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**The Politics of Medicine in German and Anglophone
Dystopian Fiction**

by

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Abstract

This thesis examines the medical discourses that underpin the totalitarian power structures depicted in dystopian literature. Adopting a comparative and interdisciplinary framework, it investigates the interplay between medicine, politics, and the human body in twentieth- and twenty-first-century German and Anglophone dystopian fiction. As an unsettling critique of totalitarian political regimes, dystopian fiction offers a warning against the institutionalisation of allegedly ‘utopian’ ideologies where invasive medical procedures and technologies are utilised to establish normative societal structures. By focussing on the manifold scientific and biomedical discourses that undergird a selection of German and Anglophone texts – Alfred Döblin, *Berge Meere und Giganten* (1924); Charlotte Haldane, *Man’s World* (1926); L.P. Hartley, *Facial Justice* (1960); Zoë Fairbairns, *Benefits* (1979); Margaret Atwood, *The Handmaid’s Tale* (1985); Kazuo Ishiguro, *Never Let Me Go* (2005); Juli Zeh, *Corpus Delicti* (2009); Angelika Meier, *Heimlich, heimlich mich vergiss* (2012) – this project seeks to illuminate the complex intersections between science, medicine, and literature. Combining historical, feminist, and medical humanities critical perspectives, the thesis shows that the quest for the perfect society or ‘brave new world’ (in Huxley’s famous title borrowed from Shakespeare) causes unnecessary human suffering as a consequence of the amoral manipulation of biomedical research. The comparative dimension of the thesis brings into dialogue the German and Anglophone dystopian traditions by examining a corpus of texts that expose the implacable violence and human rights abuses of totalitarian regimes, thus showing that both traditions share similar ethical concerns about the effects that invasive medico-political control strategies may have on the human body and the conception of the self.

Introduction

It is widely acknowledged amongst academic critics that dystopian literature has a long-standing Anglophone tradition. Indeed, the origins of the dystopian novel can be traced back to the English writer Herbert George Wells (1866-1946), whose impact on the dystopian genre has most notably been documented by Krishan Kumar (1987: 224) and Mark R. Hillegas (1967: 5). In his influential study *The Future as Nightmare: H.G. Wells and the Anti-Utopians* (1967), Hillegas documents the relationship between Wells's literary legacy and the dystopian fictions of the twentieth century, arguing that to 'an extraordinary degree the great anti-utopias are both continuations of the imagination of H.G. Wells and reactions against that imagination' (1967: 5). Popular works such as Aldous Huxley's *Brave New World* (1932) and George Orwell's *Nineteen Eighty-Four* (1949) have considerably shaped what Tom Moylan and Raffaella Baccolini refer to as the '*classical*, or canonical, form of dystopia' (2003: 1; emphasis in original). Together with Yevgeny Zamyatin's post-revolutionary Russian text *We* (1924), which was first published in English, this collection of dystopian novels represents, as stated by M. Keith Booker:

The great defining texts of the genre of dystopian fiction, both in the vividness of their engagement with real-world social and political issues, and in the scope of their critique of the societies on which they focus. (Booker 1994a: 20-21)

While defining genres is inherently problematic, scholars and critics of dystopian fiction tend to agree that the dystopian genre presents nightmare visions of the future. In particular, dystopian fiction focuses on the 'relationship between the individual and the state, on the increasingly apparent danger of social regimentation within an over-organized society, and on the sources of state power in science, technology, and the mass media' (Baker 1990: 22). To this end, it appears that the 'real-world

dystopias' of Nazi Germany and Stalinist Russia have served as the foundation upon which to discuss and define the dystopian genre (Booker 1994a: 20; Gottlieb 2001: 9). However, while the Western dystopian genre is firmly established within Anglo-American literature and research has revealed a number of important Eastern and Central European dystopian novels, fairly little has been said about German dystopian fictions. While Erika Gottlieb's comprehensive study *Dystopian Fiction East and West: Universe of Terror and Trial* (2001) is based on the observation that 'Stalinist and Hitlerian models of dictatorship' (Gottlieb 2001: 9) have strongly influenced the dystopian genre – especially its Anglophone classics – Gottlieb's selection of Central European dystopias which includes works from Hungary, the Czech Republic, and Poland fails to offer a literary analysis on the German dystopian novel. Similarly, Booker's two research studies *Dystopian Literature: A Theory and Research Guide* (1994) and *The Dystopian Impulse in Modern Literature: Fiction as Social Criticism* (1994) also primarily focus on Anglo-American, Eastern European, and Russian examples of dystopian fictions. In his introduction to the latter, Booker explains that there had not been any contribution 'exclusively' dedicated to the study of dystopian fiction since Hillegas's 1967 anthology. Therefore, Booker argues that '[his] study is intended to rectify this absence by presenting a detailed and reasonably comprehensive study of dystopian fiction, organized by certain specific key ideas and perceptions about the genre', which include its relationship with the utopian tradition and more importantly the dystopian fiction's role as social criticism (1994a: 18). That the dystopian perspective is inextricably linked with the utopian impulse has also been observed by other critics. Gottlieb for instance maintains that 'each dystopian society contains within it seeds of a utopian dream' (2001: 8), and Krishan Kumar refers to a distinct interdependence between what he prefers to term the 'anti-utopia' and the utopia:

They are ‘contrast concepts’, getting their meaning and significance from their mutual differences. But the relationship is not symmetrical or equal. The anti-utopia is formed by utopia, and feeds parasitically on it. It depends for its survival on the persistence of utopia. Utopia is the original, anti-utopia the copy – only, as it were, always coloured black. It is utopia that provides the positive content to which anti-utopia makes the negative response. Anti-utopia draws its material from utopia and reassembles it in a manner that denies the affirmation of utopia. It is the mirror-image of utopia – but a distorted image, seen in a cracked mirror. (Kumar 1987: 100)¹

From this almost ‘antithetical’ relationship (Kumar 1987: 100) emerges the necessity to analyse the utopian tradition and by extension the dystopian narrative according to ‘thematic oppositions’ (Baker 1990: 30). In this respect, definitions of the dystopian genre have tended to centre on what is commonly understood as the ‘Wellsian vision’ or the ‘Wellsian utopia’. According to Robert S. Baker, it is the ‘contrasting of primitive nature and sophisticated technocracy’ – instances of which can be found in *A Modern Utopia* (1905) and *Men Like Gods* (1923) – that fundamentally characterise Wells’s utopia (1990: 27). Informed by images of nineteenth-century industrialisation, Wells promoted an almost unrelenting faith in scientific discovery and ‘instrumental reason’ (Baker 1990: 27) that he incorporated into his writings. Rejecting the idea of a democratic system in favour of one structured according to scientific methods, Wells envisioned a society founded on scientific and technological progress. Wells’s utopian ideas were founded on the idea that ‘in order to better the human lot man must control, regulate, and transform nature’ (Hillegas 1967: 59). This desire to improve the human species was encouraged by eugenic ideologies that Wells defended in his non-fiction work *Anticipations of the Reaction of Mechanical and Scientific Progress upon Human Life and Thought* (1902) by foreshadowing the rise to power of that nation which ‘most resolutely picks over, educates, sterilizes, exports, or poisons its People of the Abyss’ (1902: 212).

¹ For a comprehensive discussion on the disagreement about definitions see *Dystopia: A Natural History* (Claeys 2017: 274-284).

Following these eugenic suggestions in *A Modern Utopia*, Wells resolutely advances the idea that criminals, alcoholics, the intellectually limited, the physically and psychologically impaired have to be prevented from reproducing:

These people will have to be in the descendant phase, the species must be engaged in eliminating them; there is no escape from that, and conversely the people of exceptional quality must be ascendant. The better sort of people, so far as they can be distinguished, must have the fullest freedom of public service, and the fullest opportunity of parentage. (1905: 95)

As observed by scholars of utopian studies, World War II marked a turning point for writers of science fiction who thought it more and more ‘grotesque to see reason and science as the great deliverers of humanity’ (Kumar 1987: 225). After the horrors committed by Nazi Germany, the fusion of technological methods with ‘regressive acts of a pre-civilized, prehistoric mentality’ (Gottlieb 2001: 37-38) was heavily criticised. In this sense, Orwell famously declared that:

Much of what Wells has imagined and worked for is physically there in Nazi Germany. The order, the planning, the State encouragement of science, the steel, the concrete, the aeroplanes, are all there, but all in the service of ideas appropriate to the Stone Age. (Orwell 1951: 96)

Whereas Orwell acknowledged Wells’s prophetic visions up to 1914 (Orwell 1951: 98), he was convinced that as an author of the nineteenth century, Wells was unable to comprehend the power of ‘nationalism, religious bigotry and feudal loyalty’ (Orwell 1951: 98). Orwell reasoned that only those who had to endure the consequences of Fascism or those with Fascist inclinations were capable of anticipating a ‘future to be feared’ (Kumar 1987: 225). Orwell’s critique of the Wellsian utopia points to the importance of influence for writers of dystopian novels. Generally, the dystopian model ‘warn[s] readers about the possible outcomes of our present world and entails an extrapolation of key features of contemporary society’ (Baccolini 2003: 115). As ‘more or less thinly veiled refigurations of a situation that already exists in reality’ (Booker 1994a: 15), dystopian settings have invited lay

readers and critics alike to approach dystopian novels from their social context. Thus placing a focus on the dystopian fiction's social and political context, scholars have come to realise that the totalitarian model has been particularly helpful for writers of the dystopian genre. Indeed, the literary representation of dystopian societies often resembles 'historical models already established by fascist and communist dictatorships in Eastern and Central Europe'; the intrinsic message being that 'Western democracy could also take a turn in the direction of totalitarianism' (Gottlieb 2001: 10). In order for a dystopia to be able to express a warning of this nature, research has shown that the dystopian text presents certain characteristic features that Christine Lehnen has meticulously outlined in *Defining Dystopia* and which have served as reference points for the thesis's selection of primary texts. In this way, the following themes have proved to be crucial for the content of a 'typical' dystopian narrative:

(1) The depiction of a totalitarian government; (2) the struggle of an individual against a collective oppressing his or her civil rights; (3) de-individualisation and lack of privacy; (4) eugenic-technological procedures and certain suspicion of technological progress; (5) strict hierarchies; (6) isolation of the depicted society; (7) manipulation of history; (8) art degraded to propaganda or else obliterated; (9) the significance of language for the perception of reality; and (10) nature as a place of freedom. (2016: 18)

It is important to note that in shaping this generic definition, researchers have predominantly relied on the three paradigmatic texts mentioned above: *We*, *Nineteen Eighty-Four* and *Brave New World* (Lehnen 2016: 16). These works have also helped to establish the general narrative structure of the dystopian genre. In this sense, the dystopian narrative follows three separate stages. First, an individual gradually realises the iniquitous nature of the political system that he or she is subjected to. Second s/he attempts to instigate rebellion. In a third and final step, that same person falls victim to the political forces in play by experiencing the

annihilation of the self through psychological manipulation or physical torture (Lehnen 2016: 18). In *Nineteen Eighty-Four*, the protagonist is forced to align his thoughts with the political party in charge through physical torture, in *Brave New World*, John the Savage commits suicide after having succumbed to the superficial lifestyle of the civilised world and, in *We*, the narrator is subjected to an operation which removes the imagination of the state's citizens thereby making them compliant with the political belief system set in place. It is particularly this last example which raises a number of questions concerning the medical practitioner's participation in torture. According to the 1975 *Declaration of Tokyo*, the World Medical Association prohibits physicians' involvement in the practice of torture stating that:

1. The physician shall not countenance, condone or participate in the practice of torture or other forms of cruel, inhuman or degrading procedures [...].
2. The physician shall not provide any premises, instruments, substances or knowledge to facilitate the practice of torture or other forms of cruel, inhuman or degrading treatment or to diminish the ability of the victim to resist such treatment [...].
3. The physician shall not use nor allow to be used, as far as he or she can, medical knowledge or skills, or health information specific to individuals, to facilitate or otherwise aid any interrogation, legal or illegal, of those individuals.
4. The physician shall not be present during any procedure during which torture or any other forms of cruel, inhuman or degrading treatment is used or threatened.

(quoted in Faiver 2017: 78)

Dystopian novels put into focus the doctor's moral complicity with malicious medical enterprises thereby problematising the physician's role within the political structures of the totalitarian system depicted. The involvement of medical professionals in dehumanising acts of torture constitutes a breach of ethics which locates the medical practitioner in a morally compromised position. This raises ethical concerns regarding the boundaries of the medical discipline. Dystopian novels can therefore be situated within the broader discourses of bioethics in that

they show concern with the ethical evaluation of scientific, technological and medical procedures. Hence, it is useful to briefly explore the origins of the concepts of bioethics and, in a next step, its intersection with the literary world.

According to Helga Kuhse and Peter Singer, the term ‘bioethics’ encompasses a ‘growing interest in the ethical issues arising from health care and the biomedical sciences’ (2009: 30). Although initial formulations of correct ethical conduct can be traced as far back as 1750 B.C. when the Code of Hammurabi was enacted proclaiming the dismemberment of a doctor’s hand in case of an unsuccessful or fatal medical operation (Kuhse and Singer 2009: 31), the most well-known medical codes of practice originated with the writings of Caraka and Hippocrates (Baker and McCullough 2012: 4). Composed of approximately sixty treatises spread across several books, the Hippocratic Corpus written between 430 and 330 B.C., incorporated a vast knowledge on ‘general pathology and the pathology of particular conditions, diagnosis and prognosis, methods of treatment and of the preservation of health, physiology (the constitution of man), embryology, gynaecology, surgery and medical ethics’ (Lloyd 1978: 9-10). For Western medicine, Hippocrates’ name has come to be understood as an ‘ideal’; it stands for the ‘compassionate, discreet and selfless doctor’ (Lloyd 1978: 9-10) and therefore a ‘hoped-for standard of medical morality’ (Nutton 2009: 361). Central to the Hippocratic Oath is the principle of nonmaleficence: ‘I will use my power to help the sick to the best of my ability and judgement; I will abstain from harming or wronging any man by it’ (quoted in Lloyd 1978: 67), impactful words by which those taking the Hippocratic Oath swear. In this regard, Hippocrates’ Oath has considerably influenced developments in medical ethics as opposed to the field of bioethics, especially since the latter differentiates itself from the former by transcending the ethical dimensions related to the physician-patient relationship

(Kuhse and Singer 2009: 31). This is principally due to the enormous scientific achievements and ground-breaking developments in clinical medicine, genetics and reproductive technologies. It is not surprising, then, that the history of bioethics is coincident not only with the history of medicine but also with cultural and social change. Kuhse and Singer, for instance, note that historical changes such as the 1960s American civil rights movement or the resurgence of feminism brought about a shift of focus in philosophy from the analysis of moral terms to practical ethical issues such as euthanasia, abortion, and capital punishment which encouraged the establishment of bioethics as a major critical discipline (Kuhse and Singer 2009: 35). It is important to note that this change in focus also provoked a bifurcation of medical ethics into so-called ‘feminist’ medical ethics. Dealing exclusively with ethical concerns as they relate to the female body, the notion of feminist medical ethics is based on the concept of feminist ethics which has been defined as such:

Feminism, and by extension feminist ethics, is perhaps most commonly thought to be centered around a political or social goal: to identify and to correct those features of the social, cultural, and political environment that contribute to the oppression of women in particular, and of others more generally. (Tomlinson 2012: 151)

Although Tomlinson argues that feminism’s ‘entry into medical ethics did not really begin until the late 1980s, with the publication of two special issues on medical ethics by the feminist journal *Hypatia*’ (Tomlinson 2012: 150), this thesis reveals that dystopian novels published as early as 1926, engage with questions of feminist medical ethics to unveil how injustices committed against women occur at the hand of the scientist.

As an interdisciplinary science, bioethics has ‘crossed the boundaries not only of medicine, nursing, and the biomedical sciences, but of law, economics, and public policy as well’ (Kuhse and Singer 2009: 35). Furthermore, as this thesis exemplifies,

bioethics has also found a way into literature. This intersection becomes especially noticeable when engaging with the emerging field of the medical humanities. As a response to ‘the growing imbalance between the technological aspects of healthcare and the human aspects of caregiving’ (Jones 2014: 29), health humanists in the late 1960s started identifying the need for a more sensitive medical approach guiding the medical professional. Pedagogical programmes have sought to encourage more humanistic skills in aspiring doctors. Crucial for the initial developments in the medical humanities was therefore the formation of a programme of material designed to illuminate the subjective experiences of patients. Of particular interest to the creation of a medical humanities curriculum was the introduction of illness narratives because they offered a ‘realist account’:

For the patient, narrative was seen to provide an effective vehicle for articulating illness, and to hold potentially transformative value. For the practitioner, narrative competence was integrated into training for clinical diagnosis and treatment. (Whitehead and Woods 2016: 4)

Illness stories have considerably shaped the landscape of the medical humanities, especially since the publication of Arthur Kleinman’s influential piece of work *The Illness Narratives: Suffering, Healing, and the Human Condition* (1988). According to Stella Bolaki, Kleinman’s research engendered a fundamental distinction between the lived experience of a patient suffering from a particular disease and the medical definition of disease ‘understood as an organic dysfunction within biomedicine’ (Bolaki 2016: 3). In *The Illness Narratives*, Kleinman invites practitioners to carefully consider the patient’s felt experience of illness in order to attribute coherence to her or his individual account of suffering. The practitioner is encouraged to sensibly engage in a dialogue with the patient so as to optimise the diagnosis and treatment.

Another important contribution to the first wave of the medical humanities is Arthur W. Frank's *The Wounded Storyteller: Body, Illness, and Ethics* (1995). In it, the medical sociologist documents the need for people suffering from an illness to re-evaluate their changed relationship to life, and to make sense of it through the recovery of their own voices: 'Telling stories of illness is the attempt, instigated by the body's disease, to give a voice to an experience that medicine cannot describe' (Frank 1995: 18). Relating to his own illness experience, which he recounted in *At the Will of the Body* (1991), Frank identified a need to resist the appropriation of his personal illness narrative by the medical professional. In *The Wounded Storyteller* the sociologist collects different accounts of illness by patients to create a supportive network for other wounded storytellers, thereby also solidifying his concept of 'thinking *with* stories' (Frank 1995: 23; emphasis in original), as an educational method for the medical practitioner. As the basis of his narrative ethics, 'thinking with stories' offers a 'pedagogy of suffering', implying that someone 'who suffers has something to teach' (1995: 150).

An important aspect for the inclusion of literature in the medical curriculum is the practitioner's moral responsibility. Rebecca Garden notes that medical practitioners have been introduced to literary analysis and narrative techniques in order to generate a sense of empathy. Underlying this concept is the deconstruction of 'conventional dualisms' that have defined the relationship between medicine and literature, such as 'hard data versus soft data, knowledge versus opinion, fact versus value, and cognition versus affect' (Garden 2007: 554). Notably, Rita Charon's work *Narrative Medicine: Honoring the Stories of Illness* (2006) puts forward the notion of 'narrative medicine', as a technique of 'recognizing, absorbing, interpreting, and being moved by the stories of illness' (Charon 2006: 4). Central to Charon's narrative principles is the concept of an 'inherent' relationship between literature and

medicine. As a medical practitioner and literary critic, Charon is convinced that medicine and literature share similar goals. Both fields are invested in the effort of finding answers to life's pressing questions. Charon observes that the literary enterprise can be assimilated with the medical endeavour in that the questions at the heart of both disciplines are similar: 'Not only the patient raises questions about origins and destinies; all who witness patients' suffering and dying cannot help but pose – and must find tentative answers to – profound questions about life and death and the source of human meaning' (Charon 2000: 24). In this respect, both the literary and the medical practice apply the same methods of investigation. Charon suggests that the medical professional acts as an interpreter of the patient's medical history:

To be clinically effective, the doctor has to grasp the multiple contradictory meanings of the many texts – the patient's account of symptoms, the course of the illness, the opinions of other professionals, images and tracings of the body, inspections of the patient's blood and tissue, and the contours of the body itself – that a patient offers up for interpretation. He or she also must tolerate the ambiguity and uncertainty of what is told, understand one narrative in the light of others told by the same teller, and be moved by what he or she reads and hears. Not from science but from literature might a physician learn how better to perform these actions. (Charon 2000: 24)

As one of the leading figures of the medical humanities, Charon's work has greatly influenced the understanding of empathic production as a result of the health practitioner's engagement with the patient's narrative. In her recently published monograph *Medicine and Empathy in Contemporary British Fiction: An Intervention in Medical Humanities* (2017), Whitehead determines a series of limitations that the combination of illness narratives with medical ethics presents. For example, Whitehead holds that '[m]edical ethics, like narrative medicine, tends to view the patient outside the complex social, cultural and political landscapes that are constitutive of her identity' (Whitehead 2017: 3). Therefore, Whitehead particularly

criticises the ‘individualised’ medical encounter, which is based on an ideology of problem-solving. In line with medical ethics, narrative medicine is defined by an ‘investigatory point of view’ based on the assumption that this perspective will ‘yield a solution or decision’, an effective remedy to the patient’s ailments (Whitehead 2017: 3). This approach is, according to Whitehead, problematic in that it principally focuses on the medical practitioner and the patient in ‘isolation’ (Whitehead 2017: 5). What Whitehead demands is a more pronounced critical approach, one that recognises the ‘complex ways in which gender, class, race, sexuality and debility can play out in and through the clinical encounter, as well as interrogating its cultural, historical and institutional setting’ (Whitehead 2017: 5). Whitehead’s research is clearly invested in redefining the medical humanities. The idea is not to reject the clinical doctor-patient encounter, since it effectively ‘remains a central focus for the medical humanities’, but rather to determine its location ‘within and inflected by the workings of biomedical power’ (Whitehead 2017: 6). Especially interested in the multiple ways empathy can be mobilised, Whitehead proposes to turn the focus away from the narrative-based accounts of patients, towards fiction. While fiction can be understood as a ‘medium’ for the creation of empathy, particularly since it enables readers to acquire knowledge of another’s emotional world, Whitehead also points to the limitations that this perception presents. In fact, the sense of compassion that is produced through the reading of fiction is mainly inspired by an ‘individual subjectivity’ that is, however, ‘abstracted’ from the nexus of power relations that affect the very construction of subjectivity (Whitehead 2017: 13). Tracing the origins of the relationship between literature and empathy back to eighteenth-century philosophical discourses, Whitehead reveals how the works of David Hume (1711-1776) and Adam Smith (1723-1790) have shaped the contemporary understanding of sympathy as a result of an imaginative process that ‘lent itself to the idea that reading

literature could enhance sympathy' (Whitehead 2017: 15). While Whitehead recognises the positive effects of this approach which sought to turn readers into 'virtuous citizens' (Whitehead 2017: 15), she also shows concern for a possible instrumentalisation of literature through socio-political agendas, with the risk of changing the reading experience according to a certain scheme. Whitehead utilises fiction to engage with its unpredictability rather than focus on 'another's experiential truth' (2017: 19). As she has noted elsewhere, literature is capable of presenting 'alternative worlds embodied in imaginative fiction' (2014: 123). Here, 'ideas are rendered strange in ways that can open up space for reflection and critique' (2014: 123), an interpretation that is based on Patricia Waugh's observation of a "'fantastic" turn in literature', as a result of the 'images and ideas' produced by the advancements of science.

In the same way as historical changes have affected philosophical thought processes and bioethical thinking, authors of dystopian or science fiction worlds have directly reacted to scientific and technological developments. In line with what has been established above, Lisa Yaszek holds that science fiction 'enables authors to dramatize widespread cultural hopes and fears about new technoscientific formations as they emerge at specific historical moments' (2011: 385), thus emphasising the interconnection between history, scientific developments and literature. From the late eighteenth and early nineteenth centuries through to the 1960s and 1970s, authors of science fiction have created imaginative worlds inspired by contemporary technological and scientific progress. Yaszek maintains, for instance, that the works of Jules Verne, especially *A Journey to the Centre of the Earth* (1864), and *Twenty Thousand Leagues Under the Sea* (1870), present extrapolations from 'contemporary transportation technologies to show how humans (rather than aliens) might travel to exotic locales on the Earth and amongst the stars' (2011: 386). Another example is

dedicated to Charlotte Perkins Gilman's utopia *Herland* (1915) in which Yaszek recognises a correlation between industrial practices and the 'scientific management of people' (2011: 387). As a witness of rapidly developing processes of engineering, Gilman was able to envision a society devoted to effective methods of child-rearing based on eugenic ideologies which had marked the turn of the century. Fictional realms, then, are dependent on changing technological contexts. Additionally, with the shift in focus from hard to soft sciences – the social sciences – that characterised the 1960s and 1970s, science fiction writers replaced, to use Yaszek's words, 'stories about outer space for those focusing on the inner spaces of individuals and their societies' (2011: 391).

If dystopian fiction and science fiction more broadly provide a ground for exploring the relationship between historical developments in science, technology, and medicine, this raises important questions about the nature of influence that characterises the societies depicted in dystopian novels. For example, to what extent have authors of dystopian fiction been influenced by the scientific developments of their period? Are there specific scientific discourses or debates that authors of dystopian fiction have responded to? If there are not any direct references to distinct techno-scientific treatises, how can the dystopian work under discussion be contextualised? What possible medical or scientific breakthroughs or ideologies could have informed it?

As one of the leading dystopian fictions of the twentieth century, *Brave New World* constitutes an example of direct influence. Written during the interwar period, Huxley probed the effects and boundaries of technology and industrialisation on a genetically engineered society driven by mass consumption. Set in the 'year of stability, A.F. 632' (1932: 2), *Brave New World* establishes a connection with the American business magnate Henry Ford as a way to highlight the brave new

worlders' 'obsession with technical efficiency that makes them accept their subordination to the machine without question or protest' (Cobley 2009: 282). Indeed, the novel most famously opens in the 'CENTRAL LONDON HATCHERY AND CONDITIONING CENTRE' (Huxley 1932: 1), where through 'Bokanovsky's Process' (1932: 3) a single embryo can be divided into up to 'ninety-six buds' (1932: 3) resulting in dozens of identical twins. In bottles, the embryos move along a conveyor belt where they are predestined and conditioned (1932: 10). Through the administration of *soma*, a drug that provokes positive hallucinations, the citizens of the World State are kept in a permanent state of happiness.

As a work of satire, *Brave New World* reflects Huxley's reservations towards scientific ambition. Nevertheless critics have highlighted Huxley's eager participation in contemporary scientific debates. In fact, 'science', as Peter Edgerly Firchow observes, 'was in the Huxley blood' (1984: 37). Aldous Huxley was the grandson of Darwin's so-called 'bulldog' Thomas Henry Huxley and the brother of the prominent biologist Julian Huxley. It does not come as a surprise then that Huxley, according to Joanne Woiak, was a proponent of eugenic ideologies: 'He believed that human life would be improved by increasing the innate intellectual abilities of the population' (2007: 109). Drawing on what Woiak terms the "'hidden Huxley" scholarship' the critic shows that Huxley was deeply worried about the 'supposedly degenerating hereditary quality of the population and how this decline would affect England's economic and political future' (Woiak 2007: 106) thus advocating the sterilisation of the 'unfit' (2007: 106).

Another majorly influential work for Huxley's dystopian setting was J.B.S. Haldane's biological treatise entitled *Daedalus, or Science and the Future* (1924), in which Haldane put forth the idea of 'ectogenesis', a scientific technique of reproduction celebrated in the following words:

Now that the technique is fully developed, we can take an ovary from a woman, and keep it growing in a suitable fluid for as long as twenty years, producing a fresh ovum each month, of which 90 per cent can be fertilized, and the embryos grown successfully for nine months, and then brought out into air. (1924: 64)

The vision of the procreative act as devoid of any human interaction is a central theme in *Brave New World*. The question of influence has preoccupied scholars and critics alike since the publication of Huxley's famous dystopian fiction. Huxley's indebtedness to the cultural debates that emerged out of a concern towards the relationship between science and power is, for instance, discussed by Robert S. Baker, Philip Thody, and Peter Edgerly Firchow who perceive Bertrand Russell's *The Scientific Outlook* (1931) as a possible inspiration for *Brave New World*, fuelling a heated debate of possible plagiarism. While Philip Thody suggests that Huxley's novel is almost entirely based on the philosopher's non-fiction work, Firchow believes the opposite is the case and that it was Russell who borrowed from Huxley (Baker 1991: 63; Thody 1973: 51; Firchow 1984: 40). Essential to *The Scientific Outlook* is the idea that technological and scientific advancement can be used to exercise power and to implement 'uniformity' (Russell 1931: 197). Because science holds the 'power of manipulating nature' (Russell 1931: 11), Russell prophesied that it could lead to the establishment of 'new forms of human society' (Russell 1931: 11). Intrigued by the effects of scientific technique on the economic structures of some states, Russell praised technocratic societies for adopting science to their political agendas: 'The technical developments due to science have increased the size and intensity of organizations, and have more particularly greatly augmented the power of Governments' (1931: 214). Nevertheless, Russell's text also draws the reader's attention to the danger of a possible abuse of power at the hands of 'the typical scientific industrialist' (1931: 157). Russell's *The Scientific Outlook* and

Huxley's *Brave New World* thus converge in many respects, most notoriously in the way the former demonstrates and envisages a gloomy future for humans:

While it is rather rash to make detailed prophecies, it is, I think, fairly clear that in future a human body, from the moment of conception, will not be regarded merely as something which must be left to grow in accordance with natural forces, with no human interference beyond what is required for the preservation of health. The tendency of scientific technique is to cause everything to be regarded as not just a brute datum, but raw material for the carrying out of some human purpose. (Russell 1931: 177)

Brave New World has become symbolic for an underlying machine anxiety. Especially after World War I, the initial euphoria that had accompanied the progress of the machine during the Industrial Revolution faded and was replaced with a pronounced scepticism towards the aim to 'shape humans to the repetition, regularity, and discipline demanded by technology' (Claeys 2017: 313).

The fear of the machine is also plainly visible in *We*. Written during the early 1920s, *We* captures the complexities of individual personality versus the collective. Inspired by the era's tendencies towards an industrial regimentation, Zamyatin imagined a society set in the twenty-sixth century whose entire social life is regulated by the rule of reason. Scholarship on *We* widely agrees that Zamyatin included certain aspects of Taylorism for extrapolation into a totalitarian future. For example, Gregory Claeys notes that '[i]n many respects, [Zamyatin's] great work is a study of the machine and its effects upon industrial management' (2017: 399-340).

During the course of his engineering work, Frederick Winslow Taylor had developed and put into effect a system of management, which he presented in 1895 to the American Society of Mechanical Engineers. Entitled 'A Piece-Rate System: Being a Step Toward Partial Solution of the Labor Problem' (Merkle 1980: 7), the paper introduced a number of unique statements which would later be known as 'The Taylor System of Scientific Management', or more commonly, 'Scientific Management' (Merkle 1980: 7). Taylor had noticed that many factory workers

performed secondary tasks, which interfered with their main duties. In order to find the most efficient method for the accomplishment of each stage in the production process, he subdivided the laborers' tasks. Through a process called time-and-motion study, Taylor observed the movements of individual workers and recorded them in time-tables. This allowed him to find the fastest and most efficient methods necessary for the completion of jobs. As pointed out by Judith Merkle, the workers were “tuned up” to machine speeds, as the physical analogue of the machines in the system’ (1980: 13). In *We*, the OneState citizens are similarly mechanised. Trained to identify through the collective, the citizens are dispossessed of the possibility to form a notion of self-identity. Instead, they identify through the machine, as implied by the main character’s description of the organisation of OneState:

Every morning, with six-wheeled precision, at the very same hour and the very same minute, we get up, millions of us, as though we were one. At the very same hour, millions of us as one, we start work. Later, millions as one, we stop. And then, like one body with a million hands, at one and the same second according to the Table, we lift the spoon to our lips. And at one and the same second we leave for a stroll and go to the auditorium, to the hall for the Taylor exercises, and then to bed. (Zamyatin 1924: 13)

The passage shows how the citizens of OneState underlie a strict schedule which regulates their lives to the minute. Establishing a connection with Taylor’s Scientific Management, Zamyatin is able to reveal the potentially abusive power structures that undergird the technological processes advocated by Taylor and which were designed to efficiently use the human body as a source of energy. The idea that the energies of the body could be harvested to produce labour power further developed with the so-called ‘European Science of Work’, a discipline emerging before the end of the nineteenth century and which was based on the tradition of physiological studies (Rabinbach 1990: 46). Zamyatin’s work of fiction exemplifies that there is a fine line between an author’s imagined world and reality. The conception of the body as a source of energy, for instance, found its apotheosis in Nazi philosophy:

Energy was indeed one of the sacred goals of Nazi ideology, and it was the readiness for sacrifice that signaled the psychological point of transformation of people into readily usable human energy. (Gonen 2000: 149)

As Jay Y. Gonen explains, to purge the ‘polluted blood’ of the national body the German nation needed to revert to a collective sense of identity, a principle that ‘generates mighty energies that enable the nation to restore its health’ (2000: 149). The surgical removal of the ‘unhealthy’ brings to the fore the abusive medical structures of the Nazi system, an influential factor for the construction of the dystopian novel. As stated by the medical historian Ulf Schmidt ‘[m]edicine under Nazism was not only paramount in constructing major elements of Nazi ideology, but doctors also played an active and leading role in turning these ideas into reality in all areas of health and racial policy’ (Schmidt 2009: 595). The aggressive propensities of German medicine practised under Hitler’s regime led to some of the worst medical crimes committed in history triggering a profound rethinking of the values of medical ethics. While Hippocratic morality has been said to establish normative ethical values, medicine under National Socialism demonstrated that these values are prone to change. Schmidt refers to an ‘erosion’ of moral identity that characterised the medical practitioner prior to and throughout the Nazi regime: ‘Whereas physicians generally perceive the preservation of life as their prime goal, death had become a core value in their overall belief system’ (Schmidt 2012: 601).

Nazi medicine can be seen as a prime example for the destructive forces emerging from the marriage of medicine with authoritarian politics. The Nuremberg Doctors’ Trial brought to the fore a series of unethical and fatal medical experiments which lacked ‘basic standards of scientific inquiry’ (Schmidt: 601). Human rights were deliberately violated for the benefit of the community and to the detriment of the individual. Nazi doctors generally justified their unethical medical conduct by

purporting that ‘they had acted on higher authority’ (Schmidt 2009: 603). While Hitler’s racial policies sought to purify the German race from the Jew (Hawkins 1997: 275), other minorities were also targeted. Initially, these included homosexuals, Jehovah’s Witnesses, communists, and the Romani. Later, the persecutions extended to alcoholics, prostitutes, drug addicts, victims of diseases, as well as the mentally and physically impaired. Hitler’s eugenics programme saw the implementation of the 1933 Nazi sterilisation law and the euthanasia programme conducted from 1939 to 1945 which was aimed at mentally handicapped individuals and included the starvation of handicapped children (Hawkins 1997: 280). Mike Hawkins explains that Hitler’s utopian vision of the perfect German nation was strongly influenced by the ‘ancient Spartan practice of eliminating the weak, the unfit and the socially unacceptable members of the community’ (1997: 280). In this way, Nazi medical practice was based on the premise that moral responsibility did not reside with the physician. Orders were carried out in a soldierly manner with disregard to the patients’ rights. Nazi medical crimes revealed a distorted notion of medical ethics and laid bare a lack of formal bioethical regulations. It was only after the Holocaust that clearer notions of medical ethics developed and firmly consolidated.

In response to the perversions committed under Nazi regime, the judges of the Nuremberg Doctors’ Trial formulated the ten principles known as the Nuremberg Code. As explained by Schmidt: ‘The Code is an impressive document that states in a robust and uncompromising fashion that the rights and integrity of the research subject must be protected at all times’ (Schmidt 2012: 603). Apart from stating principles designed to regulate medical research, the first of the ten points most crucially read:

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. [...] (quoted in Schmidt: 603)

If German medical history has played such an essential role in the questioning of medical ethics and the subsequent formulation of an international medical ethics code, this begs the question as to why literary representations of these developments are practically non-existent in German dystopian novels as opposed to their Anglophone counterparts.

While the Hitlerian model of dictatorship has acted as a backdrop for a number of dystopian works, it is Katharine Burdekin's *Swastika Night* (1937) which most visibly encloses references to Nazi Germany. Imagining a remote future in which the world has been divided into two rival camps, the Nazi Empire and the Japanese Empire, Burdekin portrayed a society ruled by Hitlerism, the official state religion endorsed by Europe. There is a rigid hierarchy in place that designates German Knights as the leading authorities and Nazis as their supporting officers. At the bottom of this hierarchy are located those who are not German, the women, and the Christians. Within this male-dominated society women have lost the right to sexually reject men. In fact, they are systematically raped and reduced to their biological function as breeding entities. As the right to raise male offspring is exclusive to men, women are fixed in an extreme form of gendered behaviour. The resulting homosexual inclinations amongst men engenders a threatening situation for the propagation of the race as more boys than girls are born thus endangering the continuation of the male supremacist line.

It is Hitler's rise to power that allowed Burdekin to offer a critique of sexual politics rooted in Nazi ideologies. Considering that the subjugation of women as imagined by Burdekin did not necessarily need an 'ideological jump' (Patai 1984: 94) for throughout history it has always existed, Burdekin's dystopia can be situated within the wider dialogue of sexual politics. At the same time, it reflects specific formulations of gender roles as defined by Hitler's fascist regime. While Nazi politics 'encouraged the health and well-being of racially desirable women' (Patai 1985: xi), Burdekin's dystopia anticipated that the strict designation of women as mothers of the nation could lead to the deconstruction of their individuality and transform them into 'mere breeding animals' (Patai 1985: xi). *Swastika Night* then demonstrates an underlying interest in the mechanics of reproduction. Daphne Patai claims that 'Burdekin locates the root cause of patriarchy in the male need to redress the natural balance that gives women greater biological importance than men' (Patai 1984: 92). Burdekin's interest in eugenic and biological concerns as inspired by the militarised culture of Nazi Germany strongly coincides with the key aspects of the Anglophone dystopian tradition since it continues and perpetuates Wells's interest in eugenics. While writers of dystopian fictions have repeatedly expressed their criticism towards historically specific scientific developments and how power can be obtained through biological control strategies over the human body, German novels are surprisingly under-represented within dystopian studies.

German science fiction 'is not exactly a newcomer' as Vibeke Rützou Petersen puts it (Petersen 2014: 32). Kurd Laßwitz (1848-1910), a professor of mathematics, for instance, is commonly referred to as the German Jules Verne (Petersen 2014: 32). Laßwitz's most popular work of science fiction, *Auf zwei Planeten*, was published two years after H.G. Wells's *Time Machine* (1895) and imagines a technologically advanced society set on Mars. Although this places

German science fiction directly within the current of Well's legacy and the early developments of science fiction as a well-established genre, only a few works by Laßwitz's contemporaries have survived the Two World Wars and continued to be read in the years thereafter (Petersen 2014: 32). Amongst these are Bernhard Kellermann's *Der Tunnel* (1913) and Alfred Döblin's *Berge Meere und Giganten* (1924). Interestingly, while the latter was published the same year as Zamyatin's influential dystopian novel *We*, Döblin's experimental dystopian fiction has been gradually forgotten with the passing of time. Spanning several centuries from the twentieth century to the twenty-seventh, the novel depicts intense 'technological and social change' (Torner 2014: 57), characteristics that evoke a Wellsian note, especially in relation to *The Time Machine* in which Wells prophesied that 'beyond the years of mankind lie further stages of evolution and ecological disaster unfathomable to the sensibilities of the present' (Torner 2014: 64). Despite this rather obvious Wellsian touch, Döblin's work sets itself apart by adopting a shift in focus from the personal experiences of a narrator towards nature and animals. Indeed, human characters occupy an almost peripheral space in Döblin's dystopia. While other dystopian novels reveal a more clearly presented criticism of technological progress, the problematic reading of *Berge Meere und Giganten* is produced by Döblin's indecisive representation of the role of technology. The novel starts by depicting how the generations following the last World War employ the technological remnants of their predecessors to industrialise the capital cities of the West. After a war between the technologically underdeveloped Asian nations and the Western technocrats followed by the rise to power of the politician Marduk, more and more people rebel against the technocratic attitudes of the ruling industrialists and leave the cities. According to Evan Torner, since Döblin's science fiction piece 'refuses to posit a definitive answer to the question of the superiority of technology

or nature, it may have proven unsatisfying to a mainstream audience wishing for science fiction to present solutions to problems of modernity' (2014: 57). Collecting some of the critical receptions of Döblin's dystopian fiction, Wulf Köpke points out that Wolfgang Reif, for instance, argued that '*Berge Meere und Giganten* is characterized by an aggressive technological "progress" followed by regressive reactions, a back-and-forth movement without a dialectical synthesis' (Köpke 2003: 120). Despite some shortcomings for which it has been criticised, it should be noted that *Berge Meere und Giganten* can be understood as the first expressionist science fiction narrative (Torner 2014: 50). The lack of literary criticism produced in response to Döblin's work might be due to the fact that the German literary scene has for a long time perceived science fiction as *Trivilliteratur*, light literature:

The separation between high and low literature has lingered in German-language literary studies longer than in most other national literary studies, and consequently it is difficult to determine where science fiction is located in the German-language literary hierarchy. (Petersen 2014: 33)

Although it is not the purpose of the present study to determine German science fiction's position within German-based literary studies, it is essential to note some of the reasons for the existing paucity of modern German dystopias. Notwithstanding the parallels between Anglophone and German works of science fiction, English-language dystopias have enjoyed a much wider popularity. Very often, as Manfred Nagl and Petersen emphasise, German science fiction writings anticipated National Socialist ideologies, thereby seemingly promoting German superiority (Petersen 2014: 34; Nagl 1981: 30). Although other Western science fiction writers were similarly concerned with technological progress, German science fiction works, and in particular those dating from the Nazi era are not widely read nowadays (Petersen 2014: 35). Their racist tendencies have been perceived as problematic since the end of World War II especially because of the genocide that occurred on German

territory. What further complicates the reading of German science fiction writings is the use of Nazism and the Holocaust as metaphors. In Western science fiction the Holocaust has come to stand for ‘baseness, villainy, devilry’ (Petersen 2014: 40). While this appears to be justified considering the infamous acts against humanity and human rights abuses committed under Hitler’s rule, Petersen argues that specifically ‘in German literature, it would be the worst kind of reductionism to turn the Holocaust into a mere metaphor’ (Petersen 2014: 40). Petersen therefore characterises German science fiction as a ‘site of inextricable contradictions’ (Petersen 2014: 41) because any simplification of the Holocaust could potentially lead to a trivialisation of the reality lived by its survivors. Whereas German science fiction authors have suffered criticism for the literary employment of the Nazi past as a trope for dystopian settings, other Western dystopias have been critically acclaimed for utilising totalitarian models in order to address their reservations towards scientific and technological progress.

Methodology

The difficulties that German science fiction writers have had to face when trying to artistically remember and reference German history has emphasised a need to critically reassess German science fiction and more specifically German dystopian fiction. Looking at the history of medical ethics and Nazi politics combined raises a number of questions that resonate through dystopian novels. Why, for instance, was the life of the individual worth less than the physician’s duty towards the state? How is abusive medical conduct justified in relation to the political power structures of the totalitarian state? How does the amalgamation of political and scientific ideologies shape the understanding of medical ethics and, to a wider extent, bioethics? And

finally, how can scientific or technological thought be employed to establish normative medico-ethical values and as a consequence normative societal structures? These are some of the questions that this research project addresses.

In this respect, the thesis is primarily a thematic genre study that seeks to shed some light on the literary representations of medico-scientific strategies of control by focussing on the relationship between medical ethics and politics in a selection of German and Anglophone dystopian novels. Because dystopian fictions have been regarded as the products of specific historical moments, this thesis is invested in considering each primary text individually in order to determine the nature of influence – as outlined above – that has brought about the fictional dystopian realms under discussion. The thesis then acknowledges Petersen's understanding of 'time conflation' that defines dystopian and science fiction works in that they are able to '[bridge] three time levels' (Petersen 2014: 43): 'the *present* of the reader, the *now* of the future world, that is, the *now* of the plot, and the *then* of the [...] period in which the narrative references appear anchored' (Petersen 2014: 43). By situating the dystopian novel within its historico-political context, the thesis aims to provide insight into the respective authors' awareness of medico-scientific progress. Tracing both direct and indirect, diffuse influence, it is invested in documenting the changes in technological and scientific anxieties that have preoccupied authors of dystopian scenarios from the interwar years to the recent contemporary period. The timespan thus covered exemplifies to what extent medical ethics are malleable and subject to political circumstances. By exploring the medico-political control structures depicted in the selected novels, the project is able to address the authors' underlying fears as they pertain to the regulation, optimisation, and standardisation of the human body.

The thesis's selection of dystopian novels is based on the understanding that science fiction and dystopian fiction are not necessarily the same. In this sense, the selection criterion is based on Booker's definition which states:

Clearly there is a great deal of overlap between dystopian fiction and science fiction, and many texts belong to both categories. But in general dystopian fiction differs from science fiction in the specificity of its attention to social and political critique. (1994a: 19).

While science fiction imagines a world that is fundamentally different from the present, dystopian literature concentrates on clearly delineated power relationships informed by distinct socio-political circumstances. Dystopian narratives reveal a certain degree of plausibility because they present extrapolations of current trends and probe their 'negative impact on humanity' (Claeys 2017: 286). Therefore, to quote Claeys, 'the issue is not whether we imagine ray guns, infinite power sources, or space travel. It is whether we use them as instruments of oppression and destruction' (Claeys 2017: 286).

As opposed to dystopian texts that are 'primarily tracts in social and political thought', this thesis prioritises another type of dystopian narratives, namely those that are defined by 'well-drawn characters, and display considerable emotional power, prioritizing the elaboration of subjective experience over the methodical presentation of ideas' (Claeys 2017: 274). In so doing, the project is able to explore different forms of human suffering as a consequence of questionable medical behaviour, while determining the physician's position towards the totalitarian structures set in place: Are representatives of the medical establishment victims of the invading authoritarian system represented, or are they willing collaborators consenting to the infringements on human rights?

The main objective of the thesis's comparative approach is to determine to what degree German and Anglophone dystopias are engaged with medical strategies

of control and how these differ from one tradition to the other: Do they share similar concerns regarding scientific or technological progress or are the warnings expressed radically different, geographically specific? The thesis's German texts have been chosen because Germany has played such a crucial role within the developments of the history of medical ethics leading to the formulation of an international medical ethics code as a consequence of the amoral medical enterprises conducted under Nazi rule. The creative ways through which the thesis's selected authors express their concerns towards medical and scientific concepts present original, multiple, and inciting impressions to the questions of influence outlined above. Considering that dystopian societies exist within very specific political parameters, the genre offers an understanding of how political formations affect the understanding of medical ethics and as a result the physician's code of conduct. This becomes flamboyantly clear when looking at medicine under National Socialism. Since Anglophone dystopian literature has been heavily influenced by discussions on eugenic thoughts dedicated to genetically improve the human race (Claeys 2017: 295), and since German history has produced a brutal eugenics programme designed to eliminate the weak and flawed members of the population, the choice to juxtapose Anglophone and German dystopian texts is based on this historical connection. It is this interest in eugenics that acts as a starting point for the thesis, a stepping-stone to different medical domains undergirding a variety of dystopias.

As Ben Hutchinson puts it, 'practising comparative literature through the prism of a genre or mode amounts to a delicate balancing act, expanding the horizon of examples while constrained by the horizon of expectation' (2018: 39). Through the specific consideration of thematic strands related to the medical politics presented in the chosen dystopias, the thesis sets itself apart from the existing studies on dystopian literature by drawing predominantly on critical scholarship that

incorporates knowledge from a variety of disciplines such as the history of medicine, sociology, feminist studies, and the emerging field of the medical humanities.

Structure and Content

While this thesis respects and acknowledges the great impact that the three paradigmatic texts *We*, *Nineteen Eighty-Four* and *Brave New World* have had on the dystopian tradition, it also seeks to expand the existing canon by reappraising forgotten and understudied works of the genre. Since an initial engagement with dystopian studies has revealed an under-representation of German dystopian novels within the major works of dystopian research, the thesis aims to fill this lacuna. In so doing, this research project aims not only to complement the existing scholarship on the dystopian novel, but also to add a fresh perspective by specifically looking at medical ethics and bioethical concerns.

The key thematic strands that unite all seven case studies are: the medico-political control of the body, the question of ethics, the question of human rights abuses, and the standardisation processes designed to normalise the human body. Furthermore, an important sub-strand of this investigation is the question of feminist medical ethics as it relates to the control of women's reproductive capacities, and to a wider extent, their oppression through the figure of the male scientist. Through the chronological arrangement of the individual chapters I demonstrate how the authors have artistically dealt with the historically specific anxieties of their times in order to address the thematic considerations listed above. Divided into seven individual chapters, the thesis offers detailed close readings of its selected corpus of dystopian novels while paying scrupulous attention to their respective literary engagements

with medico-scientific practices and the bioethical consequences underlying the fusion of political power with medical authority.

Chapter 1 This chapter investigates Charlotte Haldane's *Man's World* in conjunction with the scientific debates that have shaped the novel's content. In this respect, the chapter traces the bibliographical romantic relationship between Charlotte Haldane and the geneticist J.B.S. Haldane, the author of *Daedalus, Or Science and The Future*, which inspired Charlotte Haldane to write her dystopian novel. As opposed to Susan Squier whose analysis of *Man's World* is predominantly based on Charlotte Haldane's essay 'The Sex of Your Child' in which she promotes the possibility of prenatal sex determination, a factor that according to Squier motivated her to imagine the dystopia's patriarchal control structures, this chapter places more emphasis on Haldane's pronatalist piece *Motherhood and Its Enemies* in which she critiques 'intersexual' women who do not fulfil their biological destinies as mothers. Approaching *Man's World* this way, the chapter discusses Haldane's conflicted position towards scientific progress and more specifically the control of women's reproduction at the hand of the male scientist. Critically engaging with selected work by Bertrand Russell and Marie Stopes, the chapter suggests that Haldane endorses a rhetoric of sentimentalism through which she is able to express a feminist ideology which allows her to disrupt male authority and situate herself in the male-dominated sphere of the scientist.

Chapter 2 is dedicated to L.P. Hartley's *Facial Justice*, in which women are subjected to procedures of plastic surgery that permanently alter their faces. In this chapter, I start from John Sutherland's observation that Hartley was acquainted with the medical work of Sir Archibald McIndoe, a pioneer in reconstructive surgery during the Second World War, to explore the technique of skin grafting in order to evaluate to what extent Hartley's work was inspired by the surgical procedures

developed by McIndoe and his colleagues. Hence, I incorporate accounts by McIndoe's contemporaries so as to compare the plastic surgeon's saintly position with that of Hartley's imagined, corrupt cosmetic surgeon thereby revealing the abusive power structures of the depicted welfare state. By looking at *Facial Justice* from a purely medical perspective, I distance myself from the more generic commentaries of John Atkins, Edward T. Jones, Knud Sørensen, Anne Mulkeen and Maurizio Ascari by entering into dialogue with feminist scholarship to determine how procedures of cosmetic surgery affect women's notion of self.

Chapter 3 turns towards Zoë Fairbairns's dystopian novel *Benefits*, a highly political piece of work written in response to the debates regarding the implementation of Child Benefit promised by the presiding British Labour administration in the mid-1970s. *Benefits* is a largely understudied piece of work. Hence, the chapter offers a critical reassessment of Fairbairns's dystopia by engaging with the history of contraception thereby showing how contraceptive devices can be employed by politicians to control women's bodies and surveil their reproductive capacities. The chapter works with Andrea Dworkin's notion of 'gynocide', a term used to denote various medical and surgical attacks on the female body, to exemplify how a patriarchal medical establishment systematically degrades women to the state of guinea pigs. Furthermore, the chapter situates Fairbairns's dystopia within the legal and medical discourses on abortion. Including research elements by Mary Boyle, Ellie Lee, and Sally Sheldon, the analysis demonstrates how the abortion-seeking woman is portrayed as unstable which legitimises the medical practitioner's interference with women's abortion rights thus illuminating Fairbairns's conflicted stance on practices of abortion. As Fairbairns draws clear parallels with eugenic practices of Nazi Germany, her portrayal of the medical practitioner suggests that

even political welfare models have the potential to make their benefits system conditional on social or racial lines.

Chapter 4 Building on the debates explored in Chapters 1 and 3, the chapter is concerned with the ways in which women's reproductive capacities are affected by techniques of medical monitoring in Margaret Atwood's *The Handmaid's Tale*. The chapter departs from existing criticism in foregrounding the control mechanisms in place to regularise natural childbirth practices. While critics such as Asami Nakamura, Erika Gottlieb, and Allan Weiss have tended to analyse the general political structures of Atwood's imagined totalitarian state as a way to determine the main character's complicity with the system, or her rebellious attitude towards it, this chapter discerns itself from the existing criticism by specifically looking at the politics of obstetrics. Inspired by underlying feminist concerns as they relate to the objectification and oppression of women in a male-dominated society as evidenced by Shirley Neuman, and Frances Bartkowski for instance, the chapter provides targeted historical contextualisation by engaging with feminist scholarship on reproductive technologies by Mary O'Brien, Ann Oakley, Rosalind Pollack Petchesky, Barbara Katz Rothman and others. Drawing on the principles of natural childbirth formulated by the so-called 'father of natural childbirth', the British obstetrician Grantly Dick-Read, the chapter argues that although natural childbirth is believed to give women a certain degree of autonomy over their bodies because of the absence of any technological interference, the prophylactic measures set in place by the fictional state's medical establishment ensures the panoptic control of the childbearing women as a result of an exploitative surrogacy programme.

Chapter 5 centres on the bioethical dimensions of organ donation in Kazuo Ishiguro's *Never Let Me Go*. As opposed to Matti Hyvärinen who rejects the scientific dimension of Ishiguro's novel, stating that '[t]he author displays no great

interest in the scientific or administrative details of cloning' (2008: 218), the chapter acknowledges the scientific connection to the early developments in cloning technologies by offering a brief historical contextualisation. However, it distinguishes itself from John Marks's study which predominantly engages with the bioethical implications on cloning, by instead offering a pronounced focus on the depicted politics of an institutionalised organ harvesting programme. Indeed, it appears that other critics have at times only peripherally explored the scientific contexts underpinning Ishiguro's work. These include Leona Toker and Daniel Chertoff whose research is invested in demonstrating that the reader's response to the fictional characters' experience remodels the topoi of dystopian fiction, and Gabriele Griffin who seemingly enumerates the scientific and biotechnological developments that are represented in order to determine to what extent Ishiguro's novel can be characterised as science fiction. I then build on Anne Whitehead's medical humanities inspired reading of the novel in which she outlines the dilemmas of care and empathy arguing that the power of caring engenders a selfish privileging of family and friends at another's cost. I do so by expanding on the notion of 'altruism', one of the five anti-organ-sale arguments – harm, altruism, inducements and consent, coercion, and exploitation – identified by Stephen Wilkinson so as to determine the exploitative power structures that inform the donation system depicted in *Never Let Me Go*.

Chapter 6 offers a medical humanities inspired reading of Juli Zeh's German dystopia *Corpus Delicti* ('The Method'), thereby seeking to make an original contribution to the scarcity of existing criticism. Entering into dialogue with literary criticism by Sarah Koellner, Carrie Smith-Prei, and Patricia Herminhouse who have stressed Zeh's political involvement as an engaged journalist, the chapter draws attention to Zeh's emphasis on an author's moral responsibility towards reality. This

chapter argues that Zeh's politico-literary engagement can be discussed through the analysis of the relationship between the rational model of clinical ethics as represented by the medical establishment, and the notion of 'narrative ethics' as developed by representatives of the medical humanities. Starting by conceptualising the notion of illness narratives, the chapter acknowledges the impact that Rita Charon's work has had on the developing field of the medical humanities. The chapter utilises Charon's understanding of the 'patient's narrative of self', an important aspect of the doctor-patient relationship, to compare it to the diagnostic procedures described in Zeh's dystopian novel. Establishing a connection with Arthur W. Frank's so-called 'ethics of listening', the chapter uses Frank's concept of 'thinking with stories' to elucidate the effects of the fusion of different illness narratives within Zeh's novel.

Chapter 7 explores Angelika Meier's posthumanist novel *Heimlich, heimlich mich vergiss* ('Secretly Forget Me'). In light of the limited secondary material available on Meier's dystopian novel, the chapter opens up a discussion on the relevant medical technologies that could have inspired Meier's secluded hospital setting. In this way, the chapter argues that both patients and doctors are portrayed as cyborgs, an idea exemplified by the theories of Chris Hables Gray and his co-authors. Employing Sherry Turkle's understanding of cyberspace as a locus of human interaction, the chapter postulates that within this space the doctors in Meier's clinic behave according to the strict expectations of an anonymous hospital management. Relying on Jennifer González's concept of 'cyberspatial existence', the analysis concludes that Meier skilfully inverts the classical power structures of the dystopian fiction by showing that not only patients but also doctors can be subjected to the dehumanising procedures of an abusive medical establishment.

Chapter 1: Eugenics, Sexology, and Motherhood in Charlotte

Haldane's *Man's World*

Huxley's *Brave New World*, as I noted in the introduction, was deeply indebted to J.B.S. Haldane's *Daedalus, Or Science and The Future* (1924). Cementing the relationship between scientific and literary discourses, Huxley's paradigmatic novel *Brave New World* has become a reference point for critical discussions concerning the dystopian tradition. Not only has it come to be treated as one of the major exponents of its genre, it is popularly synonymous with the expression 'babies in bottles'. While Huxley's impact on the dystopian genre is certainly widely accepted in popular culture, there is another significant dystopian text written by a British feminist author that was almost equally, if not predominantly, inspired by *Daedalus, Or Science and The Future*, namely Charlotte Haldane's *Man's World* (1926). In the prophetic text of Charlotte Haldane's second husband, the biologist and Professor of Genetics at Cambridge University, J.B.S. Haldane predicts a widening gap between human sexual activity and procreation through a system of 'ectogenesis', or extrauterine gestation (1924: 56). Upon reading the study and fascinated by the geneticist's scientific outlook, Charlotte Haldane set out to find the genius behind this intellectual stimulus, finally locating him in Cambridge (Adamson 1998: 39). This autobiographical aspect behind the creation of *Man's World* is of utmost importance because it sets the tone for Haldane's exploration of the important scientific discourses that shaped her novel. Haldane's personal engagement with the Cambridge Professor directly situates her in the male-dominated sphere of the scientist, where she claims her righteous place as a woman writer and journalist. In effect, Charlotte Haldane provoked a scientific debate surrounding the question of sex determination when, in 1924, she published the provocative article 'The Sex of

Your Child' in the *Daily Express* where she predicts the possibility of prenatal sex determination.

Following World War I, the early twentieth century saw an upsurge in the scientific interest in the reproductive capacities of men and women. The Great War had brought with it the opportunity for women to leave the domestic sphere, replacing what had been previously viewed as 'men's jobs'. While this paradigm shift gave agency and empowerment to women who, during that time, found themselves being paid well enough, Maren Tova Linett notes that, at the same time, the 1920s were marked by a 'backlash against women working' (2010: 5). Indeed, as the critic remarks, although the war had left women with a certain degree of autonomy and financial stability, it had, unfortunately, also reconfirmed old gender stereotypes and raised questions regarding woman's place and validity in society: 'Were they to take jobs from wounded former soldiers? Ought they not return to the home and bear children to replace the young men lost in the war, to shore up the nation's health and pride?' (Linett 2010: 5). The rebuilding of the nation after the war was strongly entwined with the ideals of the eugenics movement. Leading up to the horrors of the Holocaust, Charlotte Haldane's work anticipates some of the abusive ideologies of fascism. Haldane addresses these concerns by imagining a class of female breeders designated to propagate the white supremacist population by bearing male children.

The publication of Haldane's first novel also coincides with the florescence of the modernist literary movement. Characterised as the period that saw the rise of the first wave of feminism, Marianne Dekoven claims that modernist pieces naturally show an 'unprecedented preoccupation with gender' (1999: 174). Haldane's dystopia fits this profile by palpably revealing the sexual politics underlying the biomedical discourses that have informed her fiction.

This chapter seeks to shine a spotlight on the important work carried out by a pioneering modernist woman writer such as Charlotte Haldane. It unpacks the feminist critique underlying her dystopia by demonstrating how Haldane engages with her reverence for the scientific aspects that have informed her novel in order to establish her own scientific authority. Largely forgotten, Haldane's novel is one of the first dystopian fictions that deals with the representation of a male-dominated, totalitarian society that exerts control over women's reproductive capacities. Indeed, *Man's World* serves as the foundation upon which to discuss later feminist utopias and dystopias, from Joanna Russ to Margaret Atwood. In this way, it opens up a dialogue involved with questions of bodily autonomy and medical control over women's bodies. This chapter is concerned with Charlotte Haldane's literary engagement with the issues of reproduction. It offers a brief historical contextualisation of the eugenic discourses that largely informed *Man's World* by arguing that Haldane's fictional narrative follows the contemporary intellectual trends of her time, including the works of contemporaries such as Bertrand Russell and Marie Stopes. As the literary site of convergence between the scientific discourses of eugenics, sexology and motherhood, *Man's World* is invested in the representation of the medicalisation of human reproduction. Haldane's interest in motherhood, as a means to advance the nation, is deeply embedded in a romantic rhetoric, which this chapter seeks to uncover and critically analyse.

Man's World depicts a future society controlled and ruled by the 'principles of scientific rule' (Haldane 1926: 7). The novel opens with the death of Mensch, a visionary scientist who establishes a 'new order' (1926: 7) which sees the scientist 'not as the perverter nor the destroyer of mankind, but as the new director, the inevitable successor to the priest and the politician' (1926: 4). Admitted to the ruling class are those who possess outstanding intellectual capacities, the 'Brains' (1926:

63), whose 'duties correspond vaguely to those of former Ministers of State' (1926: 63). Right behind them are the 'leaders of the Patrol', in other words the 'administrative and executive officers' (1926: 8) of the scientific state and 'the Gay Company of Stalwarts', 'those who have placed themselves, physically and mentally, at the disposal of experimental research' (1926: 8). The political structures of this 'new world state' are entirely based on scientific thought, and each individual carries out a well-defined role within this society's 'anatomy'. Sarah Gamble perceptively notes that the state's system 'merges the individual biological body with the Body, an ideological superstructure which organises itself around a basic anatomical metaphor' (2004: 7). Described as the 'very core and innermost heart of the new world state' (2004: 7), Nucleus, the state's capital, functions as the control centre of Haldane's dystopian state. Just as the cell nucleus controls the activities of the human cell, Nucleus represents the political body that exercises scientific power over its citizens and also controls the human body. While Mensch's vision serves as the foundation stone for this scientific superstate, it is the 'control of sex, of determination and production' that constitutes the 'only possible foundation on which the edifice of which he dreamed could be erected' (1926: 5). Haldane thus imagines a totalitarian society that regulates its citizens' reproduction. This is essentially done by dividing women into separate categories of breeders and non-breeders. Haldane's novel specifically focuses on the story of one young woman, Nicolette, who is caught between the state-imposed expectation of turning her into a 'well-trained little mother-pot' (1926: 295), and the desire of choosing her own calling (1926: 130-131). Together with her brother Christopher, she decides to stall her impending sterilisation by instigating an attempt at rebellion. Haldane uses Nicolette's indecisive feelings about her vocation and Christopher's inability to reproduce, to lay bare the increasing medicalisation of sexual reproduction that was

characteristic of the late nineteenth to early twentieth centuries. In so doing, Haldane demonstrates her ambivalent position towards the medico-scientific institution.

The Politics of Motherhood

In *Man's World*, the pronounced desire for the advancement of the race is based on a stringent set of regulations rooted in the contemporary discourse of eugenics:

Either you become a mother or you must be immunized. It is the only safeguard that *must* be taken for the future of the race. As soon as you abandoned it, children would be born haphazard everywhere, would be bred by the pure and the impure; it would be impossible to exercise the necessary hygienic control, and those who had no vocation for motherhood would cheat and lie, would refuse or neglect the years of preparation, the pregnancy exercises – it would simply lead to the dirty, bestial breeding of the past again. The race would be doomed. (1926: 127-128; emphasis in original)

In England, the rapid social transformations induced by the Industrial Revolution, and the consequent urbanisation of rural societies created a thriving environment which resulted in a population explosion: From ‘some nine million inhabitants to a populous, industrial, urbanized society of nearly thirty-seven million’ (Soloway 1982: xi). With the advent of World War I, this phenomenon was reversed. Specialists noticed a considerable drop in birth-rates. As David Bradshaw observes, the rapid decline in fertility ‘gave eugenics a hugely enhanced profile’ (Bradshaw 2003: 38). The loss of well-educated men from the middle and upper classes who registered to fight in the war was proportionally higher than that of working-class men. This considerably worried eugenicists who ‘complained that the war was being fought by the healthiest and most vigorous sector of the population while the less able and defective remained at home to propagate their weaknesses’ (Soloway 1982: 167). The word ‘eugenics’ was coined by Charles Darwin’s cousin, Sir Francis Galton (1822-1911) in *Inquiries into Human Faculty* (1883) (Bradshaw 2003: 36).

Galton defined eugenics as ‘the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage’ (Galton 1904: 1). Galton’s outlook on the institutionalisation of eugenics is based on a general betterment of society:

Let us for a moment suppose that the practice of eugenics should hereafter raise the average quality of our nation to that of its better moiety at the present day, and consider the gain. The general tone of domestic, social, and political life would be higher. The race as a whole would be less foolish, less frivolous, less excitable, and politically more provident than now. (Galton 1904: 3)

The decline in birth-rates prompted the English biostatistician and Galton’s protégé, Karl Pearson (1857-1936), to investigate the ‘trend toward smaller families in England’ (Soloway 1982: 25). Pearson’s biometric analyses led him to the conclusion that prolificacy was more pronounced among individuals of a lower social order. The scientist postulated the theory that ‘selective marriage and fertility’ were gradually overshadowing Darwin’s principle of ‘natural selection’ (Soloway 1982: 25-26). The reduced fertility of the middle and upper classes caused a widespread anxiety amongst the intelligentsia of the early twentieth century. Julian Huxley found the ‘doubling of the number of morons and defectives in Britain’ disconcerting and proposed that ‘mental defectives’ should be prevented from reproducing (Hawkins 1997: 230).

To the demographic and eugenic anxieties outlined above was added the fear of women’s emancipation. The growing freedom that ambitious, educated women were experiencing by joining the labour forces scared eugenicists because it made women less likely to produce the nation’s much-needed children. The philosopher Bertrand Russell discussed some of these problematics in ‘Marriage and the Population Question’ (1916). While Russell is an important figure for the discussions

of *Brave New World*, especially in relation to concerns of plagiarism,² he is also known for writing *Icarus or the Future of Science* (1924) in response to J.B.S Haldane's *Daedalus*. Considering Charlotte Haldane's immersion into the world of her contemporary male scientists through her liaison with J.B.S Haldane, it is useful to have a look at *Man's World* from the perspective of a member of the same intellectual milieu. Russell had very concrete ideas about the position of women in society, some of which strongly resonate with those in Haldane's fiction:

There are women who are intelligent and active-minded, who resent the slavery to the body which is involved in having children. There are ambitious women, who desire a career which leaves no time for children. There are women who love pleasure and gaiety, and women who love the admiration of men; such women will at least postpone child-bearing until their youth is past. All these classes of women are rapidly becoming more numerous, and it may be safely assumed that their numbers will continue to increase for many years to come. (Russell 1916: 448)

As becomes apparent from reading this excerpt, Russell's perceptions of women are tightly bound up with their childbearing abilities. The categories that Haldane establishes for her women in *Man's World* largely follow Russell's descriptions. Here, too, women are at liberty to enjoy their freedom and pursue a career for themselves, with the only difference that whatever they decide, their decision is final. Once a woman chooses not to have children, she has to be sterilised. In the novel, this process is euphemised and understood as '[i]mmunization' (1926: 175). In *Man's World*, Haldane imagines two categories for those women. They can either become 'Neuters', women whose responsibilities are limited to 'menial tasks' (1926: 130), or 'Entertainers', women who are allowed to cultivate and perform any desirable forms of art. Reading Russell's text in conjunction with Haldane's novel, it becomes clear that the social reforms both texts advocate are in favour of eugenic ideologies.

² See introduction.

Russell predicted ‘a rapid change for the worse in the character of the population in all civilized countries, and an actual diminution of numbers in the most civilized’ in the absence of economic and moral change: ‘The new system must be based upon the fact that to produce children is a service to the State’ (Russell 1916: 451; 461). Russell’s call for change reflects a national desire for systematic reforms which saw the light of day in 1918, when the Maternity and Child Welfare Act was passed. It enabled local authorities to provide maternal and child welfare services (Hendrick 2003: 64) including ante-natal, natal and post-natal care such as the allocation of trained midwives, home visits by professional health practitioners, infant and nursery day care, and provision of milk and food (Hendrick 1994: 93). As the developments in childbearing and rearing progressively became a matter of national importance, motherhood gained in significance. Changes in maternal and infant welfare are based on the theory that, as stated by Russell, ‘women are the guardians of the race, that their life centres in motherhood, that all their instincts and desires are directed, consciously or unconsciously, to this end’ (1916: 448). Informed by the discourses of eugenics, Russell emphasises the prolificacy of ‘feeble-minded women’ as a reason for the ‘dwindling’ of the more desirable middle classes thereby reinforcing the existence of different classes of women (1916: 449). For the benefit of the nation, Russell stresses the desirability of the ‘virtuous mother, without any mental life’ (1916: 448).

In *Man’s World*, Haldane imagines a similar category of women, the so-called ‘vocational’ mothers, described as ‘radiant in the consciousness of their sublime mission to the race’ (1926: 9). Haldane’s story focuses on a community of women trained in the art of motherhood. In this futuristic society, motherhood is treated as a profession, regulated by the ‘administration of all matters appertaining to careers’ (1926: 161). In her pronatalist piece *Motherhood and Its Enemies* (1927),

which Sheila Jeffreys has termed an ‘antifeminist classic’ (1985: 174), Haldane, in line with Russell, shows herself preoccupied with the organisation of the nation. She maintains that socialists and men of science bemoan the ‘present decay of the home’, but points out that professionals such as priests, journalists and politicians have envisaged programmes of reform that are ‘quite useless’ (1927: 199). As Haldane asserts, ‘they aim to remedy symptoms and not causes’ (1927: 199). Haldane’s outlook for a fundamental reformation of the *status quo* is rooted in a scientific approach:

The home of the past, like other institutions that have outlived their utility, cannot be the home of the present. But what the home of the future might be can only be known when its problems have been investigated and solved by the one reliable method available to human beings: scientific method. (1927: 199)

The scientific method is of particular interest to Haldane, because it is based on processes of experimentation. In light of this, the author criticises eugenicists for their lack of scientific methodology, arguing that they ‘advocate sweeping sterilization of the “unfit” before science has yet established who these intended victims are’ (1927: 199). According to Haldane, population planning requires careful scientific consideration. *Man’s World* mirrors Haldane’s serious concerns about the misapplication of scientific methods. In this futuristic society, where the male members of the ‘Gay Company of Stalwarts’ willingly offer their bodies to scientific research, scientific experimentation is regularly staged as a spectacle in what is called the ‘Miracle House’ (1926: 100). Built next to the ‘House of the Sick’, the specific location of the ‘Miracle House’ visibly creates a stark contrast between the experiments conducted within a medical context, and those performed without regard to the medical establishment’s clinical ethics. As explained by Bruce, Nicolette’s scientist companion and the man she eventually falls in love with, ‘disease is

considered an enemy to be fought by private and officer – and ordinary people uninterested in medicine or surgery are rather bored with it’ (1926: 101). This contrasting depiction of scientific experimentation constitutes, on the one hand, a process designed to alleviate the sick from their ailments, and on the other, a form of entertainment for the masses, which reflects Haldane’s concerns about the future development of science. Throughout *Man’s World*, the reader can find instances of Haldane’s scepticism towards science, some of which are less obvious than others. The public experiment that Bruce and Nicolette attend, is definitely a powerful portrayal of the scientist’s abusive position of power. In order to present ‘the functions of the cerebral cortex’ (1926: 102), the brain of a volunteer of the ‘Gay Company of Stalwarts’ is exposed to the public. Through the use of electrodes on the brain, the subject integrally relinquishes control over his body. The experimental interference with his speech, thoughts and motricity renders the subject powerless. Faced with the power disparity between ‘patient’ and scientist, the laughter that accompanies this ‘fine show’ suddenly wears off (1926: 103) as the audience starts to understand that ‘the electrode was deliberately preventing this man from thinking, and that this man in the chair, this Larssen, would *not* think until the moment came when he would be released’ (1926: 105; emphasis in original). The scene disquietingly lays bare Haldane’s complex fascination with the figure of the scientist.

In fact, as Gamble remarks:

One of the most disconcerting aspects of the novel, indeed, is the extent to which Charlotte Haldane herself appears to actively admire the masculine, ruthlessly rationalist figure of the scientist, and leaves his right to control the biological destinies of those he deems ‘inferior’ unquestioned. (2004: 5)

Gamble connects Haldane’s admiration for men of science to the latter’s own romantic liaison with J.B.S. Haldane, an observation also made by Susan Merrill Squier in one of the few existing critical analyses of Charlotte Haldane’s novel.

Squier even goes so far as to suggest that ‘Bruce is modeled on J.B.S. Haldane’ (1994: 125). Charlotte Haldane’s autobiography *Truth Will Out* (1949) firmly establishes this connection. Both Gamble and Squier have used it as a point of reference to discuss her relation to science. Inspired by J.B.S. Haldane’s *Daedalus*, Charlotte Haldane embarks on a romantic quest for the scientist behind the prophetic text. Eager to write a novel, ‘Charlotte is swept off her feet’ (Squier 1994: 119) upon meeting the scientist and, as Squier notes, ‘accepts his sexual desire for her because of her intellectual need for him’ (1994: 119). It is necessary to be aware of Charlotte Haldane’s romantic relationship with her chosen man of science because, as Squier asserts, her ‘pseudoscientific utopian novel falls short of the critique of science’ (1994: 126). Squier singles out a particular scene in *Man’s World* to endorse this argument. Illustrating a conversation with a group of women and a geneticist specialised in breeding ‘ectogenetic calves’ (Haldane 1926: 56), Bruce expresses his reverence for the technique: ‘[E]ctogenesis provides the means to select on the most strictly accurate lines. The numbers of mothers chosen diminish year by year. Until at last, those who supply the race are the supreme female types humanity can produce’ (1926: 61-62). It is this stomach-turning anticipation of the Nazis’ misuse of biomedical sciences that, although at this stage unbeknownst to Haldane, evinces her ‘frightening indifference to the reduction of women to breeders’ (Squier 1994: 126). Reading *Man’s World* through the prism of J.B.S. Haldane’s *Daedalus*, in which he glorifies the role of the scientist as one whose morals are flexible, Gamble is seen to chime in with Squier:

This freedom from adherence to any ethical codes, he [J.B.S. Haldane] argues, will enable the scientist to subordinate nature to the discipline of his inflexibly logical vision; a project to which the control of female fertility is seen as crucial. It is this argument which exerts the most direct influence on *Man’s World*. (Gamble: 2004: 6)

The desire to control the natural progress of reproduction is rooted in the stereotypical gender inequalities that *Man's World* touches upon. *Man's World* is placed directly within the gendered literary currents of its time. In conjunction with the notion that modern science has been perceived as a typical 'masculine territory' (Squier 1994: 114), Haldane's fiction reveals what Squier terms a 'modernist double-bind: a surge of interest in the possibility of achieving control over reproduction and the discursive dilemma facing women writers who wished to exploit that new interest in reproductive control to advance feminist concerns' (Squier 1994: 118). In this respect, Haldane's use of the romance genre allows her to represent the consequences of biomedical control over the female body. In so doing, Haldane disrupts the masculine language of science. It is through the representation of her fictional character Nicolette that Haldane is able to illustrate her ambivalent position towards scientific progress. Responding to the scientific discourses that have shaped her era, Haldane is able to call into question the superiority of the male scientist.

From the start, Nicolette is represented as a fictional character deeply affected by the system of reproductive control that she is subjected to. Haldane skilfully uses the scientist's gaze to introduce her, thereby demonstrating her objectification through the totalitarian system:

Nicolette was growing fast. She had lost some of her childhood's prettiness, and had not yet gained the beauty of young womanhood. The adaptation of her mind and body from the old to the new standards was proceeding normally, for her environment was admirably planned. A slight heightening of her emotional capacities was her only apparent mental symptom. (1926: 46)

It is important to note that Nicolette's heightened emotionality is registered as an 'apparent mental symptom' (1926: 46). Assessing the gender differences produced by the medical sciences, Ludmilla Jordanova discerns a metaphorical pattern created by the gendering of pathologies. Looking at the visual representation of pathologies

in pharmaceutical advertisements, Jordanova argues that ‘mood swings’ are stereotypically ascribed to females while disorders that affect physical activity are metaphorically linked to males (1989: 144-145). In *Man’s World*, Haldane demonstrates how the gendering of mental dispositions as female is used in order to prepare women for their duty as mothers of the nation. The way this is done, is by placing babies with future ‘vocational mothers’ such as Nicolette, in order to encourage and hone the women’s caregiving skills. For Nicolette this is a deeply altering experience. As her attachment to Toodles, the baby that is allocated to her grows, Nicolette struggles with the idea of one day having to carry her own child, one that ‘could never, possibly, be like him’ (1926: 47). It confuses Nicolette that she is able to feel so intensely for a child that is not even her own, but according to Leila, Toodles’s biological mother, this is a ‘natural’ process (1926: 50). Leila, who has been mother to many children, epitomises the state’s effective system of population planning. Having successfully absolved her training, Leila understands that the system is based and depends on an economy of love. She reassuringly explains: ‘If you did not love the child who teaches you, your lessons would be a waste of time, and we should not be training you for your vocation’ (1926: 49). In her seminal work *The Cultural Politics of Emotion* (2004), Sara Ahmed analyses how love can create a ‘national ideal’ (2004: 16). In *Man’s World*, love ‘becomes a sign of respectable femininity, and of maternal qualities’ (Ahmed 2004: 124). Nicolette’s sharpening of emotions is proof that, unlike the women characterised as Neuters, she qualifies for motherhood (Haldane 1926: 50). As a ‘servant of the race’ (1926: 51), her love for the male children she is destined to bear ties her to the state’s politics of reproduction. Ahmed perceptively notes that ‘love relationships are about “reproducing” the race’ (2004: 124). The scholar’s theory strongly resonates with the eugenic context of Haldane’s fiction:

Identifying oneself as a white woman and as a white Aryan would mean loving not just men, or even white men, but white men who also identify as Aryan, *who can return the idealised image of whiteness back to oneself*. [...] Such a love is about making future generations in the image I have of myself and the loved other, who together can approximate a “likeness”, which can be bestowed on future generations. (Ahmed 2004: 129; emphasis in original).

Moving from a Freudian understanding of the concepts of love, Ahmed recognizes the ‘heterosexual’ nature of Freud’s ‘economy’ of love (Ahmed 2004: 125). Women are characterised by a narcissistic love; they ‘love the love that is directed towards them’ (2004: 125). Men who fall in love with ‘women who love themselves’ (2004: 125), engage in a relationship in which ‘the woman becomes the object of her love and the man’s love’ (2004: 125). From this Ahmed distinguishes two forms of love, ‘self-love and object love’, which, she argues, can be discerned in terms of ‘identification (love as being) and idealisation (love as having)’ (2004: 126). Identification draws the subject closer to the object of love. It is a process characterised by ‘the desire to take a place where one is not yet’ (2004: 126) and implies that identification can only be achieved in the future.

As I noted earlier, the admiration Charlotte Haldane has for J.B.S Haldane is mirrored in *Man’s World*. Like Haldane, Nicolette falls in love with Bruce, a representative of the scientific world-view. Just like a man’s ‘love of women as his ideal objects’, a love that differentiates itself as ‘a form of idealisation’ for that which man is not (Ahmed 2004: 126), the reverse applies to Nicolette’s romantic relationship with Bruce. Nicolette is a true ‘disciple’ (Haldane 1926: 109) and in accordance with the state’s expectations, and as a compliant female citizen, she is depicted as naturally inclined to single out the most adequate partner for herself and the propagation of the race: ‘His influence on her virginal mind was akin to that of dry, full sunshine on her growing body. She found his personality pervasive, and gave herself without reservation (1926: 108). In return, Bruce, even though he has

had the pleasure of enjoying the company of other women, thereby fathering a number of children, longs to have a child with a woman for whom he experiences ‘deep and permanent love’ (1926: 110). Haldane’s construction of a romantic aesthetic behind the business of mating aligns with what the scholar Paul Peppis identifies as ‘sentimental modernism’ in the work of feminist and birth control advocate Marie Stopes (1880-1958).

Stopes’s work is interesting when read in tandem with that of Haldane, because both women employ similar techniques to advance their feminist agendas. Known as the most prominent figure of the British birth control movement (Soloway 1982: 190; Wilson 2016: 52), Stopes was renowned and acclaimed for her family planning clinics designed to help women with their concerns of fertility regulation. Although it is generally agreed that Stopes was a eugenicist (Wilson 2016: 5; Soloway 1982: 210), Lesley A. Hall reprehends scholars for their uncritical labelling and counters: ‘Stopes has also been decried as a eugenicist without any consideration of how her position related to contemporary debates on “breeding” in an era when eugenic ideas were miasmically pervasive’ (Hall 1993: 121). It is, therefore, imperative to read not only Stopes’s work but also that of Haldane in light of the discussions that prevailed during this most complex period of time. Stopes’s book *Married Love* (1918), which sold two thousand copies within the first two weeks of its publication, emphasises the importance of mutual respect and ‘adjustment’ (Stopes 1918: 73) during the sexual encounter. Stopes presents the pleasures of conception and, while drawing attention to women’s sexual desires, argues that ‘female frigidity was often due to a man’s insensitivity to’ these (Wilson 2016: 51). Contemporaries received the sex manual with mixed reactions, ranging from shock to amusement and utmost delight. The text, however, is particularly interesting when read in alliance with *Man’s World* because it shows that both authors use similar

tools to approach their feminist concerns. As Paul Peppis aptly notes, Stopes joins ‘a “feminine” literary language of affect, attachment, and sentiment to a “masculine” scientific language of analysis, detachment, and reason’ (Peppis 2014: 154). Stopes’s engagement with the male world of science mirrors Haldane’s efforts to contribute to the scientific dialogues of reproduction and birth control that shaped the 1920s. Charlotte Haldane was familiar with *Married Love*. Not only was Stopes a friend of J.B.S Haldane’s family (Squier 1994: 17), Haldane also mentions her work in *Motherhood and Its Enemies*, boldly criticising the paleobotanist for her scientific ignorance and unprofessionalism: ‘If the limitation of the family were a mere matter of the accessibility of the articles advocated by Dr. Marie Stopes, it would not be as old as humanity’ (1927: 81). Haldane contends that Stopes’s birth control politics are problematic because ‘one cannot get any evidence as to the “marriage lines” of the thousands of purchasers of *Married Love*’ (1927: 94). In fact, Haldane documents a change in the relationship between men and women brought about by what she refers to as ‘[m]odern love’ (1927: 194), which has considerably altered the sexual experience, and with it the old, traditional foundations of the home:

We know that religious exercises and the religious ‘vocation’ have provided and still do provide alternatives to a happy and full sexual experience. The increasing emotional experiences offered by modern life, even such small ones as those connected with food, drink, and tobacco, lessen the need for ‘spiritual consolation.’ A wife who in the past was not sufficiently amenable to husbandly authority was at any rate impressed by the views or orders of her spiritual director; now, except in rare cases, if she would consent to listen to him at all, she would smile and shrug her shoulders at his sermon. (1927: 194)

The spiritual dimension that Haldane attaches to the sexual connection between husband and wife betrays the writer’s concern with the emotional politics of reproduction. At the same time, it also reflects Stopes’s ‘romantic examination of the emotional and physical aspects of marital sex’ (Soloway 1982: 211). *Married Love*

notoriously opens with a passage that, to quote Peppis, captures female modernists' efforts 'to forge new languages of female sexuality out of the discourses of the time' (2014: 155):

Every heart desires a mate. For some reason beyond our comprehension, nature has so created us that we are incomplete in ourselves; neither man nor woman singly can know the joy of the performance of all the human functions; neither man nor woman singly can create another human being. This fact, which is expressed in our outward divergencies of form, influences and colours the whole of our lives; and there is nothing for which the innermost spirit of one and all so yearns as for a sense of union with another soul, and the perfecting of oneself which such union brings (Stopes 1918: 39)

It is the search for a spiritual connection that marks the works of Stopes and Haldane. Reading this excerpt, Peppis discerns the 'spiritualizing and aestheticizing' (2014: 155) of the sexual union that Stopes uses as a way of addressing the biological elements embedded in the sexual act. The applicability of Peppis's study to *Man's World*, is exemplified by Nicolette's romantic dealings with men.

Having become romantically engaged with Raymond, Nicolette expresses her doubts regarding their union. Unlike her friend Anna, who cannot talk about anything else 'but love' (1926: 125), Nicolette is unsure whether she even likes her new male companion (1926: 126). Moving away from J.B.S. Haldane's scientific language in *Daedalus* by using a more anthropological approach, Russell, in *Icarus*, contends that '[s]cience has increased man's control over nature, and might therefore be supposed likely to increase his happiness and well-being. This would be the case if men were rational, but in fact they are bundles of passions and instincts' (1924: 12). Seemingly in reply to this, Haldane plays on this notion of passion and emphasises the role of human emotions as a counterforce to the rational mind. Originally from Isola, Raymond differs from the men Nicolette has frequented so far. It is through its scientific method, the desire to genetically preserve 'the world's

extremely valuable mediocrities' (1926: 132), that Isola so sharply contrasts with Nucleus, whose scientific structures are founded on a continuous effort to enhance its society. Haldane skilfully incorporates the female-gendered language of emotions into the male domain of sciences by employing the power of love and affection as a means to achieve scientific progress. In *Motherhood and Its Enemies*, Haldane shares her thoughts on the contrasting power dynamics between the emotional world and the scientific mindset:

If we have received no better education than a religious one, we still have been taught that emotion is an unreliable guide, both to action and to opinion. Unscientific thought is no more than emotion rationalized and expressed by means of a more or less imperfectly vocabulary. Scientific thought, on the contrary, endeavours (not always with complete success) to avoid emotional taint, and to concentrate attention into dykes built above the emotional swamp on which the mind must necessarily erect its structures. (1927: 3)

Haldane acknowledges that human actions are motivated by emotions but argues that these must be kept in check. In *Man's World*, she designs Nicolette's love as one which is scientifically informed. Although Nicolette feels physically attracted to Raymond, she realises that 'something is lacking' (1926: 127). This statement is ambiguous because it implies, on one level, that Raymond is not emotionally compatible with her. On another, it suggests that Raymond lacks the rational-scientific grandeur which characterises the scientists from Nucleus, and which Nicolette, due to her conditioning, is programmed to long for. Therefore, whenever they kiss, Nicolette is bewildered by her accentuated 'longing for something he could not give her' (1926: 127). Emmeline, the woman she entrusts with her doubts thus urges her not to pretend 'longings that are not really there' and deny her 'aversions' (1926: 128). Similar to Stopes, Haldane brings to the fore female sexual desires driven by the 'sense of union with another soul' (Stopes 1918: 39). Haldane's language is rarely explicitly sexual, but through her fictional writing, and especially

her sentimental rhetoric, Haldane is able to convey powerful images of sexual intercourse. This becomes specifically evident when Nicolette's reluctance to mate with Raymond is brought to the attention of the 'Motherhood Council' (1926: 160). Composed of a group of women who, in addition to having delivered at least three children, must also demonstrate an excellent understanding of 'biological sciences' (1926: 161), the 'Motherhood Council' is appointed to act as a political body entrusted with the task of efficient population planning. Each case has to be considered from three perspectives: '[T]hat of the commonwealth or the general, of the division of the community or the local, and that of the individual' (1926: 162). In this respect, when taking a decision, these elected mothers need to show bioeconomic awareness: '[T]he number of children it would be necessary to produce in a certain area within a given period, the relative proportions of the sexes required, and the available female material from which to breed' (1926: 162). To this hard, masculine language of reason and facts, Haldane marries what she perceives as a softer, 'feminine' language, which reveals Haldane's interest in female sexuality. After consideration by the council, it is Miomi Lander, described as an 'exceptionally clever young person' (1926: 163) who challenges Claire Tamston, 'the senior member' (1926: 163), by suggesting that although there is a pronounced want for newborns, there is an even more pressing concern to find a suitable man for Nicolette:

The race is the ideal, ultimately, and later on one can be satisfied to do one's work as one is bidden, for its sake. But the first time there must inevitably be the appropriate stimulus. As we obviously cannot provide it, we must give her the chance to find some one who will. I propose to leave the matter entirely to her own judgment. Let her find the mate, and the children will follow as a matter of course. (1926: 165)

Clearly alluding to Nicolette's first sexual encounter, Haldane emphasises the importance of sexual stimuli. Through her characters, Claire Tamston and Miomi

Lander, Haldane is able to blend old and new ways of thinking. Both attitudes insist on the value of reproduction, however, Miami stresses the importance of sexual inspiration, which proves to be necessary in introducing Nicolette to the world of sexual pleasures. Much like Stopes's, Haldane's sentimental language plays on readerly responses. Indeed, for *Married Love*, Stopes received thousands of letters from her readers, most of which are still preserved at the Wellcome Institute for the History of Medicine as well as the British Library (Hall 1993: 123). Women and men alike wrote to the sex reformist in order to express their gratitude, ask her for advice and applaud her for her progressive straightforwardness. *Married Love* seemed to have hit a nerve with the well-established modesty of her middle and upper-class public. Confronted with her daughter's situation, Antonia, although similarly 'reserved' on the subject (Haldane 1926: 169), is lured out of her comfort zone to relive her own sexual experiences:

It did not give her much pleasure to review her own girlhood and early womanhood. There are pages in such reminiscences even the bravest women, and men too, hesitate to reopen. They contain records of so many slight disloyalties, false ambitions, and mental, if not physical, seductions. Antonia had censored a few of hers many years ago; the rest she had by now managed comfortably to forget. (1926: 169-170)

Through her writing, Haldane imitates the process of identification experienced by the female readership of Stopes's sexual manual. In so doing, she opens up a discussion between women and creates a platform where they are encouraged to more openly engage with each other's personal experiences. Aiming to deconstruct the taboos surrounding the myths of sexual intercourse, Haldane's underlying message is one of empowerment. Nicolette is given the opportunity to decide whom she wants to be intimate with. Meanwhile, the young woman is given the chance to evaluate her options. Should she turn her back on a career as a 'vocational mother', Nicolette has to be sterilised, an intervention that she seeks to escape by joining a

small resistance group, and having herself injected with a substance that forestalls the effects of the sterilization. The five members of this small resistance are united by Nicolette's cause but all for their own personal reasons. Morgana Dietleffsen, for example, was sterilised at the age of sixteen, because, as she explains: 'I wanted to experiment with everything, including my own body' (1926: 188). Her dissatisfaction with the current state of affairs is the loudest:

I mean that it is time we women were no longer subjected to such abominable tyranny. Here we are, pushed into their beastly rigid castes and divided off into breeders and non-breeders to serve the race. I don't care about the race. But I care for experiment. (1926: 188).

While Morgana laments the loss of a possible pregnancy, which to her would have constituted 'the most interesting experiment of all' (1926: 189), Christopher's reasons for wanting to provoke the state lie elsewhere. Described as 'intermediate sexually' (1926: 296), Christopher's sexual inclinations are far removed from the heteronormative model encouraged by the state.

The System's Normative Structures

In 1908, Edward Carpenter (1844-1929) published *The Intermediate Sex: A Study of Some Transitional Types of Men and Women*, in which the socialist philosopher and homosexual rights activist uses the term 'intermediate sex' to define homosexuals (1908: 20). Drawing on the pioneering work of Karl Heinrich Ulrichs (1825-1895), a German theorist of homosexuality, Carpenter's interest is focused on the 'love-sentiment' of the people Ulrichs locates on the 'dividing line between the sexes': feminine souls contained in male bodies, and their opposite, female bodies enclosing male souls (Carpenter 1908: 19). Carpenter attests to a tradition of pathologising the

‘Uranian type’ (individuals physically attracted to the same sex), which he decisively renounces:

Formerly it was assumed as a matter of course, that the type was merely a result of disease and degeneration; but now with the examination of the actual facts it appears that, on the contrary, many are fine, healthy specimens of their sex, muscular and well-developed in body. (Carpenter 1908: 23)

In *The Spinster and Her Enemies* (1985), Jeffreys asserts that Haldane was familiar with Carpenter’s notion of the ‘intermediate sex’ (1985: 175), which, in fact, she uses repeatedly in *Motherhood and Its Enemies*. Defining the ‘intersexual’ woman as ‘deviating more or less markedly from the feminine form towards the anatomical and psychological characteristics of the masculine sex’ (1927: 158), Haldane evokes the commonly believed assumption that sexology sought to determine homosexual desire ‘through the prism of gender, so that women who desired women were presumed to be necessarily masculine and male homosexuals feminine’ (Felski 1998: 6). In *Motherhood and Its Enemies*, Haldane’s understanding of intersexuality follows this late nineteenth century conception. Haldane does not hide her contempt for women of lower social standing, and the unfairness with which ‘normal’ married women are treated as opposed to the unmarried type (1927: 159). In fact, Haldane blames ‘their abnormal sisters’, the spinsters, whose ‘genetic and psychological bias is towards masculine behaviour’, for causing “sex-antagonism” by competing with men economically and by refusing to conform, or to allow women in general to conform, to the masculine ideals of sex relationships’ (1927: 158-159). Jeffreys observes that during the 1920s, sexual intercourse developed into an obligation for women: ‘Women were required to enjoy sexual intercourse, not just take part in it. Sexual pleasure in intercourse was not expected to be positive or strengthening for women’ (1985: 181). Haldane identifies a threat in the sexually inexperienced woman. Coupled with a pronounced intersexuality, the virgin can do enormous harm

if she inclines towards more masculine traits. Professional occupations of care are particularly affected by the intermediate woman: '[T]he unhappiness and pain they can either consciously or unconsciously inflict is only known to normal women who have had the misfortune to be "nursed" by them, or to have been their subordinates' (1927: 155). In *Man's World*, Haldane expands the boundaries of her theory by suggesting that Christopher's intersexuality is 'perversely bequeathed to him by his mother' (1926: 85). Trained in the art of caring, Antonia, as a 'vocational mother' is well acquainted with the so-called 'Perrier exercises', a method of prenatal sex selection that allows pregnant women to conceive male babies. After having born five boys, Antonia's desire for a girl is so pronounced that Christopher, as he grows up, turns out to be afflicted with 'more than his due share of emotionalism' (1926: 87). Haldane portrays Christopher's 'affinity with women' (1926: 87) as a direct result of a failed structure of care, provided by a woman with a 'weakened' mentality (1926: 86).

The manifestation of effeminate traits in Haldane's fictional character is described as a 'mental perverseness' (1927: 297). Haldane uses the idea of an 'intermediate scale' (1926: 297) according to which Christopher's 'affliction' can be measured. In 1948, this concept was solidified by the sexologist Alfred Charles Kinsey (1894-1956), who situated and recorded homosexuality by using a rating scale, 'with 0 being 100 percent heterosexual, 6 being 100 percent homosexual' (Fausto-Sterling 2000: 9). As shall become clear from this thesis's selection of texts, the medicalisation of the human body is a recurring aspect of dystopian fictions, as I show, for example, in chapters 4, 5, and 6. The pathologisation of Christopher's sexual orientation is typical for the latter half of the nineteenth century when, as pointed out by Anna Katharina Schaffner, 'sexual deviance' is 'increasingly categorized as either natural or unnatural: healthy and sick, normal and pathological'

(2012: 5). Naturally, this binary conception requires the existence of a ‘norm’ against which sexual pathologies can be measured (Schaffner 2012: 4). In *Man’s World*, this norm is composed of so-called ‘normal men and women’ (1926: 297). Christopher’s pathology is described as a ‘sterile mysticism’ (1926: 297), but as Bruce explains: ‘We have no use for sterility, for above all things we aim to keep the race going’ (1926: 298). Haldane’s incorporation of elements of sexology are thus visibly tied up with the discourses of population control. Christopher becomes a disposable citizen in the endeavour to advance the race. In this regard, Christopher’s interference with Nicolette’s prospective sterilisation marks a rebellious act, because it is a way for him to dismantle the social norms imposed on individuals like him and society more broadly. Confronting Bruce, Christopher blames what he calls the ‘accursed medicine men’ (1926: 273) for pathologising and categorising different sexual types:

You draw a map of man’s consciousness as you do of the ‘genes’ of a rabbit. You tinker about and fiddle about with every living thing; you babble about ‘lethal factors’ and ‘survival value,’ and all your other nonsense. [...] Even as I speak to you, I can see what you are thinking. Neurosis, due to whatever you like to call it – and if we gave him so and so, and mucked about so, and with a few hefty doses of hypnosis, we could make quite a nice, normal little man of him. (1926: 274)

Although Haldane, here, openly critiques the interference of the medical profession with the sexual behaviour of the intersexual individual, her fiction makes a case for the virginal heroine Nicolette. As is expected of her, Nicolette eventually succumbs to man’s sexual power. Following the romantic genre Haldane has adopted, Nicolette is depicted as reaping the rewards of her heterosexual union, by tasting the sweet pleasures of ‘Usness’, the ultimate fusion between men and women, ‘a melting into one another’ (1926: 243). When she finds out that she is pregnant with Bruce’s child, Nicolette entirely commits to her motherly vocation, enjoying the ‘purely sensual delight with which it filled her’ (1926: 250). Even though Haldane identifies

moments of resistance against the totalitarian state, that so fundamentally controls its citizens' reproductive behaviour, none of them are successful. Indeed, Haldane appears to have written *Man's World* in favour of the political agenda that defined her era. In so doing, she claims and defends her position as a woman in the male-dominated world of scientists. Through Nicolette, Haldane acknowledges the progressive work carried out by scientists:

Nicolette realized for the first time the genius of those who had perceived the necessity of developing motherhood on vocational lines. Thanks to their foresight she would be able to give him health, strength, and a suitable environment from the beginning. (1926: 251)

It is important to note, however, that Haldane constructs Nicolette's acceptance of motherhood not entirely as a woman's submission to man's will. Indeed, by using the rhetoric of sentimentalism and romance, which so distinguishes itself from the rational language of the male scientist, Haldane is able to show female readers that, even if they ought to fulfil their tasks as mothers of the nation, their sexual and emotional desires allow them a certain degree of autonomy.

Conclusion

Man's World is a text rich in scientific references underpinned by a strong feminist ideology. This chapter has reviewed Charlotte Haldane's position as a women writer in a predominantly 'man's world'. It has analysed Haldane's dystopian fiction alongside medico-scientific texts engaged with the biopolitical discourses of an era that was marked by eugenic ideologies, sexology and biological reproduction. This chapter, therefore, has argued that Haldane was able to disrupt the elitist, male authority represented by her scientific role models by firmly situating herself amongst them through the subject position of an empowered woman. Using the

biologist's language, Haldane was able to demonstrate her factual knowledge whilst critiquing the exploitative forces that have repressed the female reproductive body.

Chapter 2: L.P. Hartley's *Facial Justice* and the Uses and Abuses of Cosmetic Surgery

Published in 1960, Hartley's *Facial Justice* is a dystopian novel that critiques the standardization processes brought about by the introduction of the welfare state in Britain in 1945 and by which women are required to undergo plastic surgery for the general well-being of society. The novel thus problematises the role of the welfare state and its medical institutions, a central aspect that has largely been neglected by the critical scholarship. This chapter seeks to fill this lacuna by examining the novel's overlooked medical contexts, particularly the development of aesthetic surgery in the mid-twentieth century. The chapter will also differentiate between the historical developments of plastic surgery linked to the two World Wars, on the one hand, and the rise of the phenomenon of cosmetic surgery that targets women, as opposed to the disfigured male victims of war on the other. Integrating literary analysis, medical humanities and feminist approaches this chapter sets out to analyse the complex gender and medical structures of Hartley's text, by documenting the novel's engagement with the history of plastic surgery, especially how it prioritises an objectification of the image of women in patriarchal societies. In so doing, I articulate Hartley's serious concerns and anxieties about the growing power of the medical profession by documenting the author's reservations about the political structures of the welfare state and in particular the National Health Service.

Early Developments in Reconstructive Surgery

In his introduction to *Facial Justice* John Sutherland pertinently observes that 'Hartley was aware of the heroic work of Archibald McIndoe, a consultant in plastic

surgery to the RAF in the Second World War years' (xv). During the first part of the twentieth century surgical procedures were considerably improved to help repair scarred skin and reconstruct limbs. But surgeons particularly focused on facial – or maxillofacial – injuries, because trench warfare had resulted in numerous head injuries (Haiken 1997: 29). Even though there was a clear focus on reconstructive surgery as opposed to aesthetic surgery, 'plastic surgery underwent something of a moral face lift' (1995: 16), as Kathy Davis observes. The two world wars had left thousands of casualties whose maimed bodies, just like the ruins around them, were in desperate need of reconstruction.

Sir Archibald McIndoe (1900-1960) was a 'pioneer [and] a giant of surgery' (Barron 1985: 303) whose contribution to the treatment of burns was path-breaking and greatly influenced the development of plastic surgery. Originally from New Zealand, McIndoe started his surgical training in 1925 at the Mayo Clinic in Rochester, Minnesota, where he was appointed to staff-surgeon (Bruner 1973: 1). In 1930 his cousin Sir Harold Delf Gillies, also a plastic surgeon, invited McIndoe to join him at the St. Bartholomew's Hospital in London (Mayhew 2004: 56), where McIndoe commenced work as a plastic surgeon. At the outbreak of World War II in 1939 there were only four qualified plastic surgeons in Britain: (Barron 1985: 206) Harold Gillies, Thomas Pomfret Kilner, Arthur Rainsford Mowlem, and Archibald McIndoe, all of whom formed a generation of plastic surgeons who learned their craft during the eventful decade that ran from 1939 to 1949, a period that witnessed an enormous influx of burn casualties (Barron 1985: 206). During the Second World War about 22 000 men were burned to death, whilst 80% of the 4500 air crew who recovered from crashed planes and parachutes suffered from severe burns on hands and faces (Jackson 1978: 335). In anticipation of an increased demand caused by the

horrors of war, all four surgeons were assigned to different hospitals in the Southeast of England.

At the Queen Victoria Hospital in East Grinstead, McIndoe founded a Maxillo-facial Unit for burn patients with the aim of returning the ‘recognizably “human” face back into the fighting’ (Gilman 1999: 163). As reported by John Watson, a fellow plastic surgeon, ‘McIndoe entered the arena of burns treatment at a time when the local treatment of the large burn wound had been revolutionized by the introduction of tannic acid coagulation by Davidson in 1925’ (Watson 1971: 36). Tannic acid was ‘originally used in leather works to stiffen or ‘tan’ the hides’ (Mayhew 2004: 56). Statistics show that 65% of burn patients used to succumb to their wounds within the first two days, before the use of tannic acid. But this innovative treatment rapidly fell into disrepute for a number of reasons. Aside from the fact that tannic acid severely affected the liver, the coagulation treatment engendered a series of side effects which were largely related to the immobility of tissue thus reducing circulation and almost inevitably resulting in cases of sepsis.

McIndoe repeatedly stressed the importance of skin grafting. During a meeting in 1943 at Princess Mary’s RAF Hospital, McIndoe stated that ‘[t]he early application of skin to any raw surface is as important as the early immobilization of a fractured bone’ (McIndoe 1943: 647), because ‘[t]he longer a raw surface is exposed the poorer the blood supply to the proliferating epithelium and the slower the rate of growth’ (McIndoe 1943: 648). McIndoe significantly influenced the field of hand surgery by demanding ‘the discontinuance of tannic acid in the treatment of the burned hand’ (Bruner 1973: 6). Used on the face, coagulation therapy had calamitous consequences as coagulants left the tissues around the eyes ‘stiff and immobile’ (Mayhew 2004: 60) making it impossible for the patients to blink. The resulting lack

of lubrication led to scratching and infections, which damaged the cornea irreversibly and also resulted in cases of blindness.

From 1940 onwards, coagulation treatment was replaced by saline bath therapy (Jackson 1979: 335), which helped to effectively prepare the skin for grafting. Advocated and developed by McIndoe, the saline bath treatment was a time-consuming method which required a substantial amount of teamwork. In this way, McIndoe acknowledged the importance of nursing staff, who acted as orderlies and were responsible for the lifting of patients. McIndoe's efficiency as a surgeon heavily relied on the proficiency of his clinical team and he recognised that '[s]kilful and devoted nursing carried out under aseptic regime are more important than any magical application from a bottle' (McIndoe 1943: 651). The positive dynamic of McIndoe's burn ward was revolutionary, and the exceptional endurance and positivity with which the injured airmen faced their unbearable sufferings culminated in the founding of the Guinea Pig Club. The name was not randomly chosen. It reflected McIndoe's experimental surgery performed on the disfigured airmen. Through the Guinea Pig Club, McIndoe sought to make the reconstruction of the burnt face socially accepted. It was a way of facilitating the combatant's reintroduction into society. It is not difficult to see why, time and again, Sir Archibald McIndoe is perceived as a hero. His enthusiasm for burn prevention stems from a deep desire to help the injured combatants. In her study of Archibald McIndoe's relationship with the Air Ministry, Emily Mayhew observes that '[w]ith any retelling of the story of McIndoe, however, it is difficult to avoid portraying him as being something close to saintly' (Mayhew 2004: 75). Indeed, accounts from former trainees, colleagues, and friends such as John Netterville Barron, Julian Minassian Bruner, John Watson, and Douglas MacGilchrist Jackson praise McIndoe for his 'dynamic personality' (Bruner 1973: 1), and his 'position of influence and

power' (Jackson 1978: 336). Descriptions of McIndoe's achievements evoke a god-like notion, which interferes with his pronounced humaneness. It is precisely this image of the all-powerful physician that Hartley was so afraid of and that allowed him to express his fears and anxieties about the medical and societal transformations taking place in post-war Britain.

Peter Bien notes that Hartley's idea of a society in which women are subjected to plastic surgery derived from a need to 'warn us of the not-at-all-preposterous role the medical profession is already playing as an instrument to abridge our liberties' (Bien 1963: 221). According to Bien, Hartley's *Facial Justice* was considerably influenced by Gerald Heard's *Morals Since 1900* (1950). Concerned with the growing political power of the doctor, Heard writes:

The doctor then, having become the one authority still not wholly suspect to the governed, and also respected by the governors because of his special knowledge, is inevitably translated from being an independent 'medical adviser' of private clients who chose him, into a medical authority over a public that is officially subject to him. (Heard 1950: 214)

Heard ascertains that the physician's status of power can be traced as far back as the First World War, when 'the Army Medical Corps gave the doctor powers of life and death' (Heard 1950: 212). With this in mind, the doctor literally holds the patient's life in his hands, and becomes the individual's confidant, someone to trust.

Facial Justice was written shortly after the outset of the Cold War. Set in a 'not very distant future' (1960: 3), after a fictional nuclear catastrophe caused by the Third World War, it captures a general fear and anxiety based on the knowledge that if the world's superpowers decided to detonate their nuclear weapons against each other, this would result in the end of human civilisation. For a peacetime government, it is imperative to keep their people at bay but also to protect their numbers. Although governments, as Bien observes, sought to assuage society's fears

especially since 'in a cold war every member of society is under perpetual mobilization; and [the peacetime government] must therefore find subtler ways of dealing with malcontents than shooting them' (Bien 1963: 222). Central to Hartley's novel is the idea of mass-suggestion which, as Heard notes, is a way of controlling 'public opinion without the appearance of coercion or interference with "free speech"' (Bien 1963: 213). Mass-suggestion in Hartley's fictional world is based on a political concept, which has at its core two moral poles around which life in the New State revolves: 'Equality and Envy – the two Es' (1960: 6), which engage the person who mentions either in a 'ritual dance – a few jerky, gymnastic capers for Envy, a long, intricate ecstatic exercise for Equality' (1960: 6).

Critics such as John Atkins (1977: 84), Edward T. Jones (1978: 126), Knud Sørensen (1971: 71), Anne Mulkeen (1974: 140) and Maurizio Ascari (2000: 269) are in agreement that the 'levelling policy' (Ascari 2000: 269) at play in Hartley's society allowed him to 'express his abhorrence of modern trends of uniformity, standardization, statistical administration and communalization' (Atkins 1977: 84). By depicting a regime which promotes a 'Horizontal View of Life' (1960: 58), implying that there is no room for personal aspirations and growth, Hartley expresses his revulsion against the 'bureaucratic controls and the other restrictions of modern life' (1967: 14), as stated in his essay 'The Novelist's Responsibility' (1967). Hartley vociferously expresses his dislike of the modern world, especially what he viewed as the decline of individuality:

One of the difficulties, perhaps the chief difficulty, that the novelist of today has to face is that the individual has been devalued, like the pound. As individuals we can only expect about half of the interest and sympathy that the public would have given us before the First World War. [...] After the war, the devaluation of the individual in fiction, as in life, went still further, and his stature shrunk. (1967: 11)

Hartley further explains that the ‘sufferings and inconveniences’ (1967: 11) both World Wars had inflicted on the population created a general lack of compassion and disinterest for the individual: ‘What was one broken heart when so many millions of hearts had been broken? (1967: 11). The founding of the welfare state encouraged this feeling by placing the focus on the generic ‘flock’ (Hartley 1960: 45) rather than the individual. With the birth of the National Health Service in 1948, this concept was solidified and is clearly deployed in *Facial Justice*, which shows a regime acutely concerned with the health of its citizens. Due to the devastating consequences of the nuclear war, children are deemed too fragile to be raised by ‘medically inexperienced persons’ (1960: 23). They are segregated from their parents and brought up by state officials, so-called ‘kiddy-kuddlers’ (1960: 21). In so doing, the ‘nanny’³ state claims the role of the mother, thereby safeguarding the citizens’ total dependency as ‘grown-up’ children. Indeed, as Mary Theis sharply observes:

The archetypal representatives of Nature, mothers nurture their children both within the womb and outside it to *end* [emphasis mine] their physical dependency upon them; the State as Mother, however, restricts the growth of its children to ensure their continued helplessness and inability to exist without its protection. (Theis 2009: 158)

Both Anne Mulkeen and John Sutherland (xvi) recognise that Hartley directly criticizes ‘certain aspects of social welfare’ (Mulkeen 1974: 148). Like so many earlier dystopian texts, *Facial Justice* is a critique of contemporary social tendencies. It has Huxleian and Orwellian undertones, as emphasised by critics such as Anthony Burgess (Burgess 1967: 44), Maurizio Ascari (2000: 275), Edward T. Jones (1978: 125), Knud Sørensen (1971: 68) and John Atkins who particularly highlights the connection between Hartley’s ‘juvenilocracy’ (Atkins 1977: 82) and Huxley’s *Brave*

³ The first written reference to the term ‘Nanny State’ is made in relation to the banning of smoking in cinemas, and can be found in a clipping of *The Spectator* from 26 February 1965.

New World.⁴ Through his fiction Hartley expresses the political controversies surrounding the concepts of the welfare state. As J.F. Sleeman puts it:

For some it is the very symbol of the role which the State should play in modern society, in which participation in the social services should be one of the rights and duties of citizenship; [...] For others, it is the symbol of ‘feather-bedding’, of a tendency to provide help to people irrespective of whether they need it or not, an excessive care for the needs of all which is in danger of sapping self-reliance and initiative. (Sleeman 1973: 1)

Hartley openly ridicules the ‘excessive care’ that the welfare state provides for its British citizens by suggesting a *reductio ad absurdum* of the political structures at work in his New State. Based on the work of Thomas Humphrey Marshall and Richard Titmuss, Rodney Lowe defines the ‘welfare state’ as ‘a country in which government seeks to use all its economic and social powers to redistribute income and wealth - and ultimately social status and political power – more equally (Lowe 1990: 155). ‘Thus’, he adds, ‘it seeks not just to secure a minimum standard of life for its citizens but also to engineer a more just and altruistic society based on mutual co-operation rather than individual self-interest. By this definition, many would argue, Britain has never been a welfare state’ (Lowe 1990: 155). Lowe holds that in Britain, during the 1930s, the term was positively used as ‘an antonym to totalitarian “warfare states”, which repressed their own citizens and disregarded international law; but in the late 1940s, it reverted – under American influence – to a backbench-Conservative term of abuse for Labour’s welfare legislation’ (Lowe 1990: 154). By imagining a dictatorship for his fictional world, Hartley’s attitude towards the welfare state is self-explanatory.

To complicate things, however, Harley’s leader is a ‘woman hater’ (Hartley 1960: 26) who addresses his citizens through loudspeakers, which can be heard

⁴ Hartley mentions *Brave New World* in a letter to Peter Bien. He also writes that Aldous Huxley was a friend of his ‘many years ago’ (Hartley, 31 October 1958).

across the whole state. Citizens of the New State are referred to as ‘Patients’ or ‘Delinquents’ and are given the names of murderers ‘to remind them of their common fallen state, confirmed by three world wars’ (1960: 24). Everyone has to wear sackcloth, which is the universal attire, and women have to dust their hair with ashes. In Hartley’s world people are classified according to beauty, brawn, and brains. However, and this is where the difference lies, women are judged solely by their outward beauty. A woman who is beautiful but not beautiful enough is labelled a Failed Alpha. Men can also be Failed Alphas, but for them this carries ‘no social or moral stigma’ (1960: 29). In an attempt to abolish envy between women, Hartley’s Darling Dictator coerces his female citizens into betafication, a cosmetic process which replaces their natural faces with ‘one of three stock models’ (1960: 5) whose skin, ‘Win-Skin’ (1960: 12) has ‘ready-made, water-proof, weather-proof make-up’ (1960: 12). Critics such as Jones and Ascari view this system as an ‘intriguingly sexist detail on the part of Hartley’ (Jones 1978: 126), and as an illustration of Hartley’s ‘misogyny and misanthropy’ (Ascari 2000: 274).

Procedures of aesthetic surgery can be traced as far back as the 1880s and 1890s (Gilman 1999: 4), but it is generally acknowledged that ‘the specialty in its modern form dates from World War I’ (Haiken 1997: 17). The injustice the disfigured soldiers had to endure in the name of patriotism was generally shared by the public, which made it easier for surgeons to practise aesthetic surgery ‘without the charge of vanity’ (Gilman 1999: 166). Throughout its medical history aesthetic surgery has carried negative connotations, which Sander L. Gilman emphasises in his definition of the procedure:

The name *aesthetic surgery* seems to be a label for those procedures which society at any given time sees as unnecessary, as nonmedical, as a sign of vanity. ‘Aesthetic’ surgery is the opposite of ‘reconstructive’ surgery, which is understood as restoring function. (1999: 8; emphasis in original).

If society deems aesthetic surgery to be ‘unnecessary’, it is all the more surprising that, during the second part of the twentieth century, cosmetic surgery gradually developed into an industry, a ‘mass phenomenon’ (Davis 1995: 16) of Western societies. As a result of the post-World War II economic expansion, developed countries, especially in Europe and the US, experienced a growing consumer culture which manifested itself in the so-called ‘beauty business’. While new technologies in cosmetics and hair care had already been strategically advertised at the end of the nineteenth century, the rise of the consumer culture taught people to ‘stop worrying and love the nose job’ (Haiken 1997: 12). This change in mentality marked what Naomi Wolf termed the ‘Surgical Age’ (Wolf 1991: 221), which also saw a change in recipients of plastic surgery from male victims of war to dissatisfied women, who were unhappy with their outward appearance. As Una Stannard notes, ‘millions of women undergo surgery to have their freckles burnt off, their skin peeled, their faces lifted, their noses reshaped, their breasts filled with silicone’ (Stannard 1971: 190). Stannard argues that women are the victims of a beauty cult which makes them believe ‘they are the fair sex, but at the same time that their “beauty” needs lifting, shaping, dyeing, painting, curling, padding’ (Stannard: 192). Addressing the rise in cosmetic procedures, *Facial Justice* problematises the moral issues surrounding reconstructive surgery by positioning women, and not men, as those in need of surgical intervention.

In the opening scene to *Facial Justice* Hartley presents us with two women, Jael and Judith, who are about to enter the Equalization (Faces) Centre to have their faces betaified. Jael has been graded a Failed Alpha because of a self-inflicted scar on her cheek but her beauty still exceeds the norm, which provokes envy in other women. Jael’s status of a Failed Alpha makes her an outcast among the females of the New State, she is ‘betwixt and between – not one thing or another’ (1960: 7).

Judith, on the other hand, is less beautiful, and has been registered as a Gamma. She finds herself at the very bottom of the New State's beauty scale. Neither Jael nor Judith want to be betaified, but both are talked into it by men: Jael by her brother, and Judith by Cain, her partner. According to her brother Joab, Jael's face constitutes 'a potential breeding ground of Envy' (1960: 31), which is, as explained above, unacceptable. Judith's situation is slightly different. Her face does not cause envy so technically she does not need to undergo betaification, but Cain pressures her into it.

Analysing the sexual politics of idealisation at work in Hartley's text, it becomes apparent that it is a male obsession with imperfection that leads women to choose facial surgery. Both women are the victims of a profound hostility towards their sex. Since the 1970s, feminist scholarship widely agrees that cosmetic surgery can be identified with 'women's deep psychic victimization' (Pitts-Taylor 2007: 74). Cosmetic surgery for women is regarded as an expression of 'patriarchal coercion' (Pitts-Taylor: 73). Judith's case clearly confirms this theory, especially since Cain is described as having 'egged on Judith to betaification' (1960: 61). Repelled by Judith's Gamma face, Cain becomes irascible during sexual intercourse. Judith explains that '[t]hey're taking it out on us for not being their ideal!' (1960: 61), when in fact it is Cain's way of confirming his superiority over her. Through his violence, Cain claims his position as the owner of Judith's body. The extent of his dominance becomes apparent when he marries Judith after her betaification, as a reward for her obedience. Through facial surgery Cain is able to shape Judith in compliance with his patriarchal ideals. It goes without saying that this process greatly devalues Judith as a woman. Indeed, the success of her standardisation 'reaffirms that her value is legitimised through appearance, her non-identity' (Tseëlon 1995: 91).

Some feminists view cosmetic surgery as a form of empowerment, because the woman who chooses it also chooses a process of 'identity work that establishes

the true self and the proper body to reflect it' (Pitts-Taylor: 58). This means that by undergoing cosmetic surgery a woman can make herself look the way she feels on the inside, thereby aligning her personality with her physical appearance. However, for Judith her looks and her personality are two separate entities. The one is not a reflection of the other, and she verily believes that she 'shall be the same' (1960: 9) underneath her Beta mask. Paradoxically, Judith also compares the alteration of her physical appearance to death, and presumes that she '*shall die, in a way*' (1960: 11; emphasis in original). Although this does not coincide with her aforementioned convictions, it is certainly true, at least from a feminist perspective. By surrendering to Cain's wishes, Judith readily accepts man's misogynist projections onto her body. This marks the death of her true self. Judith has come to internalise man's denigrating attitude towards woman. As a Beta, she has accepted an identity that defines her as the inferior sex. According to Virginia Blum, '[p]lastic surgery happens in a culture where we are impaled on the effects of first impressions' (Blum 2003: 126). Even though it is generally acknowledged that aesthetic surgery allows us to 're-shape the body and re-fashion our facial features to better approximate our self-perceptions and ideals (Finkelstein 1991: 105) we tend to assess and measure someone's personality by the way they look, as if the outside reveals what is on the inside. This way of thinking can be traced back to the tradition of physiognomy, a pseudoscience which analyses the lineaments of the face to deduce a person's character.

'Physiognomy', as explained by Joanne Finkelstein, 'was a means of calculating and understanding the invisible from the visible; it assumed that the nature of human actions and intentions were recorded in the obvious signs of the face and body' (Finkelstein 1991: 28), or to put it in other words, it is 'the art of reading character from facial features' (Pawlikowska 2015: 1). Practices of physiognomy

originated as early as the tenth century and were mainly based on an astrological system which compared people's physical appearance to planetary and lunar characteristics: 'Lunar people were small-bodied and lively, Mercurial individuals were smaller still, imaginative with subtle and serious interests; they were engaged with writing, astrology and white magic' (Finkelstein 1991: 17)'. As both Joanne Finkelstein and Kamila Pawlikowska agree, physiognomy, as a tradition, seems to have concretised with Galen, Hippocrates and Aristotles. It is generally agreed (Evans 1969: 5, Finkelstein 1991: 18, Hartley: 2001: 190, Berland 2005: 26) that the first systematic account of physiognomy is the Pseudo-Aristotelian manual entitled *Physiognomonica* (3rd century BCE). By taking into account all aspects of the body, including bodily motion and voice (Pawlikowska 2015: 3), the handbook discusses how to determine human character from the 'parallelism which exists between human behaviour and that of animals' (Evans 1969: 9).

The extensive scholarship on physiognomy is testament to the long history of physiognomy and its 'varying objectives' (Pawlikowska 2015: 3), but it appears that the publication of Johann Caspar Lavater's (1741-1801) four-volume oeuvre *Physiognomische Fragmente zur Beförderung der Menschenkenntniss und Menschenliebe* (1775-78) triggered a widespread interest in physiognomics. This greatly influenced eighteenth- and nineteenth-century literature and even left its mark on '[o]ur contemporary attitudes toward physical appearance' (Finkelstein 1991: 105). Lavater believed in a profound correlation between the outward appearance and the hidden inside of individuals. He defined physiognomy as 'the science or knowledge of the correspondence between the external and internal man, the visible superficialities and the invisible contents' (Lavater 1858: 11). The philosopher's treatise displays what Pawlikowska has termed 'the surface-depth paradigm, that is, the belief that the material surface of the face informs us of a person's invisible "depth"'

(Pawlikowska 2015: 8). Although Lavater's system of analysis takes into account the whole human body, it is the face that is of particular interest to him (Finkelstein 1991: 24; Pawlikowska 2015: 9). 'GOD CREATED MAN IN HIS OWN IMAGE, IN THE IMAGE OF GOD CREATED HE HIM' (Lavater 1858: 2), he proclaims, thereby identifying the 'rude earthly form' of the 'Godhead' (Lavater 1858: 2) as the key to determining human character. Later, he adds '[i]t is undeniable that the form of the skull and bones is the most important and essential object to be considered in such observations' (Lavater 1858: 494). Lavater observes the human countenance 'at rest' (Lavater 1858: 12). He argues that '[c]haracter at rest is displayed by the form of the solid and the appearance of the moveable parts, while at rest' (Lavater 1858: 12). This implies, as Pawlikowska points out, that '[he] dismisses the significance of facial expression precisely because it can be faked and obscure the God-given correspondence between the face and character' (Pawlikowska 2015: 9). Furthermore, it fixes the person and the face in a 'binary structure' (Pawlikowska 2015: 13), a state that withholds the idea of personal mutability and growth. Lavater establishes a link between the face and a mirror. Through a 'variety of impulse, emotion, and action' (Lavater 1858: 2), a 'concealed Deity' (Lavater 1858: 2) is revealed 'as in a magical mirror' (Lavater 1858: 2). This idea of a mirror, the surface of which is able to reflect expression in movement defies the physiognomist's study of the face at rest, and more likely suggests that the essence of the divine is projected onto a 'human' canvas, frozen in time.

Hartley's Beta masks follow Lavater's guidelines. Bearing 'only one of ninety-nine expressions' (1960: 41), a Beta mask pins a woman's character down to the desired national standard of uniformity and compliance and represents an enforced application of the 'surface-depth paradigm'. The surgical reconstructions of McIndoe's facially injured soldiers were necessary for the survival of the patients

and can, therefore, not possibly be regarded as imposed interventions. This constitutes a major difference between the situation of disfigured airmen and that of Hartley's fictional victims. Yet, for both sides, plastic surgery becomes a means to blend individuals back in with the masses. Indeed, '[i]ndividuals who are physically different are seen to challenge the prevailing norms; they are the supernumeries [sic] and mysteries who strain the imagination about what is acceptable', writes Finkelstein (1991: 51).

After the First World War more stories emerged about the difficulties facially disfigured soldiers encountered. For example, there emerged a 'collective looking-away' (Biernoff 2011: 668), which took the form of blue colour-coded benches placed around Sidcup where Harold Gillies' specialist hospital for the facially injured was located (Biernoff 2011: 672; Alexander 2007). As nurses were urged to '[a]lways look a man straight in the face', (Macdonald in Biernoff 2011: 668; Alexander 2007), mirrors were carefully removed from facial injuries wards (Biernoff 2011: 668; Alexander 2007), since 'men who somehow managed an illicit peek had been known to collapse in shock' (Alexander 2007).

The atmosphere of both Gillies and McIndoe's wards reverberate with the dynamics of Hartley's hospital ward, where Jael initially considers her doctor as a friend (Hartley 1960: 89), much like the members of the Guinea Pig Club, and looking-glasses are prohibited because they 'can't have patients staring at themselves, it isn't good for them' (1960: 100). The 'horror and dismay' (1960: 100), Jael experiences when she first beholds her newly betafied reflection in the little compact that is handed to her is quite similar to the incident mentioned above, and yet the situation is completely reversed. The 'dehumanising effects of facial injury' (Biernoff 2011: 677) weighed on recovering soldiers and greatly affected their sense of manliness (Koven 1994: 1189).

Suzannah Biernoff further explains by writing that ‘facial mutilation presents a problem because it concerns the identity of the embodied self, rather than bodily function – *being* a man, in other words, rather than *acting* as one’ (Biernoff 2011: 677; emphasis in original). As established by Major Leonard Darwin during the Galton Anniversary address organised by the Eugenics Society in 1917, disfigurement threatened a man’s future and social existence and so, out of a sense of national decency, compensations had to be arranged for veterans faced with the prospect of losing their ‘chances of establishing a comfortable home’ (Darwin 1917: 4). Reconstructive surgery essentially counteracted the rising ‘culture of aversion surrounding facial injury’ (Biernoff 2011: 669), as similarly expressed by Judith who compares her betafication to the drop of temperature after an illness which had marked her as ‘permanently subnormal’ (1960: 65). In fact, just like the facially mutilated servicemen evoked feelings of dread and embarrassment in others, Judith argues that Gammas are confronted with very similar reactions:

We don’t despise them, but they embarrass us. We don’t know what to say to them, any more than you know what to say to somebody who’s ill – you have to choose your words, and put on a special voice. (1960: 65).

Judith’s Beta mask allows her to reconnect with the mainstream. She no longer suffers from her stigmatisation and therefore feels like ‘a different creature’ (1960: 64). Her new face has produced a new self, confirming Lavater’s surface-depth paradigm. On top of that, Judith actually expects to develop a ‘full Beta point of view’ (1960: 66), which further emphasises that her outside will one day mirror her invisible inside.

The Construction of Identity

The thought of having her face replaced by a Beta mask absolutely terrifies Jael. From the outset, Jael has ambiguous feelings about herself, which are symbolised by the scar that makes her an outcast within the New State's society. Although the young woman knows that 'Beta is best' (1960: 7), and that by becoming one she would be rehabilitated into society, she consciously decides to walk away from the Equalization Centre. As someone who is looking for facial expressions on faces that only offer one of ninety-nine possible expressions (1960: 41), Jael's perception of the human face and what it reveals comes close to that of the Canadian-American sociologist Erving Goffman (1922-1982). For Goffman, 'self-identity is interwoven with appearance and how others regard that appearance' (Finkelstein: 185). In love with Michael, an Inspector who rescues her after the accident that caused her facial disfigurement and consequent betafication, Jael longs to see herself in Michael's eyes:

She wanted to see herself as *he* would see her, as she would look through *his* eyes, when he came; was it not what all women wanted, when they took out their little mirrors – to see themselves reflected in some man's eyes? (1960: 71)

Jael's identity heavily relies on the way Michael perceives her. He has a positive effect on the woman's self-esteem, which temporarily obliterates the ambiguous feelings she has about herself. For a brief moment, Jael fully accepts her stigmatised physical appearance, and her individuality. Unfortunately, this self that Jael believes to be her own is only a male construction, the projections of Michael's physical attraction to her, which is thus very similar to Judith's experience with Cain. Jael's notion of self is considerably shaped by her encounter with a man. An encounter, or as Goffman terms it 'social interaction' (Goffman 1983: 2), creates a 'face-to-face

domain' (Goffman 1983: 2) which requires 'microanalysis' (Goffman 1983: 2), that is, the observation of facial expressions and 'minutiae' (Finkelstein 1991: 185) that inform us of the other's attitude towards us, but also give us the possibility to modify these opinions through self-presentation. Goffman believes that:

When an individual makes an appearance in a given position, he will be the person that the position allows and obliges him to be and will continue to be this person during role enactment. The performer will attempt to make the expressions that occur consistent with the identity imputed to him; he will feel compelled to control and police the expressions that occur. Performance will, therefore, be able to express identity. (Goffman: 1961: 88)

As opposed to Lavater who disregards facial expressions, Goffman attributes great importance to their effects during social interaction. Pawlikowska concludes that '[n]o surface-depth connection defines Goffman's faces' (Pawlikowska 2015: 21). After her betafication, Jael, while she is still under the effects of Michael's former projections onto her, desperately tries to find her old self in Michael's eyes. Observing him closely, she is unsettled by Michael's puzzled look (1960: 94) and notices that 'his gaze did not search her face as it once had, but seemed to stop short before it reached her' (1960: 95). Michael's facial expressions cannot hide his new impressions of Jael's Beta face and he has to tell her that she 'is not quite the same' (1960: 96) anymore. Robbed of the possibility to use her body language to reclaim control of the situation and perform in a way that would convince Michael otherwise, Jael is trapped in the role Michael has created for her, one that she can no longer fulfil. As opposed to Judith and the disfigured soldiers of World War I and World War II, Jael's surgically altered face does not reintroduce her into society. If anything, it changes her to the core, and makes her, once more, an outcast of the New State's society. Newly betafied, Jael does not conform to Michael's personal standard of beauty. Her face, now perfectly flawless, repels him just like Judith's Gamma face repelled Cain. Jael interprets this rejection of her appearance as a

rejection of what she believes to be her true self. Because Michael does not love her new face, she too is unable to embrace it. Jael who believes that the outside is a reflection of the inside concludes, like Lavater's theories suggest, that her change in appearance must have brought about a change in her self. As Suzanne Wheeler observes:

She changes from a person who had a choice, who had made, reversed, and refrained from a choice, to one who rebels against the choice made for her, and who, in rebelling, forfeits further choice. Her mind is now set on revenge, on undermining the dictatorship that had imposed its will on hers. Ironically, in setting her mind on one end, to exercise her will, she has no choice, no alternatives, only one, revenge. (1984: 142)

Unlike McIndoe's burn patients who, through the surgeon's excellent skin grafting techniques have their faces reconstructed with their own skin, Jael's new skin 'was no real part of her' (Hartley 1960: 101). Her old face is forever lost, literally flushed down the drain (1960: 101). With her former face gone, and a new face that is not her own, Jael is put back into an ambiguous position. Crying for her lost self which she associates with her old face, and similarly weeping for her new self, 'for her new self was faceless' (1960: 127), she is lost between identities, and cannot ascertain who she is. Again, Hartley presents a disjointed version of post-war realities. His fictional Beta masks evoke in a perverted manner the motionless faces of tannic acid victims, and the first medical attempts at reconstructing the victims' skins. Hartley's futuristic masks have all the benefits of a scientifically advanced society, and yet their purpose is far removed from the efforts surgeons and artists put into the rehabilitation of former combatants.

In March 1916, the British sculptor Francis Derwent Wood (1871-1926) founded a 'Masks for Facial Disfigurements Department', also jokingly referred to as 'The Tin Noses Shop' (Alexander 2007) at the 3rd London General Hospital. Working with pre-war photographs of soldiers, Wood directed his artistic skills at the

re-creation of soldiers' original faces. In an article published in 1917 in *The Lancet*, Wood wrote: 'My work begins where the work of the surgeon is completed' (Wood 1917: 949). Intriguingly, Wood's sculpted masks have very little in common with Beta masks, a major difference being that they are not overly aestheticised; skin colour and eyebrows have to match the originals, eyelashes are made out of metallic foil (Wood 1917: 951). As Wood affirms: 'The essential of the treatment is the restoration of features; the features may have been originally ugly or beautiful. As they were in life so I try to reproduce them, beautiful or ugly; the one desideratum is to make them natural' (Wood 1917: 949). After a meticulous process during which a mould of the patient's face was produced, a 1/32-inch thick 'electrotype plate' (Wood 1917: 951) of pure copper could be formed. There are almost no records of the men who wore the masks, as Caroline Alexander (2007) reports, and only a few masks have survived but photographs by the English photographer Horace Walter Nicholls (1867-1941) show Wood in action, fitting and adding details to a mask (Biernoff 2011: 678-79). In a collective effort, surgeons and artists have combined their respective skills, adding to the medical advances in the field of reconstructive surgery by focussing on the shared aim of repairing the damages of war and giving back hope to maimed soldiers. Wearing their new metallic masks, generally held in place by spectacles, the patients' sense of self is restored:

The patient acquires his old self-respect, self-assurance, self-reliance, and, discarding his induced despondency, takes once more to a pride in his personal appearance. His presence is no longer a source of melancholy to himself nor of sadness to his relatives and friends. (Wood 1917: 949)

Wrongfully betafied, Jael struggles to come to terms with her new face and starts wearing a black veil. According to Meyda Yeğenoğlu and in the light of postcolonial discourse, '[i]t is through the inscription of the veil as a mask that the Oriental woman is turned into an enigma (Yeğenoğlu 1998: 46). Wearing a mask on top of

her mask gives Jael back her own agency. The veil hides her Beta face and at the same time creates room for interpretation which her Beta mask so obviously lacks. Jael does not quite realise it yet but her imposed cosmetic surgery has, paradoxically, empowered her (Pitts-Taylor: 58) and allows her to work out her true self, irrespective of her Beta mask, or Michael's impressions of her. Jael's veil-mask makes it impossible for others to ascertain her facial status. She has become enigmatic to others. This detaches her from the state's political system and enables her to guide a series of revolutionary attacks against the totalitarian system of the New State, and on a more personal level, against the Dictator. 'Bet on yourself!' (1960: 131) read the posters that Jael and her fellow conspirators put up on walls around the state, encouraging the population to recognise their separate individualities, and break through the conditioning by mass-suggestion.

Slowly recognised by people because of her veil, Jael starts to be known as the 'Black Beta' (1960: 131). This constitutes an illicit reappropriation of individuality that her plastic surgeon Dr Wainewright is not satisfied with (1960: 118). As the creator of Jael's face, Wainewright is probably the only man in the New State who can literally mould women to his surgical taste. The female face acts as a surface onto which the doctor can, like an artist, project his wildest fantasies. Wainewright represents the summation of the alter egos of Gillies, McIndoe and Wood. He is Hartley's nightmare version of a medical authority, a representative of the dystopian welfare state who abuses his powers and talents to the detriment of his female patients. Clearly disrespecting the 'fundamental principle in the Hippocratic tradition of medical ethics',⁵ *Primum non nocere*: 'Above all [or first] do no harm' (Beauchamp and Childress 2009: 149), Wainewright by removing her natural face,

⁵ The latin maxim does not actually appear in the Hippocratic oath, but 'clearly expresses an obligation of nonmaleficence (Beauchamp and Childress 2009: 149).

and creating a 'non-identity' for her, has physically violated Jael. But the harm he inflicts upon her body goes deeper as he forces her to take off her veil. Without it Jael feels 'naked and uneasy' (1960: 119) because her unveiling leaves her vulnerable, much like the disfigured soldier who has lost his self-identity. With her Beta face and a lack of facial expressions, there is no way for Jael to control what Wainewright thinks of her. At the same time, this allows her to take advantage of the situation. Since she is the living proof of Wainewright's narcissism, Jael can easily slip into the role that has been set out for her. Jael uses the doctor's weakness of exercising control over the woman's body, and specifically his fixation with her appearance, to her own advantage. Blinded by his love for the face he has created Wainewright unintentionally reveals the key to the Dictator's identity. When he realises what he has done, he stares at her with terror in his eyes (174). At a moment's notice his impression of Jael has changed. Her outside appearance no longer coincides with his sexual fantasies, and he gets a glimpse of Jael's real rebellious self. For the first time Jael is not regarded as an object of desire that can be projected upon, but as someone who might bring the patriarchal structures of control to collapse.

Since betafication for men is not practised in the New State, it is to be assumed that beauty is 'gender-related' (Tseëlon 1995: 78). Women are devalued by the patriarchal expectations that are projected onto them. Consequently, femininity becomes a social construction that is linked to physical appearance. As is the case with Judith, women are generally very apprehensive of their bodily appearance, and also more likely to be unhappy with their looks (Tseëlon 1995: 86). Judith suffers from her plain, if not ugly, face and is therefore an easy target for Cain's projections onto her. Jael blames men for the collective misery of women and expresses a pronounced hatred against them by thinking: 'Men! – she hated the whole tribe of

them, from the Dictator downwards – all except one, and she mustn't even think of him' (125). Seriously disappointed by the men in her life, Jael's trust in them suffered the greatest consequences, and she believes that by eliminating the Dictator, the absolute 'woman hater' and source of evil against the New State's women, she can change the order of things and destroy the deeply rooted patriarchal values within the political structures of the state. At the end, however, when she finds out that the Dictator is ironically an elderly woman, she cannot carry out her heinous plans. Jael knows that she must kill the Dictator, but she cannot kill the woman. She who represents the state, also represents the mother, the 'nanny' who has raised Jael. In *Facial Justice*, a woman's identity is the product of men's responses to her. Both Judith and Jael have been shaped according to patriarchal values, so maybe the Dictator too has experienced a similar fate. By killing the Dictator, the woman she is, Jael would imitate the surgeon through whose hand Judith's old self has died. Hartley's text shows that women are likely to reproduce patriarchal values. Only by stopping herself from killing the Dictator is Jael able to break through this vicious circle. She finally establishes an identity for herself, one that is based on her ability to make her own decisions, and is informed by her own thoughts and not based on mass-suggestion. In a letter (5 May 1962) to Peter Bien, Hartley writes the following:

In *Facial Justice*, my sympathies were really with the Dictator, who did her best with her intractable material, and suffered for it, as so many reformers and idealists have. Hers was the tragedy, and whether Jael was going to do any better, I doubt. It often seems to me that the price of free-will is too heavy'.⁶

Hartley's statement identifies the Dictator as a victim of the political structures she represents. He suggests that the Dictator had to work with what had been handed

⁶ The John Rylands Library, University of Manchester, Special Collections, Papers of Leslie Poles Hartley, Box 41/2. Letter to Peter Bien. 5 May 1962.

down to her. Similarly, Jael, too, risks making the same mistakes as the newly appointed dictator.

Conclusion

Facial Justice, is certainly not the most coherent novel. Numerous critics, such as Anne Mulkeen, John Atkins, Peter Bien and Edward T. Jones have noted that there are inconsistencies and that some aspects are ‘poorly integrated with the main theme’ (Atkins 1977: 84). Although Anne Mulkeen also deems Hartley’s chosen form to be ‘flawed’ because he tried to combine too many things (Mulkeen 1974: 140), she also admits that ‘*Facial Justice* is a fascinating experiment by a man determined to say things never quite said before’ (Mulkeen 1974: 140). The ideas for Hartley’s novel were forged in the crucible of the war years. For a long time loss, trauma, chaos, and pain determined the lives of millions, and Hartley’s novel tries to do justice to all of this, by stripping bare his own concerns and anxieties about a possible future for mankind. Hartley’s ‘nanny’ state is one which exaggerates the care it provides for its citizens, ‘whether they need it or not’ (Sleeman 1973: 1), to quote J.F. Sleeman again. By drawing on the medical advances of reconstructive surgery, Hartley draws many parallels between the cases of facially disfigured soldiers and that of the women in the New State, considerably twisting the progressive work of Archibald McIndoe and others like Francis Derwent Wood. His fictional surgeon Dr Wainwright is the antihero to McIndoe, someone who abuses his knowledge and position to inflict harm on his patients. Concerned by the physician’s growing power, Hartley shows how science can be used to the detriment of the individual. Hartley’s vision of the future welfare state is a gloomy one. Informed by the political agenda of a patriarchal regime, the medical profession in *Facial Justice* is portrayed as deeply

corrupted. The ensuing sexual politics at play create an idealised image of women. Analysing Hartley's notions of identity through the prism of the medical history of plastic surgery, and in conjunction with the theories of Lavater and Goffman, Hartley's novel can be regarded as a testament to the importance of the restoration and maintenance of the self.

Chapter 3: Contraception, Abortion, and Gynocide in Zoë

Fairbairns's *Benefits*

Termed a 'medical thriller' (Shriver 2003: 156), Zoë Fairbairns's dystopian novel *Benefits* (1979), presents a complex account of the conflict between a group of feminists and the right-wing British government in power. Fairbairns's novel portrays what Sarah Lefanu refers to as 'the monstrous twenty-first century bureaucratic state' (Lefanu 1989: 178). Indebted to the political affairs of the seventies, Fairbairns elucidates the repression of women's autonomy as a consequence of the political centrality of their state-imposed roles of mothers of the nation. The dystopia's thematic considerations are heavily influenced by medical issues inspired by the sexual politics surrounding contraception and the criminalisation of abortion, which demonstrates Fairbairns's 'remarkable perspicacity' (Alexander 1989: 46) and engagement with controversial human rights debates. In this sense, *Benefits* shares similar aspects with Huxley's *Brave New World*, but it has also been likened to Orwell's *Nineteen Eighty-Four*, although Fairbairns distanced herself from the latter, arguing that the sexual politics within Orwell's dystopia are tame in comparison with hers: 'This is a novel about a man in conflict with other men; he happens to be in love with a woman, but she is a fairly minor character' (Fairbairns 2001: 132). This chapter examines the complex interplay between political critique, sexual politics, and the history of contraception in *Benefits*, particularly how the latter has shaped the way the public perceives abortion. It will argue that women, in their struggle for 'A Woman's Right to Choose', have become the victims of a modern witch-hunt that is based on a

selection process leading to what Roger Luckhurst has defined as ‘genocidal attempts to control women’s reproduction’ (Luckhurst 2005: 183).

Feminism and Welfare Politics

Benefits documents the burgeoning of a feminist movement stridently campaigning against the political agenda of a misogynist ‘Select Committee of MPs’ (Fairbairns 1979: 5) under whose rule a weekly payment termed ‘Benefit’ (1979: 56) is implemented to reward ‘responsible motherhood’ (1979: 56). Despite the women’s resistance towards the sexist political developments underpinning the ‘Benefit’ scheme, it becomes increasingly apparent that the payment system is used to exercise control over women. Under the rule of a right-wing British government, women’s lives are increasingly monitored. ‘Benefit’ is withdrawn from women who do not live according to the standards set by ‘FAMILY’ (1979: 39), a political movement that advocates women’s ‘traditional role and biological destiny’ (1979: 39). Later, as Britain seeks to be admitted to ‘Europea’, which, in the novel, is described as a ‘new version of the Common Market’ (1979: 85), women are subjected to medico-political measures of fertility control based on morally questionable processes of selection. Unfit mothers are sent to rehabilitation centres termed the fens (1979: 98), where they are taught to turn the cells they are placed in into suitable homes for their families, and under the surveillance of ‘Europop’, a science agency invested in methods of population control, women’s wombs are invaded by contraceptive devices inserted by anonymous, disreputable doctors. Therefore, *Benefits* dismantles the power structures underlying discourses of contraception, which, in turn, allows Fairbairns to reveal how man’s desire to control women’s fertility turns into a modern witch-hunt.

Deeply indebted to the 1970s feminist movement that came into being in 1969, while she was studying in the USA, Fairbairns uses her novel as a mouthpiece for the women's liberation movement. Wondering why there was not something similar in the United Kingdom, Fairbairns, upon her return to England, learns that the British Women's Liberation Movement was rapidly starting to take shape (Fairbairns 2002: 7). As the first national Women's Liberation Movement conference took place in February 1970 at Ruskin College in Oxford, four demands were initially formulated, that would later develop into the well-known Seven Demands, which, as outlined in *No Turning Back* (1981) read as follows:

The women's liberation movement asserts the right of every woman to a self-defined sexuality and demands:

1. Equal pay
2. Equal education and job opportunities
3. Free contraception and abortion on demand
4. Free 24-hour nurseries, under community control
5. Legal and financial independence
6. An end to discrimination against lesbians
7. Freedom from intimidation by the threat or the use of violence or sexual coercion, regardless of marital status. An end to the laws, assumptions and institutions that perpetuate male dominance and men's aggression towards women.

(Feminist Anthology Collective 1981: 4)

Heavily influenced by the 'Feminist Seventies' and their political agenda, Fairbairns imagined a dystopian future that allowed her to follow several women through the evolution of political affairs between the years 1976 and 2000. The narrative mainly focuses on the interrelations between five characters: Lynn Byers, a journalist, and her husband Derek, their daughter Jane (who suffers from Cystic Fibrosis), Marsha, a homosexual, physically and emotionally involved with Lynn, and Judy Marshall, a spiritually inclined mother of a boy she does not recognise as her child.

The child benefit scheme that the Labour administration of James Callaghan (in office 1976-1979) had promised to grant mothers served as an inspiration point for Fairbairns.⁷ The novel also draws on the history and early implementation of the welfare state proposed by British economist William Beveridge in *Social Insurance and Allied Services* (1942), otherwise known as the Beveridge report, whose aim was to 'secure to all Englishmen a minimum of subsistence' (Wolman 1943: 4). As the founding document of the British welfare state, the Beveridge report tackled the socio-economic issue of poverty by proposing a system of social insurance whereby an individual should be allowed to draw state benefits in the event of unemployment or illness. As 'one of the most widely read and quoted documents' (Wolman 1943: 1) of its time, the report was welcomed by a vast majority, particularly since, as Elizabeth Wilson remarks, 'it located the woman firmly within the home' (Wilson 1977: 141):

In any measure of social policy in which regard is had to facts, the great majority of married women must be regarded as occupied on work which is vital though unpaid, without which their husbands could not do their paid work and without which the nation could not continue. (Beveridge 1942: 50)

With the declining birth rate that had hit the British post-war population, Beveridge underscores the woman's role of mother and housewife, thereby re-emphasising old gender stereotypes: 'In the next thirty years housewives as mothers have vital work to do in ensuring the adequate continuance of the British race and of British ideals in the world' (Beveridge 1942: 53). After the First World War, ensuring the survival of the British nation was defined as a woman's national duty. With the Beveridge report, this status was solidified and the woman's importance for the nation was officially recognised by raising the housewife to 'a distinct insurance class of occupied persons with benefits adjusted to their special needs' (Beveridge 1942: 48).

⁷ Please note that despite its critique of an authoritarian right-wing government and the curtailment of social protest movements, the novel was written shortly before the Thatcher era.

It goes without saying that 1970s feminists were enraged by Beveridge's formulations, especially by the conception that husband and wife were seen as a unity, and even worse, that the woman was dependent on her husband, a position that Mary Evans refers to as the 'twentieth-century codification of women: a codification that essentially limited the social and symbolic options of women' (Evans 1997: 29).

Fairbairns, for her part, elucidates some of the complications that the 1966 Supplementary Benefits Act presented for women, claiming that the issues 'posed are seen clearly in the early history of the British welfare state' (Fairbairns 1979: 323). The author particularly condemns the Beveridge report for requiring of married women to be 'housewives first and foremost' (Fairbairns 1979: 323). Thus, there seems to be an intrinsic confusion that arises amongst social policy planners when faced with the ambiguous status of the housewife, who, according to Fairbairns:

- is an adult but must for bureaucratic reasons be treated as a child
- works full-time but is 'not economically active'
- ought really to be one parent in a two-parent family but must not actually be permitted to starve if she falls short of this ideal
- makes a vital contribution to the nation's economy, but must remain an exception to the general principle that the way to keep key workers at their posts is by reward and incentive. (Fairbairns 1979: 323)

Fairbairns links women's oppression directly to marriage and childcare. However, it needs to be noted that she sees childcare as a necessity which is why she distances herself from the term 'Wages for Housework' by suggesting the term 'Pay for Childcare' to express her belief that 'the day-to-day domestic care of people who *need* it', as opposed to that performed for 'a demanding but fit husband' (Fairbairns 1979: 322-3; emphasis in original), is crucial. At the same time, Fairbairns argues that 'childcare is the key to dependency, for the very simple reason that it takes a lot of time and is unpaid', meaning that in a patriarchal capitalist system women are 'doubly oppressed' (Fairbairns 1979: 324). To Fairbairns, then, the implementation

of the Supplementary Benefits Act from 1966 further problematises a woman's position, as it states that if a man and a woman are living together like husband and wife, the man is financially responsible for the woman. In case of a suspicion of fraud, government officials have the power to investigate a woman's private arrangements which, in the spirit of a feminist phrase, demonstrates that 'the personal is political'. Speculating on the possible consequences that the implementation of a 'Pay for Childcare' could have, Fairbairns appreciates that it 'could be used against women – the most obvious danger being that it could be made selective (on class or race lines) or conditional upon certain standards of maternal behaviour' (Fairbairns 1979: 325), a concern that she further explores in *Benefits*.

The women in Fairbairns's dystopia become the victims of a system of selection that is based on the discrimination of gender, race, sexuality and social class. The benefits system introduced in *Benefits* sets out to grant all women a weekly payment called 'Benefit' under the condition that they stay at home and look after any children under the age of sixteen (1979: 56). The idea behind this policy is to reward 'responsible motherhood' (1979: 56), but the scheme quickly degenerates as married, working women are fired, and men are told that they cannot be paid more, because their wives receive 'Benefit'. Fighting against inflation, the new policy turns out to be too expensive for employers (1979: 84), and so cuts have to be made to the detriment of women. In order to regain control of the country's economy, politicians introduce, what is referred to in the novel as, an 'element of selectivity' (1979: 91). It condemns women for choosing, what politicians believe, is an unorthodox lifestyle. A representative of 'Family', known by the name Peel, expresses the political party's disdain towards women who reject the patriarchal values that define the new system:

Yet women in absurd numbers and on the flimsiest of pretexts have been exploiting the independence we have given them. They walk out on husband and home; they raise children unnaturally in all-female communities. Standards of moral and physical hygiene defy belief. With the aid of male dupes or perverted science, fatherless infants are conceived. Daughters are raised to hate men, sons to hate themselves. The women blaspheme, rewrite history, pervert nature, are greedy and immodest. (1979: 92)

Women who do not conform to the domestic norms set out by the political group have their 'Benefit' withdrawn. In order for it to be reinstated, they have to join a training programme designed to enhance their skills as mothers and wives. Women are, thus, coerced back into the private sphere of the home, where they are forced to fulfil their traditional role as mothers, and acknowledge that they are, to quote Peel, 'the cement of families' (1979: 92). The ensuing evolution of state of affairs turns into a modern witch-hunt, as the women of Fairbairns's society have their bodies attacked by intrauterine contraceptive devices and later poisoned by the water supply that is contaminated by fertility regulating substances.

In an attempt to resituate women permanently within the home, Fairbairns's politicians in *Benefits*, invite women to participate in a modern-day witch-hunt. Determined to 'purify' the British society, to clear it from unorthodox women who do not abide by their 'biological destiny' (1979: 39), the government encourages women to denounce each other, announcing that '[a]nyone wishing to make a complaint against a specific mother could do so anonymously' (1979: 93). Fairbairns's representation of the persecution of women by a patriarchal system aligns with the work of the radical feminist Mary Daly who in *Gyn/Ecology: The Metaethics of Radical Feminism* (1978) demonstrates how practices of physical violence committed against the female body can be perceived as a form of witch-hunt:

The 'custom' of widow-burning (suttee) in India, the Chinese ritual of footbinding, the genital mutilation of young girls in Africa (still practiced in

parts of twenty-six countries of Africa), the massacre of women as witches in 'Renaissance' Europe, gynocide under the guise of American gynecology and psychotherapy – all are documented facts accessible in the tomes and toms (libraries) of patriarchal scholarship. (Daly 1978: 28)

Initially employed in the early seventies by the radical feminist Andrea Dworkin to denote a so-called 'witchcraze' (Daly 1978: 221) against women, Daly applies the term 'gynocide', unambiguously derived from the word 'genocide', to encompass a series of medical and surgical interventions against the female body. Informed by the research of Fran Porges Hosken, whose pioneering report on sexual mutilation of females treats genital cutting as a 'symbol of universal male dominance' (Abusharaf 2000: 160), Daly uses a similar approach by sharing, in graphic detail, the operative and post-operative horrors of female genital mutilation:

Her legs are tied together, immobilizing her for weeks, during which time excrement remains within the bandage. Sometimes accidents occur during the operation: the bladder may be pierced or the rectum cut open. Sometimes in a spasm of agony the child bites off her tongue. Infections are, needless to say, common. (Daly 1978: 156)

Daly's exposé of atrocities committed against women follows the lead of other radical feminists such as Andrea Dworkin. In *Woman Hating* (1974), Dworkin lined up different forms of physical torture inflicted upon the female body, such as Chinese foot-binding and wartime sexual violence, with the ethnic cleansing of the Native Americans and the Jews during World War II. These 'horrendous slaughters' (Dworkin 1974: 93) resemble one another in their 'sadism' (Dworkin 1974: 93), but more importantly, they evoke a certain feeling of indignation, which is, as Diane Purkiss claims, of importance to radical feminists (Purkiss 1996: 11).

It is crucial to note that Daly particularly highlights a shift from ancient religious rituals of female genital mutilation performed in Sudan, Egypt and Somalia, to the equally, if not more sophisticated, 'barbarous rites of modern medicine' (1978:

170). Daly notes that the 'normative character of the monstrous rite becomes so ingrained that it continues even after the circumstances of its original performance appear to have changed drastically' (1978: 169). Rituals of genital mutilation, for example, have been moved from remote, unhygienic areas to the sterilised spaces of the hospital (Daly 1978: 169-170). In light of these developments, the medical practitioner can be seen as perpetuating the witch-hunt against women. In *Benefits*, Fairbairns mirrors the medicalisation processes of 'gynocide'.

An example of the violent persecution of women in *Benefits* is the attack on Collindeane Tower, towards the end of the narrative. It equals, in its intensity, that of the assimilations by Daly and Dworkin. As a feminist haven (1979: 83), the place offers shelter to women of all social backgrounds and operates as a self-contained microcosm. Paulina Palmer claims that '[i]t functions as a children's nursery and playschool, a refuge for battered women and, as women converge from different areas to challenge the Benefit scheme, a centre of feminist resistance' (Palmer 1994: 321). Its centrality to the political events that take place over a time span of almost twenty-five years is heralded in the opening paragraphs of *Benefits*. Defined as 'one of the biggest, most embarrassing statutory nuisances on the London skyline' (1979: 4), the building becomes a site of violence and depravation. As boyish pranks turn evil and families are evicted, the standard of living keeps dropping, and Collindeane turns into a melting pot of poverty, and disease: 'pneumonia, gastroenteritis, rumours of typhoid, even a rabies scare' (1979: 3) penetrate the weakened building, which, during the mid-seventies, a group of women take hold of to 'establish a feminist community' (1979: 4). It is important to note the language that Fairbairns uses to represent Collindeane Tower. The diseases that enter the building allude to its biological nature, as if the building was a person. Indeed, on her website, Fairbairns refers to the disintegrating building as an 'important character in the novel'

(Fairbairns 2012). When, towards the end of the novel, the tower is raided, repossessed by policemen assigned to deal with the women that oppose the government's contraception politics, it becomes clear that Collindeane represents women in all their carnality. In this respect, the attack on the tower represents a form of gynocide, the erasure of a culture of women united in their battle against male interference with their reproductive capacities. Described from Peel's perspective, the tower is clearly personified. It takes the form of a battered woman:

The attack had not changed its shape but it looked frail, bent, shy as a naked woman hiding behind her hands. Broken boards in the lower windows took the shape of teeth. Fluids poured in defence from the top still dripped down the building like tears. (1979: 166)

In this episode, Fairbairns confronts the reader with what Dworkin has referred to in psychoanalytic terms, as the 'horror of the womb', which according to the latter is 'an existential terror of women, of the "mouth of the womb," stemming from a primal anxiety about male potency, tied to a desire for self (phallic) control' (1974: 134). Upon entering the building Peel can be seen to experience the 'horror of the womb' in an almost literal sense. Contemplating the devastating results of the men's invasion, he is overcome by a feeling of nausea:

[E]arth had been thrown, and manure and smashed eggs and sponges soaked in blood (he gagged again at the shape of the sponges, knew what the blood was) and buckets of shit, human and animal and bird; and cooking oils and milk (milk from what animal, dear god, or was it...?) [...] His nose sought the lingering sourness of the counter-insurgency gas as relief from the sickening, organic musty intimate smells of women and their works. (1979: 167)

The violence committed against the women is described in a graphic and scatological manner detailing a catalogue of bodily fluids. It is not directed at one single woman, but rather at the *collective body* of women. This is not to say, however, that Fairbairns neglects women in their individuality. On the contrary, the writer

acknowledges women's variety, by constructing Collindeane as a point of convergence for the individual concerns of women.

The Structures of Resistance

It is on the roof of the tower, that women gather to discuss matters of politics and conspire against the economic control men exercise over women. The roof then acts as the headquarters, a place from which the women can organise their political activities. Assessing the heated discussions that emerge between the women at a 'CHILD BENEFITS PROTEST PLANNING MEETING' (1979: 7), it becomes obvious just how much the top of the building resembles a collective mental process. Fairbairns shows the united effort that the women engage in, in order to express their discontent towards the political status quo. Attending the meeting, Lynn Byers observes the build-up to the heated arguments that ensue, showing irritation at the impossibility of finding a mutual agreement between the women: 'Someone would propose something and the next woman would politely and rationally refute it. The original speaker would accept the refutation, then five minutes later make exactly the same point again' (1979: 11). The exchange of ideas that Lynn witnesses marks a stark contrast to the decision-making processes of male politicians who ignore the concerns of individual women. As the head of a collection of circa fifty women attending the meeting, the roof, as a locus of brainstorming, offers women the unique possibility of sharing their experiences as women, to empathise and identify with each other.

When the women break into groups to discuss the topic of motherhood, Lynn confesses how hard it is for her to conceive a baby. Not because it is physically impossible, but because, as a career woman, she is scared that she could not love her

child enough, even though it is socially expected of a mother (1979: 13). Lynn's case is an exemplary model for the pressure and anxieties that women might have to face when they consider motherhood. Afraid of either losing her identity as a person, or worse, conceiving an impaired child, Lynn chooses to control her fertility. She becomes, in her own words, 'the most efficient contraceptive in the world' (1979: 12): 'Cap in every night, even when he's dead on his feet. Sometimes I feel I'm fizzing with fertility and then I ask him to wear a durex as well, *and* withdraw' (1979: 12; emphasis in original). The importance of contraception for women is one of the major themes in *Benefits*. On the one hand, Fairbairns skilfully demonstrates how women resist the limitations imposed on them through contraception. On the other hand, she portrays how women fight for the right of using contraceptive devices on their own terms. A woman's right for birth control is heavily defended by another fictional character known as Posy. As a headstrong, homosexual feminist, who likes to see herself as a 'leader of the mass movement to overthrow patriarchy' (1979: 57), Posy has protested against the contraceptive ban in the Republic of Ireland by throwing condoms and pills at law enforcement agents (1979: 10). Her investment in the feminist cause also leads her to dig up facts about the new birth-control hormones, which, although tested on rats and black women (1979: 59), turn out to be carcinogens. Here, the idea that women are treated as guinea pigs within the realms of the medical profession is yet again clearly hinted at. Later in the novel, when Fairbairns's women go on strike, their slogans proclaim: "The Women are not Test Tubes." "The Women are not Guinea Pigs." "Not to Europop." "Not to Europea." (1979: 134). Fairbairns's fiction is rooted in actual events. It is a hard fact that the first high dose combined steroid pill was tested on a group of impoverished Puerto Rican women, in 1960, prior to its launch in the United States of America (Foster 1995: 11). With a range of different methods of contraception such as diaphragms

and caps, implants, male condoms, sponges soaked in spermicide, intrauterine devices (IUDs), and the pill, Peggy Foster states that, for many, the twentieth century has become ‘an era of choice and opportunity for women’ (Foster 1995: 9).

Contraception has a long history that is generally believed to have started with so-called ‘wise women’ (Foster 1995: 10), and ‘old wives’ tales’ (Quarini 2005: 28), advising women to hold their breath during sexual intercourse, blow their noses after ejaculation or jump backwards after love-making, in order to avoid pregnancy (Quarini 2005: 28). In early modern Europe, ‘wise women’ were primarily known to use a variety of herbs and ointments for their healing properties, but these brews were, as Brian P. Levack confirms, often accompanied by magical and superstitious practices (Levack 1987: 147). Herbal medicines and potions were also used in Ancient Greece to either prevent or terminate contraception (McLaren 1990: 27). Medical historians generally differentiate between two forms of contraception: male and female. Angus McLaren argues that while *coitus interruptus*, or its variant, *coitus reservatus* clearly are “‘male” forms of contraception’ (McLaren 1990: 26), anything that is inserted into the female body, like pessaries or plugs are perceived as ‘female’ methods of contraception. History shows that regulation of fertility was mainly ‘a woman’s business’ (McLaren 1990: 26). In fact, as McLaren, remarks in a note: ‘Only ten of a catalogue of 413 fertility-regulating recipes drawn from Greek and Roman sources were meant to be employed by men’ (McLaren 1990: 39). Here too, magic sometimes supplemented contraceptive procedures. Amulets served to ensure infertility (McLaren 1990: 28). Moreover, the rhythm method was considered as a contraceptive option amongst Greek women, despite it being unreliable as conception was thought to take place straight after or before the menses (McLaren 1990: 27). In fact, it was not until the 1930s that this form of contraception was fully developed after two gynaecologists Kyusaku Ogino from Japan and Hermann Knaus

from Austria independently discovered the time of ovulation (Quarini 2005: 29; McLaren 1990: 236; Lieberman 1973: 317). Since menstrual cycles, and especially ovulation can be unpredictable at times, Janet J. Lieberman reasons that the rhythm method can only be successful if couples ‘abstain for as long as two weeks during each menstrual cycle’ (Lieberman 1973: 318). In fact, sexual abstinence was the primary birth control method in nineteenth-century Europe. It was particularly encouraged by the Church, and emphasised by feminists who started demanding an increased ‘male self-control’ (McLaren 1990: 186). McLaren’s study also uncovers that throughout history, ‘[w]omen often preferred practices that they controlled, that did not require the assistance of either husband or doctor’ (McLaren 1990: 8). Towards the end of the nineteenth century the feminist claim that women ought to be in charge of the regulation of sexual intercourse, thoroughly started taking shape. Female physicians such as Dr Elizabeth Blackwell (1821-1910) based this assumption on the physiological laws that govern the female body (McLaren 1990: 187). It is thus clear that scholars have noted a gradual move away from male methods of contraception, a phenomenon that originated in the United States at the start of the Great Depression with the marketing of female contraceptive devices.

Statistics show that female-oriented contraceptives, such as the cap or the douche, ‘outnumbered those of condoms by five to one’ (Marks 2001: 188; McLaren 1990: 236). Nevertheless, in Britain, the transition to female forms of birth control was considerably slower than in the United States. At least until the end of the 1950s, contraception was principally considered a male affair (Marks 2001: 189). A favourite male contraceptive technique amongst British working-class men still was *coitus interruptus*, as it was seen as an affirmation of masculinity, a symbol of ‘strength and manhood’ (Marks 2001: 189).

In order to detach themselves from the male-dominated medical establishment set in place, the women inhabiting Collindeane Tower repurpose the building's space for medical care performed by women for women:

There was a medical floor, spotless and staffed by a couple of doctors who trained the women to become specialists in one skill apiece: early abortion, for example, or chest infections, or so-called old-fashioned methods of contraception involving rubber, or sponges and herbs and bodily rhythms. These, Pam said, turned out to be at least as reliable and far safer medically than techniques involving chemicals and male supervision. (1979: 75-76)

It is interesting to note that the contraceptive devices that are enumerated are all female methods of contraception. When guiding Marsha through the building, Pam, a young guard of Collindeane, explains that the female methods 'turned out to be at least as reliable and far safer medically than techniques involving chemicals and male supervision' (76). While Pam acknowledges that some of the contraceptive techniques listed are 'old-fashioned' (76), she appears to be unaware of their questionable efficiency. As explained above, the rhythm method that Pam mentions can be very unreliable. Similarly, the rubber, or cervical cap, created by a German gynaecologist in 1838 (Himes 1963: 211 and Lieberman 1973: 316) is usually only effective in conjunction with jellies or spermicides, whose chemical components may cause a variation in the vaginal ecosystem, rendering women prone to infections. Therefore, Fairbairns's text suggests that the female methods of contraception favoured by the women of Collindeane are not necessarily chosen because of their effectiveness but because they allow the women to distance themselves from male-dominated forms of contraception.

Within the walls of Collindeane Tower, women choose to stand up against male-oriented forms of contraception, celebrating their chemical-free, natural bodies. Collindeane becomes an environment of self-exploration for women. At the top of the tower, in a 'leaking cavern' (1979: 157) fittingly referred to as 'the woom' (1979:

157), Judy Matthews follows her vocation as a modern witch. As the scholar Diane Purkiss observes, what unites modern witches is the worship of a 'Mother Goddess' and the practice of rituals (1996: 32). In *Benefits*, Judy is seen to be similarly engaging in 'female ceremonies' (1979: 77). Inspired by ancient Egyptian goddess-worshippers (1979: 77), Judy celebrates the power of the female body. Organising a girl's menarche ceremony, Judy invites the girls of Collindeane Tower to embrace their 'magic blood' (1979: 158), and recognise their 'rhythms' (1979: 158). Note that in the context of gynocide, Judy and the girls evoke a series of attacks inflicted upon the female body. References of physical violence include the burning at the stake, rape, torture by the breaking wheel, clitoridectomy and other forms of female genital mutilation. Furthermore, the women mention poisoning through 'untested drugs', another allusion to unethical pharmaceutical practices which re-emphasises the image of women as guinea pigs for scientific endeavours (1979: 158). To Judy, the celebration of womanhood is a form of resistance against the patriarchal medical profession. In order to claim full control of their bodies, Judy argues that it is crucial for women to know their bodies, to watch them, so that they are able to determine illness or pregnancy, without the interference of doctors. Judy's portrayal as a modern witch, and the subsequent allusions to rituals of physical torture create a powerful link to the early sixteenth century witch-hunts. Tracing the history of women's oppression through the male-dominated medical profession, Barbara Ehrenreich and Deirdre English note the 'misogynist' nature of the allegations against so-called witches:

[W]itches copulated with the devil, rendered men impotent (generally by removing their penises – which the witches then imprisoned in nets or baskets), devoured newborn babies, poisoned livestock, etc. (1978: 35)

Most importantly, however, the Early Modern witch was repeatedly targeted for the practice of medicine, for procedures that now, would be considered as ‘legitimate medical acts’ (1978: 35). Ehrenreich and English document that ‘wise women’ possessed a corpus of medical knowledge that far exceeded that of the male medical practitioner, whose ‘[m]edical theories were often grounded more “in logic” than in observation’ (1978: 37). Reconnecting with the wisdom that the women burned at the stake represented, Judy encourages her ‘sisters’ to use their bodies in order to regain control of a lost female knowledge. A similar idea has been promoted amongst 1970s feminists.

Our Bodies Ourselves, a health book for women published in 1971 informs its readers about the importance of self-help and self-medication. A feminist classic, the book’s history dates back to 1969 when a group of American women gathered at a workshop entitled ‘Women and Their Bodies’, in Boston, to discuss their individual experiences of sexuality, pregnancy and abortion. Starting to meet up regularly, the group which is later known as the ‘Boston Women’s Health Book Collective’, is invested in gathering personal information related to a wide range of female health practices and concerns, such as childbirth, nursing, birth control and vaginal infections (Davis 2007: 2). Kathy Davis emphasises that *Our Bodies Ourselves* greatly ‘validated women’s embodied experiences as a resource for challenging medical dogmas about women’s bodies and, consequently, as a strategy for personal and collective empowerment’ (2007: 2). The ‘bible of women’s health’ (Davis 2007: 2) strongly suggests a need for dialogue and acceptance between women. Although ‘uncomfortable’ (Boston Women’s Health Book Collective 1971: 12) with some of the topics the health book deals with, the ‘Boston Women’s Health Book Collective’ understood the necessity of overcoming their personal reservations

in order to fully accept their differences as individual women, and be able to educate other women about their bodies:

For us, body education is core education. Our bodies are the physical bases from which we move out into the world; ignorance, uncertainty – even, at worst, shame – about our physical selves create in us alienation from ourselves that keeps us from being the whole people that we should be. (1971: 12)

As seen above, the gathering of women on the roof of Collindeane, mirrors the same message. In this way, *Benefits* suggests that resistance against the patriarchal medical profession can only be achieved if women open up about their personal experiences. With *Benefits*, Fairbairns celebrates difference. None of her women have anything in common except for the shared effort of fighting for ‘A Woman’s Right to Choose’. In the novel, Fairbairns uses the phrase repeatedly to stress its adaptability to the core beliefs of her female characters. As mentioned above, Lynn Byers initially shows herself reluctant to have a child. Then, in a later scene, while she has unprotected sexual intercourse with her husband, she defends her change of mind by claiming ‘it’s a woman’s right to choose’ (1979: 22). In another episode, Marsha uses the feminist slogan during a fight with her homosexual partner Posy. In an attempt to anger Marsha, Posy exclaims that she would find herself a man, to which Marsha retorts: ‘It’s a woman’s right to choose’ (1979: 65). Even though the phrase is, here, used to denote an obvious feeling of irritation, it also indicates that a woman’s sexual orientation is, indeed, her own choice.

It is important to note, however, that the expression ‘A Woman’s Right to Choose’ originated as part of the ‘Seven Demands’ that were formulated by the Women’s Liberation Movement. It was brought about by the wish for women to have access to free contraception and abortion, and in defence of the 1967 Abortion

Act. Carol Smart particularly registers a more intense use of the slogan in campaigns as a response to the ‘anti-abortion Corrie Bill and White Bill’ (1989: 147).

The Politics of Abortion

As pointed out in *Our Bodies Ourselves*, ‘[t]he decision to have an abortion is rarely free of conflict’ (293). To start with, the Abortion Act gives doctors ‘and only doctors’ the power to decide whether or not a woman is eligible for abortion (Foster 1995: 25). Similarly, Mary Boyle explains that ‘[a] woman may decide that she wants an abortion, but it is doctors who decide whether she may have it’ (Boyle 1997: 62). As Ellie Lee puts it, ‘abortion is thus a highly medicalised business’ (Lee 2002: 68), especially since a woman choosing abortion is rarely included in the decision-making process. Instead, the decision is made for her. Dismantling the problematic legal framework of the 1967 Abortion Act, the law scholar Sally Sheldon argues that although the case of abortion is generally approached from a medical point of view, ‘the actual decision whether or not a given pregnancy should be terminated is not normally one that requires expert medical advice, or the balancing of medical criteria’ (1997: 25). However, Sheldon reveals that ‘the doctors’ decision-making power is not, according to the terms of the Abortion Act, contained within a narrow, limited field’ (1997: 25). In fact, in order to assess the effects of a potential abortion on the mother or other family members, the Act allows the medical practitioner to take into consideration the pregnant woman’s social environment. This sort of power, as Sheldon perceives it, by far ‘exceeds’ that which is solely based on the competences of the medical profession (Sheldon 1997: 25): ‘The woman’s whole lifestyle, her home, finances and relationships are opened up to the doctor’s scrutiny, so that he may judge whether or not the patient is a deserving

case for relief' (1997: 25). This interference with a woman's social, economic and personal circumstances proves to be an example of how personal political power can be. The 1976 political situation in Fairbairn's novel mirrors the legal limitations imposed on women which made it even more difficult for them to receive abortion:

It seemed axiomatic that women could not advance without full control of their fertility; and as things stood, abortion was only allowed when a woman was ill enough, or stressed enough, or rich enough to persuade two doctors ('acting in good faith' the law insisted), to say it would be good for her. (1979: 5)

In this passage, Fairbairns evokes the construction of two distinct images of the abortion-seeking woman: the 'ill enough, or stressed enough' woman (1979: 5), who as Sheldon maintains is designed as emotionally unstable, a victim of her social environment (1997: 35), and the 'rich enough' working woman (Fairbairns 1979: 5), who according to Sheldon is presented as selfish 'for choosing to have a career rather than to raise a child and choosing abortion when she can afford to have a child' (Sheldon 1997: 35). Either way, the aborting woman has been the target of heavy criticism. 'Whimsical', 'unthinking', 'outlandish', 'despicable', 'feckless' and 'irresponsible' (Lee 2002: 66) are only a few of the adjectives that have been utilised either by proponents or opponents of reform to decry the woman who considers abortion as an outcome of her pregnancy. The public image of the doctor, then, stands in sharp contrast to that of the frail, unstable abortion-seeking woman. Following Sheldon's arguments, Lee contends that '[u]nlike the worn-down, distraught woman, he was conceptualized to be in a position to make rational, considered decisions, and as such, was clearly the best candidate for the law to empower with the authority to make abortion decisions' (2002: 65). In *Benefits*, Fairbairns illustrates how deeply engrained the opposing images of the trusting male doctor and the unstable female patient are in popular culture.

When Lynn meets Judy Matthews for the first time, the latter is standing outside Collindeane Tower with a protruding belly, looking at the sign that proclaims 'A Woman's Right to Choose' (1979: 16). Although Judy has not spoken a single word apart from greeting Lynn in return, the journalist asks: 'Do you need an abortion? Is that it?' (1979: 16). Note that from Lynn's perspective, Judy is described as a 'black girl', whose paler skin tone Lynn sees as an indication for 'the rape of a slave a few generations back' (1979: 15-16). These obvious racist assumptions mark Judy, to use Sheldon's words, as a 'victim of her social environment' (1997: 35). To Lynn's question whether she had seen a doctor, Judy replies that there was not a baby and that she had taken 'some pills' (1979: 16). Clearly influenced by the medicalised contextualisation of the Abortion Act, Lynn further enquires whether the pills were given to Judy by a doctor. Later the reader finds out that the doctor that Judy saw refused to perform an abortion on her, telling the young woman that 'she had a real live baby in there' (1979: 30). Consequently, Judy had no option but to seek an unsafe, or so-called 'backstreet' abortion method that in the end proves ineffective. She says to Lynn: 'Don't ask who gave them. I took them all, swallowed them right down. They said if I did there wouldn't be a baby any more. Don't ask where I got the money' (1979: 16). Throughout Fairbairns's narrative, Judy is depicted as psychologically unstable. In fact, Judy never fully accepts Jim, the boy she gives birth to, as her own child:

Sometimes Judy would appear eager to relinquish him to the care of Lynn or anyone else who was around, and would sit by herself, crooning or asleep or stricken with horror in some private dream into which no one else was allowed, and when she came to she would get up to leave alone, fiercely asserting that she had no baby. Sometimes she left him behind overnight, and then would come beating at the doors in the early morning with overflowing milk and charges of kidnapping. (1979: 24)

The confusion and despair attached to the fictional character of Judy, contribute to the image of the ‘woman as a victim’ that, according to Sheldon, was constructed by reform advocates ‘to capitalise on the public sympathy for women facing unwanted pregnancy’ (1997: 38). It paints a deplorable image of the abortion-seeking woman:

She is presented as distraught, out of her mind with the worry of pregnancy, possibly because she is young and unmarried, but normally because she already has too many children. She is desperate, and should the doctor not be able to help her, her potential actions are unpredictable. (1997: 38)

This description obviously reverberates with Fairbairns’s portrayal of Judy. Eighteen years after Jim’s birth, Judy is still in denial of her motherhood. Although ‘physically well’, Judy’s mind is described as ‘all over the place’ (1979: 99), thereby perpetuating the image of the ‘distraught’ victim (Sheldon 1997: 38). The unpredictability associated with this image of women also reflects Judy’s decision to seek a ‘backstreet’ abortion. Fairbairns, thus, successfully integrates the problematic legal and medical discourses related to the issue of abortion. Through Lynn’s reactions towards the pregnant Judy, Fairbairns is able to demonstrate the stigmatisation that the abortion-seeking woman is subjected to. On the other hand, the portrayal of Judy as a victim allows her to side with the reformists, especially in light of a woman’s potential decision to seek an unsafe abortion.

By making Judy the victim of a failed abortion, Fairbairns publicly reveals herself as a supporter of ‘A Woman’s Right to Choose’. Nevertheless, Fairbairns’s personal view on abortion is not free of contradictions. In a paper given at the University of Edinburgh in 2009, Fairbairns claimed:

I also subscribe to Abortion Rights, though I do this last with a heavy heart. I had hoped that by now that this issue would have withered away, at least in those parts of the world and parts of society where contraception is freely available. I don’t like abortion, but, with regret, I see its necessity, so I go on supporting a woman’s right to choose. (2009)

It is interesting to note that Fairbairns sees contraception as a solution to the abortion problem even though, as McLaren's history of contraception shows, in the nineteenth century, the boundaries between contraception and abortion were blurred. The latter was seen as 'simply one more step on a continuum of fertility-controlling practices' (McLaren 1990: 189). McLaren documents that it is the discovery of conception as an 'instantaneous event' (McLaren 1990: 189) that led doctors to define abortion and contraception as two different strategies.

The advent of the oral contraceptive pill, triggering the 1960s 'sexual revolution' had a significant impact on Fairbairns's novel. British women started being prescribed the pill in the mid-sixties, but it was only in the mid-seventies that fully functioning contraceptive services for women were available (Marks 2001: 1; Foster 1995: 12). Like many women of that generation, Fairbairns praises the liberating dimensions that came with the pill. At the same time, she shows herself wary of the health risks it poses:

Unfortunately, however, enclosed in every monthly packet was a leaflet listing side effects to watch out for and report to your GP: anything from hairs on your chest to hairs on your face, putting on weight, losing weight, going to the loo all the time, not going to the loo at all, bleeding, not bleeding, flu-like symptoms, cancer-like symptoms. Swallowing the pill felt less like liberation and more like dicing with death. (Fairbairns 2009)

The health risks attached to the pill are also addressed in *Benefits*. Because Fairbairns presents the reader with a political system based on eugenic ideologies, women's use (or misuse) of contraception is seen to be criticised. Here, the 'wrong' women, 'immigrant stock, lower-class whites, single mothers and – not to put too fine a point on it – the stupid and inept' (1979: 38) procreate. A possible reason for this undesired phenomenon is 'that recent revelations about injuries and long-term damage caused by pills and intra-uterine devices had scared such women off using them, without giving them the intelligence to use other methods' (1979: 38). In this

respect, Fairbairns illustrates a problem that has also been observed by Peggy Foster who notes that although men's usage of condoms has also been registered as lacking in efficiency, 'women who fail to live up to the theoretical efficacy rates of the pill are frequently labelled 'unreliable' and encouraged to use a more long term method' (Foster 1995: 24), for example the coil, injectables such as Depo Provera and the pill. All of these are recommended by doctors for their safety and efficiency (Foster 1995: 18). Additionally, what they have in common is the shared requirement for medical supervision, which doctors see as beneficial to those women who cannot 'be relied upon to prevent unwanted pregnancies' (Foster 1995: 18). In *Benefits* power is exercised through medical control. In the spirit of population control, women are implanted with contraceptive devices.

Population Control: A Modern 'Witch-Hunt'

Strongly influenced by Haldane's dystopian fiction *Man's World*, Fairbairns demonstrates how the politics of population control are determined by eugenic ideologies. While the women in Haldane's world are used to propagate and safeguard the patriarchal legacy, the women in Fairbairns's novel are attacked for contributing towards the growth of a socially weaker class of individuals. In 1968, Douglas Houghton, a British Labour politician, made the prediction that large families 'would soon come to be considered as a form of social delinquency' (Lorraine 1970: 129). A similar attitude can also be found in *Benefits*. Prior to the implementation of the 'Benefit' scheme in Fairbairns's novel, David Laing, a member of the 'FAMILY' party, furiously expresses his disdain for women of a lower social standing. Speaking to the House of Commons, David Laing asks:

‘Who’s having all the big families today? Social classes four and five, the filth, the dregs, the dross of society’ (1979: 47). He proceeds by saying:

Do you remember – it seems a century ago – we used to worry about being overrun by blacks? Send ’em home, some of us said, stop ’em breeding. Who but the lunatic fringe thinks colour is the issue now – as we look at the decaying bones of our great compassionate nation, gnawed by whining, idle, dirty, anti-social *rats* of all colours. (1979: 48; emphasis in original)

Later, at the ‘Towards 2001’ conference held in ‘Europea City’, these eugenic undertones are further emphasised, as a the professor and leader of the agency ‘Europop’ praises the British government for successfully managing the nation’s women: ‘You pay women whom you wish to have babies. You sterilise those who are unsuitable’ (1979: 111). Note, for instance, that Fairbairns constructs her fictional event, which in the novel is described as a ‘gathering of males’ (1979: 107), in line with a United States Senate congregation invested in discussing the safety of the pill, in 1969. Fairbairns points out that she experienced a moment of epiphany when she realised that the group was composed of ‘doctors, pharmacologists, politicians and priests – every one of them male’ (Fairbairns 2009). *Benefits* shows that the absence of women in political discussions related to women’s reproductive capacities appears to be a symptomatic phenomenon for procedures of population planning. Furthermore, it is crucial to note how the professor identifies the problem of overpopulation not with the male-dominated sphere of science but with women: ‘The technology of contraception is perfected. The problem is social’ (1979: 108). In this respect, the professor concludes that: ‘If it can work – if a judicious mix of propaganda and payment and penalty can induce some women to bear children and others not – what an advance for the human condition!’ (1979: 111). The professor, then, advances the idea of a large-scale experiment:

I am not talking about genocide. I am talking about making rational use of our human stock as we must of our other resources! I am talking about

eliminating hereditary defects – maintaining the strong and the healthy, ceasing to bring lives into being that will merely be lives of suffering. The idea has been abused in the past. I will be the first to admit it. It has been so much abused that we do not see its possible benefits. What about this? A rational welfare state, based on a sufficient ratio of workers to dependants, yes? An end to unemployment – for we can predict labour requirements and ensure that no more babies are born than will grow up to fill them. An end to poverty – for the people we cannot feed will simply not be born! All this is far into the future, far beyond my lifetime and yours, there are many questions we cannot answer – but must we not at least ask them? Is it possible, for example, to identify those genetic strains that make a man happy and effective as a soldier or a doctor or a sweeper of the streets, and then produce for the needs of society? (111-112)

As a ‘geographically confined space’, the island of Britain offers the ideal setting, for the professor’s experiment, where selected women are henceforth turned into national workers, ‘baby-factories’ (1979: 114) as Lynn Byers concludes. While the professor officially distances himself from the idea of genocide, it becomes painstakingly clear that, in line with Dworkin and Daly’s understanding of a modern witch-hunt, the women in Fairbairns’s dystopia become the victims of a gynocide.

Prior to the conference, the British government had already set up a population control system that penalised women for being so-called ‘unfit’ mothers (1979: 94). To illustrate the invasive techniques adopted by the medical practitioner, Fairbairns gives the example of a mother who, denounced by her violent husband for running away, has her ‘Benefit’ withdrawn. Her allowance can only be recovered under two conditions: she can either go back to her husband, which will instantly restore her ‘fitness’ (1979: 95) as mother and wife, or she can choose to be placed with an exemplary family on the continent to be trained in the art of ‘mothering’ (1979: 95). The ‘unfit’ woman chooses the second option, not knowing that the price to pay is a temporary sterilisation. She is fitted a so-called ‘Pellet’ (1979: 96), a contraceptive device which is described as ‘a small glass crab, full of green fluid’ to which spikes are attached (1979: 96). The liquid that the Pellet contains is gradually

released into the body, thus impeding any possible pregnancies. It goes without saying that the Pellet represents an aggressive form of contraception that represents man's desire to control women's fertility. In *Feminists and State Welfare* (1986) Peggy Foster and Jennifer Dale document how the medical establishment has continued to thwart women's reproductive choices:

Feminist research suggests that whilst a few doctors may now believe that all women have the right to control their own fertility by the method of their own choice, this is certainly not the dominant medical view. Many doctors openly advocate the coercive use of contraceptives and sterilization against 'over fertile' Third World women and 'unsuitable' mothers in the advanced world. (1986: 86)

The women's research suggests that very often, procedures of fertility control are based on racist motives of discrimination. Feminists have reported that ethnic minorities have been persuaded to undergo sterilisation following childbirth (1986: 86). At the same time, working class women in Britain, especially those with several children, have been pressured into considering sterilisation, particularly after an application for abortion through the National Health Service (1986: 86). *Benefits* resonates with the concerns laid out by feminist critics. The doctor commissioned to fit the Pellet exhibits a derogative attitude towards the 'unfit' woman as he remarks: 'After all, we don't want you having more babies till you know how to look after the ones you've got, do we? And it's quite safe, we've tested it on gorillas' (1979: 96). Fairbairns, thus, brings to life a fear that is deeply engrained in feminist scholarship. Foster, for instance, notes that feminists have perceived contraceptive implants as 'extreme' (Foster 1995: 23) methods of fertility regulation, especially because they have been utilised in order to control socially 'deprived women' (Foster 1995: 23). Foster maintains that in an effort to prevent these women from having more children, they become 'guinea pigs in a mass experiment to solve the population problem' (Foster 1995: 23).

As the novel progresses, Fairbairns starts drawing clear parallels with the eugenic practices of Nazi Germany. Gradually, her fictional government's ideologies turn more sinister and, therefore, in a government announcement women are prompted to volunteer for controversial pilot research projects, one of them based on twin study methodology. The public announcement states that: 'One twin will be removed from the mother at birth (after full counselling) and raised in a neutral environment. The other will remain under carefully controlled social and familial influences' (1979: 147). This is a thinly veiled allusion to Dr Josef Mengele (1911-1979), who performed medical experimentations on twins at the Auschwitz-Birkenau concentration camp from 1943 to 1945 (Segal 1992: 281). Twins were subjected to a series of inhumane procedures including 'blood transfusions between twin pairs, exposure to X-rays, extensive anthropometric measurement, and injection of one twin with a lethal substance (e.g., typhus) for later comparison with the cotwin' (Segal 1992: 284). Psychologist Nancy L. Segal observes that Mengele's 'work was intended to demonstrate a hereditary basis for group differences in behavioral and physical characteristics, a theme consistent with the Nazi biomedical vision of the superiority of the Aryan people' (Segal 1992: 286). As has been discussed above, the professor's doctrines suggest that the motive behind the experiment of population planning is the creation of a superior, healthy race. By imagining a government that seeks to use identical twins in order to advance the behavioural studies of a science agency, Fairbairns is able to reveal the potentially unethical practices of doctors. Moreover, Fairbairns sheds some light on the economic and capitalist dimensions of medical practices. In a conversation with David Laing, Peel explains that Britain, as the 'rundown country' that it is, cannot join Europe, 'empty-handed' (1979: 113), which is why the British government agrees to the commodification of its women, regardless of the violence inflicted upon women. A survivor of the Holocaust and

victim of Mengele's research experiments, Sara Seiler Vigorito, characterises Mengele as a 'physician turned inside out' (Vigorito 1992: 9). By incorporating obvious references to Mengele's experimentations, it can be assumed that Fairbairns's catastrophic visions of the development of the British welfare state, are meant to be read as a warning. Vigorito offers a similar warning as she highlights the doctor's potential to turn evil:

All we need to do is reverse our priorities, leaving human life as secondary, superceded by science and progress. In doing this, the scientist becomes a researcher working in the shadow of Mengele and his Nazi counterparts. Thus, each of us has within us the potential to become a 'Nazi' doctor. (Vigorito 1992: 11).

Hence, the anonymous medical practitioners in Fairbairns's dystopia are physicians 'turned inside out' (Vigorito 1992: 9). Vigorito remembers that 'Mengele did not deal with emotions or feelings' (Vigorito 1992: 11). In a similar vein, Fairbairns's dehumanised doctors do not acknowledge the pain and violence inflicted upon women. In fact, as Lynn Byers learns from Marsha, doctors are extremely reluctant to remove the Pellets from women, regardless of their suffering which includes 'back pains and odd hormone effects such as changes of voice-tone, depression, unexpected tufts of hair' (1979: 115).

As the doctors in *Benefits* take a firm stand against any haphazard permission for the removal of Pellets, women like Jane, Lynn Byers's daughter, start having recourse to backstreet operations in order to 'begin unauthorised pregnancies' (1979: 187). Jane's experience with the medical establishment illustrates the importance of 'A Woman's Right to Choose'. In a conversation with her mother, Jane exclaims: 'It's wrong, they can't mess about with women's lives like this' (1979: 186). By incorporating the individual stories of women, Fairbairns is able to critique a system that disregards women's freedom of choice. As a member of 'Young Families of

Tomorrow' (1979: 109), Jane initially embodies the orthodox values of the political movement. In effect, she becomes a 'star' of the propaganda campaign launched to encourage 'every woman of childbearing age' (1979: 147) to have a Pellet fitted. While the device is claimed to be 'removable on demand' (1979: 147), Jane has to find out the hard way that the 'element of selectivity' (1979: 91) introduced by 'FAMILY' is still in place. Due to her medical condition, Cystic Fibrosis, Jane does not qualify for a removal. In fact, as the officer at the government Women's Centre explains: 'They're trying to wipe out these illnesses' (1979: 152). It is interesting to note that while Jane is effectively rejected because of her health condition, the gynocide performed by the British government under the control of Europop is based on an organic language that constructs women as a disease that needs to be eradicated:

Someone was still doing illegal operations. Someone was still sowing discontent. Just because you couldn't see them it didn't mean they weren't there. The nastiest diseases could be clobbered by drugs and appear cured, when in fact they were continuing their lethal work deep in the body, unheralded by symptoms until it was too late. (1979: 178)

To prevent so-called 'random breeding' (1979: 178) from happening, the British government steps up their scientific experiment by introducing the 'ultimate' (1979: 188) form of contraception: A contraceptive chemical that is introduced into the country's water reservoirs (1979: 188). In return, only a selected group of women are given 'a set of green translucent capsules to swallow to overcome the sterilising agent in the drinking water' (1979: 189). Supervised by Europop, these women make up a test group of model mothers (1979: 194), in what is termed the 'Accelerated Rearing' project, a special programme that combines oxygen treatments, exercises, and a range of vitamins and proteins to create children that reach adulthood 'in less than the traditional 15-20 years' (1979: 174), in the spirit of Huxley's 'babies in

bottles'. Proud to be chosen as one of the first women eligible to become a mother to a 'baby engineer' (1979: 189-190), Astrid, Jane's sister-in-law, is unaware that the baby she is carrying will never live. Indeed, throughout the country, 'monster babies' (1979: 198) are born 'with deformities so gross as to make some of them unrecognisable as human' (1979: 196), the majority of them dying within a few hours of being born. *Benefits* demonstrates how the scientist's interference with women's reproductive capacities leads to a generation of barren women. As one nameless woman towards the end of the novel observes: 'We can't have babies any more. Whether we want to or not' (1979: 205).

Conclusion

This chapter has explored the effects of the medical bureaucratisation of women's reproductive capacities. Indebted to the political affairs of the seventies, Fairbairns elucidates the repression of women's autonomy as a consequence of the political centrality of their state-imposed roles as mothers of the nation. Presenting a complex account of the opposition between a group of feminists and a right-wing British government, the ensuing evolution of political affairs turns into a modern witch-hunt or gynocide. The women of Fairbairns's society have their bodies violently attacked by intrauterine contraceptive devices and later poisoned by fertility regulating substances in the water supply. This analysis has argued that the anonymous medical practitioner working on behalf of an economic-oriented body of politicians has the potential to turn into the dark shadow of Auschwitz's Mengele. Through her engagement with the topic of contraception and the issues of abortion, Fairbairns demonstrates the individuality and complexities attached to the phrase 'A Woman's Right to Choose'. Fairbairns's text then suggests that in order for women to liberate

themselves from the suppression of the male medical expert, they have to learn how to read their bodies, and collect the individual experiences of women that will constitute a corpus of medical knowledge accessible to all women, regardless of their social backgrounds.

Chapter 4: Infertility, Obstetrics, and Totalitarianism in Margaret

Atwood's *The Handmaid's Tale*

This chapter examines the biological and ideological discourses that inform Margaret Atwood's dystopian novel, *The Handmaid's Tale* (1985), particularly the way the female body is controlled during childbirth, arguing that the medicalisation of obstetrics has resulted in the objectification of women's bodies. Paying particular attention to the practices of technological monitoring involved during childbirth, this chapter analyses how even natural childbirth, which is said to offer women a chance to regain autonomy over their own bodies, can be controlled by a male-dominated clinical system. By exploring how power is exercised through women in a patriarchal, totalitarian state, the chapter exposes the exploitative system of surrogate motherhood that pervades Atwood's dystopian novel.

Central to Atwood's totalitarian theocracy is the problem of infertility. There is an increased decline in childbirth that the fundamentalist government of the Republic of Gilead tries to counteract by systematically placing the remaining fertile women, so-called 'Handmaids', in households composed of a Commander, his Wife and one or two other women. In this society, women are regrouped according to fixed roles represented by the colours of their attire. The Marthas, who act as domestic servants, are dressed in green, the Wives in blue. The Handmaids, as breeders of the nation, wear red as a reflection of the blood they shed during parturition; and the Aunts, responsible for the Handmaids' successful indoctrination of theocratic values, wear brown. Furthermore, there is also a lower class of women, the Econowives who wear multi-coloured, striped outfits so as to delineate their all-encompassing functions, and at the very bottom of the state's hierarchal structures

are the Unwomen, doomed to clean up toxic waste in what is termed 'the Colonies' (1985: 76).

Atwood's novel is set in Cambridge, Massachusetts. Narrated in the first person, *The Handmaid's Tale* recounts the fragmented story of one woman, known by the name of Offred, which is a composition of her Commander's first name, Fred, and the prefix 'of', to mark the man's ownership of the Handmaid. Offred is systematically stripped of her identity. Her daughter has been taken from her and her husband supposedly died during the family's failed escape attempt. As a fertile woman, Offred is introduced to a surrogacy programme that reduced her to her reproductive capacities. During the monthly Ceremony, the Commander penetrates Offred, hoping to impregnate her. In case of a successful pregnancy, the child is promised to the Commander and his Wife.

As a 'product of the 1980s, focusing on the possible consequences of neo-conservative religious and political trends in the United States' (Howells 2006: 161), *The Handmaid's Tale* addresses the emerging anti-feminist backlash, which Susan Faludi, in her critically acclaimed nonfiction book *Backlash: The Undeclared War Against American Women* (1991), identifies as a phenomenon 'set off not by women's achievement of full equality but by the increased possibility that they might win it' (1991: 14). Arguing that the media oppose women's efforts to gain equal social status with men, Faludi points to the fabrication of a series of problems allegedly troubling emancipated, career-oriented women (1991: 1-5). Among these illusionary developments supposedly afflicting the modern woman, the media also informed women of the dangers of a so-called 'infertility epidemic' (1991: 21) which was based on the findings of two French researchers, Daniel Schwartz and M.J. Mayaux. Published in the *New England Journal of Medicine*, the scientists' 1982 study claims that women aged between thirty-one and thirty-five stand a 'nearly 40

per cent chance of being infertile' (1991: 46). To the despair of demographers, statisticians and scientists, who tried to refute the results, the news rapidly spread, making headlines in newspapers, magazines and TV shows. It was only in 1985, that the U.S. National Center for Health Statistics revealed 'that American women between thirty and thirty-four faced only a 13.6 per cent, not 40 per cent, chance of being infertile' (1991: 47). By then, however, the infertility myth had been so mediated that it turned into an antifeminist backlash through which the American New Right channelled their political actions. Indeed, as J. Brooks Bouson notes, '[c]ountering women's independence and autonomy, these so-called "pro-family" activists called for the restoration of women's traditional roles and for the return of women to the home' (Bouson 1993: 135). Atwood incorporates these contemporary debates in her fictional character Serena Joy, the Wife of Offred's Commander. At one point, the Handmaid remarks that, before the installation of Gilead, Serena used to give speeches 'about the sanctity of the home, about how women should stay home' (1985: 56). As evidenced by several critics (Neuman 2006: 861; Beauchamp 2009: 14; Bartkowski 1989: 133), Serena can directly be linked to the 'antifeminist messages given to women by the fundamentalist New Right in the 1980s' (Bouson 1993: 135).

Feminist Ethics

A question that Atwood is often asked is whether *The Handmaid's Tale* can be read as a 'feminist' novel (2017: xii). Although some critics (including, Bartkowski: 1989: 136; Neuman 2006: 858; Malak 1987: 11; and Weiss 2009: 134) have acknowledged that the novel is informed by feminist concerns, Atwood herself has avoided qualifying her work. In fact, the writer has claimed that although her text has

a female point of view, this ‘does not make *The Handmaid’s Tale* a “feminist dystopia,” except insofar as giving a woman a voice and an inner life will always be considered “feminist” by those who think women ought not to have these things’ (2004: 516). Concerning the question of whether *The Handmaid’s Tale* should be regarded as a feminist novel, Atwood has recently offered the following reply:

If you mean an ideological tract in which all women are angels and/or so victimized they are incapable of moral choice, no. If you mean a novel in which women are human beings — with all the variety of character and behavior that implies — and are also interesting and important, and what happens to them is crucial to the theme, structure, and plot of the book, then yes. In that sense, many books are ‘feminist’. (Atwood 2017: xii)

To Atwood, feminism is a ‘label’ (1983: 313).⁸ As she explains in an interview, it ‘can mean anything from people who think men should be pushed off cliffs to people who think it’s OK for women to read and write’ (1983: 301). Atwood believes that ‘[n]ovelists work from observations of life’ (1983: 301). Therefore, what they see is derived from experience, not from ‘ideology’ (1983: 301). To this effect, ‘there isn’t anything in [*The Handmaid’s Tale*] not based on something that has already happened in history or in another country, or for which actual supporting documentations is not already available’ (Atwood 1985: 393).

In ‘Writing Utopia’, Atwood reviews the different strands that fed into the construction of *The Handmaid’s Tale*. In particular, Atwood was interested in ‘literature of the Second World War’ (2005: 96), books related to ‘totalitarian regimes’ (2005: 96) and also ‘the history of the seventeenth-century Puritans’ (2005: 96), whose values and dynamics she adopted for the ‘form and style’ (1985: 395) of her dystopian novel. Atwood was directly inspired by Orwell’s *Nineteen Eighty-Four*, as indicated by Atwood herself (1985: 393), and her dystopian fiction also includes Huxleyian undercurrents as acknowledged by critics such as Amin Malak

⁸ For more information on Atwood’s stance on feminism see (Neuman 2006 : 858).

(1987: 10) and Allan Weiss (2009: 123). Reflecting on the reasons and origins of despotic regimes, Atwood reasons that '[t]he bad times that made Hitler and Mussolini possible were economic, with some extra frills such as shortage of men in proportion to women, due to the high death rates during the First World War' (2005: 98). Reproducing this economic setting, Atwood spices up her own recipe for a fictional dictatorship by adding an ecological aspect. This then results in the framework for *The Handmaid's Tale*:

A higher infertility and sterility rate due to chemical and radiation damage (this, by the way, is happening already) and higher birth-defect rate, which is also happening. The ability to conceive and bear a healthy child would become rare, and thus valued; and we all know who gets most – in any society – of things that are rare and valued. Those at the top. (Atwood 2005: 98)

Although the ecological dimensions of the novel seemingly set it apart from other dystopian classics, it has to be noted that, in this respect, L.P. Hartley was Atwood's forerunner. Indeed, the problems of sterility that his post-war, post-nuclear society faces are directly derived from environmental pollution – the 'lingering influences of radioactivity' (Hartley 1960: 23). What distinguishes both novels is Atwood's elaborate list of ecological disasters and how they pertain to the problems of infertility and sexual reproduction in the Republic of Gilead. In the 'Historical Notes', the epilogue to *The Handmaid's Tale*, Professor Pieixoto, the Keynote Speaker of the 'Twelfth Symposium on Gileadean Studies' held in the year 2195, maintains that '[s]tillbirths, miscarriages, and genetic deformities' (1985: 378) were brought about by 'various nuclear-plant accidents, shutdowns, and incidents of sabotage that characterized the period' (1985: 378-379). In addition to this, 'leakages from chemical – and – biological warfare stockpiles and toxic-waste disposal sites' (1985: 378-379), and, of course, 'the uncontrolled use of chemical insecticides,

herbicides, and other sprays' (1985: 379) led to the drastic plummeting of birth-rates that the fictional totalitarian state seeks to rectify.

In *Test-Tube Women: What Future for Motherhood?* (1984), three feminist scientists raise important questions regarding reproductive technologies, which they characterise as 'all forms of biomedical interventions and "help" a woman may encounter when she considers having – or not having – a child' (Arditti et al. 1984: 1). 'Technology' they argue, 'is a social institution, and its developments reflect the social and political system of which it is a part' (1984: 4). Robyn Rowland who believes that for some women bearing children is 'the *only* experience of power they will ever have' (1984: 363; emphasis in original), men have done everything possible to claim that 'last of powers' (1984: 363). They have studied the female body and made it a profession that allows them to control contraception and abortion and '[n]ow, with the possibilities offered by technology they are storming the last bastion and taking control of conception, foetal development, and birth' (1984: 363).

By 1984 the medical establishment and the media seemed to be working hand in hand, as American television started broadcasting *The Silent Scream* (1984), an anti-abortion film, which, according to the political scientist Rosalind Pollack Petchesky, was used as a 'propaganda piece' (1987: 58) to deter women from seeking abortion. Petchesky's study reveals how, in a medical context, the visual image can be manipulated to serve a political agenda. *The Silent Scream* depicts the process of abortion, placing particular focus on the violence committed against a twelve-week-old foetus. Guiding the viewers through the procedure is Dr Bernard Nathanson, an obstetrician and gynaecologist, former pro-choice activist, and newly converted anti-abortion campaigner (Petchesky 1987: 59). As a male representative of the medical profession, Nathanson's authoritarian position in the film epitomises what feminists have identified as a male-dominated 'visual culture' and the reflection

of man's 'desire to reproduce not only babies but motherhood' (Petchesky 1987: 64). Man's endeavour to appropriate the female, corporeal experience of pregnancy has resulted in the disconnection of the foetus from the mother. Through sonographic projection, the foetus is virtually detached from the womb. The image of the 'free-floating foetus', to quote Petchesky (1987: 63), has engendered a shift of attention from the mother to the foetus. Henceforth, the foetus is treated as a 'patient' (Petchesky 1987: 64), an individual person even. This change in perception has greatly affected the woman's position in the childbearing process. Indeed, the reliance on obstetrical technologies has provoked a 'medicotechnical' (Petchesky 1987: 264) discourse through which medical information can be manipulated to serve a political purpose. In an anti-abortion context, for instance, the foetus's ultrasound image is used to encourage a maternal instinct towards the child (Petchesky 1987: 59), thus forcing the pregnant woman to reassess her decision.

Feminist research into reproductive technologies has shed some light on women's ambivalent position towards foetal monitoring. The sociologist Barbara Katz Rothman, for example, argues that the technological visualisation of the foetus objectifies a woman's experience of pregnancy. According to Rothman, advancements in reproductive technologies have changed the process of medical information extraction and created a new context for obstetrics:

Instead of having to approach the woman, to rest your head near her belly, to smell her skin, to feel her breathing, you could now read the information on the fetus from across the room, from down the hall. (1984: 24)

Rothman, thus, suggests that medical information can be generated in two ways: through the female, corporeal experience, or its counterpart, the objective visualisation techniques adopted by the male physician (Rothman 1984: 24; see also Petchesky 1987: 70). Looking back at the evolution of childbirth, Susan Pitt, a

trained medical practitioner, notes that the twentieth century saw a movement of the 'place of birth' from the home to the hospital (1997: 218), and with it a change in the treatment of the female body. Particularly interested in the practice of midwifery, Pitt notes that '[m]idwives placed great emphasis on hearing and feeling in an attached way in their examination of the body' (1997: 225). In contrast, the 'archetypically' (1997: 225) male hospital practitioner perceives the woman as a 'clinical being, divorced from her social circumstances' (1997: 225).

The Handmaid's Tale reflects the dialectic discourses brought about by the developments in reproductive technologies. As discussed in chapter 3, the freedom of choice is generally associated with birth control techniques and developed with the demands formulated by the Women's Liberation Movement towards the beginning of the 1970s. While Fairbairns imagines a political system that heavily relies on invasive biochemical and technological methods of fertility control, Atwood's totalitarian government is marked by a pronounced technological regression, which is, paradoxically emphasised through the medium of technology. At the suggestively named 'Rachel and Leah Centre', the training centre for future Handmaids, the women are made to watch a film, in the propagandist spirit of *The Silent Scream*. With graphic detail, the film shows the horrors of the technological culture of obstetrics. Atwood demonstrates how her futuristic political system is still able to exercise control over women's bodies, even though there has been a desertion of the male-dominated sphere of the hospital in favour of the female domain of the home. In fact, doctors, as Offred remarks, 'aren't needed at all; they're only allowed in if it can't be helped' (1985: 142). In this respect, the Handmaids are shown 'a film, made in an olden days hospital' (1985: 142), presenting:

[A] pregnant woman, wired up to a machine, electrodes coming out of her every which way so that she looked like a broken robot, an intravenous drip feeding into her arm. Some man with a searchlight looking up between her

legs, where she's been shaved, a mere beardless girl, a trayful of bright sterilized knives, everyone with masks on. (1985: 142)

The passage exemplifies what Petchesky would characterise as a 'voyeuristic' (1987: 71) medical treatment which turns the woman into a 'passive spectator in her own pregnancy' (1987: 70). As part of their conditioning process into compliant Handmaids, the women are, thus, confronted with a juxtaposition of the former cruelty with which women were treated in the days before Gilead, and the new improved systems of childbirth practices: 'Once they drugged women, induced labor, cut them open, sewed them up. No more. No anesthetics, even' (Atwood 1985: 142). With the description of the film, Atwood successfully incorporates the complexities related to the developments in reproductive technologies and how these have been perceived by twentieth-century feminists. The film alludes to the degrading effects on women during childbirth and reveals how women seem to have faded into the background as obstetrics gradually developed into an industrialised profession. Ann Oakley defines this phenomenon as 'the medical management of birth' (1979: 17). Pregnancy and childbirth have become supervised processes during which a woman is robbed of her autonomy, '[s]he has to be "advised" to attend a clinic for antenatal care, to have her baby in hospital, to swallow iron pills, to have an epidural in labour, to breastfeed' (1979: 17). In today's industrialised society, motherhood has become an '*institution*', as Oakley pertinently observes. An institution that has been taken to its logical conclusion in Atwood's tale, where medical examinations have mutated into an assembly line process, as Offred remarks: 'urine, hormones, cancer smear, blood tests; the same as before, except that now it's obligatory' (1985: 73). Although the rulers of Gilead renounce any technological interference during childbirth, Offred's narrative suggests that the natural childbirth practices imposed by the state betray a traditional clinical system of control.

Midwifery, Childbirth, and Power

As Ann Oakley indicates: “‘Natural childbirth’ appears to offer an antidote to [the] induced dependence on medicine as the proper setting for reproduction’ (1980: 36). Characterised by a rejection of anaesthetic and instrumental support, natural childbirth is regarded as an alternative to medically oriented practices and is, therefore, believed to offer the woman a chance to remain in control of her own body and that of her baby (Oakley 1984: 238). In *The Handmaid’s Tale*, however, Atwood demonstrates how even this most natural way of parturition can be infiltrated by an abusive control system.

The birth ritual in Gilead can be regarded as what Jan Williams would term ‘the province of women’ (1997: 234). Taking place within the confines of the home, Atwood presents childbirth as a ‘women-only’ event. In this society, as soon as a Handmaid goes into labour, all the women from the same district – the Handmaids, Aunts and Wives – are required to attend (Atwood 1985: 146). According to Offred, the man of the house ‘of course, is nowhere in sight’ (1985: 145). While the Handmaid experiences the pains of labour, the Wives, in an imitation of this, gather around the Commander’s Wife in the living room, massaging her stomach, ‘as if she’s really about to give birth herself’ (1985: 145). As opposed to a clinically monitored birth, Atwood emphasises the organic nature of natural childbirth as performed within the dystopian setting of her novel. Offred describes the bedroom where Ofwarren, or Janine, as she is also referred to in the narrative, is about to give birth:

The room smells too, the air is close, they should open a window. The smell is of our own flesh, an organic smell, sweat and a tinge of iron, from the blood on the sheet, and another smell, more animal, that’s coming, it must be, from Janine: a smell of dens, of inhabited caves, the smell of the plaid blanket

on the bed when the cat gave birth on it, once before she was spayed. Smell of matrix. (1985: 154)

Already, Offred's observations suggest that the newly implemented structures of childbirth are based on the same operational foundations officially denied by the theocratic state. Implying that there is a correlation between the cat's birth experience and that of Janine, Offred clearly alludes to the objectification process that the Handmaids are subordinated to. There is an emanating notion that the Handmaids are reduced to the state of animals. In another place, Offred develops this thought further by describing herself as a 'prize pig' (1985: 85), and dedicates a whole passage to animal behaviour in captivity (1985: 85-86). As a 'national resource' (1985: 80), the Handmaid's body becomes the site of governance for a political system that is concerned with reducing and eliminating the negative effects of environmental pollution on a newborn baby. The production of healthy babies has become a state affair that morphs the Handmaid into what Aunt Lydia terms a 'worthy vessel' (1985: 81). In line with the anti-abortion picture of the embryo in the womb, the women in Atwood's novel are similarly coerced into accepting their possible pregnancies and with it their position in the childbearing assembly line. In the absence of ultrasound pictures, the Aunts encourage the creation of a mental picture of a baby by reminding the Handmaids of their duty towards this unborn miracle (1985: 142). This, as has been discussed above, is meant to enforce the bonding process between the child and the mother (Petchesky 1987: 59). The fabrication of this illusionary maternal bond sets the tone for natural childbirth practices in the Republic of Gilead.

United in the effort of replicating the different stages of the pregnant Handmaid's delivery, the Handmaids are described to be breathing, pushing and panting in unison with Janine. Here, in the traditional fashion of natural childbirth,

the Aunts are seen to be acting as midwives, feeling for contractions, and leading the other Handmaids through the state-imposed ceremony (1985: 154-157). Throughout the process, Offred describes Janine's movements, how she crouches in pain, the way she breathes, her restlessness, and the way she has to be supported while pacing the room. Janine's birth experience reveals the normative structures of childbirth. Offred, for example, points out that Janine, like most of the other Handmaids, had a child once before, when Gilead did not yet exist. According to Offred, Janine 'ought to be able to remember this, what it's like, what's coming' (1985: 156), as if her first experience of childbirth marked the norm against which all future deliveries could be measured.

Jan Williams's study shows that from the eighteenth century onwards, obstetricians have particularly focussed on the 'pathological potential' (1997: 235) of childbirth. This type of scrutiny has resulted in the formulation of a norm that allows for an efficient management of birthing practices. Furthermore, it has emphasised the 'prophylactic treatment' (1997: 235) at the core of childbirth, which is mirrored in *The Handmaid's Tale*, when the Handmaids are collected by the so-called 'Birthmobile' in order to be taken back to their respective residences. Offred notes that the 'doctors are still in their van' (1985: 159), because their presence in the delivery room is only required in case of an emergency. The implementation of these prophylactic measures implies what Williams terms a 'normalizing gaze' (1997: 235). The trained health care practitioner thus establishes a direct connection between the phenomenon of childbirth and the concept of the panopticon, as proposed by Jeremy Bentham and employed by Michel Foucault in *Discipline and Punish: The Birth of the Prison* (1975). Here, the 'normalizing gaze' can be understood as a procedure of surveillance. Interested in the power structures of

obstetrics, the sociologist William Ray Arney also draws on Foucault to determine how obstetrical control is performed:

The tower in the middle of the machine casts prisoners into a field of visibility in which they know their behaviour can be seen even though their behaviour might not be under surveillance at any given moment. The prisoner obeys the rules, not under threat of punishment, but under threat of observation. The prisoner creates for himself a 'fictitious relation' in which he plays both parts in the control of his own behaviour, the role of the governed and the role of the governor. Likewise, the guards know the effects of their work are potentially visible to anyone who cares to look and they create a similar relation with and for themselves. (1982: 231)

Foucault's theory is based on the premise that the tower in the centre of the circular building ensures that the prisoners are kept in a constant state of visibility, thus ensuring 'the automatic functioning of power' (Foucault 1975: 201). This setting of observation is symptomatic for the way childbirth is regulated in *The Handmaid's Tale*. Although Theodore F. Sheckels goes even further by suggesting that Atwood 'is not following Foucault; rather, she is observing the world she is in and her observations just happen to coincide with Foucault's' (2012: 165). If Atwood's observations can directly be situated in contemporary history, Arney's Foucauldian reading of obstetrics implies that the concept of panopticism is applicable to the childbirth conditions in *The Handmaid's Tale*, which brings to the fore the problematic nature of power as it pertains to the condition of women in Atwood's dystopia.

The history of obstetrics has shown that it is difficult to determine women's positions in relation to childbirth. As Arney observes: 'Obstetrical history has moved past the point where we can identify an agent of control, but never before has it been so manifestly evident that birth *is* controlled' (1982: 230; emphasis in original). In this respect, the anticipated autonomy that the procedure of natural childbirth promises is an illusion. This claim can be further exemplified through a closer look

at the natural childbirth techniques put forth by the ‘father of natural childbirth’ himself, the British obstetrician Grantly Dick-Read (Oakley 1980: 36). Determined to re-engage women with the natural childbirth process, Dick-Read rose to prominence through the publication of his bestseller *Childbirth Without Fear* (1942), devised as a set of breathing and relaxation techniques supposed to help women reduce their pain during labour. The obstetrician believed that there was a distinct bond between the body and the mind that had intentionally been neglected by previous obstetricians and encouraged the training of women prior to delivery. The medical practitioner reasoned that a woman ‘should be educated to understand what labor entails and how to assist herself in its varying phases’ (1942: 156). In *The Handmaid’s Tale*, the future mothers of the nation are also required to prepare for their own ‘Birth Days’ (1985: 155):

You can always practice, said Aunt Lydia. Several sessions a day, fitted into your daily routine. Arms at the sides, knees bent, lift the pelvis, roll the backbone down. Tuck. Again. Breathe in to the count of five, hold, expel. (1985: 86)

The excerpt aligns with Dick-Read’s principles of natural childbirth. However, it also reveals the male physician’s desire to theorise and institutionalise the natural experience of childbirth. Dick-Read applauds the women who, despite the presence of observing doctors, have managed to reconnect with the natural processes of childbirth, noting that a number of male practitioners ‘have adopted these methods and used them with great success in their own practices’ (1942: 157). Dick-Read, here, directly alludes to, in Oakley’s phrase, the ‘colonisation of birth by medicine’ (1979: 15). This is further exemplified by his theories of muscle relaxation.

Dick-Read attributes great importance to the ‘harmony of muscle action’ (1942: 300), especially that of the face, inferring that the relaxing of the facial muscles should make it possible for a woman to experience labour ‘with the

maximum ease that the absence of tension makes possible' (1942: 502). As opposed to a more technological approach to birth, Dick-Read's relaxation concepts attempted to shift the focus from the foetus back to the woman in labour. As rephrased by Arney, the theories of the natural childbirth proponent suggested that 'a woman had a face, a psychology, and important subjective experiences that deserved to be taken into consideration' (1982: 210). Arney insinuates that by hiding a woman's face and mind under the 'veil' of drugs or surgical drapes, she is muted, made voiceless by the clinical regimentation of obstetric procedures (1982: 210). In Atwood's novel, the Handmaids, too, are rendered faceless. The political structures set in place by the totalitarian regime is founded on techniques designed to make the Handmaids invisible. The obligatory white wings situated around their heads, for example, refrain them 'from seeing, but also from being seen' (1985: 9). In a similar vein, the Handmaids are rendered anonymous during their monthly encounters with doctors. Offred carefully describes the precautions she has to take in order not to be seen:

When I'm naked I lie down on the examining table, on the sheet of chilly crackling disposable paper. I pull the second sheet, the cloth one, up over my body. At neck level there's another sheet, suspended from the ceiling. It intersects me so that the doctor will never see my face. He deals with a torso only. (1985: 74)

The joining of the theoretical perspectives offered by Williams, Arney and Dick-Read elucidate the opposing forces at play in Atwood's fiction. Whereas the Handmaids are compelled to believe in the improvement of society through a reconnection with the natural, organic procedures of childbirth, the engagement with obstetrical concepts shows that the childbirth reformations implemented by the totalitarian system can be read as a repressive response to the feminist concerns of the 1980s.

Dick-Read's emphasis on the regulation of a woman's facial muscles as a technique of control for the pain experienced during labour is an indication that medical monitoring is also exercised during natural childbirth. Arney, asserts that '[b]y using natural childbirth techniques a woman submits to a panoptic regime of control' (Arney 1982: 230). Even though Janine's birth ritual is characterised by the absence of an immediate medical authority, the panoptic structures at the base of natural childbirth allows the totalitarian regime to remain in charge of the medical and obstetric procedures that the childbearing part of the population is subjected to. Arney explains that the 'Janus-faced' (1982: 123) nature of medical surveillance makes it difficult to locate the source of power: one face is observing the woman in labour, the other is watching over the medical staff who have to work in an informed and disciplined manner, for the safety of the child and mother. Within the delineations of the panopticon, Arney judges that it is preposterous to 'speak of an agent of control' (1982: 231), because it is the machine that is in charge. Yet, as Rothman sharply notes, the machine, which encapsulates all the different reproductive technologies based on ever-changing methods of monitoring, contraception and abortion, 'can be used by, for, or against us' (1984: 1). It has the capacity to either 'empower', or 'enslave' (Rothman 1984: 33) women. Rothman claims that in order to understand how the machine operates, the centre of interest needs to be shifted away from the woman to the 'politics of social control' (1984: 33).

In the *Handmaid's Tale*, the machine exercises control through women, and more specifically through their knowledge. Barbara Ehrenreich and Deirdre English refer to 'the traditional lore of the women [which] contained wisdom based on centuries of observation and experience' (Ehrenreich and English 1978: 33), passed down from generation to generation of women healers and midwives. Ehrenreich and

English assert that whereas ‘the female lay healer operated within a network of information-sharing and mutual support, the male professional hoarded up his knowledge as a kind of property’ (1978: 34). In *The Handmaid’s Tale*, knowledge is imparted to women by women. When Janine has contractions, one of the women tends to her by rubbing her back and Offred remarks: ‘We are all good at this, we’ve had lessons’ (1985: 154). In this respect, all of the women attending the parturition ceremony, except for the Commander’s Wives, act as ‘helpers’ (1985: 155), or nurses. However, in line with the concept of panopticism as employed by Arney, the women are in a constant state of visibility. This surveillance ensures not only an efficient treatment of the woman in labour, but also marks the women’s compliance with the wider political structures of the patriarchal system. Therefore, the Handmaids and Aunts occupy what Margarete Sandelowski refers to as a position of ‘in-betweenness’ (1990: 33). To be more specific, the women ‘are in-between physicians and their patients, morally and/or legally obliged to serve the interests of both parties’ (1990: 33). Within the historical context that has shaped Atwood’s novel, Sandelowski’s observations offer a further interesting perspective for the reading of Atwood’s dystopia. Indeed, Sandelowski argues that the nurse also positions herself ‘in-between feminists and women patients, enjoined to realize feminist, nursing, and their patients’ visions of good healthcare’ (1990: 33). This means that, to a certain extent, the midwife represents a counter-force to feminist ideals. Oakley similarly remarks that in a ‘female-doctor-female-patient’ relationship for instance, the woman doctor’s achievement in the male-dominated sphere of medicine gives her ‘status’, so she ‘may be strongly identified with masculine ideologies’ (1976: 55). In *The Handmaid’s Tale*, the Aunts, in particular, reproduce these hierarchal structures. Acting as a medium between the women they want to assist during childbirth and the totalitarian system which channels their obstetrical

techniques, the Aunts become complicit in the act of monitoring. Atwood describes the Aunts as equipped with electric cattle prods (1985: 4), walking the halls of the Rachel and Leah Centre, ready to inflict pain upon disobedient Handmaids. As becomes apparent, in the theocratic society of Gilead, control is largely exercised by women victimising other women (Gottlieb 2001: 107; Sheckels 2012: 81).

The Politics of Surrogacy

At the same time, power is exercised by the Wives. Atwood skilfully portrays the hierarchal relationship between Offred and Serena Joy during their first encounter, when the latter admonishingly says: ‘As far as I’m concerned, this is like a business transaction. But if I get trouble, I’ll give trouble back. You understand?’ (1985: 18). Here again, it becomes apparent that, if necessary, the women of Gilead are ready to confront each other with violence. Serena’s menacing attitude towards Offred reveals her position of superiority over the Handmaid. It also marks the economic structures of the totalitarian system. Although there is no money involved, Serena is depicted as a ‘buyer’ of Offred’s fertility services. Within the context of reproductive technologies, this turns Offred into a surrogate mother. Dismantling the problematic relationships engendered by advances in reproductive technologies, Sandelowski notes that there is an ‘important deconstruction occurring, namely, that of female friendships or of sisterhood’ (1990: 34). In *The Handmaid’s Tale*, this ‘deconstruction’ of female sisterhood is directly addressed by Offred who, upon meeting Serena for the first time says:

I was disappointed. I wanted, then, to turn her into an older sister, a motherly figure, someone who would understand and protect me. [...] I wanted this one to be different. I wanted to think I would have liked her, in another time and place, another life. (1985: 19)

Sandelowski's work suggests that the patriarchal language employed to label and classify women according to their reproductive capacities, is at the root of the hostility between women. In a similar vein, Offred notes that in Gilead '[t]here is no such thing as a sterile man anymore, not officially. There are only women who are fruitful and women who are barren, that's the law' (1985: 75). This binary structure according to which the women in Gilead are classified, then, acts as a base for the procedures of surrogacy and how they are implemented in Gilead.

As has been discussed above, the 'Historical Notes' offer some explanations for Gilead's infertility crisis. Ecological factors aside, the patriarchal system also identifies women, and more specifically their freedom to choose, as the origin of the state's plummeting birth-rates. Referring to some techniques of fertility regulations practised before the installation of the totalitarian regime, Aunt Lydia, for instance, expresses her indignation and contempt towards those women who, in her words, were deliberately '[s]corning God's gifts' (1985: 140). Consequently, and in an effort to repopulate their society, the leaders of Gilead have reformulated women's freedom of choice. To quote Aunt Lydia, the new totalitarian system presents women with 'the freedom from' as opposed to the 'freedom to' that characterised the pre-Gilead period (1985: 31). Described as a 'society dying [...] of too much choice' (1985: 31), Atwood links her imagined past to the late twentieth century, the period that informed her fictional dystopia, and with it the feminist discourses related to reproductive technologies. Rothman notes that '[c]hoice and *information* have served as the cornerstones of the women's health and the reproductive rights movements' (1984: 23; emphasis in original). In *The Handmaid's Tale*, these principles are thwarted. Choices are not made *by* women but *for* women, and information is restricted to the male domain. Women are neither allowed to read, nor write. The only text that women have any access to is the Bible, and even then, restrictions are

strict. In fact, the book is locked away in a box that only the Commander has the key to. It is only on the evenings of the Ceremony, and in the presence of his household, that the Commander reads from the holy book. The chosen excerpt is, to use Offred's sarcastic words, the same 'moldy old Rachel and Leah stuff' (1985: 110) that the Handmaids were indoctrinated with at the training centre. The biblical quote: '*Give me children, or else I die*' (1985: 110; emphasis in original) functions as the informational background upon which the surrogacy system rests. Unable to bear Jacob children, Rachel offers her maid Bilhah to the man so that, through her, they may have children. In Atwood's totalitarian state, the biblical reference '*[s]he shall bear upon my knees*' (110; emphasis in original) is reproduced in a literal way. The Handmaid has to lie between the Wife's spread legs, her head resting on the latter's stomach, both women holding each other's hands while the Commander copulates with the Handmaid. In line with the procedures of natural childbirth, the Republic of Gilead denies any technological interference during conception. Evidently, this marks a stark contrast to existing methods of reproduction. Today, surrogacy is made possible through various techniques such as artificial insemination, in-vitro fertilization, egg donation or uterine lavage (Overall 1987: 112; Michelle Stanworth 1987: 119). There is, as Rothman observes, a breadth of information available to the modern woman:

For those who can afford it, the enormous growth of information about reproduction does make choice newly possible: the pregnant can choose whether or not to continue the pregnancy, can even learn more about the fetus and then choose whether or not to continue; the infertile can choose new ways of attempting pregnancy; birthing women can choose alternative ways of managing their labour and births. Choices abound. (1984: 24)

Note that this example also points to the existence of at least two classes of women: Those who can afford the access to information and different reproductive options, and those who cannot. With regard to this economic framework, Christine Overall

identifies two models of surrogacy: a 'nonfeminist free market model' and a 'feminist prostitution model' (Overall 1987: 113, 116). In this way, Overall describes the 'free market model' as 'at best a desirable, useful, and indeed necessary service that uncoerced women may offer for purchase by childless but fertile men and their infertile wives' (1987: 113). The feminist model, on the other hand, equals surrogate motherhood to prostitution, because it can be seen as 'a type of exploitive employment by men into which the women involved enter not freely but out of economic necessity or social coercion' (1987: 119). Underlying this model of surrogacy is the assumption that the father acts as the main purchaser of the business transaction (1987: 119). This idea mirrors the patriarchal values also depicted in Atwood's dystopia, and according to which the Handmaids are kept 'for breeding purposes' (1985: 170) only. Following Overall's 'feminist prostitution model' (Overall 1987: 119), the commodification of the Handmaids is based on a form of coercion that relies on what Gena Corea terms a woman's 'emotional structure':

It has been engrained in women that one of the most important roles we play is tending to all others, fostering their growth and happiness. Their needs and difficulties should be our major concern and dealing with them should take precedence over other claims, including any 'selfish' needs of our own. (1985: 231)

In Atwood's novel, the successful exploitation of a woman's 'emotional structure' is manifested in Offred, whose unstable conception of self has been affected by the emotional pressures that she has been subjected to. Noting a change in the conception of her self, Offred has come to perceive her body as a '[t]reachorous ground' (1985: 91) that she internally patrols in anticipation of a possible pregnancy or absence of it. She says: 'Each month I watch for blood, fearfully, for when it comes it means failure. I have failed once again to fulfil the expectations of others, which have become my own' (1985: 91). Research into the surrogacy enterprise has

revealed that male scientists and entrepreneurs working in the surrogacy industry actively target women's sense of compassion in order to recruit women willing to donate their human material or offer their wombs for reproductive purposes (Corea 1985: 231). In Atwood's fiction, Offred, too, is depicted with a strong sense of compassion towards Serena. She describes how Serena cries on the evenings of the Ceremony: 'She's trying to preserve her dignity, in front of us. The upholstery and the rugs muffle her but we can hear her clearly despite that. The tension between her lack of control and her attempt to suppress it is horrible' (1985: 112). Impossible to ignore Serena's suffering, Offred starts to develop a sense of compassion for the infertile Wife. Hence, Offred's hatred for the woman has progressively been compromised to the extent that she has started to question her attitude towards Serena: 'Partly I was jealous of her; but how could I be jealous of a woman so obviously dried-up and unhappy?' (1985: 201). Offred's sense of duty towards the infertile Serena is further encouraged by her guilty conscience (1985: 201). The Handmaid's illicit meetings with the Commander render her an 'intruder, in a territory that ought to have been hers' (1985: 201). Later, when Serena finds out that Offred has had secret meetings with the Commander, she jealously exclaims: 'You could have left me something' (1985: 359).

The infertile woman's desire for a child is often met with negative criticism, especially if she resorts to medical assistance in order to achieve pregnancy. This is because she is seen as siding with a medical establishment that exploits women and maintains their oppression to 'legitimate the further advancement of artificial means of reproduction' (Sandelowski 1990: 39). In light of this, Serena's wish for a child can be seen as a reproduction of man's dominance over the female body. Despite the apparent signs of 'deconstruction' of female friendships (Sandelowski 1990: 34) alluded to earlier, the surrogacy system performed by the totalitarian state is based on

a model that promotes the union of women, as evidenced by the childbirth ritual, and also reemphasised by Aunt Lydia's harmonious vision of the future: 'Women united for a common end! Helping one another in their daily chores as they walk the path of life together, each performing her appointed task' (1985: 203).

Representatives of the surrogacy industry often cite women's enjoyment of pregnancy as the main motivation behind a woman's decision to become a surrogate mother (Corea 1985: 232). This presupposes a social construction of femininity that reduces women to their reproductive capacities and allows male scientists to emotionally and psychologically manipulate women into selling wombs. While this model of emotional coercion characterises the Handmaids as the obvious victims of the abusive power structures of Gilead, the discourses produced by the ethical considerations of surrogate motherhood illustrate that the infertile woman is as much a victim of male social expectations as the fertile one. Tracing the emotional processes that inform women's experiences of infertility, Naomi Pfeffer identifies a scheme of 'emotional disorder' (1987: 82) arising in infertile women. There is a notion of 'desperation' (1987: 82) attached to the phenomenon of infertility that, to cite Pfeffer, 'forces fecund women to lease their womb, sends infertile men and women scouring the world for orphans to adopt and incites some doctors into developing new techniques that subject people to many indignities' (1987: 82). Motivated by a similar feeling of desperation, the Wives are ready to use the same coercive forces as the male leaders of Gilead. In a conversation with Serena, Offred finds out that the Wives of Gilead arrange for their Handmaids to be intimate with other men, doctors, for example: 'That's how Ofwarren did it. The Wife knew, of course' (1985: 257), Serena says. Offred's continued failure to become pregnant prompts Serena to suggest Nick, the household's Guardian, chauffeur and gardener, as a possible mating partner for the Handmaid. Even though she potentially

endangers herself, Offred accepts by arguing that, either way, her life is ‘on the line’ (1985: 258). While Weiss has condemned Offred as ‘guilty of complacency, complicity, and selfish concern for her own private needs and desires’ (2009: 138), thus criticising Offred for her lack of revolutionary spirit, others such as Erika Gottlieb and Sheckles have adopted a more understanding position towards the Handmaid, arguing that Offred’s circumstances force her to choose survival first and foremost (Sheckles 2009: 90; Gottlieb 2001: 110). In this respect, it is important to note, for instance, that Offred does not characterise the sexual procedures of the Ceremony as rape. Instead, she explains that ‘nothing is going on here that I haven’t signed up for. There wasn’t a lot of choice but there was some, and this is what I chose’ (1985: 116). Acutely aware that she would be moved to the category of ‘Unwomen’ if she is unable to produce a child, Offred agrees to Serena’s matchmaking. However, it is crucial to note that, in line with the ‘feminist prostitution model’ of surrogacy, Offred is also emotionally coerced into this union. As a sort of remuneration, Serena proposes to provide Offred with a picture of her biological daughter. Here again, the influence of the male-dominated ‘visual culture’ becomes apparent, as a picture is utilised as a piece of propaganda in order to politically influence a woman in her decision-making process. Serena is clearly gambling on the mother-child bond to fulfil her own social needs, as Offred points out: ‘She does want that baby’ (1985: 257). Offred’s will to survive and, consequently, her compliance with the surrogacy system is a result of what Gottlieb recognises as ‘the biological bind of the parent who has been forcibly separated from her child’ (2001: 110). Indeed, Offred’s text is interspersed with recollections of the child that was taken from her. For example, she remembers running whilst holding her child’s hands, in an attempt to get away from the state officials who sought to impede her escape across the border into Canada (1985: 92). The loss of both her

daughter and her husband Luke, constitutes what Coral Ann Howells characterises as the ‘central traumatic memory’ (2006: 167) of Offred’s narrative.

In the introduction to the 2017 edition of *The Handmaid’s Tale*, Atwood claims that one of the inspirations for her writing of the novel was the ‘child-stealing of the Argentinian generals’ (2017: xiv). The military dictatorship that ruled Argentina between 1976 and 1983 is deemed responsible for at least 30,000 disappearances, which include approximately 500 children who were abducted from their biological parents and clandestinely placed with military families (Gandsman 2009: 441). The collapse of the dictatorship in 1983 in the wake of the Malvinas/Falkland War and the democratically elected President Raúl Alfonsín saw the rise of the human rights organisation, *Las Abuelas de Plaza de Mayo*, a group of grandmothers united by the desire to locate their ‘disappeared’ grandchildren and reunite them with their families. Latin Americanist historian David Rock notes that the ‘Nunca Más’ report led by writer Ernesto Sábato confirmed that the majority of the *desaparecidos* were women ‘who belonged to all social classes and many were plainly innocent of any substantive links with guerrilla organizations’ (Rock 1985: 395). The fact that Atwood’s dystopia was partly inspired by Argentina’s repressive military *junta* exposes a little discussed historical dimension that further comments on her twin critique of militarism and patriarchal oppression.

Conclusion

This chapter has analysed the institutionalisation of childbirth practices and surrogate motherhood that complexly inform Atwood’s dystopian novel. It has shown that, although developments in reproductive technologies have made it possible for women to make informed decisions regarding the management of their reproductive

capacities, pregnancy, and childbirth, economically driven reproductive technologies potentially lead to an abusive system of exploitation. The implementation of prophylactic measures during childbirth has enabled male physicians to theorise the natural experience of childbirth, which has resulted, as exemplified in *The Handmaid's Tale*, in the excessive monitoring of women during parturition. Although the Republic of Gilead rejects any technological interference during childbirth, coercive control can, nonetheless be exercised through women who, in line with the Foucauldian concept of panopticism, are in a constant state of visibility. In short, Atwood's novel demonstrates how the pervasive patriarchal regime has constructed femininity according to women's reproductive capacities and how, within this repressive framework, women's bodies have been exploited.

Chapter 5: The Ethics of Organ Donation in Kazuo Ishiguro's *Never Let Me Go*

Kazuo Ishiguro started writing *Never Let Me Go* (2005) in the early 2000s, shortly after the first mammal had been cloned in Edinburgh in July 1996. 'Dolly', the cloned lamb and its creator, the British biologist Ian Wilmut, made the headlines on 24 February 1997 when the 'scientific breakthrough' was made public (Pence 1998: 1). Dolly's birth engendered what Gregory E. Pence termed a widespread 'clonophobia' (1998: 2). Nightmare visions of 'mass production of human beings' (Kass 1998: 20) started emerging around the world, and so, as Richard Dawkins reports, although Dolly's creation was met with varying degrees of reactions, 'from President Clinton down, there was almost universal agreement that such a thing must never be allowed to happen to humans' (1998: 54). Following the publication of Dolly's existence, Law professor George Annas, an avid opponent of human cloning made his standpoint clear in front of a U.S. Senate committee by alluding to the paradigmatic science fiction text about cloning, Mary Shelley's *Frankenstein, or, The Modern Prometheus* (1818), stating that '[l]iterary treatments of cloning help inform us that applying this technology to humans is too dangerous to human life and values' (1998: 80). By linking Dolly's cloning directly to Frankenstein and his creature, Annas utilised a recurring image within the literary criticism of Ishiguro's *Never Let Me Go* (McDonald 2007: 77; Marks 2010: 333; Griffin 2009: 652; Guo 2015: 6), especially because of the complex ethical issues that the myth of Frankenstein raises. As pointed out by Philip Kitcher, 'many people assume that human lives can be made to order, that there is something vaguely illicit about the process, and of course, that it is all going to turn out disastrously' (1998: 68).

Never Let Me Go describes the story of a group of clones who grow up in Hailsham, a boarding school and institution specialised in the trade of human organs. Ishiguro's narrative depicts the friendship and subsequent love triangle that forms between three clones, Ruth, Tommy, and Kathy, who also happens to be the narrator. Kathy, a thirty-one-year-old 'carer' (Ishiguro 2005: 3) takes the reader on a journey through her past, and as she gathers the disjointed pieces of her memories, the reader gradually starts to understand that Hailsham's clones are specifically created so that their organs can be harvested for transplantation when they are not 'even middle-aged' (2005: 80). The students grow up separated from the outside world. Their only contact with 'normal' (2005: 137) people is through so-called 'guardians' (2005: 6), their teachers and caretakers, who form an essential part of Hailsham's exploitative organ donation system. After graduating from Hailsham the clones are moved to 'the Cottages' (2005: 113), where they meet other clones from different schools spread across the country. It is here where the former Hailsham students spend their remaining time until they become 'carers' (2005: 3) and subsequently 'donors' (2005: 3). After the fourth donation, donors are said to 'complete' (2005: 273), their duty accomplished.

As opposed to other dystopias, Ishiguro's novel is not set in the future, but in the past of England's late 1990s, which marks a slight departure from the common formula of the dystopian genre. However, the text has been associated with Huxley's *Brave New World* (Sim 2010: 83; Marks 2010: 337; McDonald 2007: 76; Toker and Chertoff 2008: 164) because of its aspects on morally questionable issues of human cloning. John Marks' article on *Never Let Me Go* offers an extensive investigation into 'the bioethical implications of cloning' (2010: 331). Similarly, Gabriele Griffin's research is invested in the novel's scientific dimensions, engaging with 'the relationship between science and the cultural imaginary' (2009: 646). Anne

Whitehead argues that ‘the medical humanities have pointed to a contemporary crisis of care in Western societies that emerges out of a number of factors, including the increasing bureaucratization and privatization of care services, and the fragmentation of the patient among subspecializations’ (2011: 54). Considering that Ishiguro’s story is set in the 1990s, a period that was marked by what Toker and Chertoff describe as ‘that decade’s still slow growth of public awareness of the ramifications of organ transplant, such as organ harvesting’ (2008: 178), this chapter deploys a medico-ethical approach to the issue of organ donation, especially in regard to the ethical and moral implications that have shaped debates on the legalisation of organ trade. While *Never Let Me Go* presents two interrelated scientific frameworks, human cloning and organ donation respectively, this chapter will focus primarily on the power structures of the medical establishment that aims to successfully perform the organ harvesting on the clones. The analysis takes as a point of departure the assumption that the clones, although copies of ordinary people, are human beings nonetheless. Naturally, the idea of human cloning raises a series of ethical questions, which intersect with the debates on organ trafficking. Human cloning, for example, puts into question ‘our view of human nature’, as Pence observes (1998: 2). Indeed, as Matti Hyvärinen maintains in relation to Ishiguro’s novel: ‘People wanted new organs without knowing where they actually came from; a state of affairs which is not entirely fictitious in regard to the contemporary organ trade’ (2008: 213).

In a conversation (1991) with the Japanese writer Oe Kenzaburo, Ishiguro reacts to the mainstream reception of his work in Japan by challenging the assumption that his works, and the manner in which they are written, are ‘quiet and peaceful’ (Ishiguro and Kenzaburo 1991: 115):

There’s a surface quietness to my books – there aren’t a lot of people getting murdered or anything like that. But for me, they’re not quiet books, because

they're books that deal with things that disturb me the most and questions that worry me the most. They're anything but quiet to me. (1991: 115)

Critics such as Shameem Black (2009: 791) and Titus Levy (2011: 10), have acknowledged the presence of a 'surface tale' (Black 2009: 791), a 'surface of normalcy' (Levy 2011: 10), or even an 'enigmatic surface' (Puchner 2008: 35) within *Never Let Me Go*. Ishiguro's use of 'euphemistic neologisms' (Toker and Chertoff 2008: 164) has especially been commented on by several critics. Levy, for instance, writes that 'Ishiguro's prose shrouds the damaged and disfigured body with rhetorical diversions that simultaneously hint at suffering and resist the invasive impulse to fetishize the pain of the oppressed' (2011: 14). Gabriele Griffin describes Ishiguro's language as 'ordinary' (2009: 650). The vocabulary used is, according to Griffin, 'innocuous' (2009: 650), and betrays a certain 'non-literariness' (2009: 650) on the narrator's part. Reviewers, as Martin Puchner reports, have criticised Kathy's lack of eloquence, denouncing the narrator's voice for its 'flatness' (2008: 35), and although Puchner admits to Kathy's 'blandness and naiveté' (2008: 35), he is not oblivious to Kathy's distinct perspicacity, arguing that '[s]he may describe her world through a very limited perspective, but within that perspective she exhibits astonishing powers of observation and interpretation' (2008: 35). What Puchner terms the 'jargon of caring, donation, and completion' (2008: 36) is deceptive in that it downplays the horrors of the donation process Ishiguro describes. Similarly, 'like most human enterprises of dubious morality,' writes Margaret Atwood, Ishiguro's organ harvesting system 'is wrapped in euphemism and shadow: The outer world wants these children to exist because it's greedy for the benefits they can confer, but it doesn't wish to look head-on at what is happening' (Atwood 2005). Musing on Ishiguro's euphemistic language, Whitehead's exploration of the 'language of care'

(2011: 64) in *Never Let Me Go* points to a corrupted system of donation based on ‘social inequalities’ (2011: 78):

By its very nature, care entails a risk that we privilege the needs of those who are closest to us, that in a ‘selfless’ devotion to our family and friends, we paradoxically enact a ‘selfish’ inability to see beyond them and to recognize that their well-being often comes at another’s (or others’) cost. (2011: 77)

What Whitehead here directly alludes to is the question of exploitation that frequently occurs in relation to organ sale. As stated on the website of the National Health Service (NHS), ‘[t]rafficking of tissue and organs is illegal in the UK’ (Bazian 2012). Furthermore, Section 32 of the Human Tissue Act 2004, strictly outlaws any ‘commercial dealings’ (United Kingdom) in the extraction and transplantation of human material. It condemns any sort of ‘reward’ in exchange for bodily material as a criminal act, thereby necessarily rejecting monetary payment. Similarly, the World Health Organisation (WHO), has formulated a series of guidelines, the ‘WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation’, according to which ‘[c]ells, tissues and organs should only be donated freely, without any monetary payment or other reward of monetary value. Purchasing, or offering to purchase, cells, tissues or organs for transplantation, or their sale by living persons or by the next of kin for deceased persons, should be banned’ (WHO 1991: 5). Stephen Wilkinson’s research on the commercialisation of the human body, in relation to the moral and ethical issues it raises, points to the realisation that exploitation is seen as the main ‘moral concept’ within the organ sale debate (2003: 1). Wilkinson identifies five ‘ethical arguments’ (2003: 107) generally used to oppose organ trade: harm, altruism, inducements and consent, coercion, and exploitation, all of which are in one way or another embedded in the notion of exploitation, and all of which are central concepts in *Never Let Me Go*. The following analysis will discuss these ‘anti-sale arguments’ (2003: 132), as

established by Wilkinson, in conjunction with Ishiguro's fiction, to determine to what extent Ishiguro's dystopia follows the general objections of a commercial market in human material.

Harm

One of the major arguments in the organ sale debate is that prospective vendors might be subjected to unnecessary pain. Wilkinson's first objection to this issue is solely based on the removal and trade of kidneys. The kidney is the most commonly traded organ,⁹ and constitutes a major point of discussion and reference within the literature of ethics (Wilkinson 2003: 101). If it is removed with respect to the appropriate medical protocol, Wilkinson claims that the operation is not 'terribly dangerous' (2003: 107). Ishiguro's organ extractions are generally performed within adequate medical establishments: for example, the surgeries are conducted in specialised centres. However, Kathy notices that not all the recovery centres meet the same standards. Kingsfield, Tommy's recovery centre, for example, is not the most 'well-appointed' (Ishiguro 2005: 214). Evaluating Kingsfield from the perspective of a highly empathetic carer and herself a future donor, Kathy writes:

A lot of the donors' rooms you can't get to with a wheelchair, or else they're too stuffy or too draughty. There aren't nearly enough bathrooms and the ones there are are hard to keep clean, get freezing in winter and are generally too far from the donors' rooms. The Kingsfield, in other words, falls way short of a place like Ruth's centre in Dover, with its gleaming tiles and double-glazed windows that seal at the twist of a handle. (2005: 214)

Kathy's descriptions suggest that the post-operative care system set up for the clones is not uniformly the same. Some of the centres' facilities have not been adjusted to the basic needs of the donors, pointing to a profit-oriented system in which the

⁹ According to *NHS Choices*, '[t]he global trade in illegal kidneys is booming' (Bazian 2012).

medical professional plays what Jessica Neagle terms a ‘dual role, that of a surgeon preparing to “save lives” through transplantation and another of assisting in the actual execution and “killing” of the prisoner’ (Neagle 2012: 19). Although Ishiguro’s narrative does not focus on the physician per se, it creates the underlying impression that the duality to which Neagle refers is also a characteristic of Ishiguro’s fictional medical practitioner. Tommy alludes to the gruesomely unethical methods of organ harvesting in *Never Let Me Go*, when he says: ‘You know why it is, Kath, why everyone worries so much about the fourth [donation]? It’s because they’re not sure they’ll really complete. If you knew for certain you’d complete, it would be easier. But they never tell us for sure’ (Ishiguro 2005: 273). Kathy further elaborates for the reader:

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, and most of the time people don’t want to think about it. Not the whitecoats, not the carers – and usually not the donors. (2005: 274)

The operations performed on the former Hailsham students only partially conform to medical standards. Even though the surgeries are carried out within a medical framework, the absence of an ethical code of practice turns the medical practitioner into a murderer. Ishiguro’s donors are, it seems, kept alive for as long as possible, adding to the unspeakable harm inflicted upon the clones. It is, indeed, ‘horror movie stuff’ (Ishiguro 2005: 274), something we assume happens only in fiction, and yet it is happening right in our midst. According to a CNN article from 2016, a report by the human rights activist David Kilgour, human rights lawyer David Matas, and the human rights journalist Ethan Gutman reveals that ‘60,000 to 100,000 organs are transplanted each year in Chinese hospitals’ (Griffiths 2016), which is surprisingly

high for a country whose citizens do not voluntarily choose to donate their organs (Becker 1999: 240; Neagle 2012: 16).

Returning to the anti-organ-sale argument of harm, and Wilkinson's counter-argument that paid donation 'isn't any *more* harmful than other widely accepted forms of "risky labour"' (2003: 133), it is to be concluded that Ishiguro's donation system takes on the form of an ethically dubious, large-scale organ market. The harm experienced by Ishiguro's donors is real. Ishiguro's novel is a dystopian document of pain. First of all, the recovery process of Ishiguro's donors testifies to the risk they run of meeting death even before all their organs can be harvested. Secondly, although the clones seem to be monitored by doctors and nurses, this does not in the least alleviate the pain they experience. The amount of pain inflicted upon Ishiguro's donors becomes plainly visible when scrutinising the individual case of Ruth. The rumour of Ruth having experienced a 'really bad first donation' (Ishiguro 2005: 206) spreads like wildfire among the carers, as Laura confirms when she meets Kathy for the first time after their time spent at the Cottages. Two months after Ruth's first donation, Kathy, who has been appointed as Ruth's carer, realises just how 'frail' (2005: 218) Ruth is when they go on a day trip to find a boat stranded in the marshes. When Ruth panics at the sight of a barbed wire fence, Tommy and Kathy have to support Ruth when she passes through. Ruth is described as struggling with her breath during what Kathy feels is 'pretty easy walking' (2005: 218). This comparatively quiet day excursion has 'exhausted' (2005: 230) Ruth, but her overall health really starts to worsen after her second donation. Unable to speak, Ruth literally suffers in silence. Kathy's words help the reader visualise Ruth's pain:

It was like she was willing her eyes to see right inside herself, so she could patrol and marshal all the better the separate areas of pain in her body – the way, maybe, an anxious carer might rush between three or four ailing donors in different parts of the country. (2005: 231)

Referred to as ‘still conscious’ (2005: 231), Ruth experiences the pain mercilessly. Her bodily suffering is unbearable to the extent that she keeps drifting in and out, ‘twisting’ (2005: 232) and turning in a ‘scarily unnatural manner’ (2005: 232) whenever a ‘flood of pain’ (2005: 232), takes a hold of her. Even Tommy, whose body deals much better with the harvesting of his organs, occasionally struggles with his recoveries, and Kathy admits that he needs ‘a lot of time to rest’ (2005: 233). At one point in the story, when Tommy decides that he does not want Kathy as his carer anymore, he also mentions ‘all that kidney trouble’ he had to endure (2005: 275).

Ishiguro’s narrative suggests that organ donation is potentially a harmful and perilous procedure. Even though Ruth and Tommy are monitored by the same medical care system, their recoveries are diametrically opposed. Read in the light of Wilkinson’s ‘empirical point’ (2003: 107) that kidney removal, for example, is relatively safe if performed with the suitable medical attention and care, Ishiguro’s novel provokes in the reader a sceptical attitude towards organ trade. *Never Let Me Go* suggests that each person’s body is likely to react differently from the next one. Organ donation is a subjective experience and, as far as the recovery process is concerned and bearing in mind that clandestine organ removal does not necessarily guarantee the correct medical infrastructures, complications could occur. Ishiguro’s novel is a representation of the dangers of organ harvesting. The author’s fictional world intersects with the realities of global organ trafficking. In *Legal and Ethical Aspects of Organ Transplantation* (2000), David Price maintains that ‘[c]ountries with extremely low rates of cadaveric transplantation and pervasive poverty, such as India, are prime locations for such commerce and attract trade from foreign patients unable to obtain organs in their countries of origin’ (2000: 327). As a consequence, as Price notes, the infection rates between unrelated donors and their recipients are relatively high, especially in countries such as India, and typically in places ‘of lax

standards' (2000: 327), and with donors of 'poor pre-operative health' (2000: 327). Considering Ruth's deteriorating health condition after the first donation, and her completion after the second one, it can be assumed that Ishiguro's donation narrative reflects a ruthless profit-oriented organ market. In order to maximise the harvest, donors have to be kept alive for as long as possible. For this to be achieved, the clones successively become part of a system of care designed to prolong the donors' lifespan, but also to train them in the 'art' of altruism.

For carers like Kathy, the donor's well-being is crucial. Kathy is a good example of the importance of carers within a system of organ trade. Sensitive to her donors' needs, Kathy prides herself on her professionalism: 'My donors have always tended to do much better than expected. Their recovery times have been impressive, and hardly any of them have been classified as "agitated", even before fourth donation' (Ishiguro 2005: 3). Kathy operates first and foremost on an emotional level. She has learned to *read* her donors. In her own words, she says: 'I know when to hang around and comfort them, when to leave them to themselves; when to listen to everything they have to say, and when just to shrug and tell them to snap out of it' (2005: 3). Ishiguro's clones know how to adjust to the donors intuitively. This is evidenced by Kathy and Tommy, when they help Ruth through the fence without her explicitly asking for assistance, but also on a more intimate level by Kathy, when she describes how they have to bear in mind Tommy's stitches during foreplay (2005: 234). When Tommy and Kathy finally connect on a more intimate level, their relationship seems to be clouded by the time they have lost being apart, and the little time that remains to them. Kathy experiences this as a 'nagging feeling' (2005: 235). Tommy's impending completion is hanging over their heads like a sword of Damocles. It pushes Kathy to prioritise Tommy's well-being in every respect: 'I had us going at it all stops out, so that everything would become a delirious blur, and

there'd be no room for anything else. If he was on top, I'd put my knees right up for him; whatever other position we used, I'd say anything, do anything I thought would make it better, more passionate, but it still never quite went away' (2005: 235). Kathy's concern for Tommy goes beyond her standard duties as a carer. Despite them being a couple, she prioritises Tommy's happiness above her own. Kathy's behaviour is entirely motivated by a pronounced sense of altruism.

Altruism

Altruism, as defined by the OED, is a '[d]isinterested or selfless concern for the well-being of others, esp. as a principle of action. Opposed to *selfishness*, *egoism*, or (in early use) *egotism*'. Kathy's distinct altruism stands out when compared to that of the other carers. She tries hard not to be affected by the challenges that come with the job. The loneliness, the driving around from one centre to the next, and the early completion of donors all take a toll on the mental well-being of the carers. Expected to live a selfless life, Kathy details her daily routines in the following words: 'You're always in a rush, or else you're too exhausted to have a proper conversation. Soon enough, the long hours, the travelling, the broken sleep have all crept into your being and become part of you, so everyone can see it, in your posture, your gaze, the way you move and talk' (Ishiguro 2005: 203). Kathy discerns these signs of demoralisation and weariness in Laura, who, when she sees Kathy, takes the opportunity to unburden her heart. Kathy is under the impression that '[a] lot of it was about her, how exhausted she'd been, how difficult one of her donors was, how much she loathed this nurse or that doctor' (2005: 205). Reading this, one cannot help but think that the carers suffer from a lack of attention. They have to take care of gradually dying donors regardless of how this might affect their own

psychological health, and, cruelly, there is no emotional well-being support system in place for them. When a donor passes ‘out of the blue’ (2005: 203), the carer receives a letter ‘saying how they’re sure you did all you could and to keep up the good work’ (2005: 203). But whom can they turn to when they suffer from grief? In Ishiguro’s world, a carer’s self-esteem is only supported on a professional level. It is, therefore, understandable that Kathy is ‘looking forward to a bit more companionship’ (2005: 204) when she finishes being a carer. Ever careful of the words she chooses in her first-person narrative, Kathy wants to make the readers believe that she has accepted her ‘vocation’. However, this altruistic lifestyle is not ideal for her either, and she is not ‘immune to all of this’ (2005: 203). This raises two major questions. First, why are the carers so encouraged to be altruistic? And, second, how does altruism become second nature to the donors?

The British Transplantation Society (BTS) includes a definition of altruism in their ‘Guidelines for Living Donor Kidney Transplantation’, which says that:

Altruism has been the basis of organ donation in the UK from the outset and is understood as a selfless gift to others without expectation of remuneration. Altruistic giving may be to strangers or take place within the context of family or other relationships. Altruism reinforces the philosophy of voluntary and unpaid donation and solidarity between donor and recipient. (BTS 2018: 25)

In the context of organ transplantation, Ishiguro’s clones donate their organs without remuneration. The recipients are kept anonymous, so there is uncertainty as to the degree of kinship between donor and recipient. The BTS also outlines the types of relationships allowed between a potential living donor and a receiver. The donor can either be a blood relative, or what is termed an ‘emotionally related donor’ (2018: 17), such as a spouse, a partner, or a close friend. Then there is also the case of ‘paired donation’ (2018: 17), where there is incompatibility between a donor and a recipient, but a match is found with another donor-recipient couple, so that both

people awaiting transplantation are given the appropriate organ. Within the organ sale debate it appears that the nature of the relationship between a prospective donor and recipient is of the utmost importance. In an article dating from 1994, New York-based nephrologist Aaron Spital records the standpoints of United States transplant centres on living kidney donation between unrelated people:

The reason most frequently given for opposing donations by strangers was the belief that altruism between strangers is hard to document. Many centres feared ulterior motives, including financial gain. [...] One centre pointed out that there are no standards for accepting such individuals and finally, several were concerned about possible psychopathology in these people. Even among the many centres that supported unrelated living donation, the majority indicated that an emotional attachment between the donor and recipient is required since such bonds minimize the risk of nonaltruistic motives. (1994: 1724)

The emotional attachment referred to in Spital's article is fundamentally the reason why, as Price observes, 'the genetic relative has dominated the scene' (2000: 325). In *Never Let Me Go*, the clones are, as far as the reader knows, unrelated, and yet their emotional connections with each other are remarkable. As noted by Keith McDonald and Whitehead, at Ishiguro's Hailsham, the nuclear family structure is non-existent (McDonald 2007: 78; Whitehead 2011: 69). The students only have one another, and, as Whitehead confirms, the relationships they foster 'take on the strength and ambivalence of family relations' (2011: 69). McDonald argues that '[w]hile in Hailsham, the students willingly participate in a denial of both the outside world and their futures, and this acceptance of the fate that awaits the donors represents a death knell and a realization of the "special" nature of their lifespan' (2007: 78). This collective realisation binds the clones in what McDonald terms a 'co-existence' (2007: 78). The clones grow up believing that they are '*special*' (Ishiguro 2005: 68), as they have been told by Miss Lucy, one of the guardians. Hailsham thus constitutes a microcosm whose exploitative structures are designed to give the clones a false

sense of belonging. The students treat each other like family. They quarrel like siblings and feel utterly dismayed when they hurt each other, like the time when Kathy implies to Ruth that she knows that the latter's pencil case was not actually gifted to her by Miss Geraldine (2005: 59-60). Suffering from a lack of parental affection herself, Kathy quickly empathises with Ruth, musing: 'Didn't we all dream from time to time about one guardian or the other bending the rules and doing something special for us? A spontaneous hug, a secret letter, a gift? All Ruth had done was to take one of these harmless daydreams a step further; she hadn't even mentioned Miss Geraldine by name' (2005: 60). Although it is likely that the boarding school setting might encourage the natural development of strong, emotional ties between the students, it must be acknowledged that Hailsham's veiled organ donation economy enhances the students' sense of belonging by promoting a feeling of dependency amongst the clones. This feeling is strategically brought about by the implemented system of 'Exchange' (2005: 15) in conjunction with the 'Sales' (2005: 42). To clarify the structures and rules governing these two systems, Kathy gives the reader an accurate summary:

Four times a year – spring, summer, autumn, winter – we had a kind of big exhibition-cum-sale of all the things we'd been creating in the three months since the last Exchange. Paintings, drawings, pottery; all sorts of 'sculptures' made from whatever was the craze of the day – bashed-up cans, maybe, or bottle tops stuck onto cardboard. For each thing you put in, you were paid in Exchange Tokens – the guardians decided how many your particular masterpiece merited – and then on the day of the Exchange you went along with your tokens and 'bought' the stuff you liked. The rule was you could only buy work done by students in your own year, but that still gave us plenty to choose from, since most of us could get pretty prolific over a three-month period. (2005: 15-16)

The students of Hailsham attribute great value to the 'Exchanges'. The artwork they acquire during an 'Exchange' allows them to personalise the private spaces of their bedrooms, for example. Within the dystopian framework of the novel, the students

are denied individual growth. The donation of their vital organs marks the clones' collective, premature deaths. In this respect, whether consciously or subconsciously, the clones strive to maintain a certain sense of individuality. However, and this is where the dystopian political system is in the ascendancy, the students are oblivious to the fact that the acquired artwork with which they attempt to express themselves are not representations of their own individualities, but rather that of their peers. Referring back to the context of organ sale, Black maintains that the 'Exchanges' mimic 'the four organ donations that each student expects to make' (2009: 795). Paradoxically, they 'give up their own art and receive other works in return, but, of course, they will receive no one else's organs to replace the ones they eventually donate' (2009: 795-796). The economic organ market of which Hailsham as an organ harvester institution is a part, can be described as a major success, in that it creates a collective feeling of dependency amongst its students. Solid, emotional relations are, as seen above, one of the preferred requirements for organ donation. The interpersonal ties at Hailsham are strengthened through the practice of the 'Exchanges'. As Kathy innocently realises: 'If you think about it, being dependent on each other to produce the stuff that might become your private treasures – that's bound to do things to your relationships' (Ishiguro 2005: 16). If, as is generally believed, altruism can only occur between people who share an emotional attachment and considering that the clones are not related to each other, altruistic behaviour between the clones has to be induced 'mechanically'. Carefully analysing the different perspectives in favour of altruism, Wilkinson concludes that 'altruism arguments won't work against practices like kidney sale, because free donation between non-relatives is very rare indeed and is unlikely to become much more common in the foreseeable future' (2003: 133).

In *Never Let Me Go*, the clones are extremely keen on ‘donating’ their art. This is brought to light by the students’ indignation towards Tommy’s unwillingness to cooperate in the ‘Exchanges’. On several occasions, Tommy is described as ‘deliberately not trying’ (Ishiguro 2005: 18). If one considers creativity to be a process in which the clones at Hailsham are trained, and regarding the elusive language that defines the educational structures of the boarding school, creativity can be interpreted as yet another concept designed to mould the children of Hailsham into efficient donors. One can even go so far as to argue that creativity is yet another one of Ishiguro’s euphemisms standing in for the concept of altruism and its broader implications, as discussed above.

Tommy is bullied for not trying to be creative. His schoolmates play tricks on him all the time, some of which are extremely ‘nasty’ (2005: 15), as Kathy remembers. While Kathy and her friends attribute great value to Susie K’s poems, or Jackie’s giraffes (2005: 17) – individual pieces of art – they are unable to see beyond the scheming politics of Hailsham’s business of ‘Exchange’. Their ignorance becomes even more obvious when the students not so much criticise Tommy’s art than his lack of creativity. His inability to create art of a higher standard is frowned upon by his peers. They express ‘resentment’ (2005: 20) towards the kind of work he produces, like the elephant he draws, which Kathy describes as ‘the sort of picture a kid three years younger might have done’ (2005: 19). Tommy’s creativity is reduced to the state of that of a young child. It appears that, compared to the other students, Tommy is at a different developmental stage, something Miss Lucy acknowledges: ‘She’d known a lot of students, she’d said, who’d for a long time found it very difficult to be creative: painting, drawing, poetry, none of it going right for years. Then one day they’d turned a corner and blossomed. It was quite possible Tommy was one of these’ (2005: 27). If the students measure each other’s willingness to

participate in the 'Exchanges', that is to say donate their organs, and criticise each other for the quality of work produced, i.e. their creativity, then creativity can be seen as the driving force behind organ donation. The students create individual pieces of art, because they know that their peers and friends rely on it, are in need of their creations, just like prospective donors might be in need of organ transplantation.

If one believes what Miss Lucy tells Tommy, then it is acceptable for him not to have a fully developed sense of altruism. She is convinced that Tommy, too, will one day 'blossom' (2005: 27), and be able to bring up the necessary selflessness to give up his organs. In this instance, Miss Lucy's convictions are, of course, in line with the institutional politics. It is highly probable that, due to her position, Miss Lucy is expected to encourage Tommy's creativity, his motivation to keep trying. At the same time – and this is what confuses Tommy so much, for she says things that 'Tommy found difficult to follow' (2005: 27) – Miss Lucy attempts to impart her understanding of the truth to him. Wary of revealing too much, she says that if Tommy 'just couldn't be very creative, then that was quite all right, he wasn't to worry about it. It was wrong for anyone, whether they were students or guardians, to punish him for it, or put pressure on him in any way. It simply wasn't his fault' (2005: 27-28). Tommy, who is generally perceived as the only rebellious character (Marks 2010: 349; Griffin 2009: 657) and whom Griffin calls 'the only revolting angel' (2009: 657), does not want to be a donor. His almost legendary tantrums are clearly a desperate sign of a boy who cannot reconcile himself to his fate. Towards the end of the novel, Kathy admits that she and the others could never really comprehend why Tommy used to 'go bonkers like that' (Ishiguro 2005: 270). Eventually, it occurs to her that the reason for Tommy's frequent outbursts was that to some extent, Tommy 'always *knew*' (2005: 270; emphasis in original). This raises a fundamental question, namely: what exactly did the clones always know?

Contrary to what the clones have believed to be the case, what they know but cannot quite comprehend, is not the inevitability of their impending deaths, but that they have the right to refuse organ extraction. Although Miss Lucy is probably the only guardian at Hailsham who is revolted by the institutionalised rearing of clones for organ harvesting, her profession does not allow her to speak openly. She wants to fill the gaps in the limited information which Hailsham gives its students by telling them the truth, but even her words are not enough to make the clones understand that they could rise against the system:

The problem, as I see it, is that you've been told and not told. You've been told, but none of you really understand, and I dare say, some people are quite happy to leave it that way. But I'm not. If you're going to have decent lives, then you've got to know and know properly. None of you will go to America, none of you will be film stars. And none of you will be working in supermarkets as I heard some of you planning the other day. Your lives are set out for you. You'll become adults, then before you're old, before you're even middle-aged, you'll start to donate your vital organs. That's what each of you was created to do. [...] You were brought into this world for a purpose, and your futures, all of them, have been decided. [...] You need to remember that. If you're to have decent lives, you have to know who you are and what lies ahead of you, every one of you. (Ishiguro 2005: 79-80)

As Levy states, this passage reveals how the clones are kept 'in a constant state of psychological uncertainty' (2011: 11). Miss Lucy does not say it out loud, but what she says between the lines is her way of imparting disclosure. She wants the students to break free from the system, to have 'decent' lives. This becomes more evident when, at a later point, she engages in another conversation with Tommy: 'Listen, Tommy, your art, it *is* important. And not just because it's evidence. But for your own sake. You'll get a lot from it, just for yourself' (Ishiguro 2005: 106; emphasis in original). Levy sees Miss Lucy's implorations not only as a proof for Hailsham's 'humanitarian project' (2011: 12), but more as an attempt to make Tommy understand the importance of art as a medium for self-expression which allows him to assimilate the past and make peace with his imminent future, 'the horrifying

uncertainty' (2011: 12) that awaits him. If Tommy's art can be regarded as a metaphor for his organs, as discussed above, then Miss Lucy is not necessarily urging Tommy to come to terms with his destiny, but rather to hold on to himself – the bits and pieces that constitute the wonderful piece of art he, as a living, breathing being, is. Miss Lucy admits to having 'made a mistake' (Ishiguro 2005: 105) when she told Tommy that he did not need to 'worry about being creative' (2005: 105). Indeed, this first talk about Tommy's creativity is consistent with Hailsham's educational organ sale structures. Miss Lucy needed to make Tommy understand that his sense of altruism would eventually unfold, in the same way it had with previous students. This time, however, Miss Lucy's focus is on the art itself rather than the creative process. Tommy does not have to have his organs harvested. He has the power to claim his life back. This is Miss Lucy's message. It finds emphasis when she says: 'Look, there are all kinds of things you don't understand, Tommy, and I can't tell you about them. Things about Hailsham, about your place in the wider world, all kinds of things. But perhaps one day, you'll try and find out. They won't make it easy for you, but if you want to, really want to, you might find out' (2005: 106).

Often, when readers are confronted with Ishiguro's text they do not understand why the clones do not run away, or rebel against the system in which they were brought up. In his review of *Never Let Me Go* for *The Guardian*, John Mullan writes:

Among the many readers writing in to the Guardian Book Club weblog, the issue of this failure to rebel has provoked the most animated questions and disputes. Several readers have strenuously questioned the willingness of the 'students' and in particular the narrator, Kathy H, to cooperate with those who would exploit and finally kill them. (2006)

Explanations to this phenomenon can be found in what Wilkinson perceives as one of the major five anti-organ-sale arguments: coercion. Wilkinson argues that ‘in order to make sense of coercion arguments against organ sale we’ll need to ask who is supposed to be doing the threatening’ (2003: 127). Wilkinson’s argument is primarily focused on what he terms ‘omissive’ coercion (2003: 128). His understanding of the notion of coercion is based on the definition of what constitutes a coercer:

Coercers are only coercers, then, insofar as they’re responsible for the coercee’s situation – although, as I’ve already suggested, this responsibility can include both negative and positive duties, and so coercers can be *responsible for* (alleviating) the coercee’s situation even if they haven’t themselves *caused* it. (2003: 128; emphasis in original)

Wilkinson’s line of thought suggests that if the ‘rich nations’ offer to financially support the ‘poor nations’ by asking for their organs in exchange, then this is a ‘classic case of omissive coercion’, because these more privileged countries are depriving less developed countries of resources to which they have ‘a moral right’ (2003: 129). Applied to the case of Hailsham’s organ harvesting programme, and considering that critics have implied that the clones represent a lower, if not the lowest, segment of society,¹⁰ Ishiguro’s organ harvesting machinery is clearly coercing the clones into donating their organs.

¹⁰ Anne Whitehead, for example, writes: ‘Expected to perform the care work as well as to end their own lives prematurely in the isolated and run-down treatment centres, the clones powerfully engage questions of class concerning who is “carer” and “cared for” in society. They also require us to question whether the socially underprivileged have lives that are dramatically reduced in terms of both length and potential’ (2011: 62-63).

Wen Guo maintains that the word ‘creature’ which is used by Madame to refer to the clones stems from the idea that the clones believe they were formed from ‘[j]unkies, prostitutes, winos, tramps’ (Ishiguro 2005: 164), what Guo terms ‘the underclass’ (2015: 5).

Coercion

Coercion in Hailsham is carried out in a subtle way. The clones are reared in a boarding school that is entirely self-sufficient. This isolating setting strongly resonates with the educational backgrounds of preceding dystopias, such as *Facial Justice*, *Brave New World* and even *The Handmaid's Tale*, where children are either brought up by representatives of the totalitarian system, or selected members of the community, with the aim of undermining and severing any biological and parental connections, and creating individuals that can more easily be controlled by the system to which they are subjected. Hailsham provides the students with a place to sleep; it feeds and educates them and, albeit from an ulterior motive, offers regular medical examinations. The outside world seems far removed. Members of staff go in and out, but the clones grow up without any broader knowledge of how the world works and lack understanding of how to earn a living and live individual lives. At the Cottages, where the students spend their remaining time until they start donating, there are no guardians anymore. There is only Keffer, a sort of caretaker who provides the former Hailsham students with supplies, and who inspects the place a few times a week. It is important to note that the clones live in rather deplorable conditions and are denied basic amenities such as heating. Kathy remembers 'a lot of the time, outside the summer months, being chilly. You went around with two, even three jumpers on, and your jeans felt cold and stiff' (Ishiguro 2005 115). Although the clones ask for Keffer to leave more split logs to burn in the fireplaces spread around the farmhouse, Keffer refuses to do so. The clones are deliberately held in poor conditions. They are dependent on the system to keep them alive, in return for the promise of their organs; or to put it in Wilkinson's words, the coercers are coercers because they are responsible for the clones' situation, the questionable

circumstances under which they have to live, and the clones are only seen to in exchange for their human material. Considering that the clones should have a right to basic human standards of living and being alive, the coercion could be seen as what Wilkinson terms 'omissive' (Wilkinson 2003: 129). The paradox then resides in the fact that the clones' organ donations inevitably result in death. Kathy claims that, as young adults, she and her friends are ignorant about how the system of which they are a part operates: 'We certainly didn't think much about our lives beyond the Cottages, or about who ran them, or how they fitted into the larger world' (Ishiguro 2005 114). Nonetheless, there is an underlying sense that, as with the information Miss Lucy gives them, the clones know. This can be seen in the way Kathy reacts to Tommy's conversation with Miss Lucy. Kathy says: 'It's really interesting and I can see how it must have made you miserable. But either way, you're going to have to pull yourself together a bit more. We're going to be leaving here this summer. You've got to get yourself sorted again' (2005: 107). At some level, Kathy must understand how dependent they are on the representatives of Hailsham to provide for them even after they leave the estate. Although she does not clearly admit to it, her understanding of Tommy's despair implies that she, too, believes that there is a way out. Nonetheless, Kathy judges that there is a much bigger concern to be taken into consideration, namely that of survival. This makes of Kathy an accomplice. While representing a victim of the organ harvesting system, Kathy at the same time becomes a coercer, reminding Tommy of his duty towards the real coercers. Ruth adopts a similar stance regarding Tommy's lack of 'creativity', saying that if he wants the bullying 'to stop, he's got to change his own attitude' (2005: 15). Here, again, the coercer is responsible for Tommy's situation, and offers a solution to the problem that could alleviate his suffering, but only on condition that Tommy respects

his duty towards the group and produces art. This links back to Tommy's under-developed sense of altruism, his lack of voluntariness to hand over his organs.

Regarding voluntariness, Wilkinson argues that it constitutes one of the three 'main elements' that define consent: 'information, competence, and voluntariness' (2003: 116). These are consistent with the four 'guiding principles', 'consent, dignity, quality, and honesty and openness' (HTA 2017) of the Human Tissue Authority (HTA), which is, as stated on their website, 'a non-departmental public body' (HTA) appointed by the Parliament of the United Kingdom in 2005 to regulate the removal and storage of human tissue. Although the ethical guidelines outlined above are all substantial factors for the consideration of organ donation, Wilkinson argues that, most of the time, the consent argument against a market for organ sale concentrates on 'the relationship between voluntariness and financial incentives' (2003: 116). Wilkinson hypothesises that 'financial inducements, or *undue* financial inducements, compromise the voluntariness of people's choices and render their consents invalid' (2003: 125; emphasis in original). One of the reasons behind this is, for instance, that financial inducement renders the offer too hard to resist (2003: 125).

Inducements and Consent

Although the clones are never explicitly paid for their donations, Hailsham, with the 'Exchanges', has set up a sort of remunerative system. As explained above, the students receive so-called 'Exchange Tokens' (Ishiguro 2005: 16) with which they are, it seems, paid for the artwork they hand in. With these tokens, the students of Hailsham are not only able to buy each other's art, but also to participate in the 'Sales'. Kathy describes the 'Sales' as a 'complete contrast to the hushed atmosphere

of the Exchanges' (2005: 42). Taking place in a packed dining hall, the 'Sales' are a loud event. People shout and push each other around, and sometimes a fight ensues. The picture Ishiguro draws here is virtually one of a marketplace. At the 'Sales', the students can buy 'things from outside' (2005: 41). These are things such as clothes, little gadgets, and trinkets. As opposed to the 'Exchanges', where the students give something away, the 'Sales' allow them to take ownership over material goods. Therefore, it engenders in them the false sense of being in a privileged position. Ignorant of the manipulation to which they have been subjected, the clones become part of the economy of organ trafficking. To put it differently, the clones are allowed to shop, because they have participated in the 'Exchanges', i.e. offered their organs for sale. The Hailsham students are thus clearly induced to participate in a form of capitalist organ harvesting system. It is important to note that the students demand to be 'paid' for giving away their pieces of art rather than being left empty-handed. This is evidenced by what the students call the 'tokens controversy' (2005: 39). Two to four times a year, the students' best works are displayed for selection by Madame, the school's benefactor. Their art ends up in what the students think of as Madame's 'Gallery' (2005: 32). Within the confines of Hailsham it is believed that 'it was a great honour to have something taken by Madame' (2005: 38-39). Note that the clones are not given any tokens for the pieces of art Madame takes away with her. Translated to the language of organ sale debates, and with respect to what the students are told, it can be assumed that the process of having one's organs removed without receiving payment is seen as desirable, even somewhat heroic. This is what the clones have been trained for all their lives. Madame's 'Gallery' represents the successful completion of the organ harvesting programme, and it is also the reason why the clones are welcomed particularly warmly when they go in for their fourth donation. Kathy explains:

And then there's this odd tendency among donors to treat a fourth donation as something worthy of congratulations. 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. (2005: 273)

To some extent, Madame's Gallery represents the ideologies of organ sale opponents, who support a system based on charity and selflessness. This attitude however, collides with the students' own perceptions of what it means to give away parts of themselves. Indeed, through the 'tokens controversy' it becomes apparent that what the students would opt for is an organ sales market. They feel greatly disadvantaged by a system based on purely altruistic motives. Kathy experiences this as the shared 'feeling that we were losing our most marketable stuff' (2005: 39). In the end, the students get their way, and it is agreed that they receive tokens, 'but not many because it was a "most distinguished honour" to have work selected by Madame' (2005: 39). This leads to the last anti-organ-sale argument, exploitation, and with it the conclusion of this analysis.

Exploitation

The main concern in the organ sale debate seems to be the issue that organ buyers take advantage of other people's poor financial situation (Wilkinson 2003: 131). Wilkinson presents two solutions to this problem. The first one would be to introduce a ban on all organs acquired from people living 'below a certain level of wealth', which in itself would constitute a form of ostracism. The second and more probable solution would be to implement a minimum fee (2003: 131), which is, as seen above, also the resolution to the 'tokens controversy' (Ishiguro 2005: 39).

As the reader knows, none of the clones receive financial compensation for the donation of their vital organs. Instead, they learn to come to terms with the procedures of the organ donation system that is imposed on them. The collections of personal treasures that the clones have acquired from the 'Exchanges' or the 'Sales' and which they keep safe in wooden chests create an illusion for the students of Hailsham, one that makes them believe that they are compensated for everything they have to give away. As they slowly realise that even remuneration would not help them avoid certain death, they gradually understand that resistance is futile and that they do not have any other choice but to voluntarily let go of everything they own. This then also explains why Ruth consciously chooses to give away the little possessions she has gathered over the years spent at Hailsham. Ruth explains to Kathy that she had noticed that the students living at the Cottages, so-called 'veterans' (2005: 128), did not have any collections. Ruth says: 'It was only us, it wasn't normal. We must all have realised it, I wasn't the only one, but we didn't really talk about it, did we? So I didn't go looking for a new box. My things all stayed in the holdall bag for months, then in the end I threw them away' (2005: 128-129). What Ruth means is that she gave her collections to Keffer so that he could donate them to charity. It is unclear whether Keffer respects Ruth's wishes. What is more important, however, is Ruth's hope that her possessions are going to be reused. Metaphorically speaking, Ruth agrees to the non-remunerative organ harvesting system set up by Hailsham. She thus becomes a victim of exploitation. By giving away her collection, seemingly out of her own volition, Ruth finally submits to the organ harvesting environment in which she was forced to grow up. Tommy, too, experiences a similar development, albeit a little different.

In the years after Hailsham, Tommy works on his creativity and starts drawing intricately detailed animals. Kathy describes Tommy's artwork in the

following words: ‘The first impression was like one you’d get if you took the back off a radio set: tiny canals, weaving tendons, miniature screws and wheels were all drawn with obsessive precision, and only when you held the page away could you see it was some kind of armadillo, say, or a bird’ (Ishiguro 2005: 184-185). Tommy’s newly found creativity stems from his desire to be considered for a deferral, a practice allegedly granted to Hailsham students on condition that a couple truly love each other. Tommy believes that his animals would reveal how he and Kathy feel about each other, but after a conversation with Miss Emily at the end of the novel, the couple learns that the idea of deferrals is only a rumour (2005: 252). If analysed on a symbolic level, knowing that Tommy meets the same fate others before him have, by honing his artistic skills, Tommy also finally accepts the organ donation structure supported by Hailsham. His improved creativity changes him into the donor he was always expected to be.

Conclusion

In *Never Let Me Go*, Ishiguro represents an organ harvesting system that is, apart from being inherently exploitative, based on the principles of altruism and the absence of remuneration. It reflects the basis for most organ donation systems in place at the moment, with the difference that those regulated by organisations such as the HTA or BTS are governed by principles that reject any forms of exploitation. The debates surrounding organ donation are testimony to the ethical value that is attributed to human material. In *Never Let Me Go*, Madame’s Gallery, for example, is set up as a project to prove that the clones have souls (2005: 255). Cynthia B. Cohen, exploring the ethical values human beings attribute to their vital organs, claims that: ‘The problem is that to sell human body parts and products is not simply

to insert physical bits and pieces of human beings into the stream of commerce. These bits and pieces bear meanings of deep significance to us, and the act of selling them therefore has consequences of ethical import' (2012: 171). Cohen's statement coincides with the notion that the Hailsham students' artwork, and so their organs, have special value. As pieces of individuals, they carry a soul; they contain the essence of the person who donated them. Cohen concludes that altruistic organ donation is 'an implicit acknowledgement that we value other human beings as worthy of respect, admiration, and love' (2012: 174). By examining the ethical issues of Ishiguro's fictitious organ donation system, it can be concluded that the implementation of an organ economy might potentially lead to unscrupulous capitalist exploitation. Drawing on the five ethical arguments against organ trade identified by Wilkinson, Ishiguro's dystopia presents a chilling state-controlled organ market devoid of any moral and ethical values that serves as a cautionary tale of the dangers of turning human life and human organs into easily disposable commodities.

Chapter 6: The Paradoxes of Illness and Health in Juli Zeh's *Corpus*

Delicti

After having looked at the representation of the ethical issues surrounding organ trafficking in Kazuo Ishiguro's *Never Let me Go*, this chapter further contemplates some of the ethical aspects that undergird the dystopian genre. The chapter considers the on-going dialogue between medical ethics and what scholars of the medical humanities have recently termed 'narrative ethics' (Aultman 2014: 479; Frank 1995: 155; Charon 2006: 55). The power disparity that characterises the doctor-patient relationship fundamentally relies on principles of ethical conduct, particularly since the physician's praxis ought to be based on a responsible use of medical knowledge, as per Hippocrates' celebrated 'Oath' that lays down the ethical principles of the medical profession (Novillo-Corvalán 2015: 3). Yet, as has been discussed in previous chapters, this power is often abused by the political structures of the totalitarian systems set in place in dystopian narratives. This chapter explores the interplay between literature and medicine in Juli Zeh's dystopian novel *Corpus Delicti* (2009). It takes as a starting point Sarah Koellner's assumption that *Corpus Delicti* is a piece of 'engaged literature' and that it 'is capable of portraying and challenging complex cultural developments, through the reader's assessment of the fictional world in relation to the current political reality' (2016: 412). In so doing, it considers the relationship between health and illness underlying the health dictatorship that is featured in Zeh's fiction. The chapter offers a conceptualisation of illness narratives and their ethical framework by applying the concepts introduced by the medical sociologist Arthur W. Frank, thus offering a different perspective on how the framework of illness narratives can be utilised to shed light on the ethical concerns raised by twenty-first-century dystopian fiction.

Ethics and Aesthetics

In September 2007, acclaimed German author and jurist Juli Zeh celebrated the first performance of her drama *Corpus Delicti* at the Ruhrtriennale music and arts festival in Germany (the play was turned into a novel in 2009). A number of critics, including Virginia McCalmont, Waltraud Maierhofer, and Carrie Smith-Prei have drawn attention to the ‘science fiction and serious utopian concepts’ underpinning *Corpus Delicti* (McCalmont and Maierhofer 2012: 376), particularly its contemporary relevance through its incorporation of ‘scientific advancements [that] are very much also those of today’ (Smith-Prei 2012: 111). At the same time, *Corpus Delicti* can be read as a piece of ‘engaged literature’ (Koellner 2016: 409). In an online article for *Die Zeit*, published in 2004, Zeh reacts to the general accusation that young writers born in the 1970s refrain from engaging politically in their writings. Zeh elaborates by suggesting that her contemporary peers do not so much abstain from voicing their political opinions than from being associated with collectivism, arguing: ‘Man mag in Deutschland keine Uniformen mehr, weder stoffliche noch geistige’ (‘People in Germany don’t like uniforms any more, neither those made out of fabric, nor intellectual ones’; Zeh 2004).¹¹ In this respect, Sean M. McIntyre observes that:

Zeh’s vision for the role of literary intellectuals in the public sphere does affirm a strong differentiation of politics and literature, but she emphasizes that literary authors should also develop their capacities as civic-minded political beings with public interventions and positive engagement with organized interest and not leave political discussion only to the ‘experts’. (2008: 30)

Because one does not exclude the other, Zeh believes that an author can be ‘Schriftsteller und politischer Denker in Personalunion’ (‘writer and political thinker

¹¹ All translations from the German are mine unless otherwise stated.

in personal union'; Zeh 2004). Taking her opinions to a logical conclusion, Patricia Herminhouse points out that 'Zeh has consciously shaped her public image as a serious writer' (Herminhouse 2008: 270). Herminhouse adds: 'Regretting that in an age of individualism, most writers have simply relegated politics to the realm of the private, Zeh expresses dissatisfaction with the current inclination to look only to specialists and commissions when opinions are sought' (2008: 270). In analysing Zeh's political involvement, Smith-Prei also observes that 'Zeh's belief in the importance of the author's engagement with the public sphere is exemplified not only in her journalistic, nonfictional, and legal work, but also in her fictional writing' (2012: 108).

Zeh attempts to close the gaps between journalism and literature: 'Ich möchte den Lesern keine Meinungen, sondern Ideen vermitteln und den Zugang zu einem nichtjournalistischen und trotzdem politischen Blick auf die Welt eröffnen' ('I do not seek to impose opinions on readers; rather, I would like to convey ideas to them in order to facilitate the access to a non-journalistic and yet political perspective towards the world'; Zeh 2004). Debating the role of 'relevant realism', Marin R. Dean and his co-authors emphasise the author's 'ästhetisch-moralische Verantwortung' ('aesthetic-moral responsibility'; Dean et al. 2005) for the creation of fiction as a reflection of reality. In her response to the critical debate, Zeh emphasises the interplay between ethics and aesthetics, claiming that aestheticism is not enough for the construction of a moral concept: 'Jeder politischen oder moralischen Wirkung muss eine Grundentscheidung vorausgehen: für das, was man will, oder wenigstens gegen das, was man nicht will' ('Every political or moral impact must be preceded by a basic decision: either a decision for what you want, or at least a decision against what you don't want'; Zeh 2005). Pondering Zeh's politico-literary engagement, Smith-Prei argues that '*Corpus Delicti* clearly displays

how she [Zeh] would define truly relevant realism as instigating politically or ethically aware reading' (2012: 111). Indeed, Zeh's concern with the political impact attached to questions of ethics is fundamental to *Corpus Delicti*. Health and illness constitute the two opposing pillars upon which the biomedical discourses incorporated in the political structures of Zeh's health dictatorship are built. From this emerges a dialogue between the portrayal of the rational model of clinical ethics as represented by the medical profession, and the notion of 'narrative ethics' supported by the emerging field of the medical humanities.

Julie M. Aultman has noted a divide between medical, or clinical ethics, and the work carried out by medical humanities scholars: 'Medical ethicists use theories, principles, and approaches to ethical decision making to recognize, resolve, and reflect on ethical problems' (2014: 479). According to Aultman, this approach opposes that of the medical humanities scholar who seeks to 'understand the human condition' (2014: 479). In a similar vein, Arthur W. Frank claims that '[c]linical ethics is concerned primarily with professional and institutional obligations to patients' (1995: 156). Rita Charon, a prominent figure within the discourses of the medical humanities, shows equal concern by stating that '[t]he price for a technologically sophisticated medicine seems to be impersonal, calculating treatment from revolving sets of specialists' (2006: 6). As a physician, Charon has observed the doctor's 'remove from the immediacy of sick and dying patients' (2006: 6). Therefore, Charon notes an urgency for stories of illness. The listener of illness narratives is engaged in what Charon terms an 'intersubjective process' (2006: 214) which acts as a 'bridge to narrative's ethics' (2006: 55). This interaction has greatly influenced the field of 'conventional bioethics' (2006: 208), giving rise to the practice of 'narrative bioethics' (2006: 215). Charon explains that 'the narrative bioethicist must sit by the patient, lean forward toward the person who suffers, and

offer the self as an occasion for the other to tell and therefore comprehend the events of illness (2006: 215). Frank's narrative ethics are based on a similar premise. For the sociologist, listening to the patient's illness story constitutes a 'fundamental moral act' (1995: 25) which results in a 'mutuality of need, when each is *for* the other' (1995: 25; emphasis in original).

Conceptualising Illness Narratives

Medical humanities scholar Stella Bolaki states that 'illness narratives combine an auto/biographical narrative about living with an illness with reflections upon the wider implications of a particular disease, treatment, recovery and interactions with medical professionals' (2016: 4). In so doing, Bolaki calls for a broader and more inclusive approach to the understanding of illness narratives: 'I believe that expanding rather than limiting current definitions and approaches to illness narrative can benefit medicine, the arts and cultural studies' (2016: 7). Although illness narratives have, according to Bolaki, burgeoned 'in the mid twentieth and twenty-first centuries' (2016: 4), they have, over the course of roughly fifty years, engendered a multitude of debates concerned with the redefinition and reorientation of what Anne Whitehead also terms the 'narrative medium' (Whitehead 2014: 107). Whitehead's research is invested in detaching the literary narrative from the deeply engrained assumption that it serves as an enhancement of 'what the medical practitioner already does' (2014: 108). The perception that literature, and language in particular, can be used as a tool for the medical practitioner to better understand and treat the patient has been strongly advocated by Charon, whose work is based on the presumption that the scientific 'measuring', 'visualizing', and 'quantitating' of human material thwarts 'effective treatment' (2000: 26). Charon believes that the

doctor's inability to listen to the patient's medical history and personal experience of suffering might potentially 'deter patients from accepting whatever scientific help for their disease is forthcoming' (2000: 26). As a Professor of Clinical Medicine, Charon attributes great importance to the relation between language and medicine: 'Although it is not a literary enterprise, the practice of medicine advances its work through textual, or language-based, means and therefore may, like literature, know more than it can tell' (2000: 24). Charon seeks to complete the doctor-patient relationship:

The enterprise of attending to the health concerns of the patient brings doctor and patient together for the mutual task of articulating, in some language or another, the events of the patient's life – bodily and otherwise – that form the context of a medical problem. Obtaining the medical history from the patient is an activity based in language. The means the doctor uses to interpret accurately what the patient tells are not unlike the means the reader uses to understand the words of the writer. (2000: 24)

This chapter offers a consideration of the debates concerned with a redefinition of the 'narrative medium' (Whitehead 2014: 107) by engaging with concepts formulated by scholars of the medical humanities. *Corpus Delicti* is not a typical illness narrative in that it is not a first-person account of the experience of disease. It is predominantly written from the perspective of an omniscient narrator and thus represents a challenge to the traditional treatment and reading of illness narratives. This chapter explores different types of illness narratives to elucidate the power structures of Zeh's totalitarian regime. By shining a spotlight on the fictional characters and their suffering, the reader is invited to actively engage with Zeh's political standpoint. This analysis will demonstrate that illness narratives can be used as a lens to understand the potentially catastrophic consequences of a repressive regime, and how these might affect the well-being of the individual.

Lars-Christer Hydén holds that the interest in narrative practice in the medical field 'has changed in at least three respects: thematically, theoretically and

methodologically' (1997: 51). Hydén argues that there has been a shift away from the doctor to the patient, in that the 'patients' experience of suffering' (1997: 51) has become a more pressing concern within the investigation of illness narratives, as opposed to the doctor and how the medical professional uses and perceives a patient's narrative to study illness and disease. Hydén particularly emphasises the pioneering work of Arthur Kleinman and Arthur Frank, whose analyses of illness narratives have shed some light on the suffering of patients through the ways in which suffering has been articulated, a thematic contrast to former conceptions and representations of illnesses by the medical establishment (1997: 51). Within the field of the social sciences, the narrative form has come to play an integral part. Hydén notes: '*Theoretically*, the narrative concept formerly occupied a peripheral position in the social scientific study of illness' (1997: 51; emphasis in original). Emphasis was put on issues of identity and how identity was shaped and informed by narratives. Hydén suggests that the gradual distancing from the 'identity concept' (1997: 52) allowed for a better understanding of 'the patient's illness experience and illness world as a social reality' (1997: 52). Finally, the methodological approach offers a substantial insight into the presentation of illness. Whereas past perceptions of illness narratives and how they affected the construction of identity were based on the history of 'one individual life' (1997: 52), research has shown 'that situational factors play a decisive role in the construction of narratives and that we continually produce new narratives in new contexts' (1997: 52). Taking Hydén's idea further, and following Bolaki's call for a 'reinterpretation of illness narratives' (2016: 7), this chapter opens up yet another space for the exploration of fiction through the theory of illness narratives.

Zeh and Her Fictional Health Politics

Set in an alternative futuristic Germany, *Corpus Delicti* depicts a health state in which citizens are constantly monitored, not only through microchips implanted in their upper arms but also through sensors located in the toilets (Zeh 2009: 73). Additionally, the state expects each individual to submit regular sleep and nutritional reports, urine samples, and blood pressure readings (2009: 21). All citizens are required to keep healthy by exercising (2009: 21), while smoking and the consumption of both alcohol and caffeine are prohibited. Excursions into nature are forbidden and anyone exiting the sterilised zones (2009: 99) is liable for punishment. The political structures introduced in Zeh's totalitarian state are based on a treatise written by the fictional best-selling author and journalist, Heinrich Kramer, which also forms the 'Vorwort' (2009: 9) ('Foreword' (2014: 1))¹² to the novel. The following excerpt contextualises the legal framework within which the health dictatorship, referred to as the 'METHODE' (2009: 11) operates:

Gesundheit ist ein Zustand des vollkommenen körperlichen, geistigen und sozialen Wohlbefindens – und nicht die bloße Abwesenheit von Krankheit. Gesundheit könnte man als den störungsfreien Lebensfluss in allen Körperteilen, Organen und Zellen definieren, als einen Zustand geistiger und körperlicher Harmonie, als ungehinderte Entfaltung des biologischen Energiepotenzials. Ein gesunder Organismus steht in funktionierender Wechselwirkung mit seiner Umwelt. Der gesunde Mensch fühlt sich frisch und leistungsfähig. Er besitzt optimistisches Rüstungsvertrauen, geistige Kraft und ein stabiles Seelenleben. [...] Gesundheit führt über die Vollendung des Einzelnen zur Vollkommenheit des gesellschaftlichen Zusammenseins. Gesundheit ist das Ziel des natürlichen Lebenswillens und deshalb natürliches Ziel von Gesellschaft, Recht und Politik. Ein Mensch, der nicht nach Gesundheit strebt, wird nicht krank, sondern ist es schon. (Zeh 2009: 9-10)

Health is a state of complete physical, mental and social well-being, not merely the absence of infirmity or disease. Health is the unrestricted flow of life in the physical body, through every organ and cell. Health is body and

¹² All English translations of the novel are by Sally-Ann Spencer.

mind in harmony, biological energy achieving its fullest potential without obstacle or interruption. A healthy organism will interact positively with its environment. A healthy human will feel invigorated and capable. He or she will feel invulnerable to infirmity, be mentally vigorous and emotionally balanced. [...] Health is the optimisation of the individual for the optimal social good. Health is what we naturally desire for ourselves and is therefore the natural objective of society, politics and law. If we cease to strive for health, we are not at risk of illness, we are already ill. (Zeh 2014: 1-2)

Health is treated as a ‘*Prinzip staatlicher Legitimation*’ (2009: 10; emphasis in original) (‘*Principle of State Legitimacy*’ (2014: 2; emphasis in original)) as implied by the treatise’s title. In this context, illnesses such as the common cold, for example, have been eradicated since the twenties (2009: 23), and the state only authorises relationships that are immunologically compatible. For this purpose, there is the so-called ‘*Zentrale Partnerschaftsvermittlung*’ (2009: 67) (‘*Central Partnership Agency*’ (2014: 53)), which is designed to guarantee the healthiest possible progeny, and according to which an ‘*unzulässige Liebe*’ (2009: 122) (‘*inadmissible love*’ (2014: 100)) is a capital punishment. It is within this setting that Zeh imagines the entangled stories of a pair of siblings, Mia and Moritz Holl, who through their encounter with the science-oriented legal structures of this totalitarian state lay bare the flaws inherent in the totalitarian system. Zeh’s health state is based on the presumption that a healthy body constitutes the norm (2009: 156). The control system set in place has institutionalised a ‘*medical gaze*’ programmed to detect any deviance from the established norm by registering what Peter G. Davies refers to as ‘*demonstrable pathology*’ (2007: 447). The power exercised by the state is thus based on the efficient treatment of illness. However, as Davies points out, ‘*this very power in certain instances has given doctors, patients, and health care systems an appetite for it to be generalized from specific successes to more diffuse and general problems where it cannot possibly be as effective*’ (2007: 447). Davies’s observations prove to be particularly relevant for the reading of *Corpus Delicti*.

Zeh's novel does not follow a strict narrative sequence. There are two timeframes, one rooted in the present, the other in the past. The chapters set in the present largely follow a chronological order but are interspersed with analeptic material documenting past recollections of encounters and conversations between Moritz and Mia. Central to the plot of Zeh's novel is a murder thriller that brings to light the complex, intertwined illness stories of the siblings. Going against the state-imposed business of matchmaking, Moritz falls in love with Sibylle Meiler, a woman he meets online. However, upon their first personal encounter Moritz finds Sibylle's dead body. Two days later, the young man is arrested because his DNA is allegedly found in the victim's body. Despite Moritz's denial of the murder allegations, the infallibility of a person's genetic fingerprint makes of him the sole, primary suspect. The dramatic effect in Zeh's story is produced by a plot twist. As it turns out, the DNA found in the victim is actually that of Moritz's bone marrow donor. Moritz then commits suicide by hanging himself with a fishing line that Mia slips through one of the holes of the Plexiglas which separates them at the remand centre. Moritz's death engenders symptoms of depression in Mia. While she mourns for her brother, Mia fails to submit her medical data, which by law is considered a criminal offence. After a series of government procedures, Mia too is finally arrested and put on trial. Zeh's 'Justizdrama' ('courtroom drama') thus brings to the fore two illness stories: That of Moritz, a former patient suffering from leukaemia, and that of Mia, suffering from a form of depression.

Within the medical context of the dystopia and read in conjunction with Arthur Frank's theory of illness narratives, Mia's illness story can be characterised as what Frank terms a 'drama of emotion work' (2007: 384). As becomes clear from reading Frank's theory of 'emotion work', in *Corpus Delicti*, Mia is forced to pretend a state of well-being so as not to upset the balance of the care system from

which she allegedly benefits. Frank identifies ‘five dramas of illness’, stages that tend to appear in most autobiographical illness narratives (2007: 379). Basing his theory on what the sociologist Arlie Hochschild termed ‘emotion work’ (2007: 384), and integrating it with the theory articulated by Erving Goffman, Frank suggests that ‘[a]ny individual’s emotion work is part of an emotion-work system, in which each player is both enforcing demands and responding to demands enforced by others’ (2007: 387). Frank explains that, for Goffman, the self is a ‘fostered impression’ (2007: 384). Social encounters require individuals to employ ‘defensive and protective practices’ (2007: 384), techniques applied to avoid any embarrassment that could occur through the ‘[r]evelations of any disparities between the self that is claimed and the self as it is’, especially in case a person is found out ‘to be less than she or he had claimed’ (2007: 384). Adding a Marxist, economic dimension to Goffman’s concept of selves, Hochschild, as demonstrated by Frank, reasons that, ‘in service work, Goffman’s “fostered impression” is a commodity that the customer is purchasing as part of the service’ (2007: 385). However, as Frank adds, selling part of oneself can be a ‘profoundly alienating’ experience for an individual (2007: 385). Frank applies the joint theory work of Goffman and Hochschild to the ill by inverting the focus ‘from service provider to customer’ (2007: 385), arguing: ‘Being ill, and more specifically being a patient, is a performance that involves meeting certain expectations’ (2009: 385). Frank poses this formulation onto the autobiographical text of the quadriplegic Robert Murphy, for whom ‘the ill and disabled foster restrained and restricted impressions in order to avoid disturbing the able-bodied on whom they are dependent’ (2007: 385). In *Corpus Delicti*, Frank’s definition of ‘emotion work’ is portrayed by Mia’s illness story. In light of the Marxist aspects that have influenced Frank’s theory, Mia can be regarded as engaging in an ‘economy of work’ that is defined by a capitalist exchange of services. The state has

successfully eliminated any sources of physical suffering, but, in return, the citizen is expected to keep healthy. Mia's duty as a citizen is to regularly provide her medical data. From the moment she stops doing so, the state notices her.

After her brother's death, Mia goes through a period of mourning which affects her psychologically and results in what Bell ('Barker' (2014: 3)), the public prosecutor, declares a 'Vernachlässigung der Meldepflichten' (Zeh 2009: 20) ('Violation of duty to provide medical data' (Zeh 2014: 11)). After attending the presentation of Mia's case, the journalist Heinrich Kramer visits Mia at home. While he encourages Mia to mourn the death of her brother (2009: 45), he also urges her to eliminate the 'äußeren Zeichen der Hoffnungslosigkeit' (2009: 45) ('visible signs of despair' (2014: 33)) by tidying up her home, and thus getting her life back on track. He also tells Mia: 'Sie sind den Behörden auffällig geworden wegen gewisser Versäumnisse' (2009: 45) ('You've come to the attention of the authorities because of certain lapses' (2014: 33)'), alluding to her overdue nutritional and sleep records, blood and urine samples, and the stagnation of her sporting activities. As a supporter of state principles, Kramer encourages Mia to perform 'emotion work'. Faced with Mia's 'visible' despair, Kramer is offered a reflection of Mia's true self. Frank asserts that '[t]he drama of emotion work involves suspense over whether each person's particular self-presentations will sustain others' expectations, and if those others will confirm the self-presentations or reject them' (2007: 387). Because Mia does not even try to conceal the apparent signs of her pain, Kramer feels obliged to remind her of 'an appropriate performance of illness' (Frank 2007: 387). Although Kramer acknowledges Mia's psychological trauma, he forces her to function. Because the dystopian government puts its citizens in a state of dependency, officials expect the ill to perform for the 'able-bodied' (Frank 2009: 385). This marks a sort of business transaction of which Sophie, the judge, admonishingly reminds Mia:

‘Wenn wir vernünftig denken’, sagt Sophie, ‘schuldet die Gemeinschaft Ihnen Fürsorge in der Not. Dann aber schulden Sie der Gemeinschaft das Bemühen, diese Not zu vermeiden. Ist das nachvollziehbar?’ (Zeh 2009: 63)

‘Good sense dictates that society should look after your health in times of need,’ says Sophie. ‘By the same token, the onus is on you to ensure such circumstances don’t arise. Do you see?’ (Zeh 2014: 50)

To use Frank’s words: ‘In health care, the service receiver must do emotion work as a condition of receiving the service’ (2009: 385). The necessity for Mia to perform ‘emotion work’ stems from what Frank identifies as modernity’s ‘emphasis on fixing’ (1995: 114). As Frank explains, ‘[s]ickness and wellness shift definitely as to which is foreground and which is background at any given moment’ (1995: 9). In an article that seeks to present a pedagogical definition of the medical humanities, Johanna Shapiro and her co-authors delineate the work ethics of modern medicine:

The prevailing metaphors of medical education continue to be heavily mechanistic (the body is a machine), linear (find the cause, create an effect), and hierarchical (doctor as expert), while its dominant narrative tends to be a story of restitution (patient becomes ill; patient is cured by physician expert; patient is restored to preillness state). (2009: 194)

The health politics represented in *Corpus Delicti* follow the mechanistic, biomedical model outlined above. As suggested by Kramer, the dystopian government has a zero-tolerance policy for suffering. Mia’s deviation from the medical norms is discussed in court, and more importantly, in her absence. This strongly suggests that, as a patient, Mia is, to use Anne Hunsaker Hawkins’s words, ‘canceled out in the medical enterprise’ (1999: 12). What is more, ‘[t]he subject of the case report is a particular biomedical condition, the individual reduced to a body and the body reduced to its biophysical components’ (Hawkins 1999: 12). The dictatorship in Zeh’s novel records its citizens’ medical history in the form of factual medical reports that reduce an individual to her or his organic physicality. Mia shows herself aware of the centrality of bodies as easily controllable entities: ‘Der Körper ist uns

Tempel und Altar, Götze und Opfer. Heilig gesprochen und versklavt. Der Körper ist alles' (Zeh 2009: 170) ('The body is temple and altar; our highest god, our greatest sacrifice; sacred and enslaved' (2014: 141)).

Because Mia, a successful biologist, is described as an exemplary citizen without any prior delinquencies, her case is at first treated as an aberration (2009: 21) and Mia is invited for a 'Klärungsgespräch' ('meditation' (2014: 11)), which she ignores (2009: 21). It is important to note how the state treats Mia's case. When Mia finally appears to her invitation in court, her body is visibly and audibly instrumentalised:

Jetzt sitzt Mia mit nacktem Oberkörper und leerem Blick im Untersuchungsstuhl. Von Handgelenken, Rücken und Schläfen hängen Kabel. Ihre Herztöne, das Rauschen des Bluts in den Adern, die elektrischen Impulse der Synapsen sind zu hören – ein Orchester von Wahnsinnigen, das die Instrumente stimmt. Der Amtsarzt ist ein gutmütiger Herr mit gepflegten Fingernägeln. Er streicht Mia mit einem Scanner über den Oberarm, als wäre sie eine Bohnendose auf dem Kassenband im Supermarkt. Auf der Präsentationswand erscheint ihr Foto, gefolgt von einer langen Reihe medizinischer Informationen. (Zeh 2009: 53)

Now Mia, naked from the waist up, is in the examination chair. Her eyes are empty and expressionless. Wires run from her wrists, back and temples. The beating of her heart, the rush of blood through her body, the electrical impulses running through her synapses are clearly audible – an orchestra of demented musicians tuning their instruments. The civic doctor is a good-natured man with manicured fingernails. He passes a sensor over Mia's upper arm as if he were scanning a tin of beans at the checkout. Her picture appears on the wall, accompanied by a long list of medical stats. (Zeh 2014: 41)

In *Corpus Delicti*, Zeh imagines a political system that uses the body as a databank that can be hacked into at any time and sometimes even without an individual's consent.¹³ The microchips located in citizens' biceps can be scanned to deliver an individual's medical data at a glance. This invasion of biological material allows for a swift localisation of illness. Rendering the body technologically accessible stems

¹³ For an Orwellian critique of biomedical surveillance systems see *Angriff auf die Freiheit: Sicherheitswahn, Überwachungsstaat und der Abbau bürgerlicher Rechte* (2009; co-authored with Ilija Trojanow).

from a desire to treat illness quickly and effectively. As has been implied by Davies, this exercise of medical power has generated a desire to extend it to more complex issues (2007: 447). Considering that the results of the medical examination enforced upon Mia turn out to be in order, Mia's case proves to be a challenge for the health system set in place. Kramer explains the legal structures of Zeh's dystopian society:

Unsere Gesetze funktionieren in filigraner Feinabstimmung, vergleichbar dem Nervensystem eines Organismus. Unser System ist perfekt, auf wundersame Weise lebensfähig und stark wie ein Körper – allerdings ebenso anfällig. (Zeh 2009: 40-41)

Our laws form a delicate, perfectly attuned network, the nervous system of the state. Our system is flawless, with the inbuilt strength of the human body. And like the human body it is supremely capable of sustaining itself – but it is fragile too. (Zeh 2014: 29-30)

The journalist's metaphorical language used to describe the state's jurisprudence aligns with the medical education to which Shapiro et al. refer. Mia's body is part of the complex organism that forms the health state. The absence of Mia's current health records causes a threat to the system, because failure to correctly ascertain Mia's health state could potentially lead to illness, and make of her a weak bodily link in the system. In order to forestall a decline of Mia's health, Sophie offers a series of remedial options of which Mia could make use, such as a stay in a specialised health establishment somewhere nice. Sophie also suggests that Mia could be provided with mental health support followed by her social rehabilitation (2009: 57). Although Sophie's help, as per the 'Gesundheitsordnung' (2009: 57) ('Health Code' (2014: 45)) is very generous, Mia declines, preferring to deal with the pain of her loss and the psychological consequences on her own terms. Mia refers to her suffering as a 'Privatangelegenheit' (2009: 58) ('personal matter' (2014: 46)). Her 'self-removal from public circulation' equates to what Smith-Prei describes as 'a lack of confidence in the validity of systemic norms' (2012: 118). It also

demonstrates that Mia's condition cannot be remedied in a biomedical fashion. Mia's 'self-removal' (Smith-Prei 2012: 118) from the state's political health discourses creates an imbalance which 'paralyzes her in the middle ground' (2012: 118). In a society that so clearly defines itself through the impeccable health of its citizens, Mia has entered what Susan Sontag describes as the 'kingdom of the sick', or 'the night-side of life' (1991: 3), a world which officially does not exist in *Corpus Delicti*. Sontag's metaphor evokes the notion of travelling between worlds when she says: 'Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place' (1991: 3). Reacting to Sontag's metaphor, Anne Hawkins implies that this place is a chaotic one: 'The task of the author of a pathography is not only to describe this disordering process but also to restore to reality its lost coherence and to discover, or create, a meaning that can bind it together' (1999: 2-3). Following the death of Moritz, Mia tries to make sense of her life by revisiting past encounters with her brother. The act of writing becomes a necessary tool in this endeavour. Afraid that she might forget or misunderstand Moritz, Mia says:

Ich muss das aufschreiben. Ich muss *ihn* aufschreiben. Das menschliche Gedächtnis sortiert 96 Prozent aller Informationen nach wenigen Tagen aus. Vier Prozent Moritz sind nicht genug. Mit vier Prozent Moritz kann ich nicht weiterleben. (Zeh 2009: 30; emphasis in original)

I need to write it down. I need to write *him* down. Ninety-six per cent of information is deleted from our memories after only a couple of days. Four per cent isn't enough for Moritz. If all I have is four per cent of Moritz, I can't carry on. (Zeh 2014: 20; emphasis in original)

By writing down her recollections of Moritz, Mia creates and processes several forms of illness narratives that undergird the dystopian novel.

As established above, *Corpus Delicti* is not an autobiographical first-person narrative, and yet Zeh's engagement with the status of scientific developments in

society allows for the deployment of a medical humanities framework. Read in tandem with Frank's work of theory, the non-linearity of Zeh's fiction produces a notion of disorder. This effect adds to Mia's illness narrative which, according to Frank, can be defined as a 'chaos narrative' (1995: 97): 'Stories are chaotic in their absence of narrative order. Events are told as the storyteller experiences life: without sequence of discernable causality' (1995: 97). Chaos stories usually lack 'genesis' (1995: 108). Frank is very careful with his definition of chaos narrative, arguing that it is 'an *anti-narrative* of time without sequence, telling without meditation, and speaking about oneself without being fully able to reflect on oneself' (1995: 98; emphasis in original). Furthermore, for Frank, the chaos story cannot 'literally be told but can only be lived' (1995: 98):

The teller of chaos stories is, preeminently, the wounded storyteller, but those who are truly *living* the chaos cannot tell in words. To turn the chaos into a verbal story is to have some reflective grasp of it. The chaos that can be told in story is already taking place at a distance and is being reflected on retrospectively. For a person to gain such a reflective grasp of her own life, distance is a prerequisite. In telling the events of one's life, events are meditated by the telling. [...] Lived chaos makes reflection, and consequently storytelling, impossible. (1995: 98; emphasis in original)

Because of the narrative perspective that Zeh chooses for *Corpus Delicti*, the reader is able to witness Mia's chaos in all its 'immediacy' (Frank 1995: 98). Mia struggles to obtain a 'reflective grasp of her own life' (Frank 1995: 98). This is due to the lack of 'genesis' (1995: 108) that characterises the chaos narrative. Moreover, Frank notes the complexities of 'genesis' in Holocaust stories, declaring that these stories 'may have a clear historical genesis, the moment of being transported to camp, but in the depths of all that happens later, this moment loses narrative force as an explanation' (1995: 108). Although Mia's fictional story cannot, by any means, be compared to the gravity and intensity of Holocaust narratives, the comparisons that Frank draws can be employed in order to understand the broader political health

conceptualisations that are hidden within Zeh's novel. Even though Moritz's passing is the proximate cause for Mia's chaos narrative, the reader is left to wonder whether the origins of Mia's chaos story lie further in the past and might potentially be incorporated in Moritz's diagnosis of leukaemia. Devoid of true genesis, the chaos narrative cannot produce temporal coherence. This effect engenders a difficulty of expression which is portrayed on several occasions throughout *Corpus Delicti*.

Mia tells Sophie that nobody can relate to what she is going through, least of all herself (2009: 58). Unable to express what is happening to her, Zeh has the omniscient narrator step in and explain that '[w]as sie eigentlich ausdrücken will, lässt sich schwer in Worte fassen' (2009: 59) ('[w]hat she wants to say isn't easy to put into words' (2014: 47)). Subsequently, the narrator paints a picture of Mia as being trapped in her own body:

Mia steckt in der eigenen Haut wie in einem Fangnetz. Auch im Gesicht ist es ihr zu eng geworden; mit den Fingerspitzen ertastet sie eine Miene, die sie nicht wiedererkennt, ein hässliches halbes Grinsen, nur ein Mundwinkel nach oben gezogen, es gehört nicht zu ihr. (Zeh 2009: 59)

Mia is stuck in her skin. It traps her like a fishing net. Her face is too small: she runs her fingertips over an unfamiliar arrangement of features, her mouth in an ugly half-grin with only one side turned up – it isn't her smile. (Zeh 2014: 47)

Mia is described as screaming, but her sounds do not reach anyone; instead she breaks a window and harms herself by grabbing the shards which she crushes in her fists until the blood is running down her wrists. Mia's silence is a direct consequence of her inability to express her suffering. As Frank notes, 'the chaotic body has no voice' (1995: 109). In fact, as the narrator observes, the reader witnesses Mia's suffering by lip reading (2009: 60). Mia's pain is described as a heavy load that she wishes to free herself from, as she voicelessly starts to implore an invisible someone: 'Nehmt es von mir!' (2009: 60) ('Take it away' (2014: 48)). The tragedy depicted

here by the narrator is that Mia does not actually do any of this. On the contrary, Mia spends her nights sleepless, transfixed in a sleeping position, ‘dann wissen wir in etwa, was sie durchmacht’ (2009: 61) (‘and now we start to get a sense of what she’s going through’ (2014: 48)). The impression that Zeh conveys aligns with Frank’s theory. Typical for the chaos narrative is the underlying feeling that ‘there is no way out’ (Frank 1995: 102). As Frank maintains: ‘On the control dimension, the body telling chaos stories defines itself as being swept along, without control, by life’s fundamental *contingency*’ (Frank 1995: 102; emphasis in original). Mia’s rational world collapses under the weight of her chaos narrative. Indeed, Mia appears to be contemplating her world from inside the ‘kingdom of the sick’ (Sontag 1991: 3). This results in a collapse of Mia’s understanding of the state’s health norms. Anne Hawkins claims that ‘[p]athography offers us cautionary parables of what it would be like if our ordinary life-in-the-world suddenly collapsed’ (1999: 2). Following Kramer’s advice to clean up and get her life in order, Mia attempts to respect the prophylactic measures that characterise the ‘Wächterhaus’ (Zeh 2009: 25), a ‘monitored house’ (Zeh 2014: 14) that she shares with a group of women. However, despite her efforts, Mia creates even more visible chaos in her apartment, which leaves her perplexed:

‘Ich erkenne diese Wohnung nicht mehr’, sagt Mia. ‘Sie kommt mir fremd vor wie ein Wort, das man so lange wiederholt, bis es jeden Sinn verliert und zu einer bloßen Abfolge von Lauten wird. Auch das Vergehen der Tage ist mir fremd geworden. Ich erkenne mein Leben nicht mehr, eine bloße Abfolge von Handlungen. Alles ohne Bedeutung. Ohne Zweck.’ (Zeh 2009: 51)

‘I don’t recognise my apartment any more,’ says Mia. ‘It looks strange, like a word repeated and repeated until it’s just a series of sounds. Time seems strange to me, the passing of days. I don’t recognise my life any more; it’s just a set of actions. No meaning, no purpose.’ (Zeh 2014: 39)

As Mia’s perception of life starts to change, she finds it more and more impossible to regain control of her life. The part of her self that believes in the system tries to

control the chaos the only way she has been taught, by re-engaging with the health norms established by the state. Nevertheless, Mia finds it harder to comply with the simplest of prophylactic gestures: the technical material designed for her blood and urine samples, for example, remain untouched (Zeh 2009: 51). Mia's inability to abide by the hygiene standards of the 'Wächterhaus' (2009: 25) mirrors the deconstruction of what her brother refers to as her 'naturwissenschaftliche[s] Denken' (2009: 29) ('scientific mindset').

While Mia tries to get her physical exercise data back on track by catching up on her missing kilometres on an exercise bike, the 'ideale Geliebte' (2009: 48) ('ideal innamorata' (2014: 36)), an imaginary lover and make-believe entrusted to her by Moritz before his suicide, accuses Mia of being a 'Zaunreiterin' (2009: 155), arguing that her realm is the '*Dazwischen*' (2009: 155; emphasis in original) ('*between*' (2014: 128; emphasis in original)). The 'ideale Geliebte' criticises Mia for not choosing a side in the battle against the state and encourages her to question what the authorities have established as the norm. Following Mia's internal thought process, the reader learns that Mia apprehends the norm as a 'zweischneidige[s] Schwert' (2009: 156) ('a double-edged sword' (2014: 128)):

Man kann den Menschen am Gegebenen messen und zu dem Ergebnis kommen, er sei normal, gesund und folglich gut. Oder man erhebt das Gewünschte zum Maßstab und stellt fest, dass der Betreffende gescheitert sei. (Zeh 2009: 156)

A person can be measured against that which exists, in which case she will be found to be normal and healthy, therefore good. Or a person can be measured against an expectation and found to be wanting. (Zeh 2014: 128).

Although Mia has started to mistrust the system, she tries to hide her 'Anderssein hinter besonderer Systemtreue' (2009: 157) ('her difference by conforming to the system' (214: 129)). Her indecisive position and her inability to completely pledge

allegiance to the state turn her into a ‘Hagazussa’,¹⁴ which, according to McCalmont and Maierhofer, evokes the underlying narrative of the Early Modern witch trials (2012: 386). McCalmont and Maierhofer reveal a connection between the historical, German figure Maria Holl (1549-1634), who was accused of witchcraft but even under torture did not confess, and Mia, who is also tortured towards the end of the novel. According to McCalmont and Maierhofer, the trope of the witch hunt is repeatedly used in conjunction with ‘marginalized “Others” in society – Jews in Nazi Germany, Communists in McCarthy America, or Islamic groups as suspects of terrorism after 9/11’ (2012: 387). More importantly, however, McCalmont and Maierhofer write that, ‘[i]n the early 21st century Zeh employs the discourse of witchcraft persecutions for her argument for individual rights against scientific progress at all cost’ (2012: 387). This statement also reflects Smith-Prei’s argument that the image of the ‘witch on the fence’ is symptomatic for ‘those classic utopian dichotomies highlighted here: the public vs. private, urban vs. rural, or scientific vs. primitive’ (2012: 118).

Mia’s presence in the ‘kingdom of the sick’ (Sontag 1991: 3) marks her as a marginalised minority and consequently results in her witch trial. The woman’s experience of suffering engenders a progressive change of mindset, which puts her in a middle position. As a cancer survivor, Moritz’s mindset is diametrically opposed to that of his sister. Following Frank’s theory, Moritz’s narrative of illness can be read as a ‘drama of fear and loss’ (2007: 388). Frank explains that illness induces a series of losses such as the ‘loss of bodily capability’, the ‘loss of partial or complete capacity to work’, and possibly even the ‘loss of friends’, culminating in the ‘loss of a reliable future; and ultimately, the loss of life itself’ (2007: 388). Note that these

¹⁴ ‘Hagazussa’ is the Old High German word for ‘Zaunreiterin’ (McCalmont and Maierhofer 2012 : 386).

losses are attached to the experience of fear. Here, too, Frank lists a number of more particular fears, such as ‘fears of surgery’ or ‘fears of pain’; most important, however, according to Frank, is the ‘fear of how bad it might actually get or the fear of where the bottom is’ (2007: 388). Frank stresses the necessity for ‘dialogue about fears’, because it enables patients to ‘construct imaginations of themselves that make their fears literally livable’ (2007: 388). In Mia, Moritz finds a person he can entrust with his fears. The siblings share a deep connection and meet up for weekly outings in what Moritz calls the ‘Kathedrale’ (Zeh 2009: 163) (‘cathedral’ (2014: 135)), their sanctuary in the woods, located outside the risk-free zone, where they have intense conversations about their differing philosophies of life.

Due to his leukaemia, Moritz is confronted with the prospect of a premature death. As Moritz explains to Mia, he was only six years old when he was forced to acknowledge that ‘der Mensch nur *ein* kurzes Leben hat’ (Zeh 2009: 104; emphasis in original) (‘humans have only one life and a short one at that’ (Zeh 2014: 85; emphasis in original)). Moritz rejects and opposes the lifestyle as imposed by the ‘METHODE’ by ridiculing its ‘Sicherheitsfundament’ (2009: 102) (‘risk-free society’ (2014: 83)):

Wenn alle Menschen in Reagenzgläsern liegen, eingebettet in Nährlösung und ohne Möglichkeit, einander zu berühren! Was soll denn das Ziel dieser Sicherheit sein? Ein Dahinvegetieren im Zeichen einer falsch verstandenen Normalität? (Zeh 2009: 102)

Life won’t be risk-free until we’re suspended in liquid growth medium and forbidden from touching each other. What’s the point of being safe if we vegetate for the rest of our lives to satisfy someone’s warped idea of the norm? (Zeh 2014: 83)

Moritz is a member of what Frank terms the ‘remission society’ (1995: 8). This society is composed of people who have recovered from illness or those living with a health condition that requires constant monitoring. Adapting this definition to

Sontag's metaphor, Frank argues that 'members of the remission society do not use one passport *or* the other. Instead, they are on permanent visa status, that visa requiring periodic renewal' (1995: 9; emphasis in original). Moritz's existence in the world of the healthy is only tolerated because his parents had his medical file deleted. When Mia shares Moritz's medical history with Kramer and her defence counsel Rosentreter, Kramer, in line with clinical ethics, makes the following observation: 'Einmal krank, immer krank' (2009: 135) ('Once sick, always sick' (2014: 110)). As part of the remission society, Moritz is neither a permanent member of the world of the healthy nor of the 'kingdom of the sick' (Sontag 1991: 3). However, because of his full recovery, Moritz has made a transition from one world to the other. Engaging in a dialogue with Mia, Moritz is able to tell his illness story. This can be characterised as a 'postmodern experience of illness',¹⁵ which, as Frank explains, allows patients to 'think differently about their post-illness worlds and construct new relationships to those worlds' (1995: 6).

Investigating the connection between health and illness, Davies writes: 'Health is always a temporary state of being, and this state has to be maintained and enjoyed or endured in the face of our certain knowledge of future disease and death. We want health, but we render ourselves unhealthy if we try to cling to it' (2007: 445). This outlook on illness is similar to Frank's, who rearticulates Davies's idea by arguing that illness is part of the human experience. The medical gaze, Frank believes, has perceived the ill as "'coping" with sickness' (2007: 381), even though the healthy are coping just as much. The difference lies in what Frank notes is a 'decisive moment', or 'epiphany', for the authors of illness narratives who suddenly

¹⁵ Frank claims that his use of the term 'postmodernism' is 'informed less by academic debates than by popular usage' (1995: 224, no. 6). Frank utilises the term to denote a period of time characterised by a change of thought. He argues the following: 'The *postmodern* experience of illness begins when ill people recognize that more is involved in their experience than the medical story can tell' (1995: 6 ; emphasis in original).

‘realize that they have spent their lives coping, and only as a result of being ill, do they grasp life’s greater significance in all its joy and plight’ (2007: 381). Confronted with the fear of losing his life, Moritz’s narrative of illness, and especially his ‘drama of fear and loss’, allow him to undergo such a moment of epiphany:

Dem wahren Menschen genügt das Dasein nicht, wenn es ein bloßes Hier-Sein meint. Der Mensch muss sein Dasein *erfahren*. Im Schmerz. Im Rausch. Im Scheitern. Im Höhenflug. Im Gefühl der vollständigen Machtfülle über die eigene Existenz. Über das eigene Leben und den eigenen Tod. (Zeh 2009: 101; emphasis in original)

To be human, it isn’t enough to *exist*, if to exist means simply being here in this world. Man must *experience* his existence. Through pain. Through intoxication. Through failure. By soaring as high as you can. By apprehending the full extent of your power over your own existence – over life, over death. (Zeh 2014: 82; emphasis in original)

Moritz has come to understand that death is an essential part of life and that there cannot be life without death. In fact, he embraces his own mortality, reasoning: ‘Um frei zu sein, darf man den Tod nicht als Gegenteil des Lebens begreifen’ (2009: 104) (‘You can’t be free unless you stop seeing death as the opposite of life’ (2014: 84)). Moritz’s standpoint against the state reflects Davies’s statement that ‘[t]o deny the reality of future illness is only achievable on a temporary basis, and at the price of an absurdity, which is described by psychiatry as a neurosis’ (2007: 445). If, as Kramer claims during a television appearance, the ‘METHODE’ can be regarded as the ‘Immunsystem des Landes’ (2009: 215) (‘the country’s immune system’ (2014: 178)), then, on a metaphorical level and within the novel’s biomedical context, the state suffers from a form of neurosis. Not only is this highly ironic, it also demonstrates that a system based on purely clinical ethics is not possible. Zeh’s fiction suggests a necessity for narrative ethics.

As I have shown above, Mia’s and Moritz’s illness narratives are superimposed through the act of writing. Moritz’s ‘drama of fear and loss’ becomes

Mia's own drama, as she re-experiences Moritz's illness story. Mia cannot be healed in a clinical fashion, because the medico-political system set in place shows ignorance of the importance of illness narratives as part of an efficient medical treatment. The authorities' refusal to engage with Mia's illness narrative becomes strikingly clear when material relating to Moritz's case is included in Mia's trial. When Mia tries to add a personal dimension to the clinical presentation of Moritz's leukaemia by describing the bruises covering his body as a consequence of his illness she is immediately interrupted by Bell ('Barker'), who objects to what he perceives as an unpleasant presentation (Zeh 2009: 177). As a representative of the 'METHODE', a medical establishment based on purely scientific approaches, Bell ('Barker') refuses to listen to the patient Mia Holl, and in so doing also to her brother Moritz. Charon, however, highlights the importance of listening attentively to a patient's story:

I pay attention – as I sit there at the edge of my seat, absorbing what is being given – to metaphors, idioms, accompanying gestures, as well as plot and characters represented for me by the patient. Although I know I have to collect such information as dosages of medications, dates of surgeries, allergies, smoking history, and family history, I have grown confident that these items will emerge naturally as the visit proceeds. (2006: 187-188)

Charon's careful recording of the minutiae of what she calls the 'patient's narrative of self' (2006: 188) stands in stark contrast to Zeh's representation of the diagnostic procedures adopted by her fictional health system. In line with Charon and, as mentioned above, Frank identifies the process of listening as a 'moral act' (1995: 25). He asserts that: 'to realize the best potential in postmodern times requires an ethics of listening' (1995: 25). Frank emphasises the importance of 'thinking with stories' (1995: 159), not only because it allows health practitioners to 'make professional decisions' (1995: 160), but also because patients' '[s]elf-stories' merge with one another (1995: 161).

By listening to Moritz's illness story, Mia, to apply Frank's concept of 'thinking with stories', lives in Moritz's story (1995: 159). Her realisation towards the end of the novel testifies to this experience, as she says: 'Es reicht nicht, an einen Menschen zu *glauben*. Es reicht nicht einmal, von seiner Unschuld zu *wissen*. Es geht darum, sich mit ganzem Wesen zu ihm zu *bekennen*' (2009: 188; emphasis in original) ('It's not enough to *believe* someone. It's not even enough to *know* they're innocent. It's about professing your loyalty' (2014: 154-155; emphasis in original)). Navigating Moritz's illness story helps Mia to grasp the significance of her own life. Just like Moritz before her, Mia experiences this moment as a sort of 'epiphany' (Frank 2007: 381), exclaiming: 'Ich habe die Pest' (2009: 189) ('I've got the plague' (2014: 155)). Of course, Mia's statement is meant to be understood on a metaphorical level. It portrays Mia's way of accepting illness as a natural part of life, and thus topples her own rational worldview as encouraged by the health state.

Looking at different ways of analysing depression, Brad Lewis claims that depression can be interpreted from a range of clinical models, the most common being the 'biomedical model', which describes those living with depression as 'broken brains' or suffering from 'chemical imbalances' (2014: 311). While research in the field has continuously attempted to find new and more adequate models for understanding depression, such as the 'psychoanalytic, cognitive-behavioral, existential/humanist, family, political/feminist, creative, spiritual, and biopsychosocial' (2014: 311), Lewis praises the clinical practitioners who have turned their attention to the humanities by looking more closely at so-called 'stories of sadness' (2014: 314) through the lens of narrative theory. It goes beyond the scope of this analysis to give a detailed account of the different techniques of narrative theory as recapitulated by Lewis, but out of the four narrative techniques, '*metaphor, plot, character, and point of view*' (2014: 311; emphasis in original), which,

according to Lewis, have been prioritised the most by clinicians, Lewis contends that metaphors help to relate more efficiently to narratives of depression. He writes: ‘By shaping our concepts, metaphor structures the way we perceive the world, what we experience, how we relate to other people, and the choices we make’ (2014: 312). Mia’s recurring use of metaphors vis-à-vis her mental health condition becomes a vehicle for navigating her illness narrative. By openly declaring herself as ill, Mia’s ‘chaos narrative’ metamorphoses into a variation of Frank’s ‘quest narrative’ (Frank 1995: 115).

The Quest Narrative

Her self-removal from the medical gaze and her recourse to her brother’s illness narrative allow Mia to continue living within her brother’s story and to find a sense of rightness in her life (Frank 1995: 153; 159). Mia insists and determinedly refers to herself as ill: ‘Lepra. Cholera. Ich bin krank. Ich bin frei. Krank. Frei’ (Zeh 2009: 189) (‘Leprosy, cholera. I’m ill. I’m free’ (2014: 155)). By rejecting professional, medical treatment, Mia welcomes illness into her life. In so doing, the young woman frees herself from the power that the dictatorship holds over her. This turns her ‘chaos narrative’ into a ‘quest narrative’:

Quest stories meet suffering head on; they accept illness and seek to *use* it. Illness is the occasion of a journey that becomes a quest. What is quested for may never be wholly clear, but the quest is defined by the ill person’s belief that something is to be gained through the experience (Frank 1995: 115; emphasis in original).

Metaphorically speaking, Moritz’s leukaemia has infected Mia. Not only do her brother’s illness and subsequent recovery result in the dramatic events that lead to his passing, they also put Mia into depression, which results in her ‘chaos narrative’, an

experience that ‘mutes’ the young woman, as indicated earlier. From the moment Mia accepts her metaphorical illness, she becomes a ‘quest hero’: ‘The quest hero accepts *contingency* because the paradox learned on the quest is that surrendering the superficial control of health yields control of a higher order’ (Frank 1995: 126; emphasis in original). As a result, Mia is able to recover her voice, an important aspect of her rather short ‘quest narrative’ journey. Frank stresses the impact of the storyteller’s recovery of voice: ‘The storyteller’s responsibility is to witness the memory of what happened, and to set this memory right by providing a better example for others to follow’ (1995: 133). Finally, Mia uses her voice to distance herself from the dictatorship by using Kramer as a mouthpiece. She dictates a manifesto of sorts to the journalist where she distances herself from the totalitarian regime under whose authority she has been arrested. Mia vociferously questions the authoritarian foundations of the system:

Ich entziehe einer Gesellschaft das Vertrauen, die aus Menschen besteht und trotzdem auf der Angst vor dem Menschlichen gründet. [...] Ich entziehe einem Körper das Vertrauen, der nicht mein eigenes Fleisch und Blut, sondern eine kollektive Vision vom Normalkörper darstellen soll. Ich entziehe einer Normalität das Vertrauen, die sich selbst als Gesundheit definiert. (Zeh 2009: 200)

I refuse to trust a society that is made up of humans and based on a fear of what is human. [...] I refuse to trust a body that represents a collective vision of a normalised body rather than my own flesh, my own blood. I refuse to trust a definition of normality based on good health. (Zeh 2014: 165)

By expressing rejection through the repetitive use of the verb ‘refuse’, as a rebellious, *non serviam* attitude, Mia has finally moved away from the subservient ‘middle ground’ (Smith-Prei 2012: 118). At this point, the ‘ideale Geliebte’ leaves Mia, her mission accomplished. Like a disease, Mia’s message spreads and infects others by awakening their revolutionary nature. The citizens of the surveillance state march for Mia’s release (2009: 210). Mia’s illness narrative, hidden between the

lines of her pamphlet, helps others to follow her lead, and, for a short while, Frank's theory comes full circle:

As wounded, people may be cared for, but as story-tellers, they care for others. The ill, and all those who suffer, can also be healers. Their injuries become the source of the potency of their stories. Through their stories, the ill create empathic bonds between themselves and their listeners. [...] Because stories can heal, the wounded healer and wounded storyteller are not separate, but are different aspects of the same figure. (1995: xx)

Moritz's illness narrative has simultaneously infected and healed Mia. This makes Mia a part of the 'remission society' (Frank 1995: 8) and puts her in a position that allows her to openly criticise the clinical ethics supported by the dictatorship. In order to re-establish public faith in the system, the authorities attempt to frame Mia by placing botulinum, a toxic substance, in her apartment and getting her to admit that her brother's death was caused by a fictitious terrorist group. When Mia denies the allegations, she is physically tortured. However, because Mia's mindset is already altered before the inhuman act, Mia is able to fully position herself against the system and thus experiences the ultimate fusion of her essence with that of Moritz. Reminiscing about her brother, Mia is lying on the floor, suffering from the spasms of the electroshocks that still linger in her body, saying:

Deine Knie seien mein einziger Stuhl. Dein Rücken mein Tisch. Deine Augen meine Fenster. Dein Mund sei das Glas, aus dem ich trinke. Dein Herz meine Nahrung, dein Puls meine Uhr, dein Leben meine Zeit. [...] Dein Tod sei meiner. (Zeh 2009: 254-255)

Your knees are my only chair. Your back is my table. Your eyes are my windows. May your mouth be the glass from which I drink, your heart my sustenance, your pulse my watch, your life my time. [...] May your death be mine. (Zeh 2014: 210-211).

Just as Mia is ready to accept her sentence, 'Einfrieren auf unbestimmte Zeit' (2009: 12) ('freezing for an unlimited term' (2014: 4)), in the spirit of Moritz's statement that '[d]as Leben ist ein Angebot, das man auch ablehnen kann' (2009: 50) ('life is

an offer you can also refuse' (2014: 38)), the system interferes one last time, by withdrawing its sentence. The authorities cannot risk making a martyr out of Mia and in a clinical fashion intend to fix her by forcefully reintegrating her into the system through a plan of strict medical surveillance and re-socialisation (2009: 279). Both Koellner and Smith-Prei argue that Mia's resistance figures in the novel's closing lines: 'Sie schüttelt mit dem Kopf. Denn erst jetzt ist sie – erst jetzt ist das Spiel – erst jetzt ist wirklich alles zu Ende' (2009: 280) ('Mia, alone in the room, shakes her head. For only now is she, only now is the game, only now is it all truly finished' (2014: 230)). Once more, Mia's voice is obliterated through the exercise of power based on clinical ethics. However, as Smith-Prei observes, Mia's gesture is open to interpretation for the reader, and can either be seen 'as defeatist or as a final refusal' (2012: 121).

Conclusion

This chapter has engaged with the theories of illness narratives to unpack the abusive power structures underlying the dystopian fiction. In so doing, it has demonstrated how the medical humanities are invested in including narrative ethics into the realm of the medical profession, a field which, to this date, largely tends to rely on purely clinical ethics as an efficient treatment of illness. The theory work of prominent figures within the field of the medical humanities, such as Rita Charon, Susan Sontag, and Arthur Frank have proved to be of particular use in the endeavour to demonstrate a necessity for illness narratives in order to understand the importance of the human condition of suffering. As a piece of 'engaged literature' (Koellner 2016: 409), *Corpus Delicti* enables readers to position themselves with regard to the issue of deprivatisation made possible by a pronounced medical surveillance system.

Applying the theory of illness narratives onto fiction is therefore important because it follows the sharing of stories that Frank identifies as an integral aspect of his concept of ‘thinking with stories’ (1995: 159). Reading Zeh’s story, the reader imitates the act of listening to the patient’s illness narrative and learns what it means to live within a story. This allows the reader of dystopian fiction to critically assess the warnings underlying the author’s text.

Chapter 7: The Technological Body in Angelika Meier's *Heimlich, heimlich mich vergiss*

This chapter examines the abusive work system implemented by the totalitarian technocratic medical establishment in Angelika Meier's contemporary dystopia, *Heimlich, heimlich mich vergiss* (2012). Imagining a clinical environment in which doctors have been technologically enhanced by the implantation of a so-called 'Mediator' (a mechanical device that ensures an effective work performance), Meier addresses what anthropologist Jennifer L. Croissant refers to as 'the next step in human evolution' (1998: 286), the 'human-machine synthesis' (1998: 285). In respect to the dystopian tradition, however, the idea that human bodies can be associated with machines is not new. As explained in the introduction, the relationship between the organic and the machine was already of concern to the Russian writer Yevgeny Zamyatin, whose dystopian fiction *We* (1924) was directly inspired by the American engineer Frederick Winslow Taylor (1856-1915), and his system of scientific management, which sought to align the labourer's speed of production work with that of the machine.

Since the industrial revolution, human beings have engaged with technology to bring about socio-economic and political change. According to Sherryl Vint, however, it is only recently that we have 'entered the realm of the posthuman, the debate over the identities and values of what will come after the human' (2007: 7). The concept of posthumanism has emerged as a response to the bodily modifications pertaining to technological advancements. Rosi Braidotti perceptively notes that the 'posthuman provokes elation but also anxiety' (2013: 2), and, in a similar vein, Christopher A. Sims notes that '[b]eginning to think of humans as machines or

machines as humans creates uncertainty and confusion' (2013: 5). Sims stipulates that there is a direct correlation between this uncertainty and the 'technology anxiety we have towards AIs' (2013: 5). Meier addresses these concerns by creating a sense of unreliability throughout her dystopia. In his review of *Heimlich, heimlich mich vergiss*, Oliver Jungen holds that there are several levels of consciousness with which the reader is presented in the novel, thus making it nearly impossible to ascertain a 'Zustand der Wahrheit' ('state of truth'; Jungen 2012)¹⁶: 'Es könnte durchaus sein, dass wir uns im Innern einer Psychose, in einem Traum oder doch im Jenseits befinden' ('It could well be that we find ourselves inside a psychosis, in a dream or even in the afterlife'; Jungen 2012).

This chapter investigates the problematic interplay between the 'natural' and the 'mechanic' in *Heimlich, heimlich mich vergiss* by drawing on the diverse cyborg scholarship that has emerged over the last two decades (Hables 2002; Croissant 1998; Balsamo 1996; Clark 2003). It shows that Meier's novel constitutes a relevant addition to the corpus of dystopian fictions examined in this thesis as it unsettles the traditional power structures associated with a totalitarian health establishment, particularly since the psychiatric hospital that Meier envisions is characterised by an invasive control system that targets patients and doctors alike.

Defining the Cyborg

Meier's dystopia is set in a secluded hospital on top of a mountain, thus evoking parallels with Thomas Mann's *Der Zauberberg* (1924; *The Magic Mountain*). The distinctive architecture of the building, which is entirely made out of glass except for

¹⁶ All translations from the German are mine unless otherwise stated.

two rooms, reflects the totalitarian control system set in place by an anonymous medical management. Within the pristine walls of the clinic, doctors and patients spend their days performing bizarre therapeutic activities under the pretext of physical and mental well-being. The narrator of Meier's story is Franz von Stern, a doctor who has been working at the clinic for two decades and is asked to submit his 'Eigenbericht' ('self-report'; 2012: 12), a sort of self-diagnosis, by the end of the year. While the hospital is equipped with ubiquitous cameras that track the residents' movements externally, control is also exercised internally by the implantation of the 'Mediator', a machine that is placed between the doctors' lungs, after the heart has been relocated to the solar plexus (2012: 41). This technical device is designed to suppress the doctors' past, as well as any possible emotions that might interfere with their work. Therefore, the fusion of technological and organic material mutates Meier's doctors into so-called 'cyborgs', a term that the critic Anne Balsamo defines as:

A shorthand term for 'cybernetic organism,' [which] usually describes a human-machine coupling, most often a *man*-machine hybrid. Cyborgs are alternately labeled 'androids,' 'replicants,' or 'bionic humans.' Whatever label they attract, the cyborg serves not only as the focal figure of the mass-mediated popular culture of American techno-science, but also as the figuration of posthuman identity in postmodernity. (Balsamo 1996: 18)

Meier articulates the problematic formation of the 'posthuman identity' by demonstrating how the organic relationship between human beings and machines disrupts narratives of subjectivity. Von Stern's narrative, for example, fluctuates between a first-person and a third-person account. While the doctor generally refers to himself in the first person, he also denotes himself as a 'Referent' ('speaker'; 2012: 18). This merging of narrative perspectives suggests that there are two subjectivities residing within von Stern: one is linked to the human side of his hybridity and the other is attached to the cybernetic organism situated between his

lungs. In this way, the ‘Mediator’ is designed to facilitate any communication between the person and the brain – to use von Stern’s words: ‘Seit wir zu dritt sind, geht alles viel besser’ (‘Ever since there are three of us, everything works much better’; 2012: 42). The machine inserted in von Stern’s body allows him to emotionally detach himself from his patients. At the same time, it enhances his rationality, a desirable asset in Meier’s world because it bestows upon the medical practitioner a higher level of efficiency. Von Stern’s medical professionalism is motivated by the institute’s principles of self-evaluation, which require critical self-reflection. Attempting to write his self-report, von Stern repeats the hospital’s standard opening lines:

Ich erkläre hiermit, dass ich mir vollkommen im Klaren darüber bin, dass die medizinische Arbeit am Menschen, ähnlich wie die Architektur, eigentlich mehr eine Arbeit an einem selbst ist. (2012: 15)

I hereby declare that I am fully aware that medical work on humans, like architecture, is actually more of a work on oneself.

The connection between the work performed by the medical practitioner and the artistic work of the architect adds a spatial dimension to the cyborg discourse that informs von Stern’s complex subject formation. Considering the historical origins of the cyborg, it becomes evident that the medical cyborgs in Meier’s fiction must be read in relation to their spatial environment. The use of the term ‘cyborg’ first gained public attention in 1960, when Manfred E. Clynes and Nathan S. Kline, referred to it as ‘self-regulating man-machine systems’ (1960: 27) that are endowed with automated regulating capacities designed to maximise human biophysical adaptability to any changes of environment. As an example, Clynes and Kline produce the picture of the astronaut who, aided by the cyborg construction, is free to experience his presence in space without having to worry about the technological procedures that guarantee his survival in a foreign environment because the cyborg

constituents ‘provide an organizational system in which such robot-like problems are taken care of automatically and unconsciously’ (1960: 27). The automated adaptability to a changing environment characterises the cyborg as a highly mutable entity. It suggests, too, that the cyborg’s boundaries are porous. N. Katherine Hayles’s research demonstrates the importance of reading the cyborg as ‘both technological object and discursive formation’ (1995: 322). Hayles’s statement is in dialogue with Donna J. Haraway’s influential essay ‘Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s’ (1985), in which she identifies the cyborg as an entity representing ‘transgressed boundaries, potent fusions, and dangerous possibilities’ (1985: 71). Haraway stresses that the cyborg dismantles traditional Western dualistic structures:

Late twentieth-century machines have made thoroughly ambiguous the difference between natural and artificial, mind and body, self-developing and externally designed, and many other distinctions that used to apply to organisms and machines. (1985: 67)

Hayles also defines the cyborg in spatial terms but adds a temporal dimension to the understanding of the cyborg, suggesting that it can be located ‘at the threshold separating the human from the posthuman’ (1995: 322). The critic specifies that the new discourses ignited by the cyborg’s technical aspects inevitably collide with ‘traditional understandings of the human life cycle’ (1995: 322). This is because the ‘new’ can only exist in relation to the ‘old’: ‘it can be expressed only by articulating its differences from that which it displaces’ (1995: 323). The narratives that are produced by the fusion of man and machine are thus what Hayles perceptively terms ‘amalgams of old and new’ (1995: 323).

Meier’s cyborgs have been placed in a medical milieu. Whereas the doctors, part human, part machine, are the obvious cyborgs within Meier’s dystopian realm, the hospital’s patients represent another group, that of non-mechanical cyborgs. Prior

to their recruitment, the doctors in Meier's dystopia have all suffered from some sort of ailment that had to be remedied by reconstructive surgery. Von Stern, for instance, had to undergo a heart transplantation because of a congenital heart defect with which he was born. Described as a former *bon-vivant* whose excessive drinking, smoking, and working habits provoked a heart attack, Dr Tulp is only able to survive due to the six coronary artery bypass grafts that had to be carried out on him (Meier 2012: 242). In this respect, the doctors in Meier's novel can be classified according to Chris Hables Gray's understanding of 'cyborg society' (2002: 2), which presupposes that cyborgs are not exclusively found on screen or between the pages of science fiction books, but exist in real life as well. In the *Cyborg Handbook* (1995), for instance, Gray and his co-authors, Steven Mentor and Heidi J. Figueroa-Sarriera, have touched upon the medical understanding of cyborgs as a preliminary discussion to their anthology:

Anyone with an artificial organ, limb or supplement (like a pacemaker), anyone reprogrammed to resist disease (immunized) or drugged to think/ behave/feel better (psychopharmacology) is technically a cyborg. (1995: 2)

Note that, elsewhere, Gray also includes the recipients of natural transplants in his definition of cyborgs. Emphasising the specific language that is used in this context, Gray comments that the metaphor employed in such instances is one of 'repairing' in lieu of 'healing' (Gray 2002: 84). This implies that the medical profession is, potentially, driven by a mechanistic work ethic that specialises in one-off procedures of restoration rather than more time-consuming healing methods. This idea is also reiterated in Meier's text. Here, the psychiatric patients are not treated in an ethically responsible way. Instead, the patients who seemingly suffer from mental health disorders are conveniently pacified with bottles containing a mixture of opium and rhubarb juice (2012: 7), in the style of Huxley's drug soma. A recurring trope in

dystopian fictions, Meier teases the boundaries of her satire by portraying patients that suckle on their bottles like babies (2012: 31), thereby drawing attention to the infantilising processes to which the patients are subjected and, as a consequence of this, to their loss of autonomy. Under the influence of drugs and without the mechanical transplant that distinguishes them from the doctors, Meier's fictional patients can be denominated as 'human', or organic cyborgs (Gray et al. 1995: 4).

How Real Is the Cyborg?

According to Balsamo, the early 1980s were marked by an increased interest in the category of human hybrids. Within the ten years that characterised what the critic defines as a 'historical moment' in time (Balsamo 1996: 17), the cyborg characters that could be read about in comic books or seen on television appeared to have crossed the border into reality as their plastic toy replicas moved into the homes of millions of children (Balsamo 1996: 17). Popular culture generally tends to associate cyborgs with the works of science fiction. However, the way they are perceived through literature and film suggests that there is a fine line between the fictional and reality. Hollywood productions such as the *RoboCop* and *Terminator* series have generated the idea of 'different military models of the cyborg as a lethal, enhanced imaging system' (Tomas 1995: 264). These visions have deeply influenced the cultural constructions of the military. An expert in cyberculture, Gray writes that the cyborg soldier deconstructs the 'traditional masculine identity of the user of physical force, easy access to violence, and the direct subjugation of other men' (Gray 2002: 58). Gray's work suggests that 'Superman' is no longer a product of the imagination, meaning that the phenomenon of 'cyborgization' has permeated various fields, including the military, medicine, and biological engineering (Gray 2002: 58). At the

same time, modern computer gaming has become a key element for this undertaking, particularly since human-computer interaction can now be uploaded ‘into the eyes of weapon operators’ (2002: 58). Therefore, Gray’s research powerfully demonstrates the blurring of boundaries as they pertain to the cyborg. In fact, it is the image of actor Christopher Reeve (1952-2004), the man behind the iconic ‘Superman’, which opens up Gray’s discussions about the cyborg citizen. Reeve’s case can be placed directly within a medical context. Gray refers to Reeve’s journey as a quadriplegic as a ‘heroic cyborg tale’ (2002:1). Bound to a wheelchair and kept alive by the efficient functioning of machines, Reeve is described as a ‘militant’ force who, despite his condition, managed to unite individual groups of quadriplegics spread across the United States of America to form his own army of cyborgs, so to speak (2002: 1). Unified, the concerned patients confidently anticipate a progress in medicine that could bring about a full reconstruction of their spinal cords (2002: 1). As Gray’s research suggests, the influence that the medical sciences have had on the history of the cyborg is profound.

Cyborg stories are rooted in the present, as Craig M. Klugman observes: ‘In the twenty years from 1975 to 1995, cyborg studies moved away from literature to the social sciences as cyborgs increasingly became part of the real world’ (Klugman 2001: 44). In fact, the medical institution is continuously creating cyborgs. The technological modifications that have enhanced the human body can be mapped out internally and externally: prosthetic limbs restore mobility, retinal prostheses enhance vision, and electronic ear implants improve hearing. Pacemakers regulate the heart rate, and dialysis is possible because of an external machine that controls the damage caused by kidney failure. However, cyborg medicine is not solely restricted to the usage of inorganic material. Indeed, animal parts represent important components for the construction of hybrid systems. In 1956, a dog’s liver was used

to create 'the first model of a biological artificial liver' (Hori 1986: 211). The transplantation of animal elements is referred to as 'xenotransplantation'. At present, surgeons are able to use porcine or bovine tissue for the replacement of heart valves, but research into the successful transplantation of entire animal organs is still ongoing (Gray 2002: 84).

The merging of the organic and inorganic, human and non-human has caused what Leslie Swartz and Brian Watermeyer fittingly refer to as 'cyborg anxiety' (2008: 187). The cyborg body raises fundamental questions regarding human nature. Cybernetic organisms are neither entirely human nor mechanic, and therefore stretch the boundaries of human identity. Critics have addressed these concerns in different ways. In *Representations of the Post/Human: Monsters, Aliens and Others in Popular Culture*, Elaine L. Graham, for example, opens up her book by claiming: 'This is a book about what it means to be human' (2002: 1). Invested in fleshing out the intricate relationships between humans and the technological advances that have shaped the twenty-first century, Graham offers a powerful insight into the significant reorganisation of the human body in the digital age. From a different perspective, the contemporary artist Stelarc, whose performance work centres on the amplifications of the human body through technology, argued in an interview that: 'We have a fear of the zombie and an anxiety of the cyborg, but really it's a fear of what we've always been and what we have already become' (Zylinska and Hall 2002: 115). Stelarc, who is known for having connected his body to the Internet so that other people could electronically stimulate and manipulate it, believes that the human body is 'obsolete' (Zylinska and Hall 2002: 115). His understanding of control over the human body denies the 'master-slave relationship' (Zylinska and Hall 2002: 120) that is so often associated with technology. Stelarc emphasises that computerisation creates a complex network of connectivity between bodies. This characterises the

cyborg as a 'system' of bodies, 'spatially separated but electronically connected with the Internet as a kind of external nervous system' (Zylinska and Hall 2002: 120). Andy Clark expresses a similar view, foreshadowing a progressive transformation of humans into cyborgs as 'thinking and reasoning systems whose minds and selves are spread across biological brain and nonbiological circuitry' (2003: 3).

The way computer technology has affected humans is of particular interest to cultural historian Sherry Turkle, whose study reveals that the computer screen, and especially the Internet, have become a major locus of human interaction (1995: 9). Turkle's observations align with Clark's prophecy. Already, so Clark's research suggests, the human mind engages with external objects to comprehend and process data:

We – more than any other creature on the planet – deploy nonbiological elements (instruments, media, notations) to *complement* our basic biological modes of processing, creating extended cognitive systems whose computational and problem-solving profiles are quite different from those of the naked brain. (2003: 78)

In this respect, Clark wonders: Why 'should we not treat the human artist, armed with her trusty sketch pad, as a unified, extended cognitive system' (2003: 77)? The idea that the natural brain can be associated with the computer's technological capacities is not new. Turkle has observed that the growing presence of the computer in everyday life has led people to assimilate the human mind with the machine: 'Computers and computational ideas have entered popular thinking to support images of mind as mechanism, as program, as information processor' (1991: 224).

Turkle's research resonates with Stelarc's and Clark's, in that it puts forward the image of a network that virtually connects separate individuals with each other. The scholar refers to 'cyberspace', a term which can be traced back to William Gibson's science fiction novel, *Neuromancer* (1984), to define 'virtual worlds'

(1995: 9) that have seen the rise of electronic communities in which people are able to build relationships without physically having met (1995: 9-10). William R. Macauley and Angel J. Gordo-López note how the term ‘cyberspace’ is used to create and denote ‘real or novel environments which the participant perceives directly and navigates through’:

Cyberspace is an experiential medium in which the transgression of epistemological and psychological boundaries is commonplace; categories such as object/subject, perception/action, and human/computer become somewhat unreliable when applied to experiences in cyberspace. The blurring of boundaries between humans and machines has allowed the emergence of hybrid positions. (Macauley and Gordo-López 1995: 436)

At the same time, Graham acknowledges the problematic discourses that have emerged in relation to the medically modified body (2002: 187). The resulting theories about the relationship between the body and the self, Graham argues, also extend to the digital space within which humans interact with each other. The critic perceptively argues that while the ‘dissolution of the material into the virtual’ (2002: 188) might be understood as the culmination of Cartesian dualism, this rationality presents certain limitations in that it ‘associates embodiment with an unproblematic naturalism that evades the very constructedness and pluriformity of embodiment’ (2002: 189). Graham’s theory is based on the rejection of what she explains is a clear-cut division of ‘identity into “real” self (bodily) and “cyber” self (virtual)’ (2002: 189). Furthermore, she argues that the body remains an integral part in the digital encounter between humans. Graham formulates the idea of a ‘materially *and* digitally embodied’ subject (2002: 189), a cybernetic category of embodiment that can be effectively applied to Meier’s novel. In this way, the transplanted ‘Mediator’ acts as a bridge between the corporeal experience of its host and the patient’s internal world. It thus opens up a sort of ‘virtual’ space within which the occupants of the clinic interact.

Technological Monitoring

In *Heimlich, heimlich mich vergiss*, Meier's cyborgs are conceived as 'plugged-in technobodies', to use Turkle's phrase (1995: 177), since the doctors are able to directly connect themselves to a computer:

Referent schlüpft nach kurzem Zögern in das nächstliegende leere Patientenzimmer, [...] setzt sich an dortigen Referententisch, klappt mit Entschlossenheit simulierendem Einatmen das Schreibgerät auf und verbindet sich mit sich selbst. (2012: 65)

After a brief hesitation, the speaker slips into the closest empty patient room, [...] sits down at a lectern, opens the laptop – demonstratively inhaling to simulate his determination – and connects himself to himself.

In so doing, Meier's novel paints a pessimistic picture of what should be a therapeutic environment for patients suffering from mental health issues. The computer constitutes a key element for the construction of the author's totalitarian hospital setting. Here, the computerised institution is not defined as a space that allows personal growth; rather, patients are fixed in immutable roles that are kept in place by an invasive electronic system of control. For Haraway, the computer 'both effected and symbolized new strategies of control' (1991: 58) that emerged and solidified during the Second World War, as more efficient operation systems had to be designed for the successful situation of the enemy. In Meier's dystopia, the computer has similar attributes. For instance, it allows doctors to locate each other digitally (2012: 110), meaning that everyone is constantly under surveillance. By addressing the pervasive nature of technological monitoring, Meier directly follows in the footsteps of Atwood's *The Handmaid's Tale* where, as I showed in chapter 4, women are subjected to the abusive forces of obstetrical surveillance as they relate to advancements in reproductive technologies.

The hospital in Meier's novel represents a technologically controlled environment that monitors the doctors internally and externally, and, while this system creates the illusion of two separate spaces, Meier's narrative suggests otherwise. In effect, the interpersonal experiences between patients and doctors imply that the artificially established control system placed inside the organic bodies of the doctors stretches out and merges with the physical space of the hospital. This places the doctors and patients on the same observation grid, where control over doctors and patients can be exercised through an array of health practices. In fact, the medical infrastructures of this fictional hospital promote the necessity of a healthy body. The patients are required to engage in physical activity such as water aerobics or regular running sessions on the treadmill. In addition, yoga is practised religiously. While these exercises are coupled with breathing techniques, the patients are also confronted with a sort of therapy labelled 'Stimmenhören' ('hearing voices'). Von Stern, who sometimes conducts these sessions, explains that he imitates the patients' voices in whichever way they come to him:

Auf diese Weise wiederhole ich Stimme um Stimme, vier Stunden lang, aber da die Patienten alle auf einmal sprechen, beziehungsweise schreien, flüstern, wimmern, schimpfen, dozieren, lamentieren, witzeln, betteln, fluchen und so weiter, je nach ihrem Temperament, kann ich natürlich nicht jede Stimme wiederholen. (2012: 26)

In this way, I repeat voice after voice, for four hours, but because the patients all speak at the same time, or rather scream, whisper, whimper, rant, pontificate, lament, quip, beg, curse, and so on, depending on their disposition, I obviously can't repeat every voice.

This exercise results in a cacophony of sounds out of which the patients have to find their own voice back. Repeating the last two words, the patients reap the therapeutic benefits of this group exercise. Although there is a certain element of absurdity attached to Meier's spiritual ceremony, it also shows that patients and doctors interact with each other on an enhanced level. The 'Stimmensprechen' ('speaking

voices’) and its counterpart ‘Stimmenhören’ directly link them to the immediacy of the moment. Indeed, in Meier’s world the past does not exist and is actively rejected. The patients and their doctors are caught in the eternal present, a condition that the yogic practice encourages and underlines; to use von Stern’s words:

Jetzt endlich schlafe ich, wie immer traumlos und tief wach, den Alphawellenschlaf des lang erfahrenen Arztes, wie klares Wasser durchschreite ich mich, zwei Stunden ohne die geringste Trübung, als hätte es mein früheres Leben nie gegeben, und so kann ich, wenn ich die Augen aufschlage, auf den immergleichen neuen Tag wie auf eine neue Schrift hoffen. (2012: 26-27)

Now at last I sleep, as always dreamless and deeply awake, the alpha-waves-sleep of the experienced doctor, like clear water I walk through my inner self, two hours without the slightest haze, as if my former life had never existed, and thus I can, when I open my eyes, hope for the same new day like a new scripture.

In line with Turkle’s understanding of ‘Multi-User Domains’ (MUDs) (‘virtual spaces that can be accessed by several computers simultaneously’; 1995: 186), the doctors in Meier’s world adopt a similar role. In the medically controlled ‘MUD’ of the hospital, the doctors are stripped of their human identity. Unlike cyberspace gamers who have the freedom to construct their virtual characters, the medical establishment dehumanises the doctors by taking away their memories. However, when a female outpatient is admitted for treatment, von Stern is reminded of his wife Esther. Suspecting a malfunctioning of his ‘Mediator’, the doctor has himself examined by his colleagues. After spending a night in the sleep clinic where the doctor’s neurological activities are traced, his colleague Dr Holm, in a very contradictory manner, explains that the memories he has are not actually real, but must have been copied into his system when he was admitted to the hospital. Von Stern is urged to perceive his memories of Esther as confabulations and in the fashion of ‘fabula rasa’ (2012: 190) is asked to ignore them. Even though there is evidence that the female outpatient has activated a connection to von Stern’s past, as

implied by Dr Holm (2012: 191), von Stern is specifically asked to refrain from identifying his memories as ‘gelebte Erinnerungen’ (‘lived memories’; 2012: 191). However, because von Stern actively engages with the memories that are resurfacing with the presence of the outpatient, it has to be concluded that the doctor exists in a state of denial, which means that his portrayal of an efficient, work-oriented health practitioner is a role that has been scripted for him.

Created by the anonymous clinic management, Meier’s cyberspace is referred to by the doctors as ‘*flow*’ (2012: 192; emphasis in original), an English euphemism for the endless daily repetitions to which both patient and doctor are submitted. Similar to the fluidity of the virtual spaces created by computers, the doctors in Meier’s world are trapped in the loop of an ever-present, which is evidenced in the following statement:

Und im Übrigen führen Zimmermann und ich dieses Gespräch seit sechs Monaten jeden Mittag, Wort für Wort. (2012: 114).

And besides, Zimmermann and I have been having this conversation every day at noon for the past six months, word for word.

This leaves the impression that the conversations between the doctors are rehearsed, which would suggest that the doctors are, indeed, trapped in an act of performance. This role-playing is tightly linked to the hospital’s control system.

As indicated earlier, the doctors are not the only victims of the totalitarian hospital management. The patients, for example, are made compliant by the prescription of an opioid drug concoction. The resulting modification of behaviour promised by the use of drugs is a means to control the body not externally, but internally, through biochemical manipulation. Meier also directly alludes to the rising numbers of pill addictions caused by the medical establishment, thus critiquing the way the German medical system seeks to find superficial ‘quick fixes’ for

complex conditions such as depression. In 2011, a German pharmaceutical online magazine reported that 1.5 million people are addicted to prescription medication, which raises serious questions about the doctors' work ethics, especially in relation to the distribution of prescription drugs (Siebenand 2011).

Meier's organic cyborgs can, therefore, be understood as the embodiment of an abusive doctor-patient relationship. In fact, it is on the first page of her novel that Meier introduces the reader to her dystopian setting by capturing how the doctor, von Stern, momentarily subdues his patient with an opium and juice composition. Although von Stern shows awareness for his duty of care towards the patient, Meier also makes it clear that the doctor is overworked, especially in regard to the added stress factor of his impending deadline of submission for the report he has to write. Von Stern excuses his lack of professionalism, pointing to the considerable number of patients of which he is in charge: 'Aber schließlich ist er nur ein Patient von vielen' ('But, after all, he is only one patient among many'; 2012: 7). This adds a capitalist dimension to the way the hospital is run and it implies that the sort of medicine practised there is fairly detached from the welfare model. This is further emphasised by the interaction between the doctors, who are visibly suffering from chronic fatigue. The doctors barely sleep as they get only two hours of rest on average (2012: 16). When von Stern runs into his colleague Dr Holm, he remarks that the latter looks exhausted (2012: 18). Von Stern refers to a 'Komödie der Müdigkeit' ('comedy of fatigue'; 2012: 18) during which Dr Holm, 'mechanisch präzise wie ein Glockenspiel, einmal in der Minute den stumpfen Schleier von seinen Augen hebt' ('mechanically precise like a carillon, lifts the dull veil from his eyes'; 2012: 18). Von Stern's description of Dr Holm suggests that the doctors who daily walk the corridors of the hospital perform a crucial role, that of compliant, overworked doctors. The fatigue that they carry inside is perceived as a veil behind which

their true self is hidden, and which can only occasionally be seen so ‘dass man nie weiß, ob man es wirklich gesehen oder nur geträumt hat’ (‘that you never know whether you have actually seen or only imagined it’; 2012: 18). Also noteworthy is the instrumental terminology – ‘mechanisch präzise wie ein Glockenspiel’ (‘mechanically precise like a carillon’; 2012: 18) – that Meier uses to reveal the technical side that constitutes the cyborg doctors. The mechanical precision with which Dr Holm temporarily lifts the veil is an indication of how far the robotic functions of the ‘Mediator’ have taken hold over the human side of his body. Therefore, it appears that the doctors, even though they are equipped with a ‘Mediator’ whose sole purpose is the obliteration of their human qualities, betray a sense of paranoia which can be attributed to their awareness of the control systems to which they are exposed. Seeking his colleague’s advice regarding the structuring of his report, von Stern is described as turning his head to both sides, making sure no one is listening in. Seemingly mirroring von Stern’s anxious behaviour, Dr Holm understands the gravity of the situation and pulls his colleague closer, speaking in hushed tones. The doctors can, therefore, be said to be ‘in character’. Whereas the players of Turkle’s MUDs choose the virtual identities they adopt when they step into cyberspace, the doctors and patients are forced to leave their former identities behind, and, with the white coats they are asked to wear, they adapt to the script of the hospital management.

Hierarchal Structures

Whereas the doctors believe they are figures of authority within the glass walls of the hospital, their power is actually a sham. Although von Stern can directly tap into the computer that observes him, his own agency over the cybernetic control structures

that hold him captive is limited. The reader gets a glimpse of the morally questionable medical establishment in charge of the hospital when the doctor attempts to write his report, which eventually turns out to be an official complaint:

Sie wollen erfahren, was ich da innen eigentlich bin, da wohin ich keinen Zugang habe, da ich nicht Ihr Auge, nicht Ihr Ohr und auch nicht Ihre Gedanken habe. Da Sie mich aus Gründen, die mir gewiss einleuchten würden, so sie mir nur bekannt wären, nicht hören lassen, was Sie über mich wissen und denken, entbehrt meine Berichterstattung jeder seriösen Hörensagengrundlage, ich wäre unter den jetzigen Bedingungen gezwungen, ein vollkommen willkürliches Bild meiner selbst und meiner ärztlichen Leistungen zu zeichnen, das zweifellos ohne jeden Wert für Sie sein müsste. (2012: 66; emphasis in original)

You would like to know what I actually am inside, a place to which I have no access, because I do not have your eye, nor your ear, nor even your thoughts. Because you do not let me hear, for reasons that would certainly make sense to me if you would share them with me, what you know and think about me, my report lacks any serious basis of hearsay, under the current circumstances I would be forced to paint an entirely arbitrary picture of myself and my medical achievements, which would undoubtedly be of no value to you.

Von Stern's position towards the medical establishment that rules the hospital is a conflicted one. On the one hand, the doctor is responsible for the treatment and recovery of his patients, and, on the other, he adopts the position of a patient himself. This dual position is further explained towards the end of the novel, where Meier offers an insight into von Stern's past. After an attempt to detach himself from the 'Referent' inside him, von Stern is sent to the clinic with the explanation that it will have to be decided whether he will be admitted as a patient or as a doctor (2012: 295). In this respect, Meier, purposefully, leaves the reader in the dark as to the doctor's actual status. This deliberate ambiguity, however, allows her to portray the negative impact of the rapid technological advancements that characterises the contemporary computer culture, especially with regard to the medical establishment. Within this context, the Internet has caused a problematic change in the doctor-patient relationship, because it has affected the patient's position towards the

doctor's medical knowledge and expertise. As Nichola Robertson and her co-authors observe, more and more patients have, in recent years, consulted the Internet in order to self-diagnose themselves. The authors' article reveals the potential dangers of '[o]nline self-diagnosis' (2014: 246), a fairly new phenomenon, which has, so the study suggests, greatly affected the doctor-patient relationship. Technology has facilitated rapid access to health care information with the negative side effect of rendering the doctor a superfluous agent in the diagnostic process.

Although it can be presumed that von Stern, due to his medical training, possesses all the relevant information to formulate his own self-diagnosis, this turns out to be an impossible task. The complaint that never finds its addressee, because the doctor hastily deletes it, is addressed to his 'ärztliches Innerstes' ('innermost doctoral self'; 2012: 66), the part of himself that is linked to his 'Mediator', and with it to the technocratic hospital management. Meier does not so much critique the classical hierarchal structures between the doctor and the patient as she does the technological control it exercises and which the author identifies as a potential danger to the doctor-patient relationship. In a traditional manner, von Stern turns to a medical figure of authority for advice:

Warum also quälen Sie mich durch Ihr Schweigen und verlangen von mir einen unmöglichen Aderlass, wo doch nur Sie das Blut meines Inneren mir abnehmen könnten, und ich gäbe es freiwillig und ganz, bis die Hülle leer wäre, aber verlangen Sie nicht länger von mir, nach der richtigen Vene zu suchen! (2012: 66; emphasis in original)

Why, then, do you torment me with your silence and demand an impossible bloodletting from me, when only you could take the blood of my innermost self, and I would voluntarily and completely give it, until the shell was empty, but do no longer expect of me to look for the right vein!

As implied by the doctor's strong metaphorical language, von Stern, the patient, trusts the medical judgment of the doctor more than his own. Moreover, the excerpt demonstrates how desperately the patient seeks human contact with a medical

professional. Because the ‘Mediator’ represents von Stern’s medical capacities, there cannot be a doctor-patient relationship in the traditional sense. Von Stern is met with silence because the mechanic device hidden between his lungs is located inside him. This prevents the process of medical diagnosis customarily performed by an external onlooker. Operating from an internal vantage point, once again, the doctor within von Stern is unable to self-diagnose himself. On a symbolic level, the ‘Mediator’ must be read as a representation of the extremely clinical environment that the hospital management has created for its residents. Meier has artistically constructed her dystopian world in spatial terms, the relevance of which will be explored below. There is the clinical environment of the hospital, a cyberspace in which doctors and patients live according to defined roles. This space is also anchored within the doctors through the ‘Mediator’, and then there is also a space occupied by the patients as a result of their drug addiction.

It is obvious that the drug abuse encouraged by the hospital changes the patients’ consciousness. However, this is not so much due to the potency of the drug itself than the method of administration. Because of a ‘hingebungsvoll stumpfsinnigen Selbstentblößung dauernden Flaschennuckelns’ (‘devotedly dull self-exposure of continuously sucking on a bottle’; 2012: 22), the patients are transported ‘an einen Ort jenseits der Scham’ (‘to a place beyond shame’; 2012: 22). Meier refers to the patients’ sense of indifference in spatial terms. This resonates with Jennifer González’s concept of ‘cyberspatial existence’ (González 1995: 267) which suggests that ‘[e]ach cyborg implies a new spatial configuration or territory – a habitat’ (González 1995: 272). Although González’s work mainly focuses on the representation of cyborgs in visual culture, her theory offers an interesting perspective for the reading of Meier’s organic patient cyborgs. Meier provides what González terms a ‘new ontological domain’ (González 1995: 271). This allows the

onlooker of her dystopia to read her fictional cyborgs ‘in relation to a specific historical context’ (González 1995: 272):

A new social space requires a new social being. A visual representation of this new being through an imaginary body provides a map of the layers and contradictions that make up a hyper-historical ‘positive unconscious.’ In other words, the cyborg body marks the boundaries of that which is the underlying but unrecognized structure of a given historical consciousness. It turns the inside out. (González 1995: 272)

This implies that the individual elements that the author uses to compose the space of her organic cyborgs, although known, are assembled in an unfamiliar way. In a similar vein, Kazuo Ishiguro presents the reader with a reconfiguration of the orphanage structures of Hailsham in order to address the contemporary ethical concerns of organ trafficking. While popular culture generally recognises the doctor as a trustworthy figure to whom the patient turns for advice, Meier produces a space that turns the doctor-patient relationship ‘inside out’ (González 1995: 272). The space that the organic cyborgs occupy is marked by a pronounced sense of indifference towards their doctors. The Professor, one of von Stern’s patients, for example, has a habit of deliberately provoking the doctor by calling him names (2012: 28) and behaving in an inappropriate manner, which unsettles what should be a trusting doctor-patient relationship. The Professor is notoriously known for using a wash-basin to perform what, in the novel, is referred to as a water ritual (2012: 27), a bizarre, ceremonious act during which he washes his whole body. During the encounter with von Stern, who assists the ceremony, the Professor starts throwing water at him. It is a frustrating experience for the doctor who realises that the Professor’s eccentric behaviour ignites his rage: ‘Denn auf einmal hasse ich Patienten. Hasse Patienten von ganzem Herzen’ (‘Because suddenly I hate patients. Hate patients with all my heart’; 2012: 29). For the doctor, this reaction comes as a surprise as it makes him reminisce about a time when he could still see his natural

heart beat against his ribs (2012: 29). From this example, it can be deduced that the 'Mediator' is designed in a way to block any emotional outbursts. Moreover, the situation creates an internal conflict between the doctor's mechanic and organic halves:

Referent darf Wasser nicht laufen lassen, auf gar keinen Fall, es gibt keine größere Tortur für Patient, als ihm seinen Willen zu lassen, siehe Patientenverfügung Artikel eins, aber ich kann nicht. (2012: 29)

Speaker may not leave water to run, under no circumstances, there is no greater ordeal for the patient than to let him have his way, see article one of living will, but I can't do it.

Regardless of the absurdity that underlies this particular treatment of the patient, von Stern is visibly torn between acting in accordance with the patient's well-being, and a sense of resistance towards it. While the doctor tries to comprehend his malfunctioning, the Professor manages to turn the water off on his own. It is then that von Stern regains control of himself, briefly looking at the camera, as if worried that it had recorded his dysfunctional behaviour, before turning his attention to the patient again. Interestingly, what happens next is a reversal of the natural care structure that defines the doctor-patient relationship, as the Professor empathetically puts his hand on the doctor's arm asking if he was all right. Coming back to González's theory, the cyborg patient has created a space in which the doctor's status as a figure of authority and trust is undermined. The Professor remarks that he had to save himself from drowning, thereby pointing to the failure of von Stern's medical performance. Another noteworthy aspect of this unfamiliar 'cyberspatial existence' (González 1995: 267) surfaces when the Professor shows awareness of the doctor's work rota, admonishingly saying:

Ich meine, dass es nicht gut ist, dass ich mehr über Ihren zukünftigen Dienstplan weiß als Sie. Das ist nicht gut, gar nicht gut, für keinen von uns beiden. (2012: 30).

I mean, it's not good that I know more about your future work schedule than you do. That's not good, not good at all, for either of us.

The organic patient cyborgs appear to be connected to the control network set up by the anonymous hospital management. While the Professor deliberately seeks to provoke von Stern with his inappropriate behaviour and vulgar language, others challenge his professional competence in different ways. Pflüger, one of the care assistants, for instance, notices a knob on the occiput of Hugo Rapin, a patient (2012: 81), which he brings to the attention of von Stern, who, irritated by the assistant's audacity, retorts: '[G]lauben Sie nicht, wir würden diese Superfötationen unterbinden, wenn wir könnten?' ('Don't you think we would stop these superfetations, if we could?'; 2012: 81). Pflüger then apologises for wrongfully basing his observation on his own limited, or rather non-existing, professional competence (2012: 81). The care assistant apologises and recognises his place in the hierarchy, but von Stern's authority has nonetheless been challenged.

Meier has created a fictional environment that reflects her cultural critique of the contemporary developments that have marked the medical establishment and especially the interpersonal aspects of the doctor-patient relationship. As has been discussed in the previous chapter, a medical humanities clinical model based on Rita Charon's 'narrative medicine' (2006: 4) framework can encourage a clinical consultation that is based on principles of narrative ethics. In this case, the doctor carefully listens to the patient's illness narrative, allowing him or her to obtain the necessary information to form a diagnosis and find the best medical treatment for his or her patient. This mutual effort or 'bond' between the doctor and the patient has brought about a shift in the power dynamics that formerly defined the doctor-patient encounter. Linda Gask and Tim Usherwood have noted that the patients'

involvement during the medical consultation has increased their sense of autonomy: ‘Many patients want more information than they are given. They also want to take some part in deciding about their treatment in the light of its chances of success and any side effects’ (2002: 1567). The doctor’s verdict is thus no longer taken at face value. In Meier’s cyborg context, these developments are mirrored by the way the organic cyborgs look at the doctor. Von Stern points out that the patients’ characteristic gaze, induced by the peculiar method of drug administration mentioned above, constitutes a challenge for the doctor, because it is not placed *at* him but *through* him, ‘als lohne es nicht, bei seinem Innern haltzumachen’ (‘as if it were not worth stopping at his innermost self’; 2012: 22).

Meier’s novel interrogates these technological and medical changes by showing that they produce an adverse effect not only on the wellbeing of the patients, but also on the physician-patient encounter. After temporarily losing consciousness, von Stern is aided by a health assistant, only known by his initials ‘O.W.’, who, although hierarchically inferior to the doctor, demonstrates an understanding of the doctor’s condition. He is, however, interrupted by von Stern, who reminds the health assistant that he need not explain the medical specifics to a doctor (2012: 98). Von Stern then asks O.W. whether he was considering a career as a doctor, to which O.W. replies that ‘man hat nur noch mehr Verantwortung und im Grunde genommen kaum Einfluss’ (‘you only have more responsibility and essentially very little influence’; 2012: 98). In Meier’s dystopia, in short, the medical profession has been stripped of its societal status through the invasive technologies that have been ‘plugged’ into their bodies, rendering them into hybrid automatons devoid of human agency and feelings. Being a doctor, therefore, is the least desirable position in the societal structure.

Conclusion

This chapter has addressed the fears and anxieties that are linked to the rapid advancements in computer technologies as they pertain to the observation and control of the human body. In line with González's understanding of a 'cyberspatial existence' (González 1995: 267), Meier is able to formulate a critique of contemporary tendencies and how they relate to developments in the doctor-patient relationship. Through a contextualisation of the medical framework behind Meier's dystopian fiction *Heimlich, heimlich mich vergiss*, it becomes apparent that the concept of the cyborg is not exclusively limited to works of science fiction, but is rooted in medical discourses. Technology has enhanced bodily functions to the extent that organic boundaries have been displaced. Meier's novel can be read in spatial terms, particularly through the mechanic control system implanted inside the doctors that creates a virtual environment inside and outside the human body. Within this so-called 'cyberspace', the doctors and patients interact according to well-defined roles. In this way, the clinically controlled space that Meier portrays can be understood as a social critique of contemporary phenomena. Unlike previous dystopias discussed in this thesis, where the emphasis lies on the depiction of the patient as a victim of abusive medical procedures, Meier's novel adds a new conceptual dimension to the dystopian tradition by also representing the doctors as victims of dehumanising power structures. Opening up an additional space for the drug-induced patient cyborg who meets the doctor with indifference, Meier exemplifies how the doctor's position of power is constantly questioned, thus inverting the hierarchal power structures of the doctor-patient relationship. The doctor is, therefore, becoming an obsolete agent in the medical encounter, his or her professional knowledge and authority belittled. While computerised information

allows the patient to be critical of the physician's diagnosis, Meier also points to the dangers of renouncing the human interface produced by the physician-patient encounter.

Conclusion

This thesis has investigated the medical discourses that inform a selection of Anglophone and German dystopian fictions from the twentieth- and twenty-first centuries. The authors of the seven case studies presented in this thesis have all offered visions of alternative societies in which the political regimes depicted have adopted scientific measures and medical procedures to exercise control over their citizens. The different representations of scientific, technological, and medical practices displayed in the dystopian novels that compose the corpus of this thesis bring to the fore the complex power dynamics between the individual, society, and the medical establishment. The dystopian genre has proved especially pertinent in this endeavour, in the sense that the alternative world orders imagined by the respective authors open up a space for reflection, inviting the reader to critically assess the drastic effects and consequences of invasive medico-political processes. Responding to contemporary techno-scientific developments, the selected authors are able to express their deep concerns and anxieties as they pertain to the institutionalisation of biomedical control strategies. The chronological organisation of the thesis's individual chapters suggests that some of these concerns are recurring, such as the male domination of female reproductive capacities addressed in chapters 1, 3 and 4, the preoccupation with bodily appearance and cosmetic surgery procedures in chapters 2 and 6, and, overall, the infringement of human rights throughout all chapters. However, as the thesis develops, it becomes evident that the authors engage with aspects of medical research in diverse and unique ways.

This project has elucidated the complex interconnections between science, medicine and literature, thereby indicating that the utopian ideologies undergirding the different dystopias are based on the unethical manipulation of scientific thought.

In this sense, the thesis has analysed the possible misuses of medical information, and the dangers attached to a bureaucratisation of medical interventions. The selected works echo the structures of totalitarian systems and create a framework within which human rights are obliterated. Through the combination of various medical humanities perspectives, this thesis has exposed different forms of violence inflicted upon the human body. The comparative dimension of the thesis has revealed that the German and Anglophone dystopian traditions are invested in formulating specific warnings about the political implications of biomedical and technological processes.

Chapter 1 has presented an analysis of Charlotte Haldane's *Man's World*. This largely understudied dystopia offers a valuable insight into a woman's engagement with the male-dominated discourses of science. Haldane effectively engaged with principles of eugenic ideologies and sexology to create a dystopian future in which human reproduction underlies a strict scientific and rational regimentation. Aligning Haldane's writings with selected works by Bertrand Russell and Marie Stopes, it becomes obvious that Haldane's writings can be placed within the complex, science-oriented discourses of her time. I showed how in *Motherhood and Its Enemies* Haldane advocated the careful application of a scientific approach towards politicians' measures of population planning. Haldane's interest in the scientific endeavour found its apotheosis in her romantic liaison with the biologist J.B.S Haldane. Her fascination with the latter's scientific predictions formulated in *Daedalus, or Science and the Future* are mirrored in her dystopian text. In *Man's World*, Haldane directly refers to J.B.S. Haldane's prophetic practice of 'ectogenesis' which enabled her to build up a critique of the processes of objectification that women could be subjected to, especially under a regime based on questionable, or unethical, medico-political procedures. At the same time, I argued that Haldane's reference to the process of extra-uterine gestation points to the author's disquieting

interest in the application of scientific methods with the prospect of creating a racially superior society. Through the medicalisation of Christopher's body – his representation as an 'intersexual' individual unable to reproduce – I showed that Haldane is able to highlight the necessity of normative structures for an efficient system of population control. Only heterosexual individuals are needed in this endeavour. Therefore, a close reading of *Man's World* reveals that Haldane adopted a strong scientific stance. However, through incorporation of a 'feminine' language of sentiment, in the spirit of birth control advocate Marie Stopes, Haldane was able to add a feminist dimension to her dystopian novel. In this way, her fictional character Nicolette is attributed a sense of agency in the selection of her sexual partners. By empowering Nicolette, Haldane was able to momentarily disrupt the silence connected to sexual pleasure and female sexuality thereby asserting her place as a feminist writer in the scientific sphere of the male scientist but also as a leading figure of the dystopian tradition.

Chapter 2 adopted a predominantly historical approach towards L.P. Hartley's representation of the practices of cosmetic surgery performed on the women of his dystopian society in *Facial Justice*. Following the process of 'betafication', women's faces are standardised to correspond to an ideal of beauty that does not provoke envy in other women. The implementation of a beauty scale allows the totalitarian government to grade women according to their physical appearance. The chapter argued that Hartley's interest in cosmetic surgery is derived from the path-breaking developments in plastic surgery as a consequence of the severe facial injuries suffered by soldiers during the Second World War. In this respect, Sir Archibald McIndoe's pioneering work as a consultant in reconstructive surgery served as a point of reference for the literary analysis of *Facial Justice*. Drawing on reports by surgical colleagues and friends which identify McIndoe as a

‘saintly’ figure and emphasise his godlike status as a medical practitioner, the chapter revealed Hartley’s serious concerns about the all-powerful physician. Gerald Heard’s warning about the growing authoritative power exerted by the doctor is embodied in Hartley’s narcissistic plastic surgeon Dr Wainwright, who revels in the creation of Jael’s Beta face. Compared to the surgical work undertaken by McIndoe and his contemporaries, Wainwright is represented as a character with questionable morals. His unethical medical comportment considerably affects Jael’s conception of self. Including aspects of Lavater’s study of physiognomy, this chapter showed that the state-imposed system of ‘betafication’ is designed to change women externally, and internally in order to turn them into perfect, compliant citizens. Both Jael and Judith are subjected to the patriarchal values endorsed by the New State. Although they respond differently to their surgical transformations – Jael by instigating a series of rebellious acts against the state, and Judith by demonstrating little resistance towards her reclassification as a Beta – Hartley’s text powerfully warns against the marriage of politics with medical control. Despite some plot inconsistencies in *Facial Justice*, I showed that Hartley’s literary engagement with interventions in plastic surgery was revolutionary as it rendered visible the standardisation processes endorsed by the welfare state and which Hartley perceived as a threat to the notion and principles of individuality.

Chapter 3 offered an exploration of the medico-scientific regulations of female reproduction in Zoë Fairbairns’s dystopian fiction *Benefits*. Covering the period from 1976 to 2000, Fairbairns’s novel records the catastrophic political developments that take place in Britain as a result of the implementation of a weekly payment scheme termed ‘Benefit’. Destined to encourage ‘responsible motherhood’, Fairbairns’s economic system mirrors Haldane’s programme of ‘vocational motherhood’. Both political structures are based on measures of population control

informed by eugenic ideologies. What sets Fairbairns's dystopia apart, however, is a more pronounced physical violence committed against the female body. Relying on the feminist work of Andrea Dworkin and Mary Daly, the chapter followed the concept of 'gynocide' by showing that the persecutions of women in *Benefits* evoke, for instance, the brutality of ritualistic practices such as Chinese foot-binding or widow-burning in India. In particular, Daly draws attention to the relocation of rituals of female genital mutilation from unhygienic areas to the medically equipped space of the hospital. This perpetuation of violence by the medical establishment is depicted in *Benefits* where women are fitted a technologically advanced intrauterine device to re-establish their eligibility for 'Benefit'. Women are thus not only denied the possibility to choose their own methods of contraception, they are systematically subjected to a patriarchal regime informed by eugenic ideologies that culminate in the fusion between the British government and the science agency 'Europop'. As a feminist, Fairbairns is determined to offer a warning of the objectification of women through the amoral manipulation of biomedical knowledge. Alluding to the nightmare research practices of the Nazi doctor Josef Mengele, Fairbairns suggests that her warnings are not purely fictional, and that the medical representative has the potential to turn into a ruthless figure of authority.

Chapter 4 investigated Margaret Atwood's famous dystopian novel *The Handmaid's Tale*. Building on the medico-scientific content analysed in chapters 1 and 3, this chapter suggested that the regulation of women's reproductive capacities continues to be of interest to authors of dystopian works. Atwood's dystopia unveils the abusive power structures of a surrogacy system based on emotional coercion. The system presented in *The Handmaid's Tale* mirrors Christine Overall's understanding of a 'feminist prostitution model' in that the state's patriarchal regime encourages a commodification of women. Women are forced into the role of breeders of the

nation. In the particular case of Atwood's narrator Offred, it can be deduced that this greatly affects a woman's conception of self. As the surrogacy programme relies on women's sense of compassion, the Handmaids are trained to feel responsible for other women's desire to have children. Within this context, it is important to stress that, as opposed to Fairbairns's novel in which emphasis is put on methods of contraception, the theocratic state depicted in Atwood's dystopia rejects any scientific or technological interference during sexual intercourse and childbirth. In so doing, the totalitarian state seeks to counteract the infertility crisis brought about by environmental pollution and the inconsiderate use of biochemical material. The chapter utilised feminist scholarship by a number of critics such as the political scientist Rosalind Pollack Petchesky, the sociologists Barbara Katz Rothman, and Ann Oakley to demonstrate that men's desire to control and reproduce motherhood has led to the manipulation of medical information for political purposes. In this respect, foetal monitoring has proved to be efficient as a means of coercion, especially in an anti-abortion context. By visually detaching the foetus from the mother, medical practitioners have individualised the unborn child thereby seeking to influence women's decision-making process. This method is similarly used in *The Handmaid's Tale* when Serena Joy offers to provide Offred with a photograph of her biological daughter in order to coerce the Handmaid into a sexual union with Nick. The chapter also illustrated that the industrialisation of obstetrics has deprived women of their autonomy during parturition. In *The Handmaid's Tale*, pregnant women are forced to submit to a prophylactic setting which ensures the normative structures of childbirth and makes the doctor's presence in the delivery room obsolete. This does not mean, however, that the totalitarian control structures are suspended. The practice of natural childbirth is believed to give women a sense of agency, especially since it reduces medical intervention. Nevertheless, a Foucauldian

reading of obstetrics suggests that even the breathing and relaxation techniques put forth by the famous obstetrician and natural childbirth proponent Grantly Dick-Read are informed by a panoptic control system. Reading *The Handmaid's Tale* in tandem with aspects of the history of midwifery it becomes apparent that Atwood's patriarchal system harnesses the female healer's obstetric knowledge. Hence, the chapter highlighted that the totalitarian state is able to exercise power through women, and more particularly through the figure of the midwife (i.e. the collective of Atwood's Aunts).

Chapter 5 explored the moral and ethical issues underlying the organ donation programme depicted in Kazuo Ishiguro's *Never Let Me Go*. The novel follows a group of human clones through their personal experiences as they grow up in Hailsham, a boarding school that raises clones with the intention of collecting their vital organs. The chapter drew on Stephen Wilkinson's study of bioethical principles in relation to the commercialisation of human material. Divided into the five 'ethical arguments' proposed by Wilkinson: harm, altruism, inducements and consent, coercion, and exploitation, the chapter showed the extent to which Ishiguro's organ trade opposes the idea of a commercial market, and more importantly, uncovered the exploitative power structures that inform the fictional donation system. Ishiguro's organ donation programme, I showed, is founded on the principle of altruism, which the students of Hailsham learn through their participation in the 'Exchanges' and 'Sales'. In this sense, the chapter argued that the artistic creativity encouraged in the clones acts as the ethical concept of altruism. The inclusion of contemporary material related to moral practices of organ removal indicates that altruism functions as the foundation of organ donation in the United Kingdom. The absence of a system of remuneration in *Never Let Me Go*, would define Ishiguro's organ harvesting system as a desirable model for organ donation. However, the chapter's analysis according

to Wilkinson's five 'ethical arguments' implies that the organ donation programme imagined by Ishiguro is based on inherently coercive and exploitative structures.

Chapter 6 explored Juli Zeh's dystopian novel *Corpus Delicti*, in which an alternative German totalitarian society is governed by a health dictatorship which has managed to eradicate common illnesses under a regime whose citizens have to abide by strict sanitary rules. The novel records the illness narratives of a pair of siblings, Mia and Moritz Holl. Psychologically affected by her brother's death, Mia is unable to submit her medical data to the authorities. This leads to a series of government interventions culminating in Mia's trial. The chapter drew on Arthur W. Frank's theoretical concepts of illness narratives, suggesting that Mia's illness story can be seen as a 'drama of emotion work' in that she is forced to simulate a state of well-being in order to conform to the health norm defined by the state. While illness narratives generally recount a person's individual experience of disease, the chapter enlarged this notion by applying theoretical aspects of illness narratives onto Zeh's work of fiction. Mia's illness narrative can therefore also be understood as a 'chaos narrative' which leads to the realisation that Mia's illness story is inextricably intertwined with that of her brother, Moritz, whose own experience of illness can be in turn characterised as a 'drama of fear and loss'. Faced with the prospect of a premature death, Moritz experiences a moment of epiphany, which allows him to question and to defy the health structures imposed by the state. Employing Frank's concept of 'thinking with stories', it becomes clear that Mia, by revisiting and living her brother's illness narrative, challenges her state-induced rational mindset. Embracing the idea of illness, Mia's 'chaos narrative' metamorphoses into a 'quest narrative' that enables her to recover her formerly muted voice and express her *non serviam* attitude towards the totalitarian health state. Through a careful reading of Zeh's dystopian novel, the chapter considered the importance of narrative ethics as

advocated by scholars of the medical humanities in relation to the strictly clinical ethics adopted by most medical professionals to this date.

Chapter 7 marks the close of the thesis with an analysis of Angelika Meier's understudied work *Heimlich, heimlich mich vergiss*. The chapter continued and developed the thesis's focus on the structures of deprivatisation endorsed by a totalitarian system. In Meier's hospital setting, doctors are technologically enhanced through a 'Mediator' which has been placed between their lungs. The coupling of the organic with the inorganic makes of the doctors so-called cyborgs. Although the cyborg is generally associated with works of science fiction, the chapter's engagement with cyborg concepts indicates that the military and the medical establishment are already producing cyborgs. What ensues is a blurring of boundaries between the human and the machine. I showed how Meier's dystopian novel articulated the complex relationship between the individual and rapid advancements in biomedical procedures of body modification. The chapter revealed how narratives of subjectivity are problematised by the construction of a posthuman identity, evidenced by von Stern's constant change of narrative perspective (between a first-person and a third-person account) that emphasises his hybridity. Because of the 'Mediator', the doctor embodies a mechanic self which is attached to the control structures of the hospital. Drawing on Jennifer González's concept of 'cyberspatial existence', the chapter illuminates Meier's concerns as they relate not only to the developing processes in computer technologies, but also to the changing doctor-patient relationship engendered by the Internet phenomenon of online self-diagnosis, which has destabilised the traditional power structures between a patient and his medical consultant. In this way, Meier shows how the medical practitioner's status of authority is repeatedly undermined by the hospital's patients. As more and more doctors incorporate principles of narrative ethics into the diagnostic process, a

change in the power dynamics between the doctor and the patient can be noted. *Heimlich, heimlich mich vergiss* suggests that the increased sense of autonomy generated in the patient has affected the hierarchal structures of the medical establishment.

Exploring the Anglophone dystopian novel in conjunction with the German equivalent shines a light on the specific ways of engagement with scientific, technological and medical enterprises presented in the two traditions. In this way, it has to be noted that Anglophone dystopian fiction has been greatly influenced by eugenic ideologies and, to a wider extent, possible measures of population control. This is most visible in Haldane *Man's World*, Fairbairns's *Benefits*, and Atwood's *The Handmaid's Tale*. In contrast, the German dystopian novels discussed in this thesis have shown little to no engagement with scientific methods of birth and population control. Since the topic of population management puts the female reproductive body into focus, the direct influence of eugenic ideologies as depicted in *Man's World*, *Benefits*, and *The Handmaid's Tale* has also engendered a pronounced engagement with feminist concerns located in the texts' respective socio-historical contexts. Because German authors have seemingly distanced themselves from the more problematic eugenic discourses of the Nazi period, this appears to be a rather unexplored area of German dystopian fiction.

In prioritising the analysis of specifically medico-political themes as they relate to the control of the body, the question of ethics, the question of human rights abuses, and the standardisation processes designed to normalise the human body, the study evidently cannot perceive the selected texts as representative of dystopian fiction in its entirety. Instead, the objective has been to put into dialogue those novels which were born out of the medical configurations of the time. Exercised through the prism of the dystopian genre, the comparative approach has been invested in

expanding the generic understanding of the dystopian tradition as established by the three paradigmatic texts *We*, *Nineteen Eighty-Four* and *Brave New World*. By looking at specific thematic considerations in the chosen Anglophone and German dystopian narratives, the thesis's comparative dimension has not only decoded distinct national medico-political concerns, but also points of commonality. The presentation of medical topics then differs from one work to the next essentially because the underlying scientific discourses are dependant on certain socio-political climates. At the same time, the authors' treatment of various medical and scientific topics as addressed in the thesis (eugenics, female reproduction, contraception, childbirth practices, cosmetic surgery, organ donation, cyborgism) resemble one another in that the enforced control of the human body through medical and technological procedures leads either to the psychological or the physical destruction of the individual. Hence, the violence portrayed in Anglophone and German dystopian novels can be traced back to a common historical ground as the literary works directly but also indirectly criticise the marriage of Nazi ideologies with medical practices.

In this regard, Shameem Black maintains that '*Never Let Me Go* can be read as a meditation on a world shaped by the eugenic fantasies of Nazi-era incarceration' (2009: 789), while Atwood supports her portrayal of sexual regulations in the following words: 'In Nazi Germany there were laws as to who could have sex with whom. Linked to that is reproduction, which is not the same thing: who can reproduce and under what circumstances and with whom?' (Atwood 1999: 18). While German authors appear to refrain from presenting clear connections with eugenic practices of population planning, parallels between German dystopian novels and National Socialism can nonetheless be drawn. In an interview with Kathrin Hondl for instance, Zeh confirms that she tried to establish a connection with Nazi

Germany, asserting that the idea to form a society according to the notion of physical health, or physical criteria more broadly, was inherent to Nazi politics which sought to define national health as a government-guaranteed value (Zeh and Hondl 2012). It is interesting to note that Zeh's explanations concerning the totalitarian framework of her dystopia is immediately followed by a quasi-apology: 'Und ich höre schon wieder die empörten Aufschreie, aber wir sind doch heute nicht mehr bei den Nazis' ('And I can hear the outraged cries again, but we are no longer amongst Nazis; Zeh 2012). Zeh's statement reveals the difficulties that German authors have had to face when wishing to use the dystopian genre as a way to express a critique of current medico-scientific developments. As per the general tradition of the genre, dystopian visions necessarily require the depiction of a totalitarian system. It has therefore become almost impossible not to think of Nazi Germany when reading a German dystopian novel.

In this sense, the shared historical connection with the Nazi past has made possible the representation of unethical medical practices exercised by disreputable physicians in both Anglophone and German dystopian fiction. The ethical concerns thus raised by Anglophone and German authors alike are – although specific to their historico-medical contexts – universal. Regardless of their cultural background, dystopian novels analysed from a medical perspective pose similar questions relating to bodily autonomy, and as a consequence the formulation of human rights. Technological progress is not necessarily restricted to one specific geographical location rather it transcends boundaries, and coupled with abusive political systems holds the potential to subjugate and commodify the human body. The field of bioethics addresses the ways in which scientific developments will affect human life. Dystopian fiction largely intersects with the ethical evaluation of medical conduct,

and by envisioning alternative futures raises important questions concerning the political responsibility towards the future of mankind.

Situating the Dystopian Fiction Today

In April 2016, Hulu, an American online streaming company, announced the production of a television series based on Margaret Atwood's dystopian fiction *The Handmaid's Tale*. A few weeks before the programme's first episode premiered in April 2017, a group of women dressed in scarlet-red gowns, wearing white bonnets covering their faces, walked into the Texas State Capitol building to silently protest against the Senate's consideration of anti-abortion measures. These included the Senate Bill 415 which would prohibit a safe medical procedure of abortion in the second trimester of pregnancy, and the Senate Bill 25 which would allow physicians to retain medical information from a pregnant woman, especially if it encouraged her to consider an abortion (Loughrey 2017). In June 2017, another group of women wearing the same attire assembled at the Ohio Statehouse in Columbus to protest against the Senate Bill 145, which would ban the 'dilatation and evacuation' method, a commonly employed practice of abortion performed in the second trimester of pregnancy. In light of the Republic of Ireland's successful abortion referendum which took place in May 2018, women in Northern Ireland have adopted the outfit in order to revoke the region's strict abortion policies (Beaumont and Holpuch 2018). A similar image was captured in July 2018, when Argentinean women clad in bright red gowns were seen marching towards the Congress building in Buenos Aires to demonstrate against the restrictive abortion laws set in place (Goñi 2018). Atwood herself also engaged with the political situation by addressing a series of statements

to Gabriela Michetti, the country's vice president. In a letter published online by *UNO Santa Fe*, Atwood criticises Michetti's anti-abortion position. The author vociferously defends women's reproductive rights:

No one is forcing women to have abortions. No one either should force them to undergo childbirth. Enforce childbirth if you wish, Argentina, but at least call that enforcing by what it is. It is slavery: the claim to own and control another's body, and to profit by that claim. (Atwood 2018)

Under the theocratic government of Atwood's literary dystopia, the Handmaids are forced to wear the scarlet robes that identify them as the property of the fictional totalitarian state. The global emergence of the Handmaid's costume as a symbol of protest against the power exercised over women's bodies alters the meaning of the attire and places Atwood's fiction in a new historical context. Trump's election in November 2016 has provoked a fundamental reappraisal of Atwood's dystopian fiction. While Atwood wrote *The Handmaid's Tale* in response to the conservative values advocated by the American New Right in the early 1980s, its rediscovered relevance suggests that the dystopian genre is inextricably linked to political uncertainty and the threat to human rights. Prior to his inauguration as the President of the United States of America, Trump had already caught the attention of the media through a series of misogynistic statements culminating in the 'Women's March on Washington' in January 2017, only one day after Trump took the oath of office (D'Ancona 2017b). During the demonstration women were seen holding posters reading 'Make Atwood fiction again', a thinly veiled allusion to Trump's campaign phrase 'Make America Great Again' (Allardice 2018). Only six months into his administration, Trump signed the Mexico City policy which requires of foreign family planning organisations receiving funding from the United States not to promote or perform abortions. The policy has repeatedly been rejected by Democratic presidents, but every Republican president since Ronald Reagan has

implemented it. Trump, however, signed a stricter version of the executive order which extends to all international non-governmental organisations accepting funding from the United States of America. Human rights activists believe that this will have devastating consequences to the regulation of health care in countries and regions with higher rates of infectious diseases. The policy could limit access to contraception, resulting in more unwanted pregnancies and the spread of venereal diseases, but it would also prevent medical practitioners from fighting malnutrition, HIV, malaria and the Zika Virus (Boseley 2017). Paradoxically, as researchers predict, the executive order would also lead to a rise in abortion rates (Boseley 2017). Trump's questionable morals and political activities have produced a worldwide anxiety caused by the prospect of a wrongful appropriation of women's bodies. As these contemporary developments suggest, *The Handmaid's Tale* can be placed within a medico-political context. Unsurprisingly, there has been a renaissance of the dystopian genre. Indeed, George Orwell's dystopian classic *Nineteen Eighty-Four* is back on the bestseller lists after Kellyanne Conway, advisor to Donald Trump, used the term 'alternative facts' in an interview (D'Ancona 2017a). The phrase has been associated with the Orwellian term 'newspeak', a fictional language designed to control thought. Already in 2010, *The New Yorker* noted a distinct proliferation of young adult dystopian fictions (Miller 2010). With Suzanne Collins's trilogy *The Hunger Games* (2008-2010), James Dashner's *The Maze Runner* series (2009-2016), or Scott Westerfeld's trilogy *Uglies* (2005-2007), the dystopian tradition continues to grow. While these contemporary works specifically target a younger readership, they also echo their predecessors. In Westerfeld's dystopia, for instance, teenagers undergo procedures of cosmetic surgery to correspond to a certain standard of beauty, thus aligning with Hartley's *Facial Justice*.

Despite the attention that young adult dystopian fiction has enjoyed in print media, literary criticism within this emerging field is scarce. This may have to do with the fact that young adult fiction in general has been deemed not ‘sophisticated’ enough and therefore not worthy of serious recognition (Henthorne 2012: 24). According to Tom Henthorne, it is only in the 1990s that this attitude gradually started to change as J.K. Rowling’s *Harry Potter and the Prisoner of Azkaban* was nominated for the 1999 Whitbread Book of the Year prize (Henthorne 2012: 26), and Philip Pullman was awarded the 2001 one for *The Amber Spyglass*, making it harder for critics and scholars to ignore the literary impact of young adult fiction (Henthorne 2012: 26). To the German philologist Ralf Schweikart, the revival of dystopian fiction coincides with this surge in young adult phantasy literature. According to Schweikart, young adult dystopian fiction considerably departs from the classic dystopian tradition in that it presents elements and variations of successful phantasy novels without offering any criticism regarding current socio-political developments (Schweikart 2012: 5). Despite Schweikart’s outright scepticism towards the literary quality of young adult dystopian fiction, it has to be noted that selected novels have been praised by respected sources. In this way, *The Hunger Games*, for instance, has enjoyed critical acclaim in the *New York Times* where it was hailed as ‘brilliantly plotted and perfectly paced’ (Green 2008) and it also received various awards including the *Kirkus Reviews*’ ‘Book of the Year’ in 2008 (Henthorne 2012: 18). Similarly, in Germany *The Hunger Games* was awarded the 2010 ‘Jugendliteraturpreis’ by the ‘Jugendjury’ (Rank 2014: 1), while the first book of Veronica Roth’s *Divergent* trilogy won the 2010 ‘Landshuter Jugendbuchpreis’. In fact, not only the Anglophone literary scene has known a ‘boom’ (Miller 2010) in dystopian fiction for young people.

In 2012, the German author Jennifer Benkau published *Dark Canopy*, the first of a series of two dystopian novels portraying a future society governed by a machine which covers the sky in order to protect the delicate skin of genetically enhanced soldiers ruling over the remaining humans after the end of a Third World War. The same year, Andrea Schacht's *Kyria & Reb: Bis ans Ende der Welt* saw the light of day. As the first of two novels, it depicts a feminist world in which women have risen to power and men's rights have been drastically restricted. As a consequence, men are now forced to perform menial tasks and the dominant nature that 'typically' characterises them is inhibited through the systematic administration of drugs. It is interesting to note that these German dystopian novels have followed a trend set by American authors by opting for a series of dystopian novels as opposed to the traditional single dystopian work. Furthermore, they distinguish themselves from their classic counterparts in that the future visions they display are seemingly less dark:

Whereas the 'adult' dystopia's didactic impact relies on the absolute, unswerving nature of its dire warning, the expression of moral meaning in the children's dystopia is often characterized by degrees of hesitation, oscillation, and ambiguity. [...] By presenting child protagonists as agents of moral transformation within the text, or at least by hesitating to depict the extinction of such hope in the narrative resolution to their stories, children's authors risk fracturing or undermining the imaginative and ideological coherence of their admonitory fictional worlds (Sambell 2003: 163)

Although adult dystopian novels often present moments of resistance pointing to the possibility of political change, young adult dystopian novels are decisively more committed to offering a 'balance of hope and warning' (Barclay 2014: 142). It is precisely this softening of dystopian characteristics that might explain why the classic dystopian novel is less prevalent in German literature than its newer form, the young adult dystopian fiction.

As this thesis has demonstrated, the dystopian novel in its traditional form is strongly intertwined with the Hitlerian model of dictatorship. Considering that ‘German history is fraught with anxieties that have found and still find their way into the science-fiction genre’ (Petersen 2014: 31), dystopian fiction is inextricably linked with the events of World War II. This has been particularly emphasised by Nagl who states that it is impossible to ‘head straight toward an ahistorical interpretation’ of science fiction and by extension dystopian fiction works (1981: 29). Arguing that ‘SF, like all other kinds of literature, has been determined by national and topical factors’, Nagl maintains that German works of science fiction have, for a long time, evinced ideologies of National Socialism (1981: 30). As such, the depiction of a ‘mad and isolated system of up-to-date technology and regressive mythicism, interfused with occultism, racist metaphysics, the cult of a dictatorial “führer”, and anti-communism’ are all characteristics specific to German science fiction (Nagl 1981: 31). While these aspects continued to be distinctive of German science fiction published after the Second World War and even up until the end of the 1950s – the political situation of the Cold War nourishing anti-communist ideologies even further – it has to be emphasised that there was a general tendency to move away from ‘the most evident National-Socialist traces’ (Nagl 1981: 31). It is perhaps this development in German science fiction that has allowed authors of dystopian fiction to rediscover and explore the genre afresh.

By detaching dystopian works from National Socialist elements, the genre seemingly loses its connection with the horrors of World War II. This newly acquired freedom has given German authors the possibility to criticise current political and social state of affairs without the underlying sense of guilt and consequent criticism that has usually accompanied German dystopian novels. In conjunction with the preservation of hope that is peculiar to young adult dystopian

fiction, this would explain why the literary world is experiencing a florescence of this genre in comparison to the traditional, 'adult' dystopian fiction. Despite, or maybe because of this trend in young adult dystopian fiction, however, authors of the traditional dystopian genre might be encouraged to imagine new dystopian worlds and thus fill the genre's lacuna caused by the events of World War II. Since this thesis has engaged with contemporary examples of German dystopian fiction, it seems that its ostensible revival concurs with the boom in young adult dystopian fiction, possibly pointing to a more consistent continuation of the genre in the years to come.

Very recently, *The Guardian* has announced that Rose Macaulay's forgotten feminist dystopian novel *What Not* (1918) is going to be republished in March 2019, after it was withdrawn a century ago for a number of possibly slanderous passages (Flood 2018). Inspired by eugenic ideologies, Macaulay imagined an alternative Britain in which citizens are graded according to their intelligence. Intellectually limited individuals are not allowed to reproduce within their category in order to avoid the propagation of unintelligent babies. While the similarities between *What Not* and Aldous Huxley's *Brave New World* are striking, it has yet to be determined whether or not Huxley knew about Macaulay's work. *What Not* is described as an 'unfairly overlooked text' (Flood 2018). The re-emergence of Macaulay's dystopia indicates that there is a need to reappraise neglected dystopian novels. In this respect, it is interesting to see that out of the four understudied dystopian novels by Charlotte Haldane, Zoë Fairbairns, L.P. Hartley, and Angelika Meier, three were written by women.

The renewed interest in the dystopian tradition also emphasises the urgency to explore the medical dimensions of the dystopian novel. *The Handmaid's Tale* has mobilised pro-choice campaigners across the globe, implying that the medical

concerns underpinning the dystopian fiction are not geographically limited, but have the potential to transcend boundaries. Ultimately, as this thesis has aspired to demonstrate, some dystopian novels incorporate complex biomedical and bioethical research material which proves to be valuable for the developing field of the medical humanities and encourages a comparative approach.

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