Scalpel and Metaphor: The Ceremony of Organ Harvest in Gothic Science Fiction

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ABSTRACT: In organ transfer, tissue moves through a web of language. Metaphors reclassify the tissue to enable its redeployment, framing the process for practitioners and public. The process of marking tissue off as transferrable in legal and cultural terms psrallels many of the processes that typically accompany commodification in late capitalism. This language of economic transformation echoes the language of Gothic ceremony, of purification and demarcation. As in literary Gothic’s representations of ceremony, this economic work is anxious and the boundaries it creates unstable.

This article identifies dominant metaphors shaping that ceremony of tissue reclassification, and examines how three twenty-first century novels deploy these metaphors to represent the ‘harvest’ (procurement) process (the metaphor of ‘harvest’; is itself highly problematic, as I will discuss). Kazuo Ishiguro’s *Never Let Me Go* (2005), Neal Shusterman *Unwind* (2007), and Ninni Holmqvist’s Swedish novel *Enhet* (*The Unit)* (2006, translated into English in 2010) each depict vulnerable protagonists within societies where extreme tissue procurement protocols have state sanction. The texts invite us to reflect on the kinds of symbolic substitutions that help legitimate tissue transfer and the way that procurement protocols may become influenced by social imperatives. In each text, the Gothic trope of dismemberment becomes charged with new urgency.

KEYWORDS**:** organ transplant, metaphor, medicine, organ procurement, Ishiguro, Holmqvist, Shusterman, medical Gothic

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Both immunologically and culturally, the work of organ transfer requires a strange forgetting.[[1]](#endnote-1) Since the onset of immunosuppressant drugs in the cyclosporine era, the recipient’s body can be (temporarily) pharmacologically re-coded to lose the ability to recognise tissue as alien. This pharmaceutical work is accompanied by cultural labour: language domesticates the radical otherness of the tissue and normalises the transplant process. Typically, metaphors help reclassify the tissue to enable its redeployment, framing the process for practitioners and public and influencing how tissue transfer is administered and understood both within and outside healthcare institutions. This article identifies some dominant metaphors that shape that ceremony of tissue reclassification, and examines how three novels deploy these characteristic metaphors in complex combinations to represent the procurement process.

I will analyse three twenty-first century novels: Neal Shusterman *Unwind* (2007), Kazuo Ishiguro’s *Never Let Me Go* (2005), and Ninni Holmqvist’s Swedish novel *Enhet* (*The Unit)* (2006, translated into English in 2010).[[2]](#endnote-2) Though classified in different ways for their publishing markets (Shusterman as young adult horror; Ishiguro as literary fiction, and Holmqvist as science fiction), each novel can be read as a form of science fiction, in the sense that they offer speculative visions of future societies (Shusterman and Holmqvist) or alternate history (Ishiguro). Each can also be interpreted as written in the Gothic mode in the senses defined in the introduction to this special issue, in that each combines warped affect with confining spatiality, specifically a disturbing affectivity and vulnerability in the narrative voice and a claustrophobic, malevolent setting. The narrative voice is not frantic or febrile: in fact, the first person narrations of Ishiguro and Holmqvist’s novels are strangely muted and subdued, their strangely stifled and submissive protagonists having internalised the terrible trap in which they find themselves. Typically, the Gothic mode ‘emerges readily in science fiction that explores power, anxiety, resistance and capital’.[[3]](#endnote-3) In this case, each novel represents vulnerable protagonists within claustrophobic societies where extreme procurement protocols have state sanction. In the process, they invite reflection on the way the dominant cultural metaphors of organ transfer may shape institutional processes of tissue management, and that the medical protocols of tissue procurement may become disturbingly influenced by capital’s imperatives. In each text, the Gothic trope of dismemberment becomes charged with new urgency.

The Ceremony of Cleansing Flesh and Tissue

Attempts to transfer human tissue date back to antiquity, but until recently attempts to transfer ontologically necessary tissue like solid organs were consistently defeated by recipients’ own bodies.[[4]](#endnote-4) The immune system identifies and destroys any tissue coded with macromolecules that identify it as alien, and the recipient dies due to organ failure and necrosis.[[5]](#endnote-5) Hitherto, the best strategy for success hinged on making the tissue as identical a genetic match as possible, so the pool of potential donors for transplant was typically limited to close relatives. This changed with the development of immunosuppressant drugs like cyclosporine in the early 1980s. Immunosuppresants suppress the body’s immune response, delaying tissue rejection. Cycloporine transformed the global biopolitics of organ transfer, radically increasing the pool of potential donors for successful transplant. Lawrence Cohen notes, ‘Cyclosporine *globalises*, creating myriad biopolitical fields where donor populations are differentially and flexibly materialized.’[[6]](#endnote-6) In practical terms, this has meant that economic imperatives have increasingly been able to play a part in defining the donor pool, particularly on the black and grey markets: ‘With cyclosporine, the operability of the poor increases many times over’.[[7]](#endnote-7) While most of these donations are technically consensual, financial pressures often drive living donation for sale, to the extent that the United Nations’ Bellagio Task Force has warned that ‘inequities in political power and social well-being remain so profound that the voluntary character of the sale of an organ remains in doubt.’[[8]](#endnote-8)

In other ways too, transnational tissue transfer is by no means immune to the pressures of twenty-first century capital. Most countries have made it illegal to sell most human tissue; there are exceptions, such as and Iran where paid donation is legal, and the market in blood in the USA. Yet even in countries where ontologically-necessary tissue cannot be legally sold, tissue transfer remains a multi-billion dollar global industry. Lesley Sharp, an anthropologist specialising in analysing the communities involved in organ transfer, explains:

Without question, much money is exchanged, but payments made by insurance companies, individual patients, transplant hospitals, and procurement agencies are typically described as covering technical, transportation, and other support services, rather than being directly linked to the cost of the organ itself.[[9]](#endnote-9)

Similarly, Scott Carney observes that US hospitals ‘increasingly turn profits on organ transplants; some even return revenues to shareholders’.[[10]](#endnote-10) The complexity of tissue transfer is exacerbated in the way that it is often not a simple movement of tissue from x to y: as Catherine Waldby and Robert Mitchell note that transfer involves ‘a complex network of donor-recipient relations heavily mediated by biotechnical processes and an institutional complex of tissue banks, pharmaceutical and research companies, and clinics’.[[11]](#endnote-11) There is a complex and diffuse market in procurement and transplantation.

In addition, government funding structures can have a dramatic influence on tissue procurement practice. In the USA, for example, the government funding structure for Organ Procurement Organisations (OPOs) mandates reaching targets for transplant or cannot retain funding.[[12]](#endnote-12) This funding structure can become an ethical problem when, as occurs in the USA, the end of life care of potential donors is routinely put into the hands of OP professionals without family necessarily being made aware that the new nurses and doctors with whom they are working are actually employed by an OPO rather than the hospital, and that their success in their role is linked to meeting procurement targets. In addition, invasive and potentially harmful procedures may be done to the potential donor to help their tissues survive transplant, without the donor kin necessarily being made aware that these can be painful and/or hasten death.[[13]](#endnote-13) All these things may impair end of life care.[[14]](#endnote-14) In multiple subtle ways, then, economic pressures can be imbricated in tissue transfer economies.

The dystopian novels in this article can be best understood within these contexts of rapidly expanding transnational operability and capital pressures on organ procurement. Transplantation is an extraordinary life extending procedure, and tissue donation can be an act of profound generosity. Yet science fictions of organ procurement rarely present it in voluntary or benevolent contexts; instead, these dystopias imagine certain groups preyed upon for tissue. While in no way ‘realist’ fiction, their fantasies of predation are not entirely unfounded: there is evidence that certain groups are more likely to be organ sources. Human rights organisations have found evidence that prisoners in certain regimes have become vulnerable to nonconsenual harvest,[[15]](#endnote-15) and given the realities of economic incentives, living donation correlates with particularly striking economic and gender divisions.[[16]](#endnote-16)

It is commonly thought that solid organs only rarely become explicit ‘commodities’, such as on the black market and in the few states with legal organ sales, or in controversies like the UK’s Alder Hey scandal where organs removed from children were sold without parent knowledge or consent.[[17]](#endnote-17) Yet even in less explicit markets, the process of marking tissue off as transferrable, as acceptable for transplant in legal and cultural terms, echoes many of the detachment processes that necessarily accompany commodification in late capitalism. As Margaret Lock and Vinh-Kim Nguyen observe, ‘In order for body parts to be made alienable, they must first be visualized as thing-like, and detachable from the body, dead or alive’.[[18]](#endnote-18) Economists call the process by which an object becomes alienable ‘disentanglement’, and it is a fraught and fragile symbolic process. Michel Callon explains, ‘to transform something into a commodity … it is necessary to cut the ties between the thing and the other objects or human beings one by one. It must be decontextualised, dissociated and detached’.[[19]](#endnote-19)

This language of economic transformation echoes the language of Gothic ceremony, of purification and demarcation.[[20]](#endnote-20) As in literary Gothic’s representations of ceremony, this economic work is anxious and the boundaries it creates unstable. Callon notes ‘this work of cleansing, of disconnection … is never over’; even in the case of more traditional commodities, market transactions establish connections between people, a process which Arjan Appadurai analyses as ‘the social life of objects’, for ‘the commodity is not one kind of thing rather than another, but one phase in the life of some things’.[[21]](#endnote-21) Disentanglement tries to cleanse an object of the human freight of its original owner/producers, but the process is inevitably incomplete. 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 labour and the relations of production that enabled its manufacture.[[22]](#endnote-22)

 The process of alienating human tissue is as complex and culturally specific as any other act of commodification, and has taken a wide variety of forms throughout history.[[23]](#endnote-23) If there has been a defining feature of the way the alienation process has changed in recent decades, it is that it is now possible for the distance between procurement and transplantation – between production and consumption, in economic terms – to be substantially greater than in the past.[[24]](#endnote-24) Thanks to pharmaceutical advances that have partially loosened the need for a tight ‘match’ between donor and recipient, procurement and transplant may be distant in terms of their geography, genetics, ethnicity, and the full range of their sociocultural circumstances.

The labour of disentanglement is cultural as much as economic. Transferred tissue moves through a web of language**:** metaphors reclassify the tissue in ways that make its transfer more culturally acceptable.In his critique of the ‘cold metaphors’ dominating American legal representations of the human body, Alan Hyde argues that there has been a progression from early metaphors of ‘body as machine’ to ‘body as property/commodity’; and that common to both metaphor clusters are notions of bodily ‘fungibility, estrangement, and desentimentalization’.[[25]](#endnote-25) These metaphors facilitate the work of detachment often seen as necessary for tissue transfer for all parties – donor, recipient, and procurement and transplant professionals.[[26]](#endnote-26)

Like any other discourse, biomedicine is inevitably saturated with metaphoric representations, and there is a rich tradition of criticism identifying the dangers of such metaphoric substitution.[[27]](#endnote-27) Sharp notes, ‘the humanity of patients is frequently lost in a morass of euphemisms, where metaphors transform the patient-as-person to a generic body likened to sophisticated machinery … an astounding array of minerals, fauna, and flora … or exotic and forbidden landscapes’.[[28]](#endnote-28) Though we must critique the unselfconscious deployment of metaphors that enable practitioners to dilute the human pain of illness and medical intervention, it is problematic to aspire to a wholly pre-metaphoric representation of the human body: as Alan Hyde argues in his study of metaphors of the body in American law, ‘We have literally no way of grasping cognitively the most intimate aspects of our bodies except through words and images’.[[29]](#endnote-29) The challenge, argues Hyde, is that we should ‘recognise and confront the constructed nature of … representations of the body, and not … inappropriately naturalize those constructions.’[[30]](#endnote-30) Such recognition requires identifying what particular discomfiting realities are characteristically elided by each metaphor cluster.[[31]](#endnote-31)

Four dominant symbolic substitutions that typically characterise representations of organ transfer are: organs as machine parts; organs as waste; organs as vegetation; and organs as gifts. Each metaphor typically accompanies a subtly different rhetorical function.

First, a machine model of the body depersonalises the transplant tissue as ‘spare parts’.[[32]](#endnote-32) Shildrick et al examine how this rhetoric plays out in medical discourse around heart transplant:

heart recipients are encouraged to view the organ mechanistically — as a new pump that was rendered a spare, reusable part …. [T]he traditional pump metaphor … gives credence to the belief that a failing organ can be replaced without significant disturbance to corporeal unity.[[33]](#endnote-33)

A key rhetorical function of this metaphor is to make refusal to donate seem both selfish and irresponsible.[[34]](#endnote-34)

A second influential metaphor is that of cadaveric tissue as waste – *unless* redeemed by technologies of procurement and transplant.[[35]](#endnote-35) Lock and Nguyen identify and critique the assumptions that underpin this view, identifying ‘an unexamined hegemony about the value of organs and their alienability’ (notably the assumption that brain death is equivalent to ‘final’ death).[[36]](#endnote-36). This metaphor is also influential in legal contexts: increasingly, converting tissue into commodity requires relabelling excised tissue as waste ‘abandoned tissue’. Catherine Waldby and Robert Mitchell note that this category becomes:

a third term between tissue gifts and tissue commodities … central to the way the value and significance of tissues is created and transformed. Waste does not simply add an alternative to these forms of value [i.e. gift and commodity] but instead mediates and transforms them in complex ways …. through the circuits of technical and capital transformation.[[37]](#endnote-37)

To read this statement through Appadurai’s language of the ‘social life’ of objects, here Waldby and Mitchell identify how the metaphor of waste or ‘abandoned tissue’ is a mediating category enabling the alienation and commodification of tissue. Crucially, this formulation sees waste as *rendered valuable* through the operations of capital and biotechnology.

A third influential metaphor for tissue transfer describes tissue as vegetation, organs ready for re-grafting/replanting and procurement as ‘harvest’: the latter a highly influential metaphor that has become so naturalised it even felt inevitable to deploy in the title of this article, and it is in fact hard to find an alternative term, ‘procurement’ having its own euphemistic inadequacies. The greening metaphor is particularly influential in contexts where the kin of cadaveric donors are the primary audience.[[38]](#endnote-38) At first glance this seems more positive than those of waste or the machine model, yet these greening metaphors naturalise the highly artificial processes of procurement surgery, obscuring the visceral reality of the procurement process and often highly medicalised deaths that facilitate it.[[39]](#endnote-39) These metaphors also reinforce the institutional erasure of the donor’s identity, and against this trend, while official memorials of gratitude to cadaveric donors overwhelmingly anonymise the donors in line with medical transfer protocols, it has become important to some groups of donor kin to create subversive alternative memorials to celebrate the particular identity of the dead.[[40]](#endnote-40)

All the three foregoing metaphors – transfer tissue as machine parts, transfer tissue as waste, and transfer tissue as greenery – dehumanise the tissue to be transferred, but the final metaphor – ‘organ as gift’ – preserves a sense of human identity in the tissue.[[41]](#endnote-41) Instead of seeing human tissue as alienable, the language of ‘gift’ sees tissue as something that retains traces of the giver, both tangible and intangible. The language of ‘gift’ can feel threatening to a recipient, occasionally triggering significant survivor guilt and, rarely, an element of identity crisis.[[42]](#endnote-42) Transplant professionals try to reduce the demand of the gift by dehumanising the donor through the other metaphors above. The abiding influence of the gift metaphor poses a challenge to the other metaphor clusters, as Shildrick and her colleagues note:

the gift-of-life discourse highlights many paradoxes: for example, the deceased donor is treated at once as a disposable source of transferable spare parts and, at least by proxy, as a generous subject. Similarly, while recipients are expected to finally claim ownership of the transplanted heart, they are also implicitly reminded of its provenance, notably in the encouragement to write anonymously to the donor family …. [I]t is difficult for recipients to forget that transplant organs are not simply circulating spare parts.[[43]](#endnote-43)

All four metaphor clusters interact in complex ways and are deployed differently for various audiences.[[44]](#endnote-44) Though these metaphoric substitutions may be necessary for recipient, donor kin, and practitioners as part of handling the cultural and emotional challenges of tissue transfer, this conceptual ‘cleansing’ can be ethically problematic, particularly when coupled with the way that donation is now often on an international scale and anonymous. One of the most troubling consequences of these symbolic moves is that they make it easier for some recipients to avoid recognizing the sacrifice made by either a living donor or the cadaveric donor’s kin, and the complex economic environments within which procurements occur. As one recipient phrased it, ‘“Why should I put a family member at risk when I can just buy a kidney?”’[[45]](#endnote-45) Such a statement implies the anonymous source is not human in the same way as a family member: it doesn’t bleed. Though bleeding, though real, the source bodies may be invisible to the recipient and abjected. I will now consider how these three novels represent this cultural surgery of disentanglement: the ceremony of cleansing ‘harvested’ human tissue of its original owner.

State-sanctioned ‘harvest’ heterotopias

Each of the following novels imagines a society where extreme procurement protocols have become state-sanctioned and established both legally and culturally as justified. In addition, each text explores living rather than cadaveric procurement, since that configuration makes the negotiation of consent all the more challenging. I am interested in the kinds of language and symbolic substitution that legitimate tissue transfer. In each case I examine the kinds of bodies that are rendered harvestable and the spatial locations constituted for the removal of tissue.

The moment of harvest – and the accompanying symbolic ‘disentanglement’ – is often presented as occurring in a kind of ceremony in a particular, bounded space. Each of these dystopian fictions imagines a society in which some people are taken aside into spaces marked off from ordinary life, and then have their bodies recategorised for harvest. Michel Foucault’s notion of ‘heterotopia’ is pertinent here, describing as it does sites marked off from the everyday world where transformations can occur.[[46]](#endnote-46) Each novel features what we might call a ‘harvest heterotopia’: usually a blend of hospital or prison, but sometimes also with touches of a festival site. Time often functions oddly within a heterotopia. Foucault offers the term ‘heterochronies’ to describe these different modes of time within a heterotopia, such as ‘the heterotopias ... of the eternity of accumulating time’, e.g. museums and libraries, ‘in which time never stops building up and topping its own summit’, or ‘the heterotopia of the festival’, in which a space becomes a heterotopia only at particular times.[[47]](#endnote-47) One might also speak of a heterochrony of illness experience. Rita Charon notes that time is experienced differently for patient and doctor:

When the doctor or nurse enters the room to do something … he or she remains within vectored time, that is, a state of time in which one event leads to another and can even be conceptualized as having caused it while the patient inhabits a timeless enduring.[[48]](#endnote-48)

The donor-victims in these dystopian texts inhabit exactly such a strange state of enduring, their agency suspended and the passage of time being simultaneously a reprieve (since they are still alive) and torture (since they await vivisection).

Shusterman’s *Unwind* is the first of the ‘Unwind Dystology’, four novels and a novella; I will confine my discussion to the first, but the sequels are also of great interest.[[49]](#endnote-49) *Unwind* was inspired by a real-life case of a Ukrainian orphanage which became a target for black market organ procurement. The novel imagines a future America in which a civil war between pro-life and pro-choice forces has transformed medical practice. Peace was reached through a ‘Bill of Life’ which forged a compromise on abortion. If parents choose, when their child is aged between thirteen and eighteen, the child can be ‘unwound’, every piece of their tissue transplanted to a different human recipient (263).

Transplant is unapologetically commercialised in this imagined society, and all unwound tissue must be paid for. In a triumph for the private sector, these ‘Harvest Camps’ are privately-owned, profit making facilities, sustained by government investment (263). As one character notes, ‘“Once the unwind orders were signed, we all became government property”’ (56-7). When one character asks a camp counsellor what happens with organs that are not good calibre, she is told, ‘“a deaf ear is better than no ear at all, and sometimes it’s all people can afford”’ (269).

This explicit commodification of human tissue is underpinend by an extensive series of rationales in this imagined society. First, the economic ‘disentanglement’ is made possible through the language used to classify the two categories of harvestable body. Most often, these are juvenile delinquents: the transgressive body is a harvestable body. Yet Shusterman’s novel offers a second, contradictory category: in a few cases, some religious parents choose to ‘tithe’ a child, marking a child from birth as destined to be unwound (31, 128). These labels change the sovereignty of these categorised bodies.

This society handles the contradictions of ‘gift’ and ‘waste’ through an ingenious rationale of the harvest process: it is held that consciousness persists even after tissue is unwound, so procurement does not result in true death. ‘Unwinds’ are kept conscious throughout the dismemberment (locally anaesthetised), and after dismemberment and transplant are described as ‘living in a divided state’ (263). Characters marked for Unwinding contemplate this notion with horror: one imagines it as being‘unwound into nothing – his bones, his flesh, his mind, shredded and recycled’ (148). The novel simultaneously mocks and endorses the notion of ‘living in a divided state’ after harvest. On the one hand, the idea is mocked as absurd: one character is told by a harvest camp counsellor that she will not be 100% alive, but ‘actually … 99.44 per cent, which takes into account things like the appendix’ (269). On the other hand, the novel presents multiple examples of transplant tissue indeed somehow altering the recipient. A trucker who received a transplant arm says, ‘“These fingers here knew things the rest of me didn’t. Muscle memory, they call it.”’ (14). When another character receives Unwind tissue, the nurse warns him ‘“Parts often come with their own personalities”’ (319). The most harrowing example of this ongoing life is the case of the character CyFi, a teenager who received Unwind brain tissue. CyFi explains, ‘“It’s like those ghosts who don’t know they’re dead. He keeps trying to be him, and can’t understand why the rest of him ain’t there”’ (139-140). The novel even culminates in a re-assembling of unwound tissue where the penitent parents of one Unwind, Harlan Dunfee, gather all the recipients of his tissue for his twenty-sixth birthday, ‘putting their son together in the only meaningful way they can’ (331). Harlan speaks to his parents at the end, all the recipients uniting their conversations, and his parents welcome him home. The extraordinary upshot of these moments endorsing the idea of ‘living in a divided state’ is that they unmask the horror of the initial commodification of the tissue. In other words, in this fictional world at least, tissue alienation is far from easy.

A second interesting consequence of this narrative element is the way it subtly challenges the premise that consciousness and the body can be divorced, an assumption central to contemporary Western transplant practice. To date, real-life tissue transplantation technologies have tended to reinforce the idea that identity can be reduced to a neural locus: 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’.[[50]](#endnote-50) Harvest fictions like *Unwind,* which connect consciousness with tissue other than that governing higher brain functions, offer a subversive alternative vision of the intersection between body and mind.

 In *Unwind’s* society, the primary narrative of procurement is of wasted lives being redeemed by medical intervention. That fictional discourse parallels some ethnographic evidence from today’s real procurement environments: Sharp has identified a minority but very real strand in donor-kin facing procurement discourse in America, which tries to support donor kin to agree to cadaveric donation with the view that a ‘wasted’ life – perhaps one seen by donor kin as morally problematic – can be redeemed by the procurement.[[51]](#endnote-51) That poignant and controversial strand of procurement discourse has some echoes in this novel. As soon as the character Roland – a violent teenager with criminal past - begins undergoing procurement surgery, strapped to a table and his blood being drained from his veins, a nurse tells him, ‘“Not a bit gets wasted. You can bet, you’ll be saving lives!”’ (289). Even some of the Unwinds themselves subscribe to this view: as ‘Samson’ says in the epigraph to the first chapter, ‘I was never going to amount to much anyway, but now, statistically speaking, there’s a better chance that some part of me will go on to greatness somewhere in the world. I’d rather be partly great than entirely useless’ (1).

The site where Unwinding occurs is a hybrid heterotopia, a blend of hospital and festival site: a holiday camp. Simultaneously festive and carceral, it embodies the ambivalence that accompanies the paradoxical construction of harvest in this society. The process of Unwinding is presented as a ceremony. We’re told that, ‘The harvesting of Unwinds is a secret medical ritual that stays within the walls of each harvesting clinic in the nation” (287), but Shusterman takes us into the ritual, using third person present tense narration to describe the horror of being dismembered alive, in a society where that horror is tamed by a calm, clinical, socially-justified narrative.

The present tense makes the actual Unwinding of the character Roland all the more disturbing to read. He’s given local anaesthetic but remains conscious throughout. He is strapped to a table. He can hear people dropping instruments, but cannot see what they are doing: ‘Surgeons leave, new ones arrive. The new ones take an intense interest in his abdomen. He looks towards his toes but can’t see them. Instead he sees a surgical assistant cleaning the lower half of the table’ (290). Statements of prepackaged sympathy come from the nurse, interweaved with the dialogue of surgeons dismembering: the nurse tells him she is sure he was a good son, while the surgeon calls ‘scalpel’ (290). There is simultaneously a callousness and bizarre tenderness to the process: the medical staff ‘wear scrubs the color of a happy-face’; his arms and legs are bound, and ‘A nurse blots sweat from his forehead. “Relax, I’m here to help you through this”’ (288). Greening metaphors tame the procurement throughout: transplant is always called ‘grafting’, Unwinding is ‘harvest’, and one of his final sights (before they remove his eyes) is of the surgical staff as themselves a kind of flower: ‘Yellow figures lean all around him like flower petals closing in’ (291).

 The novel presents a heterochrony in the harvest process. Throughout, we are given repeated prompts about the clinical timespan of the procedure. An hour or so into the procurement, for example, Roland hears ‘A clanging of metal. The lower half of the table is unhooked and pulled away’ (290). 1 hour and 45 minutes in the nurse says he won’t be able to talk anymore – they’re taking his lungs. 2 hours and 5 minutes in he can only communicate by blinking, and ‘Another section of the table is taken away’ (291). The description of the procurement surgery is repeatedly punctuated by a litany of clinical durations. Yet there is a tension between these clinical markers of time and the narration itself, which regularly interrupts that clinical time sequence, free wheeling into the harvestee’s past experience and childhood trauma and moments he was deprived of love. ‘Memories tweak and spark. Faces. Dreamlike pulses of light deep in his mind. … Things he hasn’t thought about in years. The memories blood, then they’re gone’ (292). An entire lifetime of suffering is compressed into the surgical sequence.

2 hours and 33 minutes in, his eyes are gone and he experiences:

Not quite darkness, just an absence of light. He hears everything around him but can no longer communicate. …..
‘You’ll feel a tingling in your scalp,’ says a surgeon. …. It’s the last time they talk to him. After that, the doctors talk like Roland is no longer there.
…‘Splitting the corpus callosum.’~
‘Nice technique.’
‘Well, it’s not brain surgery.’ Laughter all around. (292)

The doctors are right to say it is not brain surgery: rather than surgery for healing, this passage imagines dismemberment for profit, only possible because Unwinds are seen as waste, subhuman. In the close of the procedure, Roland slides into deafness, silence and darkness. His vestige of self dwindles into ellipses (293-4).

The metaphors of gift, waste and recycled parts also interact in haunting ways in Ishiguro’s *Never Let Me Go*, an alternate history speculative fiction told from the perspective of Kathy H., a young woman recalling her life as a ‘student’ at Hailsham school. Hailsham initially seems to be a kind of orphanage, but the children who live there never leave the grounds until adulthood and are subject to medical surveillance. Eventually we learn that the ‘students’ at Hailsham are in fact clones bred to be dismembered for organs. Kathy’s first person narration takes us into the position of realising one is marked for such dismemberment. The novel is told in flashback from the perspective of adult Kathy H. visiting Recovery Centres as a ‘carer’, complicit in maintaining clone submission to the harvest program. Before the clones become donors themselves, they must work as ‘carers’ to calm other donors undergoing the process, keeping them compliant. As in *Unwind*, there is a heterochrony between the surgical processes of the Recovery Centres and the way that these procurement sites enable highly subjective flashbacks and reveries for the protagonists.

This society’s superficially dominant metaphor sees tissue as ‘gift’: we hear consistently of ‘donor’ and ‘donation’. In complementary euphemisms the hospitals where procurement surgery happens are called ‘recovery centres’ and dying in donation is called ‘completing’. ‘Fourth Donation’ has particular status (being a milestone rarely reached). Such gift rhetoric implies that donors are free agents, celebrated and appreciated, never more so than on Fourth Donation. Kathy explains:

A donor ‘on a fourth’, even one who’s been pretty unpopular up till then, is treated with special respect. Even the doctors and nurses play up to this: a donor on a fourth will go in for a check and be greeted by whitecoats smiling and shaking their hand. (273)

Gift rhetoric as a disguise for a exploitative treatment of harvestees is again not entirely devoid of relevance to today’s procurement contexts: Cohen has argued that in US contexts, for example, cavaderic organ harvesting is ‘wrapped in layers of prestational … rhetoric’.[[52]](#endnote-52) In Ishiguro’s novel, the gift rhetoric is wholly disingenuous: ‘donors’ have no choice in harvest and no option to refuse, and their bodies are seen as both wholly abject and wholly disposable.

Ishiguro couples first person narration with another formal strategy that seizes the reader and implicates us in Kathy’s world and her identification with the abject. Throughout, her narration assumes her audience share this experience; that we, her readers, are also ‘students’, that we grew up somewhere like Hailsham and that we have our own versions of her traumatic discoveries in our own childhood too: ‘I’m sure somewhere in your childhood, you too had an experience like ours’ (36). Throughout the novel, she repeatedly assumes we are *like her;* that we know what it is to be destined for dismemberment. Against the positive language of ‘donation’, the novel constructs the position of both protagonist and implied audience as one of abject harvestee rather than respected giver, and ultimately even ‘Fourth Donation’ takes on a darker note:

‘You’ll have heard the same talk. How maybe, after the fourth donation, even if you’ve technically completed, you’re still conscious in some sort of way; how then you find there are more donations, plenty of them, on the other side of that line; how there are no more recovery centres, no carers, no friends; how there’s nothing to do except watch your remaining donations until they switch you off. It’s horror movie stuff. (274)

Here the notion of brain death is explicitly questioned, and cadaveric procurement made to seem a thing of horror. Yet strikingly, with a few exceptions, the clones do not resist the gift rhetoric. As in *Unwind*, the dominant metaphors for harvest become the primary tropes for the harvestees in understanding the process too – to the extent that Kathy H. ultimately profoundly identifies with herself and her loved ones with trash, as I will show. The narrator Kathy H. is the most obvious example, being highly complicit in maintaining the status quo, working as a ‘carer’ to help keep ‘donors’ submissive and compliant.

 The clones themselves recognise their status as abject. Kathy H’s friend Ruth, for example, rages against their plight in terms which make a direct link between their status as waste and their fate of dismemberment. She says:

‘We’re modeled from *trash*. Junkies, prostitutes, winos, tramps. Convicts, maybe …. That’s what we came from. We all know it, so why don’t we say it?... If you want to look for possibles [originals] … 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’ (164, emphasis in original).

Yet the novel also shows in more subtle ways how Ishiguro’s ‘students’ have a poignant affinity with trash and discarded rubbish. In many ways, what makes their time at Hailsham so poignant is the way it is a catalogue of strategies by which the children create a frail illusion of cherishing for themselves through their meagre possessions. The irony is that the possessions they cherish are all discards: broken toys, detritus from the lives of ‘real’ people. These items are gleaned from the ‘Exchanges’, exciting events four times a year when rubbish is brought to the school in vans and the children can exchange hard-won ‘tokens’ to ‘buy’ them. The pathos of these moments are captured well in the film adaptation: an armless doll and the heaps of discards deftly foreshadow their own fates. Yet these objects are cherished by the ‘students’, despite the fact they are trash. Ruth gets a pencil case one year; Kathy gets a cassette tape; and these things become key ingredients of fantasies they weave of parental love. They cherish these broken, discarded things as they themselves are not cherished.

In a second concatenation of the language of waste and the language of love, the novel contains a long-running conceit of the county Norfolk being Britain’s lost property corner. This whimsical notion developed because Hailsham school has a ‘lost corner’, where lost property is gathered, and in a lecture one day one of the guardians describes the county of Norfolk as a ‘lost corner’ in that it’s a part of the country that’s not really on the way to anywhere else. The children joke that there must be trucks patrolling Britain, collecting discarded objects and taking them all to Norfolk. This fantasy partially comes true when as adults, Kathy H and her beloved friend Tommy remember it, and search in Norfolk for a lost possession of Kathy’s and find it. At the end of the novel, after Tommy has died in fourth donation, the patient, self-controlled and enduring Kathy stands beside a field in Norfolk and uncharacteristically indulges a daydream.

All along the fence, especially along the lower line of wire, all sorts of rubbish had caught and tangled. … That was the only time, as I stood there, looking at that strange rubbish, feeling the wind coming across those empty fields, that I started to imagine just a little fantasy thing, because this was Norfolk after all, and it was only a couple of weeks since I’d lost him. I was thinking about the rubbish, the flapping plastic in the branches, the shore-line of odd stuff caught along the fencing, and I half-closed my eyes and imagined this was the spot where everything I’d ever lost since my childhood had washed up, and I was now standing here in front of it, and if I waited long enough, a tiny figure would appear on the horizon across the field, and gradually get larger until I’d see it was Tommy, and he’d wave, maybe even call. The fantasy never got beyond that – I didn’t let it – and though the tears rolled down my face, I wasn’t sobbing or out of control. I just waited a bit, then turned back to the car, to drive off to wherever it was I was supposed to be. (282).

In this harrowing blend of grief and compliance, Kathy identifies with the ‘strange rubbish’ that has drifted across fields. The first person narration takes us into the perspective of one who has internalised her abjection so thoroughly that she identifies with rubbish.

Holmqvist’s *The Unit* can be seen as a variation on *Unwind’s* ideas of wasted lives, but with a different emphasis: rather than the emphasis being on adolescent delinquency, the ‘worthless’ lives are those of adults who have failed to make certain (largely reproductive) choices. This novel imagines a future in which certain people are classified as ‘dispensable’: men over 60 or women over 50 who are not ‘needed people’. To be a ‘needed person’ you need to have young children, or have elderly parents needing care, be in a caring profession, or a role model or celebrity to inspire children. Ultimately, in this society, reproductivity is the measure of human value. As one fellow dispensable reminds the protagonist, ‘“It’s only new constellations they approve of. People who make a home and produce new people. You know that … everything has to move forward”’ (137). ‘Dispensable’ people are incarcerated, deprived of the right to vote or communicate with the outside world, subjected to permanent surveillance, used for medical experiments and fatally raided as living organ banks. As in *Unwind*, these ‘wasted’ lives are figured as redeemed through state intervention, surgical procurement, and the biotechnological repurposing and redeployment of their tissues into the bodies of those whose lives are more valued by the society.As the protagonist Dorrit reads in her welcome literature (on the novel’s back cover blurb): ‘Welcome to the Second Reserve Bank Unit for Biological Material, where we will be glad to assist you in becoming a more productive and valuable member of society’.

As *The Unit* progresses, the boundary between ‘dispensable’ and ‘indispensable’ becomes increasingly unstable. Many of these ‘dispensable’ people form loving bonds with each other, taking on caring roles, and outside the Unit this might temporarily have precluded them from becoming dispensable. But even when the protagonist becomes pregnant – this society’s ultimate embodiment of a ‘needed person’ – she is not released. As the novel progresses, we realize that outside the Unit too, the definition of a ‘dispensable’ person is expanding as time progresses. Only young parents are now exempt, and ‘if you were childless, you were childless, end of story’ (223). The novel sketches a rapacious increase in organ need and shows laws being stretched to accommodate that hunger. In the reality of today’s Western transplant culture, the language of organ ‘scarcity’ also saturates public- and practitioner-facing discourse. This rhetoric is driven by ever-expanding criteria for recipient eligibility, and the rhetoric itself drives ever-expanding criteria for donor pool eligibility and increasingly interventionist procurement practices. Sharp, for example, notes ‘In my own research I have watched how procurement staff have shifted various medicalised boundaries so that those who might have been excluded [as donors] ten years ago are now considered viable candidates’, with cancer, hepatitis B, and advanced age no longer necessarily barriers to cadaveric procurement, and quotes procurement staff on transplant staff growing ‘more and more liberal with the criteria they will accept’.[[53]](#endnote-53) The language of ‘organ scarcity’ is also a primary driver in justifications for controversial donation protocols such as controlled non-heartbeating donation[[54]](#endnote-54) and financial incentives for donor kin.[[55]](#endnote-55)

Another disturbing element of this novel, as with many other science fictions of organ harvest, is the way it shows the protagonists’ vulnerability to becoming convinced by the society’s arguments. In all the texts discussed in this article, even rebel characters feel that these predations have a degree of ethical logic. In this particular novel, the pregnant protagonist escapes the Unit but voluntarily returns. In one of her few moments of rebellion, the narrator thinks of the Unit as a ‘luxury slaughterhouse’ (212), but even then she hastily distances herself from the words as those of another donor. Novels such as this illustrate how effectively dominant metaphors naturalise ethically problematic social processes (and of course we are not uniquely free of naturalised mystifications today).

As in Ishiguro’s novel, these horrors are mediated through the first person narrator’s measured, controlled prose. One of the most fascinating elements of the novel is the extent to which the narrator submits to her unbearable situation. The grief underpinning the novel comes out in moving vignettes, particularly in meditations on the natural world. When the protagonist narrator Dorrit is taken away from her home to live in The Unit until her death, the first snowdrops and winter aconite inspire in her thoughts of the new beginning which she does not herself expect to ever have (ironically, she does find a kind of rebirth of love and happiness in the Unit, only to lose all she has gained in devastating fashion). Greening metaphors abound throughout the novel, yet the imagery of plants and growth eventually comes to represent imprisonment.The Unit contains a ‘Winter Garden’, inspired by Monet, and this site comes to signify the warped heterochrony of the harvest site:

Under normal circumstances, in the real world out there, our memory can usually support itself by the seasons: a certain event is linked with a particular time of year. ... But when I think back over my time in the unit my memory has no such assistance from the seasons, because the seasons never change. In the unit there are only days and nights, that’s the only thing that changes… In the winter garden everything is in bud or flower, but nothing shrivels, withers or dies. It is never winter in the winter garden. (160)

As in Ishiguro’s novel, the suppressed despair and grief of the oddly submissive protagonist comes out in covert ways: after her lover is killed for donations and her newborn child is taken from her, she chooses to make her own final donation. The last lines of he novel describe the letter she writes to her child, a calm letter describing a simple memory. Yet this memory is a deliberate fiction: it is the way she wishes that things had been. The only outlet she takes for expressing her grief is in playing with time; contradicting the past.

Each of these three novels offer different visions of the metaphors that can naturalise the procurement process. Yet there are certain important commonalities that can suggest something about, first, the difficulty of slipping free of biomedicine’s dominant metaphors, and second, an imaginative strategy to bolster resistance to such tropes. To discuss the first point: all of the texts take you into the first person position of the donor, so one might expect that they will ultimately defy the dehumanising metaphors of donor-as-waste/vegetation/spare parts. In fact, however, the novels show the toxic efficacy and contagion of those metaphors: these metahors are internalised by almost all the characters and typically the narrative voice as a whole, to the point of even becoming the structuring tropes by which the protagonists understand their worlds. While that may seem disturbing, the novels do offer a surprising agreement in terms of a common site of resistance. Ultimate, heterochrony becomes the thing that does the subversive work of the texts: each text presents a tension between clinical time and the human, lived time of the subject. Each of these three novels contrast clinical time with the personal lived time of the donor, and in the process refute the idea that their lives are worthless. In these narrative representations of hybrid temporalities – heterochronies – the donors’ human history breaks free from the surgical space.

Finally, a caveat: it may seem that this article gives Gothic science fiction a heroic role as exposing horror, in an echo of the suspect manoeuvre criticised by David Punter in which critics see themselves – and the cultural artifacts they value –in an ‘academic superhero’ role, peculiarly capable of critiquing culture and unmasking structural inequity.[[56]](#endnote-56) Yet science fiction is inevitably complicit in capital’s processes too, and indeed, some critics have suggested that science fiction has functioned as ‘ideological cycloporine’ by normalising organ transplant in ways that facilitate global inequalities in tissue transfer.[[57]](#endnote-57) With that caveat, Gothic science fiction can nonetheless try to unmask the labours of language that accompany the transformation of flesh into alienable commodity, tissue that can circulate. These disturbing novels invite readers to imaginatively occupy the position of the abjected, marshalling the immersive potency of coherently imagined worlds and merciless plot trajectories to bring home the horror of these dismemberments. As such, these texts and others can humanise the vast legal and economic machinery of contemporary global human tissue economies. Although these fictions are speculative, the people on whom the red markets prey are real: the surgical incisions at the heart of these novels are pale corollaries of wounds in real flesh.

1. **Notes**

 I speak of organ ‘transfer’ rather than ‘transplant’, since the latter term tends to elide the processes of donation and procurement that are equally central to process. See L. Sharp, ‘Commodified Kin’, American Anthropologist, 103:1 (March 2001), 112-133 (p. 113). [↑](#endnote-ref-1)
2. K. Ishiguro, *Never Let Me Go* (London: Faber, 2005); N. Holmqvist, *The Unit*, trans. M. Delargy (Oxford: One World, [2006] 2010); N. Shusterman, *Unwind* (London: Simon and Shuster, [2007] 2008). All subsequent quotations are taken from these editions. Page numbers will follow in brackets. [↑](#endnote-ref-2)
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4. M. Lock, ‘The Alienation of Body Tissue and the Biopolitics of Immortalised Cell Lines’, in N. Scheper-Hughes and L. Wacquant (eds.), *Commodifying Bodies* (London: Sage, 2002), pp. 63-92. [↑](#endnote-ref-4)
5. C. Waldby, ‘Biomedicine, Tissue Transfer and Intercorporeality’, *Feminist Theory,* 3 (2002), 235-50, p. 248. [↑](#endnote-ref-5)
6. L. Cohen. ‘The Other Kidney: Biopolitics Beyond Recognition’, in N. Scheper-Hughes and L. Wacquant (eds.), *Commodifying Bodies* (London: Sage, 2002), pp. 9-29 (pp. 11-12), emphasis in original. [↑](#endnote-ref-6)
7. Cohen, p. 26n4. [↑](#endnote-ref-7)
8. D. Rothman, E. Rose, T. Awaya, B. Cohen, A. Daar, S. Dzemeshkevich, C. Lee, R. Munro, H. Reyes, S. Rothman, K. Schoen, N. Scheper-Hughes, Z. Shapira, and H. Smit, ‘The Bellagio Task Force report on Transplantation, Bodily Integrity, and the International Traffic in Organs’, *Transplantation Proceedings,* 29:6 (September 1997), 2739-45 (p. 2742). [↑](#endnote-ref-8)
9. L. Sharp, *Strange Harvest* (London: University of California Press, 2006), p. 13. [↑](#endnote-ref-9)
10. S. Carney, *The Red Market* (New York: William Morrow, 2011), pp. 11-12. [↑](#endnote-ref-10)
11. C. Waldby and R. Mitchell, *Tissue Economies* (Durham: Duke University Press, 2006), p. 22. [↑](#endnote-ref-11)
12. Sharp, *Harvest*, pp. 25, 27, 50. [↑](#endnote-ref-12)
13. R. Fox, ‘An Ignoble Form of Cannibalism: Reflections on the Pittsburgh Protocol for Procuring Organs from Non-Heart-beating Donors’, *Kennedy Institute of Ethics Journal,* 3 (1993), 231-39. [↑](#endnote-ref-13)
14. M. Rady, J. Verheijde and J. McGregor, ‘“Non-Heart-Beating”, or “Cardiac Death” Organ Donation: Why We Should Care’, *Journal of Hospital Medicine,* 2:5 (2007), 324-34 (pp. 328-332); Fox. [↑](#endnote-ref-14)
15. C. Milne, ‘Canadian MD-Activist Likens Chinese Organ Trade to the Holocaust’, *The Medical Post,* 11 March 2008, 15 July 2009. <http://www.david-kilgour.com/2008/Mar\_12\_2008\_02.htm> [accessed 12 January 2012]; D. Kilgour and D. Matas, ‘Bloody Harvest: An Independent Investigation into Allegations of Organ Harvesting of Falun Gong Practitioners in China’, 31 Jan. 2007 < http://organharvestinvestigation.net/> [accessed 15 July 2009]. [↑](#endnote-ref-15)
16. N. Schepher-Hughes, ‘Commodity Fetishism in Organs Trafficking’, in N. Scheper-Hughes and L. Wacquant (eds.), *Commodifying Bodies* (London: Sage, 2002), pp. 31-62 (pp. 45, 54); Scheper-Hughes, ‘Bodies for Sale: Whole or in Parts’, in *Commodifying Bodies*, pp. 1-8 (p. 1); A.Ojo and F. Port, ‘Influence of Race and Gender on Related Donor Renal Transplantation Rates’, American Journal of Kidney Disorders, 22:6 (December 1993), 835-41; D. Zimmerman, S. Donnelly, J. Miller, D. Stewart and S. Albert, ‘Gender Disparity in Living Renal Transplant Donation’, American Journal of Kidney Disorders 6 (2000). 534-540; L. Kayler, C. Rasmussen, D. Dykstra, A. Ojo, F. Port, R. Wolfe and R. Merion, ‘Gender Imbalance and Outcomes in Living Donor Renal Transplantation in the United States’, American Journal of Transplantation 3:4 (April 2003), 452; N. Biller-Andorno, ‘Gender Imbalance in Living Organ Donation’, Medicine, Health Care and Philosophy 5:2 (2005), 199-204; P. Khajehdehi, ‘Living Non-Related Versus Related Renal Transplantation’, Nephrology Dialysis Transplantation 14:11 (1999): 2621-2624. [↑](#endnote-ref-16)
17. S. Squier, *Liminal Lives* (Durham, NC: Duke University Press, 2004), pp. 175-8. [↑](#endnote-ref-17)
18. M. Lock and V.-K. Nguyen, *An Anthropology of Biomedicine* (Madden, Massachusetts: Wiley-Blackwell, 2010), pp. 229-153 (p. 244). [↑](#endnote-ref-18)
19. M. Callon, ‘The Embeddedness of Economic Markets in Economics’, in M. Callon (ed.), *The Laws of the Markets* (Oxford: Blackwell, 1998), pp. 1-57 (p. 19). [↑](#endnote-ref-19)
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24. M. Lock, *Twice* *Dead: Organ Transplants and the Reinvention of Death* (Berkeley: University of California Press, 2002), p. 46. [↑](#endnote-ref-24)
25. A. Hyde, *Bodies of Law* (Princeton, New Jersey: Princeton University Press, 1997), p. 47. [↑](#endnote-ref-25)
26. Sharp, ‘Commodified Kin’, p. 116. [↑](#endnote-ref-26)
27. See for example S. Sontag, *Illness as Metaphor and AIDS and its Metaphors* (London: Penguin: [1978, 1989] 2002), p. 1. [↑](#endnote-ref-27)
28. Sharp, ‘Commodified Kin’, p. 112. [↑](#endnote-ref-28)
29. Hyde, p. 4. [↑](#endnote-ref-29)
30. *Ibid.,* p. 4. [↑](#endnote-ref-30)
31. G. Lakoff and M. Johnson, *Metaphors We Live By* (London: University of Chicago Press, 1980). [↑](#endnote-ref-31)
32. M. Sanner, ‘Living with a Stranger’s Organ’, *Annals of Transplantation,* 10:9 (2005), 9–12 (p. 10). M. Shildrick, P. McKeever, S. Abbey, J. Poole and H. Ross, ‘Troubling Dimensions of Heart Transplantation’, *Medical Humanities,* 35:1 (June 2009), 35-38. [↑](#endnote-ref-32)
33. Shildrick *et al*, pp. 35, 37. [↑](#endnote-ref-33)
34. For an illustration of this metaphor, see Trillium Life Network, ‘Recycle Me’, <http://recycleme.org> [accessed 10 October 2014]. [↑](#endnote-ref-34)
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36. Lock and Nguyen, pp. 235-6; Lock, *Twice* *Dead*. [↑](#endnote-ref-36)
37. Waldby and Mitchell, *Tissue Economies*, pp. 85-86. [↑](#endnote-ref-37)
38. Sharp, ‘Commodified Kin’. [↑](#endnote-ref-38)
39. Sharp, *Harvest*, p. 77; Sharp, ‘Commodified Kin’, pp. 120-122. [↑](#endnote-ref-39)
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41. See for example R. Titmuss, *The Gift Relationship*, ed. by A. Oakley and J. Ashton (1971; London: LSE, 1997). [↑](#endnote-ref-41)
42. N. Scheper-Hughes, ‘The Tyranny of the Gift’, *American Journal of Transplantation* 7:3 (2007), 507-511; S. Wasson, ‘Recalcitrant Tissue: Cadaveric Organ Transplant and the Struggle for Narrative Control’, in J. Edwards (ed.), *Technologies of the Gothic in Literature and Popular Culture: TechnoGothics (*New York: Routledge, 2015), forthcoming. [↑](#endnote-ref-42)
43. Shildrick *et al*, p. 37. [↑](#endnote-ref-43)
44. For alternative ways for a recipient to relate to donor in ways that do not dehumanise the donor, see: Sharp, *Harvest;* Shildrick *et al*. p. 37; Waldby, ‘Biomedicine’, p. 239. [↑](#endnote-ref-44)
45. Cohen, pp. 22-23. [↑](#endnote-ref-45)
46. M. Foucault, ‘Of Other Spaces’, trans. Jay Miskowiec (1984), *Repository of Texts Written by Michel Foucault <*http://foucault.info/documents/heteroTopia/foucault.heteroTopia.en.html> [accessed September 10, 2007]. [↑](#endnote-ref-46)
47. Foucault, para. 23-25. [↑](#endnote-ref-47)
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51. Sharp, *Harvest*, p. 97. [↑](#endnote-ref-51)
52. Cohen, ‘The Other Kidney’, p. 11. [↑](#endnote-ref-52)
53. Sharp, *Harvest*, pp. 20, 64. [↑](#endnote-ref-53)
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56. D. Punter, ‘Grievous Bodily Harm’, *Gothic Limits/Gothic Ltd,* Tenth Biennial Conference of the International Gothic Association Conference, University of Heidelberg, 2-5 August 2011. [↑](#endnote-ref-56)
57. Squier, pp. 170, 183.

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