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“Je-sans-moi”: Patients, Pain, and Painlessness in Malraux’s *Lazare*

Anna Magdalena Elsner

IN OCTOBER 1972, *Paris Match* photographer Jack Garofalo took a series of photographs of André Malraux. In these, Garofalo seemingly breaks with some of his more famous takes of Parisian intellectuals in the 1960s and 1970s, such as images that depict Cocteau, Buñuel or Malraux himself mostly in familiar, cultural, and bookish surroundings. Instead, he displays Malraux as an elderly patient hospitalised at the Salpêtrière (Figure 1).

The series of several images taken from a variety of angles all play with the same motifs: dressed in pyjamas, Malraux is lying in a standardised brass hospital bed complete with a starched blanket and pillow, staring fixedly into the void and refusing to make any contact with the spectator or the camera. While the recumbent position of the figure allows the spectator to acknowledge that the subject of the photograph is a patient, the frozenness of the facial expression and stasis of the adopted posture do everything to conceal the vulnerability associated with patienthood. Yet the staging and angle of the black and white photograph, its side view and evocation of post-mortem photography, bear resemblance to the famous Man Ray picture of Marcel Proust on his deathbed.¹ The portrait of De Gaulle in suit and tie presiding over the patient further adds to the memorial atmosphere of the hospital room, even if, in a telling testimony, Malraux’s physician Louis Bertagna revealed that it was the photographer who placed the framed picture on the bedside table. But Malraux’s acceptance of what he calls a “cliché”² conveys much of the tension between anonymity and intimacy that we find in *Lazare*, the short text written against the backdrop of Malraux’s month-long hospitalisation at the Salpêtrière from October 19 to November 16, 1972. Just as in his overall project of the *Le miroir des limbes*, of which *Lazare* provides the sixth and final part, Malraux does not intend to divulge the innermost reality of its author, which is not necessarily guarded or emotionless, but instead seems to be without interest to him. “Il n’y pas de Charles dans ses *Mémoires*, mais pas davantage dans un dialogue avec lui,”³ remarks Malraux of De Gaulle’s memoirs earlier on in *Le miroir*; and he goes on to explain, “l’intimité avec lui, ce n’est pas de parler de lui, sujet tabou, mais de la France (d’une certaine façon), ou de la mort” (*Miroir* 620-21). This idea, namely, that the political, historical, and abstract has superseded the private, also runs through *Le miroir*, and to

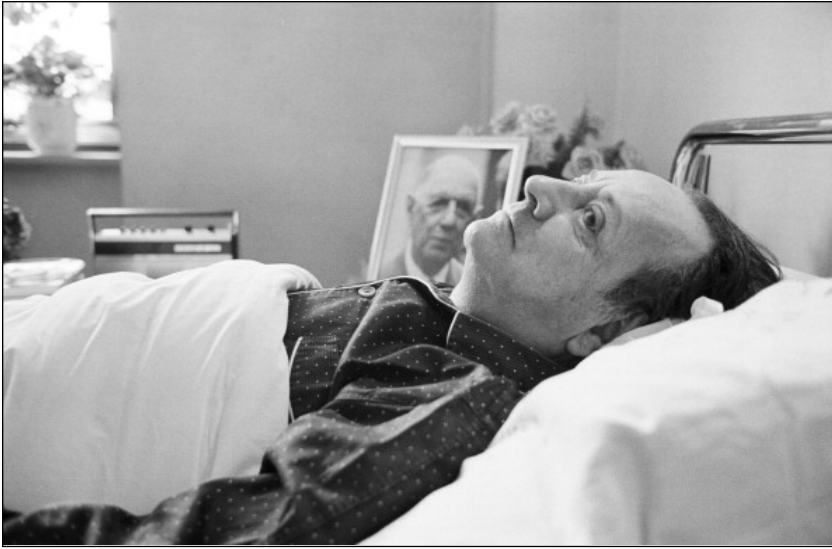


FIGURE 1. André Malraux at the Hospital. Photo, Jack Garofalo. Getty Images.

some extent *Lazare*. The attempt to discard the “misérable petit tas de secrets” (*Miroir* 8) that make up the intimacy of personhood transforms these texts into ‘anti-mémoires.’ The term, however, should not be understood as a complete rejection of the memorial, since this refusal of the autobiographical always remains to some extent performative as the narrative derives from and centres on the Malrucian ‘moi.’ This ambivalent self is the public figure Malraux, and yet it is also more than that, because it is that figure reimagined and rewritten by Malraux.

Within this reconfiguration of the autobiographical, *Lazare* has often been presented as a text that challenges and in a few instances even seemingly transgresses Malraux’s disinterest in divulging his personal life, by, for example, taking as its point of departure Malraux’s actual hospitalisation or alluding, however swiftly, generally, and ambiguously, to the death of his sons and wife, when he writes, “les miens sont incrustés en moi, mais je ne vais au cimetière que par devoir” (*Lazare* 895).⁴ Crucial to an understanding of the self in *Lazare* is the distinction and hierarchy Malraux sets up between the concept of death and the phenomenon of dying. Death (*la mort*), as Geoffrey Harris puts it, is “the metaphysical absurdity of the human condition,” the abstract conceptualisation about an unavoidable fact of human life, while dying (*le trépas*) is the

term Malraux uses in order to capture the physical/biological and idiosyncratic experience of death.⁵ Even if Malraux tirelessly underlines the primacy of the metaphysical concept of death for the development of his thought, specific near-death experiences nonetheless not only defined Malraux's life but also punctuate his writing. My intention here is not to challenge the validity of the death/dying distinction or to argue that *Lazare* fundamentally realigns the importance of near-death experiences for Malraux's thought. What I propose is that the medical language and imagery pertaining to the body and patienthood, which he explores in *Lazare*, expose, if not a private, then a uniquely anti-heroic self faced with the everyday mortality of illness. This novel experience of selfhood at the heart of *Lazare* is what he calls a "je-sans-moi," a self stripped of its public persona and yet adamantly resisting letting the experience of illness unearth a private self. Claude Pillet has therefore tellingly called this self an "anti-Malraux," thereby suggesting that crucial Malrucian concepts, such as solidarity, transcendence or fraternity, seem to move into the background for the Malrucian patient.⁶ Yet, despite the vanishing of these concepts, the patient is not left with nothing—as the Malraux-protagonist poignantly puts it: "l'épouvante que j'ai rencontrée dans cette chambre, après mon écroulement et mon voyage sur la petite table, n'avait rien de commun avec ce que je pense de la mort" (*Lazare* 929). *Lazare* does not turn over Malraux's deepest convictions, but it introduces an undertone of lived experience into his rigid theoretical universe by exposing a patient-self that is not dying for a cause or an idea, but is simply bearing testimony to the actual experience of its own natural demise.

By approaching the text as a narrative reflecting on the author's own experience of illness, an autopathography, my reading of *Lazare* aims to excavate this hint of banal mortality exuded by this "anti-Malraux." It focuses on the text's complex medical background and Malraux's transcription of the experience of illness and hospitalisation, while also tending to questions of contextualisation raised by the classification of *Lazare* as autopathographical. More generally, reading *Lazare* as a text about an illness also sheds new light on the meaning of anti-memorialism in Malraux's *œuvre*, because the focus on the medical does not expose his alleged discretion as a lack of emotion or disinterest in the personal, but instead uncovers it as a testimonial of a frail body attempting to take ownership of whatever is left of an already devoid self. *Lazare* refuses to create a linear narrative or derive direct meaning from the experienced illness for the unsettled self, and in this preclusion of a redemptive understanding of illness, my reading of the text also aspires to challenge the field of the medical humanities more generally. In order to illustrate that

it has “an essentially practical component,” this field of research has appropriated illness narratives, claiming that “the *meaning* of illness is created through stories” and that “reading these stories can help us to become more sensitive and humane caregivers.”⁷ *Lazare* might partake in this goal, yet it does so by foreclosing the view that the experience of illness creates a more meaningful and holistic self, and instead advocates that the meaning of illness lies in the complete reduction of the self.

A Malrucian anti-autopathography?

Garofalo’s portraiture offers valuable pathways to such a reading of *Lazare* because, despite the photograph’s effort to depersonalise a setting of vulnerability, Malraux’s void gaze and static body posture leave the spectator with the uncomfortable impression of a self-imposed and un-lifelike coercion. This reluctance also partakes in Malraux’s revelation concerning the cause of his hospitalisation, which, early on in *Lazare*, he describes as a generic “maladie du sommeil,” or in more medical terms—even if still somewhat vague ones—a “sclérose des nerfs périphériques et menace sur le cervelet” (*Lazare* 837). Congruent with the title’s allusion to the biblical figure of Lazarus resurrected by Jesus four days after his burial, Malraux’s hospitalisation does not end with death, though this is not clear to the reader at the beginning of the text; intertwining biblical and medical terminology, Malraux plays on the association of sleep with death, their interrelatedness and indistinguishability, sleeplessness and near-death experience.⁸ “Les draps chauds de la fièvre diurne mêlent tout,” leaving the patient with “une chancelante chronologie,” in which “les jours glissent” (*Lazare* 876, 875). From the outset, the anti-autobiographical disinterestedness in the intimacy of the self is subtly replaced with the story of an erased self in *Lazare*: a self that no longer even has the possibility of access to biography, linearity or continuity since it has been degraded to complete passivity: “S’enfourir, glisser, sombrer” (*Lazare* 923). The specificity of his condition melts into this trance-like state in which “L’individu n’y existe pas” (*Lazare* 839). Instead, what his physical and mental frailty have left him with is but “une conscience sans mémoire,” amounting to the conclusion that “on n’est pas son histoire pour soi-même” (*Lazare* 883-85). Jeannelle is indubitably right to understand this situation as clearly going against a traditional notion of biography,⁹ which is why Pillet has associated *Lazare* with “le journal intime” or “*fiction* diariste.”¹⁰ These concepts seem more fitting given the book’s ‘un-structure’: Malraux frequently alludes to or rewrites scenes from his other works, juxtaposes them to continuous flashbacks to events of his own life, notably the experience of the war,¹¹ and, on top of that, intertwines

everything with remarks about the hospital environment and his current condition. The result is a seemingly chaotic and aimless text that because of its very disorganised form becomes more of a testament to the writing of illness than the arguments themselves.

Anne Hunsaker Hawkins has defined pathographies as “cautionary parables of what-it-would-be-like if our ordinary life-in-the-world suddenly collapsed [...] they show us the drastic interruption of a life of meaning and purpose by an illness that often seems arbitrary, cruel and senseless.”¹² It is not only her emphasis on collapse that corresponds to the disjointedness of *Lazare*, but also her understanding of pathography as being related to, but not congruent with, illness narratives. Thomas Couser emphasizes similar points in his neologism “autopathography” when he claims that “bodily dysfunction may stimulate what I call *autopathography*—autobiographical narrative of illness or disability—by heightening one’s awareness of one’s mortality, threatening one’s sense of identity, and disrupting the apparent plot of one’s life.”¹³ This emphasis on the experience of an uncontrollable self seems essential, as the concept thereby intrinsically questions the possibility of a self telling its story. *Lazare* fits within this framework of rupture yet also challenges it, because Malraux’s experience of illness ostensibly does not endanger how he, at least intellectually, perceives of the meaning of his life prior to, during, and after illness. Moreover, we paradoxically find at the centre of this autopathographical narrative the voice of a patient who, albeit threatened by death, only occasionally admits some physical discomfort (“les dalles me font mal aux genoux” [*Lazare* 888], “bien que je souffre toujours peu” [*Lazare* 887]), and mostly states that he is experiencing no physical suffering at all: “ne pas souffrir me déconcerte. La mort, dans notre esprit, se lie si fortement à la douleur, que l’homme reste stupéfait devant une maladie qui peut être mortelle, mais qui ne le torture pas” (*Lazare* 873).

This non-suffering is a curious motif repeatedly taken up in *Lazare*,¹⁴ and one that commentators have discreetly avoided, even if, together with the vague description of Malraux’s symptoms, it seems a central paradox in a narrative that not only is motivated by, but frequently returns to its author’s illness and hospitalisation. In addition to Bertagna’s article, the Royal Society of Medicine published a paper that analysed the “medical evidence” in Malraux, in which the somewhat reluctant conclusion is reached that “the incident he [Malraux] describes appears more likely to be related to some neurological complication of his lung cancer or a drug reaction than to his chronic condition [Tourette Syndrome] [...] Quite possibly he had a cerebellar metastasis [due to his lung cancer] or an extra-pyramidal drug reaction.”¹⁵ This situation

led to a number of heart attacks, which, as Jean-Marie Domenach writes in his review of *Lazare*, produced this unique experience of “living in advance his own death and then his ‘resurrection’ after several comas.”¹⁶ Aside from these chronic and more serious conditions, Malraux repeatedly mentions a recurring fever in *Lazare*, and Bertagna confirms this when he reveals “en 1972, le jour de la Toussaint, alors qu’il était déjà hospitalisé depuis une semaine à la Salpêtrière, un état infectieux brutal, très fébrile, s’installe.”¹⁷ There seems little value in trying to scrape together medical evidence that Malraux himself, as much as his attending physician, never intended to reveal and regarded irrelevant for his text. And even if Malraux occasionally mentions specific aches and discomforts, his proclaimed painlessness preoccupies him, as he keeps returning to it almost as a main symptom or characteristic of his condition. This painlessness seems integral to an understanding of *Lazare*, because regardless of whether Malraux’s condition was caused by neurological damage, a drug reaction, a heart attack or the additional viral infection, fever, and physical discomfort, a certain amount of pain—even if just muscle spasms, contractions, and joint pain—would belong to the symptom clusters commonly associated with any of these conditions.¹⁸

One way to understand this painlessness would be to read it as a form of “pain asymbolia,” a dissociation of pain from painfulness that can, for example, be triggered by lobotomy and a number of analgesics. Given that the clinical evidence highlights that this dissociation is possible, philosopher Nikola Grahek has claimed that this form of pain without its painful quality has an impact on the way we understand the intrinsic nature of pain itself, namely, that it is possible to dissociate feeling pain from being in pain.¹⁹ He explores pain as a multilayered phenomenon that has sensory, emotional/cognitive, and behavioural components, claiming that having a painful sensation can be emotionally and cognitively dissociated from feeling pain. Colin Klein, who reassesses Grahek’s take on pain asymbolia, is particularly helpful here, as he interprets this phenomenon as exposing a distorted relationship between pain and subject. He claims that the exhibited indifference to pain might point to a depersonalisation, because “the asymbolic, and the depersonalised more generally, feels sensations that they are estranged from—that they do not take to be *theirs* in the sense that we normally do.” There is an absence of “ownership” of such sensations.²⁰ Without needing to go into a detailed medical description of the depersonalisation disorder or hypothetically diagnose Malraux with it, we can take this distancing between sensation and subject to belong to Malraux’s discourse on his illness and, more generally, to his understanding of the project of writing his life, along with the central place death

holds within this narrative. In fact, Harris uses the term “depersonalisation” in his literary, non-medical reading of *Lazare*, suggesting that it describes a technique that Malraux also used in his oratory, namely, that the “personal dimension is evacuated” and the “emotional thrust of the message is depersonalised” with the aim of integrating the personal “into the nation’s collective memory.”²¹

The ways in which Malraux’s painlessness shimmers through the narrative—without however thereby providing any precise medical clues, but instead emphasizing the distance between life and narrative—creates what in true Malrucian fashion might be understood as an ‘anti-autopathography.’ The experience of illness does not lead Malraux to divulge any more about his biographical self or personal struggles, in fact the “auto” in the “autopathography” is consciously and constantly destabilized so that the text seemingly works against itself in its choosing of a first-person perspective while insisting on the distancing from everything personal. Malraux might be said thereby to remain close to the genre, if we agree with Thomas Couser who remarked in 2012 that autopathography is *anti*-pathography in two senses, “first, in the sense that by taking control of their own narratives patients are resisting medical authority. Second, in the sense that such patients are challenging the medical scripts and/or cultural constructions attached to their conditions.”²² In fact, in this revisiting of the genre of autopathography Couser even conceded that he had since abandoned the term all together because the Greek *πάθος* (*pathos*) places too much emphasis on suffering, something those experiencing and writing about it often deny. With regard to *Lazare*, the term seems nevertheless uniquely fitting since the text bears witness to a self that lives the tension of constantly negating itself and voicing disinterest in suffering, while at the same time caught within the very categories that it seeks to abandon.

Doctors, death and dying

At the heart of this narrative originating in an illness, Malraux returns to the topic of death and dying, which, while having preoccupied him throughout his entire *œuvre*, now takes on a new urgency since it is reformulated from the horizontal position of a hospital bed. In a conversation with De Gaulle earlier on in *Le miroir*, Malraux admits “ma relation avec la mort est loin d’être claire” (*Miroir* 634), and in what follows I therefore propose to look at two central instances in *Lazare* that flesh out the meaning of this avowal: first, a near-death experience, during which Malraux has to reorientate himself physically in his hospital room, and second an encounter with a doctor whose arguments jeopardize and realign some of Malraux’s deepest convictions regarding the nature of death.

In *Lazare*, as in previous works, Malraux emphasizes again that

l'importance que j'ai donnée au caractère métaphysique de la mort m'a fait croire obsédé par le trépas. Autant croire que les biologistes voués à l'étude de la naissance cherchent des places de nourrices. La mort ne se confond pas avec mon trépas. [...] Le trépas est lié au combat. (*Lazare* 873)

While this passage has been read as affirming the dichotomy between death as a metaphysical concept and heroic dying, Malraux is here introducing a third component because, as Harris points out, “the compulsive distinction between death and dying for the first time assumes a personal perspective.”²³ The progression from “le” to “mon” and back to “le trépas” delineates and encapsulates precisely what Malraux seeks to avoid, the self: “Moi. Inexplorablement, ce personnage, qui parfois m'obsède, ne m'intéresse pas ici. Mon corps aux cellules provisoires est le mien, et si je m'empoisonne, ce n'est pas un autre qui mourra; pourtant, un monde comme le nôtre, et où le divorce est répandu, suggère la discontinuité plus que la continuité de l'individu” (*Lazare* 883). But even if negations of the self punctuate *Lazare*—and are familiar from earlier parts of *Le miroir*—they here seem reminders to the narrating self more than to anyone else because that recumbent self struggles to think itself outside of this “corps aux cellules provisoires.” Malraux might proclaim a vanishing of the body (“mon corps a disparu [...] plus de corps, plus de ‘je’” [*Lazare* 888]), but this statement is juxtaposed to sentences where the body clandestinely breaks through: “Mon vertige m'obsède” (*Lazare* 892), he writes for example, when a sensation of loss of balance suddenly takes hold.

Vertigo functions as a recurrent theme and structure, or rather as an unstructuring device, in *Lazare*. The text's fragmentation and switching between elements of fiction, the rewriting of fiction and non-fiction, allow the reader to share in this Malrucian experience of loss of balance, a topic that is directly taken up in the book's central near-death experience. Malraux is woken up at night by the cries of pain of a patient in the next room, and, when trying to get up to look for his medication in the dark, he relapses and is taken over by vertigo and a loss of consciousness. While fumbling around the dark room he asks, “Comment exprimer une sensation inconnue?” (*Lazare* 888). He affirms his non-suffering, and yet he adds, “j'éprouve un déséquilibre enveloppant, prêt à se rompre, comme si j'allais vomir” (*Lazare* 887). Despite the proclaimed absence of the body, this body takes hold of his language, and while this loss of consciousness and disorientation in the hospital room are “ni douleur, ni mémoire, ni amnésie—ni dissolution,” they create a “je-sans-moi” (*Lazare* 889).

This formulation both breaks with and expands on the “anti-mémoires” project: once the public, discreet “moi” is gone, what remains is neither an intimate “je” nor “la mort,” but the “je” without the “moi.” This reduced self picks up on the fundamental nature of the near-death experience in the hospital room because, prior to that experience, “le sentiment de la mort s’est toujours lié pour moi à l’agonie, et je suis stupéfié par cette angoisse où je ne distingue que la menace inconnue de me retrouver amputé de la terre” (*Lazare* 889). The imagery of amputation brings out the physicality of the “sans,” even if it is not so much pain but rather fear that dominates, and yet the image of the earth being amputated from the self—rather than the other way round—calls into question what the remaining “je” amounts to. While the experience certainly does not lead to a biographical re-defining of identity, I would argue that the “je-sans-moi” is not equivalent to what Malraux describes as mere animal consciousness, which is what Harris seems to suggest in his reading of Malraux’s concept of prehistoric consciousness, the “cerveau de saurien” (*Lazare* 927).

Michaël de Saint-Cheron notes that “C’est l’insolite qui domine dans la seconde partie de cet anti-journal d’une hospitalisation, où Malraux cherche par-dessus tout son anti-moi.”²⁴ De Saint-Cheron reads *Lazare* as a search, and just as the concept of “anti-mémoires” is not tantamount to an effacing of memory, similarly is the “anti-moi” not an erasure of either the public or the private self, but a “je-sans-moi” that discovers that despite a seemingly complete loss of identity, something does remain:

J’ai envie d’écrire: c’est ce qui se construit sur cette conscience véhémement d’exister, seulement d’exister. Mais n’est-elle pas liée à l’homme comme le socle à la statue? Pourquoi m’intéresser à cet être d’amibe? Pour ce qu’il a de commun avec moi, avec le moi du rêve et le fou: la conscience de l’effort. (*Lazare* 890)

Not only are the desire to write and the effort to get up and re-orient himself built upon a form of animal consciousness, but ultimately this experience of debilitation and the attempt to take ownership over it are profoundly humane, thereby connecting him to all mankind, creating a form of communion. Jeanne explains that “il s’agit bien de créer une communion, autrement dit de faire que le passé commun se confonde avec le souvenir de chacun.”²⁵ Even if he is not writing about the specific experience of illness in *Lazare*, this form of universal connection is precisely what the “je-sans-moi” brings to the fore. Illness is therefore not experienced as imprisoning the patient in a reductive, un-shareable, and individual state; on the contrary, the experienced state of reduction uncovers a connecting chain link—the “envie d’écrire” and “la con-

science de l'effort"—that remains unbroken and thereby keeps the possibility to restore identity intact.

The Malrucian narrator proclaims when finally on his feet again and having regained his hospital bed, "Ce qui me fascine dans mon aventure, c'est la marche sur le mur entre la vie et la mort. C'est aussi le souvenir de ces profonds: 'Les réanimés ne se souviennent de rien' (de rien, mais de conversations entre les médecins!)" (*Lazare* 890). Malraux's "aventure" resonates with Hunsaker Hawkins who posits that "in some sense the pathography is our modern adventure story."²⁶ The adventure is, as Malraux concludes *Lazare*, the realisation that "La mort est une découverte récente et inachevée" (*Lazare* 927), and as much as he seeks to leave the self out of this remark, a purely intellectual relationship to death has been transformed by his experience of corporeal fallibility, which reminds him that thinking about death—even as a metaphysical concept—always remains a work in progress.

After this balancing act between life and death, the patient's mind is restored to its tabula rasa state; however, even within its featureless blankness, it has registered the hospital world around it in its overhearing of doctors talking amongst themselves. *Lazare* is punctuated by such commentaries on noises and conversations between other patients, doctors, and nurses, picking up either on their "cordialité" (*Lazare* 872) or on their relative coldness and insensitivity. Empathy, or the absence thereof, for example, is read as a purely professional character trait, which however seems necessary since "ceux qui doivent vivre dans la rumeur des souffrances ont besoin de les ignorer" (*Lazare* 872). While these remarks mostly provide a background noise to the text, it is shortly after Malraux's fall, when he is visited by "le professeur ami" (*Lazare* 896), that a detailed doctor-patient encounter and dialogue takes centre stage. The Malrucian patient immediately reverses roles by asking the doctor if he could provide him with a definition of life, even if there remains a distinct, professional distancing: "Je suis couché, il est resté debout" (*Lazare* 897). From the outset it is clear that this encounter between doctor and patient does not focus—even if framed by typical hierarchy—on the ailments of the patient and the success of a specific treatment, but instead constitutes an antidote to or reworking of Malraux's physical fall by opening the floor to an intellectual meeting of minds that displays a clash regarding the meaning of death. Malraux's belief in the superiority of the metaphysical concept of death, which, given its exposure to meaningless absurdity, ultimately leads to a reaffirmation of life, is contrasted with the physician's pointing towards the tangibility of dying and pain that he is confronted with on a daily basis—a tangibility that cannot be disposed of as meaninglessness: "On doute de bien

des choses, pas du cadavre. Et pas ici. On peut faire semblant dans les livres...” (*Lazare* 898). And even if he acknowledges the impossibility of imagining oneself as a corpse, he reminds Malraux that his metaphysical death is not the same as his dying. The Malrucian patient—despite his conviction—is touched by the doctor’s point of view: “ce qui me retient, c’est l’expérience humaine que suggèrent ses paroles” (*Lazare* 901), even if this humane quality is also paired with a professionalism that the doctor slips in and out of, and with which he finally concludes their conversation under the pretext of having to see another patient: “Il me quitte, laisse la porte ouverte et retrouve, dès le couloir, les gestes qui jonglent avec sa serviette” (*Lazare* 909). Yet the encounter is therapeutic, a fitting example for what Rita Charon has poignantly called the important “textuality” instead of the physicality of the medical relationship.²⁷ “[P]endant] ce dialogue, je me sentais guéri” (*Lazare* 910), even if there are no new conclusions, but rather an affirmation of the metaphysical necessity of death and the impossibility to put a name to the unimaginable:

La métamorphose en conscience, de l’ignorance de la mort, ou la métamorphose de toute connaissance en croyance, n’est-elle pas semblable aux épiphanies? Mon errance hors de la terre pour rapporter les comprimés est aussi une épiphanie des ténèbres. La révélation est que rien ne peut être révélé. L’inconnu de l’impensable n’a pas de forme ni de nom. (*Lazare* 930)

That death is unknown, unthinkable, and unfinished is the intellectual conclusion that the Malraux-Lazare protagonist takes from the encounter with the physician. This conclusion is not the same as what he means by “mon trépas,” and it certainly does not undo the place death holds in his earlier works. And yet, the various facets of his hospitalisation have sensitized him to the inherently perspectival nature of thought with regard to death.

As if to illustrate this epiphany and perhaps underline the development that has taken place, Malraux closes *Lazare* with a sudden evocation of the body’s inherent will to stay alive, thereby affirming what we might read as a tentative step towards a “quest narrative” in Arthur Frank’s sense.²⁸ Frank writes that in these narratives, “illness is the occasion of a journey that becomes a quest,” even if it may never become entirely clear what the person on this journey in search of.²⁹ In Malraux’s case this quest narrative certainly also contains the tone of an existentialist affirmation, which can already be heard alongside a less theoretical and more personal disposition when he quotes his character Perken from *La voie royale* earlier in *Lazare* who proclaims, “il n’y a pas la mort, il y a moi—moi qui vais mourir” (*Lazare* 880). This “moi qui vais mourir” also crowns the end of *Lazare*: Malraux evokes a

seemingly insignificant injury when getting his finger stuck in a car door three months before his hospitalisation and describes in intricate detail how underneath the fingernail a cut became more and more visible, slowly advancing and turning the fingernail red: “Je n’ai jamais vu avec une telle précision la marque de ma vie sur mon corps” (*Lazare* 932). While the wound itself is read as an affirmation of life, it is no longer “l’inconnue de l’impensable”—it is his life, his finger, his body that Malraux identifies. This self is not the biographical self, it is the “je-sans-moi,” and yet this vestige of self-identity that remains reconstructs death into a death, to borrow the physician’s words, that shares something with but is different from the one to be found in Malraux’s books. If in the course of his editing of *Le miroir* Malraux changed the title of the section initially called “Antimémoires II/Salpêtrière” to *Lazare*,³⁰ this change also bears witness to what is at stake, namely, that despite never vanishing, the theoretical significance of death and its spatial connection to the hospital have moved into the background. What we are left with, instead, is a person-centred narrative that through the experience of illness finds communion in the excavation of “un je suis bien au-delà du je pense” (*Lazare* 926).

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Notes

1. This resemblance is significant given Malraux’s ambiguous relationship with Proust. Even if he proclaims to be an “anti-Proust” (Emmanuel d’Astier de la Vigerie, “André Malraux, les antimémoires, août 1967,” *Portraits* [Paris: Gallimard, 1969], 183), Jean-Luc Jeannelle has perceptively remarked that Malraux in fact takes over Proust’s architectural conception of his novel and emphasizes that an understanding of *Le miroir* can be gained only by reading the earlier sections in the light of its later sections (Jean-Louis Jeannelle, *Malraux, mémoire et métamorphose* [Paris: Gallimard, 2006], 368–69).
2. Louis Bertagna, “Il a vécu jusqu’à sa mort,” *La Nouvelle Revue Française*, 295 (1977): 100–01.
3. André Malraux, *Le miroir des limbes: I. Antimémoires, II. La corde et les souris* (Paris: Gallimard, 1976), 620.
4. It should be noted that Jean-Luc Jeannelle has convincingly argued that not just *Lazare* but the entirety of *Le miroir* reveals a number of biographical details, thereby creating a multifaceted Malraux that cannot be reduced to his public political persona (Jeannelle, *Résistance du roman: Genèse de ‘non’ d’André Malraux* [Paris: CNRS Éditions, 2013], 241).
5. Moreover a third term, “le décès,” is introduced in *Lazare* by the attending physician: “Votre Mort métaphysique [...] n’est pas du tout semblable au décès” (*Lazare* 900). This variation is not without relevance since “décès,” just as “trépas,” is specifically used for the death of a human being, while “la mort” pertains to all living organisms. Etymologically, however, “trépas” is associated with a more poetic register, expressing the “passage” from life to death, while “décès” is used in official documents and medical vocabulary (*Centre National de Ressources Textuelles et Lexicales*, <http://www.cnrtl.fr/etymologie/mort>; <http://cnrtl.fr/etymologie/deces>; <http://www.cnrtl.fr/etymologie/trepas>).
6. Claude Pillet, *Le sens ou la mort: Essai sur ‘Le miroir des limbes’ d’André Malraux* (Bern: Peter Lang, 2010), 375; see also footnote 69. Pillet here also cites a range of other commentators who have picked up on how *Lazare* breaks with Malraux’s other books.

7. Thomas R. Cole, Nathan S. Carlin, and Ronald A. Carson, *Medical Humanities: An Introduction* (Cambridge: Cambridge U P, 2015), 7, 136.
8. See John 11, 11–15: “‘Our friend Lazarus has fallen asleep; but I am going there to wake him up.’ His disciples replied, ‘Lord, if he sleeps, he will get better.’ Jesus had been speaking of his death, but his disciples thought he meant natural sleep. So then he told them plainly, ‘Lazarus is dead, and for your sake I am glad I was not there, so that you may believe. But let us go to him.’”
9. Jeannelle, *Malraux, mémoire et métamorphose*, 184.
10. Pillet, 375. It should be taken into account, however, as Jeannelle points out in his seminal genetic reading of *Lazare*, that “le dernier volume du *Miroir des limbes* fut l’un des plus travaillés, compte tenu de sa brièveté,” and that therefore “loin d’être un simple journal d’hospitalisation, rédigé dans l’urgence, *Lazare* se révèle être l’aboutissement du processus d’écriture mémoriale entrepris depuis 1965” (Jeannelle, “Dans l’atelier de l’écrivain: Une étude génétique de *Lazare*,” in Henri Godard and Jean-Louis Jeannelle, eds., *Modernité du “Miroir des limbes”*: *Un autre Malraux* [Paris: Classiques Garnier, 2011], 299, 384).
11. For a reading devoted to the importance of the war with regard to Malraux’s project of self-writing in view of the genesis of *Lazare*, see Jeannelle, *Résistance du roman*, chap. 3.
12. Anne Hunsaker Hawkins, *Reconstructing Illness: Studies in Pathography* (West Lafayette: Purdue U P, 1993), 2.
13. Thomas Couser, *Recovering Bodies: Illness, Disability and Life-Writing* (Madison: Wisconsin U P, 1997), 5.
14. Further allusions to the absence of physical pain include: “Ce dont j’étais menacé ressemblait plus à la folie qu’à une maladie; le terme maladie, qu’imposerait le cancer ou la tuberculose, ne me vient pas à l’esprit devant une maladie que je ne connais pas; surtout, dont je ne souffre pas. Peut-être les fous ne souffrent-ils pas non plus” (*Lazare* 868); “Nous appelons maladies mortelles les maladies dont on meurt; comment appeler celles dont on pourrait mourir? Une maladie qui n’a de nom que pour les médecins semble une énigme, quand elle échappe à la souffrance qui a un nom pour tout le monde. En face de cette menace informe, mon sentiment le plus constant est la stupéfaction. Car dans ce lieu hanté de douleur, je ne souffre toujours pas” (*Lazare* 879).
15. Tee L. Guidotti, “André Malraux: A Medical Interpretation,” *Journal of the Royal Society of Medicine*, 78 (1985): 404.
16. Jean-Marie Domenach, “Malraux and Death,” *New York Review of Books*, 8 December 1977, 36.
17. Bertagna, 97.
18. Even though Tourette Syndrome is not associated with pain, studies show that pain might play a bigger part in it than initially assumed. See David E. Riley and Anthony E. Lang, “Pain in Gilles de la Tourette Syndrome and Related Tic Disorders,” *Canadian Journal of the Neurological Society*, 16:4 (1989): 439–41.
19. Nikolas Grahek, *Feeling Pain and Being in Pain* (Boston: MIT Press, 2007), 51.
20. Colin Klein, “What Pain Asymbolia Really Shows,” *Mind*, 124 (2015): 512–13.
21. Geoffrey T. Harris, *André Malraux: A Reassessment* (London: Macmillan, 1996), 201.
22. Thomas Couser, *Memoir: An Introduction* (Oxford: Oxford U P, 2012), 44.
23. Harris, “From Death to Dying,” 276.
24. Michaël de Saint-Cheron, Janine Mossuz-Lavau, and Charles-Louis Foulon, eds., *Dictionnaire Malraux* (Paris: CNRS Éditions, 2011), 432.
25. Jeannelle, *Résistance du roman*, 239.
26. Hunsaker Hawkins, 1.
27. Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford U P, 2006), 53.
28. Even if due to its disjointedness and lack of narrative linearity, the structure of *Lazare* seems closer to Frank’s “chaos narrative” (Arthur Frank, *The Wounded Storyteller: Body, Illness, and Ethics* [Chicago: U of Chicago P, 1995], 97–114).
29. Frank, 115.
30. Jeannelle, “Dans l’atelier de l’écrivain,” 299.