Considering Counter-Narratives: An Exploration of Gothic Representations of Organ Transplantation in Literature

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Honors Thesis
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University of North Carolina – Chapel Hill

2017

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ACKNOWLEDGEMENTS

Many deserve appreciation and recognition for their contributions to and support of this project. First, with deepest gratitude, I’d like to acknowledge my advisor, Jane Thrailkill. Her support and guidance have been invaluable during the difficult yet rewarding process of writing an Honors Thesis. Her combination of insightfulness, patience, directness, and humor pushed me beyond what I hoped to achieve. She taught me to think deeply and critically about my chosen topic and without her this project would not have been possible. I am thankful for her mentorship and personal kindness throughout my time as an undergraduate student; she has helped me grow as a student immeasurably.

I would also like to offer my thanks to the other faculty members serving on my committee: Matthew Taylor and Whitney Trettien. I greatly appreciate them for taking the time to engage with my work. Much gratitude is also due to other faculty members in the Department of English and Comparative Literature who have served as my professors: Ritchie Kendall, Reid Barbour, Laurie Langbauer, Philip Gura, Pamela Cooper, and Jane Danielewicz. They planted the seeds for this project to flourish not only through their encouragement of me as student but also through their thoughtful and challenging critiques of my work.

Finally, to my family, I owe everything. Words cannot express how incredibly lucky I feel to have my mother, my father and my sister, all of whom have shown me unwavering love and support throughout my life. They gave me the confidence and resolve to pursue this project.
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Introduction

Organ transplantation is considered one of the most dramatic interventions in modern medicine. Having witnessed such a procedure myself at the University of Washington Medical Center, I can attest to the fact that organ transplantation is both an icon of medical accomplishment and a troubling realm of medicine, both in the lay imagination and in its vast procedural complexities.

Producing a combination of curiosity, anxiety, fear, and celebration, organ transplantation has generated a plethora of literature due to its persistent ability to fascinate and perplex people. This thesis seeks to examine gothic counter-narratives that resist the dominant metaphors and trends in medical transplant commentary. These stories constitute the often unseen and unspoken tales in circulation about the meaning and experience of organ transplantation in US culture. Unlike the multitude of first-person narratives that one finds on transplantation websites, all of which seem to participate in a single overarching narrative of recovery and restitution through transplantation, the stories I examine write against this prescriptive form and speak to the underlying anxieties produced by a procedure that reconfigures the biological boundaries between bodies and conjures up vivid associations and rearticulations of the relationship between the self and the other (UNOS).

For the sake of establishing legitimacy, the medical establishment has attempted to normalize the process of transplantation through unemotional, technical language that represents the body as a machine or through the use of the pervading “gift of life” metaphor to induce compliance (Siminoff 34-41). Transplant centers encourage organ recipients to adopt these metaphors and their proliferation in patients’ first-person
narratives demonstrates that it has worked. In contrast, the use of gothic imagery to describe organ transfer is seen by some transplant clinicians as pathological, and recipients are discouraged from dwelling on the donor’s death, the foreign tissue, or their changed sense of self (Sharp 23-4). Organ transplant recipients receive newsletters, bulletins and circulars produced by their respective transplant centers and are thus educated in the appropriate conventions of narrating their transplant story. These patients often reproduce the language, metaphors and narratives of the advocacy literature they encounter (Jensen 113).

Despite these attempts to create a standard, dispassionate arc for this complex and transformative process, the literature I examine contains gothic elements that re-imbue the process with emotion and highlight organ transplantation’s dark associations with organ theft, racial exploitation, and intrusion and identity disruption. Ultimately using these texts, I argue for the importance of changing the dominant metaphors of transplant from those of a simple “gift” or “spare part” to address the more intricate questions about the hybridization of human bodies, definitions of death, race, identity, and bodily integrity that are raised by this process. By examining the interconnections between medical discourse and literary tradition, I hope to contribute to the uncovering of deeper meanings, both cultural and medical, associated with organ transplantation and advance the understanding of post-transplant personhood.

As a surgical technique and modern reality, organ transplantation took its first steps forward mid-1950s. The invention of dialysis machines during World War II was an important milestone that led to the first successful kidney transplant involving identical twins in 1954 (Caplan 23; Wood 4). Rejection, the term used when a person’s
immune system attacks a foreign transplanted organ, of the kidney was prevented by the twins’ genetic similarity, and the recipient was able to live another 8 years. This breakthrough demonstrated the procedure’s feasibility and miraculous quality, enabling a chronically ill patient to improve the quality and increase the longevity of his life. Most Americans, however, are far more familiar with the dramatic and highly publicized event in 1967 in South Africa, when Christiaan Barnard removed a healthy, still-beating, heart from car accident victim Denise Darvall and placed it in Louis Washkansky (Columbia); Washkansky survived just eighteen days (Lederer 201-2). Still, the story captivated people’s imaginations, producing both anxiety and amazement, due to the extraordinary meaning with which the heart as an organ is invested. It was soon recognized that the major problem impeding the success of organ transplants was the body’s natural tendency to reject foreign tissues. The mid-1970s development of cyclosporine and other immunosuppressants that prevent the rejection of foreign tissues did away with this problem, revolutionizing the field and making transplantation a regular event in many large urban hospitals throughout the United States (Columbia). Still, the process is not without its continued complexities; organ transplant recipients have to take immunosuppressants for the rest of their lives and deal with new complications like the increased incidence of infection or cancer as a result of having a depressed immune system.

From a cultural and legal standpoint, organ transplantation also required approval. The process was legitimized by the medical community shortly after the 1967 heart transplant performed by Christiaan Barnard through a redefinition of death. In 1968, a committee at Harvard Medical School adopted new criteria for delineating the boundary between life and death (Greenburg); instead of cardiac death, brain death
became the new standard, in large part, to facilitate organ donation. The new definition was largely an outgrowth of transplant’s great paradox: the need for both a living body and a dead donor. It would never be acceptable to kill someone for his organs. But, ideally, a donor would be alive at the time his organs were harvested, because as soon as the flow of oxygenated blood stops, a process called warm ischemia quickly begins to ruin them (Greenburg). Thus, a new artificial boundary of death allowed doctors to remove organs as the heart continued to beat and supply recipients with well-functioning organs.

Today, an entire sophisticated transplant industry has been constructed to facilitate the effective execution of this tangled process. It is equipped with waiting lists containing scoring systems, procurement agencies, specialized surgical teams, national donor programs, and transportation networks (UNOS). For the medical establishment, the issue with organ transplantation now appears to be one of organ availability rather than feasibility. From a sociocultural standpoint, the concerns are multifarious and distinct. The history of transplantation is rife with ethical problems and deep-seated public concerns and to this day, the process continues to generate a host of perplexing questions about bodily integrity, the definition of death, commodification, hybridization of human bodies, and the embodied self. Literature and film step in to explore these problems, springing up to help make sense of a new technological process that transforms the human body.

While the removal, distribution, and successful incorporation of organs from one human being to another is considered a routine practice, discussions of the sociocultural implications of organ transplantation actually precede its technological possibility, showing the long history transplants have in the cultural imaginary. In early folktales,
the accidental transplant of an animal’s organ gives its human recipient animal characteristics (Brunvand 207-09). Early experimentation also appears in religious legends and the artwork of Spanish artist Jaime Huguet (c. 1448-1492), who depicted St. Cosmas and St. Damian transplanting the leg of an Ethiopian gladiator onto a Christian bell-tower keeper. Mary Shelley’s novel *Frankenstein or The Modern Prometheus*, first published in 1818, has developed an especially strong association with organ transplantation in its depiction of a creature formed from the bits and pieces of corpses through scientific experimentation. Shelley’s text is referenced time and time again to exhibit many of the fears that contribute to public and medical debates about organ transplantation. *Frankenstein* touches on anxieties about death and monstrosity that are as unspeakable, socially, as the acknowledgement of the limitations of a post-transplantation life or the acknowledgement that donor organs are a far from simple gift (MacDonald 216).

In the decades since transplantation became a medical reality, a dense and diverse discourse about the process has continued to emerged. Transplant discourse emanates from the myriad cultural centers that the transplanted body disrupts: law, government, medicine, ethics, social science, and religion. In movies and in fiction, stories of invading organs, ghosts, monstrous post-surgical bodies enter the popular imagination alongside stories in real life: for instance, news articles of China’s brutal practices in live organ harvesting and illegal organ trafficking that targets the non-vital body parts of the poor all over the world (“2011 Human Rights Report”).

The American medical establishment has attempted to distance itself from these issues, assuming a heavily biomedical and complex bureaucratic approach to the human body. Transplant professionals regularly describe body parts as inert objects, wholly
disconnected with one’s personhood. The whole process of replacing a vital organ is essentially compared to the repair of a complex and fragile machine. With this instrumental view of the body, those who receive the organ are simply getting a “spare part.” Even the language used to describe the person from whom one receives an organ is depersonalized; they are referred as brain-dead cadaveric donors, never patients. No information can even be released about the donor or his family (Orioff, et al. 581). For people who wish to know more, only a de-identified letter can be sent by the recipient family through UNOS, the procurement agency that acts as the barrier between the donor and recipient families. This is done in part out of respect for the donor family, but it nonetheless establishes an emotional distance and frames the process of communication as a highly bureaucratic manner.

At the same time, transplant recipients are encouraged to view their new organ as the “gift of life,” setting up the expectation that surgery will effect a state of renewal. More importantly for the medical establishment, the idea of the “gift” works to instills in recipients a deep sense of responsibility, encouraging compliance with one’s medication and required hospital visits post-transplant (Dickinson). As Marcel Mauss points out in *The Gift: Forms and Functions of Exchange in Archaic Societies*: “In theory... gifts are voluntary but in fact they are given and repaid under obligation” (1). For those who receive the new organs as a result of a disease which has been brought about by anti-longevity lifestyle habits such as alcohol abuse, the expectation is that their derelictions will cease and that the gift recipient will live differently in order that the new organs are not harmed.

While the process of transplantation effects enormous good and has saved over half a million lives, this simplistic metaphor ignores the reality that surgery does not
return bodies to some pre-illness, pristine state of health; instead, it exchanges a
terminal condition, organ failure, for a chronic condition, one that requires receipts to
take immunosuppressant drugs for the rest of their lives and have numerous hospital
visits post-surgery. Depending on the cause of organ failure, many patients experience a
recurrence of symptoms or organ rejection and have to undergo the process of
transplantation yet again (Medscape). Nonetheless, it is difficult to give voice to aspects
of transplantation which are considered too negative to raise in public – such as the
element of on-going physical suffering, or the fact that the infection/rejection paradox
that is central to transplantation has not been solved. Organ recipients have
documented a compulsion to voice the positive, largely because doing otherwise feels
like an act of ingratitude and provokes shame. A liver transplant recipient named
Richard McCann experienced this first-hand:

“I used to go to a transplant support group . . . but even there I became aware that
there were ways you were supposed to talk about the transplant that were
acceptable and ways that were considered a little too dark. And as long as you
were on the page of, "Yes, sir, my donor gave me my gift of life," you were doing
great. But if you strayed into less well-illuminated territory . . . then the
transplant support group was a little more urging you to quiet down” (McCann &
Gibson).

With such issues in mind, this thesis seeks to expand the discourse from the
organ seen as a medicalized, instrumentalized object or a “gift of life” to one that is the
site of conflicting, evolving, and shifting meanings. The complicated narrative inspiring
this endeavor is Richard McCann’s short non-fiction piece entitled “The
Resurrectionist,” a story published in 2000 which details the plain realities of his liver
transplant experience. His piece was the catalyst for my project and search for counter-
narratives.
"Here's what happened," McCann writes in a matter-of-fact manner at the outset of his piece (McCann 1). "I was cut apart. The liver of a dead person was put in me so I might live again" (1). His opening lines make the reader face the stark facts without the veneer: he is alive; another person is dead. Frankly and boldly, he writes against a language of transplantation that obscures this reality. His frustration and desire not to quiet down and instead to speak openly about the less illuminated territories of transplant and the interdependence of life and death inherent to the process are evident throughout his brave essay. In a straightforward manner, he communicates the shadow side of transplant—the areas that many transplant professionals are reluctant to discuss—and tells them simply: stop hiding.

In the compelling pages that follow, McCann describes his struggle with liver failure. He recalls the physically and psychologically excruciating wait for the new organ that would return him to the world of the living. And he reflects on how his body—and especially his view of it—changed after surgery. Now he was "made . . . of something rescued from the graveyard" (4).

His piece shows that discussions on the morbidity and boundary crossing associated with transplantation have not disappeared despite attempts to normalize the process through unemotional, technical language or through the use of the pervading “gift of life” metaphor to induce compliance both with the medical regime and the restitution narrative. These conversations have instead gone underground, and McCann crosses yet another boundary by voicing them openly.

Unlike the multitude of first-person narratives that one finds on transplantation websites, the simplified tales of renewal, McCann’s narrative examines and critiques those very conventions of storytelling. While he wanted the transplantation to be a
happy ending, it was not. There was no temporary break and eventual resumption of normative life because he became ill again: "The story wasn’t over" (10). His body and his story resist the convention of recovery and resolution that narrative often confers on the experience of illness, increasing the suffering of those who are unable to recover. 

His reality is that he has continued to struggle with the disease that led to his liver’s failure. For many who receive transplants, illness recurs or the body rejects the new organ. These common developments clash with the story of “a happy ending thanks to the miracle of medicine,” and organ recipients often suffer not only the recurrence of illness but also a heavy burden of guilt for having rejected what had been given to them by a grieving family, the opportunity to keep alive some part of someone who had died. 

Even if a person does recover after organ transplantation surgery, McCann’s essay also speaks to the fact that a person’s narrative will be inevitably altered, utterly, from the experience of receiving another person’s organ. These difficulties are often obscured because, as McCann acknowledges, complaining about having received the “gift of life” feels shameful. Nonetheless, it is natural. Transplant recipients go on immunosuppressive drugs, which are highly toxic, for the rest of their lives. They trade in imminent death for—as time goes on—a series of simultaneously more manageable and more life-threatening conditions. This is not an easy path.

Importantly, this threat manifests not only physiologically but also psychologically. McCann's narrative interrogates the logic—driven by the need for organs and by biomedical discourse's tendency to reduce people to physiology and disease states—that separates organs from bodies, presenting them as parts necessary for repairs "that one could airlift a great distance in an Igloo cooler marked HUMAN HEART or HUMAN EYES" (5). He protests this commodification of the body by
conjuring up the distinct identity of the donor and his/her place within a social network. McCann connects the guilt he feels about taking something so precious from this fully imagined donor to the seriousness of his own bodily need, describing in detail what he suffered psychologically as he edged toward death from liver failure. While he fully comprehends that he is in no way responsible for that death, the awareness of the loss that is necessary for him to live still appears to trouble and destabilize him, requiring constant adjustment to his thinking.

On a microcosmic scale, McCann’s essay highlights the myriad complex, often unspoken concerns raised by the process of organ transplantation. In essence, his piece—in addition to the other works I examine—represents the “return of the repressed:” a push-back to the detached and mechanical presentation of transplantation by the medical industrial complex.

Chapter 1 explores the connections between organ transplantation, race and exploitation. The texts I engage with in this chapter include “The Black Hand,” a 1931 short story by Charles Gardner Bowers as well as Kazuo Ishiguro’s more recent novel *Never Let Me Go*. Though they are both fictional works, I argue that they are complex vehicles of human expression that subtly articulate cultural truths about organ transplantation’s history of and—continued entanglement with—the exploitation of marginalized minority groups.

Chapter 2 shifts focus to Jean-Luc Nancy’s *L’Intrus* (*The Intruder*), an autobiographical account of his lived experience with heart transplantation and an interrogation of the technology of organ transfer published in the year 2000. Nancy utilizes gothic elements, the chaos narrative frame, and the metaphor of the intruder to paint a picture of the darker side of the transplant experience: the disruption, pain, and
forced passivity of medical intrusion. I argue that though his narrative is not uplifting, in its honesty, it may serve to validate the experiences of people who suffer in a similar manner yet feel the need to hide such sentiments.
Chapter 1: Organ Transplantation, Race, and Exploitation in “The Black Hand” and *Never Let Me Go*

“Is it possible to live without feasting on death?”
– Walker Percy

Cosmas and Damian Graft the Leg of a Moor onto Stump of an Amputee, Jaume Huguet (1415–92) / Santa Maria of Egara in Terrassa, Barcelona, Spain, Index / The Bridgeman Art Library

Stories of the successful magical replacement of lost tissues are found in the themes of folklore from all parts of the ancient world. Although such fantastical accounts were common across many different lands and cultures, the tales of Christian involvement in tissue replacement are well known and frequently referenced in modern scientific journals that document that long history of transplantation. Depicted above is a painting of one such fabled endeavor. The Saints Cosmas and Damian were reputedly born in Asia Minor in the 3rd Century. The twin brothers became physicians devoted to the care of the poor and were famed for their miraculous feats of healing, which they
performed for no fee in adherence with their Christian faith.

According to *The Golden Legend*, dated 1260, by Jacobus de Voragine, one of the most famous “miracles” attributed posthumously to the saints was a surgical operation known as “The Miracle of the Black Leg” (196). The Saints Cosmas and Damian removed the gangrenous limb of a white servant of the church and replaced it with the limb of a Moor, a Muslim of mixed Berber and Arab descent inhabiting north-western Africa, who had recently been buried in the cemetery of St. Peter. In the right foreground of the painting, the diseased white leg is cast off to the side of the sickbed, marred by pox and blood trickling from the stump. Relegated to the right, uppermost corner of the image, there is an inset of Cosmas and Damian harvesting the healthy leg from a naked black body. Marking the tension over the crossing of corporeal borders of difference and haunting the larger depiction of this so-called “miracle” is an easily overlooked image of what one commentator has called “a body in service, plundered” (Trethewey 11).

Today, this painting is regarded as the first pictorial representation of a transplant in history, and over 61 different iterations of it have been created between the thirteenth and the nineteenth century. While the painting and its accompanying story are often used in medical journals as an interesting anecdote about the long, strange history of transplantation, never are these scholarly articles oriented toward the question: whom was this limb taken from? (Coulehan 1). The story lying beneath the surface, the story of racial exploitation, is either entirely effaced (“They then surgically replaced it with the leg of another person who had died that same day”) or simply ignored to focus on the so-called miracle. Yet grafted onto the image is a metaphorical account of the history of race and power. Even in death, a black body is relegated to the service of a white body.
I use this piece as a means of introducing the questions of race and justice that are rooted even in legends of transplantation, long before the processes’ medical reality. Just as the racial elements of “The Miracle of the Black Leg” have largely been erased, both immunologically and culturally, the work of transplantation and organ transfer also involves a strange forgetting or erasure. Since the onset of immunosuppressant drugs in the cyclosporine era, recipients’ bodies can be temporarily pharmacologically re-coded so that they do not recognize or attack foreign tissues. This pharmaceutical work is accompanied by cultural labor: language—metaphors in particular—is harnessed to domesticate the radical otherness of the tissue and normalizes the transplant process. Metaphors reclassify a complex, highly bureaucratic and scientific process in ways that make it more culturally acceptable (Lakoff & Johnson 3). One of the influential metaphors utilized to do just that includes the idea of the body as a machine. Instead of being laden with moral questions, the process of transplanting an organ is divested of its emotional weight and depersonalized, severing its ties to a donor and his network of loved ones; it becomes about replacing a part fitted to carry out a particular function in broken down machine, just like with a car.

In his critique of the “cold metaphors” dominating American legal representations of the human body, Alan Hyde argues that common to this metaphor are notions of bodily “fungibility, estrangement, and desentimentalization” (47). Such a framework problematically gives credence to the belief that a failing organ can be replaced without significant disturbance to corporeal unity. It fails to acknowledge the symbolic meaning that certain organs like the heart possess and the reality that human organs cannot be ordered from the factory just like car parts. Nonetheless, the idea of the body as a machine is a useful concept for promoting the donation process. Tied to
this idea of the body of a machine is the concept of salvaging. The term "salvage," from the Latin salviere," to save," is often used to describe what is done with parts of a broken down machine. This concept feeds into the transplantation processes’ normalization by framing the practice of taking organs from one person and implanting them into another in a positive light: the part is a resource being taken to be put to use (saved) rather than wasted. Thus, a key rhetorical function of this metaphor is to make the refusal to donate seem both selfish and irresponsible and the fear of receiving altogether irrational.

Coexisting with the metaphor of the body as a machine are the related conceptions of organs as “the gift of life” and tissues as vegetation in need of “harvesting.” Agricultural imagery abounds in all domains of organ transfer, representing what anthropologist Lesley Sharpe calls the “systematic greening of the body” (Sharpe 15). Both these metaphors work together to inspire images of renewal and rebirth rather than those of extraction or decay. Viewed from this perspective, transplantation not only saves the recipient’s life, but it also restores health. As a parallel process to the body’s regaining a lost function, the recipient of an organ— analogically—is framed as regaining his or her lost life. These metaphors work to naturalize the highly artificial processes of procurement surgery by invoking such imagery; just as nature renews itself, so does the human body. There are even automobile bumper stickers promoting organ donation that encourage people to “recycle” themselves (catastrophic car accidents are themselves a fertile source of potential donors). The need for sophisticated medical techniques and a multilayered industry of interdependent parts encompassing an incredibly extensive and indeed international infrastructure for organ procurement and implantation are left out.
Framed in this manner, the risks that accompany transplantation, the hardships of living with a transplant, and the ever-present possibility that the organ will cease to function tend to be relegated to the background (Sharp 110–23).

The metaphors of transplantation constitute a form of cultural work that helps reclassify body parts to enable their redeployment. As I have suggested, these metaphors are problematic because they place a complex process under a single umbrella and mask the troubling and emotionally charged aspects of the transplantation process. They have been utilized to disentangle the transplantation process from its decidedly mixed history and to cleanse or disconnect organs from the human freight of their original owners. The “troubling” and effaced element of transplantation I have chosen to focus on is the processes’ racial history.

Organ transplantation materially reconfigures the biological boundaries between bodies, but it also reshapes the social and ethical possibilities of using certain bodies, namely those of minority groups, as commodities to feed the lives of racially privileged groups. While medical accounts of the history of transplantation, even in the use of legends, have largely been purged of their racial currents, literature has not. Organ transplantation is a staple of gothic science fiction and dystopian works as it captures a scientific imaginary where the borders between life and death are blurred and where life is extended for some, while vulnerable others are exploited (largely for their organs). It renders visible medicine’s role in instantiating embodied systems of inequality and violence, and therefore often figures in science fiction to highlight how medicine implements and reinforces colonial hierarchies of race. In this chapter, I argue that gothic science fiction works such as Charles Gardner Bowers’ 1931 short story “The Black Hand” and Kazuo Ishiguro’s dystopian novel 2005 Never Let Me Go are complex
vehicles of human expression that subtly articulate cultural truths about organ transplantation’s history of entanglement with racial exploitation. Most medical journals that have attempted to engaged with these works of literature have either mocked them for their “sensationalism” or disparaged them for provoking fear and encouraging donor reluctance, especially from minority groups. While I recognize that such stories may be damaging to the public’s perception of the transplant industry, I hope to demonstrate that these narratives of organ transfer, though fictional and not based on real cases, are nonetheless useful in raising racial issues rooted in the actual history and modern realities of organ transplantation.

Nor are their fantasies of predation entirely unfounded. In fact, one of the first heart transplants ever performed in the United States involved the harvest of a heart from an African-American man named Bruce Tucker without familial consent and its transplantation into a white recipient. This event sparked racial controversy over who would benefit from this new kind of high-tech medicine and whose bodies would make it possible for them to do so (Dempsey). The texts with which I engage resist the dominant metaphors and trends in medical transplant commentary, which efface or downplay organ transplantation’s strangeness and racially-charged history. Instead, they actively dwell on the uncanniness of the transfer process; as such, they serve as a useful mechanism for resurrecting past racial abuses in the transplantation process and illuminating current ones, such as the expansion of illegal organ trafficking which “follows the modern routes of capital: from Third to First World, from poor to rich, from black and brown to white” (Scheper-Hughes 31-42).

The gothic science fiction mode is particularly useful in examining the relationship between organ transplantation and race because of science fiction’s
engagement with futuristic technologies and the gothic’s common preoccupation with the Other and aspects of Otherness. Writers of science fiction have helped prepare people for the extraordinary advances in biomedical technology—such as organ transplantation, cybernetic organisms, and cloning—by imagining what those technologies would be like and by speculating about the ethical issues and social changes they would evoke. By tapping into racial discourse, gothic tales, marked by their “transgression, excess, ambiguity, sensationalism, non-rationality and terror,” have been particularly useful; “tales of terror, fear, and mystery,” writes Michel Foucault in *Society Must Be Defended*, are intrinsically political: “at once. . . they are always about the abuse of power and exactions” (Botting 1; 211).

The 1931 short story “The Black Hand,” written by Charles Gardner Bowers, is a gothic science fiction work featured in *Amazing Stories*, the first American magazine devoted solely to proliferation of science fiction. While it does not feature ruined castles or decaying aristocratic dynasties that were utilized by early European Gothic writers such as Horace Walpole and Anne Radcliffe, it evokes a sense of terror and betrays strong “anxieties over the transgression of cultural limits and boundaries,” both racial and bodily ones, that are hallmarks of the gothic mode (Botting 2). The story features a white artist who develops gangrene in his injured arm and agrees to purchase the hand of an African-American prisoner sentenced to death. Thus, the life or functional capacity of the white elite is extended while a vulnerable minority, specifically an African-American, is commodified and exploited for his body parts. Bower’s piece overall captures a scientific imaginary where the borders between two bodies as well as two races are blurred; the biotechnological intervention highlighted in the story offers a different mode of thinking about what it means to work across race, class and embodied
division and evokes the violence that has historically facilitated so-called medical progress.

“The Black Hand” begins with a tense exchange between an artist and his doctor. The patient is a well-connected and socially elevated white painter named Van Puyster who learns he must have his infected hand amputated if he wants to survive. Desperate for another option, he pleads with Dr. Evans telling him, “What good’s my life without my arm?” (Bowers 909). His whole identity is tied to being an artist—so much so that he can envision living without a leg or any other part of his body so long as he retains the use of his hand. Faced with amputation, he is given another choice: a hand transplant which has never been performed and that requires the butchering of another human being. As an aside, the doctor casually notes that the hand will come from a black criminal, a man who is never named.

In a glory-seeking manner reminiscent of Mary Shelley’s Victor Frankenstein, Dr. Evans advocates for an operation that the recipient initially resists—in fact Van Puyster feels a sense of disgust specifically grounded on race—yet thinks little of the operation’s aftermath. Desiring “the honor of being the first to accomplish [the] operation,” Dr. Evans demands swift action (Bowers 910). As an artist, Van Puyster is especially sensitive to the visual impact of the surgery on his physical appearance. He thinks not of the specific man who will die to supply him with a new body part, but rather of the larger racial stereotypes that his society has perpetuated. The thought of racial intermixing is “almost overpowering” to his aesthetic mind (Bowers 911). He even tries to imagine what the size of the hand will be and obsesses over whether it will be “black or only a light mulatto,” letting his mind run wild imagining the social implications of the transgressive procedure (Bowers 911). Nonetheless, Van Puyster agrees to purchase
the arm of a black man sentenced to die in a state prison because while the thought of a black hand was “revolting,” the thought of no hand at all was “like death itself” (Bowers 911).

During the surgery, which is described meticulously, the doctor notes that the hand “fitted perfectly” and takes pride in the fact that he will receive the credit for performing such a novel and complex surgery (Bowers 923). Physically, he writes that Van Puyster’s new hand healed nicely and that “complete sensation had returned.” There was no biological rejection of the foreign tissue—even the blood types were matched perfectly, leaving no physiological basis for a problem (Bowers 923).

What Van Puyster’s doctor neglects is the powerful psychological rejection of the newly grafted flesh that will rapidly be realized. While he continues painting masterpieces, the artist cannot bear to look at himself without gloves on. He begins developing an even greater aversion to blacks—he cannot bear to even be around them or see them on the streets, so much so that he turns inward and begins to lead a solitary existence. Even the paintings he produces with the new hand are altered, as if possessing the hand of a racial other, one that was acquired violently, impacts the creation of his work; though they are described as “more marvelous pictures than ever” they have become more fantastical and grotesque, mirroring the alteration in Van Puyster’s mindset and conduct. This narrative element subtly challenges the premise that consciousness and the body can be divorced, an assumption central to the contemporary Western transplantation process.

To date, real-life tissue transplantation technologies have tended to reinforce the idea that identity can be reduced to the higher brain: Donald Joralemon notes that “transplantation surgeries contribute to conceptions of the body as a collection of
replaceable parts and of the self as distinct from all but its neural locus.” Fictions like “The Black Hand,” which connect consciousness with tissue other than that governing higher brain functions, offer a subversive alternative vision of the intersection between body and mind.

Eventually, Van Puyster’s case history documents the violent consequences of his psychological rejection: he goes on to savagely murder a number of African-Americans and by story’s end he is committed to a “Psychopathic Hospital.” The preferred narrative of transplantation is one of success, medical triumph and technical dexterity, yet Van Puyster’s experience entailed disruptions of self-identity and bodily integrity, disproving the body-as-machine metaphor. He began to be tormented by hallucinations and imagined that he was being pursued by a black man who was attempting to lop off his hand; his vision in some ways came to life.

Van Puyster is never really able to integrate the new hand as his own—it retained vestiges of the racial “other” that went beyond the hand’s external pigmentation. Just as surgeons made the decision to amputate his right arm above the region of the graft, Van Puyster is found bleeding to death in his cell from a slashing wound to his white arm. While the case is ultimately judged as a suicide—the patient became “criminally insane following a graft of a black hand”—the story possesses a lingering suggestion that the slash wound to Van Puyster’s white arm, committed by his grafted black hand, was an act of reclaiming made by the black man whose hand was taken (Bowers 923).

In many ways, this ending and Bower’s story overall participate in the perpetuation of racial stereotypes, associating the only African-American character with aggression and criminality. Racism entails the demonization of difference, a divorcing from what is aligned with the category of humanity; that is precisely what is done to Van
Puyster’s donor. While all the white people in the story are provided with names, the African-American singled out to provide body parts for Van Puyster is simply referred to as the “condemned criminal” or “the negro.” Because of the donor’s criminal background and racial identity, the doctor even believes he has rendered the man’s “doomed existence” meaningful by allocating his body parts in the service of a white man. Thus, transplantation becomes a corrective that converts a social deviant into a “useful” member of society.

The presentation of the transplantation process itself also draws from a racist discourse. Organ transplantation challenges understandings of the boundaries of the body, showing that the self does not end at the skin but rather comes into being in contact with others. In Bower’s story, the crucial line of difference crossed is one of race. Bower represents the outcomes of the transplant procedure as horrid, resulting in psychological trauma as well as outbreaks of violence. Van Puyster comes to exemplify what French diplomat and racial theorist Arthur de Gobineau has called “the horror excited by the possibility of infinite intermixture.” Despite the surgery’s technical perfection, the racial hybrid that emerges is represented as monstrous, living evidence of a “treacherous” liaison between hierarchically stratified ethnicities (Bowers 911). Therefore, “The Black Hand” reveals and exacerbates white anxieties about racial hybridity and, because of the nature of Van Puyster’s demise, the possibility of racial uprising.

Nevertheless, the text as a whole does more than simply feed racial stereotypes and prejudices. “The Black Hand” portrays donor and recipient bodies as the sites through which historical social injustices and violence can be visualized. Through its sensational plot, the story underscores the exploitation and racism that devalues a black
life and makes black bodies mere fodder for the preservation of whites like Van Puyster. It is not simply a sensational story. It highlights a resurgent ethical problem in which minorities, namely African-Americans, and their bodies have historically been used as parts for white and often socio-economically powerful people. One of the most troubling consequences of the metaphors used to naturalize organ transplantation is that they make it easier to avoid recognizing the inequalities that have made possible the advancement of medical procedures. Disentanglement and protocols requiring anonymity try to cleanse an object of the human freight of its original owner/producers, but in Van Puyster's case the process is inevitably incomplete; the African-American donor's fantastical post-death presence can be interpreted as a refusal to be silenced by the medical practitioner and patient who organized his murder. Karl Marx's theory of commodity fetishism offers a metaphor for that incompleteness. Alienation of any object—severing it from its original context and classifying it in new ways that enable it to be transacted—leaves a remnant of strange “life” in the alienated object: ghostly traces of the labor and the relations of production that enabled its manufacture (48).

Written in the 1930s, Bower's story as a whole serves a similar function, in that it both anticipates the racially charged aspects of actual transplants performed in the 1960s, when political writers and academics like Ali Mazrui feared that African American bodies would become “spare parts” for white people, and serves to remind current readers of a racial history that has been largely forgotten. Western medicine has historically built its practices upon bodies of color—from J. Marion Sims, the “father of modern gynecology,” who developed the first pelvic speculum through acts of brutal un-anaesthetized surgery upon enslaved African-American women, to the bioethical travesties of the Tuskegee syphilis experiments and the Johns Hopkins: Kennedy
Krieger Institute’s lead paint experiments, racism is undoubtedly embedded into the very foundations of medicine itself.¹

Organ transplantation constitutes only a small part of the abuse and exploitation endured by African-Americans at the hands of the medical establishment, but it is an important part of history that science fiction works like “The Black Hand” harken to. While there are many stories to choose from, the real life transplantation that undoubtedly parallels Bower’s story most is that of the African-American man Bruce Tucker.

From its inception, the American experience with heart transplantation was haunted by the specter of exploitation and inequality, dogged by questions of who should receive the “gift of life,” and colored by ethnic politics. Until the enforcement of the Civil Rights Act of 1964, hospitals in the American South remained segregated. In Arkansas and Louisiana, blood banks were required by law to label blood by the race of the donor (“Caucasoid,” “Negroid,” and “Mongoloid”) and to obtain explicit written permission from the recipient for crossing the color line in transfusion. In 1968, only four years after the passage of historic civil rights legislation, race remained a critical issue in American medicine. The harvest of a heart from an African American man named Bruce Tucker and its transplantation into a white recipient ignited new controversy over who would benefit from this new kind of high-tech medicine and whose bodies would make it possible for them to do so (Wailoo 144).

The surgery was performed in May 1968 at the Medical College of Virginia

¹ Harriet A. Washington’s Medical Apartheid: The Dark History of Medical Experimentation on Black Americans outlines, in depth, the history of abuse and exploitation of African American by a racist medical establishment. This history, she argues, goes far beyond the infamous Tuskegee syphilis study, in which African-American sharecroppers, under the sponsorship of the United States Public Health Service, were for 40 years subjected to various procedures and prevented from getting penicillin treatment.
(MCV); at the time it was the tenth heart transplant ever performed in the United States. Surgeons removed the heart from the body of a severely brain-damaged fifty-four-year-old man and placed it in the chest of a fifty-three-year-old man. Amid the intense media interest in heart transplantation, officials from MCV did not initially identify either the donor or the recipient (144). But on May 28, 1968, a reporter from the *Washington Post* labeled the MCV surgery as the first American interracial transplant: a Virginia “white” received a “Negro's heart” in a Richmond hospital. Although Joseph Klett, the retired white businessman who received Bruce Tucker's heart, lived only seven days before dying from massive organ rejection, the story surrounding Tucker's heart lived on. It became the focus of a lawsuit, an eventual judicial decision about the nature and determination of brain death, and a spur to legislatures to craft new statutes for defining death. As the first legal case in the United States to challenge the conventional “definition of death” in the context of heart transplantation, citations to *Tucker v. Lower* appeared (and continue to appear) frequently in the bioethics literature. But a curious thing happened in many of these discussions; the issue of race disappeared. Yet the fact that the heart of an African American man was removed and placed into the chest of a white man was not incidental in 1968, in Richmond, and to members of Bruce Tucker's family (145).

Tucker had been declared “unclaimed dead,” which would have made his body, under Virginia state law, available for medical use after twenty-four hours. After a severe fall onto concrete, Tucker was brought by ambulance to MCV. He was unconscious, and alone. Many of the facts of what happened remain in dispute, but it appears that no attempt was made by the hospital to contact his family. The members of Bruce Tucker's family were not consulted about the decision to remove his heart and
kidneys. The family was not informed that Tucker had been declared one of the
“unclaimed dead.” Tucker's brothers, William and Grover Tucker, had called the
hospital three times seeking information, and only later did they discover their brother's
role in transplant history from the undertaker, who received the body for burial. The
surviving Tuckers were especially distressed not only by the identification of their loved
one as “unclaimed” but by how quickly his status mutated from dead person to
“unclaimed dead.” African Americans had long-standing and well-justified fears about
the medical appropriation of black corpses. In fact, Virginia law required a twenty-four-
hour waiting period for family or friends to come forward to claim a deceased loved one
before he or she could be declared unclaimed. Amid the exigencies of the transplant
race, however, surgeons disregarded the waiting period because such a delay would have
made Tucker's organs unusable for transplant. In Richmond, the surgeons were eager
for their opportunity to take part in this emergent transplant enterprise. Thus, within
one hour of the state medical examiner's pronouncement that he was “unclaimed dead,”
surgeons made the incision into his chest to remove his heart (145).

Angered by these events, the Tucker family hired a young African-American
lawyer, L. Douglas Wilder, and brought two lawsuits, one against the surgeons and one
against the coroner. MCV surgeons ultimately maintained that race played no role in the
decision to take Tucker's heart; the transplant, they insisted, would have proceeded in
an identical fashion if a middle-class white man had been brought to the hospital in a
similar brain-damaged state. The Tucker family ultimately lost both cases, but attorney
Douglas Wilder’s statements had power despite the outcome. He explicitly identified
race as a critical issue in the MCV heart transplant. A person accorded higher status in
the community, charged Wilder, would not have been treated in the manner accorded
Bruce Tucker. The hospital “pulled the plug because he was poor and black, a representative of the faceless masses. They're not going to be taking the hearts of any white mayors. You know whose hearts they're going to be taking” (Lederer 172).

In many ways, Bower’s story parallels the actual experience of Bruce Tucker; both stories reveal what can be interpreted as acts of violence towards the society’s most vulnerable and the uneven distributions of wealth and power that allow for the extraction of life-force from the bodies of and body parts of minorities. Unfortunately, Tucker’s story was not even an isolated event. In that same year in South Africa, Barnaard transplanted the heart of Clive Haupt, a Cape man of mixed racial ancestry, into Philip Blaiberg, a white South African dentist (Wailoo 149). The racial overtones of the story, particularly given South Africa’s apartheid state, spawned much commentary: “Haupt’s heart will go literally to hundreds of places where Haupt himself could not go because his skin was a little darker than that of Blaiberg” (Johnson).

Thus, far from simply being a sensational and ridiculous tale as it has frequently been framed by medical professionals, today Bower’s short story can be read as an attempt to return repressed histories of violence to the forefront and to unveil cultural truths about the transplantation process’ history of abuses against minorities, exposing the contradiction of modern technologies of care which, in the case of organ transplantation, save lives but have previously rendered minority populations disposable. While the story does provoke fear and is likely damaging for transplant centers from a public relations standpoint, history shows that fear on the part of minorities about medical procedures is far from unfounded and far from subsiding. Scientific studies have even shown that the legacy of Tuskegee, when doctors in Alabama purposely withheld treatment from poor African-American men with syphilis
from 1932 to 1972, continues to play an important factor in the extremely low participation of blacks in medical clinical trials, preventative health care, and organ donation efforts. Organ bank workers say that “fear is common, especially among blacks who mistrust the medical system—largely because of the federal government’s secret Tuskegee syphilis experiments on black men” (Rosenfeld 181). Fear of the medical establishment and organ donation persists despite the efforts to normalize the procedure and purge it of its history of inequality. Therefore, rather than simply dismissing gothic science fiction works like “The Black Hand,” the medical establishment may find it more fruitful to acknowledge historical realities, make sense of these stories from a literary perspective, and find ways of rendering them useful.

Another reason to do so is that since Bower’s 1931 short story, organ transplantation narratives’ association with the gothic science fiction genre has persisted. While Bower’s story anticipated the transplantation process’ ties to abuses against minorities since the first successful transplant in the 1950s, twenty-first century novels like Kazuo Ishiguro’s Never Let Me Go unveil continued problems with what is now a “standard” medical procedure. It is easy to read Kazuo Ishiguro’s chilling work Never Let Me Go as an indictment of human cloning, but it can also be understood as a novel that deals with the abuses of medicine and the medical sciences, specifically against a marginalized subclass. In a story complete with clones, sinister organ donation centers, and doomed romance, I argue that Ishiguro’s dystopian novel draws a subtle analogy between the lives of clones created for the harvesting of their organs and real marginalized minority groups so desperately poor that they sell their own body parts. Never Let Me Go imagines a society where human copies are brought into the world and raised in seclusion. When fully grown, they begin to give up their organs for the benefit
of the “normal” human population, until they “complete,” the novel’s euphemism for death.

Despite appearing post-racial, I hope to demonstrate that the world of this novel is saturated in racialized forms of discrimination that both harken to past atrocities and evoke the modern and very real racialized trade in organs for transplantation, where human organs are illegally bought by international clientele in the West from impoverished minorities in countries such as China, Turkey, Iraq, South Africa, and Brazil (Scheper-Hughes 31). In these parts of the world, Ishiguro’s dystopia draws on today’s reality, as desperation on the part of affluent and gravely ill patients is fed by desperation on the part of society’s most vulnerable people. Ishiguro’s work displays the ways in which such atrocities can become normalized, hidden in the routines of daily life. In this way, the novel serves as a subversive story contesting the accepted narrative of progress and altruism communicated by transplant networks and society at large, which turn a blind eye towards organ transplantation’s grimmer realities and the procedure’s continued links with the exploitation of minority groups. The workings of biopolitical racism – the stratification of people into masters and servants – are as subtle and inescapable in Ishiguro’s novel as they are in real life.

Ishiguro explores the nature of this brutal, systemic atrocity through the voice of Kathy H., a young woman raised in an exclusive boarding school for cloned children called Hailsham who looks back on her upbringing. At Hailsham, students are “told but not told” about their ultimate fate and purpose in the world. Her narrative is in some ways a quest for truth in a world where as she says little is “actually . . . talked about in the open”, and where the protectiveness of the school’s “guardians,” the ignorance of her peers, and the mendaciousness of her friend Ruth all conspire with her own memory
and faulty knowledge to obscure her own real story. As Kathy’s tale progresses, readers go on a journey with her, gradually realizing something is profoundly amiss. Parents— or the lack thereof— are never mentioned, the students live in the school from infancy, and they never leave the grounds. All the students have oddly truncated names like Reggie D. and Alice B. Kathy H. describes the experience of growing up and progressively becoming attuned to the fact that her body and the bodies of her friends are essentially objects owned by others, destined to be disassembled and consumed by them. Her name is truncated, like her life. This horrifying world is described almost in passing, as an afterthought. Kathy H.’s flat tone never wavers for a moment, even when she uses the jargon of caring, donation, and completion. The more one learns about this underclass of organ donors, the more disturbing the casual blandness of Kathy H.’s voice becomes.

Ishiguro’s emphasis on the cloned body raises a number of questions, related not just to the unsettled category of “the human” in an age of advanced biotechnology and commodity culture, but also more specifically with the position of the marginalized Others within society. In this dystopia, the clones are a stigmatized subpopulation whose bodies are exploited—broken down and disabled through a series of donations until they die before they are thirty. The caregiving is provided by other donor clones who, ironically, nurse their peers only to keep them alive long enough to make additional, ultimately fatal donations. The “carer donors” themselves must eventually enter the vicious and terminal cycle. In Ishiguro’s novel, then, the Ethics of Care is turned on its head: disability is allocated to “clones” in order to repair “normals”; the donor clones who readers come to respect and even admire are exploited and sacrificed. The fantastic trope of clones fully capable of feeling, thinking, and narrating—that are
effectively undistinguishable from "real" humans but nevertheless accorded a distinctly subordinate and subhuman status—evokes fundamental notions of the discrimination against and persecution of particular social groups and “othered” bodies.

From the start of the novel, readers slowly start to understand that there is an insurmountable difference between the clones and the “normal” humans. The clones are never described in terms of ethnicity, yet they "were different from [their] guardians, from the people outside," in a way the narrative makes difficult to pin down. Ishiguro deliberately characterizes his main characters, the Hailsham students, as clones—biologically identical to “normals”—making clear that their categorization as “other,” a distinct species-being whose tissues exist literally to extend the lives of others, is primarily socially constructed. The continuation of the donation program is enabled by the symbiotic forces of social denial and biopolitical racism. Biopower, as defined by Michel Foucault, is a force that concerns itself with "the administration of bodies and the calculated management of life" (140). In other words, biopower is a force that concerns itself with the control of populations and their stability and productivity. Racism, in biopolitical terms, is the division of groups to determine higher and lower "races"; the higher race being the protected and privileged population. Charles Mills' Racial Contract is an example of this hierarchical evaluation of races, using "white" as the privileged race and "nonwhite" as the subordinate race: "the general purpose of the Contract is always the differential privileging of the whites as a group with respect to the nonwhites as a group, the exploitation of their bodies, land and resources, and the denial of equal socio-economic opportunities to them" (Mills 11).

The Racial Contract applies especially to the clones in terms of the exploitation of their bodies, but also to the denial of their social opportunities. Visible in the ways in
which they are addressed (students, donors or creatures), behaved towards (people shudder at the very thought of them) and the purpose for which they are ultimately conceived (the donation of organs for the ‘normal’ population), the dehumanization of the clones is a process that continues to be exposed throughout the novel. Thus, despite the apparent absence of race, the idea of racial difference nevertheless emerges in the predetermined roles that the genetically differentiated clones fulfill. In a world that appears to be without race, forms of racism persist, and the novel reveals the continuance of racial thought and racism in a post-racial era through the medical exploitation of clones.

While Ishiguro's almost archetypal symbolism allows the clones to symbolize the effects of all kinds of repressive and exploitative authorities, there is deeper textual evidence to suggest that race is one of the issues at stake. The novel focuses on the various points in Kathy’s childhood where she slowly comes to grasp the extent of her social “otherness” and the exploitation of her life. One such moment occurs when Kathy H. thinks of the first time she became aware of the difference between herself and humans, the central difference on which the entire novel is premised. She reports a recognition scene, a standard feature in novels about racism or other forms of discrimination. Early on in their school days, another clone named Ruth and her friends notice that Madame, a “normal” who runs the school from a distance, seems to avoid any direct bodily contact with the students. Trying to prove this observation, whose implication they cannot, at this young age, comprehend, the students plot to swarm toward her for fun—only to be shocked by Madame’s revulsion towards their very existence. Kathy recalls the scene, stating:

“As she came to a halt, I glanced at her face—as did the others, I’m sure.
And I can still see it now, the shudder she seemed to be suppressing, the real dread that one of us would accidentally brush against her. And though we just kept walking, we all felt it; it was like we’d walked from the sun right into chilly shade. Ruth had been right: Madame was afraid of us. But she was afraid of us in the same way someone might be afraid of spiders. We hadn’t been ready for that. It had never occurred to us to wonder how we would feel, being seen like that, being the spiders.” (Ishiguro 32)

Before Madame’s reaction, the act had merely been conceived as a blithe childhood dare, and “if not a joke exactly, very much a private thing we’d wanted to settle among ourselves,” but afterward Kathy observes “we were a very different group from the one that had stood about excitedly waiting for Madame to get out of her car,” and the whole event took on a seriousness unanticipated by the children (Ishiguro 32).

The scene is a turning point in Kathy’s life, for she notices for the first time the difference between herself and others in the world. She continues, speaking of the scene as the moment when you realize that “you are different to them; that there are people out there, like Madame, who don’t hate you or wish you any harm, but who nevertheless shudder at the very thought of you—of how you were brought into this world and why—and who dread the idea of your hand brushing against theirs” (Ishiguro 33). The first time she glimpsed herself through the eyes of a “normal” is a cold moment. For Kathy it is like “walking past a mirror you’ve walked past every day of your life, and suddenly it shows you something else, something troubling and strange” (Ishiguro 33). The mirror scene is "troubling and strange" because of the double-vision in which she sees herself, not just with her own eyes and consciousness, but also with the consciousness of the "people out there," the "normal people outside" who inexplicably see her as different, even when her origins as a clone would not be immediately evident (Ishiguro 33, 63).

Kathy’s social disillusionment in this scene is reminiscent of philosopher of postcolonialism Frantz Fanon’s description of realizing one’s racial alterity. Fanon
writes of the subject: “As long as the black child remains on his home ground his life follows more or less the same course as that of the white child. But if he goes to Europe he will have to rethink his life, for in France, his country, he will be different from the rest” (Fanon 126). Additionally, Fanon notes that “the black man is unaware of it as long as he lives among his own people; but at the first white gaze, he feels the weight of his melanin” (Fanon 128). When Kathy runs out to surprise Madame she feels herself placed under the “gaze” and comes to consciousness of her otherness. Even Miss Emily, the most sympathetically drawn “guardian,” or pedagogic overseer at Hailsham, remarks on her fear of the clones. She tells Kathy “We’re all afraid of you. I myself had to fight back my dread of you almost every day I was at Hailsham. There were times I’d look down at you all from my study window and I’d feel such revulsion” (Ishiguro 246).

In setting up the social dynamic of fear in the relations between the clones and the rest of society in such a light, Ishiguro allegorizes the element of disgust involved in racialized otherness. Although there is no mention of race with regard to the clones in the novel, the clones are racialized by the outside community and are seen as ontologically inferior.

Even the role of the students' education—especially the emphasis placed on their ability to be creative and to produce art—recalls the experience of the colonized, marginalized, and enslaved. At the beginning of the novel Kathy explains the young students' preoccupation with the arts, “Paintings, drawings, pottery; all sorts of 'sculptures,’ on which they are encouraged by their Guardians to focus their attention. Their creations are then sold at "Exchanges" where the work of all the students is displayed and bought by other students, with the best pieces being taken away for the mysterious Madame's "Gallery" (Ishiguro 16; 31). In her school days, Kathy reveals that
"how much you were liked and respected, had to do with how good you were at 'creating'" (Ishiguro 16). The clones come to attribute great significance to their art, convincing themselves that it might be a qualification for getting their organ donations deferred because, according to Miss Emily, "things like pictures, poetry, all that kind of stuff, she said they revealed what you were like inside. She said they revealed your soul" (Ishiguro 173). It is not until the end of the novel that the real purpose of the gallery is explained by Miss Emily: "We took away your art because we thought it would reveal your souls. Or to put it more finely, we did it to prove you had souls at all" (Ishiguro 255).

The guardians' reduction of the students' art and creativity to functioning as evidence of their humanity—of their very status as human being—echoes the artificial relationship between art and humanity that historically characterized Europeans' imperialist judgment of the nonwhite subject. Discussing the way that the humanness of black Africans was assessed by Europeans during the Enlightenment, Henry Louis Gates, Jr. writes that:

Since the beginning of the seventeenth century, Europeans had wondered aloud whether or not the African "Species of Men", as they most commonly put it, could ever create formal literature, could ever master "the arts and sciences." If they could, the argument ran, then the African variety of humanity and the European variety were fundamentally related. If not, then it seemed clear that the African was destined by nature to be a slave. (8)

Gates goes on to give the example of George Moses Horton, an African American slave poet in the 1820s whose master promised him his freedom in exchange for an adequate return on sales of his poetry (Gates 9). As Gates explains, "Writing, for these slaves, was not an activity of mind; rather, it was a commodity which they were forced to trade for their humanity" (Gates 9). Such limited criteria for what constitutes art, and therefore
what constitutes the human, is little different to the function performed by the clones’ art. Far from proving their humanity, the hope the students invest in art and education only reveals their subjection to a debased ideology premised on a very limited idea of what constitutes the human. In recalling the historical ways in which the nonwhite subject has been excluded from the human, and in figuring the clones as a racialized underclass, Ishiguro’s portrayal of the clones exposes the ambivalent nature of race. The seemingly post-racial world of the novel reveals itself to be a world saturated in forms of racial differentiation and discrimination.

Ishiguro’s racial analogy does not end there; the novel builds on the subtle analogy Ishiguro draws between the clones and historically exploited racial and ethnic minorities not only by showing the expressed fear of the other but also its internalization, tapping into the psychological effects on clones of the stigma they experience. After facing disillusionment and being forced into the realization of their otherness, the clones begin to exhibit psychological traits of a racialized other and come to internalize their apparent social inferiority. When they leave Hailsham, Kathy, Ruth and Tommy move into the Cottages, the last communal area for the clones separated from “normal” existence, where they live before they begin their donations or start serving as carers. During their stay, Kathy observes the older students and in particular “how so many of their mannerisms were copied from the television . . . the way they gestured to each other, sat together on sofas, even the way they argued and stormed out of rooms” (Ishiguro 110). Ruth, one of Kathy’s close friends, begins to mimic the older students and to use body language seen on television. Kathy is bothered by this behavior, eventually telling Ruth “It’s not worth copying” because “It’s not what people really do out there, in normal life, if that’s what you were thinking” (Ishiguro 113). Kathy
berates Ruth’s behavior in a peculiar manner by highlighting the fact that Ruth is attempting to appear less like a clone and more like a member of “normal” society through the adoption of language and mannerisms. Kathy acknowledges two crucial aspects of the behavior of her peers: that they are copying of the language of the very community that oppresses them, and that such mimesis reflects a desire to assimilate into the oppressive community. Fanon also writes of this phenomenon, claiming that “the more the black Antillean assimilates the French language, the whiter he gets—i.e., the closer he comes to becoming a true human being” (Fanon 2). In addition to attempting to appropriate the culture of the oppressive community through the mimicry of language, the clones declare their very being in an effort to be recognized as “a true human being,” a status they have been denied.

The clones’ effort to assimilate culminates in the search for Ruth’s “possible,” the original person from which she was cloned, who is a member of the outside society. While at the Cottages, two of the older students inform Ruth that they may have seen her possible, someone who looks exactly like her, and they gather the group for a trip outside of the enclosure. Kathy describes the fervor over the subject of possibles, stating, “One big idea behind finding your model was that when you did, you’d glimpse your future. Now I don’t mean anyone really thought that if your model turned out to be, say, a guy working at a railway station, that’s what you’d end up doing too. We all realized it wasn’t that simple. Nevertheless, we all of us, to varying degrees, believed that when you saw the person you were copied from, you’d get some insight into who you were deep down, and maybe too, you’d see something of what your life held in store” (Ishiguro 127)

The clones’ desire to find the person they were copied from in order to get “insight into who you were deep down” reflects their abrogated identity. Despite knowing that their lives are truncated and their paths are invariably set, they retain a semblance of hope in a different reality. The clones have no positive sense of being, having been denied
humanity by the rest of society, but they do not acquiesce to the idea that they exist purely to serve economic and medical purposes. Nonetheless, they lack a clear sense of self, and the search for possibles is a representation of their psychological struggle. The prospect of seeing her possible is an important idea for Ruth in particular, and she lives vicariously through the notion that her model is a successful businesswoman. This fantasy is shattered when Ruth and her friends find the woman, and after watching her closely, decide that she is not Ruth’s “model” after all.

After the search fails, Ruth’s attitude takes a significant turn. She flies into a rage and exposes the deeply internalized demeaning picture of herself that society has imprinted on her soul by making the claim that all the clones are modelled from the lowest class denizens of society, “modelled from trash. Junkies, prostitutes, winos, tramps. Convicts maybe, just so long as they aren’t psychos.” Ruth tells her friends: “That’s what we come from . . . If you want to look for possibles, if you want to do it properly, then you look in the gutter. You look in rubbish bins. Look down the toilet, that’s where you’ll find where we all came from” (Ishiguro 152). The hope that her model was doing what she herself wished to do gave Ruth a vicarious sense of humanity and belonging. Once the suspicion is confirmed false, the hope of her own humanity Ruth held close was gone. Through the extreme analogy of trash as useless, defective, dirty and worthless, Ishiguro clearly emphasizes how the marginalized, who are denied recognition and through this suffer a life-long oppression, internalize the image that is imposed upon them and thereby are denied the chance of ever feeling equal. As scholar Chu-chueh Cheng argues, “it is this sacred divide between God-willed genesis and human-wielded mimesis that affirms the humans’ superiority and justifies their exploitation of the clones, so much so that the clones themselves are made to believe
that their oppression and exploitation are justified” (189). Stuart Hall attests that oppressive forces have “the power to make us see and experience ourselves as Other . . . this expropriation of cultural identity cripples and deforms” (226). How deformed the clones’ image of themselves is shows in Ruth’s claim that they are worthless. Their struggle therefore reflects both the psychological repercussions of racialization and rationalized class exploitation.

At the same time, an epidermal notion of race is not absent from Ishiguro’s novel either. The first explicit appearance of race in Never Let Me Go occurs at the end of the narrative in a climactic scene when Kathy and Tommy find Madame and Miss Emily, two of the guardians at Hailsham, in order to ask for a deferral on their donations. Kathy and Tommy have heard from other students at the Cottages that such a deferral is possible on the grounds that they can prove they are in love. Ultimately, Miss Emily shatters this small hope by telling them that what they have heard is merely a rumor, meaning they have no hope for delaying their donations. They have been created to deliver themselves up to gradual, ritualized, and rationalized slaughter from which there can be no escape. While this scene critically communicates the fact that Kathy and Tommy’s fates are sealed, it also serves to subtly introduce a unique character: George, Miss Emily’s Nigerian caretaker whose presence Kathy has been struck by before. After the cruel news is delivered, Miss Emily informs Kathy that she has quietly observed her prior forays seeking her out: “Once not so long ago, I passed you sitting on that bench out there, and you certainly didn’t recognize me then. You glanced at George, the big Nigerian man pushing me. Oh yes, you had quite a good look at him, and he at you. I didn’t say a word, and you didn’t know it was me” (Ishiguro 256; 57).

Why does George have a good look at Kathy—is it merely because she stares at
him, or does he intimate some fellow feeling? Miss Emily tellingly dwells upon the gaze between Kathy and George, a character who seemingly has no purpose in the plot, and constructs a reciprocal recognition between the two characters who occupy a space in the shadows of society. In this moment, a connection is drawn between the two exploited groups, the clone and the servant. Kathy must care for the weak and eventually donate her body to serve the outside community—just as George, too, cares for the now weak Miss Emily and must relinquish the autonomy of his body for the service of those in power. Ishiguro connects the two characters in their similar exploitation, and also alludes to British colonialism in his use of a Nigerian caretaker, who reminds the reader of another dehumanizing method of racialized exploitation that has left class disparity and hatred in its wake.

Although readers are only presented with a brief glimpse into George's life, there are clear parallels between his situation and that of Kathy. Like the clones, George is a carer and the only character differentiated by race in the novel; his ethnicity seems linked to the social role that he inhabits. As Philomena Essed and David Theo Goldberg have argued in an essay on the cultural contexts which have made cloning conceivable, "One can also imagine the cloning of nonwhite, able-bodied, good-natured, caring, docile, moderately smart but not too intelligent bodies to do the service work that those more privileged seem to demand more and more. Whereas biological cloning is still for the most part a function waiting to be realized, the cultural cloning of preferred types to inhabit segregated spaces is everyday practice, especially among social elites" (1068). George is the culturally cloned equivalent of the genetically cloned Kathy; he is not only a carer but a servant forced to respond to the barked orders of his mistresses: "I've told you what to do. Just do as I explained" (Ishiguro 245) and "George! George!" (Ishiguro
261). Where Kathy must care for her fellow clones as they slowly die through donating before sacrificing her own body, George, circumscribed by his racial difference, is destined to serve and care for Miss Emily. His shadowy, voiceless presence in Kathy's narrative—a "faint thump" (244), "muffled" (245), the "footsteps" (253) answering the door—reflects his peripheral status in the world of the normal, much like the clones.

The combination of the clones' treatment, education, internalized inferiority, and connection to George within the novel demonstrate that Kathy and her friends occupy a position in society analogous to historically exploited racial and ethnic minorities, although the poignant irony is that Kathy's tentative and nostalgic narrative confers upon her a greater semblance of humanity than any of the “real” humans or “normals” readers meet in the novel. Ishiguro draws this analogy in a subtle way because there is little explicit discussion of race or ethnic differences in this imagined world. Despite the near absence of racial difference in the novel, Ishiguro skillfully highlights the presence of tenuously established “biological” discrimination as the model for the clones' subjugation and oppression.

Much as with “The Black Hand,” Ishiguro’s novel has been dismissed as a speculative horror story set in the near past without real connections to modern realities. The work is examined from a public relations standpoint, and thus categorized as damaging and absurd given the strong ethical standards that guide the transplant industry. Nonetheless, I have suggested that the intimate and commodified trade in organs—often carried out clandestinely in permissive countries—produces a kind of cultural anxiety that surfaces in literary fiction. Though Ishiguro’s story is fictional, his narrative nonetheless raises difficult questions on issues of difference and social justice that are increasingly relevant. The clones Kathy, Ruth and Tommy are heartbreaking
representatives for the exploited specters of society. The association Ishiguro draws between clones and marginalized minority groups implicitly criticizes the modern practice of “medical tourism,” in which wealthy individuals, generally westerners, travel to poorer countries to buy body parts from the most vulnerable sects of society, who are either forced or compelled into such circumstances by deep poverty. Transplantation procedures have become increasingly sophisticated and offer unforeseen opportunities of survival to hundreds of thousands of patients, yet due to the global organ shortage, unethical practices like organ trafficking and transplant tourism have progressively emerged and spread worldwide, rapidly becoming a highly profitable business for organized criminal groups. In fact, in 2007, the World Health Organized estimated that out of all transplants worldwide, 5–10% were conducted illegally.

Ishiguro alludes to this important reality: the fact that there is an organ shortage with overwhelming demand will necessarily lead to complicated and often to undesirable options. His novel takes it even further and suggests that the people who will bear the brunt of this reality will be minorities, people who have historically been economically exploited, and who now are prey to biological exploitation. Despite the benefits of advancements in organ transplantation, *Never Let Me Go* elucidates how such a procedure is still haunted by “shadow economies” from which a surplus of life is extracted and continues to raise difficult questions about exploitation and social justice.
Chapter 2: A Change of Heart: Intruders, Intrusions, and the Destabilization of Identity in Jean-Luc Nancy’s *L’Intrus*

*I was given a second chance at life in the form of a liver transplant in 2004. While on the waiting list I struggled to move around the house, let alone do any exercise. I couldn’t mind my grandchildren and didn't have the energy to play with them. When I received my transplant in 2004 my life changed. – Mary*

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“*Friday July 13, 2007, I received the precious gift of life! A transplant not only replaces an organ. It’s like getting a brand new start.” – Heather*

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"*Receiving a new kidney and pancreas has changed everything for me and my family. Before the transplant, my wife used to be afraid to fall asleep at night and would stay awake just to make sure I was OK. But after the transplant, everything is different. I am living a life better than anything I could have ever imagined and am able to do things that previously were beyond my reach. All this has happened after receiving a gift from someone I will never meet” – Ken*

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“*A new year, a new heart, a new life” – Jeanne*


In the decades since the 1950s what has grown as thick and diverse as the transplant industry, as ubiquitous and prominent as the waiting lists, is a discourse about organs. Transplant discourse from hospitals, organ procurement agencies, donor families, and transplant recipients has driven organs into the public vision and lexicon. The exchange of ideas, images, stories, slogans, appeals and arguments about organs, disseminated from many centers both popular and official, has bred a public familiarity with this once exotic form of medicine and generated another kind of “organ trade” in sermons about our bodies and ourselves. This transplant community has one
recognizable motif evident in each of the quotes seen above: the joyful recognition of the resurrection of life, celebrated with statements that communicate a message of renewal, rebirth, and gifting (Sharp 7). Driven by increasingly popular social media platforms, the healing powers of transplantation are communicated in words and pictures by hospitals and transplant networks more fiercely than ever. Such stories often deal with recovered transplant recipients running, swimming, graduating, or having a family of their own while expressing gratitude for their “second chance.” Even publicity surrounding successful transplant cases and stories in magazines and newspapers underlines the excitement of “a new lease on life” and the potential of restored family life. Other news stories illustrate the positive impact of donation decisions, and are part of the ongoing debate that promotes donation from the public (UNOS).

My aim in this chapter is not to claim that such stories do not express genuine gratitude or that organ transplantation does not have enormous positive effects on society. Instead, I point out the repetitive aspects of these stories—their highly simplistic nature, their use of nearly identical language, and their conformance to a conventional, linear narrative form. Collectively, these stories conform to the structure of what sociologist Arthur Frank has labeled the restitution narrative, in which the plot involves returning to one's previous state of health (Frank 75). As Frank has described, a restitution narrative tells the story of getting better through the heroic agency of medical practitioners. The formulaic nature of most stories circulated about the experience of organ transplantation and the common use of metaphors of renewal and the “gift-of-life,” which have been made ubiquitous by the transplant industry, highlight the ways in which transplant recipients are educated in and prescribed the proper ways of making meaning of their experiences.
While this does not mean that statements circulated by organ recipients lack sincerity, the public stories of restitution are often carefully orchestrated by transplant organizations and aimed strategically to motivate the public to support the idea of organ transplantation. Anthropologist Lesley Sharp has described this phenomenon and documented how American organ recipients are not allowed by organ-donation organizations to dwell on post-transplant complications or hardships in their shared statements and “only the healthiest and most upbeat speakers are invited to give public addresses” (Sharp 114). She continues to argue that “participation in the public realm of organ transfer necessitates various forms of silencing,” as accounts of suffering and failure are counterproductive to the purpose of promoting organ donation (Sharp 123). Thus, organ transplant recipients learn to perform the “good” transplant story and sometimes conceal their difficulties, fears, and uncertainties about a process that has altered their lives.

This claim does not deny that many people truly have successful outcomes after a transplantation. A tremendous number of lives have been saved by this procedure, and some people even experience no complications after surgery. Nonetheless, jutted up against stories about transplantation as a means of being reborn are more complex post-transplant realities: serious complications like organ rejection or the recurrence of a previous disease after the procedure. The restitution narrative fits well into a clinical paradigm that focuses narrowly on a cure—as Frank notes, patients become ill, visit the doctor, receive treatment, and return to their everyday routines as if illness were a temporary detour—but often transplant recipients exist in a state of “persistent liminality,” caught between the worlds of the healthy and the sick (Crowley-Matoka). Even organ recipients who do not experience rejection stemming from the transplanted
organ cannot just return to a pre-illness state. Transplantation represents the exchange of one set of hardships for another: recipients must adhere to immunosuppression regimens for the rest of their lives and continue to have medical appointments where their conditions are monitored for possible signs of rejection years after the procedure is completed (Sharp 10). Consequently, representations of organ transplantation as bounded events, which end once a heart, liver or kidney is successfully replaced, fail to effectively capture the on-going drama of transplantation: for recipients, the perpetuity of rejection fears and immunosuppressant drug regimens; for donor kin, the organs of loved ones that continue to “live on”; for cultures, the ambiguity of “brain-dead” bodies (Lock) and the ambivalence of “patchwork” men and women (Fox & Swazey).

Even more problematically, the prescriptive rhetoric of renewal and gifting directs, in large part, what can be felt and said in the context of transplantation, making anything outside that realm seem non-normative or even shameful. In 1979, the use of the term “Frankenstein Syndrome” to describe the psychology of organ transplant patients appeared for the first time in the American Journal of Psychiatry (Dubovsky, Metzer & Warner). In the notes of a clinical report on the progress of a liver transplant recipient, a man called Mr. A struggled with the aftermath of a surgery that extended his life. At first, Mr. A felt that the transplant was “an alien piece of meat” that stood separate from the rest of his body. Over time, he began to imagine that he and the liver are joined in an odd sort of union, quipping, “That’s a hell of a way to talk about my new wife!” when his doctor speaks of the transplanted tissue as foreign. Eventually this metaphor, which externalizes difference between his body and the new organ, transitions to a conception of self that internalizes these rifts. Mr. A diagnoses himself with what he calls the “Frankenstein Syndrome” which involves feeling, as he describes
it, like he has been “pieced together . . . as opposed to being a regular human being.” The imagery Mr. A uses to express his post-surgical identity veers towards the dark, monstrous, and maternal. He brings a cultural imagination of Frankenstein into the space of medical authority in order to articulate his sense that transplant surgery, rather than revitalizing him as a whole, broke him into a fragmented mass of parts. The clinical report, however, pathologizes this self-conception and suggests that Mr. A’s non-normative experience stems from his failure to properly integrate his new “introject” (the liver and qualities that associate it with the donor) into his already unstable conception of self.

Today, some transplant recipients still experience ongoing or episodic emotional issues post-transplant that are not attributable to medications or pathophysiological changes, suggesting that the procedure can and does produce pressing new questions about how patients incorporate a transplanted organ into their sense of self and how this change impacts their identity. The authorized narrative fails to encompass the myriad psychosocial complexities involved in the transfer of an organ from one person to another and gives no credence to recipient doubts and fears, other than as manifestations of psychological disturbance (Shaw). For most patients, the only appropriate response to the question “how are you?” is to respond with reference to measures of diet, energy levels, respiration, pulse rate, and so on, all the expected biomedical markers of recovery. What is scarcely mentioned in such settings is any sense of the lived body and its affects.

This chapter will thus focus on a text, Jean-Luc Nancy’s *L’Intrus* (The Intruder), that resists the dominant trend in medical transplant commentary to produce a restitution narrative about gifting and renewal. Nancy’s piece *L’Intrus*, published in the
year 2000, uses the philosopher’s experience of heart failure, heart transplant, and cancer resulting from the immunosuppressive therapy he received to prevent organ rejection, to discuss concepts of strangeness and articulate the multiple forms of intrusion he experiences, the most obvious being the intrusion of a “stranger” in the form of his newly transplanted heart. Nancy’s piece is a narrative of crisis and chaos, one that makes use of metaphor and gothic imagery to describe the conflict and discomfort of both the transplantation process and the experience of post-transplant personhood. At its core, his essay is one of discomfort, featuring no resolution or a return to normalcy, and questioning the Cartesian machine model that allows for the easy transference of “spare parts.” He grapples with the enigma of a self that cannot properly be located anywhere in the body yet cannot be apart from one. In his case, the medical intervention of new biotechnologies unravels a coherent story of selfhood and necessitates the narration of a new subjectivity. Narratives like Nancy’s are rarely circulated, yet I argue that part of the value of his work and his meditations on the ambivalent valences of the “gift” are that he refuses to conceal his disorientation with a process that has ultimately saved his life. The lack of narrative coherence is itself a valid representation of a potential reality (even if temporary) for some transplant recipients. Ultimately, even from his experience of chaos, I believe, we can derive a lesson about human connectedness through his narrative.

The creative arts have long offered patients the chance to reframe their experiences on their own terms. As Rita Charon says, writing illness might enable some patients “to give voice to what they endure and to frame the illness so as to escape dominion by it.” *L’Intrus* documents Jean-Luc Nancy’s transplant experience, but it is not a narrative of restored, meaningful order. Nancy’s account of his heart transplant
takes the form of what Arthur Frank has defined as the chaos narrative: “the opposite of restitution,” containing a plot which “imagines life never getting better” (Frank 97). For Nancy, there is no promise of an end to his experience of estrangement—“the stranger’s coming will not cease being a disturbance and perturbation of intimacy”—just an incessant unfolding of exposures to intrusion that seem to multiply and finally open onto a future that is radically uncertain (Nancy 2). He chooses to marry his chaos narrative with tinges of the Gothic through the central metaphor of his piece, that of the intruder which “insists, and breaks in” (Nancy 2). Definitions of a Gothic mode tend to feature two elements: a narrative voice marked by horror, distress, or diminished agency and a sense of claustrophobic confinement or invasion that may be literal or metaphorical (Smith 84; Punter 184; Botting 3). Indeed, the staple protagonist of classic eighteenth-century Gothic is a vulnerable individual desperately seeking to understand a menacing environment veined through with bewildering text. *L’Intrus* fits the Gothic framework in a myriad of ways. The speaker communicates a sense of being trapped in an opaque narrative outside his own control, largely because of the newly overwhelming role medical intervention, in the form of appointments, hospitalization, medication, and surgery, now plays in his life. He documents a lost confidence in any stable identity largely as a result of multiple forms of intrusion by organs, viruses, cancerous cells, and medical technology and therapies. Ultimately, his piece catalogues the annihilation of previous notions of self: “In me there is the intrus (intruder), and I become foreign to myself” (Nancy 9).

What exactly is the intruder Nancy speaks of? He begins his essay by describing it as that which “enters by force, through surprise or ruse” and throughout his narrative, weaves together multiple strands of reflection on illness and transplantation into an
image of threefold intrusion by: 1) his original failing heart, 2) the newly transplanted and immunologically strange heart, and 3) man himself through his use of medical advances to extend life. In contrast to Susan Sontag, who claims that “the healthiest way of being ill is one purified of metaphorical thinking,” Jean-Luc Nancy deploys the metaphor of the intruder as his only means of getting a grip on a process that produces multiple forms of disruption to his conceptions about his body, self, and identity (Sontag 3).

For Nancy, it becomes clear that the original stranger that first makes its intrusive presence known is his own heart. Prior to his heart’s failure, Nancy claims that the organ had been as absent to him as “the soles [of his] feet walking” (Nancy 3). In a state of health, his awareness of his heart amounted to a kind of absent presence; he had no need to be conscious of his body’s automatic functions until his heart obtrusively called for attention precisely through its impending failure, “intruding through its defection.” As scholar Catherine Waldby has described, people in end-stage illness often feel a dramatic change in their psychological conception of their body’s interiority as a result of such a development: “For the healthy person, the interior is not physically mapped in any degree of detail” but for “the patient awaiting transplant, the body’s interior is psychically reorganized, divided into a threatened self and the degenerate organ that threatens self” (246). Her assertions are consistent with Nancy’s experience. His diseased organ radiated strangeness and provoked disquietude throughout his body and mind. As his body sickened, Nancy lost a sense of his body as a unified whole and instead began to feel himself as “an assembly of functions” that were becoming increasingly autonomous and therefore “strange.” The heart declared “broken” beyond repair forced itself into Nancy’s consciousness by provoking jarring arrhythmias and
palpitations. When doctors told him his organ was failing, he felt “the physical sensation of a void already open in [his] chest” and began to question if his heart was “giving up,” then “to what degree was it really his ‘own’?” (Nancy 3). Ultimately, Nancy recognized that the intrusion he experienced from his failing heart brought, or revived, the threat of the imminence of death. He claims: “The stranger who intrudes upon my life (my feeble, winded life, which at times slides into a malaise that verges on a simply astonished abandonment) is none other than death” (Nancy 7). Every heart palpitation, disturbance or ache he experienced in his worn-out body was received as a missive from the future, forewarning the end.

Nancy received a heart transplant as a matter of what his doctors called “simple necessity” to prevent his early demise, yet the notion of his heart’s replacement began to transform his conception of self before this point. He characterizes the intrusion of his diseased heart upon the self as a moment of rupture, following which the subject can no longer instill confidence in any stable identity. The fact that Nancy’s understanding of self was threatened by a physical change in his body is significant in its demonstration that the self can and does change as the body changes. This viewpoint contrasts strongly with the mainstream and broadly Cartesian Western tradition in which mind and body are separated, and the self is deemed to have an independent existence that is unchanged by even violent transformations to the body (Descartes). Under this tradition, Nancy should still be the same person with the same core identity despite his need for an organ transplant. Biomedicine in general, and surgery in particular, rely on this notion that the body can be remolded either without consequences to the embodied subject, or at least in the case of some aesthetic procedures, with only controlled consequences. In transplant surgery, by contrast, the whole point is to replace some
intrinsic part of the bodily interior with living organs or tissue taken from the body of another, but with a similar aim: that of the continuance of the existing and unchanged self. Yet, for Nancy, having a heart that was “stiff,” “blocked,” “rusted,” and out of sync did impact his sense of self (Nancy 4).

This first intruder imposed itself upon him in a manner beyond the physical. Nancy’s sense of internal crisis and fear from knowing his “heart was becoming [his] own foreigner” was largely provoked by the fact that the organ he needed replaced was specifically the human heart, the organ loaded with the most symbolic connotations ((Nancy 4). Philosopher Drew Leder remarks that at the core of modern medical practice is the Cartesian revelation that the living body can be treated as essentially no different from a machine. For Nancy, this model of easy replacement cannot overcome the heart’s renown as a symbolic epicenter of the soul, life, feeling, volition, and intellect. Nancy recognizes that “a life ‘proper’ . . . resides in no one organ” but remarks that without the heart it is “nothing” (Nancy 8). He is explicit about his inability to “disentangle the organic, the symbolic, and the imaginary” from his view of the human heart. His narrative thus reveals that the estrangement inherent in replacing an organ is not solely a function of receiving the tissue of another person but also in part a consequence of the specific organ that must be replaced and its cultural or symbolic significance.

In this thinking, Nancy is not alone. Since the 1960s the transplanted heart has been the subject of much anxiety and turmoil as well as amazement and gratitude. This paradox results from the extraordinary meanings with which the heart as an organ is invested. Though surgeons and physicians began regarding the heart as a “mere pump” in the mid-nineteenth century, it has retained its associations with emotion and the
human soul that give the transplantation of the heart greater weight than any other organ (Carter 5). The brain has come to dominate discussions of people as thinking, feeling beings, yet the heart still occupies a special, almost sacred significance in Western culture. Its representation is used extensively as a visual symbol, from Valentine’s cards to love letters, from graffiti to tattoos. No other human organ has had as many meanings attached to it. People speak of someone “having the guts” to do something, or call someone intelligent “a real brain,” or remark that someone is “thick-skinned,” but these are scattered examples compared to the over a hundred heart-related phrases in contemporary English. The heart still aches and breaks over lost love; we say that people have hearts of stone or hearts of gold or the heart of a lion; hearts “sink” when people are sad but “soar” when they are happy. Some people wear their hearts “on their sleeves” while others set their hearts on things. People often speak “from the heart,” or are described as having big hearts, hard hearts or cold hearts. These phrases show that in symbolic and linguistic terms, people are far from viewing the heart merely as a pump. Medical anthropologist Margaret Lock claims that:

“It is abundantly clear that donated organs very often represent much more than mere biological body parts; the life with which they are animated is experienced by recipients as personified, an agency that manifests itself in some surprising ways, and profoundly influences subjectivity.” (Lock 225)

For no organ is her statement truer than the heart.

In fact, even Christiaan Barnard, the surgeon who performed the world’s first human-to-human heart transplant in 1967, could not resist the heart’s powerful symbolism. Barnard had previously described the heart by claiming it “was a mechanical pump and it worked like one,” but when it comes to describing the heart in Louis
Washkansky’s chest upon seeing it exposed for the first time, Barnard cannot restrain the poetics of his description:

“So it went, rolling and heaving, one beat after the other, like a boxer about to collapse in the ring, fighting on, throwing out punches without strength, pitifully going through the footwork even though he could no longer see his opponent,ducking and feinting in a drunken wobble, until he was open to one blow which could crumble the tottering figure of what once had been a champion. We had arrived in time to witness the final moments before the last blow – the dying of a fighting heart.” (280)

Barnard cannot prevent himself from personifying Washkansky’s heart and what is more personifying the heart as Washkansky to create the, probably unintended, effect of the heart’s collocation with the self. The boxing metaphor and the ideal of the brave fighter are inspired by the fact that Washkansky himself had been a boxer and was widely described by those who knew him as a tenacious fighter. Caught between wanting to argue for the mechanical and unromantic functioning of the heart and wanting to extol its mysterious tenacity, courage and infusion with its bearer’s selfhood, Barnard appears to oscillate between the two representations, yet his writing largely suggests, much like Nancy’s L’Intrus, that it is challenging if not impossible to portray the replacement of the heart as a purely technical procedure without emotional weight. Despite living in a scientific age, it is almost impossible to view the heart as a pure biological entity among others, a “pump” only, rather than the center of emotional life. The heart is loaded with meaning and identity; therefore the intruding heart (still his old one) alienates Nancy from his body.

Building on the intrusion caused by the failure of and need to replace his original heart, with all of its symbolic significance, Nancy introduces the second intruder in the form of the new, immunologically foreign replacement heart. This is an intruder that Nancy would like to welcome, but the pains and plagues following a procedure involving
having one’s sternum cracked and chest cut wide open in an operation that lasts for several hours makes such hospitality difficult. While his surgery is successful from a technical standpoint, he is quick to point out the faultiness of the “doubtful symbolism” imagining organ donation to be an uncomplicated “gift” from someone in which a “solidarity, if not fraternity” is instituted between donor and recipient (Nancy 8). For Nancy, there is a fundamental incompatibility between this notion of fraternity and the transplant process; no organ can easily be accepted as a “gift” because bodies, through their immune responses, recognize foreignness and respond with violent hostility. The threat of rejection looms for any transplant recipient:

“Very soon, however, the other as foreign element...may manifest itself: not the woman or the black, not the young man or the Basque; rather the immune system’s other – the other that cannot be a substitute, but has nonetheless become one. This is called “rejection”; my immune system rejects that of the other...it is a matter of what in the intrusion of the intrus is intolerable.” (8)

For Nancy, it is not foreignness as evinced in a fictive, static conception of race, gender, or nationality that causes the self to feel intrusion and to reject the intruder. Rather, it is the process of contact and touch, of the dynamic misalignment between two immune systems. Once the stranger’s heart has been grafted on to the void left behind by the excision of Nancy’s “old” heart, his body is described as permanently propped-open, never to close again by virtue of the “immune system’s other” that has entered and altered his physiological signature (Nancy 8). Because of the lack of harmony between his immune system and the new heart, Nancy cannot see this new organ as a representative of his renewal; he claims it “cannot be a substitute”—only by virtue of the immunosuppressant drug regimen he is placed on, can it even become tolerable (Nancy 8).

This need to repress one’s own immune system to maintain an organ also
presents numerous difficulties for Nancy. One such difficulty is accepting the foreignness of the state that the medical regimen produces in the body to protect the graft against rejection. Living with a donor heart means entering into a never-ending struggle against rejection, the natural reaction of the immune system to defend the body against intruders. Here indeed is a great schism: the body as it self-immunizes excessively, trying to rid itself completely of the intruding element, is in the same gesture undermining and destroying the self from within. In rejection there is autoimmunity, at once a preserving-weakening, a repairing-fracturing, and above all an overwhelming betrayal. Paradoxically, to reject the donor heart, this strange corporal element, is to retain one’s own immunity. Nancy documents his belief that he has lost part of his identity in his experience of medical intervention because “identity is largely equivalent to immunity.” Alfred Tauber, a philosopher of biology, was one of the first scholars from the field of traditional philosophy to chart the concept of selfhood as deployed in scientific immunological theory. Tauber argues that with the Darwinian revolution and the revelation that organisms are in a constant state of flux and evolution, identity, for the first time, becomes a problem. Immunology arises out of the sets of issues resulting from this problem: “If the self is not given, it must be defined in process, which in turn requires a mechanism to identify self and . . . recognize the other” (Tauber 3).

In wrestling with these issues, selfhood becomes a key metaphor for understanding immunological processes of identifying what belongs to the organism proper and rejecting that which does not. Nancy’s consideration of his transplant and illness reflects Tauber’s consideration of the immune self as a discursive process of self-articulation. Tauber’s claim that immunology is part of a medical project to “uncover an
ontological basis of identity” is borne out in Nancy’s description of immunosuppression, in which changes to the immune system disrupt one’s physiological signature or identity. In taking immunosuppressants, his body loses its ability to recognize itself—to distinguish between what is him and what is not him, what is familiar and what is strange. This lifelong treatment focuses on neutralizing one’s own immune system to accept the strange element, but once again there is a new process of alienation taking place. Nancy documents experiencing the blurring of the borders between singularity and strangeness, between intruder and individuality. Medical practice renders Nancy “a stranger to himself: stranger, that is, to his immune system’s identity—which is something like his physiological signature” (Nancy 9).

Nancy finds no way to reconcile himself with this second stranger: his new heart. Intrusion multiplies and actually makes itself continually known in the infinite complications of decreased immune defense. He claims: “What cures me is what infects or affects me” and gives examples of this paradox through the various infections he contracts (Nancy 12). He becomes familiar with shingles and cytomegalovirus as well as other “strangers” that have been roused by the necessary depression of his immune system. Old viruses that “have always been lurking in the shadow of [his] immune system” but were hitherto safely tamed by his immune system, are also able to make their presence known in his new state of weakness (Nancy 9). Nancy even develops cancer as a side-effect of the immunosuppressant drug regimen and must endure further more difficult treatment to rid himself of a “worn, jagged, and ravaging” lymphoma (Nancy 10). In describing this second intruder, Nancy documents the struggle of living with an immune system that is “at odds with itself, forever at cross purposes, irreconcilable.” His
narrative critically dispenses with the notion of a core self that persists unchanged over the period of transplantation and in his rejection of the “renewed life” trope, legitimizes the acknowledgement of disturbances to embodiment and personal identity.

As the meaning Nancy’s metaphor of his transplant experience shifts, the last form of intruder is introduced: man himself, through his use of medical advances to extend life. Nancy describes the intimate and concrete practices which invade his body, “the intrusion . . . of tubes, clamps, sutures, and probes” making him objectify his body and provoking an alienation that aggravates his physical suffering (Nancy 7). Indeed, the experience he describes in one of becoming posthuman, a human-robot hybrid, a “science-fiction android,” or “the living-dead” (Nancy 13). Though he willingly chooses to undergo the transplantation procedure, the experience makes him wonder: “why and how is there no longer for us—we of the ‘developed countries’—a ‘right’ time to die (scarcely before the age of eighty; and will not this age continue to increase)?” Doctors tell Nancy that his own heart was “programmed” to last until he turned fifty. Dying at the age of fifty was in no way scandalous only two or three centuries ago, yet today it is not the norm, at least in the Western world. Nancy recognizes that in the current biomedical-technological culture, there is an intense pressure to prolong life, oftentimes at extreme costs that sometimes simply extend or exacerbate people’s suffering; man has become “the most terrifying and troubling technician” (Nancy 13).

While Nancy does not express regret at his decision to receive a heart transplant, he comes to regard it as a kind of ambivalent success. He has lived much longer than he would have with the procedure, but this life extension does not erase the difficult of a life marked by “a certain continuity of intrusion” by the medical establishment:
“Added to the more-than-daily doses of medication, and being monitored in the hospital, are the dental effects of radiation therapy, the loss of saliva, alimentary supervision and life scanned and reported upon by way of multiple indices, each of which inscribes other possibilities of death.” (Nancy 12)

The technical possibilities to save lives with the help of medical achievements have, for Nancy, definite drawbacks which he goes to great lengths to emphasize. Particularly, the chronic consequences of his heart transplant are diminished control over the body by way of the constant medical intervention. According to his own experience, the patient pays heavily for his life extension.

The ultimate outcome of Nancy’s three major experiences of intrusion is that “one emerges from this adventure lost. One no longer knows or recognizes oneself” (Nancy 12). He ends his narrative on this disconcerting note, and in his honesty makes no attempts to reframe his experience in a more positive light. *L’Intrus* is a master text of uneasy exposition in which wounds, scars, bodies, and boundaries are crossed, revealed, concealed, and opened up, yet even in its darkness, the narrative provides hope through a recognition of the universal state of human beings. Comparing himself to something “like a science-fiction android,” Nancy does not uncritically embrace this cyborgification, but he does come to recognize that he is not alone in experiencing it (Nancy 13). As Donna Haraway's has argued in her most famous essay, "The Cyborg Manifesto," everyone is a cyborg. The realities of modern life happen to include a relationship between people and technology so intimate that it is no longer possible to tell where people end and technology’s intrusion begins. For Haraway, being a cyborg is not only about radical intervention—like how many bits of silicon a person has under their skin or how many prosthetics one’s body contains. The use of items as ubiquitous as glasses or
phones makes virtually everyone a cyborg. For Nancy, the post-transplant experience is utterly alienating and destabilizing for his sense of identity, but he too recognizes that he is not alone in feeling “the intruder”—modern life is filled with quintessential technological bodies. In his continued struggle with a new heart, Nancy has a necessity for community; though he himself finds technological interventions in body deeply distressing, perhaps his only point of comfort in *L’Intrus* comes from acknowledging that the *intrus* is present in everyone in some way.

The need to honor chaos stories like *L’Intrus* is both moral and clinical. Nancy’s narrative is not uplifting, but in its honesty, it may serve to validate the experiences of people who suffer in a similar manner yet feel the need to hide such sentiments. As Arthur Frank has remarked, people whose reality is being denied “can remain recipients of treatments and services, but they cannot be participants in empathic relations of care” (Frank 109). There is understandable eagerness to see narratives representing illness in ways that make it bearable or positive, both for the patient and for the medical reader who wishes to empathize with the patient’s experience, yet the darker side of an illness experience – the chaos, pain, passivity, medical intrusion – exists as well and being an ethical witness to the patient experience requires resisting the expectation for narrative consolations and showing a willingness to hear chaos. *L’Intrus* makes an important contribution to the understanding of the contemporary human experience with medical interventions like organ transplantation. Insights gleaned from his narrative about the relationship between the body, medical intervention, and identity are valuable not only for other patients, but also for transplant professionals who can
learn to develop new supportive interventions to ease distress and improve people’s recovery.
Conclusion

In this project, I have examined works including Kazuo Ishiguro’s *Never Let Me Go*, Charles Garden Bower’s “The Black Hand,” and Jean-Luc Nancy’s *L’Intrus* (The Intruder) in an attempt to show the relevance of these texts to understanding the complex process of organ transplantation and its impact culture and the human psyche. Working against the standard narratives of altruism, gifting, and renewal, the literature I have surveyed contains gothic elements that re-imbue the transplant process with emotion and highlight organ transplantation’s dark associations with organ theft, racial exploitation, and intrusion and identity disruption. I have also explored several intersections where fictional works engage with historical and present events surrounding organ transplantation and communicate cultural truths. Using these texts, I argue for the importance of changing the dominant metaphors of transplant from those of a simple “gift” or “spare part” to address the more intricate questions about the hybridization of human bodies, definitions of death, race, identity, and bodily integrity that are raised by this process.

The Gothic in particular has served as a cultural lightning rod for exploring anxieties surrounding organ transplantation, providing a stage where bioethical issues can be investigated. It renders visible tensions that trouble the stability of any single narrative about the transplant body; it explodes them out into complicated, sometimes incompatible, pieces. While the use gothic imagery to describe organ transfer is seen in a largely negative light by transplant centers, I have attempted to show the usefulness of particular texts to understanding both the lived experience of the transplantation process and its complex history.

Nevertheless, even if the usefulness of the Gothic for understanding the
transplant process is never acknowledged, it appears that the association between the two will never cease to exist—at least not under current biomedical paradigms. Recent news headlines make this point clear. A recent search on organ transplants includes headings such as “First inter-species 'Frankenstein' transplant is achieved,” “Illegal Kidney Trade Flourishes as Victims Await Justice,” and “Mom carrying baby without brain to term—to donate the organs,” demonstrating that the process of understanding this procedure’s impact on culture and human life is constantly being negotiated (CNN).
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