, E., Floccard, B., Forceville,

X., Kipnis, E., Soufir, L., Valade, S., Bige, N., Gaffinel, A., Hamzaoui, O., Simon, G., Thirion, M., Bouadma. L., Large, A., Mira, J. P., Amdjar-Badidi. N., Jourdain, M., Jost, P. H., Maxime, V., Santoli, F., Ruckly, S., Vioulac, C., Leborgne, M. A., Bellalou, L., Fasse, L., Misset, B., Bailly, S., & Timsit, J. F. (2019). Effect of an ICU Diary on Posttraumatic Stress Disorder Symptoms Among Patients Receiving Mechanical Ventilation: A Randomized Clinical Trial. *JAMA, 322*(3), 229-239. https://doi.org/10.1080/10.1001/jama.2019.9058

Gracq, J. (1951). *Le rivage des Syrtes*. Corti.

Hobbes, T. (1651). *Leviathan, or, The matter, forme, and power of a common wealth, ecclesiasticall and civil by Thomas Hobbes* .... Printed for Andrew Crooke. http://name.umdl.umich.edu/A43998.0001.001

Hottois, G. (1979). *L'inflation du langage dans la philosophie contemporaine*. L'Université libre de Bruxelles.

Hume, D. (1978). *A Treatise of Human Nature*. Selby-Bigge.

Jarry, A. (2000). *Ubu roi* [King Ubu]. Le Livre de Poche.

Kierkegaard, S. (1957). *Journal*, vol. IV (transl. K. Ferlov & J.-J. Gâteau). NRF-Gallimard.

Lacan, J. (1959). *Le Séminaire*, L. VI (1958-1959), *Le désir et son interprétation*, leçons des 18 mars et 15 avril 1959 [The stenography is not yet published].

Monbart, J. (1784). *Lettres Taïtiennes*. G.T. Korn.

Nietzsche, F. (1909). *The Birth of Tragedy or Hellenism and Pessimism* (trans. W. M. A. Hausmann. G. Allen & Unwin.

Nietzsche, F. (2006). *On the Genealogy of Morals* (trans. by C. Diethe, ed. K. Ansell-Pearson). Cambridge University Press.

Pascal, B. (1954). *Œuvres complètes*. NRF Bibliothèque de la Pléiade.

Pascal, B. (1995). *Pensées*. Penguin Books.

Platon (1998). *Phaedra*, 271 c-d. Cornell University Press.

Platon (2008). *La République*, VII, 516 d-e. In *Œuvres complètes*. Flammarion.

Schopenhauer, A. (1958). *The Word asWill and Representation*, vol. II (trans. by E.F.J. Payne). Dover Publications.

Spinoza, B. (1677). *Ethica*, III, Affectuum definitiones, XII. The Latin Library. https://www.thelatinlibrary.com/spinoza.ethica3.html