Original Article

Transplantation medicine, organ-theft cinema and bodily integrity

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Abstract Transplantation medicine affects the way we experience ourselves as embodied subjects. Human bodies become aggregates of replaceable and exploitable parts, and potential resources for craving others. Our intimate interior contains items that other subjects lack, so that these organs are transformed into (commodifiable) 'objects of desire'. Clandestine organ markets and the popularity of organ-theft cinema are symptoms of this development. What does it mean for human subjectivity when organs become market commodities? This contemporary issue emerges against the backdrop of a long-standing metaphysical struggle between the traditional Christian view (concerning the inviolable body) and the bio-scientific view (concerning the body as a collection of replaceable parts). I will analyse the ontological repercussions of transplantation medicine from a Lacanian perspective, using organ-theft cinema as a stage on which conflicting and unsettling views of embodiment are enacted, probed and questioned. Three organ-theft movies (*Jésus de Montréal, L'Intrus* and *Crank 2: high voltage*) will be subjected to a Lacanian analysis. The intrusive, dehumanising dimension to organ procurement, which tends to be obfuscated (repressed) in standard bioethical discourse about voluntary donation and human dignity, resurges quite emphatically in organ-transplant cinema.
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Introduction

Transplantation medicine affects the way in which we experience ourselves as embodied subjects (Blackman, 2010; Shildrick, 2010). Organ transplantation has 'reconceptualised' (Scheper-Hughes, 2000) our collective body image, giving rise to the commodification of body parts, reframing the human body

as a potential resource for organ recycling on behalf of suffering others and as a collection of separable, detachable, exchangeable and re-incorporable objects (Rabinow, 1996, p. 95; Waldby and Mitchell, 2006, p. 7; Blackman, 2010). Seen through the eyes of transplantation medicine, the intimate interior of our bodies contains a set of valuable items that other humans (craving subjects) lack. And this tension between what potential donors have and what potential recipients desperately need turns organs such as hearts and kidneys into valuable and procurable 'objects of desire'. This is underscored by the fact that transplant organs (harvested either from living or from deceased donors) are currently available as merchandise on a clandestine (yet thriving) global market: an international organ bazaar. In his book *The Red Market*, Carney (2011) traces the contours of a multi-billion dollar global organ trafficking, although the actual extent of this world-spanning body shop remains an issue of dispute (Meyer, 2006; Shimazono, 2007; Scheper-Hughes, 2008; Greenberg, 2013).

Besides the societal impact of transplantation medicine, often framed in bioethical terms, an ontological dimension can be discerned as well. Transplantation medicine reinforces (and at the same time builds on) a particular understanding of human embodiment, namely the view of the human body as an aggregate of replaceable, exchangeable and exploitable parts: items that should not be allowed to go waste. As Žižek (2004/2013, p. 108) phrases it, because of the availability of heart, liver and other transplants, in combination with pacemakers, artificial limbs, transposable skin and similar items, a new type of body is emerging, a 'body in pieces', a composite of replaceable components. The plasticity of our body image becomes more pronounced as human beings increasingly see themselves as 'spare parts persons' (Schweda and Schicktanz, 2009) whose bodies are collections of 'detachable things' (Waldby, 2002, p. 239). Seen from this perspective, organ trafficking (the emergence of a global clandestine organ market) is symptom of a more comprehensive, ontological event: the advent of the body as an organ resource.

As Sharp (2006, 2007) has pointed out, moreover, transplantation medicine gives rise to two incommensurable discourses concerning the human body. On the one hand, it relentlessly transforms procurable body parts into 'objects of intense desire' (p. 49, p. 52). Human cadavers are lucrative treasure coves from which reusable parts can be harvested. In principle, a single dead body may generate 50 or more transplantable items. As transplant surgery is exorbitantly expensive, donated organs are objects of great value, bearing heavy price tags. And yet, both the surgical realities involved in removing organs from the torsos of donors and their economic costliness are obfuscated and mystified, Sharp argues, by euphemistic linguistic constructions ('semantic massage', Richardson, 1996) that continue to revolve around 'Samaritan' disinterested altruism and the 'gift of life' (Hagen, 1981; Titmuss, 1971). As a result, contemporary organ-transplant discourse is permeated by a profound ontological tension: an 'ideological

disjunction', as Sharp phrases it, between the commodifiable and the inviolable body, and between lucrative and intrusive surgical practices and a rhetoric of dignity and benevolence.

To bring this ontological tension to the fore, a 'depth ethics' is called for, bypassing (bracketing) the more immediate (manifest) ethical issues at hand, in order to focus on the more basic (latent) conceptual shifts that are unfolding on a different scene or stage ('Schauplatz', to use the Freudian term, Freud, 1900/1942, p. 541). In order to open them up for critical reflection, I propose to examine them from an 'oblique' perspective, using cinema as a (high resolution) magnifying glass. Movies relate to contemporary culture in a way that is similar to how dreams or day-dreams relate to everyday consciousness, providing a *stage* where (evolving and conflicting) understandings of human embodiment can be enacted, probed and questioned, provided that processes such as condensation, displacement, representability, secondary elaboration and other mechanisms of defence (Freud, 1900/1942) are taken into account.

Contemporary movies about organ transplants provide valuable source material for analysing and assessing the ontological dimension of transplantation medicine, and this includes techno-thrillers and action movies about organised organ trafficking. They not merely serve as 'illustrations' of bioethical issues (Livingston, 2006, p. 11; Schicktanz *et al*, 2010, p. 67) but rather provide a stage where emerging experiences of embodiment (and the discontents they give rise to) can be explored (Zwart, 2015). Since Michael Crichton's movie *COMA* (released in 1978 and based on Cook, 1977), in which healthy bodies are drugged and kept in comatose states until their organs can be removed for sale, a whole series of movies about organ commodification or even organ theft have been released. They provide relevant input for addressing the question how transplantation medicine affects human subjectivity as such.

This analysis of the ontological repercussions of the commodification of body parts, unleashed by transplantation medicine, will involve a number of steps. First of all, a brief genealogy of the body as an aggregate of (replaceable) parts will be presented. Subsequently it will be outlined how the ontological impact of transplantation medicine builds on a long-standing metaphysical collision between the Christian view of the human body as an integral, inviolable whole and mechanistic understandings of the body as an assembly of organs or parts. Next, I will show how this collision eventually resulted in the current commodification of the body, using the work of Lacan as my basic frame of reference. For, although (as will be explained) commodities *as such* already tend to be associated with various embodied desires, a new situation arises when organs *themselves* become transformed into commodities. A Lacanian perspective frames organ transplants as objects of desire, incorporating promises of restitution, turning procurable organs into things of value, apparently more valuable than life itself. Subsequently, after this scanning of the conceptual horizon, the attention will shift to transplantation cinema, focussing on how anxieties and uneasiness

associated with organ transfer are enacted. Three examples of organ-transplant movies will be assessed, namely the Canadian movie *Jésus de Montréal* (1990), the French movie *L'Intrus* (2004) and the American movie *Crank 2: High voltage* (2009). All three consistently address the unmistakably intrusive dimension of transplantation medicine, highlighted by illicit organ procurement and trade as a key symptom. An element of theft always seems involved, and this reflects the controversial nature of the ontological reframing of the human body as an aggregate of commodifiable and reusable items, brought about by transplantation medicine.

The Body as an Aggregate of Replaceable Parts

Current Western understandings of human embodiment are adrift. The traditional (Christian) view, emphasising the integrity (wholeness, inviolability) of the human body, is challenged by (the implicit ontology of) contemporary technoscience, exemplified by transplantation medicine.

To come to terms with the unsettling vulnerability (corruptibility) of the real human body, Christianity developed the idea of an inviolable *ideal* body, salvageable and restorable through divine intervention (Zwart, 2000). Saint Paul argues (1 Corinthians 12:12–20) that, although the body has many parts, they remain firmly embedded within the body as a whole. They cannot step out and detach themselves from their corporeal embeddedness. It is not possible for a foot or an ear (as partial objects) to say: 'I do not belong to this body'. They cannot stop being part of the body as such. In short: many parts, one body. And this has normative implications as well, for Christians are summoned to safeguard the wholeness of their own bodies as well as those of others, as a preparatory exercise for the eventual transfiguration (sublation, sublimation) of the real (corruptible) body into an unperishable end version on resurrection day, as envisioned by Christianity. In the context of mundane existence, however, the integrity of the body can already partly be achieved through self-care, living up to the ideal. As Foucault (1994) phrased it, during the Christian era the 'manly' (ancient Greek and Roman) model of body management (via self-mastery) gave way to a more 'feminine' model, emphasising the preservation of intactness (of the unviolated, literally 'untouched' body; cf. Zwart, 2000).

This may seem at odds with juxtaposed ingredients of Christianity such as the willingness of Christ to accept corporeal violations brought about by crucifixion or of Christian martyrs to endure corporeal torture, depriving them of their breasts (Sainte Agatha), eyes (Sainte Lucia), skin (Saint Bartolomeo) or other body parts. But again, such impairments (brought about by a godless cultural environment) merely affected the real and vulnerable body, not the transfigured one, which believers will receive by way of restitution.

In modern times, this ancient idea of bodily integrity was apparently confirmed but actually drastically altered by immunology research. In immunological discourse, 'integrity' refers no longer to the image of the body as an inviolable whole but rather to the real and active (observable, molecular, quantifiable) processes that protect us from external intrusions, via cellular surveillance: the immune system, represented by the lymphocytes, through which the 'integrity' of the organism is maintained (Burnett, 1963, p. vi). Nonetheless, human beings can still strengthen their corporeal integrity through self-care (personal hygiene and life-style, for instance). Paradoxically, however, by revealing the molecular mechanisms of integrity maintenance, immunology at the same time undermined bodily integrity, namely by developing methods to bypass or repress immune responses, notably to forgo rejection of implanted organs. Thus, in the end, biomedicine has propagated the understanding of the human body as an aggregate of removable (replaceable) parts, rather than as an integer (inviolable, impenetrable) whole.

The emergence of this (now dominant) view has been reflected, endorsed and challenged by genres of the imagination, notably literary documents that prepared the ground for the birth of modern biomedicine, such as *Le Rêve de d'Alembert* ('The dream of d'Alembert'), written by Denis Diderot in 1769 and anticipating key biomedical developments, and *Frankenstein, or the Modern Prometheus*, published by Mary Wollstonecraft Shelley in 1818. Although both the works are quite different in terms of mood and style – in the sense that, whereas d'Alembert's oneiric delirium heralds the emerging life sciences with enthusiasm, Frankenstein's elaborate confession rather invokes anxiety and unease – they convey a similar, anticipatory message. In both the documents, one and the same basic view of embodiment is brought to the fore: the (human) body is *not* an indivisible unity but rather an aggregate of replaceable parts. Indeed, one could argue that, ever since, biomedical life sciences have been dedicated to confirming the basic validity of this ontological claim. Resistance against this (inevitable) transition stems from the fact that it actually represents an ontological trauma: a narcissistic offence that undermines the image of the body as an uncompromised whole and paves the way towards fragmentation and disintegration.

Organ transplantation has played a prominent role in the unfolding of this narrative, with blood donation as an opening chapter. During the (Victorian) nineteenth century, experiments with blood transfusion (as an alternative to blood-letting, that is, as blood-letting in reverse) often gave rise to disastrous results, as is reflected in Bram Stoker's novel *Dracula* (1897/1993): a story about a young gentleman physician who donates blood (as a substitute/displacement for semen, perhaps) to his ailing fiancée (Lucy Westenra, the recipient). Before the intervention, the latter actually displays bodily symptoms quite similar to the ones discussed as 'hysteria' by Breuer and Freud in the same period (Freud, 1895/1952). In Stoker's novel, however, Lucy's unsettling condition

quickly deteriorates, but her status as a semi-comatose undead is not attributed to blood poisoning but to an uncanny, demonic, inexorable force named vampirism. When in the year 1900, Karl Landsteiner discovered blood types, this not only made blood transfusion more safe (thereby effectively exterminating vampirism) but also unleashed an insatiable desire for human blood, a growing medical demand, which has never subsided ever since. Indeed, one could argue that, building on Landsteiner's discovery, modern biomedicine itself became an institutionalised mega-vampire, displaying an excessive techno-scientific craving for human blood.

This is reflected in the science fiction novel *The Red Star* by Russian communist Alexander Bogdanov, who used blood transfusion as a core element in his utopian society, which he situated on Mars, the Red Planet, as a kind of laboratory for exploring the future (Bogdanov, 1908/1984; cf. Groys and Hagemeister, 2005). Whereas Earthlings perform blood donations merely for 'philanthropic' reasons (p. 86), procuring blood from the healthy in order to save the lives of the ill, Martians routinely perform mutual blood transfusions between healthy individuals, pumping blood from one person into another and back again, as a means of rejuvenation, to increase productivity and life expectancy, eventually fusing human bodies into one gigantic workforce. Bogdanov himself died in 1928, however, after a foundering blood transfusion experiment.

But the most important landmark events in the process of opening up the human body as an aggregate of procurable and reusable parts were the first kidney transplants (in the 1950s), the first heart and liver transplants (in 1967), the introduction of the brain-death concept (in 1968, prompted by the surgical desire to facilitate organ procurement) and the discovery of cyclosporine (in 1972).[1] Step by step, the dream of the regenerative body began to move from dream to reality and from utopia to science. As Lock (2002) has convincingly shown, transplantation medicine involves a dramatic shift of attention from the body of the (usually brain-dead) donor to the recipient's living, detachable, procurable organs. Care for the organs, rather than for the (violated) body, becomes the dominant concern. In stark contrast to the pale and life-less exterior of the brain-dead donor, the latter's disclosed interior remains colourful, warm and alive during the operation, and the transplant team emphatically focusses its attention on the alluring, healthy organs, ready to be harvested (p. 21), too valuable to be used for just one life alone (p. 81). By removing them from the body, they become decontextualised and commoditised. Already in 1967, moreover, it was predicted that organ shortage would eventually become the biggest challenge of transplantation medicine. Lock (2002, p. 83) cites a *New York Times* article commenting on the first heart transplant: 'One need not be a science fiction writer to envision the possibility of future murder rings supplying healthy organs for black-market surgeons whose patients are unwilling to wait until natural sources have supplied the heart or liver or pancreas they need'.

Indeed, humans were becoming ‘puzzle people’ (Starzl, 1992/2003), as potential multiple organ donors and/or recipients.

This stepwise biomedical disruption/subversion of the traditional understanding of the human body as an integer whole has strengthened the view of the body as an aggregate of replaceable parts (the inherent metaphysics of transplantation medicine) and resulted in a commodification of the body, allowing individuals to see organs and tissues (of themselves and of others) as valuable resources, as things for sale. This especially pertains to surplus parts: organs, tissues and other bodily items that living humans (in principle) can do without. Resistance against commodification of body parts is often grounded in ontological convictions that stress the dignity and integrity (wholeness, inviolability) of the body as such: the Christian view in short, albeit often clad in secularised wordings, so that the ontological battle (the gigantomachia) between old and new visions of embodiment is still ongoing. But as Žižek (2004/2013) phrases it: even if we try to keep our distance to the ‘black hole’ that is opened up by biomedical science, subverting our most basic moral notions, the fact that the human body has been ‘deprived of its former impenetrable density’ cannot be undone (p. 111). Therefore, rather than clinging to integrity discourse, it seems preferable to ‘tarry with the negative’ so as to explore what practices of embodiment are currently emerging.

The Basic Ontological Struggle: Integrity versus Fragmentation

During the 1950s and 1960s, when the first kidney, heart and liver transplants were conducted, neo-scholastic views of embodiment were still quite influential, although their discursive sway soon began to wane. Building on Thomas Aquinas and others, the body was conceived in terms of integrity and wholeness, as we have seen, and commodification was out of the question. Human individuals were stewards rather than owners of their bodies and expected to manage their body in such a way that its inherent intactness was respected (Zwart, 2000).

Yet, contrary to still widely accepted views (which continue to associate the experimental style of thinking with modernity), the late-medieval (gothic) period already combined conceptual scholarship (that is, scholasticism) with experimental work. The experimental method (*scientia experimentalis*) already flourished in late-medieval monastic settings, represented by medieval scholars such as Albert the Great, Roger Bacon, Duns Scotus and Cusanus (Grant, 1974), who had endorsed mechanistic perspectives on embodiment. In fact, Thomas himself compared living beings with clockworks (*horologia*) and machines (Zwart, 1997, p. 381). Thus, late-medieval ontology was already challenged by the tension between the inviolable body (the traditional Christian view) and its emerging counterpart, bent on exploration and fragmentation of the body.

This is reflected by a well-known artwork, the famous triptych known as *The Garden of Earthly Delights* by Hieronymus Bosch, painted somewhere between 1490 and 1510. This imaginative collage of colourful scenes, projected on a triple screen, may perhaps be regarded as a late-medieval 'movie': an artistic, quasi-cinematic summary of the ontological struggle over embodiment. While the left panel depicts Adam and Eve *in statu innocentiae*, as Aquinas (1922, Pars Ia, Q 96–97) phrased it, the right panel (with its horrible scenes of warfare, torture and prostitution) envisions the catastrophe awaiting us when bodies are regarded as something that can be exploited, mutilated and spoiled at will. However, the central (transitional) panel seems especially relevant for our purposes. Here, the integrity of (naked) human bodies is endangered by various earthly temptations.

One of these temptations is the *cupido sciendi*, that is, the will to know, more concretely: the urge to acquire insight through conducting experiments. There are various experiments depicted on this panel, such as the animal experiment involving a test tube and a rat (see Figure 1), but several others can be seen as well, once we begin to look for them. Various pieces of laboratory equipment, such as glass tubes and distillation vessels, can also be discerned (Dixon, 1981): a foreboding perhaps of the imminent subversion of bodily integrity through experimentation. The body has lost its innocence, and the famous triptych enacts the ontological collision between traditional (scriptural) and experimental (*in vitro*) understandings of embodiment. A three-act drama can be discerned, from integrity (left panel), via experiments, erotic (psychedelic?) dreams and other temptations (the central panel) up to the disconcerting prospect of the dismantled body, exposed to dismemberment and fragmentation (right panel).

During the enlightenment era, the issue of bodily integrity was taken up by Immanuel Kant, among others. Although human agents are presented in an almost disembodied manner, as bodies without organs as it were, Kant does pay attention to bodily integrity and even discusses the commodification of body

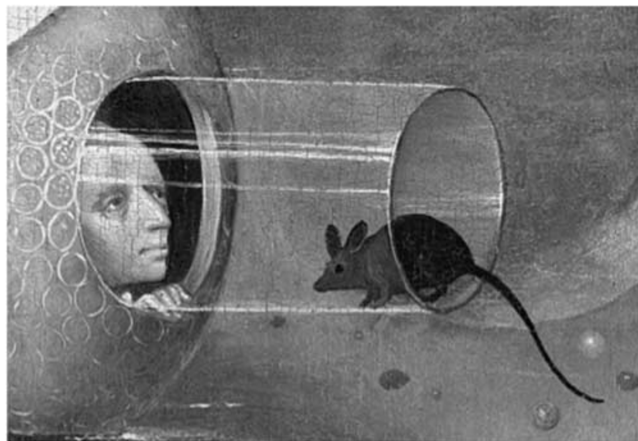

Figure 1: Medieval animal experiment.

parts, using teeth and hair as key examples, seeing the selling/buying of the latter as slightly less objectionable than the former. In the light of human dignity, Kant argues, body parts are not for sale: they limit the modern tendency to frame all objects as commodities. Body parts are priceless. Kant also discusses self-mutilation, notably self-castration by male sopranos. According to Kant, we are not entitled to disrupt the body's wholeness for short-term gain, as self-mutilation restricts autonomy and freedom in the longer run. Indeed, he considers self-mutilation (for profit, an exemption is made for medical considerations) as *partial suicide* (Kant, 1785/1980, p. 555), discarding it as wholly unjustifiable, because it actually undermines human dignity and agency. For Kant, the removal/selling of spare/surplus body parts is at odds with (our obligation to respect) human dignity in our own person.

But there are risks involved. As Lacan (1966) has argued, a basic congruence may be discerned between Kant and Marquis de Sade. In the latter's oeuvre, the maxim that one may (or indeed: *should*) exploit (the bodies of) others for the maximisation of universal pleasure is framed as a categorical imperative, whereas resistance against the consistency of such a scheme is discarded as 'pathological' (that is, irrational). For Kant, however, such a sadistic turn is sufficiently contained by the obligation to respect humanity in one's own person and that of others. This should ward off the prospect of a sadistic universe (that is, the sardonic right panel of *The Garden of Earthly Delights*). However, whereas Kant's ontology still seems to adhere to traditional convictions concerning the dignity and integrity of the human body as a whole, under the sway of biomedicine the vicissitudes of human embodiment are bound to move in a juxtaposed direction. As Miller (2001) phrases it, transplantation surgery is fundamentally at odds with our desire to celebrate the unity of the body. What is actually in progress is the contrary: the cutting up and dismemberment of the body through medical power, the emergence of the 'body in pieces'. Indeed, an ontological landscape is currently unfolding in which the understanding of organs as commodities has become much more plausible than Kant was willing to acknowledge.

Commodification of Organs as Objects of Desire

In the nineteenth century, the debate on commodification is taken up again by Karl Marx. In *Capital* (1967/1979) it is explained how workers entering the labour market (the world of heavy industry) are duped by capitalists (who face them with a 'sardonic grin', Lacan, 1968–1969/2006, p. 65). They receive less than they produce, are bereft of the surplus value of their labour and become estranged from the products thus produced, as soon as these products enter the market as commodities. As commodities on display, these products acquire a

mystical, 'phantasmagorical' (1967/1979, p. 86) or even 'fetish'-like (p. 87) character. Or, to reframe it in Lacanian terms (1968–69/2006, pp. 16–18): rather than simply being useful entities that satisfy bodily needs, they become objects of desire.

The term fetish seems aptly chosen because commodities (on display at a shop's window, for instance) are far from neutral entities. Rather, they are connected with bodies and body parts in various ways. Specific consumables in a supermarket, for instance, may incite oral enticements (EAT ME, DRINK ME, as *Alice in Wonderland* phrases it), unleashing oral desire: a craving that goes beyond the mere satisfaction of biological needs, promising singular forms of satisfaction (notably the ones that the usual products fail to provide). Or, to take another example: matresses, sheets and beds may promise much more than merely keeping us warm at night. They may, for instance, purport to create optimal conditions for erotic pleasure. A bed may simply be a bed (a useful thing), but it may also become the place of places, the site of primal scenes: the marriage bed where life begins, intimate relationships are consumed, children are conceived and subsequently delivered. Other items (from hammers to motorbikes) may suggest the possibility of enhanced swiftness and strength, as ingredients of 'phallic' performance. Still others (from toothbrushes to bath tubs) may suggest options for corporeal cleansing and hygiene (the anal dimension). Cell phones and CDs may convey the promise of connecting us with the (otherwise absent or inaudible) *voice* of the Other,[2] whereas laptops and tablets may become exceptionally tempting insofar as they promise to connect us with the *gaze* of the (privileged) Other, allowing the alluring object to enter our *stage*, our *field of vision*, our fantasy world as a captivating Gestalt. Finally, inviting images of white beaches and blue lagoons may convey hints of experiences of jouissance that we (unconsciously) long for, but are normally withheld from us. This is how commodities (as objects of desire) speak to us: they enter our life world by connecting objects with (repressed) desires. And this explains their phantasmagorical, dream-like aura: They convey the promise that (after extended periods of hard work) dreams may finally come true. The commodity purports to bridge the gap between labour and pleasure. Objects from which the labourers became estranged (in the course of the production process) suddenly show up at a shop window, as alluring objects of desire. The pleasure that was renounced during productivity is suddenly recovered: encapsulated in commodities.

Freud likewise recognised that commodities become objects of desire when they mimic, suggest or build on bodily functions and refers to this as *Anlehnung*. The commodity represents or refers to a partial organ, so that the desire becomes *displaced* (*verschoben*) from the partial organ to its (technologically reproducible) substitute. Although a commodity is allegedly decontextualised (disconnected from the intimacy of the body), the absent (disconnected) body part is nonetheless still implicated somehow. However, insofar as alluring commodities indeed reflect our bodily desires, the next question is: what happens if organs

themselves become commodities or things for sale? What happens when organs (partial objects) become procurable as market products? What kind of commodity would they be?

A first answer is given by Freud in his essay *The uncanny* ('Das Unheimliche', Freud, 1919/1947) where he points out that partial organs (such as eyes, for instance), once they are seen as separable from the body (as detachable and replaceable parts), are bound to strike us as uncanny per excellence, as something that is both fascinating and repelling. The uncanny is that which is familiar but alienating at the same time, that which should have remained hidden but is nonetheless revealed. The experience of the uncanny indicates that items that are intimately known may suddenly become quite disconcerting as stand-alone objects. Is this not a remarkably fitting description of the experiences evoked by undead organs as living things, placed in a bowl with ice, procured from brain-dead bodies? In the next section I will point out how Freud's lead is taken up by Lacan, whose seminars (conducted from 1953 to 1980) coincided more or less with the first (decisive) decades of transplantation medicine.

The Transplant Organ as an 'Extimate' Object

From a Lacanian perspective, as we have seen, commodities are objects of desire, conveying the promise to fill the void or gap we experience as craving subjects, functioning as substitutes or replacements of the ultimate (lost, absent, perhaps even impossible) object of desire, which Lacan refers to as 'object *a*'; – while referring to craving (tormented, divided) subject of desire as $\$$. The dynamics of human desire can therefore be captured by the 'matheme of desire': $\$ \lozenge a$, where the object *a* functions not only as *target* but also as *cause* of desire (so that the arrows point in both directions). The alluring but inexorable object *a* fuels our awareness of what we lack.

This sense of lack or gap can be associated with specific body parts: with faltering organs of various kinds. Building on Freud's claim that human sexuality is seriously disabled (Freud, 1930/1948), Lacan's prototype of the unreliable, inexorable object of desire is the *phallus*. In the aftermath of the oedipal trauma, human sexuality suffers from deficiency and impotence (in Lacanian grammar: $-\varphi$). In contrast to (other) animals, human beings are *Mängelwesen*, lacking something that (other) animals have, namely a natural attunement or pre-established harmony between organ and object, body and environment, and desire and gratification. Erotic desire builds on the idea that this unreliable item ($-\varphi$) may actually show up elsewhere. The Other may be seen as someone who *has* the very thing we ourselves are deprived of, for instance, in the case of fetishism: the erotic belief that the (female) Other (A) is secretly in possession of the phallic object of desire (*a*). Rather than as a source of disappointment and frustration (Ⱥ), the

Other (A) now suddenly emerges as a being in possession of the very thing we seek ($\not{A}+a=A$). Health problems connected to hearts or kidneys may then be seen as displacements of the original experience of insufficiency associated with the *phallus* – a questionable entity from the very outset.

This explains why Lacan endorses Marx's analysis of commodity fetishism. The alluring aura of the commodity on display builds on the conviction that this particular article may provide us with the very thing we (unconsciously) lack, so that the enticing object, should it fall into our hands, would change the tonality of our whole existence, making us whole again. At the same time, the fetish is not the thing itself but rather a deceptive substitute and therefore bound to frustrate us even more. However, what would happen if the partial organ *itself* would suddenly be for sale, transformed into a market commodity? Would our lack finally be healed; our moment of jouissance finally secured?

Interestingly, this issue is explicitly addressed by Lacan (1968–69/2006). In the case of a faltering organ, he argues, a particular kind of gap or void emerges, somewhere in the intimacy of our body, an emptiness that Lacan refers to as a 'vacuole' (p. 232, cf. Zwart, 2014). Medical diagnostic equipment may be employed to render it visible, pointing out that something is indeed absent or at least dysfunctional inside. Something is not there, something fails to be in place or refuses to function properly. Or, the disablement is caused by something that should *not* be there, such as a (removable?) tumorous swelling (an insalubrious partial object).

Before the advent of transplantation medicine, suffering individuals counteracted their deficits with the help of particular EAT ME/DRINK ME consumables (pharmaceuticals) or special contrivances (eventually turning themselves into a 'prosthetic god', Freud, 1930/1948), but transplantation medicine now entails the promise that we may bypass such ersatz solutions, going directly for the (replaceable) organ itself. Yet, the one thing that would allow us to put an end to our chronic deficiencies, making us whole again, namely the transplantable organ, is not simply available in the outside world, in the sense of ready-at-hand, but only as an artefact procured and produced by transplantation medicine. In fact, the thing on which our life and well-being (as craving subjects) depends may still be hidden inside the intimacy of the Other's body (either living or brain-dead). It remains something utterly beyond our grasp as individuals; in Lacanian terminology, it remains something utterly 'real'. And yet, because of transplantation medicine, this 'thing' may now be brought out into the open, may be harvested, brought to the surface, commoditized and revealed as object *a*. The impossible, ungraspable object may suddenly be there, offered to us by high-tech surgery. In the light of this technology-based possibility, other people's organs inevitably become a focus of attention, as tantalising objects of desire ($\$ \Diamond a$). Something that *seemed* firmly embedded within another person's body becomes detachable and transferable, and this unleashes the desire of craving subjects ($\$$).

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There finally seems to be an object (*a*) that can possibly make them live and enjoy life again.

Owing to transplantation medicine, certain body parts or partial organs (such as kidneys, for example) suddenly begin to *stand out* from the rest of the body; they become detachable, as it were, from the body as a whole. Or, to paraphrase Saint Paul (1 Corinthians 12:15–16), they seem to step out from the body, saying: 'I am no longer part of this body'. This experience is amply documented in psychoanalysis, where it applies to appendix-like body parts such as penises, nipples and breasts. By virtue of their bulging, appendix-like shape, these partial organs already raise the (unsettling) suspicion that, apparently, certain segments of human bodies (even highly valued ones) can be absent (the absence of breasts in males, or of penises in females) and may be detached or replaced, by oral or phallic artefacts, for instance, such as comforters or dildo's.

Since the 1950s, transplantation medicine has reinforced and amplified this idea, Lacan argues, introducing a new set of detachable organs into the dynamics of desire. As a result, the (once dominant) neo-thomistic idea of the body as an inviolable whole became increasingly questionable and recessive. The very fact that organs can be procured, even from living donors, so that faltering originals can be replaced, confirms the idea that the body is *not* an indivisible unity. Integrity is *not* a characteristic of the real body but rather a feature that pertains to the 'imaginary' (idealised, illusory, aestheticized) *ideal* body (Lacan, 1968–69/2006, p. 270).

In short, from a Lacanian perspective, transplantation medicine is a technological development with important ontological repercussions. It entails an ontological revelation, an opening up of the human body to fragmentation. Various organs and body parts may be taken out and replaced by partial objects of desire, procurable from others. For a craving subject, a transplant organ may well become a priceless thing, carrying promises of survival and jouissance (or, in technocratic language: quality of life). Yet, biomedical promises incarnated in transplant organs are bound to entail frustrations of their own. Rejection and life-long dependence on immunosuppressant drugs are symptomatic of the fact that the fit between the *real* body of the recipient and the transplanted, embedded organ (however alluring) will never be optimal. The implanted organ remains, as Lacan aptly phrases it, an 'extimate' object (1968–69/2006): a paradoxical entity, both internal and external, both intimate and foreign, both life-saving and alienating, or even toxic – bound to remain an item of concern and anxiety for years to come. Even if the new organ appears to function well, it remains tainted by otherness, both biologically (upsetting the body's immune system) and figuratively (as an organ that at one time belonged to someone else and still carries this other person's signature).[3]

On 26 June 1969, during an intriguing session, Lacan (1968–69/2006) explicitly discusses recent developments in transplantation medicine, presenting his assessments with remarkable clarity. Organ transplants are explicitly framed

as 'objects *a*'. An object *a*, Lacan argues, is first and foremost a transferable, detachable, alienable object ('objet cessible' in French, p. 362). This applies, for example, to the breast during the oral stage. Initially, young children experience the breast/nipple as part of themselves: a partial organ belonging to their own body while being nourished. The child is literally (physically) 'attached' to it. That the breast/nipple can be removed at all gives rise to an experience of profound surprise on the part of the neonate. In other words, initially, the breast is not regarded by the newborn infant as an object at all.

A quintessential feature of the object *a* therefore is its apparent replaceability. The breast of a doe may replace the mother's breast, for instance: a major concern for Jean-Jacques Rousseau who, as a typical romanticist, vehemently argued that mothers should breast-feed their own offspring. However, a breast may also be replaced by comforters, available as commodities in supermarkets. Thus, reproducible artefacts may act as stand-ins for natural objects, so that objects of desire become replaceable by commodities of all sorts. This is already implied by the fact that these partial objects (breast, penis, hand, eye and so on) often assume the form of a detachable, replaceable body part (p. 363), shaped like an appendix, a bulge-like extension.

But all these replacements still build on (and mimic) the natural organ: they are instances of 'Anlehnung'. A further step is taken, a further technological 'revelation' occurs (Lacan, 1968–1969/2006, p. 363) when the organ *as such* becomes replaceable. Now, the transferable, replaceable nature of the object *a* (the thing that purports to save my life) is emphasised even more emphatically, because of organ transplantation. Developments in this area are so breath-taking and remarkable, Lacan argues, that we may well wonder whether certain moral 'limits' are to be set (p. 363). Indeed, transplantation medicine is an ontological gold mine, a resource of astonishing possibilities. It is even possible, Lacan explains, to artificially keep human bodies in a brain-dead state, mid-way between life and death, so that their organs and tissues remain alive, although their cerebral functions are irreversibly destroyed. Would harvesting organs from such an undead body be allowed, turning it into a resource, ready-at-hand? This possibility invokes the question whether human beings are merely their bodies (p. 364). Indeed, the possibility of organ procurement from brain-dead patients even revivifies the (allegedly outdated) question concerning the existence of a human soul.However, taking a more anticipatory turn, one may argue that these technical developments actually prepare the ground for what may be seen as the hypermodern version of the resurrected body, as envisioned by Christianity, but now sublated by modern technoscience: the *quasi*-immortal body of regenerative medicine.

Lacan also refers to Freud who, in his essay on 'The uncanny' (*das Unheimliche*, Freud, 1919/1947, discussed above), points out (building on E.T.A. Hoffmann's story *The Sandman*) that human eyes (in Lacanian terms: the *scopic* object *a*) may actually be *removed* from the body and implanted in an automaton

(the doll Olympia), bringing the recipient's body to life as it were. Other technologies may produce similar kinds of replicas, Lacan argues, such as recordings (reproducing the human voice) or pictures and video tapes (capturing the human Gestalt). Indeed, a plethora of techniques have become available for boosting the transferability and storability of objects of desire, making their presence ubiquitous in contemporary Western societies. Public spaces are *pervaded* by (representations of) the faces, gazes, voices and (nude) body parts of others, and this includes, one could argue, advertisements summoning reluctant citizens to become organ donors, using the faces, voices and bodies of craving recipients to amplify the message.

One could say that pro-donation propaganda is spread to audiences worldwide in three directions. First of all via the register of the *symbolical*, for instance, with the help of quantitative data concerning the number of moribund patients on waiting lists, anonymously appealing to us to sign up as potential organ donors. Second, via the register of the *imaginary*: the beaming faces, often exaggeratingly healthy, of organ recipients and transplant survivors, on billboards and in magazines. And finally, via the register of the *real*: the obscene sight of bodies being operated upon, which may sometimes be seen in movies or on television, whose sternum has just been split or whose peritoneum has just been slit open, allowing us to peer into the bloody mess inside, invoking mixtures of curiosity and repulsion.

Moreover, Lacan stresses that the object *a* (and its various substitutes) functions not only as target but also as *cause* of desire, so that, as technologically reproducible items, commodified organs are bound to multiply and amplify (rather than satisfy) desire. We may find it increasingly difficult to accept waste, degradation and loss now that replacement organs (the living organs as such, rather than prosthetic substitutes) become available. It would be naïve to think, however, that the demand for organs can be met if only the number of available donor organs would increase. Quite the contrary: to the extent that transplantation medicine becomes successful, and the amount of procurable organs increases, the demand for organs will continue to increase as well. For Lacan, organ hunger will prove insatiable in the end.

In the 1969, when Lacan presented his seminar, organ transplants were still highly exceptional (if not phantasmagorical and futuristic) events, conducted by pioneers (world famous star surgeons) and covered by mass media, options that had not really entered the world of normal existence as yet. For subsequent generations of intellectuals, living and ageing in the twenty-first century, however, this has clearly changed. Transplantation medicine has now emphatically entered the world of realism, so that French intellectuals are no longer merely *discussing* the ontological violence entailed in it (as Lacan did in 1969) but are actually *experiencing* it. This is exemplified by two highly personal accounts by prominent academics who became organ recipients themselves, namely Nancy (2000/2010) and Varela (2001). Although their reports are clad in a conceptual

grammar of their own, their memoirs nonetheless concur (I will argue) with Lacan's prognostics, thus providing valuable case materials to probe and refine the Lacanian perspective.

Revealing Intrusions/Intruding Revelations

In his essay *L'Intrus* [*The Intruder*], Nancy (2000/2010) describes his experiences as organ recipient as a 'metaphysical adventure' (p. 14). It was the faltering organ itself, he points out, that created the awkward sense of 'emptiness' in the intimacy of his body, the void within his chest (Lacan's vacuole). Indeed, the dysfunctional organ itself is described as the first intruder, the first alien and uncanny object, while the heart transplant purported to provide a *restitutio ad integrum*, but that is not at all the case. Rather, implanting a stranger's heart into a body unleashes a whole series of subsequent intrusions. They quickly begin to multiply. Although the wound is sutured, the slit is never completely closed but rather transformed into a scar, while the surviving body is scanned, monitored and exposed meticulously, becoming embedded in a network of connections, routines, check-ups and interventions.[4] The living body is transformed into an android, a 'non-unity', an assemblage (p. 51), a patchwork body ('corps bricolé', p. 53). However, according to Nancy, the organ transplant merely reveals that the human body is tainted by foreignness and disintegration from the very outset. As Slatman and Widdershoven (2010, p. 76) phrase it, Nancy's analysis reveals that the human body is *always* characterised by strangeness and that one's 'own body' is never fully (experienced as) one's own . And this concurs with Lacan's (1971–1972, p. 20) claim that human beings experience a fundamental corporeal gap or strangeness, a unique situation that allows them to examine, experiment with and operate upon their bodies (of themselves and others) in the first place.

A congruent account was published by Varela (2001), who underwent a liver transplant and whose auto-ethnographical memoirs, published posthumously as *Intimate distances*, build on (and explicitly refer to) Nancy's essay. Again, the experience of intrusion is the core motif. After the operation, tubes, sutures and drains continue to cover the recipient's prostrate body from nose to pubic zone. He feels broken up, in bits and pieces. It is as if he is pregnant, carrying an infant inside his abdomen, revealed and monitored with the help of scanners and other optic devices. The sight of the new liver inside his body invokes in him 'a mixture of intimacy and foreignness.' (p. 260). He sees himself as a pioneer because, increasingly, individuals will be faced with circulating body parts, passing from one body to the next, redesigning the landscape of corporeal boundaries (p. 260). The 'foreign' liver (p. 261) inside his body first of all confirms that the old liver had become foreign and alien to him, corroded by cirrhosis, something definitely 'un-me' (p. 262). The new organ from now on beckons his attention. In the case

of rejection, the cellular guardians known as lymphocytes (once the hallmark of self-ness and intimacy) will have to be exterminated by toxic 'napalm warfare'. Transplantation has turned the body into an inevitable target of intrusions that are bound to become increasingly 'obscene' (p. 260). Still, notwithstanding its physical brutality, it is not the implantation technology *as such* that introduces alterity into the lived body, rather, the technology slips into a foreignness that is already there, disclosing me-ness as a precarious condition from the very outset. The technology that opens him up, drowns him in anaesthetics, implants the ice-packed organ and eventually sutures him together again will never be something of the past. Rather, the gaping gap is bound to stay, inviting multiple new intrusions, from drug treatments (inducing diabetes, diarrhoea, anaemia and chronic fatigue) up to medical controls. Notwithstanding all efforts to rebuild the recipient again, his body remains a source of foreignness.

Quite convincingly, Lacan's notion 'extimacy' seems to capture this post-operational way of being-in-the-world, as described by Nancy and Varela, notably because, in their accounts, extimacy surfaces not as a symptom connected to organ transfer specifically but rather as an inherent dimension of human embodiment as such that is highlighted rather than brought about by this experience.[5] Rather than regarding the experience of the lived body in terms of wholeness as 'primary' and the fragmented, composite body of science as 'derivative' (Merleau-Ponty, 1945), transplantation medicine discloses the extent to which fragmentation and alienation constitute a profound and primordial dimension of embodiment as such. And, rather than being purely first person accounts, these memoirs by Nancy and Varela stage dramatic dialogues between first person perspectives (voiced by recipients and focussed on the lived body) and third-person perspectives (mediated by biomedical technology), between introspection and externalisation. And it is notably here, I would argue, that the added value of a Lacanian perspective (compared with the existing literature on embodiment) reveals itself. Whereas phenomenology starts from the primacy of the *lived* body, seeing techno-scientific biomedical representations of the body as derivative, other types of discourses (not only biomedicine itself but also its supporting legal and bioethical superstructure) rather take the *objectified* body as its point of departure, that is: the body as dissected by anatomy, quantified by physiology, opened up by ultrasonography and so on (Zwart, 1998). Lacan, however, sees both dimensions of bodily existence as equiprimordial, urging us to focus our attention on the inevitable ontological tensions and clashes between the two, on the evolving dialectic, emphasising that none of these versions of the body (neither the lived or first person-body, nor the techno-scientific or third-person body) can claim to capture the elusive 'real' body, which only reveals itself in the folds and margins of these competing experiences of embodiment. Eventually, however, their dialectic proves an unequal interaction, as the first person (or lived body) perspective finds itself time and again decentred by the powerful technological gaze.

In the following sections, this clash of basic experiences of the body, emerging in the academic literature, will be analysed from an 'oblique' perspective, exemplified by organ-transplant cinema. As indicated earlier, movies involving transplantation medicine provide a window into the tensions and paradoxes of transplantation medicine as such. They may provide a 'different stage', may function as ontological 'laboratories' where the intriguing vicissitudes of the *lived* body, challenged by the emergence of the intrusive *techno-scientific* body (and its ethico-legal support-system: that is, the grammar of informed consent and so on) and frustrated by the recalcitrance of the elusive *real* body, may be analysed and assessed in more detail. As pointed out by Sharp (2006, 2007) and others, for instance, a basic tension can be discerned between the 'base' of transplantation medicine (the corporeal – or *corpo-real* – surgical realities so to speak) and its 'superstructure' (the bioethical idiom of donorship, consent and dignity). The intrusive violence of transplantation as a corporeal practice is obfuscated by its persistent framing in terms of voluntary donation and restoration of integrity (cf. Kass, 1992; Awaya, 1994; Scheper-Huges, 2000, 2002). Here, the oblique cinematic perspective offers a different stance. In contrast to standardised discourse, transplantation cinema focusses on the questionable origin of the organs at hand, on the violence and power relationship at work in procuring them. Transplantation cinema constitutes a genre in its own right, and many examples of organ-transplant movies can be given, but they rather consistently tend to problematise the ethical soundness of organ harvesting as such. The popularity of organ theft as a key cinematic motif (in movies depicting organ trafficking by criminal organisations) is a symptom of this tendency.

The Oblique Perspective: Transplantation Cinema

My first example, which I find particularly telling because initially it seems to enact the bioethical gift concept, is the French-Canadian movie *Jésus de Montréal*, written and directed by Denis Arcand and released in 1990. A group of young actors is invited to update and perform the story of the crucifixion of Christ at a catholic sanctuary. Their convincing theatrical performance attracts many enthusiastic visitors but upsets the religious authorities, who decide to interrupt the show just before it reaches its passionate climax: the dramatic death of Jesus on the cross. In the turmoil that unfolds, the heavy cross, with Daniel Coulombe (the actor playing Jesus) already attached to it, falls to the ground, and Daniel, badly wounded, is taken to an emergency ward. Initially, he seems to recover, but in an underground station he collapses once again. This time he is pronounced brain-dead, whereupon the doctors ask the two women accompanying him (playing the role of Mary of Magdalen) for his body – or rather: his organs. In the course of the movie, not only Jesus (Daniel Coulombe) himself but

also the other team members, although sceptical at first, increasingly identify themselves with their roles.

The intimate correspondence between donorship and the story of Jesus, which actually builds on a long history (Zwart, 2014), becomes increasingly noticeable as the narrative unfolds. It already begins with the actor's name: the prophet Daniel as a prefiguration of Christ who, in the New Testament, is associated with a dove ('colombe' in French). Before being called to follow him, the other actors had been forced to sell their bodies and voices in various ways (starring in erotic commercials or dubbing pornography). Early on in the movie, a producer, spotting a young and handsome actor, exclaims 'I want his head … for my advertisement campaign', a reference to John the Baptist. Subsequently, the correspondences between movie and gospel quickly multiply. The theatrical performance makes Jesus come to life again as someone who allows the blind to see, revivifies the dead and eventually dies to repair human shortcomings. After the last (pizza) supper and the crucifixion scene, his followers lost the one thing that gave meaning to their lives, until Jesus suddenly resurges, and the Word becomes flesh again. For the religious authorities, however, his message seems too life-like and too provocative. In a dialogue with Daniel (which clearly mimics Dostoevsky's parable of the Grand Inquisitor), the Priest who initially had offered him the assignment explains his change of course by saying that Christianity provides consolation to the ill, the outcasts and the handicapped, but especially to those who cannot 'afford Lacanian psychoanalysis'. Daniel's performance threatens to disrupt this. However, once pronounced brain death, Daniel's real organs allow the blind to see and the moribund to survive again: theatre as a preparatory rehearsal for what biomedicine has in store for us.[6] Yet, in a godless world, the hope of resurrection inevitably gives way to uneasiness about the manner in which his organs were procured. Much more care and attention was given posthumously to his life-saving organs than to his injured body, and the informed consent procedure is questionable, to put it mildly. Daniel is exploited in various ways, but especially posthumously, when he is robbed of his organs. From a Christian perspective, the integrity of the body can only be safeguarded if organ donation concurs with the concept of the Samaritan gift, as a gesture of charity and love (Zwart, 2000), but this scheme is drastically distorted by the relentless commodification of body parts. The evil voice that (in the beginning of the movie) signalled a desire for an actor's head now preys upon Daniel's body. But this, interestingly, is a core motif in transplantation cinema as such.

The Toxicity of the Purloined Implant

My second example of organ-transplant cinema is the French movie *L'intrus* ['The Intruder'], directed by Clair Denis, released in 2004 and inspired by Nancy's eponymous essay discussed above. Although at first glance any

noticeable connection between essay and movie seems missing, author and director are clearly 'in touch' with one another (Streiter, 2008).[7] *L'Intrus* tells the story of a retired businessman (who may also have been a secret agent) named Louis Trébor, living in a forest cabin near the French-Swiss Jura border and suffering from a heart condition. After a cardiac attack, he travels to Geneva (not coincidentally the capital of watchmaking) to have a heart implanted, procured on the black market with the help of a mysterious Russian woman, who continues to stalk him afterwards. He is plagued by uncanny dreams, moreover, one of which involves a heart that, apparently, has just been torn from a body and is now dropped in a snowclad landscape, where it is found and eaten by dogs (who play the role of lymphocytes: detecting and preventing intrusions).

Equipped with his daily cocktail of medicines, Louis abandons lovers, dogs, son and grandchildren to embark on an odyssey that takes him via Pusan (South Korea) and Papeete (Tahiti) to the Marquis islands, where he once lived as a young man, in search of an abandoned son he never met, and who eventually proves non-existent. But implant surgery fails to fend off death. In these desolate/ paradisiac surroundings, his health quickly deteriorates as his body persists in rejecting his implanted organ, whereas local inhabitants organise an impromptu casting session to provide him with a substitute 'son', on whom he desires to bestow his (illegal) fortune, provided the latter agrees to accompany and wait on him during his final voyage.

Comparing the movie with the essay, the former actually seems to reverse the latter. Instead of patiently waiting for the arrival of an available organ, provided by legal channels, as in the case of Jean-Luc Nancy, Louis Trébor (an inconsiderate, selfish man of action) quickly decides to take his faith into his own hands, choosing the 'treatment of urgency'. Via Internet, he contacts an obscure Russian organisation specialised in organ trafficking. And, whereas Varela tells his readers how he used to take evening walks in front of the Graft Centre in Paris, pondering over the contingency of his life, Louis decides to buy an expensive illegal heart directly, with suspicious cash money stashed in the safe of a Swiss bank. Indeed, as Nancy (2005) phrases it (who actually wrote an analysis of the movie himself), in order to keep 'death' (exemplified by the faltering organ) from intruding into his life, Louis calls upon 'life' (in the form of the implanted organ) to intrude into the process of aging and dying.

As soon as the implant has been grafted, however, Louis quickly and noticeably begins to age. The implant is not at all a 'restitution of integrity' (Nancy, 2000, 2001, 2005) but rather a toxic substance, a 'gift' indeed, insofar as *gift* means 'donation' in English but 'poison' in German. Instead of being rejuvenated, his body suffers from the consequences of intrusion and rejection. The Russian woman who closely follows her (toxic) 'gift' seems the personification of his guilty conscience, seeking atonement: the 'exteriorisation' of his illicit, mercenary implant (Sweeney, 2005). He tries to outrun his fate and 'camouflage' himself, but to no avail. When he implores her to stop dogging him, in view of his

heart problems, she replies that his heart is not ill but rather becoming empty. This may refer to his physical condition (when the neo-organ is rejected, a fatal emptiness or vacuole will emerge), but also to his 'heartlessness' in a figurative sense, demanding penitence and retribution (a 'change of heart'), like in a medieval morality play, in order to forego damnation.

The illegal transaction, meant to offer a new lease on life (Zwart, 2015), proves a Faustian Pact (Beugnet, 2008). The black-market organ, mistaken for the life-saving object *a*, to which he somehow seemed entitled, actually turns out to be a toxic intrusion, killing him in the end, notwithstanding medication, Korean massage (by a blind masseuse), long-distance travel and other techniques of denial. More explicitly than the essay, the movie stresses the questionable or even unsettling origin of implants and the problematic nature of organ procurement from an ontological (depth ethical) point of view. Organ harvests involve intrusions of bodily integrity, for the donor as well as for the recipient, and this intrusive violence, concealed by transplantation discourse, surfaces in organ-transplant cinema, with its outspoken predilection for stories about illegal organ markets and organ theft. In movies, in other words, the obfuscated ontological trauma tends to be displaced and transformed into a moral flaw.

This is emphasised quite explicitly towards the end of *L'Intrus* where it is suggested that Louis' new heart was actually procured from the body of his abandoned, natural, French son, whose corpse (with a chest roughly sewn up) is found deposited in a morgue, – by the Russian organ mafia perhaps, who apparently played a draconic joke on Louis. The French son's corpse is taken on board as well, joining the moribund father on his final voyage – or is he rather on his way to his next heart implant?

In Lacanian terms, the faltering heart is an extimate object of concern. Organs (initially concealed within the living corporeal flesh) are singled out by the biomedical gaze, determining their place and function (think for instance of classroom anatomical models from which organs, painted in distinguishable colours, can be taken out, until the body is completely emptied). In other words, Lacan subscribes to Merleau-Ponty's (1945) view that the living body collapses as soon as it is casted as an object of science. The biomedical gaze detects and highlights Louis' cardiac condition, so that his body becomes marked by a loss, and this intensifies his position as a tormented subject ($), in frantic search of a life-saving, extimate, detachable, implantable object ($\$ \lozenge a$). The latter becomes an obsession to which everything else is sacrificed, an object of desire, meant to redress a basic deficiency. Building on Aristophanes' myth in *Symposium*, Lacan refers to this experience of loss as the 'lamella': the ultra-thin, sharp surface (1964/1973, p. 222) that separates us from a part of ourselves and brings about a cut, a wound, a scar, creating an erogenous zone, where the substance of life has entered or left the body, separating the subject from something to which he somehow seem entitled and which he cannot do without. The loss ($-\varphi$) becomes a vector, relentlessly pointing towards the missing (allegedly life-saving, but

actually quite toxic and intrusive) object *a*. It cannot be just any heart, moreover. It must be the heart of a young man to begin with, and towards the end of the movie, as we have seen, it is suggested that the implant was procured from Louis' own son, whose heart now lives on inside his chest, while he himself is sailing towards his own inevitable, impending, 'second' death. Perhaps his son's heart became his unique object of desire because of a belief (erroneous, as it turns out) that this compatible organ would not fail him, would not be rejected.

Again, the correspondence with Christology is noticeable, as is emphasised by Nancy (2005) and others (Streiter, 2008, Morrey, 2008a, Morrey, 2008b). The gruesome scar on Louis' chest (a brusque reminder of the intrusive organ, Sweeney, 2005) is a partial cross and Jesus himself is the quintessential intruder par excellence (this is also how he is casted in the parable of the Grand Inquisitor and *Jésus de Montréal*), but he is also the sacrificed son, who lives on in (and is resurrected via) the father. Together they (father, sacrificed son and substitute) represent a trinity, but the Death of God obscured the horizon and the effort falters, so that Louis (the failing father) must face damnation: he is sent on his final voyage towards his 'second' death (Apocalypse, 2:11; 20:6; 20:14).

Thus, in *L'Intrus*-the-movie, we have irrevocably entered the right panel of Bosch' triptych, where gruesome instruments are employed to maltreat, dissect, dismember and dismantle the bodies (of both donors and recipients as it were). What is initially underestimated, but eventually criticised in *Jésus de Montréal*, is systematically disclosed (in a dispassionate manner, step by step) in *L'Intrus*, namely the awareness that the Christian (or secularised) paradigm of integrity and benevolent donation nowadays functions as a screen, eclipsing a disconcerting truth, namely the transformation of body parts into commodities, and eventually into things for sale or even theft.

I will now turn to my final case study: *Crank 2: High Voltage*, a 'low-brow' action movie, devoted to organised organ theft and released in 2009. In this movie (the most outspoken contemporary cinematic enactment of the sardonic right panel of Bosch' triptych), what was still discerned as a disconcerting truth in the previous two examples is now blatantly embraced, as a symptom of the zeitgeist: as if the human body has definitively lost its coherence and innocence.

Crank 2: High Voltage, a Lacanian Analysis

At the start of the movie, male protagonist Chev Chelios (also known as 'Superman') is thrown out of a helicopter and hit by a car. After landing on asphalt (somewhere in Los Angeles), the camera zooms in on his empty gaze: he seems definitely brain-dead, and his body is promptly picked up and transported to a clandestine operation unit inside a brothel, where his organs will be harvested, his heart to begin with: that which makes him 'tick'. Instruments for

measuring blood level (mmHg), heart rate (ECG) and Oxygen saturation (SaO_2) come into view. The removal of Chelios's (hyper-normal) heart is reminiscent of a delivery scene. A caesarean-like section is performed (by a razor-sharp lamella), and the procured organ is lifted high into the air, to be gazed at in admiration: something highly valuable, about to start a new life, as if the surgeons suddenly turn into Aztec priests, with prostitutes (impromptu operation assistants) flanking them as priestesses, gazing up in awe at the famous (now naked) organ thus unveiled.

At a certain point during the operation, Chelios awakens for a brief moment to see what is going on. An artificial (electronic) heart is implanted as replacement. The second organ on the list, already marked for removal, is his penis. Both organs are presented as key condensations of his identity. He manages to escape just in time, however, but soon discovers the yellow box attached to his body: an external battery pack to keep his artificial heart going. Realising that his chest has been emptied (that a vacuole has been created), the remainder of the movie is a chaotic, high-pace journey through murky, multi-ethnic metropolitan back-quarters, inhabited by sex workers and criminal gangs, in pursuit of his heart (to be re-implanted as soon as possible). In Lacanian grammar, the movie is structured in accordance with the matheme of desire: $\$ \Diamond a$. Via his cell phone Chelios contacts a friend, a former heart surgeon who offers him a crash course in cardiac surgery and implantation medicine.

As a result of yet another car crash, however, the external battery is damaged, so that a new dimension is added to the search for his heart: Chelios is in need of electricity to prevent his ersatz organ from faltering. In other words, electricity = life. Rather than being the seat of emotions, the heart becomes a source of (as well as a voracious consumer of) energy. Various items serve as ersatz electricity providers: car batteries, skin-to-skin friction (after joining up with an ex-girlfriend) and (eventually) an overhead high voltage cable (Chelios climbs the pole carrying the cable and is electrocuted: the movie's crucifixion scene). The purloined heart, deposited in a white Styrofoam cooler, is carried off by one of the crooks, but as Chelios manages to retrieve the box it proves empty: the organ has once again disappeared. In fact, it has already been implanted inside the chest of an elderly gangster of Chinese descent who, with the help of this powerful supplement (although still on the waiting list for Chelios's penis) experiences a new lease on life, a new surge of jouissance, as a client of prostitutes. He is seduced, however, by the former surgeon's girl friend (herself a former sex worker) and lured into a makeshift operation room, where the purloined heart is finally restored to its rightful owner, – although it remains unclear in the end whether Chelios will survive his uncanny adventures.

Crank 2: High Voltage is a cinematic update of the *Frankenstein* motif. Electricity = life and the human body is an aggregate of replaceable parts. Transplantation surgery has become so common-place that it proliferates into

garage surgery. On various occasions, notably at the beginning and end of the movie, Chelios (resting on an operating table) unexpectedly opens his eyes, as if a body that was supposed to be (brain-)dead is suddenly brought back to life again, as in the *Frankenstein* story. Unlike Frankenstein's monster, however, who acts as the recipient of *other* people's organs, Chelios is himself the resource from which highly valuable parts can be procured. And, whereas Frankenstein's monster prefers a snowclad landscape, Chelios's body is continuously heated up. His name suggests a reference to the solar deity *Helios*, the ultimate source of energy, to which the letter C is added, the first letter of the title *Crank*, the signifier that 'carries' the movie. The word *Cranky* means 'bizarre' and *crank* may refer to an eccentric person, obsessed with bizarre objectives (such as retrieving a purloined organ). A 'crank', in other words, is a *craving subject* ($) par excellence. In German, *krank* means ill (as in *Krankengeschichte*), whereas to *crank up* means to enhance someone (as in the case of hyper-normal, 'cranked-up' athletes).

The detachable heart is the movie's object *a*, put into circulation from one body to the next, as a source of jouissance, but also as a life-threatening intruder, for whoever happens to be carrying it. Chelios's heart and penis are not the only detachable body parts, however. Other examples of corporeal items that come off are the tip of an elbow (sliced off from a male body with the help of a knife); nipples removed from the breast of a (heavily tattooed) gangster and the silicone breasts of a transvestite sex worker (hit by bullets during a gun fight in a striptease bar). Bodies do not count for much: they are treated as throw-away items, easily replaceable, in correspondence with the right panel of Bosch's triptych that likewise depicts an underground world of brothel sex, excessively violent combats and sadistic corporeal punishments, where human bodies are tortured, penetrated and dismembered. The corpses of gangsters and sex workers pile up as the story unfolds, whereas much more value is placed on removable body *parts* than on bodies as such. This notably applies to partial organs that may function as ersatz objects such as hearts, breasts, nipples, phalluses and so on. When the tip of an elbow (severed from the body with the help of a machete), falls to the floor, for example, it actually looks like a miniature version of a cut off breast.

The yellow battery pack attached to Chelios's chest likewise acts as a (life-saving but unreliable) object *a*: an electronic, ready-at-hand replacement. This also goes for the hero's cell phone, an electronic umbilical cord connecting him with the voice of the life-saving Other (the former surgeon) who provides him with vital instruction on how to survive organ theft and energy loss.

Thus, the manhunt is actually an organ hunt. What is acted-out in the movie is the experience that partial organs have become objects of desire for craving subjects, notably men on the wane, such as the elderly gangster: $\$ \Diamond a$. Bodies are organic containers for valuable, detachable, commodifiable objects, transportable in Styrofoam coolers. Transplantation medicine has turned the hero's heart

into an object of desire, conveying the promise that pathways to singular forms of jouissance (earthly delights) will be opened up once it is implanted (STEAL ME!). The purloined organ functions as the movie's object *a*, turning up unexpectedly and being more often absent (*Fort*) than present (*Da*). It is hardly ever where it is expected to be, and may show up in very unlikely places. It is unique and priceless but at the same time replaceable by electronic substitutes and a most dangerous thing to have.

As for the ethnic dimension, a white male hero becomes the target of an organ hunt organised by Asian gangsters, so that white, male organs are presented as the most valuable items on the global organ market. This concurs with how organ theft is enacted in several other organ-theft movies. *Turistas*, for instance, involves a group of affluent young American tourists backpacking through Brazilian jungle. After being drugged on a paradisiac beach, they fall into the hands of an organ harvesting ring. In an improvised operation room somewhere in a tropical forest, a white female patient wakes up for a brief moment, vaguely aware of her predicaments. The gang actually claims moral-political motives. Rich tourists come to Brazil for organs and sex, they argue, exploiting human bodies, but now the tables are turned, so that the bodies of young tourists are used as organ resource. The main villain is a biomedical Robin Hood, stealing organs from the rich to hand them over to the poor (uninsured craving patients in a public hospital in Rio de Janeiro). This reversal is symptomatic, for in real life, organ traffic tends to be a fairly one-directional affair, with organs consistently travelling from poorer regions of the world towards the organ-hungry affluent West (notably the US, the UK and Israel: Declaration of Istanbul, 2008). Organ-theft cinema tends to reverse this scheme, which may be taken as an instance of denial (a mechanism of defence), or as a symptom of anxiety and guilt: the awareness of global inequality. Still, in the end (after a series of implausible escapes) most of the allegedly helpless tourists manage to survive, with their caucasian organs still in place.

Conclusion: Depth Ethics and The Oblique Perspective

Transplantation medicine has profoundly affected experiences of embodiment, notably through the commodification of body parts. As Sharp (2006) and others have argued, there is an intrusive, dehumanising dimension to organ procurement that tends to be obfuscated by an 'ideological disjunction', a moral discourse shrouded in euphemistic 'denial' (p. 13). Yet, that which is concealed (repressed) on the manifest level of discourse is bound to resurge (quite emphatically) in organ-transplant cinema. This explains why organ transplantation provides 'rich fodder for plots in a wide range of media, including thriller fiction, television dramas, and film' (Sharp, 2006, p. 1).

In a famous scene from Monty Python's *The Meaning of Life*, procurement officials arrive at the home of a person who had signed a donor card, demanding his liver ('a large, eh, glandular, reddish-brown organ in your abdomen'). When he refuses to cooperate, they intrude into his house and drag him into the kitchen, where the precious item is taken out by force. This parody revolves around a kernel of truth, giving voice to subliminal unease. Transplantation movies persistently focus on the problematic, dubious origins of donor organs. An element of theft and intrusion always seems involved, and this may be seen as a symptom of the ontological uneasiness entailed in the reframing of the human body as an aggregate of replaceable and reusable items. The ensuing violence affects the donor's body first of all, but spills over to the recipient as well, hooked up to arrays of machines and sustained by disruptive pharmaceutical regimens. In Lacanian terms: the 'real' intrusive violence of organ transfer is concealed both by 'imaginary' portrayals of restored integrity and by the 'symbolic' grammar of ownership, donation and informed consent, but the paradoxical message of organ-theft cinema is that, to the extent that transplantation medicine becomes increasingly successful (becomes normalised and standardised), living beings may begin to fear for their organs. Medical progress comes with a price: the wholeness of the body is disrupted as organs become detachable items, displaying 'commodity candidacy' (Appadurai, 1986) as a basic feature.

In other words, commodification turns organs into potential market commodities, so that the buying and selling of organs becomes a prominent, albeit highly controversial issue on the global bioethical agenda. Critics argue that the idea of organs for sale not only undermines the dignity of the human body but also encourages the exploitation of the global poor, who are actually forced to sell their organs to affluent recipients in Western countries. But others may see an 'eBay for organs' as a viable alternative to increase the number of available organs, allowing transplant surgeons to save the lives of moribund recipients on waiting lists.

From a Lacanian perspective, the debate on transplantation medicine is played out on three levels. On the *symbolical* level, we are confronted not only with quantitative data about waiting lists and survival rates but also with ethical justifications and moral procedures for obtaining informed consent, resulting in a Yes or No. The symbolical is bent on digitalisation, that is: on implementing clear, acknowledged dichotomies between 'admissible' and 'inadmissible' (Zwart and Hoffer, 1998). On the *imaginary* level, we are faced with a Gestalt-switch, involving ailing, moribund patients who, because of their organ implants, suddenly become happy and healthy ever after, persuading audiences to enlist as donors. However, there is a third dimension: the dimension of the *real*, obfuscated as a rule, where both the moral acceptability and the medical benefits of organ transfer become less clear-cut. Procurable organs are objects of desire, promising a new lease on life. But as an object *a*, the donor organ is bound to thwart the ailing recipient's expectations. Although some health problems may be

(partially) addressed, new obstacles and intrusions are likely to arrive. Moreover, in view of the high-paced developments in transplantation medicine, the demand for human organs will prove insatiable. The idea that commodification will 'solve' the problem of organ scarcity by 'emptying' the waiting lists (Erin and Harris, 2003; Hurst, 2015) must be discarded as illusory. Although overcoming 'organ scarcity' has become a 'mantra' in the current debate (Scheper-Hughes, 2000), it eclipses the extent to which organ demand is actually constantly produced by transplantation medicine itself. To the extent that more organs will become available, the number of potential recipients is bound to increase as well, in accordance with the matheme of desire: $\$ \lozenge a$.

About the Author

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Notes

1 The first whole organs to be transplanted (in the early twentieth century) were testicles, but trials produced mixed results and eventually, testicle transplantation was made obsolete by the discovery of testosterone, the 'male hormone', as science writer Kruif (1945/1948) formulated it, which, stripped down to its bare biochemical essentials, could now be injected directly into 'waning men'.

2 Even a table, Marx (1867/1979, p. 85) argues, may seem a useful, unproblematic thing, associated with daily activities, but, as a commodity, it is bound to change into something completely different, and may even start to dance. This refers to the nineteenth-century hype around Spiritualism, when tables were employed as communication devices for contacting inhabitants of the netherworld: absent voices of the Other made audible again, with the help of a special knocking code, similar to a Morse Code. Again, commodities are objects of desire, connected with 'partial organs' or specific bodily parts (such as hands, breasts, ears and voices).

3 McEwan (2014) describes 'extimacy' in the case of a 17-year-old Jehovah Witness who, suffering from leukaemia, objects to blood transfusion but is forced to undergo treatment by judicial procedure. Donated blood seems tainted: 'The idea of having a stranger's blood inside me makes me sick, like drinking someone's saliva, or worse. I can't get rid of the idea that transfusion is wrong' (p. 142).

4 'The heart of a stranger lives inside his body, pumping life into him while being rejected by his "own" body that without this foreign heart would be a corpse. It causes dangerous immune reactions [the treatment of which] causes the outbreak of viral infections and finally cancer. Nancy's body is constantly opened, connected to machines, screened, filled with medicine, transformed, controlled. There is something of an Invasion of the Body Snatchers about Nancy's account of his voyage through modern medicine' (Streiter, 2008, p. 59)

5 One could argue that mitochondria (the powerhouses of eukaryotic cells) are the first extimate intruders in the history of evolution: invading or absorbed bacteria (symbionts), making eukaryotic life possible (Lane, 2005).

6 An interesting similarity can be discerned with another organ-transplant movie: *All about my Mother*, released in 1999: The story of a woman who, as a member of a transplant coordination team, participates in pedagogical role-play workshops as the wife of a brain-dead potential organ donor and is faced with precisely this 'rehearsed' situation in real life, as mother of a brain-dead son (Stenner and Moreno-Gabriel, 2013).

7 As Nancy (2005) himself phrases it in his analysis, his essay is 'adopted' rather than adapted by the movie, and 'heterogeneity' separates the two (cf. Beugnet, 2008).

References

Appadurai, A. (1986) *The Social Life of Things*. New York: Cambridge University Press.

Aquinas, T. (1922) *Summa Theologica*. Torino: Marietti.

Awaya, T. (1994) The theory of neo-cannibalism. *Japanese Journal of Philosophy* 3: 29–47.

Beugnet, M. (2008) The practice of strangeness: L'Intrus – Claire Denis (2004) and Jean-Luc Nancy (2000). *Film-Philosophy* 12(1): 31–48.

Blackman, L. (2010) Bodily integrity. *Body & Society* 16(3): 1–9.

Bogdanov, A. (1908/1984) *Red Star*. Bloomington, IL: University of Indiana Press.

Burnet, F.M. (1963) *The Integrity of the Body*. Cambridge, MA: Harvard University Press.

Carney, S. (2011) *The Red Market. On the Trail of the World's Organ Brokers, Bone Thieves, Blood Farmers, and Child Traffickers*. New York: HarperCollins.

Cook, R. (1977) *Coma*. New York: Little, Brown & company.

Declaration of Istanbul on Organ Trafficking and Transplant Tourism (2008) *Kidney International* 74(7): 854–859.

Dixon, L. (1981) Bosch's garden of delights triptych: Remnants of a fossil science. *The Art Bulletin* 63(1): 96–113.

Erin, C. and Harris, J. (2003) An ethical market in human organs. *Journal of Medical Ethics* 29(3): 137–138.

Foucault, M. (1994) A propos de la généalogie de l'éthique. In: *Dits et Écrits IV*. Paris, France: Gallimard, pp. 383–411.

Freud, S. (1895/1952) Studien über hysterie. In: *Gesammelte WerkeI*. London: Imago, pp. 75–312.

Freud, S. (1900/1942) Die traumdeutung. *Gesammelte Werke II/III*. London: Imago.

Freud, S. (1919/1947) Das unheimliche. In: *Gesammelte Werke XII*. London: Imago, pp. 227–268.

Freud, S. (1930/1948) Das unbehagen in der kultur. In: *Gesammelte Werke XIV*. London: Imago, pp. 419–513.

Grant, E. (1974) *A Source Book in Medieval Science*. Cambridge, MA: Harvard University Press.

Greenberg, O. (2013) The global organ trade. *Cambridge Quarterly of Healthcare Ethics* 22(3): 238–245.

Groys, B. and Hagemeister, M. (2005) *Die neue Menschheit. Biopolitische Utopien in Russland zu Beginn des 20. Jahrhunderts*. Frankfurt am Main, Germany: Suhrkamp.

Hagen, P.J. (1982) *Blood: Gift or Merchandise – Towards an International Blood Policy*. New York: Liss.

Hurst, S. (2015) The ethics of selling body parts. In: J.-D. Rainhorn and S. Boudamoussi (eds.) *New cannibal markets: globalization and commodification of the human body*. Paris: Maison des sciences de l'homme, pp. 47–56.

Kant, I. (1785/1980) *Grundlegung zur Metaphysik der Sitten*. Werkausgabe 7. Frankfurt am Main, Germany: Suhrkamp.

Kass, L. (1992) Organs for sale? Propriety, property, and the price of progress. *The Public Interest* 107: 65–86.

Kruif, P. de (1945/1948) *The Male Hormone*. New York: Permabooks/Harcourt & Brace.

Lacan, J. (1964/1973) *Le Séminaire de Jacques Lacan XI: Les Quatre Concepts Fondamentaux de la Psychanalyse*. Paris, France: Éditions du Seuil.

Lacan, J. (1966) Kant avec sade. In: *Écrits*. Paris, France: Éditions du Seuil, pp. 765–790.

Lacan, J. (1968–1969/2006) *Le Séminaire de Jacques Lacan XVI: D'un Autre à L'autre*. Paris, France: Éditions du Seuil.

Lacan, J. (1971–1972) Le savoir du psychoanalyst [unpublished seminar], http://www.valas.fr/Jacques-Lacan-Ou-Pire-et-Le-savoir-du-psychanalyste-1971-1972, accessed January 2016.

Lane, N. (2005) *Power, Sex, Suicide: Mitochondria and the Meaning of Life*. Oxford/New York: Oxford University Press.

Livingston, P. (2006) Theses on cinema as philosophy. *The Journal of Aesthetics and Art Criticism* 64(1): 11–18.

Lock, M. (2002) *Twice Dead: Organ Transplants and the Reinvention of Death*. Berkeley, CA: University of California Press.

Marx, K. (1867/1979) *Das Kapital. Kritik der Politischen Oekonomie 1: der Produktionsprocess des Kapitals*. Berlin, Germany: Dietz.

McEwan, I. (2014) *The Children Act*. London: Jonathan Cape.

Merleau-Ponty, M. (1945) *Phénoménologie de la Perception*. Paris, France: Gallimard.

Meyer, S. (2006) Trafficking in human organs in Europe: A myth or an actual threat? *European Journal of Crime, Criminal Law & Criminal Justice* 14(2): 208–229.

Miller, J.-A. (2001) Lacanian biology and the event of the body. *Lacanian Ink* 18: 6–29.

Morrey, D. (2008a) Introduction: Claire Denis and Jean-Luc Nancy. *Film-Philosophy* 12(1): i–vi.

Morrey, D. (2008b) Open wounds: Body and image in Jean-Luc Nancy and Claire Denis. *Film-Philosophy* 12(1): 10–31.

Nancy, J.-L. (2000/2010) *L'intrus*. Paris, France: Galilée.

Nancy, J.-L. (2005) L'Intrus selon Claire Denis. Remue.net, http://remue.net/spip.php?article679, accessed January 2016.

Rabinow, P. (1996) *Essays on the Anthropology of Reason*. Princeton, NJ: Princeton University Press.

Richardson, R. (1996) Fearful symmetry: Corpses for anatomy, organs for transplantation? In: S. Youngner, R. Fox and L. O'Connell (eds.) *Organ Transplantation: Meanings and Realities*. Madison, WI: University of Wisconsin Press, pp. 66–100.

Scheper-Hughes, N. (2000) The global traffic in human organs. *Current Anthropology* 41(2): 191–224.

Scheper-Hughes, N. (2002) The ends of the body: Commodity fetishism and the global traffic in organs. *SAIS Review* 22(1): 61–80.

Scheper-Hughes, N. (2008) *The Last Commodity: Post-Human Ethics, Global (in)Justice and the Traffic in Organs*. Penang: Multiversity & Citizens International, Malaysia.

Schicktanz, S., Wiesemann, C. and Wöhlke, S. (2010) *Teaching Ethics in Organ Transplantation and Tissue Donation Cases and Movies*. Göttingen, Germany: Universitätsverlag.

Schweda, M. and Schicktanz, S. (2009) The 'spare parts person'? Conceptions of the human body and their implications for public attitudes towards organ donation and organ sale. *Philosophy, Ethics, and Humanities in Medicine* 4(4): 1–10.

Sharp, L. (2006) *Strange Harvest: Organ Transplants, Denatured Bodies and the Transformed Self*. Berkeley, CA/Los Angeles, CA/London: University of California Press.

Sharp, L. (2007) *Bodies, Commodities and Biotechnologies. Death, Mourning and Scientific Desire in the Realm of Human Organ Transfer*. New York: Columbia University Press.

Shildrick, M. (2010) Some reflections on the socio-cultural and bioscientific limits of bodily integrity. *Body & Society* 16(3): 11–22.

Shimazono, Y. (2007) The State of the international organ trade: A provisional picture based on integration of available information. *Bulletin of the WHO* 85(12): 955–962.

Slatman, J. and Widdershoven, G. (2010) Hand transplants and bodily integrity. *Body & Society* 16(3): 69–92.

Žižek, S. (2004/2013) *Organs Without Bodies. On Deleuze and Consequences*. London and New York: Routledge.

Starzl, T. (1992/2003) *The Puzzle People. Memoirs of a Transplant Surgeon*. Pittsburgh, PA/London: University of Pittsburgh Press.

Stenner, P. and Moreno-Gabriel, E. (2013) Liminality and affectivity: The case of deceased organ donation. *Subjectivity* 6(3): 229–253.

Stoker, B. (1897/1993) *Dracula*. Hertfordshire, UK: Wordsworth.

Streiter, A. (2008) The community according to Jean-Luc Nancy and Claire Denis. *Film-Philosophy* 12(1): 49–62.

Sweeney, R.E. (2005) The hither side of solutions: Bodies and landscape in *L'Intrus*. *Senses of cinema* (36), http://sensesofcinema.com/2005/feature-articles/intrus/.

Titmuss, R.M. (1971) *The Gift Relationship: From Human Blood to Social Policy*. London: Allen & Unwin 1971.

Varela, F. (2001) Intimate distances: Fragments for a phenomenology of organ transplantation. *Journal of Consciousness Studies* 8(5–7): 259–271.

Waldby, C. (2002) Biomedicine, tissue transfer and intercorporeality. *Feminist Theory* 3: 235–250.

Waldby, C. and Mitchell, R. (eds.) (2006) *Tissue Economies: Blood, Organs and Cell Lines in Late Capitalism*. Durham, NC & London: Duke University Press.

Zwart, H. (1997) What is an animal? A philosophical reflection on the possibility of a moral relationship with animals. *Environmental Values* 6(4): 377–392.

Zwart, H. (1998) Medicine, symbolization and the 'real body': Lacan's understanding of medical science. *Medicine, Healthcare and Philosophy: A European Journal* 1(2): 107–117.

Zwart, H. and Hoffer, C. (1998) *Orgaandonatie en Lichamelijke Integriteitt*. Best: Damon.

Zwart, H. (2000) From circle to square: Integrity, vulnerability and digitalization. In: P. Kemp and J. Rendtorff (eds.) *Bioethics and law II: Four Ethical Principles*. Copenhagen, Denmark: Rhodos, pp. 141–153.

Zwart, H. (2014) The donor organ as an 'object a'. A Lacanian perspective on organ donation and transplantation medicine. *Medicine, Health Care & Philosophy: A European Journal* 17(4): 559–571.

Zwart, H. (2015) A new lease on life: A Lacanian analysis of cognitive enhancement cinema. In: M. Hauskeller, T. Philbeck and C. Carbonell (eds.) *Handbook Posthumanism in Film and Television*. London: Palgrave MacMillan, pp. 214–224.