

... you are only one thing amongst many.
And whoever sees that way, heals his heart
by Tina Kinsella

Liminality is a discursive, experiential, and creative address to the issue of organ transplantation.¹ As an opening statement, this one is distant, medicalised, tidy. But in being asked to address the issue of organ transplantation we are asked to think about life. And death. And, as we all know, life and death – both – are a messy business. Of the organs at issue here today, the heart is of a special, singular kind. We have two lungs, two kidneys. We can live for many years with only one of each but we would die without our one heart. I want to talk about this heart; I don't know where to begin. Today we are asked to pay attention for a while, to the experience of those who have received, inside them, the heart of another. In paying attention – pausing, waiting, listening – to their stories, we may wonder how it would feel to have a heart that was 'useless'; how it would feel to have to 'receive the heart of another person'; how it would feel to live because someone else died.² I ask myself, if I had to live with something (the heart) of another (still alive) inside of me, what would I be? Would I still feel like me?

An intruder is in me, and I am becoming a stranger to myself³

Each and every one of us has a heart. This organ, the closest stranger to us, how strangely imperceptible it is, even to ourselves. We can't smell, see, taste, or touch it. Words don't seem to do it justice. We need so many words, but however many we use, they can't contain it. That is the problem when trying to find words for the heart; words will never suffice. Much of the time when we do speak of our hearts, which isn't very often, (not nearly often enough), we are not thinking of our living, pumping heart. Instead, we say things like: my heart hurts. We listen to our heart, sometimes. It's an internal barometer of conscience – we use our hearts to measure our truth. It makes wishes for us too. Or when thinking of someone, something, a place, that we love, we can feel our heart growing. It doesn't, not really, not our actual heart. So, this heart, yours or mine, is already two: a living heart, pumping away day-to-day with little fuss (only being remembered when it gives us trouble), and this other heart, that reminds us of our fears, loves, dreams, desires. Our hearts are already more than one, already more than multiple.

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Ciara McMahon is both a GP and an artist. In conversation a few weeks ago, she spoke to me about how a doctor approaches the heart. As a medical student she was taught to view the heart as a "pump and bellows" – a mechanistic entity within a biological system. A system we call the/our/my body. Doctors who perform a transplant operation, who make the surgical cut, extraction and graft, serve the patient best if they view the human hearts in their care – both the diseased heart and the donated heart – from a distance, as though they are simply 'things': components in a machine. These organs, these hearts – one diseased, one functional – like any other faulty mechanistic component, require extraction and replacement in order for the machine, in its entirety, to work. The

¹ The word liminality comes from *limen*, the Latin word for threshold. In anthropology this word is used to describe a certain state in rites of passages ceremonies where the self is in a transitive, in-between state, between one role or sense of identity, and another: a threshold state. In contemporary discursive usage it connotes a state of indeterminacy, marginality, disorientation and transition.

² Jean-Luc Nancy, 'The Intruder' in *Corpus*, Fordham University Press, 2008:162. Nancy is both a philosopher and a heart transplant recipient.

³ *Ibid* p.166.

future health of the patient, McMahon explained, is best served by a de-subjectivising psychic occlusion on behalf of the medical team. Disturbing subjective emotional states that doctors might experience as part of their day-to-day reality – sadness, joy, passion, regret – are potentially dangerous distractions with regard to the imminent/immanent task at hand. The mind must vanquish the heart for the benefit of the patient who is to be treated with effect by the doctor. A certain bracketing of ‘selves’ occurs between the doctor and the patient; a necessary mechanistic dualism is embedded – in the heart – of curative science.

In caring for the heart of another, then, a certain splitting occurs. For her to emotionally survive the process of removing the heart of one human being and inserting the heart of another, the doctor needs to evoke a particular distance in the heart of herself and in relation to the heart of this other. To treat these two hearts – the diseased heart and the donated heart – in her care, as things to be extracted and implanted, the doctor has to exclude a certain kind of knowledge from her own heart. That knowledge is this: that the heart they are implanting once resided in another, and that this patient, cut open and anaesthetised on the operating table – in a transient state of heartlessness – is more than just a patient in need of a cure; it is a person who used to have a heart of their own. In this liminal state - the surgical moments between extraction and insertion - the patient, and the doctor are both estranged, yet united, in an uncanny kind of way. Both are in a temporary state of heartlessness: one without their living heart, one with their feeling heart on hold. But such thoughts are not the concern of critical medical practice; nor should they be. To speak of the heart so is unhelpful to medicine, best left slightly unarticulated, in a liminal space: here perhaps?

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These hearts we have, they annoy us. They admonish us, they cause us pain, they sing from time to time. At times they suddenly get bigger. Other times they seem so very, very, small. Sometimes these hearts of ours simply ache. They do so in ways that a hospital monitor cannot capture and our tongues struggle to articulate. When she invited me to write these words, the artist asked me to respond to the work and to the issues the work raises. Not to try to explain, nor to interpret, but to respond. In responding, I could write about many things – the problems of identity, of subjectivity, of the self, of the other – but they seem like distant, philosophical, theoretical, things.

Theoria was the classical Greek word for contemplation; it connoted a witnessing, a beholding. It meant:

A true sharing, not something active but something passive (*pathos*), namely being totally involved in and carried away by what one sees.⁴

Perhaps this week provides us all with the opportunity to approach theory anew, to recuperate theory from its lofty, distanced, space, to engage in *theoria* as a form of active response; as something that brings us to a closer understanding of this issue of the heart – the hearts of ourselves, and of others. If we try to think about theory in this way - as an opening unto the other, a witnessing, a beholding - we can all take our part in responding to the events of this week, to the voices of the hearts of others, of those who have the heart of another.

As I have been asked to respond – and as I find myself responding – to these hearts, maybe I should stop by mine and say hello. Hello heart, my “pump and bellows”. But when we speak to the heart, it talks back, for the heart has stories of its own. Our hearts respond, all by themselves, and they make us listen. Today, when I stop to listen to my heart, it speaks of the heart of another. My father.

⁴ Hans-Georg Gadamer, *Truth and Method*, New York, 1975, p.111.

He died from a heart that stopped working, very suddenly. He was far away and his heart got blocked, we didn't know he needed a new one. So it seems that there is something that I forgot to mention: our hearts already hold the memory of others.

Love means to learn to look at yourself
The way one looks at distant things
For you are only one thing amongst many.
And whoever sees that way, heals his heart⁵

One thing amongst many, this is a truth our hearts already know. For this reason they remind us to be mindful of other hearts, of each other's hearts. Our hearts know that a heart is only one in a multitude. They make us remember that all hearts are stitched and knitted together in some mysterious way.

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Stitching and knitting. These two acts of braiding and entwining bring me back to one of the items on view this week: a film about the experience of different heart transplant recipients, made by the author of this event, Ciara McMahon. In this film, *I used to say it was gold, but really it's a platinum one. Platinum* (2011), we see at different times, two women: one knitting, one sewing, both living with a new heart. One of these women, the one captured in the act of sewing, reminds us that the acts of stitching and sewing are a mending of something old and a making of something new. Every act of stitching is a certain kind of suturing, for every cut leaves a wound, every wound leaves a scar, but every scar is evidence that something is healing. As a making of something new, every act of sewing is a process of becoming, because when two separate things are brought together they can never really be fused; two things metamorphosize into a third thing - something else:

What a strange me! ... Not because they opened me up, gaping, to change the heart. But because this gaping cannot be sealed back up (in fact, as every X-ray shows, the sternum is stitched with filaments of steel). I am closed open.⁶

Knitting, too, is a multiplicitous activity; it employs the use of at least two needles, many threads, many yarns, and two hands, sometimes three. In the film, the woman who is knitting – she'd been doing so for many years – tells us how she had to phone her friend for advice because after her heart transplant operation she had “forgotten how to cast-off”.

I am not I.
I am this one
Walking beside me whom I do not see
Whom at times I manage to visit
And at other times forget⁷

She remembered how to keep knitting, she couldn't remember how to stop. She kept on continuing, replicating stitches – repeating, multiplying, binding, connecting - but as we know, each knitted stitch is a little bit different, each stitch is a stitch anew, all stitches are attached to one another, so every stitch is a joining, a making of something new.

⁵ From the poem *Love* by Czesław Miłosz.

⁶ Nancy:167-8.

⁷ From the poem *I Am Not I* by Juan Ramón Jiménez.

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If I was not myself I would be somebody else.
But actually I am somebody else
I have been somebody else all my life.
It's no laughing matter going about the place
All the time being somebody else:
people mistake you, you mistake yourself⁸

So, here I find myself still questioning, still open, still not knowing how to speak of the heart, still thinking of these many hearts. I return to where I began.

[...]who, "I"? this is precisely the question ... who is the subject of this utterance?⁹

In returning to where I began, I begin again. Perhaps this is exactly the point. In continuing to question myself, my own identity, my own heart, I am opened unto the identities, and the hearts, of others.

The events of this week ask us to continue to regard the heart: my heart, yours. In continuing to regard the heart, perhaps, just perhaps, it is possible for an 'expansion of the question of identity' to occur.¹⁰ In questioning the self we begin a journey towards beholding the other. This journey may not have a destination, for each attempted answer to each attempted question seems to provoke another question. We remain in a liminal space of never knowing, but always becoming: myself, somebody else.

⁸ *Somebody Else* by Jackie Kay.

⁹ Nancy:162.

¹⁰ Jean-Luc Nancy in conversation with Claire Denis at the European Graduate School. Accessed 24/1/11: <http://www.youtube.com/watch?v=YiTcw-dg0bA&feature=channel>.