

The end. Deaths in the Cinema

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Summary

From the assertion of the writer and essayist Milan Kundera that the only moral function that can be demanded of narrative is that of unveiling aspects of human existence as yet unknown, in this article my aim is to explore three cinematographic narratives: *The Elephant Man*, *Wit*, and *The Barbarian Invasions*. All sustain the same dramatic premise: their respective characters are affected by an incurable disease. In these stories, faced with their irremediable condition -and depending on their specific biography- the characters attempt to negotiate as best they can their final moments; their last act in the drama of life. All three films thus end in death. Behind this narrative tapestry, however, what each of the main characters does is different, because both they and their circumstances are all different, unique, and exceptional. Nevertheless, this is no impediment to our passing from the particular -the individual- to the general. Thus, we shall be exploring aspects of suicide, "medicalised" demise, and "autonomised" death; of dignity, self-esteem and autonomy; of knowledge, wisdom and learning. This is because although for Michel de Montaigne human happiness derives from living happily and not dying happily, it does not seem appropriate to posit their relationship in terms of mutual exclusion. Accordingly, all our protagonists will question issues relative to the good life, the happy life, and a happy demise -good death.

Keywords: Cinematographic analysis, Medicine, Ethics; Suicide, Therapeutic obstinacy, Euthanasia, Death.

We often hear the words "I don't want to die". In fact, those uttering such words do so less on the basis of their desire for immortality^a than for not wanting to die "now"; "Yes, of course I shall die, but later". Who amongst us, when circumstances so dictate, can really say they are proud of having driven the course of their existence with a firm hand; who, before that final hour, can say with no doubts that their life has been full of meaning? Death reminds us -and very precisely so- of our own insignificance; that the world will go on while we shall not and that it will spend little time reflecting on our own existence. Hence our hopes that medical science, although unable to provide life to our times, will at least be able to prolong our lives just a little bit more. Nevertheless, we must inevitably ask ourselves whether the type of rationality most suitable to clinical reality and to the ethical problems deriving from it is an extreme objective reality or whether, by contrast, it is possible to speak in terms of a *narrative rationality*². Because if medicine and ethics are to be humane, then they cannot overlook precisely what makes us all human: feelings and desires, values and beliefs: in sum,

non-transferable life projects. Thus, narrative rationality is glimpsed as a prudent and responsible rationality, as a constant reappraisal between universal, abstract and objective principles and the reality of the patient, who feels him- or herself to be particular, individual, and living a subjective reality.

It is by now more or less evident that as human beings we tend to give narrative form to the events configuring our existence as a means to giving them meaning. Presentation, knot, and resolution; protagonists and antagonists; nuclei and catalysis; anagnorisis (discovery, the change from ignorance to knowledge) and deeds; achievements and renouncement. Neither is it possible to deny the intimate relationship between our moral development and the narratives that have fed us. At some time or another we have all felt "in tune" with the protagonists of the stories that we have heard, read about or seen.

Such "being in tune" is undoubtedly strange, because what is there of "me" is those worlds that

—superficially— seem to have little to do with my own. Nevertheless the “in-tune-ness” is undoubtedly effective because we all find something of ourselves in the actors/agents of those narratives. After we leave the story, we know more about the human condition and we know it better. In this sense, Milan Kundera states that the only moral function of such narratives consists of discovering the unknown facts of human existence^b; of illuminating a place where previously there was only shadow. This is why in the present article we shall explore three films: *The Elephant Man* (1980) by David Lynch, *Wit* (2001) by Mike Nichols and *The Barbarian Invasions/ Les invasions barbares* (2003) by Denys Arcand. Based on these films, I shall attempt to reflect on a series of issues that lie within the realm of the end of life. Claudio Magris expressed this so beautifully in the following words: *To narrate is a guerrilla battle against oblivion and connivance with it; if death did not exist, perhaps nobody would narrate anything*⁶.

Humanization and suicide: *The Elephant Man*

Technical details

Title: *The Elephant Man*

Country: UK and USA

Year: 1980

Director: David Lynch

Music: John Morris

Screenwriter: Christopher De Vore, Eric Bergren and David Lynch based on the books *The Elephant Man and Other Reminiscences* by Sir Frederick Treves and *The Elephant Man: A Study in Human Dignity* by Ashley Montagu

Cast: Anthony Hopkins, John Hurt, Anne Bancroft, John Gielgud, Wendy Hiller, Freddie Jones, Michael Elphick, Hannah Gordon, Helen Ryan, John Standing, Dexter Fletcher, Lesley Dunlop, Phoebe Nicholls, Pat Gorman and Claire Davenport.

Color: Black and White

Runtime: 124 minutes

Genre: Biography, Drama

Production Company: Brookfilms

Synopsis: The film is a biopic about the life of John Merrick Tucker, a person suffering from Proteus syndrome.

Awards: Nominated for an Oscar for Best Film, Best Director, Best Actor (John Hurt) Best adapted Screenplay, Best Set Decoration, Best Film Editing, Best Costume Design and Best Music (1980).

The Elephant Man is the free movie version of the story of John Merrick (John Hurt), a patient suffering from the Proteus syndrome (Figure 1). The film tells how —owing to his physical deformity— the monster/man becomes divested of his humanity. In some ways the film seems to take up the traditional distinction between *being* and *living*, between *being* a human being and *living* as one, and it questions the role of medicine in its task of providing the conditions for human life to be accorded the dignity of such a name (human). Of course, the story is set in the nineteenth century, in full positivistic *furor*; seeking fact and only fact. Thus, the task of medicine —if it aims to be scientific— must be limited to fact, in this case clinical facts, and must ignore any other facts of the patient’s existence that might hamper medical decision-making. Moreover, and perhaps somewhat perversely, David Lynch entangles two apparently irreconcilable scenarios: spectacle and science; circus and hospital. It is only there that the strangely “other” is possible. There is, however, a condition: that the monster deprived of



Figure 1: American poster with John Merrick, the protagonist, a patient with Proteus’ syndrome

a.- Concerning the hell of immortality, we learn of this is Borges’ *The Aleph*¹.

b.- In *The Depreciated Legacy of Cervantes*, within *The Art of the Novel*². In the same sense, in more recent essays the author speaks of “novels that think”⁴ or Harold Bloom of “sapiential literature”⁵

his condition as subject must become an object. An object of scrutiny and an object of the word. On one hand, therefore, we have the circus, where for a few coins spectators can openly lose themselves to their “scopic” drive; to the unveiling of what generally remains hidden. On the other, we have the hospital, where John Merrick is simply a clinical object, an item on the list of congenital malformations.

Despite the different nature of both *representations* (mainly based on brazen staring in the one case, and on the rational word in the other), despite the different interests underlying the motives of those acting as masters of ceremony –money in the case of Bytes (Freddy Jones), scientific in the case of Dr. Treves (Anthony Hopkins), and even despite the different social status of who visit both parties (of low extraction in one case, the scientific community in the other), the treatment accorded the *monster* John Merrick is similar. The fact that the contours of his body go beyond what is humanly recognisable will condemn him to the outer boundaries of what is humanly acceptable. So he becomes an object of curiosity and the subject of scientific enquiry. In this sense, the fact that we are not aware of his physical aspect until more than thirty minutes of the film have elapsed is not simply due to motives of narrative suspense, to a further turn of the screw aimed at finally satisfying the wish of the spectator to see Merrick’s abnormality; both the shadows of the hovel that hides him from us and the screen in the hospital, which only allows us a glimpse of his silhouette, do offer us a hint as to the veil to be drawn, the light to be projected, for us to see the terrible consequences of his condition. And it is that both Bytes and Treves –while disclosing him to the rest of us- “cover” for him with their words. Both are charlatans hiding behind their own semantics. The former speaks of his supernatural, almost mythological origin: *Life is full of surprises. Ladies and gentlemen, consider the fate of this creature’s poor mother. In the fourth month of her maternal condition, she was struck down by a wild elephant. Struck down, if you take my meaning, on an uncharted African isle. The result is plain to see ladies and gentlemen... The terrible elephant man!* The latter, reduced to medical jargon, to a meticulous explanation of the deformities ravaging Merrick’s body: *...at no time have I met with such a deardaded or perverted version of a human being as this man...*

In the end, the film should help us appreciate the difficult process by which John Merrick passes from an object to look at to a subject looked at; from shadow and silhouette to a figure with precise, well-

defined contours; from keeping silent to having his own voice; from a monster to a person. However, the best finished metaphor of that process of personal reconstruction, of the acquisition of a true narrative identity, is undoubtedly the construction of the model of St. Phillip’s cathedral that the patient makes just before deciding to end his life. As in the case of Merrick, the fact that the model is made of waste materials, with what has been thrown away, does not prevent us from appreciating its beauty. As with Merrick, its meaning is also played out on the terrain of image and words. In the terrain of image, because its creation is in fact an act of re-creation. Just as we spectators and the rest of the people in the story are invited to imagine the human figure hidden behind his aspect, John Merrick –despite the limited view he has of the cathedral (he can barely see its tower from the window of his room)- is able to imagine it and construct a complete copy (Figure 2). And in the terrain of the word: on one hand because once finished, as a final gesture, the base of the model will serve Merrick to inscribe the footprint of his identity; his true name: John Merrick. The “monster”, the “elephant man”, the “circus animal”, the “phenomenon of nature” “the creature” and similar insults spread throughout the film in reference to him have been left behind. On the other hand, it is not by chance that the building he decides to reconstruct is a church. That is, a place inhabited by the *logos*. John Merrick has finally seen his wishes fulfilled – *My life is full because I know I am loved*. His searching story is over. Excluded, and a recluse for the whole of his existence, he finally feels included. He is finally the protagonist of his own story and autonomously decides to put an end to his life, by going to bed as he wants, *like ordinary people*. So, is this not the true ideal of autonomy, being able to make a



Figure 2: The tower of the model of St. Phillip's cathedral, done by Merrick

voluntary and free decision about issues affecting one's life, and even one's own death?

Empathy and “medicalised” death: *Wit*

Technical details

Title: *Wit*

Country: USA

Year: 2001

Director: Mike Nichols

Music: Henryk Mikolaj Gorecki

Screenwriter: Margaret Edson, Emma Thompson and Mike Nichols.

Cast: Emma Thompson, Christopher Lloyd, Eileen Atkins, Audra McDonald, Jonathan M. Woodward, Harold Pinter and Rebecca Laurie.

Color: color

Runtime: 99 minutes

Genre: Drama

Production Companies: Avenue Pictures Productions and HBO Films

Synopsis: The last moments of life, as a result of ovarian cancer, of the professor of literature Vivian Bearing.

Awards: Emmy prizes: Outstanding Television Movie, Outstanding Directing for a Movie (Mike Nichols) and Outstanding Single Camera Picture Editing For a Movie. Emmy Nomination: Outstanding Casting for a Movie, Outstanding Lead Actress in a Television Movie (Emma Thompson), Outstanding Supporting Actress in a Television Movie (Audra McDonald) and Outstanding Writing for a Movie (2001). Award for best actress (Emma Thompson) at the Valladolid International Film Festival (2001).

Naturally, few of us, will be able to complacently celebrate having lived our lives with a firm hand. Few of us, on judging what has been lived, will dictate our own absolution and calmly await nature to take its course, even contributing to hastening the final event. Usually, death arrives when we feel that the time for living is still not over. Because what is important is not so much to die at the right time as to have taken advantage of what life offers us. *Wit* is the story of Vivian Bearing (Emma Thompson) (Figure 3), a brilliant professor of literature of 48 years old. She is the maximum authority in the work of John Donne, the metaphysical poet of the 17th century, famous for the *Holy Sonnets* about death. She is revered by her students and admired by her colleagues. She has lived just as she has wanted to. Consecrating her life to knowl-

edge, she has sacrificed her emotional life to intellect; she has replaced the establishment of personal relationships by conceptual excellence, but has no qualms about this. Rigorousness, meticulousness, exactness, hard work and resolve are the terms that she spells out along the story and with which she qualifies her relationship with her students and literary works, to which her life seems to be reduced. However, death suddenly knocks on her door. She develops an incurable ovarian adenocarcinoma (stage IV, with generalised metastasis) and agrees to receive an experimental treatment. From here onwards, the film posits a dual parallel and interrelated reflection on such circumstances.

On one hand we learn of how Vivian Bearing faces death with unsuitable tools, how “the inflexible schemata of the erudite”, of which she constantly boasts and which have afforded her an apparently good life, are not valid for achieving a *good* death. We see how the eminent professor becomes a humble student, in that she must learn the reality of death that the poetic abstractions in which she has buried herself cannot express. Because what was correct in the poetic exegesis is futile before the reality of one's own

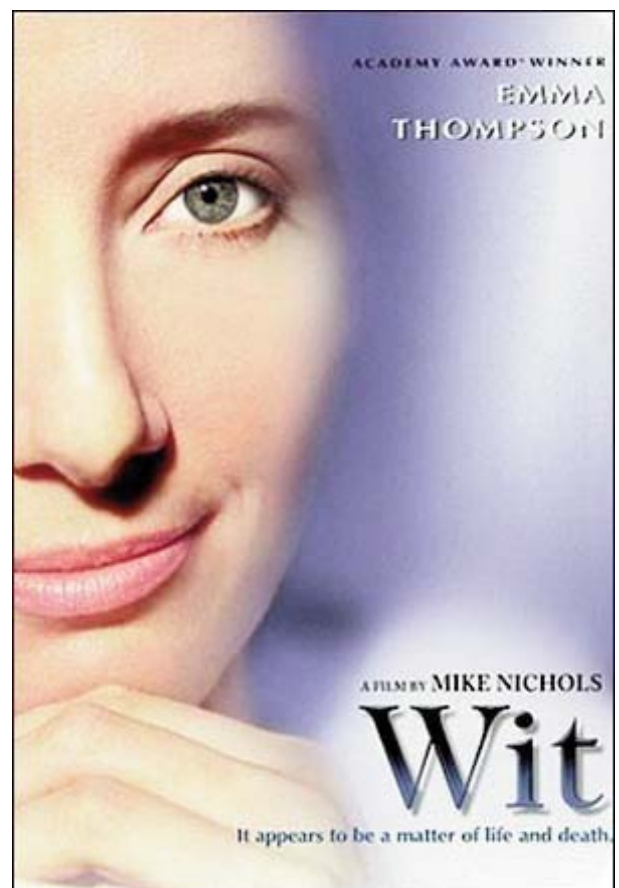


Figure 3: American poster with Vivian Bearing the main character in the store

demise. Death ceases to be a motive for engaging in intellectual games and becomes a painful heart-wrenching experience. She recognises this herself: *We are discussing life and death, and...not in the abstract, either. We are discussing my life and my death. And I can't conceive of any other tone. Now is not the time for verbal swordplay. Nothing would be worse than a detailed scholarly analysis and erudition, interpretation, complication. No. Now is the time for simplicity. Now is the time for dare I say it kindness. And I thought being extremely smart would take care of it. But I see that I have been found out. I'm scared. Oh, God. I want...*

The voracious acquisition of knowledge to which she has dedicated her life has not been translated, as pointed out by Eliot, into wisdom^c. Vivian Bearing has instrumental knowledge but this has not taught her how to live or how to die. Aiming to apply the same research scheme with which she has tackled her poetry to her illness, she soon realises her mistake. Humiliated by her doctors, she recalls how she once humiliated her students. She claims from others the compassion that she inflexibly denied her disciples. Implacable throughout her life, she knows that when she dies the colleagues who now admire her will all join the feeding frenzy to occupy her place and she will be relegated to a mere footnote in future compilations of the poems of John Donne.

All this takes place within a context of “medicalised” death. This is the second major issue posited in the story. The film begins *in media res*: halfway through the drama. Suddenly, and surprisingly, against an out-of-focus background, Dr. Kelekian speaks the first words we hear in the film: *You have cancer. Ms Bearing, you have advanced metastatic ovarian cancer* (Figure 4). Thus, Vivian Bearing receives “detailed” information about her medical status. The paternalistic model in which the physician would alone manage the status of the patient seems to be far away. In the film the relationship between the doctor and the patient seems to take place in a context of apparent equality. Information, consent and technical correctness are the bases of all research, and Dr. Kelekian will scrupulously respect them. However, the problem arises from the actual nature of medical research in human beings, because the material -the object to be investigated- is in turn a subject; namely a human being. The same passion of the professor with regard to the poetry of John Donne can be seen in the physician and his team with regard to cancer: *It is awesome... Immortality in culture*. Thus we see cancer as a mystery

c.- *All our knowledge brings us nearer to our ignorance, / All our ignorance brings us nearer to death, / But nearness to death no nearer to God. / Where is the Life we have lost in living? / Where is the wisdom we have lost in knowledge? / Where is the knowledge we have lost in information?* [Choruses from the rock⁷].



Figure 4: *You have cancer. Ms Bearing, you have advanced metastatic ovarian cancer*

to be unveiled. The only problem is that someone is suffering it. This seems to be Kelekian's ideal: investigate the illness without having to treat the patient. A lesser problem that, for the time being, cannot be avoided.

However, together with, or perhaps better said, against the impassive researcher we have the patient's defender; the nurse. She is the only person who establishes a compassionate and empathetic relationship with the patient. When a cure is no longer possible, when the investigation has sucked up all possible information from Vivian's ravaged body, when the physicians jump ship, the nurse remains looking after Vivian, accompanying her and comforting her (Figure 5). She embodies a paradigm of responsibility. Taking decisions in medicine is not done on the abstract plane, but with reference individual patients and concrete situations; it is practical, prudential knowledge that, together with principles, focuses on the wishes of the patient. It is the nurse who eventually opposes the idea that Vivian should be sedated definitively. It is she who -respecting the last wishes of the professor- will prevent her from being resuscitated when Code blue starts up.

Vivian Bearing finally dies. Behind her, she has felt degraded, humiliated, and has suffered pain and fear. The camera focuses on her face spoiled by the disease and treatment. On that cadaverous face, through a concatenated fade out, is superimposed a photograph of the professor before she fell ill. This reminds us of the moment-like nature and the fugacity of life. And this indeed is what a photograph is; the preservation of something already irretrievably lost,



Figure 5: The nurse remains looking after Vivian, accompanying her and comforting her

devoured by the inexorable course of time. It is a beautiful photo, with clear and harmonious components. So, we see over the deformed face the earlier one; the face with a shape; a memory of the person the professor once was. While this is happening we hear in *off* Vivian's voice reciting John Donne's sonnet on the "Death Be not Proud" (d) (Figure 6). Owing to a severe illness that the poet underwent in 1623, he wrote "*Devotions Upon Emergent Occasions*". That is, for occasions that arise unexpectedly, as is the case of ill-



Figure 6: John Donne (1572-1631)

d.- *Death, be not proud, though some have called thee / Mighty and dreadful, for thou art not so; / For those, whom thou think'st thou dost overthrow, / Die not, poor Death, nor yet canst thou kill me. / From rest and sleep, which but thy picture[s] be, / Much pleasure, then from thee much more must flow, / And soonest our best men with thee do go, / Rest of their bones, and soul's delivery. / Thou'rt slave to Fate, chance, kings, and desperate men, / And dost with poison, war, and sickness dwell, / And poppy, or charms can make us sleep as well, / And better than thy stroke; why swell'st thou then? / One short sleep past, we wake eternally, / And Death shall be no more; Death, thou shalt die.* [Holy Sonnet X⁸].

e.- From Meditation XVII: *Nunc lento sonitu dicunt, You will die* by John Donne⁹.

ness. In his words the English poet expresses the state of absolute uncertainty underlying illness. He speaks of the mistrust of the power of physicians and of health as an edifice susceptible to collapse at any time. And of death, the death of the other who makes all of us, as survivors, die a little more.

No man is an island. entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friend's or of thine own were; any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bell tolls; it tolls for thee.

Learning and autonomous death: *The Barbarian Invasions*

Technical details

Title: *The Barbarian Invasions*

Original title: *Les invasions barbares*

Country: Canada and France

Year: 2003

Director: Denys Arcand

Music: Pierre Aviat

Screenwriter: Denys Arcand

Cast: Rémy Girard, Stéphane Rousseau, Marie-Josée Croze, Dorothée Berryman, Louise Portal, Dominique Michel, Yves Jacques, Pierre Curzi, Marina Hands, Toni Cecchinato, Mitsou Gélina, Sophie Lorain, Johanne-Marie Tremblay, Denis Bouchard and Micheline Lanctôt.

Color: color

Runtime: 99 minutes

Genre: Drama, Comedy

Production Companies: Astral Films, Canal+, Centre National de la Cinématographie (CNC), Cinémaginaire Inc., The Harold Greenberg Fund, Production Barbares Inc., Pyramide Productions, Société Radio-Canada, Société de Développement des Entreprises Culturelles (SODEC) and Téléfilm Canada.

Synopsis: A man with terminal cancer tries to find peace in his remaining days.

Awards: Oscar for the Best Foreign Language Film and nominated for the Best Writing, Original Screenplay (2003).

In his pivotal work on death in western society¹⁰, Philippe Ariès establishes a series of changing attitudes about death that range from what he calls something like “orchestrated death” to its complete inversion to the modern “forbidden death”. The former, which lasted up to the 12th century, speaks of a kind of familiarity with death, an intimate conviction about a collective destiny that all human beings must bow down to. Thus, with no fear or worry, between resignation and confidence, we must calmly await the arrival of what is unavoidable, surrounded by family and friends and the curious. In the case of the latter (forbidden death), which Ariès situates as from the Second World War, a radical inversion takes place. First, because dying people are denuded of the information about their situation; it is the physician (and sometimes the family) who now must handle the truth of the patient’s condition with a view to “protecting” the dying person from him- or herself. Second, and related to the foregoing, because death, as we have just seen, is “medicalised”; it leaves the home and is circumscribed to the hospital. It is no longer something that happens naturally but becomes a true battle field. Thus, death is something to be fought and, if it appears, it is hidden away from view. At least these are Ariès’ words. However, it is also possible to talk about a new attitude towards death that follows on from the latter one. After the inversion underlying “forbidden death” this in itself can be reversed. This is because in answer to today’s dehumanizing technological progress and the indiscriminate use of life-support machines, of palliative care and bioethics, the end of life can stop being seen as a failure of medicine. It is from this point where, together with curing and intervening, one can begin to speak in terms of care and company; where concepts arise such as therapeutic obstinacy, futility or disproportionate treatment. It is from this point that we can speak of autonomous death *versus* “medicalised death”; expropriation *versus* repossession. Because. In the final instance, what we are trying to do is to live death itself in the most appropriate manner possible

The Barbarian Invasions is a kind of continuation of another film that Denys Arcand made almost 20 years ago: *The Decline of the American Empire/ Le déclin de l’empire américain* (1986) (Figure 7). In this film, a group of University professors in their forties, disillusioned with the failure of the utopias to which they had contributed so much, and wary of allowing themselves to be swallowed up by the shiny American way of life, meet up in a house in the Quebec countryside to feast, drink and, mainly, to talk passionately about

love, sex and desire. Thus, the whole film revolves around Eros. Seventeen years later, Arcand has gathered the same personages with a view to show the physical and moral erosion that the inexorable course of time has wrought in them. It is now Thanatos who runs the show, because the liveliest of the friends –Rémy (Rémy Girard)- is in hospital with terminal cancer awaiting the last scene of his life (Figure 8).

Naturally, Rémy’s agony can only be seen as the background to a more global issue in which, according to the director, all western welfare societies are immersed. Those who erstwhile dreamed of constructing a more humane, more liveable world, now tired, have given up after having adopted all the “-isms” possible (from independentism to anticolonialism, from Marxism to Maoism, passing through existentialism, feminism and structuralism). The church itself, empty of the faithful, is now devoted to storing Sacred Hearts and Marian Virgins, chalices and incense-burners that nobody wants, in dark and dank subterranean galleries. After the Golden Age of principles, culture, ideals and values, humanity has withdrawn into a new and tenebrous Dark Age. Hence the title of the film. Hence the plethora of polymorphous

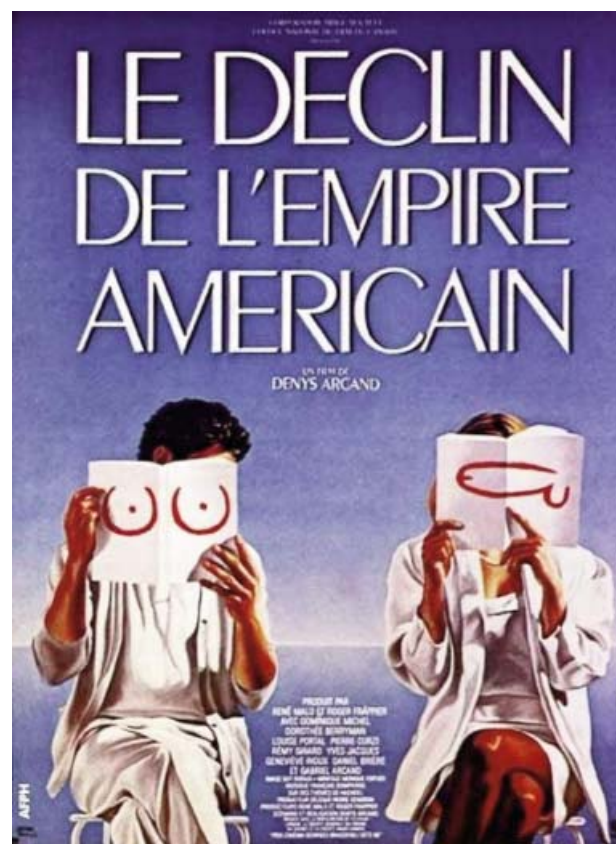


Figure 7: French poster of *The Decline of the American Empire* by Denys Arcand

barbarians who, like a cancerous metastasis, undermine society's foundations: terrorists, syndicates, bureaucrats, police officers and authorities. The very public health system is capsizing. And youth -marked by divorce, inconsistencies and the egocentrism of its progenitors- is uncouth, disillusioned and disorientated; submerged in the vortex of drugs or the quest for money^f.

Accordingly, with this situation how can we find some meaning to death, how can we not be afraid if, when death arrives, we realise that all that has been lived, all that has been fought for, has not had the expected result; that when one dies there is nothing left. This is what Rémy tells Nathalie (Marie-Josée Croze), the young drug addict who gives him the heroin to palliate the insufferable pain he is in during his last moments on earth and with whom he established a deep friendship. *I can't accept it... But I won't be here anymore. Me. I'll be gone for good. If at least I'd learned something. I feel as helpless as the day I was born. I haven't found a meaning. It's I have to search. I have to keep searching.* And so it is that from the fatal organic imbalance the need aris-

es to engage in introspection; the time of the final physical demise is also that of the final balance. And for Rémy the balance sheet doesn't add up. This is why of all the phases of death described by Elisabeth Kübler-Ross¹¹ anger pervades the film almost to the very end. *Embrace the mystery*, he was told by the nun-cum-nurse (Johanne-Marie Temblay) attending to him at the hospital. Not the mystery of faith but of the heart. Because, according to the Pascalian gambit, the heart knows reasons that reason itself does not. Once all ideologies have been shattered, it is in the mystery of love and affection offered by his family and friends where he is to find consolation, where he will learn that -despite all- his life has been worth living. If there were only one conception of good and of what is good, learning would be limited to indoctrinating the learner. In a plural and open society in which the idea is to take other people seriously, together with their wishes and arguments, it is only possible to learn through interaction, through contact. This is because what we learn from others is as important as learning itself. It is from that touch, that permanent friction, that the spark that ignites our common humanity is struck. Thus, not only Rémy learns and changes; all the members of the new generations involved with him in this final transition undergo -to a greater or lesser extent- a process of transformation: his son "the capitalist and puritan who has never opened a book"; his daughter-in-law who in a relationship does not look for love but for stability, and mainly Nathalie, the junkie, the living dead: the one who the moribund Rémy gripping to life will fill with a desire to live.

Hence, at one point, Rémy renounces further diagnostic tests, uncertain treatments, putting himself of better prepared physicians. He decides to pre-empt the course of nature with the help of and in the company of his dearest friends. As seventeen years previously, the group returns to the house in the country, closing the circle of the diptych. It is the time to say goodbye. At the dawn of a beautiful autumn -seasonal and vital- family and friends gather to say goodbye almost without saying a single word, unable to express the intolerableness, the ineffableness of death (Figure 9). Because when death arrives, language fails and silence prevails. Rémy dies from an overdose of heroin that Nathalie injects into his i.v. line. This is undoubtedly an act of love and respect. Serene, he closes his eyes as though he were merely going to sleep. His last thoughts will be for the bare

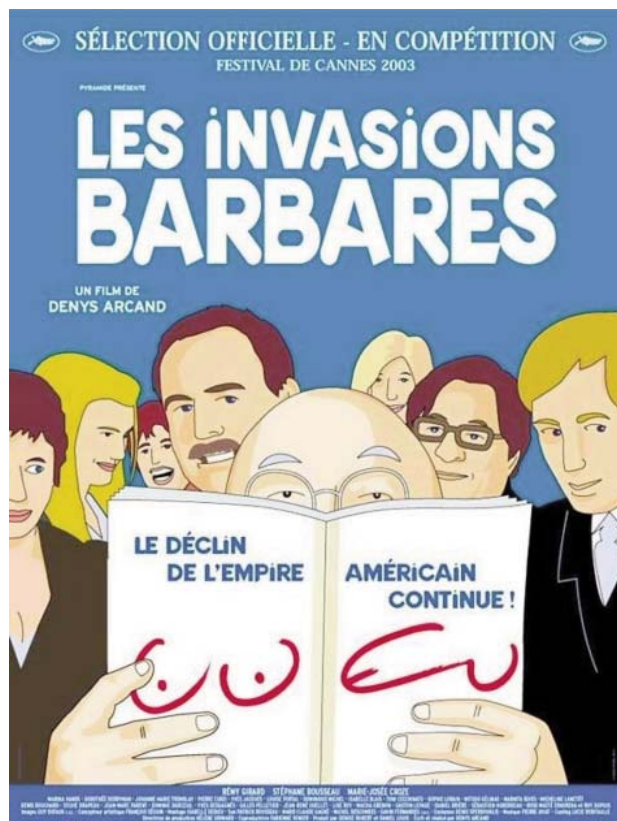


Figure 8: French poster with Rémy surrounded by his friends

f.- In this film full of ambiguities, the greatest one is undoubtedly that relating to money. It seems as though Arcand despises and yet at the same time is fascinated by the power of money. It is not casual that the son of Rémy -Sébastien (Stéphane Rousseau)- a crafty financial speculator who Rémy himself calls the "Prince of the Barbarians", with his wastrel behaviour, his avidness for perks and his twisting of others' wills, will enable his father to die the death he wants.

legs of Ines Orsini^g (Figure 10), the legs that preside over the youthful dreams that he has not had for years. Death arrives and life goes on; the seasons change and cycles continue their progress, barely remembering our presence. We only remain in the memories of those who loved us, of those from whom we learned and those whom we taught; however little. In friends who, as expressed in the song by Francoise Hardy at the end of the film ...they *make the season of sincere friendship, the most beautiful season of the four on earth*. In



Figure 9: All the family and friends in the last goodbye to Rémy



Figure 10: Remy's last thought is about the bare legs of Ines Orsini *Cielo sulla palude* (roughly: *Sky over the marshland*)

Nathalie, who in the last scene will take charge of Rémy's library. She will be his memory, the guardian of his manuscripts, the last bastion against the Barbarian invasions. The camera focuses on some of those books that Rémy so loved, now guarded by a representative of the new generation. In those books filled with men and women who to a certain extent resemble us; endowed with physical and moral attributes that differentiate them; susceptible to talking, to expressing themselves, to acting, to initiating actions; immersed in conflicts that we must each face on our own, in our own circumstances and according to the resources of our own biographies. This is why narrative is so important for our moral development.

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g.- Who was María Goretti in the film *Cielo sulla palude* (roughly: *Sky over the marshland*) (1949) by Augusto Genina.