

# **ORGAN HEIST MEDICAL THRILLERS: A GROTESQUE PERSPECTIVE**

**Ph.D. Thesis**

*by*

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**DISCIPLINE OF ENGLISH  
INDIAN INSTITUTE OF TECHNOLOGY INDORE  
JULY 2019**



**ORGAN HEIST MEDICAL THRILLERS:  
A GROTESQUE PERSPECTIVE**

**A THESIS**

*Submitted in partial fulfillment of the  
requirements for the award of the degree  
of*

**DOCTOR OF PHILOSOPHY**

*by*

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INDIAN INSTITUTE OF TECHNOLOGY INDORE  
JULY 2019**





## INDIAN INSTITUTE OF TECHNOLOGY INDORE

### CANDIDATE'S DECLARATION


I hereby certify that the work which is being presented in the thesis entitled **ORGAN HEIST MEDICAL THRILLERS: A GROTESQUE PERSPECTIVE** in the partial fulfillment of the requirements for the award of the degree of **DOCTOR OF PHILOSOPHY** and submitted in the **DISCIPLINE OF ENGLISH, Indian Institute of Technology Indore**, is an authentic record of my own work carried out during the time period from July 2014 to July 2019 under the supervision of Dr. C Upendra, Associate Professor, Indian Institute of Technology Indore and Dr. Amarjeet Nayak, Reader-F, NISER Bhubaneswar.

The matter presented in this thesis has not been submitted by me for the award of any other degree of this or any other institute.

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This is to certify that the above statement made by the candidate is correct to the best of my/our knowledge.

Signature of Thesis Supervisor #1  
**(Dr. C. UPENDRA)**

  
Signature of Thesis Supervisor #2  
**(Dr. AMARJEET NAYAK)**

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**Jasmine Fernandez** has successfully given her Ph.D. Oral Examination held on .....

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*Dedicated*

*To my  
Family, Lezly*

*&*

*My Students Who made me  
Think of Medical Thrillers  
And my Teachers Who Never Gave up Hope in me.*



## ACKNOWLEDGEMENTS

*This thesis is the culmination of my research spanning five years starting in 2014. I have accumulated more debts than I can repay during this journey. The journey has been tough but I thoroughly enjoyed the work for which I am grateful to the almighty for his blessings. This thesis is ultimately the blessings and wishes of all my teachers who had pushed me to work hard at every stage of my life. I am grateful to Prof. Suja Kurup, Dr. Radhika Menon and Dr. Sophia Hyacinth for changing the course of my life. Thank you for all the effort you had put in to bring me to literature.*

*I must express my heartfelt gratitude to mom and dad though no words of thanks are enough for the tremendous amount of effort and sacrifices they have made to ensure that I am able to complete my thesis. Thank you dad for reading my work and for being my first critic. For standing by me steadfastly during the darkest hours and lowest nadirs which I have had to cross during the course of my doctoral research, I am indebted to my whole family. Adway, thank you for being there for me, providing me the affection and emotional support that I needed. I cannot forget my siblings, Lovely and Franky for all the sacrifices, encouragement and moral support all along. From Ma and Baba, I found more parental love, care and support, for which I must thank them heartily.*

*I offer my warm thank you to my thesis advisors, C. Upendra and Amarjeet Nayak, for relentlessly encouraging me to keep improving my work and pushing my limits. Without their encouragement, it would have been very difficult for me to take the thesis to its final form. Thank you for trusting me all the way long. I thank my advisors for sharing the enthusiasm, and the motivation for this thesis. I thank all the PSPC committee members in IIT Indore for their support towards my thesis. I would also like to thank Joe Varghese and Neeraj for taking out their time to provide me valuable inputs to improve my thesis.*

*I thank Indian Institute of Technology Indore and MHRD for the fellowship and all the facilities granted to me during the period. I thank Amarjeet Nayak, the institute and Harvard Medical School for the travel grants that went a long way to broaden my horizon. I am grateful to all the scholars whom I met through various forums. I am especially indebted to Prof. Semler and Dr. Wickerson for sharing the enthusiasm for this thesis when I was at dead-end and also for sharing various materials required for my thesis and also the useful and timely comments and suggestions. I also cannot forget Prof. Gabbert for some very useful comments on one of the chapters despite my tight deadlines. Prof. Bell, Prof. Edwards, Prof. Chao, Dr. Christine and Dr. Jhilam: Thank you for answering my queries at various stages of this project.*

*One of the most important aspects of student life is friendship, and I was lucky to have plenty of it. I must specially thank Juhee, Vignesh, Vivek, Neha di, Manu, Surabhi, Prateek, Chinky, Sourabh, for all the help and thoughtful advice which helped me negotiate various tricky situations and for helping me unwind and stay cheerful. I was also lucky to cherish friendships of Anupam, Hareesh chetan, Bijay, Surabhi di, Sunil chetan, Ajay, Sagarika di for giving me company during this research. Sagarika di, Alyssa Botelho, Andy Tang and Surabhi di have helped me build my confidence through informal and friendly discussions. Thank you for being there. Apart from them, various other scholars who I have met in the institute and outside have sparked thoughts for which I am thankful. I cannot forget all the non-teaching staff who made my stay at Indore a pleasant one. Though I cannot mention all of them here, I would like to specially express my gratitude towards Brajesh bhaiyya and family, Murphy Bhaiyya and family, and Rajesh sir and family. Finally, I must thank all the faculty, administrative and technical staff from IIT Indore and NISER Bhubaneswar for providing me adequate facilities needed for my doctoral research.*



# SYNOPSIS

## 1.1 Introduction

John Ruskin, in his book *The Stones of Venice* claims that the genius of a work depends on its quality of being “grotesque” or in the “incapability of understanding it” (158). Perceived in this light, this study unravels the complexity and significance of the organ heist medical thrillers, a category within bestsellers. Grotesque studies of medical thrillers recognize that medicine is not a monolithic entity and it can contain both negative and positive aspects of medical institutions and professionals. A study of organ heist medical thrillers contributes to the existing literature by giving a fuller understanding of our contemporary society, medical institutions, and medical professionals in different contexts. Falling under the umbrella category of popular fiction, genre fictions are mostly considered literature ‘of the people and for the people.’

Organ heist medical thrillers are just a single subgenre among the many permutations of the thriller genre. ‘Organ heist medical thriller’ is not a term in vogue, but one identified and used throughout this thesis on the grounds of the running theme of organ theft. It has been synthesized by borrowing from ‘organ heist’ (a term used by Brunvand) urban legends and combining it with the medical thriller genre. To understand the usage better, Martin Rubin’s definition in the introduction to his debut work *Thrillers* (1999) is useful. He writes that thriller is a hybrid concept, one which is at once quantitative and qualitative. Although Rubin does not write about medical thrillers in particular, his broad definition of thriller explains well the qualities of the genre. According to Martin Rubin:

[T]he thriller often involves an excess of certain qualities and feelings beyond the necessity of the narrative: too much atmosphere, action, suspense— too much, that is, in terms of what is strictly necessary to tell the story [...] The thriller works primarily to evoke such feelings as suspense, fright, mystery, exhilaration, excitement, speed, movement [...] it emphasizes visceral gut-level feelings, such as tragedy, pathos, pity, love, nostalgia. (5)

Organ heist medical thrillers have all these features; their one unique additional characteristic lies in the usage of medicine as a specialization. One of the commendable features of the genre is its high readership; it can be said that their near-universal appeal underscores the readership.

## 1.2 On the Grotesque

The primary difficulty in defining the grotesque is attested to by most literary scholars. The word grotesque originates from the Italian word “la grottesco” or “grotto,” meaning cave. From the beginning, the word was associated with the mural paintings found in the underground vaults or chambers in the excavations of the baths of Titus and Nero’s House of Gold. These murals were of a special style and exhibited artistic virtuosity and playfulness in combining several unthinkable ontological and biological categories. They exhibited “hybridity” flowers and leaves combined with human heads in ridiculous fashion, leaving the reader to respond ambiguously. This concept of hybridity that arouses confusion in the reader is the earliest characteristic feature of grotesque.

From this earliest association with the ‘grotto,’ most studies of the grotesque note that the modern grotesque is truly an expression of defying norms or transgression of rules, always in a tendency to rupture boundaries or under the tension of collapsing boundaries. This feature of the grotesque is the underlying idea used to tie up all the three core chapters of this thesis.

Grotesque existed quite early as part of other genres; it is chiefly used as a mode of expression, or style of writing, and finally, as a genre in itself. Wolfgang Kayser’s *Grotesque in Art and Literature* (1953) is one of the earliest comprehensive studies of the grotesque, writes Steig (253). Kayser notes that the most fundamental attribute is the power of grotesque in evoking in the audience “estrangement” from man (181).

Mikhail Bakhtin in *Rabelais and His World* (1965) explores the extremely opposite aspects of the grotesque in the physicality of the body which he terms “grotesque realism.” He coins the term “carnavalesque” deriving from the carnival celebrations in medieval Europe where free expression of the lower stratum of the body and all sorts of social proprieties and official culture were turned upside down in order to let off repressed desires of the common people. For him, the grotesque is found in exaggerated comedy, the other side of terror as noted by Kayser.

Arthur Clayborough in *The Grotesque in English Literature* (1965), notes that unless one is prepared to accept the idea that grotesqueness is objectively real, and that the grotesque action is a simple reflection of actual phenomena [...] there is no practical alternative to the attempt to find a psychological explanation of grotesque art

(10). John Ruskin notes the psychological aspect of the grotesque. He writes that the grotesque comprises the “ludicrous” and the “fearful” elements combined in some way (151).

Lee Byron Jennings, further developing Ruskin’s contribution, derives the disarming mechanism of both the elements—fear and laughter—depending on the context (Jennings 16). Thomas Cramer develops Jennings’s theory and writes that “the grotesque is the feeling of anxiety aroused by means of the comic pushed to an extreme (26).” But Michael Steig writes the most comprehensive definition of the psychological aspect of grotesque in the following words: “the grotesque is the defeat by means of the comic, of anxiety in the face of the inexplicable” (quoted in Steig 256).

However, the grotesque in American popular culture is a crowded field with its presence felt almost everywhere. It occurs in the most common form as loose idiomatic mentions which made Flannery O’Connor express that the present problem for a serious writer of the grotesque is one of finding what is not grotesque in American popular culture (Goodwin 18). Connor suggests that the grotesque has penetrated American mass culture and life, such that it could not be separated anymore from it. Grotesque in American culture exists as a deep philosophical concept, as a genre, and as a mode in a large number of contexts like talk shows, newspaper articles, art, fashion, commercials, and even in films and literature.

That said, the grotesque in literature was almost absent in American literature until its first appearance in James Ralph’s Romantic-era play *The Fashionable Lady or Harlequin’s Opera* (1730) in the form of a character called Whim. Whim, as the name suggests, is a clear example of a comedy of manners exhibited by the character as part of his nature which is quite skewed. In Europe, grotesque in literature is found in Montaigne’s essay “Of Friendship” (1580). Montaigne uses the grotesque to imitate the art of a painter he had come across. Montaigne was inspired by the novelty of combining the fantastic with the real as it evoked the contradictory reactions of awe and fear at once. Therefore, in his essays, he applies the same alluring style. Because of the effect of intense emotions some natural places that resemble the grotto may induce upon the reader, the grotesque has been used to describe them. An example of this is the narrator in the poem *Il Penseroso* published in 1790 by Francis Hopkins.

It was indeed this deployment in the sense of “grotto” that later appeared in the gothic world in the eighteenth century. Grotesque moved on to be a part of the

psychology of characters portrayed as capable of extremes in action and social interaction. The earliest example of this can be found in Charles Brockden Brown's novel *Ormond; or, The Secret Witness* (1799). The grotesquery of the character called Ormond, a wealthy landlord, is in his use of disguise as a strategy — as a “negro” and a chimney sweep. In the nineteenth century, however, the grotesque undergoes a lot of changes. It is invoked in “strange, misshapen or intimidating forms” which reflect anxiety over unknown elements (Goodwin 18). The elements themselves ranged from “unknown nature, mysterious strangers, masquerade disguises and political spies” (18). Some of the writers who use grotesque in the nineteenth century are James Fenimore Cooper, Washington Irving, Henry Wadsworth Longfellow, and Edgar Allan Poe. It is this psychological application of grotesque which is quite common, and survives to this day in American literature in more complex formulations of characters as both horror and anxiety-inspiring as in *Edward Scissorhands*, the werewolves or the various versions of Frankenstein's monsters that abound in literature.

### **1.3 Research Questions and Objectives**

A pertinent question that arises in a serious study of the genre is the conflict between high readership statistics determined by its bestseller classification and the amount of disapproval expressed by different scholars in a variety of situations and contexts. Catherine Belling, for instance, dismisses the genre as “low literature” or “downright pulpy” (444). David Glover in a chapter “Thrillers” in Martin Priestman's *Cambridge Companion to Crime Fiction* (2003) confesses that he reads the thriller genre (not specifically medical thriller) only out of “guilty sense” (135). The immediate question that comes to mind is, why do medical thrillers sell in large numbers? What are the characteristic features that fascinate readers of this genre? What are the features that lead scholars to dismiss the genre in different ways long after the debate between the classic and the popular literature is over?

### **1.4 Methodology and Discussion**

The study offers a detailed analysis of three organ heist medical thrillers, through a careful selection and discussion of thematically connected texts, all written by physician-authors. This study gives an account of the use and functions of various grotesque strategies in the organ heist medical thrillers which bring about ambiguous or mixed visceral and emotional responses in the readers through close reading and

analyzing the meanings of the texts, keeping grotesque as a critical framework. This approach is taken to explore some key issues—the nonconformity of the genre with any particular category of fiction (hybridity), techniques that involve the reader’s imagination to perceive the issues through narrative (depth perception), the agency of the hospital in the narrative, the problematic role of the doctor figure in the organ transplant process, the identity crisis of both the doctor and the patient post-transplant, and the representation of the idea of shifting hospital space (heterotopia) and its potential (carnival celebration) in the fiction.

## **1.5 Background of the Study and Research Gap**

This thesis attempts to answer the important questions posited in the above section and points out several other features that need attention when considered through the grotesque lens. Most scholarship on medical thrillers is from English for Specific Purposes (ESP) studies. These studies explore how these *Fiction a Substrat Professionnel* (FASP) fictions, which translate as “Fictions with Professional Background” in English, are useful tools to teach English as a second language to non-native medical students. “Medical Thrillers: Doctored Fictions for Future Doctors?” (2014) by Jean Charpy is a case in point. A survey of the databases, MLA and JSTOR shows very few articles on medical thrillers. “Terminal Men: Biotechnological Experimentation and Reshaping of the Human in Medical Thrillers” (Nicolas Perthes, 2005), “Risk Communication and Paranoid Hermeneutics: Towards a Distinction between Medical Thrillers and Mind-Control Thrillers in Narrations of Biocontrol” (Torsten Hahn, 2005), “The Living Dead: Fiction Horror and Bioethics” (Catherine Belling, 2010) and other such studies which discuss medical thrillers are very few. Also, scholars who discuss various aspects of the genre usually come out with a dismissive approach.

While discussing the medical thriller genre from a grotesque lens, this study does not claim to be expansive. It focuses only on select books from the subcategory ‘organ heist medical thrillers.’ By limiting only to select organ heist medical thrillers, this study helps to narrow down and justify a thorough close reading and meaning interpretation of the texts selected.

One of the primary claims of the study is that organ heist medical thrillers are grotesque. This study argues that the texts are grotesque and have a significance that needs to be unearthed. As Connelly writes, the function of grotesque is to engage in the

world, always pushing against boundaries and raising questions, and because it speaks for those experiences that fall outside the norm (ix), this lens is the most appropriate one. For this purpose, the study locates the grotesque in the non-alignment of these books with any one particular category of fiction. Because of this property, the study suggests that medical thrillers can be looked upon as defying categories which is a feature of the grotesque. This connection can be found in the origin of the word ‘grotto’ in the underground passages of Nero’s Golden Palace.

Through a case study of *Coma: A Novel*, we suggest that the genre can be called a “hybrid” genre — one which fuses several genre characteristics. One of the reasons pointed out in this direction is that the genre is an evolving one or one which is continuously mutating. At this point, Tzvetan Todorov’s elucidation about the evolution of genre categories in the essay “Typology of Detective Fiction” (1977) is useful. Todorov notes that the idea of genre itself comes with the acknowledgment that something new is added or some changes in style are used in the fictions. This could be applicable to medical thrillers as well. However, until now, even though the genre is evolving, its major feature of using medical mystery remains the same. Variations are found only in how the plot and characters are developed and experimented on by different writers but the themes and the structure keep these works under a single genre.

Another feature of the grotesque found in medical thrillers is its affective quality. This aspect of the “visceral” and the “psychological” disturbance that these fictions have upon the readers is analyzed in the first chapter. This reaction can be spotted in the use of “sensational” and themes inducing “horror”. In other words, these fictions draw on the idea of the body as a commodified form—which results in disturbance and anxiety as the narrative draws on the imagery of distortion, dismemberment, transferability, and reparability of body parts to another patient at competitive prices. In 2018, Larissa Heinrich notes in *Chinese Surplus: Biopolitical Aesthetics and the Medically Commodified Body* (2018) that the commodity “value” of the medical body has become explicitly literal (Chapter 1 para 1).

These stories, in short, speak about the exercise of power upon which violence and domination in medicine is carried out while metaphorically pointing at the culture of the times. It is useful to remember that even though realist fiction is mimetic, it does not mirror society; rather, it shows the hidden values of the society. Susan Stewart observes in *On Longing: Narratives of Miniature, Gigantic, the Souvenir, the*

*Collection* (1984) that “realist genres do not mirror everyday life; they mirror its hierarchization of information. They are mimetic of values, not of the material world, [...] form can be as effective as content in conveying a sense of the ‘realistic,’ and by extension that even something as promiscuously ‘universal’ as the human body may be subject to distortion or variation according to values of the cultures in which it is produced, immersed and represented, as well as the audience who witness it” (26).

The difficulty in classifying these novels because of their hybrid features along with the reader-response towards the theme, narrative style, and content can be attributed to the grotesque aesthetic. Or to put it differently, the genre has tendencies/features of the grotesque. The commercial nature of these books is another reason for many scholars to dismiss the genre. There is general agreement among various scholars that bestsellers are pure entertainment fiction, with no literary quality or content, notes Sutherland in *Bestsellers: Popular Fiction of the 1970’s* (Introduction para 11). Perceived in this way, these books could reveal the values and mindset of the reading community.

Through an analysis of the texts, this study analyzes the commercial aspects/bestseller qualities that reveal the qualities of its readership and interest. One of the chief reasons identified is that the books use explicit imagery of bodies—bodies defying social proprieties, in their naked form, distorted and later re-arranged, which defies conventional thinking of bodies, social proprieties, and culture. In other words, the body as transactionable and a re-usable spare part is what in large part defines the organ heist medical thriller. The deviant minds of the criminal doctor and the transformed patient are other aspects that draw readers’ attention. Robin Olivera, in “The Inherent Mystery of Medical Thrillers” (2018), indicates that the appeal of medical thrillers is dependent on the narrative tool—“mystery of medicine” in interesting and complex ways. She notes that the writers achieve this by developing the plot and characters in such a way that it brings about thrill in the form of sensation, shock and surprise. John Collee, in “Medical Fictions” (1999) writes, “[i]t is no accident that these stories are often obscure or ambiguous [...] the story doesn’t engage us emotionally, and without emotional engagement the story is unmemorable” (955-56).

Based on these observations, this study postulates that the works are founded on transgression of “the body” in its disturbing form, a feature that raises a simultaneously visceral and psychological disturbance. This thesis takes recourse in the grotesque lens

because these books employ ideas related to rupturing of boundaries both in terms of structure and content or theme in the texts, and seem to be “arguably satisfying and profound”(955), as Collee notes.

The grotesque perspective helps to clarify several misconceptions that have accumulated over the years about the genre. The study argues that most of these misconceptions are based on its “affective” definitions, a term Monroe Beardsley uses in connection with the grotesque (quoted in Steig 253). While it should be acknowledged that the genre is embedded in affective qualities, these are only some of the features that make these books grotesque. A grotesque perspective unravels the significance of the genre in a different light and indicates how we still hold on to old classical notions of bodies and boundaries. But, when it comes to serious discussions of literature, we are fully aware and know that the same dismembered bodies are shown in exhibitions like “Body Worlds” or as a commodified body part in a shop next to a food stall or a jewelry shop in the city. While we can say that exhibitions are primarily for educational purposes, it is questionable what logic goes into accepting the commodified bodies in common sites or what it tells about our contemporary culture (Heinrich chapter 1 para1).

A reading of organ heist medical thrillers with the grotesque in mind will reveal that the major themes, vision, structures, and characters are in some sort of play with the idea of boundaries of physical bodies and biological bodies, boundaries of genre and narrative, and finally boundaries of spaces. This perspective enables the reader to see through the relationship between various strategies of grotesque in order to understand the complex meaning signification of imageries developed by the graphic narrative, concepts and sometimes even ideologies invoked by the genre.

This thesis does not get into the literary debate between low literature and high literature. Rather, the study shows how in grappling with the grotesque, in terms of structure, content and reader response, a hidden reality of the society opens before us and pricks at our consciousness. Grotesque has been employed in the narrative strategies, perception, and uses of grotesque as a different reality of the world opens before us. In other words, organ heist medical thrillers use the grotesque mainly as a social and political aesthetic to reveal the current manifestations of biopolitics, power, and domination.

The narrative strategy consists of mainly picturesque descriptions that carve out images that are in ‘play’. One of the ways the graphic narratives of these books work is by drawing on contrasts which result in rupture of boundaries that disturb the readers. The two important ways in which contrasts have been used are in the trope of double, i.e., doctor doubles and the liminal patient, and the hospital’s depiction as both a safe haven and butcher shop. The perception of the medical world is upturned against the normal medical world and the celebration of a carnival of organ theft is conducted as opposed to the official medical world that controls organ theft. The saviour and murderer image brings out a reaction that is uncompromising.

Terror mixes with shock from the non-believability that a doctor can be a killer and the anxiety of encountering a killer type in the hospital resulting in a non-resolvability of the emotions. The trope of the upturned medical world evokes anxiety and horror in the reader. Its impact lies in the constant contrast evoked in comparison with the ideal medical world which saves people from their illness. The other ways grotesque has been used are through motifs and issues, which also work to produce an image in the mind of the reader. Examples of some of the motifs are nonperson, brain-dead, the body as spare parts, the idea of truth and organ theft. Examples of some issues dealt within medical thrillers are the position of various categories like women, orphans, and comatose patients, euthanasia, body commodification, unethical donation, prisoner and orphan donation, etc. in the society. The grotesque in medical thrillers, in short, works in terms of contrasts created as a self-reflexive tool. All these tropes, motifs, and issues addressed, play with the reader’s perception of the fictional world and produce a visceral impact that readers experience, expressed as ‘tongue in cheek’, ‘edge of their seats’, etc.

This thesis argues that while readers “gobble up these books” (Glover 135), scholars dismiss the genre as “flawed” (Charpy 423), “shocking” (Stookey 3), “misrepresentation”, “sensational” (Belling 444), “encouraging harmful behaviour” (Manfredini 1132) and “horror” (Belling 447) fiction. This happens because these scholars rely on the impact of the novels which in turn is dependent on the narrative strategies which are grotesque. Therefore, these readings miss the significance of the texts as social and political aesthetic that show a reflection of the society in which the genre was born. The grotesque perspective enables a “partial vision” (Connelly 160, Ruskin 130) which helps to show the “unseen and unsaid of culture” hidden behind

gaps in ‘official culture’ (121), notes Zivkovic in “The Double as the Unseen and Unsaid of Culture: Toward a Definition of Doppelganger.”

A select number of texts which are chosen for the study are Robin Cook’s *Coma* (1977), Tess Gerritsen’s *Harvest* (1996), and Myles Edwin Lee’s *The Donation* (2009). The rationale for choosing these books is based on their genre, the broad theme of ‘organ heist’, and all of them being bestsellers. Another criterion used for classification of the fictions is its authorship — all three books are written by physician-authors. *Coma* is often considered to be the one that started off the medical genre, even though Michel Crichton had written *The Terminal Man* (1972) before it. It was *Coma* that established medical thriller as a genre and inspired other writers to follow in line. *Harvest*, written after nineteen years of the publication of *Coma*, follows *Coma* in style with the addition of a police officer as a help to the sleuth. *The Donation*, written thirteen years after *Harvest*, is another significant addition to the genre. Also, there is yet another unifying thread—each of the three writers chosen, has responded to a certain event or incident in history, in their novels.

This thesis shows that the grotesque can be one way to argue for the significance of the genre that imparts valuable insights about historical, social, and political perceptions in current culture. It further argues that the grotesque is the most appropriate medium through which these different aspects can be captured as it magnifies the cracks or in the least gives ‘skewed’, ‘oblique’ and ‘partial’ vision (terms used by Connelly 160) about social realities otherwise simply ignored or taken for granted. Though these novels are not mimetic, they all respond to contemporary practices of body commodification literal or in an allegorical manner. Unlike other types of body commodification, organ harvest and theft involve crime, the murder of a certain class of people and hence are sensational and horrifying. The study shows the significance of the genre by delineating various features that have a profound impact on the emotions of readers through the techniques of grotesque.

## **1.6 Chapters Scheme**

This thesis is arranged into three core chapters with an introduction and a conclusion. The three core chapters give an idea about the various strategies of grotesque as employed by each of the physician-authors and enable to show the significance of the genre through different aspects of grotesque—primarily, narrative strategies and tropes.

**Chapter 2, “Crossing the boundaries of genre and narrative: Hybridity, Depth perception and Grotesque double-effect in *Coma: a Novel*,”** explores the complexity of medical thrillers by looking at the ways in which medical thrillers cross the boundaries of genre and narrative, by taking Robin Cook’s *Coma: A Novel* as a case study. First, this is done by examining the structure or form of the text by analyzing various features of other genres, solidifying the genre as a complex hybrid genre, an aspect that is tied to grotesque aesthetics. The study then moves on to analyze the content in the narrative as “graphic” (Belling 2009, 155) and “visceral” (Belling 440) by showing how the reader might respond to various aspects, issues, and ideas in the text using the concepts of the “double-effect” (Jennings 10) and “depth perception” (Belling 239-240). The study thus argues for the affective qualities of *Coma* from a grotesque lens. The mechanics of the narrative discussed in this chapter explore the content and theme of medical thrillers such as body commodification, ethics, neoliberal capitalism and eugenics which are explored in more detail in the subsequent chapters. These themes and issues, expressed through visualization, arouse the above-mentioned emotions and responses, effectively.

**Chapter 3, “Transgressing Identities: Troubled Identities of Doctors and Patients in *The Donation*,”** primarily focuses on the depiction of doctors and patients in terms of troubling identities. Doctors and patients are portrayed in these novels as crossing the boundaries of identity. For instance, the doctors are projected as healers, ‘the saviours’, and also as perpetrators of crimes, ‘the murderers’, as well as ‘saviours-murderers’ at the same time, indicating a tension of identity. Thus, their identity keeps on changing from one to the other, depending on the situations. Such a pair existing in the tensions of identity is what we call ‘grotesque double’ (a term used by Gwyneth Peake). In a similar pattern, patients are also represented in two ways in *The Donation*. First, when they come to the hospital and get admitted, they have an identity – the original identity, but soon after they undergo transplant surgery, they transform into a different person—the identity of the donor. This identity of patients is what we call as ‘liminal’ (a term used by Victor Turner) and ‘abject’ (a term used by Julia Kristeva). This happens because the donor organ seems to take over the patient’s identity and changes them into a different person. The patients in such a situation are victims of identity theft and come to possess an in-between or ambiguous identity. This study explores the representations of ‘grotesque doubles’ of doctors and the ‘abject-liminal’ of the patients.

**Chapter 4, “Blurring Spatial Boundaries: Organ Heist Carnavalesque and Medical Heterotopia in *Harvest*,”** explores the blurring spatial boundaries that have given rise to a heterotopic medical world—a constantly shifting heterogeneous place which in turn uses this space to celebrate organ heist. This chapter consists of two sections. Section 1 explores the organ heist carnivalesque, both the positive Bakhtinian type carnivalesque and the negative dark carnivalesque. Section 2 explores medical heterotopia. This section analyses how Tess Gerritsen develops the potential of the hospital space within the contemporary debates of organ trafficking where this space becomes the site for contestation of social order and malpractice. This chapter shows how the space within the hospital is a site of contestation of social order—the order of the medical world imposed by the doctors upon the patients in *Harvest*.

For this, the entire narrative is cut through a carnival celebration of organ heist. The study surmises that Gerritsen’s use of hospital space is heterotopia—“real places” unlike the “unreal places” like utopia (Foucault 24) and is used to reflect the unseen and unsaid of culture shadowed by social proprieties of official culture. Unlike a site of resistance, this heterotopic site is useful in bearing witness to the violence perpetrated upon various sections of the society under the cover of organ donation. This site is also a festival space: ‘other space.’ Saldanha explains that heterotopias are located in real, physical, space-time, and serve to temporarily introduce different ways of ordering society and space into particular places at particular times (quoted in Wilks and Quinn 24). These festival spaces then provide for a knowledge that is mostly hidden. Similarly, the carnival celebration in this space works to mock at the absurdity project of transplant medicine.

## **1.7 Conclusion**

This thesis contributes to the interdisciplinary field of Medical Humanities and Popular fiction studies, namely, gothic and grotesque literature. Though the alternative shadow perspective represented by organ heist medical thrillers would not be easily accepted by many physician scholars, it contributes toward understanding the role of power and domination in medical institutions.

The field of illness narratives has helped to empathize with patients and their disease condition from a patient-centric view. Similarly, the shadow world depicted in organ heist medical thrillers which has hope for a positive future through the intervention of a doctor figure, seeks to give alternative perspectives. These novels

bring a perspective about medical institutions and professionals which are deviants. This does not mean that grotesque studies are negative literature; rather they are mirrors with cracks that are able to show multiple reflections of the society from varied angles. The dominant power of the medical institution as showed in the second chapter is useful to understand where there is a need to put an end to the power over the patient. The third chapter, with its use of the theory of grotesque doubles, helps to show the different dimensions of institutions and professionals the doctor as saviour, murderer, and saviour-murderer, all co- existing together. Similarly, the patient as liminal and abject at the same time after the transplant, shows the different identities that form, depending on the contexts. These identity alterations indicate the agency of medicine as an institution that changes the course of people's lives. The fourth chapter on spatial boundaries shows how the medical space can exist as 'different spaces' or 'other spaces' at the same time. Using the concepts of heterotopia and carnivalesque, this space becomes a festival space of transgressive pleasures and desires, suggesting that the organ transplant project of medicine in fiction is an absurd project of death and birth, simultaneously. The thesis concludes that the organ heist thrillers from the grotesque lens are able to show the multiple aspects of society that are hidden and mostly dismissed.

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### **Publications from PhD thesis work**

- 1.) Fernandez, Jasmine and Amarjeet Nayak. “‘Structure, Image and Ideas at play’: A re-visitation into the select Medical thrillers from a Grotesque lens” in Vol3, Issue 5 *JOSHA Journal of Science, Humanities and Arts*, Freiburg, Germany. DOI: 10.17160/josha.3.5.234. Indexed in OJS, Ulrich and World Cat – OCLC.
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- 4.) Fernandez, Jasmine, Upendra, C., and Amarjeet Nayak. “From Word to Image: Crossing the Boundaries of Genre and Narrative in *Coma: a novel*”, *Brolly: Journal of Social Sciences*, London Publishers, UK. (Accepted) Indexed in British National Bibliography, Bodleian Libraries - University of Oxford, Cambridge University Library, COPAC, BASE (Universität Bielefeld), World Cat, Index Copernicus, SIS (Scientific Indexing Service), J-Gate.

### **Papers presented at National / International Conferences:**

- 1) Fernandez, Jasmine Upendra, C and Amarjeet Nayak. "Doctors in organ heist thrillers: Representations of medical-encounter in *The Donation*, *The Organ Harvesters: A dystopian medical thriller*, and *The Dismantling: A novel* " at the Conference for Physician-Scholars in the Social Sciences and Humanities at Harvard Medical School, Boston, MA from April 29- 30, 2017.
- 2) Fernandez, Jasmine and Amarjeet Nayak. “The role of carnivalesque in Brian De Leeuw’s medical thriller *The Dismantling: a novel*” at the International Conference on Language and Literature and Culture at Pune University, February 3-5, 2017.



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# CHAPTER 1

## INTRODUCTION

### 1.1 Overview

The pervasiveness of the grotesque in American mass-culture and life is recognized by a wide swath of writers and scholars. This observation can be noted in Flannery O'Connor's work *Mysteries and Manners: Occasional Prose* where she writes that the problem is "one of finding something that is not grotesque" (33) in American culture. Connor's criticism was on the application of the grotesque in mass-culture, and its subsequent use in a diluted form. Most often, the term is used in the sense of bizarre or perverse qualities in a general way, even though its origins and cultural tradition indicate otherwise. Moreover, there is another problem with the grotesque. The presence of grotesque is often unrecognized or unnoticed. John Ruskin in *The Stones of Venice*, identifying this problem writes:

I believe that there is no test of greatness in periods, nations or men more sure than the development, among them or in them, of a noble grotesque, and no test of comparative smallness or limitation, of one kind or another, more sure than the absence of grotesque invention, or incapability of understanding it. (158)

For Ruskin, then, the ingenuity of a work depends on the quality of being "grotesque" or in the "incapability of understanding it" (158). Perceived in this light, this study will unravel the complexity and significance of the organ heist medical thrillers, a category within bestsellers. Grotesque studies of medical thrillers recognize that medicine is not a monolithic entity and it can contain both negative and positive aspects of medical institutions and professionals. A study of organ heist medical thrillers from this perspective of grotesque gives a unique understanding of our contemporary society, medical institutions and professionals. A grotesque perspective is one which can be easily understood from the example of a viewpoint provided by a cracked or tattered mirror. If we look into a cracked mirror, we will visualize our face but with some reservations. Some aspects of our face may be perceivable in an exaggerated or skewed manner, while others may be distorted or different from the normal, giving a different view of our face. This vision is "oblique," "skewed" and sometimes even "partial" (Connelly 160) and gives the impression of the grotesque.

A literature review on organ heist medical thrillers suggests that these novels have generally been dismissed by scholars; therefore, a focus from the grotesque lens is necessary for this study. These novels are primarily identified negatively, without any effort towards a deeper understanding of the significations and meanings of these books. This problem stems from their classification under the genre ‘thriller.’ Thriller is an imprecise concept widely applied and difficult to pin down primarily because the term lies in between a concept and a descriptive quality. The American mass-circulation magazine *TV Guide* used thriller arbitrarily for movies as one of the categories in its weekly listings supporting this highly problematic definition. Moreover, the range of stories that have been labelled ‘thrillers’ are simply too broad: from espionage, detective, horror, police-procedural, psychological, medical and so on, notes Martin Rubin. Hence, Rubin derives the definition of thriller as a “meta genre” (4). Meta genre is one that “gathers several other genres under its umbrella—as a band in the spectrum that colours each of those particular genres” (4). “Meta genre” (unhyphenated) as first coined and used by Ruth Hirtz (1994) refers to “a kind of experimental, knowledge-building writing which contains many other kinds of writing” (194).

Seen in this light, organ heist medical thriller is a subgenre of medical thrillers. Therefore, the major settings and plot within or around a medical establishment remain same as that of medical thriller but the difference is in the focus on the theme of organ heists or organ theft. Commercially, medical thrillers are often categorized as crime fiction, suspense thrillers, dystopian fiction or futuristic fiction, horror fiction, mystery and bio/techno thrillers as though each of these categories are interchangeable. Also, medical thriller itself is a vast genre with multiple themes like cloning, apocalypse, epidemics, pandemics, bioterrorism and genetic engineering to mention a few, which requires an entire study of its own since the variety and number of books published on each theme are quite high. It is important to categorize these texts as organ heist medical thrillers for a better organization and clearer understanding.

Moreover, we can notice that organ heist medical thriller has some association with organ theft urban legends. *Coma* as noted by Robin Cook, was inspired by newspaper advertisements regarding kidney sale. Tess Gerritsen explained that *Harvest* was inspired by an incident where orphan children were trafficked for organs as narrated by a police-officer in her website. Although there is no information about Myles Edwin Lee’s *The Donation*, one can easily trace its idea in the several

controversial cases of prisoner donation around 2000s. Gail de Vos (1999) and Brunvand (2006) have both used the term “heist” for these organ theft narratives. They are interested in “kidney heist” legends circulated around the world in different varieties as oral narratives. Similarly, Veronique Vincent-Campion specializes in organ theft urban legends. She explores the different varieties of urban legends under various schemes like “Baby Parts” story, stolen kidney, *sacaajos* (eye robbers) stories and explains that these narratives are linked to a growing awareness of the existence of a global traffic in human beings.

At this point it is important to note that the category ‘organ heist medical thriller’ is not an official one, but appropriated in this study from organ heists urban legends and combined with thriller genre. The term ‘organ heist’ implies the use of organ theft theme that underlies this thriller genre. The study presumes that the theme of organ heist medical thriller has evolved from organ theft urban legends and sensational journalism in context with the anxiety of organ transplant and availability of immunosuppressants (Campion-Vincent 33), global legal organ trade (194), and international adoption of children (34). The scaling of occurrences on a commercial level and involvement of medical practitioners and/or medical institutions is an attempt of this strand of medical thriller genre to grasp the instability of modern transplant/harvest procedure before establishing itself as a life-extension technique.

Though this type of representation has been present in urban legends for a long time, the genre like urban legends has often been looked upon by various scholars and physicians alike as cliché—imparting rumor, wrong impressions of medicine and unwanted anxiety. Another interesting feature that the two genres share is their use of graphic narrative<sup>1</sup>. Therefore, scholars relegate these fictions as sensational and low literature, but one of the commendable features of the genre is the high readership. A study of organ heist medical thrillers from a grotesque lens contributes to the existing few literature on medical thrillers in general. It gives a fresh perspective of contemporary society, medical institutions, and medical professionals in different contexts from a dichotomous perspective, reflecting the lack and the presence simultaneously.

However, on a closer examination, one finds that the various ideas represented in the fictions as drawn in a flux. For example, the hospital is represented as a butcher’s

shop and safe haven, the doctor as saviour and murderer, the medical carnivalesque in the transplant procedure as both joyful and sad, the grotesque spectacularization of bodies in the morgue or operating theatres and patients who are restored to health, etc. These contrasts or poles of representations often merge with each other and inflect the other. These representations illuminate the horrific by projecting the disturbing double sidedness. Using these fictions as the site of concealment and revelation, confusion and confidence, horror and laughter, the interpretation helps to uncover and study biopolitics operating in the organ transplant scenario in a different light.

The purpose of this study is to investigate one of the most vivid phenomena of American popular culture, the organ heist medical thriller, using a grotesque lens. In contrast to other popular American genres, like detective fictions, TV thrillers and drama, organ heist medical thriller has been subjected to scant serious analysis because of the complexity they involve, or the incapability to understand the grotesque in it. Although, there have been a few studies on some of the books chosen for this study, they are primarily geared towards critiquing the problematic bioethical standpoint these texts represent. Catherine Belling is stringently critical of the genre and its alternative representations. She has raised several questions regarding the blurring or collapsing boundaries of fiction and reality as typecast, reflected and mirrored in the novels, by taking *Coma* as a case in point. She notes the affective qualities of the fiction upon the readers. Belling shows, how in generating ambiguous reactions of fear, shock and anxiety, these books have added to misconceptions of medicine and medical professionals. Her conclusion is that these are misleading novels masquerading as cautionary tales. While her argument on the impact of these books cannot entirely be dismissed, it is important to note that these books have a profound impact on the reader which varies from one to the other. Although her observations about the impact is true, she misses out the response of “relief” at the end of the novel *Coma*, that emerges from the resolution of conflicts within the novel. The readers’ addiction to these books indicates a satisfaction which can be pinned down to the return of order after the disorder through a roller-coaster ride of emotions which are often contradictory. Basing this study on the narrative strategies and other aspects of the novels that raise visceral and psychological emotions in the reader, the mechanics of the narrative is explored. It indicates the presence of the grotesque.

The study signifies that although the genre has generated a few reverberations (in terms of mixed/ambiguous emotions), the negative reactions do not foster till the end of the novels. In other words, a resolution of the conflict within the novel is achieved, which means the reader will return to his real world with a sense of satisfaction that the bad people are punished which is not always possible in reality. In this manner, the novel becomes fascinating. Although some impact on readers for the brief reading period is present, readership statistics has shown an increase over a period of time. Also, we notice that people still believe in the medical profession as a noble one, in spite of the fictional representations. This indicates a need to revisit these novels from a different angle which would highlight the significance of the genre and thus enlighten us about its attractive features. With these aspects in mind, it is important to examine organ heist medical thrillers from the dichotomous lens of the grotesque.

## **1.2 On the Grotesque: A Review**

The word ‘grotesque’ emerged in the high renaissance period in Italy. It was used to describe the mural paintings found in the walls and ceilings of the underground chambers or caves (*grotte*) of Nero’s Golden Palace and the ruins of the Baths of Titus excavated in 1480. These murals were of a special style and exhibited artistic virtuosity and playfulness in combining several unthinkable ontological and biological categories. They exhibited “hybridity”—flowers and leaves combined with human heads in ridiculous fashion, leaving the reader to respond ambiguously. This concept of hybridity that arouses confusion in the reader is the earliest characteristic feature of the grotesque.

Attempts to define the grotesque only emerged in the eighteenth century. Friedrich Schlegel was the first to develop the grotesque scholarship. Wolfgang Kayser summarizes Schlegel’s *Athenaum* (1798) and writes, “grotesque is constituted by a clashing contrast between form and content, the unstable mixture of heterogeneous elements, the explosive force of the paradoxical, which is both ridiculous and terrifying” (53).

The same paradoxical nature of the grotesque is echoed by Victor Hugo, in his “Preface to *Cromwell*” (1827). He writes that the grotesque “is found everywhere; it creates the deformed and the horrible and at the same time the comic and the

ludicrous” (71). Hugo assigns the grotesque with the function of “the complete poetry” or ‘*la poesie complete*’ (77). However, Hugo does not explain the reasons for the coexistence of conflicting factors in the grotesque. Later, Baudelaire in “De l’essence du rire,” *Evures completes*, locates this grotesque contradiction to the dual nature of mankind—the diabolic and the angelic (983).

John Ruskin in “Grotesque Renaissance,” provides further details on the incompatible elements that constitute grotesque. He notes, “the grotesque is, in almost all cases made of two elements, one ludicrous, the other fearful; that, as one or the other of these elements prevails, the grotesque falls into two branches, sportive grotesque and terrible grotesque” (126). He sets the tone for contradictory emotions that the grotesque elicits by explaining the condition of the artistic mind—the phase of excitement which then “*plays with terror*” (140, quoted in Chao 2).

Wolfgang Kayser’s *The Grotesque in Art and Literature* (1957) is considered to be one of the earliest comprehensive studies on grotesque (Steig 253, Chao 2). Kayser’s study focuses on three periods of German art and literature mainly, the Reformation, *Sturm und Drang* to Romanticism, and the twentieth century. He considers these periods as periods of great political and social changes. He notes that during this period, the world view of the preceding ages is challenged, which results in the development of the grotesque. Kayser notes grotesque resides in three levels: the process of creation (artist’s psychological state), the work of art, and the impact it makes on the observer (180). However, Kayser clarifies that the grotesque ‘is—and is not—our own world’ even though he mentions the role of the observer. He writes, “the ambiguous way in which we are affected by it results from our awareness that the familiar and the apparently harmonious world is alienated under the impact of abysmal forces, which break it up and shatter its coherence” (21, 37). Kayser notes the most fundamental attribute is the power of grotesque in evoking in the audience “estrangement” from man (181). Kayser’s explanation comes from the example of the works of Brueghel and its type. These works weave in infernal visions into our everyday world, and thus jeopardize the seemingly symmetrical and ordered world into one which is disordered and undifferentiated, inspiring terror in us by the unfathomable (21, 35). He notes that these expressions are fully developed in the Romantic and Modernist grotesques where symbols of “nocturnal and creeping animals” are used to illustrate this state (182). Kayser’s study focuses on three periods

which are imbued with both of these features,—“something playfully gay” and “something ominous and sinister” (21). However, he points out the ominous and the sinister to be predominant in the grotesque because of the confusion and uncertainty of the period.

In *The Ludicrous Demon* (1963), Lee Byron Jennings establishes the interdependence between the two contradictory factors and suggests that the grotesque shows “a combination of fearsome and ludicrous, or to be more precise, it simultaneously (alternatively) arouses reactions of fear and amusement in the observer” (10). Jennings coins the term “double-effect” to denote this aspect (14). Jennings, further developing Ruskin’s contribution, derives the disarming mechanism of both the elements—fear and laughter—depending on the context (Jennings 16). Thomas Cramer develops Jennings’s theory and writes that “the grotesque is the feeling of anxiety aroused by means of the comic pushed to an extreme (26).”

But Michael Steig writes the most comprehensive definition of the psychological aspect of grotesque in the following words: “the grotesque is the defeat by means of the comic, of anxiety in the face of the inexplicable” (quoted in Steig 256). Jennings’ contribution is mainly in calling attention to the playful elements on par with fearsome elements which makes way for Mikhail Bakhtin to counter Kayser’s dark vision of the grotesque.

Through *Rabelais and his World* (1965), Bakhtin takes the argument of grotesque to the other extreme (mirthful) by enunciating the Renaissance grotesque as a case which he believed was full of “carnival laughter” derived from “grotesque realism”(18) and thus devoid of fear over other forms of grotesque. He establishes his case through the works *Gargantua and Pantagruel* (first published in 1532) and *Dulle Griet* (c.1562). By calling Rabelais’ book “the most fearless book in world literature,” Bakhtin notes how these works use ‘excess’ in images such as the metamorphosis of belfry into phallus—which at once manifests degradation and fertility, decay and birth (311). Bakhtin explains degradation as the turning of all that is high, spiritual, ideal—“the coming down to earth, the contact with the earth as an element that swallows up and gives birth at the same time” (21). This degradation which denotes the upturn of “the bodily hierarchy” (309) is a form of regenerating debasement. It then symbolizes the upending of social and cultural hierarchies. The carnival removes all fear, and

therefore is mirthful. “All that is frightening in ordinary life is turned into ludicrous monstrosities” in carnival life (47). The carnival life provides chance for free expression of the lower stratum of the body which denoted that all sorts of social proprieties and official culture were turned upside down in order to let off repressed desires of the common people.

For Bakhtin, the grotesque is found in exaggerated comedy, the other side of terror as noted by Kayser. But with the romantic period, the laughter is brought by devil. Thus, the romantic grotesque presents “an alien world” which inspires fear (38-39). At this point we can discern that the difference between Bakhtin and Kayser is only a matter of perspective, which is complimentary and antithetical. The modern scholarly agreement about the emotional poles is that grotesque is a combination of the fearful and the playful.

In this vein, Dieter Meindl writes that the grotesque is “a tense combination of attractive and repulsive elements, of comic and tragic aspects, of ludicrous and horrifying features. Emphasis can be made either on the bright or dark side of the grotesque” (14).

Reuven Tsur explores grotesque in terms of emotional dissonance. For him, laughter and fear are defence mechanisms against threat, and therefore, this experience is the grotesque (194). The problem with such an approach is pointed out by Chao. He states that merely emotional dissonance does not account for “the paradoxical physicality of the grotesque”—the incomplete bodily form (5).

Philip Thomson’s *The Grotesque* (1972) defines grotesque in terms of both emotional and formal content. He identifies grotesque as “the unresolved clash of incompatibles in work and in response” but this exists simultaneously with the “ambivalently abnormal” (27). His idea of grotesque includes physical cruelty, physical obscenity and the like (8). Thomson’s notion of the grotesque includes all artistic practices that arouse unresolved contradictory emotions.

Unlike Thomson, Geoffrey G. Harpham in his *On the Grotesque* (1982) emphasizes more on the structural contradiction in grotesque than the contradictory emotional responses. For Harpham, grotesque exists in “interval between—the confusion of—two or more forms that one single object contains” (26). In other words,

Harpham then looks upon grotesque basically as a category mistake. Seen in this light, montage and stream of consciousness are grotesque.

To differentiate this type of grotesque, Noel Carroll in an article on contemporary grotesqueries gives a structural account of the grotesque. He identifies hybrid beings as grotesque per se and stylistic or aesthetic incongruity as grotesque, figuratively. He notes that grotesque and humour go hand in glove because both humour and grotesque transgress conceptual categories to lead to “conceptual anomaly” (303). His contribution is in the detailed explanation of the arousal of horror and laughter in the physical structure of the grotesque.

Arthur Clayborough in *The Grotesque in English Literature* (1965), notes that “[u]nless one is prepared to accept the idea that grotesqueness is objectively real, and that the grotesque action is a simple reflection of actual phenomena [...] there is no practical alternative to the attempt to find a psychological explanation of grotesque art” (10). Since the word ‘grotesque’ originates from the Italian word “grotto,” meaning cave, we can see the rich association of the earliest grotesque with mural paintings that had exhibited artistic virtuosity and playfulness in combining several unthinkable ontological and biological categories. These paintings defied classical ideas of symmetry which the modern grotesque carried forward. Although, the grotesque underwent drastic evolution in terms of form and content, it has maintained some of those features. One primary feature that the modern expression of the grotesque still upholds like the murals is, the tendency to defy norms or transgress rules, or rupture boundaries, or create tension of collapse of boundaries. Grotesque existed quite early as part of other genres; it is chiefly used as a mode of expression, or style of writing, and finally, as a genre in itself.

The grotesque in American popular culture is a crowded field with its presence felt almost everywhere. It occurs in the most common form as loose idiomatic mentions which made Flannery O’Connor express that the present problem for a serious writer of the grotesque is one of finding what is not grotesque in American popular culture (Goodwin 18). Connor suggests that the grotesque has penetrated American mass culture and life, such that it could not be separated anymore from it. Grotesque in American culture exists as a deep philosophical concept, as a genre, and

as a mode in a large number of contexts like talk shows, newspaper articles, art, fashion, commercials, and even in films and literature.

That said, the grotesque in literature was almost absent in American literature until its first appearance in James Ralph's Romantic-era play *The Fashionable Lady or Harlequin's Opera* (1730) in the form of a character called Whim. Whim, as the name suggests, is a clear example of a comedy of manners exhibited by the character as part of his nature which is quite skewed. In Europe, grotesque in literature is found in Montaigne's essay "Of Friendship" (1580). Montaigne uses the grotesque to imitate the art of a painter he had come across. Montaigne was inspired by the novelty of combining the fantastic with the real as it evoked the contradictory reactions of awe and fear at once. Therefore, in his essays, he applies the same alluring style.

Because of the effect of intense emotions, which some natural places that resemble the grotto may induce upon the reader, the grotesque has been used to describe these places. An example of this is the usage by the narrator in the poem *Il Penseroso* published in 1790 by Francis Hopkins. It was indeed this deployment in the sense of "grotto" that later appeared in the gothic world in the eighteenth century. Grotesque moved on to be a part of the psychology of characters portrayed as capable of extremes in action and social interaction. The earliest example of this can be found in Charles Brockden Brown's novel *Ormond; or, The Secret Witness* (1799). The grotesquery of the character called Ormond, a wealthy landlord, is in his use of disguise as a strategy—as a "negro" and a chimney sweep.

In the nineteenth century, however, the grotesque undergoes a lot of changes. It is invoked in "strange, misshapen or intimidating forms" which reflect anxiety over unknown elements (Goodwin 18). The elements themselves ranged from "unknown nature, mysterious strangers, masquerade disguises and political spies" (18). Some of the writers who use grotesque in the nineteenth century are James Fenimore Cooper, Washington Irving, Henry Wadsworth Longfellow, and Edgar Allan Poe.

It is this psychological application of grotesque which is quite common, and survives to this day in American literature in more complex formulations of characters as both horror and anxiety-inspiring as in Edward Scissorhands, the werewolves or the various versions of Frankenstein's monsters. In medical thrillers, the grotesque has

been used both figuratively in the structure of the texts and also in the development of characters and issues dealt with in complex ways.

### **1.3 Research Questions and Objectives**

A pertinent question that arises in a serious study of the genre is the conflict between high readership statistics determined by its bestseller classification and the amount of disapproval expressed by different scholars in a variety of situations and contexts. Catherine Belling, for instance, dismisses the genre as “low literature” or “downright pulpy” (444). David Glover in the chapter “Thrillers” in Martin Priestman’s *Cambridge Companion to Crime Fiction* (2003) observes that he reads the thriller genre (not specifically medical thriller) only out of “guilty sense” (135). The question that arises here is, why do medical thrillers sell in large numbers? What are the characteristic features that fascinate readers of this genre? What are the features that lead scholars to dismiss the genre in different ways long after the debate between the classic and the popular literature is over?

### **1. 4 Methodology and Discussion**

The study offers a detailed analysis of three organ heist medical thrillers, through a careful selection and discussion of thematically connected texts, all written by physician-authors. This study gives an account of the use and functions of various grotesque strategies in the organ heist medical thrillers which bring about ambiguous or mixed visceral and emotional responses in the readers through close reading and analyzing the meanings of the texts, keeping grotesque as a critical framework. This approach is taken to explore some key issues—the nonconformity of the genre with any particular category of fiction (hybridity), techniques that involve the reader’s imagination to perceive the issues through narrative (depth perception), the agency of the hospital in the narrative, the problematic role of the doctor figure in the organ transplant process, the identity crisis of both the doctor and the patient post-transplant, and the representation of the idea of shifting hospital space (heterotopia) and its potential (carnival celebration) in the fiction.

## 1.5 Background of the Study and Research Gap

This thesis attempts to answer the important questions posited in the above section and points out several other features that need attention when considered through the grotesque lens. Most scholarship on medical thrillers is from English for Specific Purposes (ESP) studies. These studies explore how these *Fiction a Substrat Professionnel* (FASP) fictions, which translate as “Fictions with Professional Background” in English, are useful tools to teach English as a second language to non-native medical students. “Medical Thrillers: Doctored Fictions for Future Doctors?” (2014) by Jean Charpy is a case in point. A survey of the databases, MLA and JSTOR shows very few articles on medical thrillers. “Terminal Men: Biotechnological Experimentation and Reshaping of the Human in Medical Thrillers” (Nicolas Perthes, 2005), “Risk Communication and Paranoid Hermeneutics: Towards a Distinction between Medical Thrillers and Mind-Control Thrillers in Narrations of Biocontrol” (Torsten Hahn, 2005), “The Living Dead: Fiction Horror and Bioethics” (Catherine Belling, 2010) and other such studies which discuss medical thrillers are very few. Also, scholars who discuss various aspects of the genre usually come out with a dismissive approach.

While discussing the medical thriller genre from a grotesque lens, this study does not claim to be expansive. It focuses only on select books from the subcategory ‘organ heist medical *thrillers*.’ By limiting only to select organ heist medical thrillers, this investigation helps to narrow down and justify a thorough close reading and meaning interpretation of the texts selected.

One of the primary claims of the study is that organ heist medical thrillers are grotesque. This inquiry argues that the texts are grotesque and have a significance that needs to be unearthed. As Connelly writes, the function of grotesque is to engage in the world, always pushing against boundaries and raising questions, and because it speaks for those experiences that fall outside the norm (ix), this lens is the most appropriate one. For this purpose, the study locates the grotesque in the non-alignment of these books with any one particular category of fiction. Because of this property, the analysis suggests that medical thrillers can be looked upon as defying

categories which is a feature of the grotesque. This connection can be found in the origin of the word ‘grotto’ in the underground passages of Nero’s Golden Palace.

Through a case study of *Coma: A Novel*, we suggest that the genre can be called a “hybrid” genre—one which fuses several genre characteristics. One of the reasons pointed out in this direction is that the genre is an evolving one or one which is continuously mutating. At this point, Tzvetan Todorov’s elucidation about the evolution of genre categories in the essay “Typology of Detective Fiction” (1977) is useful. Todorov notes that the idea of genre itself comes with the acknowledgment that something new is added or some changes in style are used in the fictions. This could be applicable to medical thrillers as well. However, until now, even though the genre is evolving, its major feature of using medical mystery remains the same. Variations are found only in how the plot and characters are developed and experimented on by different writers but the themes and the structure keep these works under a single genre.

Another feature of the grotesque found in medical thrillers is its affective quality. This aspect of the “visceral” and the “psychological” disturbance that these fictions have upon the readers is analyzed in the first chapter. This reaction can be spotted in the use of “sensational” and themes inducing “horror”. In other words, these fictions draw on the idea of the body as a commodified form—which results in disturbance and anxiety as the narrative draws on the imagery of distortion, dismemberment, transferability, and reparability of body parts to another patient at competitive prices. In 2018, Larissa Heinrich notes in *Chinese Surplus: Biopolitical Aesthetics and the Medically Commodified Body* that the commodity “value” of the medical-body has become explicitly literal (Heinrich Chap 1 para1).

Susan Stewart observes in *On Longing: Narratives of Miniature Gigantic, the Souvenir, the Collection* (1984) that “realist genres do not mirror everyday life; they mirror its hierarchization of information. They are mimetic of values, not of the material world, [...] form can be as effective as content in conveying a sense of the ‘realistic,’ and by extension that even something as promiscuously ‘universal’ as the human body may be subject to distortion or variation according to values of the cultures in which it is produced, immersed and represented, as

well as the audience who witness it” (26). From Stewarts’ conclusion we point out that these novels, in short, speak about the exercise of power upon which violence and domination in medicine is carried out while metaphorically pointing at the culture of the times. It is useful to remember that even though realist fiction is mimetic, it does not mirror society; rather it shows the hidden values of the society.

The difficulty in classifying these novels because of their hybrid features along with the reader-response towards the theme, narrative style, and content can be attributed to the grotesque aesthetic. Or to put it differently, the genre has tendencies/features of the grotesque. The commercial nature of these books is another reason for many scholars to dismiss the genre. There is general agreement among various scholars that bestsellers are pure entertainment fiction, with no literary quality or content, notes Sutherland in *Bestsellers: Popular Fiction of the 1970’s* (Introduction para 11). Perceived in this way, these books could reveal the values and mindset of the reading community.

Through an analysis of the texts, this study analyzes the commercial aspects/bestseller qualities that reveal the qualities of its readership and interest. One of the chief reasons identified is that the books use explicit imagery of bodies—bodies defying social proprieties, in their naked form, distorted and later re-arranged, which defies conventional thinking of bodies, social proprieties, and culture. In other words, the body as transactionable and a re-usable spare part is what in large part defines the organ heist medical thriller. The deviant minds of the criminal doctor and the transformed patient are other aspects that draw readers’ attention. Robin Olivera, in “The Inherent Mystery of Medical Thrillers” (2018), indicates that the appeal of medical thrillers is dependent on the narrative tool—“mystery of medicine” in interesting and complex ways. She notes that the writers achieve this by developing the plot and characters in such a way that it brings about thrill in the form of sensation, shock and surprise. John Collee, in “Medical Fictions” (1999) writes, “[i]t is no accident that these stories are often obscure or ambiguous [...] the story doesn’t engage us emotionally, and without emotional engagement the story is unmemorable” (955-56).

Based on these observations, this study postulates that the works are founded on transgression of “the body” in its disturbing form, a feature that raises a simultaneously visceral and psychological disturbance. This thesis takes recourse in the grotesque lens because these books employ ideas related to rupturing of boundaries both in terms of structure and content or theme in the texts, and seem to be “arguably satisfying and profound”(955), as Collee notes.

The grotesque perspective helps to clarify several misconceptions that have accumulated over the years about the genre. The study argues that most of these misconceptions are based on its “affective” definitions, a term Monroe Beardsley uses in connection with the grotesque (quoted in Steig 253). While it should be acknowledged that the genre is embedded in affective qualities, these are only some of the features that make these books grotesque. A grotesque perspective unravels the significance of the genre in a different light and indicates how we still hold on to old classical notions of bodies and boundaries. But, when it comes to serious discussions of literature we shy away, but we are fully aware and know that the same dismembered bodies are shown in exhibitions like “Body Worlds” or as a commodified body part in a shop next to a food stall or a jewelry shop in the city. While we can say that exhibitions are primarily for educational purposes, it is questionable what logic goes into accepting the commodified bodies in common sites or what it tells about our contemporary culture (Heinrich chapter 1 para1).

A reading of organ heist medical thrillers with the grotesque in mind will reveal that the major themes, vision, structures, and characters are in some sort of play with the idea of boundaries of physical bodies and biological bodies, boundaries of genre and narrative, and finally boundaries of spaces. This perspective enables the reader to see through the relationship between various strategies of grotesque in order to understand the complex meaning signification of imageries developed by the graphic narrative, concepts and sometimes even ideologies invoked by the genre.

This thesis does not get into the literary debate between low literature and high literature. Rather, the study shows how in grappling with the grotesque, in terms of structure, content and reader response, a hidden reality of the society opens before us and pricks at our consciousness. Grotesque has been employed in the narrative

strategies, perception, and uses of grotesque as a different reality of the world opens before us. In other words, organ heist medical thrillers use the grotesque mainly as a social and political aesthetic to reveal the current manifestations of biopolitics, power, and domination.

The narrative strategy consists of mainly picturesque descriptions that carve out images that are in ‘play’. One of the ways the graphic narratives of these books work is by drawing on contrasts which result in rupture of boundaries that disturb the readers. The two important ways in which contrasts have been used are in the trope of double, i.e., doctor doubles and the liminal patient, and the hospital’s depiction as both a safe haven and butcher shop. The perception of the medical world is upturned against the normal medical world and the celebration of a carnival of organ theft is conducted as opposed to the official medical world that controls organ theft. The saviour and murderer image brings out a reaction that is uncompromising.

Terror mixes with shock from the non-believability that a doctor can be a killer and the anxiety of encountering a killer type in the hospital resulting in a non-resolvability of the emotions. The trope of the upturned medical world evokes anxiety and horror in the reader. Its impact lies in the constant contrast evoked in comparison with the ideal medical world which saves people from their illness. The other ways grotesque has been used are through motifs and issues, which also work to produce an image in the mind of the reader. Examples of some of the motifs are nonperson, brain-dead, the body as spare parts, the idea of truth and organ theft. Examples of some issues dealt with in medical thrillers are the position of various categories like women, orphans, and comatose patients, euthanasia, body commodification, unethical donation, prisoner and orphan donation, etc. in the society. The grotesque in medical thrillers, in short, works in terms of contrasts created as a self-reflexive tool. All these tropes, motifs, and issues addressed, play with the reader’s perception of the fictional world and produce a visceral impact that readers experience, expressed as ‘tongue in cheek’, ‘edge of their seats’, etc.

This thesis argues that while readers “gobble up these books” (Glover 135), scholars dismiss the genre as “flawed” (Charpy 423), “shocking” (Stookey 3), “misrepresentation”, “sensational” (Belling 444), “encouraging harmful behaviour”

(Manfredini 1132) and “horror” (Belling 447) fiction. This happens because these scholars rely on the impact of the novels which in turn is dependent on the narrative strategies which are grotesque. Therefore, these readings miss the significance of the texts as social and political aesthetic that show a reflection of the society in which the genre was born. The grotesque perspective enables a “partial vision” (Connelly 160, Ruskin 130) which helps to show the “unseen and unsaid of culture” hidden behind gaps in ‘official culture’ (121), notes Zivkovic in “The Double as the Unseen and Unsaid of Culture: Toward a Definition of Doppelganger.”

A select number of texts which are chosen for the study are Robin Cook’s *Coma* (1977), Tess Gerritsen’s *Harvest* (1996), and Myles Edwin Lee’s *The Donation* (2009). The rationale for choosing these books is based on their genre, the broad theme of ‘organ heist’, and all of them being bestsellers. Another criterion used for classification of the fictions is its authorship—all three books are written by physician-authors. *Coma* is often considered to be the one that started off the medical genre, even though Michel Crichton had written *The Terminal Man* (1972) before it. It was *Coma* that established medical thriller as a genre and inspired other writers to follow in line. *Harvest* written after nineteen years of the publication of *Coma*, follows *Coma* in style with the addition of a police officer as a help to the sleuth. *The Donation*, written thirteen years after *Harvest*, is another significant addition to the genre. Also, there is yet another unifying thread—each of the three writers chosen, has responded to a certain event or incident in history, in their novels.

This thesis shows that the grotesque can be one way to argue for the significance of the genre that imparts valuable insights about historical, social, and political perceptions in current culture. It further argues that the grotesque is the most appropriate medium through which these different aspects can be captured as it magnifies the cracks or in the least gives ‘skewed,’ ‘oblique’ and ‘partial’ vision (terms used by Connelly 160) about social realities otherwise simply ignored or taken for granted. Though these novels are not mimetic, they all respond to contemporary practices of body commodification—literal or in an allegorical manner. Unlike other types of body commodification, organ harvest and theft involve crime, the murder of a certain class of people and hence are sensational

and horrifying. The study shows the significance of the genre by delineating various features that have a profound impact on the emotions of readers through the techniques of grotesque.

## 1.6 Chapters Scheme

This thesis is arranged into three core chapters with an introduction and a conclusion. The three core chapters give an idea about the various strategies of grotesque as employed by each of the physician-authors and enable to show the significance of the genre through different aspects of grotesque—primarily, narrative strategies and tropes. Chapter 2, “Crossing the boundaries of genre and narrative: Hybridity, Depth perception and Grotesque doubling in *Coma: a Novel*,” explores the complexity of medical thrillers by looking at the ways in which medical thrillers cross the boundaries of genre and narrative, by taking Robin Cook’s *Coma: A Novel* as a case study. First, this is done by examining the structure or form of the text by analyzing various features of other genres, solidifying the genre as a complex hybrid genre, an aspect that is tied to grotesque aesthetics. The study then moves on to analyze the content in the narrative as “graphic” (Belling 2009, 155) and “visceral” (Belling 440) by showing how the reader might respond to various aspects, issues, and ideas in the text using the concepts of the “double-effect” (Jennings 10) and “depth perception” (Belling 239-240). The study thus argues for the affective qualities of *Coma* from a grotesque lens. The mechanics of the narrative discussed in this chapter explore the content and theme of medical thrillers such as body commodification, ethics, neoliberal capitalism and eugenics which are explored in more detail in the subsequent chapters. These themes and issues, expressed through visualization, arouse the above-mentioned emotions and responses, effectively.

**Chapter 3, “Transgressing Identities: Troubled Identities of Doctors and Patients in *The Donation*,”** primarily focuses on the depiction of doctors and patients in terms of troubling identities. Doctors and patients are portrayed in these novels as crossing the boundaries of identity. For instance, the doctors are projected as healers, ‘the saviours’, and also as perpetrators of crimes, ‘the murderers’, as well as ‘saviours-murderers’ at the same time, indicating a tension of identity. Thus, their identity keeps on changing from one to the other, depending on the situations. Such a

pair existing in the tensions of identity is what we call ‘grotesque double’ (a term used by Gwyneth Peake). In a similar pattern, patients are also represented in two ways in *The Donation*. First, when they come to the hospital and get admitted, they have an identity—the original identity, but soon after they undergo transplant surgery, they transform into a different person – the identity of the donor. This identity of patients is what we call as ‘liminal’ (a term used by Victor Turner) and ‘abject’ (a term used by Julia Kristeva). This happens because the donor organ seems to take over the patient’s identity and changes them into a different person. The patients in such a situation are victims of identity theft and come to possess an in-between or ambiguous identity. This study explores the representations of ‘grotesque doubles’ of doctors and the ‘abject–liminal’ of the patients.

**Chapter 4, “Blurring Spatial Boundaries: Organ Heist Carnavalesque and Medical Heterotopia in *Harvest*,”** explores the blurring spatial boundaries that have given rise to a heterotopic medical world—a constantly shifting heterogeneous place which in turn uses this space to celebrate organ heist. This chapter consists of two sections. Section 1 explores the organ heist carnivalesque, both the positive Bakhtinian type carnivalesque and the negative dark carnivalesque. Section 2 explores medical heterotopia. This section analyses how Tess Gerritsen develops the potential of the hospital space within the contemporary debates of organ trafficking where this space becomes the site for contestation of social order and malpractice. This chapter shows how the space within the hospital is a site of contestation of social order—the order of the medical world imposed by the doctors upon the patients in *Harvest*.

For this, the entire narrative is cut through a carnival celebration of organ heist. The study surmises that Gerritsen’s use of hospital space is heterotopias—“real places” unlike the “unreal places” like utopia (Foucault 24) and is used to reflect the unseen and unsaid of culture shadowed by social proprieties of official culture. Unlike a site of resistance, this heterotopic site is useful in bearing witness to the violence perpetrated upon various sections of the society under the cover of organ donation. This site is also a festival space: ‘other space.’ Saldanha explains that heterotopias are located in real, physical, space-time, and serve to temporarily

introduce different ways of ordering society and space into particular places at particular times (qtd in Wilks and Quinn 24). These festival spaces then provide for a knowledge that is mostly hidden. Similarly, the carnival celebration in this space works to mock at the absurdity project of transplant medicine.

## Notes

1. In *The Vanishing Hitchhiker: American Urban Legends and their Meanings*, Brunvand notes that urban legends — these strange, believable, false-true tales convey much more “graphically and memorably” the attitudes of Americans and how they react to situations (Preface para 3).

## CHAPTER 2

# Crossing Boundaries of Genre and Narrative: Hybridity, Depth Perception, and Grotesque Double-effect in Robin Cook's *Coma: A Novel*

### 2.1 Introduction

A close reading of the American novelist Robin Cook's novels shows us the difficulty involved in categorizing them in any particular category of fiction. This lack of a fixed genre for all of Robin Cook's books lies in the varied interpretations not just amongst readers, but also scholars and publishers. Lorena Laura Stookey, a prominent critic on Cook, observes in *Robin Cook: A Critical Companion* (1996) that most of Cook's work can be called "special instances of mystery-suspense genre" or "the subgenre of mystery-suspense fiction" which she terms "medical thrillers" (16-17). For Stookey, Robin Cook's novels are hybrids, not one category, and her label of medical thriller comes from the compulsion to draw on its most well-known categorization. This idea applies in general to the genre of medical thrillers.

Publishers, writers, and scholars list *Coma* (1977) and other novels of this category under crime fiction, horror fiction, science fiction, bio-thrillers, mystery fiction, suspense fiction, and medical thrillers, as though each of these categories were interchangeable. These listings indicate some problem with categorization not only in the case of *Coma*, but also in the genre of medical thrillers in general. We argue this problem can be attributed to their "hybrid" characteristics both in structure and content. While most scholars seem to avoid any in-depth inquiry, some critics dismiss the medical thriller genre itself. They qualify *Coma* as "constructed representations," "misrepresentations," and "wrong sort of fiction" (Belling 440). They also attribute to it characteristics such as "shocking" (Stookey 18), "sensational" and "horror" (Belling 444), and "flawed image of medicine" (Charpy 231).

Catherine Belling's study "Living Dead: Fiction, Horror and Bioethics" (2010) is an important work on the impacts of medical thrillers. It enumerates basic criticisms of *Coma* and other medical thrillers as well by, stating their role in imparting bioethics as a corollary to nonfiction bioethical studies. The focus of this study is to understand medical thrillers and *Coma* in particular, especially, its visceral and psychological response, the impact of horror, shock, and sensationalism. It accounts for the mechanics of the narrative that can reveal the complexity of the book. Belling glosses over the impact of the medical thrillers on readers, rather than explaining the how and why of—horror, shock, sensationalism, etc., which are vital to understanding the text. In other words, Belling hints at the physicality of the response without discussing the mechanics of the narrative. She writes on how the genre, instead of imparting an objective idea of the insides of medicine, encourages readers to look upon medicine in an anxious or skewed perspective.

Belling's issue with the medical thriller is its melding of bioethical issues in an 'affective' manner. Her pronouncements are that bioethicists should be wary of this corollary genre. As a case study, she usefully brings in instances wherein the readers of the novel and the audience of the film version of *Coma* had refused to get treatment at the Boston Memorial Hospital in the real world soon after *Coma* became a best-seller. Through the essay, Belling's contribution lies in her emphasis and insight on the implications books like *Coma* can have on the public. Her analysis deduces that readers have been shocked by the fiction-reality non-distinction, or have been largely influenced by the collapse of boundaries between fiction and reality. Hence, she infers that medical thrillers are "debased and populist," if not downright pulpy, lacking the credibility or cultural capital attached to more highbrow literature" and are the "wrong sort of fiction" and are problematic as literature (Belling 440). Though one can agree to the overall implications of *Coma* and medical thrillers in the same line, it overlooks a deep understanding of the characteristics of this type of fiction that make it prone to being labeled as *low literary* and *misguiding*.

This calls for a deeper study of the core aspects of medical thrillers. In other words, in order to understand how *Coma* as a novel has an impact on readers, one has to explore its form, style, content, diction, plot development, settings, characters, context, and issues. A question that arises is: why does the writer choose to use these

elements? It would indeed be useful to explore how the writer manages to elicit certain expected responses. It is understood that the issue of categorization is based on the 'hybridity' of the novel and from Belling's reading, this study presumes that the reader response lies in the complexity of the narrative. Thus, we take the concept of 'hybridity' as used in grotesque aesthetics. The concept of 'hybridity' as used in grotesque aesthetics can be traced back to the origin 'grotto'—meaning cave. Since the murals found in these grottoes or caves comprised paintings of a special type—foliage, leaves, non-living things, and human heads all entwined together as opposed to the classical notion—a fusion of ontological and biological categories—the concept of hybridity in grotesque aesthetics came to mean fusion of various categories.

We can apply this notion of hybridity to *Coma* to determine the complexity as a marker of a hybrid novel. *Coma* delves into the malpractices at the famous Boston Memorial Hospital, where many patients turn comatose. After occurrence of certain cases, the protagonist Susan Wheeler tries to investigate these cases to understand the cause which would help in uncovering the truth.

Using *Coma* as a case study, the first section of the chapter explores the characteristics of 'hybridity' present in medical thrillers. This helps to delineate the complexity of the genre *vis-a-vis* its structure. While the structural analysis provides insight into the complexity of the novel in some aspects, it is not complete in itself. Therefore, an analysis of the narrative is also taken into account in this chapter to unravel its affective qualities. This is because *Coma*, true to its genre characteristics, has also invited multiple criticisms regarding its affective qualities (Belling, Charpy and Crellin). Scholars on medical thrillers such as *Coma* have pointed out the visceral and the emotional responses the text generates. But, the problem lies in the imaginative construction of an alternative medical world that is completely contrary to 'the normative' presumption of medical institution in contemporary medical culture. The question to discuss is "how does fiction enable such reader reactions?"

In the second section, we discuss the mechanics of the narrative by analyzing *Coma* through a close reading of Catherine Belling's idea of depth perception. Other theories of the grotesque used in this discussion are Wolfgang Kayser's idea of

grotesque as the demonic world subdued, Frances S. Connelly's theory of grotesque as always threatening to collapse all boundaries of realities in culture, Lee Byron Jennings' concept of 'double-effect' or 'co-presence' of contrasts in work and response, Sherwood Anderson's and Bernard McElroy's ideas of grotesque to understand the implications of characters and techniques of the narrative with a focus on settings and mood. This section helps in unravelling the complexities of *Coma*, which enhances the visual appeal through different narrative strategies in order to interpret important social issues.

Most scholars of Cook focus primarily on the problematic way ethics has been dealt with in *Coma* and the advantages of endographic-omniscient narrative techniques (Belling 444, Belling 152 and Charpy 231). Some studies have also discussed the language and representation of medicine in *Coma* that makes it a convenient tool for teaching English for specific purposes (ESP) (Charpy 231). Although these scholars have shown interests on specific works of Cook, it is Lorena Laura Stookey who takes up an entire study *Robin Cook: A Critical Companion*. Her work is a detailed analysis of all his works up to 1996. She uses multiple critical approaches ranging from cultural criticism, reader response, feminist criticism, structuralism, and new historicism with a brief analysis of plot and characters for each text. In her book, the chapter titled "Coma and Terminal" is analyzed from the lens of cultural criticism.

Differing from Stookey, this study interprets *Coma* through the grotesque lens, focusing on the affective qualities. Reader response theory fails to explain the "graphic [representation of the] narrative" (Belling 155) as well as readers' "visceral" and "emotional" responses (Belling 440); so grotesque theories which address both visceral and psychological responses are applied in this section of the analysis. The mechanics of the narrative provide a background for exploring the content and theme of medical thrillers such as body *commodification*, ethics, neoliberal capitalism, and eugenics which will be explored in detail in the upcoming chapters. These themes and issues through visualization arouse the above-mentioned emotions and responses, effectively.

This study suggests that grotesque in medical thrillers appears in form, content, and in response, which is the litmus test for grotesque. As Todorov notes in “The Typology of Detective Fiction,” a genre gets created when we make a new addition to the existing form of genre. The form of the *medical* thriller keeps on re-creating itself. The fusion of genres is an important aspect of the “form” and this allows it to bring interesting content that caters to a large section of readers. Similarly, the narrative is also grotesque because it is both “graphic” (155) and “visceral” (440) bringing in ambiguous responses. Hence, we analyze the text from a grotesque lens.

## **2.2 Grotesque in *Coma***

Grotesque works at both the levels of form and content in *Coma*. As form the grotesque can be delineated in the hybrid fusion of many genres, in the textual structure of medical thrillers. *Coma* is an amalgamation of various genres like science fiction, mystery, suspense, horror, detective fiction, medical thriller, and crime fiction. We can identify grotesque in the narrative and structure of the text *Coma*, when seen in the light of Montaigne's ‘grotesque’ in “Of Friendship.” Montaigne makes a case that his essays are grotesque in subject matter and form because they exhibit a form and meaning only in their own right. Hybridity in grotesque aesthetics is a fusion of several categories. In novels, it can be noticed in the boundary crossing of genres. *Coma* is an example of grotesque in itself because of its form.

## **2.3 Crossing boundaries of genre**

In *Coma*, genre crossing is understood through the analysis of various aspects of the book like elements of science fiction, crime fiction, detective fiction, horror, thriller, medical thriller, suspense, and mystery. The interesting part is the fascinating melding of each of these genres in *Coma*. Discussions by Coleman, Bransford, Faust, Sambuchino, Gelder, Bloom, Rzepka, Todorov and Martin Priestman when read together, illustrate this point. This section illustrates how these elements have made the book a hybrid novel, one which is a ‘fusion of genres’ and thus very complex structurally. Todorov in “The Typology of Detective Fiction” while discussing about the evolution of genre categories notes that these different genres should be looked upon as different forms derived historically. Seen in this light, the aspects of various

forms of genre present in *Coma* indicate its richness and complexity. In the following subsections, some of the interesting elements of each of these genre categories are explored in *Coma*.

### 2.3.1 Aspects of science fiction

Although Cook specifies that *Coma* is not a science fiction, many features of the genre are used in the novel. Some of the primary uses are in the medical world building, uses of futuristic technologies and themes like deliberate conversion of people into brain-dead and re-use of body parts after animation as organ transplants. In other words, Cook discusses the latest developments in transplant technology in the form of conspiracy motif. Yvonne Coleman, in “Out of This World,” notes some of the basic elements of science fiction which apply to *Coma* quite well. She writes,

Take a scientific fact or theory, add a futuristic or other-worldly setting, stir it in an imaginative plot and fascinating characters, and a science fiction novel emerges from the cosmic mix [...] The best authors of science fiction turn a "what if?" into a "why not?" If, after reading one of the following selections, your present world starts to look a bit different to you, then the author has succeeded. Some of you will be reading *Haddix among the Hidden* by Margaret Peterson, others will read *City of Ember* by Jeanne DuProu or *The Giver* by Lois Lowrey. Be careful. You may become "hooked" on the endless possibilities of science fiction. (“Out of this World”)

Cook similarly complicates the idea of organ transplant by bringing in the issues of organ theft and malpractice. This imagination of organ theft from patients admitted for minor illness is plausible given the logic in which he builds the narrative. The plot fascinates a reader with a “why not?” and “what if” question as Coleman notes. Since Cook shows this idea in the backdrop of the dearth of organs and the body commoditizing culture, these elements of fiction build up anxiety, suspense and thrill as the story meanders through plot twists and finally culminates in the punishment of the criminal. Cook’s use of organ theft in the novel echoes Coleman’s emphasis that science fiction is “a genre [...] in which the stories often tell about science and technology of the future” but the difference here is that instead of the future, Cook highlights the present changes in medicine. Therefore, he uses the year 1976 (the past) in his novel. Cook uses the principles of science, like science fiction, echoing the anxiety of the times. Thus, unlike much of science fiction which involves partially true and partially fictitious laws or theories of science” (“Out of this World”), Cook uses true science theories but the fictionality lies in the imagination of conspiracy, malpractice with aid of science.

Some of the crucial aspects of science fiction which Coleman outlines are as follows: (i) Stories should tell about science and technology; (ii) There should be a relationship between science fiction and principles of science. These principles can be partially true and partially fictitious laws or theories of science. It should not be completely unbelievable, because it then ventures into the genre fantasy; (iii) The plot should create situations which are different from those of both the present day and the known past; (iv) These texts should include a human element, explaining what effect new discoveries, happenings and scientific developments will have on us in the future; (v) Science fiction texts are often set in the future, in space, on a different world, or in a different universe or dimension.

Cook's story tells about organ transplant in a plausible manner and does not venture into the genre fantasy. Instead, *Coma* criticizes human intentions as problematic that can lead to difficult situations rather than technology itself. By setting the story in Boston Memorial, a space that is locatable in reality, *Coma* effectively captures the anxiety of biotechnology and its impact on people by collapsing boundaries of fiction and reality.

In "The Introduction to Science Fiction" (2018), Nasrullah Mambrol writes about technological and scientific influence in the same vein as Coleman. He states, "literary and cultural historians describe science fiction as the premiere narrative form of modernity because authors working in this genre extrapolate from Enlightenment ideals and industrial practices to imagine how educated people using machines and other technologies might radically change the material world" (Mambrol). Further, he adds to Coleman's interpretation by suggesting how this kind of techno-scientific speculation lends itself to social and political speculation. Cook has usefully employed this technique in the case of organ transplant. He shows how brain dead with the emerging technology for animation and reuse can be useful sources for covering organ shortage. While this application is useful, Cook shows that the problem which might arise along with it is the intentional conversion of patients into brain dead because of the commercial potential. Thus as Mambrol notes, Cook in *Coma* is only able to enlighten the readers with new perspectives on the present, unlike science fiction that allows for a perspective into the future by intervening in the material world, altering human relationships along with it. Though Mambrol's thesis is that science fiction

enables authors to dramatize cultural hopes and fears about tremendous growth of technology and science, Cook's *Coma* being a blended genre, functions in a similar manner.

Writing on how to distinguish and define science fiction from other genres in his article, "Science Fiction: Thoughts on the genre" (2015), Michel Smart notes the problem of distinguishing science fiction from the vast variety of subgenres and related genres. Besides drawing the spirit from science, science fiction encompasses science fantasy, supernaturalism, mystery, romance, suspense, horror, and even Westerns. According to Smart, specific elements by themselves do not necessarily make a story science fiction. He suggests *The Time Traveler's Wife* (2003) as an example which he considers as Romance even though the central element is time travel. He surmises that science fiction includes fantasy, horror, alternate history, apocalyptic, dystopian, utopian, and other speculative fiction genres. He also points out that even though each of these categories borrows from and mixes with each other but they still have their distinct feature. For example, science fiction and fantasy are closely related but they are different. Fantasy is based on supernaturalism and magic while science fiction is built on science and speculatively plausible.

We claim using the above theories that some of these science fiction elements are present in *Coma*, though found in varying degrees. These elements are the use of the theme of brain death or coma, the settings of the hospital, and the use of oxygen pipelines with a new valve that carries carbon monoxide. These are completely plausible, provided doctors want to misuse the opportunity. Even the high-tech set-up of the Jefferson Institute of Research such as the automated doors, computer screening of entrants, the surveillance system of the hospital, and functioning of the hospital, including patient care, are some of the science fiction elements. Even the concept of coma-induced death is very scientific.

Some scholars (Belling, Charpy, and others) believe that the story of *Coma* was inspired by Karen Anne Quinlan case of 1976, an event that occurred a year before the publication of *Coma*. Quinlan's case was famous due to the call for voluntary euthanasia by her parents as she was showing no signs of progress. Quinlan had been in coma and her family wanted to remove her from the ventilator asking for relief from the prolonged care from the hospital. This case had provoked a bioethical controversy,

and the court had judged that Quinlan should be granted the wish as the state could not afford her bills. However, Cook does not give any clue to this connection in his “Author’s Note” in the book. He clarifies that his novel is fictitious and not even a science fiction. He writes that the motivation for his book came from the newspaper advertisements for organ sale. He attaches those excerpts and affirms that his book is a cautionary tale for the public.

*Coma* also indicates that Cook’s aim was to bring attention to the advancing field of organ-transplant that has the potential for bringing up commercial interests and malpractices. The idea comes from the breakthroughs in organ transplant, cyclosporine discovery, which provided for the dissolution of bodily boundaries through “cell-forgetting,” a term Sara Wasson uses in her study of the gothic fictions of organ harvest, when she talks about the use of immunosuppressant drugs like cyclosporine. Known as the “wonder drug” in the transplant industry, it generated anxieties of possible misuse of the technology. In their work *Spare Parts: Organ Replacement in American Society* (1992), Renee C. Fox and Judith P. Swazey have studied about this historical event and cultural anxiety in a detailed manner. They state that the escalating need for organs had led to exploitation and manipulation. They show that in the early days of experimentation, the doctors had manipulated the patients by misinforming them that it was completely safe and that there would be no adverse drug reactions. Since the doctor figure, being an insider, had all the advantages of utilizing the chances, he seized the opportunity of possible misuse. Besides, the media stories about organ theft and trade had started to come up with the organ heist urban legends. This could have had possibly inspired the conspiracy plot in *Coma* reflecting the spirit of the times. The use of quasi-real incidents has added to the real terror of the fiction, keeping readers “hooked” till the end. Coleman’s observation about science fiction can be noticed here. Smart comments, such fiction can represent a different genre, despite having some elements of science fiction.

For Cook, the elements of science fiction are useful to earn the desired shock value. Cook uses these elements to show that medical professionals manipulate the knowledge of medical science using unethical means. Yet it can be treated as a “cautionary tale” (Stookey 18). Also, he refrains from criticism of doctors. This also explains why he does not use the non-fiction mode to explain the growing concern of

exploitation of patients. Furthermore, he wants the public to know and critically think about the bioethical issues. In *Coma*, Cook utilizes the knowledge of de-oxygenation reactions that can produce carbon monoxide as one of its products to tie-up the bioethical conspiracy. Thus, the reader is immersed in conspiracy story in which administering carbon dioxide gas through the oxygen pipes for surgery (Operation Room No.8) causes coma. The reader notes that as soon as the anesthetic agent is administered to begin the surgery, the agent (halogen) on reacting with carbon dioxide (supplied from the tubes), produces carbon monoxide as one product. This byproduct then blocks the oxygen supply to the brain, resulting in brain death. This procedure is followed in the case of Nancy Greenly who was admitted in Operation Room No.8 and dies when Dr. Billing gives her halothane. Halothane reacts with carbon dioxide from the tubes, releasing carbon monoxide gas, and causing brain death due to lack of oxygen. The reader mistakes the halothane as the cause for the death, but then she realizes halothane (anesthetic agent) is mainly used for intubation in medicine because it reduces the production of saliva and smooth supply of oxygen from the T-valve after putting in a little bit of research and further reading. By distracting the reader with this red herring device, Cook is able to build a narrative of suspense and thrill that is sensational and entertaining as well and in fact this complicates its reception. The novel shows how the principles of science are only for the benefit of a few. In showing this loophole, Cook alerts the reader to double check their safety the next time they visit a hospital. The novel thus builds upon the benefit of doubt in scientific applications and uses, echoing the point of other science fiction writers.

Though the plot uses only a simple application of chemistry for the wrong purpose, it builds on an entire narrative of horror, conspiracy and shock for the readers because they are able to visualize various stages of malpractice because of some prior experience or knowledge about hospitals and sickness. They visualize the brain-dead patients, the ill-treatment of dead or decaying bodies, etc. We see that the scientific principle woven into the story is not only logical and true, but also has all the elements that make it believable. In that dramatic application of chemistry for causing artificial brain death *via* carbon monoxide poisoning, the book seems to draw attention to the possibilities of misuse of scientific knowledge and technology in the mode of science fiction. The book acts as a cautionary tale like the early pulp science fiction, thus, creating a dialogue among recent organ theft representations in popular culture.

Because all coma incidents happen in the hospital in the novel, it builds a different world: an inverted hospital setting, with different rules and regulations as opposed to the normative medical world and thus replicating a world that resembles the world building in science fiction.

The elements of science fiction are not only limited to the events at Boston Memorial, but also extends to the Jefferson Institute as well. In fact, it is the Jefferson Institute constructed with the latest technology and science that contributes to another major component of science fiction. The reader experiences a complete automated setup as she walks and enters the institute along with Susan Wheeler, the protagonist. The mechanization of the building with its highly automated systems is the closest to the world building in science fiction. This aspect is so visual in the narrative that the reader can visualize Susan walking up to the front door of Jefferson. The reader notices the fully automated doors. The door was made of bronzed steel; it had no knobs, no openings of any kind. Instead, there was a recessed microphone. The microphone had a voice recording instead of a doorknob giving the first impression of a “futuristic” set-up. A voice recording activated as soon as Susan stepped on the Astroturf. It asked her name and purpose of the visit. After complying with the instructions, both the reader and Susan see the red light on the microphone and the word *wait* appeared on the glass. There was a flash of green light again and the word changed to *proceed*. Without a sound the bronze door slid to the right and Susan stepped in. The reader and Susan enter a stark white hall with no windows, no pictures and no decorations. The only noticeable thing was an illumination coming from the floor that was made of milky opaque plastic material which is another technological invention. The reader and Susan now observe that at the end of the hall, a second door had glided into the wall. Both of them realize that the room was a large, ultra-modern waiting room. Also, while looking around, they observe that the walls both at the far end and near, were fully mirrored from floor to ceiling. They see that the two side walls were spotlessly white without any decoration or interruption. It also strikes them as to how the sameness of the walls had a disorienting effect on people. (Cook 305).

The effect of the floor is particularly visible in Susan’s difficulty in focusing, on seeing her own vitreous floaters reflected, and in an attempt to escape from the reflection she tries to look away. The reader notices Susan's discomfort in seeing the

reflection appear in infinity at the far end. Together, the reader and Susan are drawn to the ceiling where they see the shadows are cast. They also observe another door slide open from the farthest mirrored wall at that time and Michelle appearing from there. Because of the futuristic set-up in the form of a complex structure, design, and technology, the reader along with Susan gets more curious to know more about its facilities of care. The futuristic setting of the hospital with its fully automated systems blurs the boundary of science fiction and realism of organ theft.

Jefferson Institute of Medical Sciences is developed with fully automated technology. Cook demarcates real and fictitious realms to an extent making it fictional. The reader is invited to imagine the interiors of the institute along with the protagonist Susan Wheeler, where a large computer terminal controls and monitors everything. For instance, through the narrative, the reader is shown how the computer does this by recognizing the fluctuation in chemicals, by using appropriate software. It gives the readers details of the technical procedures like regulating fluid balances of coma patients and the maintenance of the ultraviolet lighting system to prevent bacterial growth. Thus, the reader understands that Jefferson Institute is at the zenith of technology, designed to curtail costs by applying economics of scale in relation to intensive care. This use of science and technology in a positive manner is appreciated; however, the purpose of using scientific means to preserve organs for illegal transplant for stem cell research suggests that the author critiques the increasing organ trafficking trends in contemporary culture. This can be attributed to the rapid rise of techno-capitalistic venture.

Cook, in order to emphasize the ominous association with the Jefferson Institute, uses the technique of contrasts through its structure that mimics the world building in a science fiction text. Cook first makes it a point to describe the appearance as “unimpressive” although it is a “new” building and by juxtaposing it in that part of the city, which is out of use and under ruin. Use of words like “remote part of South Boston,” and “surrounding squalor” (Cook 304) are a few indications. The narrator points out that the only thing that makes the building noticeable is “because of the surrounding squalor” (Cook 304).

By stressing the locale as a “remote part of South Boston” (304), he brings in the ominous tone—in other words, Cook wants to emphasize the idea of “isolated life”

(304), with a slight hint at the illegal activity going on. By setting up Jefferson Institute in such a space, Cook's attempt is to bring the striking contrast with the animated life in Boston Memorial Hospital. Another way to look at this is that Cook makes conscious use of the contrast as a strategy to suggest some kind of conspiracy and secrecy. For the reader and Susan, the background of the institution no doubt brings in memories of an exotic place far away from civilisation. This is also done by showing us the azure plaque writing at the door: "The Jefferson Institute [was built by] the Department of Health, Education and Welfare, US Government, 1974" (Cook 304) and the entire layout of the building itself.

Cook does not leave out any chance to suggest the importance of Jefferson in a remote place. He points out that it is the only light in the darkness of the entire surrounding (Cook 304). He does this by drawing the reader's attention to objects, structures, and things surrounding it. For example, he stresses on the "single streetlight that emitted a beam of light from a modern hooded fixture which illuminated the door of the building, a sign and the walk leading up to the door" (304). Not only does this direct our attention to Jefferson, but also helps in eliciting a different mood, both to the characters and readers who enter there, as if they are trespassing the boundaries of a forbidden place.

Other things that add up to the mood is the curious structure of the building: eight-foot high hurricane fence with no visibility obstructing people and other things in the institute. Even the walls of the inside of the building were slanted inward at an angle of eighty degrees, rising in a first story of some twenty-five feet which increases the curiosity of the readers. Their eyes also catch sight of another interesting feature – the lack of windows and doors on the ground floor near the entrance. This is unusual for a hospital building. Both readers and Susan are even more puzzled when they notice the second storey, though with windows, but had no visibility from the street. The only things visible from the street were the sharply geometric embrasures and the glow of the lights. It is the only clue that the building is functional and has some people in it. This way, Cook gives the readers a clue that the design of the building was purposefully constructed with a view to hide further hints of some secret activities happening inside.

The design to secrecy is further affirmed when the narrator shows that the only thing visible from outside was the narrow horizontal ledge before the wall that soared another twenty-five feet at the same angle leaving an impression that the building was “some ancient Egyptian *mataba*, or the base of an Aztec pyramid” (Cook 304). Secrecy being an important factor, the building's structure speaks about the plentiful funding and involvement of power structures. Besides, the exterior and the interior of the hospital also reflect various figments of science fiction. For example, take the case of the functioning of the intensive care unit. Michelle, the nurse and Susan's guide at the Jefferson institute, shows a documentary of the hospital that contains an overall idea of the practices of the care unit. The documentary clearly shows how technology helps in treating the patients. It gives an impression that technology is at its zenith and it has been well used in the functioning of the hospital. Susan and the reader understand that the institute caters only for “acute care cases” (Cook 308), where the treatment is inexpensive.

Consequently, at Jefferson hospital, instead of a bustling staff, machines manage the entire care of the patients. Cook describes the huge digital and analog computer terminals as capable of doing all the functions of the manual staff—from such simple tasks as monitoring the homeostasis to difficult jobs like maintaining fluid balance and temperature. Like all intensive care units, the one at the Jefferson institute too “had five beds and the usual assortment of gadgets, EKG screens, gas lines, and etcetera” (Cook 309). But unlike the normal ones the four beds appeared quite different; each was constructed with a gap of two feet running length-wise.

They notice that it was as if each bed were constructed of two very narrow beds with a fixed two-foot span between them. They also see the complicated track like mechanisms in the ceiling above the bed. The fifth bed appeared as conventional to both the reader and Susan. They also see that the bed was occupied. A patient was breathing by a small respirator and this reminded Susan of Nancy Greenly (Cook 309). Also, Michelle explains to Susan that this care unit was only for visitors whenever concerned family wanted to see them. She tells how they are transferred here in this room automatically. She informs that other patients are also transferred, so it appears like a normal intensive care unit during family visits. Michelle further gives explanations that the patients are kept in another room. She tells Susan that this is

because most people would find this kind of treatment and care difficult to comprehend, especially when it is for their loved ones. She then leads Susan to the original care room where the patients are kept in a different manner. The narrator shows us that there are,

[...] more than hundred patients in the room, and all of them were completely suspended in mid-air about four feet from the floor. All of them were naked. Looking closely, Susan could see the wires piercing multiple points on the patient's long bones. The wires were connected to complicated metal frames and pulled taut. The patients' heads were supported by other wires from the ceiling which were attached to screw eyes in the patient's skulls. Susan had the impression of grotesque, horizontal, sleeping marionettes. (Cook 310)

Michelle explains to Susan why the coma patients are kept hanging on the strings. She informs the importance of proper fluid balance and body temperature throughout. This is possible only if a full-time nurse is attending. With more than a hundred such cases, she explains it is difficult to give attention. They have to be continuously monitored and taken care of, which is possible only by an automated system. For this reason, these patients are usually kept connected through wires and tubes to a computer terminal. The computer checks regularly and maintains their body temperature to an optimum of 95.5 degrees Fahrenheit plus or minus five hundredth of a degree, humidity of 82% with 1% variance. Low flux ultraviolet light with least contact with any object was another requirement. Therefore, these patients were hung on strings with a lot of wires and tubes that administered intake of food and also continuously monitored their physical condition. Hanging on strings ensured control of bacteria, integrity of the skin, and also was easy to maintain the temperature reducing caloric needs, as well as maintain optimum humidity to reduce respiratory infection problems.

However, she explains this kind of visual sight would not be acceptable to the families, and they might be shocked. In order to give this an appearance of authentic treatment and bridge the gap between actual treatment procedure and the alternate procedures followed by them to fulfil their ulterior motives,, the patients are brought into this room along with a few others, so that relatives would not be disturbed and think that it is a normal hospital. Their beds are also designed in a different manner with no basic central support even though in appearance, it is difficult to differentiate except on close scrutiny.

Making the facilities inside Jefferson hospital suitable for preserving coma patients, the hospital space evokes a science fiction atmosphere and setting. The science fiction imagination of automaton encourages viewing the Jefferson Institute as an interface between human and machine interaction. The entire functioning is like a machine taking care of a host of mindless people. It brilliantly brings out the motto of less human labor and more mechanical power in an interesting manner, epitomizing Jefferson as the symbol of what technology can do to healthcare. From monitoring patients' progress to their ultimate care, everything is fully controlled, analyzed and regulated by a computer terminal located on the ground floor. The conversion of comatose patients to 'non-persons' i.e., as brain stem preparations that can be kept alive indefinitely to be of use for organ donations, is the ultimate application of science in *Coma*. By extending life, through the scientific principle of preserving and transferring body in parts, science and technology are taken to the "nth degree" (312) in a fascinating manner to refurbish chronically ill patients.

As Coleman has observed, the basic ingredients of science fiction such as "a scientific fact or theory," "a futuristic or other-worldly setting", "an imaginative plot", "fascinating characters", are all present in *Coma*. Cook also turns a "what if?" about transplant technology into a "why not?" by showing the plausibility. Also, after reading *Coma*, many people started to doubt Boston Memorial Hospital – the real-life corollary to the fictional one (Morgan et. al, 678; Weingarten, "Did Coma cause it?"). A perceptive reader of *Coma* is hooked on the endless possibilities of science fiction found in the text. But as Michel Smart suggests, merely having the elements of science fiction does not make a work as science fiction. This might be one of the reasons for scholars to be in utter confusion about the classification of a text like *Coma*. In the next section we will closely analyze the text for elements of mystery, thriller and suspense fiction.

### **2.3.2 Mystery, thriller, and suspense fiction elements**

Various writers have suggested ways to differentiate the three categories of mystery, thriller, and suspense fiction. Nathan Bransford, an eminent editor of these three genres wrote a blog entry titled "The difference between Mysteries, Suspense, and Thrillers" (2008) that summarizes the main differences among the three categories. He writes that the best way the three types can be differentiated is by looking at the content and focus

of the works. He outlines the following elements as the important parts: (i) Thrillers have action. There is no suspense about the killer. Riveting chases and mysteries must appear at key moments in the fiction; (ii) Mysteries contain mystery, i.e., something you don't know until the end. The killer remains unknown until the very end; (iii) Suspense fictions have danger but not necessarily action. The killer is known from the start but the pace is slower and it is the sense of danger that rivets the reader. Branford's analysis concludes that thriller, mystery, and suspense can be differentiated by the manner in which certain aspects are used in a story whether it is the pace, style, or character.

Keeping these points in mind, *Coma* is analyzed through a close reading using Branford's summarization. The reader comes across a number of these elements in *Coma*. The first noticeable aspect is that *Coma* is full of action. It is packed with chase scenes. The bustle of action starts from the surgery, and shifts to Susan's investigation of the coma cases. It results in life-threatening warnings from a hitman named Ambroise at the medical dorm followed by a car chase. An interesting episode of a shooting at the morgue is another example of action and chase scene. Susan, in an attempt to escape from the hitman, enters the morgue where first-year medical students' bodies preserved for surgical dissections, were kept. Here, an entire episode of shooting and chasing takes place. Finally, the reader feels relieved along with Susan when it is discovered that Ambroise is trapped in the freezer of dead bodies.

However, the culmination of the chase is in Susan's heart-stopping escape journey from the Jefferson Institute to Boston Memorial towards the end of the book. Here, Susan has a tough chase at Jefferson as she had entered unauthorized operating rooms and other secretive places of the institute and learned the dirty truth. She realizes the danger of the place and tries to escape by running from the cupboard in the OR No.8 at Jefferson Institute to the elevator and through the shaft of the computer room. She walks through the ventilator and climbs down towards the garage where a truck with organs was ready to be transported. Sneaking inside the dickey, she manages to come out of Jefferson. The entire chase is hectic, thrilling and gripping for the reader. However, Bransford's second point that there is no suspense about the killer, does not apply to *Coma*. Instead, in *Coma*, what we find is the anonymity of the killer – specifically the conspirator just like in the mystery genre. It is only known in the end

and revealed with shock value when both the reader and the character realize that Dr. Howard Stark is the brain behind the coma conspiracy. The reader and Susan come to know it when Susan finds herself a victim of Howard Stark. Even though Susan was able to find out the conspiracy plot links, its methods of execution and where it is done, she does not get the clue that it was Stark, the chief of neurosurgery. These action-packed narratives engulfed in short chase scenes are also riveting to the reader.

Also, like the suspense genre, *Coma* deploys the strategy of using danger lurking in the hospital. Though in the initial part, the reader does not sense the danger is because of a disease or a malpractice, danger drives the need to find the root cause for the protagonist Susan Wheeler and for the reader it becomes a curiosity. Noticing a recurring pattern in the early part of the text itself, the reader senses the potential danger. The presence of lurking danger is another reason that keeps the reader glued to the events in *Coma*. From Bransford's theory, we conclude, as a hybrid novel, *Coma* has elements like mystery, thriller and suspense genres which contribute to the confusion of its classification.

Jessica Faust makes some useful additions to the classification of mysteries. She breaks down mysteries into three types in the article titled "Does Your Hook Match Your Genre?" (2008). She categorizes mysteries into three types, mainly (i) the cozy mystery; (ii) the mystery; (iii) the suspense/thriller. Her contribution is seen in the analysis of the fine line within the mystery genre. She also brings the thriller and suspense into the mystery genre like Lorena Laura Stookey in the critical companion to popular writers Series, *Robin Cook: A Critical Companion*.

Since Bransford's theory is very broad and since *Coma* exhibits elements of mystery too, it is important to read *Coma* with Jessica Faust's finer analysis of the genre. Her first observation about the three categories cozy mystery, mystery, and suspense/thriller is in the character development and the roles. She notes that cozy mysteries (also, referred to as cozies) lack in the development of the perspective of the anti-hero/villain while mysteries and suspense/thrillers develop these characters in interesting ways.

Faust explains the first category, i.e., cozy mystery as one with no blood and gore and particularly, there is no development in the perspective of the villain. She

notes cozies can include one or two deaths. She surmises cozy sleuths as amateur sleuths having an interest outside sleuthing. A Cozy mystery is comparatively less dark than mysteries, suspense, or thrillers and involves solving crime.

Faust's second category, the mystery, is different from cozy mysteries, even while retaining some of its characteristics. Mysteries are darker in comparison to cozy mysteries. The aim of the mystery is to solve the case providing one clue at a time. Therefore, these stories may involve amateur sleuths. But the difference is that it is a little more developed, in the sense that, the amateur sleuth might have a little more experience in something that might help to solve the mysteries. As an example, Faust cites the use of a doctor who knows the insides of medicine and might be able to solve the mystery within the medical world. She considers these sleuths as capable of solving the mystery, and as compared to cozy mystery, is darker and grittier. It can include blood and gore.

The last classification Faust makes is that of suspense or thriller. She considers this genre as the darkest amongst the three categories. However, the main difference is in the plot set-up. She writes, while cozies and mysteries are about solving the crime, the suspense or thriller is more about preventing the crime. Further, she notes that suspense or thriller involves a potential victim who is forced to help solve a crime. The victim is usually someone who does not see herself as a crime solver. However, the person who solves the crime has the necessary background experience to help in that situation. Typically, suspense or thrillers have at least one protagonist who is connected to law enforcement in some way or the other.

In *Coma*, the protagonist is Susan Wheeler, a third-year medical student. Cook develops Susan into a fully developed flesh and blood character. She has her own flaws and strengths unlike more flat characters such as most of the nurses, doctors, Walters and the others mentioned in the book. Cook also develops Susan's companion Bellows quite well in the novel which is unlike Faust's theory of cozy mystery, mystery or thriller or suspense story characterization. For example, Bellows is described as a resident and Susan's boyfriend who helps her in the end. Although portrayed as a typical chauvinist male doctor, his good side comes to the fore when he helps her towards the end. His character delineation has been done well by providing various

shades to him: He is shown to be pragmatic, and is also shown as somewhat shallow and is known for looking at Susan primarily through the prism of gender and therefore his entire perspective of Susan is colored by a certain degree of bias.

On the other hand, Susan symbolizes the typical feminist of the 1970s who has ambition, determination, and power to realize her goals. The readers come to know her as a beautiful, smart, and intelligent medical student who loves dancing and reading. This suggests, Susan has some attributes of cozy sleuths. They also come to know her determination and ambition while trying to find the truth about coma cases at Boston Memorial. They feel sympathy and happy that she does what she ought to do and feels at home with her feelings, confusion, and difficulties as a woman and a professional.

She is the sleuth in *Coma*. Her portrayal indicates that she is not a cozy sleuth but has some attributes of the cozy sleuth and most other attributes of mystery and suspense/thriller sleuths. Susan is a medical student. She has access to facilities and knowledge of the hospital and its procedures. It is this insider knowledge that helps her to solve the mystery of the various coma cases at Boston Memorial. She could access the medical references and also accept help from Bellows and others in order to understand various aspects of coma. After realizing it as more of a symptom than disease, she directs her attention to causes of coma. After a thorough investigation, she discovers the real cause of coma in Boston Memorial to be carbon monoxide poisoning.

This understanding is only possible because she is a medical student, an insider of the hospital, which gives her easy access to the library and the doctors' notes of the patients. She could also get to thoroughly check the hospital building, like the space between the ceilings where the various valves were connected. Susan can be considered as an amateur sleuth of the suspense or thriller category. Also, since there is blood and gore both in Boston Memorial and Jefferson Institute, *Coma* cannot be looked upon as a cozy mystery. Given that Susan has no direct interest in being a crime solver and because she is an insider, she can be classified under mystery and suspense or thriller sleuths. Also, as both Bellows and Susan are not part of the law enforcement department, *Coma* is not a suspense or thriller according to Faust's theory of sleuth characterization. As *Coma* narrates both prevention of crime and also discovery of the mystery element, it is easy to recognize its blending of genres.

Coming to the villain or antihero characterization, we can say that Dr. Stark's character is not developed in much detail as the protagonist – Susan. The reader gets to know Stark only through few specific instances. First, the reader gets some acquaintance with Stark when Mark Bellows is requested to take classes for the medical students. The reader gets to know that Stark is a vengeful person from Bellows' rumination on a particular incident involving Stark's request to another resident. Bellows' impression is that nobody dares reject Stark's request—"it would have been professional suicide for Bellows to have done so and he knew it. Bellows comprehended the vengeance of the surgical personality, so he had agreed with the proper amount of alacrity" (Cook 24). After this instance, the reader encounters Stark in person only in the meeting with Susan Wheeler towards the end of the novel. The reader gets to perceive Stark through a call which Susan makes. Stark comes out as a helpful character in this instance. He tells Susan:

But on your other request about Jefferson Institute, I had some luck. I managed to speak to the director, and I told him about your special interest in the intensive care. I also told him you were particularly interested in visiting his hospital. Well, he has obligingly agreed to allow you to come, if you come after five. But, there are some conditions. You must go alone, since only you will be permitted inside. (Cook 297)

But the real insight into Stark's nature comes only towards the end of the novel, especially in the section where Susan encounters Stark in his office after her eventful ride and horrific findings about Jefferson. Here, the reader gets to perceive the other side of Howard Stark. In the pretext of being her rescuer and confidant, he wins her confidence and lures her to his office. In a friendly manner, he offers scotch through which he drugs her. After projecting a seeming interest in her recent discovery, he extracts every detail Susan found about the Jefferson Institute and the conspiracy, after which he goes on to elaborate his stand on medicine and research after listening to Susan's perception. He says:

Now then, Susan I want to make sure where we stand [...] ok Susan, now why do you think Jefferson institute is a clearing house for transplant organs? I heard them talking. I even saw the shipping cartons for organs myself. But Susan, it isn't surprising for me that a hospital filled with chronic case comatose patients would be a source of transplant organs as the patients succumb to the disease processes. That might be true. But the problem is people behind this were the ones making at least some of these patients comatose in the first place. Besides, they are getting paid for these organs. Paid a lot of money. (Cook 345)

The reader for the first time gets to see what Stark is. She realizes that Susan has misunderstood Stark and gets nervous about the outcome. The reader's thoughts are

swayed between the need to give punishment to the villain and what might happen to Susan heightening the thrill factor of the story. After studying Susan's answers, he asks whether she could think of any other reason for the fantastic operation, other than money. She responds stating it was "a good way to get rid of someone you don't want around" (Cook 346). Stark is unsatisfied with the answer. He asks what can be a real benefit other than financial, to which she replies: "I guess the recipients of organs get a certain benefit, if they don't have to know how the donor organs were obtained" (Cook 346). After realizing that Susan could not perceive the reality, he explains his position.

Sometimes there are situations where [...] what I should say...the common folk, if you all be dependent upon them to make a decision which will provide long term benefits. The common man thinks of only his short run needs and selfish requirements (Cook 346-347).

He tells about the latest developments in medicine, how the discovery of anesthesia or antibiotics will pale in comparison to the next giant step—the mystery of immunological mechanisms. He also emphasizes the potentiality to be able to transplant all human organs at will, which means "the fear of most cancer will become a thing of the past. Degeneration, disease, trauma [...], the scope is infinite." (348). His point is that for breakthroughs in science, it is important to sacrifice people, therefore justifying the activities of institutions like Memorial and its facilities. By comparing himself to Leonardo Vinci, he tries to vindicate his act as serving a good cause for humanity in the long run. He believes that stepping beyond restrictive laws in order to ensure progress is indeed ethical and the right way to help progress. Stark showcases his fixation on experimental work by posing several questions such as: "What if Leonardo Vinci had not dug up the bodies for dissection? What if Copernicus had knuckled under the laws and dogma of the church? Where would we be today?" (348), and asserts that "What we need for breakthroughs to happen is data, hard data" (Cook 348).

Stark exaggerates the legal system's handicap. He alleges that science is not geared to handle the need of the times and tasks (Cook 348). Just like most antiheroes, Stark's thoughts are unlike those of a hero, though both may share the ultimate aim, i.e., progress for humanity. The only difference is in the paths taken by the two. One sticks to the ethically correct—to save someone while the other is ready to kill one for the sake of humanity. Showcasing these diametrically opposite philosophies, the reader and Susan are left in confusion after confronting Stark, who is a well-developed dark

character. This indeed is in line with the antihero of suspense / thrillers and is quite different from cozy mystery and mystery genres. Also, it is his psychology that makes the story thrilling to the reader. The reader is reminded of serial killers when they think of Stark. As Stookey notes, the novel can be looked upon as a hybrid of suspense/ thriller/ mystery genre. In the next section, we will explore the characteristics of medical thriller genre.

### **2.3.3 Aspects of medical thrillers**

Chuck Sambuchino in an article published in the *Writer's Digest* “6 Tips for Writing Medical Thrillers” (2014), summarizes the following useful characteristics of a medical thriller: 1) The settings of medical thrillers should always be a medical world in its totality: the training, politics and culture of the medical profession; 2) Medical knowledge imparted should be believable and compelling. Further, he says the writer should keep the audience in mind and so the technical knowledge should be revealed as much as is required; 3) The style should be moving, fast paced: a gripping story. Characters should be relatable, that is those whom the readers will care about; 4) The plot should incorporate what-ifs of medicine in a fascinating manner through the introduction of technological and ethical aspects.

Following Sambuchino’s guidelines, we can check if *Coma* can be classified as a medical thriller. The novel is set in the worlds of Boston Memorial hospital and Jefferson Institute. The reader encounters the process of training in medicine through five medical students. The reader becomes sensitive to the tediousness and difficulty of the medical training as well as other aspects of medicine. For instance, Fairweather’s collapsing on seeing blood in the intensive care unit where a patient was undergoing operation is a case in point. This reaction is understandable. Another instance where medical culture is shown is in the initiation and treatment of the medical students by the nurses in a practical scenario. They consider the medical students as “green horns” (44) and prick at their ego of ‘to-be-doctors’. The nurses at the workstation, when told they are medical students, laugh at them and do not give any attention to their query. Rather, they are treated as a liability.

An instance of when the politics of medicine is best conveyed is in the clever manipulation of patients to be comatose so that organs can be used for transplant. The

language used by Cook in *Coma* is rather simple. The reader feels it due to the graphical form of the narrative. This idea of graphic narrative will be explored in detail in the later section of this chapter. The suspense of carbon dioxide poisoning makes the novel a gripping one, as one by one, the patients become comatose in spite of being healthy. The reader feels for the characters and is invested in their fate. The protagonist, antagonist, and others are all relatable characters. Also, Cook has weaved in the possibility of malpractice in hospitals, through the case of organ transplant in an interesting manner. All these elements show that *Coma* has all the characteristics of medical thrillers as outlined by Sambuchino, although it incorporates aspects of other genres as well. In the next subsection, we will explore aspects of detective fiction in *Coma*.

### **2.3.4 Aspects of detective fiction**

In his essay, "The Typology of Detective Fiction," Tzvetan Todorov notes the whodunit *par excellence* is the classic detective fiction (43). While suggesting this point, he argues that there are no "kinds of detective fiction" but only forms, as genres evolve with time and bring forth new genres (43). In other words, Todorov shows various genres like thriller, mystery, and suspense are types of the classical whodunit detective fiction formed at various points in history with slight changes to the form of the novel. Extending George Burton's argument, he explains that "all detective fiction is based on two murders of which the first, committed by the murderer, is merely the occasion for the second, in which he is the victim of the pure and unpunishable murderer, the detective," (44) and that "the narrative superimposes two temporal series: the days of the investigation which begin with the crime, and the days of the drama which lead up to it" (44).

Outlining the traditional elements of the detective fiction as two stories – one of crime and another of investigation, Todorov dissects the detective novel. He also shows that in the purest form these two stories have nothing in common. He explains that the first story ends before the second story begins. Instead of so much action, the characters in the second story learn from the characters about the crime. Also, Todorov writes the thumb rule of the genre is that "nothing happens to him, the investigator" (44). In other words, the investigator can never be threatened by danger, wounded, or even attacked. Also, he notes that the story of investigation is then merely a work of slow

apprenticeship until revelation. In other words, the story of investigation acquires a special status over the story of crime often told by the detective's friend who is assumed to have written the book.

The second story seen in this manner is an explanation of how the book came to be written. Put differently, the first story does not take into account the second story at all. Todorov further simplifies the connection between these two stories by saying that "the first—the story of crime—tells what really happened", whereas, the second story—the story of investigation—explains, "how the reader or narrator has come to know about it" (45). He explains that "the story of what happened" equals the Russian formalist's classification of fable (story). Similarly, the story of investigations equals the classification of plot. Therefore, Todorov considers in detective fiction—the story of crime is "the story of an absence: its most accurate characteristic is that it cannot be immediately present in the book" (46).

Told in a different way, Todorov explains the reason for using such a device. He writes that since the narrator cannot directly transmit the conversations of the characters that are implicated, nor describe their actions, he must necessarily employ the intermediary of another (or the same) character who will report, in the second story, the words heard or the actions observed. For Todorov, the status of the second story is then just as excessive—a "story which has no importance in itself" but that which serves only as "a mediator" between the reader and the story of the crime (46). Detective fiction should always be simple, clear, and direct. Also, he points out that the narrative could never have an omniscient point of view in the first story. He explains the relationship of the literary devices such as "temporal inversions" (46) and points of view to the two stories. He notes that temporal inversions and points of view are very crucial to the first story while the second story uses all these devices to explain and justify. The following are Van Dine's rules for detective fiction as summarized by Todorov:

1. The novel must have at the most one detective and one criminal, and at least one victim (a corpse);
2. The culprit must not be a professional criminal, must not be the detective, and must kill for personal reasons;
3. Love has no place in detective fiction;
4. The culprit must have a certain importance: a). in life: not be a butler or a chambermaid; b). in the book: must be one of the main characters;
5. everything must be explained rationally; the fantastic is not admitted;
6. There is no place for descriptions nor for psychological analyses;
7. With regard to information about the story, the following homology must be observed: "author: reader: criminal: detective."
8. Banal situations and solutions must be avoided. (46)

In *Coma*, although all the above-mentioned elements are not present, some interesting elements are found. For example, Susan (medical student) is the protagonist and Dr. Stark is the criminal. Berman and Nancy are the two brain-dead patients, the victims of Stark's schemes. Dr Stark is not a professional criminal; instead he is a doctor who saves patients at other times. In *Coma*, there is romance unlike detective fictions, especially in the relationship between Bellows and Susan which helps to increase and complicate the tension. Susan is not sure whether she should trust Bellows and so divulges very less information. She even tries to avoid him during the latter part of the investigation. This arrangement also allows Stark to take advantage of Susan and gain her trust to trap her. Also, Stark being a doctor, is an important person. He is in fact the head of neurosurgery. All the events right from the coma cases to the unraveling; everything is rationally explained with proper scientific explanations. There are many places where *Coma* challenges the rules of Van Dine, such as in the description, especially in places where the procedure for medical treatment or the hospital setup etc., is given.

In order to portray the characters as well-rounded, the text offers some instances of psychological analyses. The reader hears of Susan's reverie of becoming a dancer, her thoughts about other doctors, and also of Stark. The character of Stark also delves into some amount of psychological analysis, especially in the part where he confronts Susan towards the end of the novel. Also, *Coma* does not use any trivial situations in order to give a solution. While many of the elements of detective fiction are present in the book, some are absent. This is because, as Todorov points out, genres evolve to produce new ones, by altering some elements of the old genre to form a different one. According to Todorov's classification, "thriller" is a subcategory of detective fiction, founded in America and published in France under the title "série noire" (47). Seen in this perspective, the medical thriller *Coma* can be categorized as a subgenre of detective fiction.

Todorov suggests the basic elements of thrillers as different from the classical whodunit detective fiction. He writes that the major difference between thrillers and whodunit detective fiction is in the structure of the fiction. In thrillers, he writes, "the two stories are fused"—crime story and the story of investigation. In other words, the first story is "suppressed" and the second one is "vitalized" (47) in thrillers. This can be

found in *Coma* too. The story begins with the cause of death for Nancy, followed by that of Berman. Also, Todorov points out that the narrative coincides with the action. Susan investigates the cause of the condition out of curiosity. The crime is not told as an anterior in these fictions. In *Coma*, however, we come across Nancy's death at the very outset. Like other thrillers written in the form of memoirs, *Coma* is also written in that format. Each chapter is written as an episode with the date and the time of incidence. The crime coincides with the action. When the crime happens, the protagonist Susan Wheeler starts investigating. Also the narrator does not comprehend all the previous actions. The narrator too has no clue why Susan reacts so. There is uncertainty about the narrator surviving till the end.

Susan faces danger and even is threatened if she checks on the case by Ambroise, the hitman. Prospection takes the place of retrospection. Susan's actions to find the truth proceed from her prospection of what would happen. There is no story to be guessed; instead, the reader's interest is based on curiosity and suspense. Susan is curious to find out more about the comatose condition, though she realizes the conspiracy which leads her to find out the person behind it. Curiosity is produced from "effect to cause" and suspense is produced from "cause to effect" (47) in these novels. Unlike the whodunit where the detective is untouchable, in the thriller, the detective risks his life or at least his health. The main protagonist Susan ends up becoming almost comatose, unlike what usually befalls the protagonist of a detective fiction. Many patients are murdered and lastly, even the protagonist Susan becomes a victim.

For Todorov, old elements continue to exist even while developing a new genre but with some more additions. Taking the case of Raymond Chandler, he explains, how mystery is still present in the thriller but that its position is only secondary in it. The elements like danger, pursuit, and combat are the other elements that are present in thriller as well as in the adventure story. But it is a tendency towards the marvelous, the exotic, and towards description that makes thriller different. From the above delineation, it is possible to say that *Coma* has a few elements of detective fiction, being a sub-category of whodunit; however, it has its own features. As Todorov points out, it is easily discernable that it is an evolving genre and hence it is a hybrid one which encompasses several elements of other fictions as well. In the next subsection we will explore aspects of horror fiction in *Coma*.

### 2.3.5 Horror fiction elements

In the introduction to *Horror Reader* (2000), Ken Gelder locates horror in “the archaic (the ‘primal’, the ‘primitive’, the ‘frenzied subject of excess’) and the modern (the ‘struggling moral subject’, rational, technological)” (3). He notes that “horror texts may very well represent this entanglement; how they resolve it is another question. Horror can sometimes find itself championed as a genre because the disturbance it willfully produces is in fact a disturbance of cultural and ideological categories we may have taken for granted” (Gelder 3).

Gelder’s analysis suggests that horror is a representation of culture in an exaggerated manner. It would be useful to look at some of the striking features that are used to determine the genre as having a gloomy atmosphere, presence of monsters, fight over good and evil, suspense etc. But, Clive Bloom in his book *Gothic Horror* (2007) suggests that “horror stories have moved away from the trappings of Gothicism,” such that horror still deploys “settings, atmosphere, and style” but these “are dictated by contemporary events, psychology and social realism” (Bloom 2).

Taking this idea of the horror fiction, it can be argued that the treatment of inducing comatose in *Coma* can be seen as embracing the primal desire for hurt. This practice can be traced in the section dealing with Susan Wheeler’s forceful appendicitis operation in Operating Room number 8. Dr. Stark, who is threatened by Susan’s discovery of conspiracy, finds a means to annihilate her. He becomes her confidante and traps her. This is done by adding a drug to the scotch and offering it as a friendly gesture. After knowing her stand on coma cases, he then decides to eliminate her like the other coma patients. By calling for an emergency appendicitis in Operating Room number 8, he strangulates her body between the feelings of knowing and not being able to react. They conduct the appendectomy while she is only locally anesthetized. Susan is almost dead but Bellows, remembering about the T-valve in Operating Room number 8 which Susan had mentioned, checks the area and stops the oxygen supply from the valve in the middle of the operation. A standby oxygen cylinder then supplied oxygen. Thus, Susan escapes the near-death encounter, one of the most horrifying aspects of the book. She could feel, know, and see what Dr. Stark was doing to her and the horror reaches its climax when she cannot object to him either by shouting or trying to run away.

Susan remembers at this point that this might have been the case with all the other coma cases. The reader and Susan realize the pain and agony each of those coma patients had to go through during surgery. The conversion of a living body into brain-dead is itself terrifying. The reader and Susan are left to ponder what each coma patient might be feeling. The killer in Howard Stark fully brought out is another aspect, typical of horror genre. His monstrosity is not in appearance but in his criminal and devious mind that wants to harm patients in order to secure brain stem preparations for organ transplant. From this, it can be understood that some elements of horror are also present in *Coma* apart from elements of the other genres delineated above.

### 2.3.6 Crime fiction elements

In *A Companion to Crime fiction* (2010), Rzepka and Horsley write, “in crime fiction, the state penal code matters more than the Ten Commandments, and the threat of arrest and punishment more than the prospect of hell” (1). What he means to say is that any fiction with crime cannot be deemed crime fiction, especially those intending to point towards morality; rather the crime is held by the prospect of punishment from the law of the land. It means stories involve an investigation of the crime, with suspense and high stakes with the guilty being punished by the law. In these stories, the focus is on the danger to the society or individual and the prevention of it. *Coma*’s focus is also on the prevention crime. We note that Susan wants to stop the rising coma cases. Therefore, she decides to investigate and find out the truth. This allows her to find out that Stark is the culprit. Though at this point she herself becomes incapable to bring out the truth, Bellows brings out the truth and tries to save her.

Milda Danyte in *Introduction to Crime Fiction Analysis* (2011) observes, “literary specialists reserve the term crime fiction for a more recent genre that developed in the late 19th century, in which there is more mystery about the crime that has taken place. She explains how in these narratives a good deal of the text is concerned with the effort to solve the mystery of the crime” (Daynte 5). This essentially applies to *Coma*. Daynte surmises the essential characteristics of crime fiction as follows:

- (i) A crime, most often murder, is committed early in the narrative;
- (ii) There are a variety of suspects with different motives;
- (iii) A central character formally or informally acts as the detective;
- (iv) The detective collects evidence about the crime and its victim;
- (v) Usually the

detective interviews the suspects, as well as witnesses; (vi) The detectives solve the mystery and indicate who the real criminal is; (vii) Usually this criminal is now arrested or otherwise punished. (Daynte 5)

These elements mentioned by Daynte are found right from the beginning. For instance, a number of murders happen during the early part of the book. This is illustrated as a series of coma cases in *Coma* which includes patients like Nancy Greenly, Berman and many other unnamed cases. Not only do we observe murder, but we also come across a number of potential suspects who are investigated by the protagonist Susan Wheeler. For example, Susan initially suspects Bellows and Dr. Harrison while mistaking Howard Stark for a genuine and helpful doctor. In spite of being only a medical student, she informally takes up the role of an investigator, after observing the anomaly in the coma cases. It is only towards the end that she (the investigator) realizes that it was Dr. Stark who is the real culprit. She realizes the scale of his manipulation and the power he holds. On the lines of a crime fiction protagonist, she confronts the suspects and arrives at her own conclusions. Most of the conclusions are wrong in the beginning; however, towards the end when she meets Stark, she gets surprised and realizes he is her enemy. She understands that the two important advantages which prevent any suspicion of Stark are his reputation and skill. She realizes the extent of manipulations from her evidences. For instance, the new T-valve in the oxygen line in Operating Room number 8 that carries carbon dioxide, could only be put up with an insider's aid. She recognizes the complex criminal mind that had both foresight and power. She is shocked at the idea of installing carbon dioxide gas through the pipelines carefully in room 8, which would lead to de-oxygenation complication such that whatever anesthetic agent is used by the doctor during normal surgery in that room would all result in coma. It is only at this moment the reader and Susan realize that the investigation has only pushed her into danger. Even after finding that Jefferson Institute is the dispatch house of organs, the criminal is so powerful that Susan Wheeler has no way but to succumb to his surgery. Although she is able to connect the entire puzzle of coma cases, except for its one perpetrator, Dr. Stark, she has very little power by herself to bring him to light. But, as she had earlier informed Bellows about the valve in Operating Room No. 8, she is rescued from the same state as the other coma patients. Also, Stark is found guilty and asked to surrender to law. Most of the above mentioned crime fiction elements as outlined by Dante are found in *Coma*. In fact, the presence of these elements could be the reason why various scholars, readers, and

publishers have categorized *Coma* as a crime fiction. A case in point is Martin Priestman's *The Cambridge Companion to Crime Fiction* (2003) which classifies medical thrillers as crime fiction.

Thus, from the above discussion, we can infer that *Coma* contains aspects or elements of multiple genre categories. *Coma* can be looked upon as a case of complex blended genres which is difficult to define as any particular category as pointed out in the above sub-sections as well. Because of the hybrid form or structure the novel entails, *Coma* can be then looked upon as grotesque in structure as Harpham defines. Nevertheless, identifying the difference, Noel Carroll notes this type of stylistic or aesthetic incongruity as only grotesque figuratively speaking, while hybrid beings are grotesque *per se* (297). The novel takes the reader through a roller-coaster ride of emotions, between anxiety, fear, terror and even nervous laughter at various points which coincides with Dieter Mendl's summation—grotesque exists as a tense combination of attractive and repulsive elements, of comic and tragic aspects, of ludicrous and horrifying features (14). Therefore, it can be deemed grotesque. In the following section, we explore how the narrative of *Coma* enables these various responses of the grotesque through the concept of depth perception and other theories of grotesque aesthetics.

## **2.4 From Word to Image: Depth perception, graphic narrative, and double-effect in *Coma***

*Coma* has invited multiple criticisms regarding its affective qualities too (Belling, Charpy and Crellin). However, these studies have simply evaded the mechanics that bring about this effect using the term “sensational.” Scholars on medical thrillers have pointed out the visceral and the psychological responses. Yet, the problem lies in the construction of an alternative medical world that is completely opposed to the normative presumption of medical institution in contemporary medical culture. How does the fiction enable it? This study explores the mechanics of the narrative by analyzing *Coma* through close reading using Catherine Belling's concept of depth perception used in the article “Depth Perception” and various theories of grotesque by Wolfgang Kayser, Connelly, Jennings, Anderson and McElroy to understand the implications of characters and techniques of the narrative with a focus on settings and

mood. This study helps in unraveling complexities of medical thrillers which enhances the visual appeal through different narrative strategies in order to convey important social issues.

*Coma* delves into the malpractices at the famous Boston Memorial Hospital, where a number of patients turn comatose. When a couple of cases occur, the protagonist Susan Wheeler tries to investigate in order to understand the cause, which helps in uncovering the truth. Scholars of Robin Cook focus on a few aspects, mainly the problematic way ethics has been dealt with in *Coma* and advantages of ‘endographic-omniscient narrative techniques’ (Belling 444, Belling 152 and Charpy 231). Some studies focus on the language and representation of medicine that makes it a convenient tool for teaching English for Specific Purposes (ESP) (Petit, Charpy 231). Although various scholars have worked on different works of Cook, it is Lorena Laura Stookey who takes up an entire study, *Robin Cook: A Critical Companion*. Her work is a detailed analysis of all his works till 1996. She uses multiple critical approaches ranging from cultural criticism, reader response, feminist criticism, structuralism, and new historicism with a brief summary of plot and characters for each text. In this book, the chapter titled “Coma and Terminal” is analyzed from the lens of cultural criticism. Differing from Stookey, this study addresses *Coma* from the grotesque lens, which argues for the affective qualities through close reading. Reader response theory fails to explain the “graphical” style of the narrative as well as “visceral and emotional response”; thus grotesque theories that address both the visceral and psychological responses are applied.

Lee Byron Jennings, in *The Ludicrous Demon: Aspects of the Grotesque in German Post Romantic Prose* (1963) explains the double-effect as the co-presence of the opposing elements, which brings emotions of laughter and horror, pity and horror, and similar combinations that are on the two sides of a continuous spectrum. Jennings essentializes the combination of emotional with the physical attributes that careens of the imagination in ambiguity as double-effect. Taking the example of the medieval gargoyles, he explains how the grotesque figure is able to bring commingling emotions of “terror and laughter” or “fear and anxiety.” As an example, he explores responses towards the “menacing display of beaks, horns and talons [...] often accompanied by a

foolish, leering expression and scurrilous gestures” (Jennings 10) exhibited by the gargoyles.

Similarly, the aspect of the double-effect in *Coma* is perceivable in the numerous contrasts brought in the narrative by means of the setting—the hospital, the mood—the atmosphere, and also the characterization. The double-effect in *Coma* functions to destabilize existing notions of reality either by prying open a gap of new possibilities or contesting existing ideologies that are often unsaid, but ever present in culture. However, using grotesque lens for literary works has its own challenges because texts are non-visual. To bridge this gap, the concept of depth perception is useful.

Belling coins the term ‘depth perception’ to account for the ‘imagistic’ ability of representations beyond the visible (239-240). She argues that representations and discursive tools can make invisible things perceivable through metaphor and narrative. By referring to these two vehicles of language, or metaphor and narrative, she explains how these can posture truth and reality. She discusses the visualizing process and its affect by using examples from X-Rays, the film *Jaws* (especially the original cover image of Peter Benchley’s book and the movie), and a short story about white blood cells. Posing questions of how images provoke unexpected reactions, she arrives at the visual capability of the audience triggered by other subsidiary experiences. She argues for the viewer’s ability to imagine from other cues (working like metaphor and narrative). For example, in the film *Jaws*, the huge size, bloody water, and jaws provoke imaginations of previous experiences of violence. These small clues intensify the visceral impact as well as the emotional response. The audience perceive in the narrative, a bloody encounter that leads to disturbances which have been diagnosed by doctors in *New England Journal* as “Jaws neurosis” (quoted in Belling 240), a medical condition of shock. Belling imports this visual capability as depth perception.

In this sense, depth perception can be understood as a process that comprises “the effort to visualize actual events in a particular body demands a kind of double vision, seeing both above and below the surface at once, oscillating across the boundary between the visible and the invisible, the concrete and the abstract, the figurative and the literal through a dialectic of figurative seeing” (Belling 240). Although, Belling’s

aim was to understand scientific representations given by techniques like X-rays and others as imitations, using depth perception, the image produced espouses only false realities (imitations of imitation). This means the product of an X-ray, the image, is an unreliable paradox but it is accepted at the same time by scientists to validate science. In a similar fashion, depth perception, which allows visualization as a “dialectic of figurative seeing” (240), can be applied to our narrative. As a result, visualization of imaginative experiences from prior first-hand or secondary experiences becomes possible.

This concept, when applied to *Coma*, creates a similar dialectic of seeing—an ability to see beyond the visible which will be explored through the analysis below. It increases the complexity of *Coma* and genres of this category, challenging existing notions. At this point, another interesting aspect noted by Belling becomes handy for this study. In her essay “Endography” (2009), Belling writes *Coma* has “graphic” narrative (155) which supports our standpoint of the grotesque. Frances S. Connelly’s postulation that “the grotesque is the most imagistic of images” (ix), makes a case that image is crucial to be grotesque. Similarly, other scholars have insisted on the visual form of grotesque<sup>1</sup>. Scholars Geoffrey, Galt Harpham and Wolfgang Kayser have been vocal about the imagistic feature of grotesque. Harpham perhaps insists on this aspect when he says grotesque as an aesthetic mode, is predominantly visual and that it “remains primarily a pictorial form” (465). Kayser covertly notes this contrasting imagistic power in his illustration of Velazquez’ *Las Meninas*<sup>2</sup>.

Combining depth perception and grotesque theories, this essay investigates *Coma* by shedding light on the combined effects of visual imagery that provokes the visceral impact. By extrapolating Belling’s understanding of *Coma* as “graphic narrative,” (155) we suggest that the spine-chilling visceral impact is a result of depth perception that is enabled by contrasts (double-effect) both in the physical elements and mood of the narrative. Double-effect is the strategy of bringing different contrasting aspects together to invoke ambiguous responses. For example, African masks with their hybrid physical features that invoke ambiguous responses, depending on the viewer. The visual limitation of fiction is thus compensated by the graphic narrative using the strategy of the double-effect.

Scholars like Bakhtin<sup>3</sup>, Goodwin<sup>4</sup>, and Connelly<sup>5</sup> note that the literary grotesque is a weakened form compared to its counterpart in the art form. This limitation is based on the less imagistic or non-imagistic nature of fiction. Most literary texts fail to be imagistic throughout, that is, only restricted to instances or scenes of pictorial narration. Classic examples of literary grotesque are Victor Hugo's *Cromwell*, Shakespeare's *King Lear*, and Rabelais' *Gargantua and Pantagruel*.

In literature, grotesque is chiefly expressed with the help of metaphor and narrative. Metaphors work to build imagery by drawing likeness to some very unlikely object. Bloom calls it "objects of desire" (xi). Scholars such as Harold Bloom and Blake Hobby<sup>6</sup> and Shun Liang<sup>7</sup> Chao (2010) have explored grotesque as a metaphor. Another means by which the grotesque is brought out in texts is through its narrative. The succession of events in a story forms the narrative (Rimmon-Kenan 2). From this perspective, texts which are visual should enable the image developed to be in "visual flux compromising established realities" (Connelly 8) and "merging with alien realities" (8). It is through this means that grotesque is fully developed in the narrative. This means the grotesque essence is built by "rupture [in] boundaries of what we know" (8). Ruskin explains this feature in his *Stones of Venice*:

A fine grotesque is the expression, in a moment, by a series of symbols thrown together in bold and fearless connection, of truths which it would have taken long time to express in any verbal way, and of which the connection is left for the beholder to work out for himself only; the gaps left or overleaped by the haste of imagination, forming the grotesque character. (132-134).

However, the similarity of grotesque in literature and in image tradition lies in the creative gap left for the reader (texts) or receiver (art). "The grotesque creates meaning by rupturing the boundaries of disparate realities" (Connelly 12). Though grotesque achieves its fullest expression only in art form, since this gap is fulfilled in the instances of metaphorical usage and narrative graphicality, *Coma* can be interpreted from the grotesque lens. In this way, it makes the story visual, and at the same time pricks at the emotions of the reader into a state of disparate reality.

This study finds the grotesque as the most appropriate lens to analyze and argue for the impact of *Coma*, because it takes into account "the unresolved clash of incompatibles in both work and response" (Thomson 27), considering the "graphic narrative" (155). We argue by means of examples how in the book various events, settings and issues are powerfully brought out as visual imagery in the reader's

imagination which conflict with and contradict the author's perception resulting in a contradictory response of the grotesque. Since grotesque in the structural mode or "form" of hybridity, explicates only one part of its aesthetic appeal, it is compelling to analyze the narrative as well. Also, as the narrative of *Coma* uses some strategies of contradiction like "the unresolved clash of incompatibles in work and response" and "the ambivalently abnormal" (Thompson 27) through the 'double-effect/ co-presence' of grotesque, these perspectives are used in discussions and analysis in the following sections suitably.

## **2.5 Depth perception, graphic narrative, and grotesque double-effect**

Nancy Greenly lay on the operating table on her back, staring up at the large kettledrum-shaped lights in operating room no.8, trying to be calm. She had had several pre-op injections, which she was told would make her sleepy and happy. She was neither. Nancy was more nervous and apprehensive than before the shots. Worst of all, she felt totally, completely, and absolutely defenseless (Cook 1).

The striking feature of narrative grotesque in *Coma* is the imagistic quality revealed by depth perception, the contrasts induced by the double-effect or co-presence, besides the visceral impact as indicated by the above lines. *Coma* is 'pictorial.' A reader is able to perceive a mental image of what is being narrated while reading *Coma*. Depth perception is the ability of the reader to see and know beyond the text. This ability enables her to build on meanings by associating with the previous primary or secondary experiences. This technique has been amply used in the narrative of *Coma* and is the major reason for labelling it "graphic." Exploring the graphic narrative representation, and keeping in view the case study of *Coma*, this analysis helps in arguing for the complexity of medical thrillers. It analyzes its functions in developing themes of ethical conflict, embodiment, anxiety of commercial interests and identity while the double-effect reinforces contrasts in themes and responses. Such a reading pulls the reader between opposite emotions that takes her away from her comfort-zone, and puts her into a state of uncertainty and confusion. The paper suggests the purposefulness of double-effect used to generate the intensity and thrill of the prevailing issue of organ theft.

Cook uses the episodic narrative style that carves out images of characters and events in terms of sharp contrasts, resulting in visceral response often conceptualized as "co-presence" (Thomson 3 ) or "double-effect" (Kayser 18, Jennings 10), an essential

characteristic of the grotesque to make the style effective. For example, in *Coma*, Cook uses “Monday February 23, 7.30 am” (Cook 29) in order to transition from the “prologue” to the next chapter. The reader forms images from words appearing more like moving images (movie). The significance of this narrative strategy is that it captures the reader’s attention right from the beginning.

The mood and the setting are examples of sites where this is employed. It conveys the narrative with images suggesting its symbolic meaning as explored below. As Emanuele Tesauro argues in the chapter titled “The Wit of Nature” in *Il Cannonchiale Aristotelico*, a work of artistic imagination is telescopic, reducing distance between things and “revealing their common truths” (quoted in Connelly 52), the graphic narrative collapses the distance between the reader and the work. The omniscient narrator guides the reader through the hospital rooms, the laboratories, and other areas as the story progresses through chase scenes and finally culminates in the discovery and retribution scene.

The narrative in *Coma* invites the reader to perceive events, situations, and characters through dialectics. In her book, *Dialectics of Seeing: Walter Benjamin and the Arcades Project* (1989), Susan Buck-Mors explicates “dialectics of seeing,” a concept which Walter Benjamin develops in his unpublished *Passengen-Werk*. For Benjamin, an interpretative process lies in intertextuality, and mostly it is read in conjunction with historical, political, and social context. Similarly, the narrative which an author gives is a hint that leads to multiple interpretations or truths that are equally valuable. The dialectics of seeing enables the reader to interpret *Coma* differently. The picturesque narrative welcomes the reader to critically analyze several bioethical concepts and issues intertextually. The issues discussed ‘play’ within the imagination bringing ambiguous responses as the fiction critiques issues that are against ideological assumptions of medicine (3-5).

*Coma* produces diametric responses because the characters, situations and events, are shown in contrast to the ideal functioning i.e., caring for patients. The narrative uses settings, mood and characters with contrastive characteristics to produce the double-effect of the grotesque. For example, the dark sky outside the hospital, and the bright light inside the Operating Room, indicate the death lurking and hope inside

the room which are in constant tension and on the verge of collapse until the next scene. Cook's meticulous choice of word-images imparts this effect of grotesque. The readers are given the scope to think, feel, see, and experience what each of the characters experiences through various events and issues discussed in the narrative.

## **2.6 Boston Memorial, Jefferson Institute, and the mood in *Coma***

To understand the dialectics of seeing, we explore settings, mood, and characters. The settings—Boston Memorial and Jefferson Institute—are the centers of all events. The overall mood of the story gives the reader ideas about the events that disorient the characters. It shows the influence of both these hospitals on the characters. The mood gives cues to the characters' plight through its atmosphere. Boston Memorial Hospital arouses an anxious mood. The mood gives the impression of the forthcoming doom. The atmosphere of the hospital conveyed through darkness and light, alternating along the many passages and rooms within the setting, aids this. Readers become conscious of the subterranean aspect of the hospital because of the mood. In short, the mood and characters represent the upended world of the hospitals. The central mood is developed through the interplay of darkness and light, indicating both symbolic and literal meanings. Light, symbolic of hope, echoes ordered world, while darkness, symbolic of grief, forebodes death and disruption resonating with the topsy-turvy world or upturned-world as used in the carnivalesque grotesque by Bakhtin.<sup>8</sup>

*Coma* begins and ends in Boston Memorial hospital; however, some of the events also happen at the Jefferson Institute of Medical Research. This place is its "sister concern [...] an organ harvesting clearinghouse" (Cook 338) which is revealed towards the end of the story. The reader encounters the Boston Memorial hospital through the events circumscribing the inmates and patients such as the sickly Nancy, Berman, Walters, Bellows, nursing staff, med-students, Stark and other doctors. When they come across the hospital, they visualize Nancy Greenly admitted in Room-8 for a minor dilation and curettage (D&C) surgery, also know her condition of excessive bleeding and vicariously imagine themselves in Nancy's place. Prior experiences in the hospital as a patient and a family member are awakened and the reader's imagination is stirred towards the anxiety of knowing the ill health, horrors of being hospitalized with memories of the smell, and other anxious and painful moments. The hospital, in this way, has a profound effect on the reader.

Only after this brief reverie in her mind does the reader return to Nancy as she “lay on the operating table on her back, staring up at the large kettledrum-shaped lights in the operating room number 8 trying to be calm” (Cook 1). This thought process and visual cognition is what we call depth perception. Besides this small visual impact in the beginning, various other things become apparent in a similar manner. For example, the contrasts in the lighting used becomes easily perceptible to her: the room inside had lights showering on Nancy, while the outside sky is “chalky grey” (Cook 1), showing the rest of the room as blurred, including the road outside with occasional dim-lights of the car speeding, which enables the reader to see through Nancy’s vulnerability bringing mixed responses—anxiety, sadness and empathy.

This lighting evokes the double-effect of grotesque, and also builds up the tension and suspense of the narrative using cues like “everything was fine, until the bleeding” (Cook 1). Alternatively, it develops the mood of the story even though readers may not necessarily be conscious of it, during the reading process. For example, “the chalky grey sky” indicates gloom. Also, contrasting darkness with the lights inside the room is a strategy to show the upcoming death. The play of light and darkness works to act as metaphor: a premonition of trouble and the anxiety that is not fully realized at this point. While lights symbolize hope, darkness symbolizes disaster.

The mood in *Coma* further develops the double-effect of grotesque, pushing the reader to anxiety and fear. Light and darkness is not only a presence in Boston Memorial, but also present in Jefferson institute. It implies the mood of the space. The darkness outside Jefferson institute indicates the blindness of the public about its workings while the lights on the coma patients indicate the awareness of the staff inside the hospital about their work. The other function of light in the hospital is to keep the comatose bodies warm for harvest. The use of light and darkness is quite frequent in *Coma*, and it has been used both in the literal and symbolic sense as shown above. Light works as a crucial actor in the surgery, in the Jefferson institute as well, to bear witness to patient’s pathology, sometimes even preserving people. By directing our attention to the large kettledrum light above Nancy’s head, the narrative draws on the metaphor of the sinister while also pinpointing the object of that problem—Nancy.

The interplay of darkness and light evokes the feeling of entering a grotto even though they are in the hospital, which is further clarified by the association with gothic architecture mentioned in the third chapter of *Coma*. From this lens, we can say that Boston Memorial evokes the grotesque of the underground passages or ‘grotto’ with a tiny ray of light streaming through, but it also passes a reminder about Cook's deliberate usage of the double-effect. The technique emphasizes the importance of the atmosphere of the hospital to the novel. Therefore, unlike the direct connotation of the grotto, here the light falling on Nancy is a signal of the coming doom, but with complexities of some conspiracy entangling the hospital. Cook's preparation of Nancy for her death has an impact of the cinematic technique of light and shadow.

Soon after the reflex of these memories and experiences, the reader's attention reverts to Nancy. Her experiences become apparent as “narrative endography”—a term used by Belling to relate to the narrator to enter the mind and body of the character, and reveal her thoughts and feelings. This way, the reader gets to know and also experience along with Nancy when the narrator reads “the fear of her mortality” (Cook 1). Therefore, every minute thing like the tear on the edge of the sheet (Cook 1), the blood stain on the pan below (Cook 1), the falling down of sheets (Cook 1) is shown as affecting her.

These disturbances are the external manifestation of Nancy's thoughts to escape from the reality of death. The repeated use of women as subjects for purposes like medical research, and in this case organ donation, is not surprising. Nancy's and Susan's threatening bodies are eliminated to be reused in the organ transplant project. This is Cook's attempt to indicate the ancillary status of women in male-dominated spaces. By shifting the focus to Nancy's disturbance over her ill health, “the grotto,” symbolic of the womb, is evoked. In short, the subterranean aspect of the hospital as a dingy dark place evoking claustrophobia is expanded to one invoking the rules of a different realm. As grotto is governed by artistic license, with different rules, it evokes the two contrary emotions of “fear and desire” (Connelly 1), which Leonardo da Vinci experiences and expresses while standing at the entry of grotto. Similarly, these hospitals become a fascination and dread-inspiring space in the novel.

The encompassing influence of the hospital is shown through the lives of the patients and professionals. The hospital alters the life of the patients and professionals.

For instance, let us take the case of patients. The reader learns from the prologue that Nancy was admitted only for a minor case, an “extra period” (Cook 2), suggestive of the curability of her condition further assured by her doctor (Cook 4). Same was the case with Berman who was admitted for Achilles foot, another curable condition. However, we find them both ultimately brain-dead. The graphic representation of Berman hung on strings at Jefferson Institute with the contents of his stomach out, is disturbing. The hospital transforms both of them into reusable spare-parts—in medical terminology, potential donors—a legally acceptable condition for initiating the donation.

The professionals’ lives are also altered like the patients. For example, once and for all, Dr. Robert Billing’s reputation as a surgeon with no complication is changed with Nancy’s case. “Dr. Billing had no idea this healthy young woman was going to be his first anesthetic complication” (Cook 9). Susan Wheeler, the protagonist, is changed to the extent that she becomes a case of near-miss coma for investigating the coma cases at the Memorial. To sum up, the hospital is like the grotto that controls and alters the people’s lives in different ways.

Another narrative strategy used by Cook is to merge the atmosphere<sup>9</sup> (mood) with the hospital. The affective quality reaches a full circle through the subtle hints drawn to show how the tense and melancholic atmosphere in the OR after the operation had also spread to the outside, indicated by the falling temperature—“twenty degrees” (Cook, 13) using the term “shrouded” – symbolic of this death and gloom, nature’s response to a manmade disaster. Alternatively, Cook makes the reader perceive Nancy’s disaster in union with the nature—Nancy’s cold lifeless body as spreading coldness in the area around Boston, and further blending with Susan in the dormitory episode. “Several small flakes of snow danced down Longwood Avenue in the half light of February 23, 1976 [...] shrouded the wakening city” (Cook 13).

The elaborate description of a snowflake hitting Susan’s windowpane in the dormitory, and its melting due to heat from inside the building is of utmost significance because it links Susan to find the malpractice at Boston Memorial through that episode. Additionally, by suggesting the melting of the snowflake due to heat from inside the room and its combination with the dirt accumulated over the years on the building,

Cook hints at the inside dirt of Boston Memorial and the warmth of Susan. In this way, Cook develops the atmosphere<sup>9</sup> for Susan's involvement, and gives the idea that the coldness is related to the hospital. The dirt on the window is symbolic of the malpractice at the Memorial, which is revealed toward the end of the novel. The dirt is also specified as "Boston grime" (Cook 13) with this objective. At this point, Cook wants to link the dirt as representation of the commercial attitudes coming up in the Boston area at that time and gears up the reader towards anxiety.

The grotesquery of Boston Memorial Hospital is highlighted through evoking the structure of the building, "not an architectural landmark" (Cook 21) but with its historicity. Further, its description as "interesting and attractive," made with "skill and feeling" (21), resonates with grotesquery. By suggesting "studies in American Gothic" (21) with buildings that are "spurts" rather than ones in organized style along with them being described as "an ugly combination of buildings" (21), Cook reifies the grotesque association of Boston Memorial through the notion of formless form.

The grotesque structure appears as "extensions of larger buildings at obtuse angles, millions upon millions of bricks join together to hold up dirty windows and flat monotonous roofs" (Cook, 21). The reader is made to envision the grotesquery in the whole structure "[...] how the sum of whole is larger than its parts" (21) and is impacted by its visceral effect. She is made to understand the perception of the hospital imparted because of the "innumerable layers of emotional response" (21) as evoked by it.

In this sense, Boston Memorial Hospital is rightly suggested not as a building in itself, but a living structure with all the "mystery and wizardry of modern medicine" (21). Moreover, when the narrator explains, Boston is something that rouses "fear and excitement" as the public approach it, while for the professional it is "the Mecca: pinnacle of academic medicine" (21) – a suggestion of wonderment and awe is evoked.

Finally, Cook marks the boundary of hospital with other things – "a maze of railroad tracks with elevated highway forms made of enormous sculpture of rusting steel" and "the Boston Harbor with water as black as coffee sweetened by sewer gas" (22). In doing this, a sense of fluidity is drawn. Cook beautifully captures the contrast and fluidity, making Boston Memorial prone and permeable to the squalor around. Our

attention on the boundary furthers by positioning the clean hospital and dirt of the harbor outside, making the contours of familiar and “normal” visible to us, even as it intermingles with the unexpected. The grotesquery in this narrative is mainly from contrasts in settings and it turns received ideas, normal expectations, and social conventions against themselves questioning boundaries and borders.

Another feature is the contradictory feelings of grotesque aroused through the depiction of hospital as ‘upturned-world’ in Bakhtin’s terminology. The readers and the characters that are accustomed to the medical world they know, get displaced once they enter the world of Boston Memorial and Jefferson Institute. As they realize this world is dreadful, it makes them anxious and they worry about its probability of replication in real life. Boston Memorial’s bitter truth is that many patients who are otherwise healthy turn comatose after some simple surgery, which gives the impression of Bakhtinian upturned world.

Rather than being an inanimate space, Boston Memorial becomes animate influencing all the people within and approaching it. This nature is reflected when the narrative expresses succinctly, “it is the famous Boston Memorial with its own history and life that animates its halls that prevents wreckers and builders at bay” (21) and becomes even more apparent when we look at Nancy, Berman, Susan and other patients who lie in a vegetative-state not responding after the surgery. In brief, the hospital functions like a human being while the human beings become liminal and inanimate.

The Memorial generates a visceral response that gets translated and expressed through all who encounter it. The readers begin to visualize in their imagination, a situation similar to the fictional one and are horrified. Also, the real-life existence of Boston Memorial blurs the boundaries of fiction and reality. By pitching in these contrasts in the imagination, an ideal situation and less savory possibility, the readers are pushed towards confusion about the medical world, its professionals, and workings. It is important to keep in mind that when this initial reaction grips the reader, they might get shocked and horrified, but after some time, it also allows them to pause and think.

## 2.7 Grotesque characters in *Coma*

The characters in *Coma* are not impeccable or perfect characters. Even when some are suggested as perfect, those are shown to have at least one instance where they fail. An example is Dr. Billing, the anesthesiologist. The reader encounters most medical professionals in *Coma* like Dr. Billing with their follies and foibles, which distort the aura attached with the god-like image traditionally used for doctors.

Similar to Sherwood Anderson's characters in *Winesburg Ohio*, most of the characters in this novel seem to have a truth that they embrace till the very end, even when they realize what the objective truth is. Like Wing Biddlebaum in the story "Hands" (Anderson), whose truth breaks down when his only friend notices the activity of his hand flapping like a bird while expressing his mind, Dr. Stark's truth gets revealed when Bellows and others discover the T-valve in the oxygen pipe above room no. 8 and understand his involvement with the coma cases. Even when he thought his collaboration with Jefferson Institute and the activities of organ trafficking and experimentation were useful purposes benefiting the public, he did not realize that his truth was actually false. By believing in his truth he had forgotten it is murder of first rate that he was committing. He did not realize that he had defied the social propriety and norms, and that he continued with his activity, managing to take Susan too into the infamous OR number 8. His attempt to leave quickly from the OR no.8 when Bellows and others rushed to that room, is similar to Wing Biddlebaum fleeing from the truth.

Wolfgang Kayser, in reading E.T.A Hoffman's characters in the Romantic tradition of grotesque, suggests three important types of characters as grotesque: 1) those "characters whose appearance and movement are grotesque," 2) those who are "composed of animal and human traits," or those who are "eccentric artists—distinguished by their odd outward appearance who are threatened by insanity," and 3) those who are "demonic characters" in appearance and behaviour (Kayser 105-106). In *Coma* also, some of the characters are Romantic grotesques similar to Hoffman's characters. Their grotesquery is in the way they function contradicting their true self or vice versa shelved in their own truths. According to *The Book of the Grotesque*, when a person takes "one of the truths to himself, called it his truth, and tried to live his life by it, he became a grotesque and the truth he embraced became a falsehood" (McElroy 25).

Each of the grotesque characters in *Coma* is brought out to suggest what these social outliers mean in the story. Many would read the protagonist vs. the antagonist as the prototype good and evil character, but there is a clear difference if Anderson's definition is taken. Characters turn to be evil when they violate norms; however, if the ultimate aim of being so is societal beneficence, the character can be called grotesque. It is their belief in a different truth which makes the character grotesque. To sum up, grotesque characters are motivated by a belief in a different truth, a truth that breaks up their perception when others discover it.

There are a few minor characters in *Coma* who are grotesque, like Walters, the comatose patients, and Dr. Robert Billing. But Dr. Howard Stark, the chief of neurology, an expert in heart surgery requires a thorough analysis for being grotesque. He is one of the well-developed grotesque characters in *Coma* because he is shelved in his own truth. His utilitarian drive of biological waste leads him to be grotesque. Although the utilitarian idea is not problematic, it is the illegal approach that triggers off their emotions in the direction of hatred. They come to perceive him more as demonic grotesque, which Kayser notes for some of Hoffman's characters. Even though Stark's vision is for the benefit of humanity, his co-plotting with the director from Jefferson is justified only in his thoughts. His actions of illegal tissue-typing of patients when they get admitted at the Memorial Hospital and at last making them comatose to save other patients' lives are condemnable practices. He comes to elicit a confused response of the grotesque from the readers due to his activities that are beneficial to science and at the same time ethically challenging.

This symbol of a doctor in opposite roles is both emotionally and psychologically difficult to digest, because Dr. Stark is subjected to the kind of disgrace similar to the iconic Heathcliff <sup>10</sup> in the readers and characters' eyes. Heathcliff's grotesquery lies in his unchanging vengeance towards the two generations of the Earnshaw family and his mad love for Catherine, whereas Stark's grotesquery lies in his madness to fulfill his scientific quest.

Cook defrocks Stark of his omniscience, and only the remnants of another ordinary human with lots of follies and foibles become more apparent. This representation has resonance with Anderson's idea of 'truth', which the grotesque

character embraces. Seen in this light, Stark's belief in the need to promote science-using patients is what makes him grotesque. Stark's aim was to promote science without ethical boundaries, and the reader is able to see the larger picture of the clash between the drive for scientific exploration and retaining human rights present in his ideals. She understands that Stark's perception of medicine is mainly clouded by his need to eradicate 'biological waste,' and the solution he found was organ trade, in black and grey markets.

Part of Stark's appeal can be related to that of serial killers—the charming, charismatic, unbelievably friendly nature that is difficult to differentiate which makes [him] “terrifying” (“Why we are eternally fascinated by serial killers?”). At least some of the readers might admire his execution and clever planning, and therefore Stark himself, especially the way he was able to pull through the entire conspiracy by involving each and every medical professional. As McElroy suggests, it is “the eerie, unsettled feeling, the combination of fascination and revulsion so difficult to define but so unmistakable in our felt response to certain situations” (3) that applies to Stark. By liking Stark, the reader realizes he is one of those clever administrators who can run his department and his work in his own way and therefore, admire some of these qualities, even when they are opposed to his darker side. Dr. Stark being a doctor, who has keen interest in advancing science, is a promising scientist. At the same time, he is a morally corrupt doctor because he kills his patients for scientific advancement or at least in the name of science. Therefore, he is the most grotesque of all characters. He affects the readers immensely; not only do they hate him for the means he uses, but at the same time sympathize with his ideas and his zeal for developing science.

Some readers even become attracted to these grotesque characters. They become thrilled at how the offender commits violence, the meticulous planning and also the way he makes his act an enjoyable one. Studies on the attractions of violent entertainment have brought this disturbing aspect to limelight (Goldstein 1999). The readers who enjoy violence, derive visceral pleasure by engaging emotionally and putting themselves in the shoes of the criminal.

## 2.8 Conclusion

*Coma*, crossing the boundaries of genres, shows that it is a complex hybrid novel. The complexity in the ‘form’ and ‘narrative’ is responsible for evoking the responses of the grotesque—laughter, terror, anxiety, and thrill. The first section, which delineates various aspects of different genres, enables to show that the novel and similar genres are not straightforward pieces of cautionary tales but rather reflective of the unseen and unsaid of culture just like the skewed surface of a broken mirror.

Cook’s works seem to grasp the key biomedical trends, amidst the socio-cultural conflicting opinions and give insight into instances of power and role-reversals that are often determined by utilitarian ends. By building a fictional world suspended in tension of collapsing realities and boundaries, advocacy of Cook strikes a chord with the readers and enables them to critically evaluate and participate in the changing scenario cautiously.

The hospital setting’s influence beyond its presence, as a structure, participates in their lives in order to make them ‘liminal.’ Stark’s grotesque character comes from the unsuspecting secure trust he garners as a doctor while he is originally a criminal. Even if his intentions were for research, it does not justify his deed. His presence redoubles a less trustworthy position vis-a-vis respectable authority. His role is demonic, based on misled truths that he upholds and is a clear case of social malformation. The grotesque as a social attitude is developed, collapsing realities that were held strong as the truth.

The study, by arguing how the graphic narrative is integral to the authorial agenda to serve the cautionary tone, perceives the use of depth perception and double-effect. It is Cook’s attempt to capture his reader’s attention masquerading as the saviour of the public, which he states in some of his interviews (quoted in Stookey 18). From word to image, Cook’s narrative builds discussions and debates that can be visualized making them thrilling and sensational.

The situations discussed in *Coma* should be seen as allegorical representations of organ theft in contemporary times which needs to be debated and discussed in public realm as such cases are present and only read in the newspapers and media as

sensationalistic stories. Ultimately, because the public is the subject and object of this problem—the root cause of organ theft, policies for eliminating such issues should trickle down to the public. In order to bridge this gap, Cook’s fictions help to generate this discussion and critically analyze the problem at hand in an entertaining manner.

Some of the aspects addressed in this discussion are the incorporation of the grotesque in the narrative techniques used, and its mechanics. The purpose of the grotesque and its effects have been analyzed to show how the characteristics of ‘double-effect’ helps in bringing multiple layers of meaning to the text in the two subsections—hospital-settings and mood, and characterization. Reader’s creative abilities help in experiencing the upturned world, characters and events in graphic detail. The strategies of grotesque have a huge role in generating the visceral and psychological response.

The modality of grotesque in the novel functions to act as cautionary and as such to discuss some socially relevant problems like gender discrimination, the struggle for women’s emancipation in workspace and biomedical commercialization which are central to Robin Cook’s novels. It helps in perceiving the changing notions of professional ethics. By crossing the boundaries from ‘word to image,’ Cook’s fiction is an example of grotesque appropriation.

## Notes

1. Connelly, in the preface to *Grotesque in Western Art and Culture: The image at Play*, emphasizing the key features of grotesque as visuality and boundary creature.
2. In *The Grotesque in Literature: Strategies of Contradiction*, Wolfgang Kayser gives an example of visuality: “the royal couple in clashing contrast with the charm... two additional ladies-in-waiting who are deformed and misshapen” (18).
3. Bakhtin, in *Rabelais and his World*, explores various concepts like the grotesque body, grotesque realism, and carnivalesque.
4. Goodwin, in *The Modern American Grotesque: Literature and Photography*, explores the meanings of grotesque in American culture.
5. Connelly notes the grotesque transgresses proprieties put things into play.
6. Harold Bloom and Blake Hobby, in *The Grotesque*, explore grotesque as a “metaphor of desire” (xi).
7. Shun-Liang Chao, in *Rethinking the Concept of the Grotesque: Crashaw, Baudelaire, Magritte*, defines grotesque as a metaphor providing insight into its use of visual and verbal media.
8. The carnival world which invokes grotesque is the “upturned world.”
9. Atmosphere: In the fiction following the Romantic grotesque period, the atmosphere is used in the sense of setting in order to get the particular effect similar to gothic fiction.
10. Emily Bronte’s antagonist in *Wuthering Heights*

# CHAPTER 3

## Transgressing Identities: Troubling Identities of Doctors and Patients in Myles Edwin Lee's *The Donation*

### 3.1 Introduction

Medical thrillers, specifically organ heist thrillers, have appropriated various strategies of grotesque aesthetics in their endeavor to thrill the readers. Grotesque aesthetics is used to juxtapose contrasting elements, aspects, and themes in order to invoke contradictory responses from the audience. In the previous chapter, we have explored the complexity of medical thrillers by looking at ways medical thrillers cross the boundaries of genre and narrative-style. Specifically, Robin Cook's *Coma* was taken up as a case study. This chapter primarily focuses on the depiction of doctors and patients in terms of troubling identities. Doctors and patients are portrayed in these novels as crossing the boundaries of identity. For instance, the doctors are projected as healers—the saviours—as well as the murderers, indicating a tension of identity. Thus, their identity keeps changing from one to the other, depending on the situation. Such a contrast of identity is what we call “grotesque double” (a term used by Gwyneth Peake in “Grotesque Double”). In a similar fashion, patients' identities are also represented in two ways: first is their identity when they are admitted into the hospital, and then, they undergo transplant surgery and transform into a different person—the donor. This identity of patients is what we call liminal (a term used by Victor Turner in *Ritual Process: Structure and Anti-structure*) and abject (a term used by Julia Kristeva in *Powers of Horror: An Essay in Abjection*). This happens because the organ donor seems to take over the patient's identity and changes the patient into a different person. The patients in such a situation are victims of identity theft and come to possess an in-between or ambiguous identity. This study explores the representations of grotesque doubles of doctors and the abject-liminal of the patients.

The discussion is begun with an important question: why are doctors represented as ‘grotesque doubles’ and patients as ‘abject-liminal’, in these fictions? In trying to answer this question, the study discusses how tensions created by identity might influence the reception, acceptance and perceptions of the emerging doctor figure. It also probes into the representations of patients and what their meanings signify in the development of the narrative and culture. This study also attempts to locate the historical and cultural context for such representations, their functions and impact on the narrative and develop as to what we define as ‘grotesque double’ and ‘liminal-abject’ through an analysis of Myles Edwin Lee’s *The Donation* (2008). *The Donation* is a complex story of heart donation from a prisoner to a judge and the resultant identity complexities. This study expands on existing theories of grotesque in order to provide insight into the emerging tensions of identities in the narrative.

### 3.2 Literature Review

A review of existing scholarship on doctor figures and patients indicates that writers and scholars have showed keen interest in these characters. Studies have pointed out that one of the reasons for this obsession is the mystery associated with the doctor figure and the intimate relationship, both patients and doctors share in the medical encounter.<sup>1</sup> From the existing literature, it is easy to discern that major foci have been on the evolution of doctors and their psychology. “One Hundred Years Ago: Doctors in British fiction (2003),” a short article in *British Medical Journal*, takes the case of Smollett’s representation of doctors—“they have not always been flattering, but then Smellfungus was irascible, and somewhat atrabilious” (481) in British fiction, giving examples of the late eighteenth and nineteenth century doctors.

Similarly, Borys, Surawicz, and Beverly Jacobson’s book *Doctors in Fiction: Lessons from Literature* (2009) is another interesting work that traces a variety of doctors from the twelfth to the twenty-first century. This book is a valuable annotated bibliography on doctors in fiction. It gives a perspective of “how the medical profession [has been] viewed by prominent writers and how their writings may affect the judgment of the medical profession by readers” (ix). R. Malmsheimer’s *Doctors Only – The Evolving Image of the American Physician* (1989), originally a dissertation, explores the image of the omnipotent doctor. As part of a growing expectation, Malmsheimer explains that doctors are perceived to be larger than life. He further

substantiates this idea with the evolving trends not only in novels over the past hundred years, but also in the television screenplays of the past thirty years. The study shows the reader how the “idealized doctor has become a familiar and expected cultural form” (quoted in Spiro). Eliot B. Tapper has done an interesting study on the evolution of doctors on TV in his paper titled “Doctors on Display: The Evolution of TV Doctors (2010).” Tapper argues that the representations of television doctors in general have undergone numerous variations in different genres over the last fifty years (393), corresponding to the historical and cultural milieu they populate.

Studies on doctors as serial killers have also been explored in the context of both euthanasia and homicide. Cameron Stark’s article “Demon Doctors: Physicians as serial killers (2002)” included a compilation of various medical serial killers and their methods of execution. The book of the same name is an exploration of their psychology without coming to an understanding of many of the serial killers (325). Herbert G. Kinnell’s paper titled “Serial homicide by doctors: Shipman in perspective” (2000) discusses in a similar tone and style to that of *Demon Doctors: Physicians as Serial Killers*. By drawing on various serial killers in real life, he makes the following observation:

[m]edicine has thrown up more serial killers than all the other professions put together. The medical profession seems to attract some people with a pathological interest in the power of life and death. Doctors have been responsible for killing not only patients and strangers but members of their own family. The political killers par excellence were the Nazi doctors and the Japanese doctors. They were engaged in biological warfare. (1594)

Kinnell further argues that although there are three varieties of serial killer doctors— family killers, killers of patients, and killers of strangers—it is ultimately the power of life and death that attracts these professionals to become a killer (395-396).

### **3.3 Why study doctors as grotesque doubles and patients as liminal- abject?**

The literature review explored above suggests that although scholarship on doctors in general has been explored, attention to doctors as grotesque doubles has not been undertaken. Some papers have explored doctors as healers; some have also explored the case of serial killers but the interesting presence of doctors as saviour-murderers has not been explored. Similarly, while a lot of studies have explored transplant patient

experiences, attention to the transplant patients as liminal and abject has not been expressed with a view to show how they can incorporate the new organ and resume a life of less conflict or, at best, acceptance.

This chapter suggests the complexity of doctors in organ heist medical thrillers, but with a different set of challenges. Unlike serial killers, driven by their psychotic-obsessions, reflected in different ways, this study argues that the transplant specialists are also pushed into this zone by the nature of their work which entails the need to request donor families' consent for the donation. This situation sometimes arouses suspicion of doctors as murderers. In the cases of transplant tourism, as the doctor might sometimes be involved with organ donation brokers, they come to be perceived as murderers. A case study titled "Where it hurts: Indian Material for an Ethics of Organ Transplantation" (1999) by Lawrence Cohen suggests such a scenario. Doctors involved in organ transplant, in a "kidney village" (to quote Cohen's term) in the state of Tamil Nadu in India, are seen as both saviours and murderers for the donor families in cases of brain-dead patients. Cohen points out, the doctors have acknowledged that they do not know the source of the organs, and even when it is showcased as 'gift of life' in official documents, many monetary transactions take place without their knowledge. Some doctors have also acknowledged their involvement in the monetary transactions. For Cohen, debt drives the poor to sell their body parts, even where religious or cultural sentiments or personal experiences make them doubly vulnerable and incapable (135-65).

This study analyzes the representations of 'saviour', 'murderer', 'saviour-murderer' doctors (grotesque doubles and gothic doubles) and patient identities as 'liminal-abject' at the center of heart donation in Myles Edwin Lee's *The Donation* because no study has explored these aspects so far. This novel has been chosen for its focus on organ theft. Interestingly, the fiction adds to the variety within organ heist medical thrillers as the story delves into prisoner donation and theft. The major theme which Myles Edwin Lee uses in *The Donation* is the complication followed by a heart transplant from a prisoner to a judge that puts doctors and patients in difficult situations, as it weaves in the tension of ambiguous and shifting identities in a complicated manner. The next section will introduce various types of doubles that lay out background for the detailed exploration of grotesque doubles, one type of identity

that is present in the book. The section will also give a background of various studies surrounding these concepts.

### **3.4 From doubles to grotesque doubles: Doubles in Culture and Literature**

Doubles are figures or traditional motifs that coexist as a pair because of their similarities and contradictions in both literature and culture.

#### **3.4.1 Doubles in Culture**

It is instructive to note that the earliest instances of doubles are found in culture. This can be traced by looking at various studies in culture. Consider Plato's *Symposium*, where he explains how Aristophanes' eulogy of love (the fourth in a series of seven) consists of the myth of androgyny, which is the central use of the double (Zivkovic 121). Similarly, Peter Jones in *Androgyny: The Pagan Sexual Idol* (2000), explores the prevalence of the theme of doubles in religions. Amongst other scholars, it is Mircea Eliade in *Mephistopheles et l'androgynie, Paris: Gallimard* (1981) who argues that the double is a "religious archetype" that can be found in most of the world's religions. From these scholars it can be seen how the Platonic conception of the double began to be looked upon as a shadow linked with the soul in religious contexts. In his psychoanalytical approach to the double, Otto Rank suggests that the indigenous Tasmanians and the Algonquins from North America also use the term "double" to represent "shadow and spirit" (St-Germain 3). Rank insists that the belief in the soul is rooted in the understanding of a division in the self – between life and death – which again points to the concept of double. Another scholar, Gerardus Van der Leeuw, suggests that the Egyptian Ka is part soul and part shadow. In this manner, it can be seen that these scholars extrapolate the kinship of soul with shadow and the double.

For Van der Leeuw, "the double emphasizes conflicting emotions – attraction and repulsion – in the individual" (Germain 3), while Rank's contribution to the double lies in bringing the opposites together. This study has been the inspiration for Zivkovic to link the connection of the double with Christianity and paganism. For her the representation of soul's immortality and death are contradictory. This belief she identifies as set in as a result of Christianity's ostracizing of paganism. Unlike the

earlier beliefs of duality as positive, for the first time it came to be associated with the negative, that is, as a threat in culture. From then on, in mythology, the twins are considered as the most easily recognizable examples of the doubles. They are taken as taboo as they represent spectra or apparition. Hence, in the myth of Romulus and Remus, because of their similarity and difference, the story essentializes the need to murder a double to ensure the existence of the original. In this way, the double came to be linked with the cycle of life, birth, and death. This connection in fact makes the double evoke the grotesque which draws on the same cyclical process of life, birth, and death in its characteristics – especially in the relation to the original connotation of the grotto.

Understanding this sheer variety and trajectory of the doubles over the years, Otto Rank notes the shift in the meaning of the double from “the guardian angel” to “the announcer of death” (74). He locates this shift to the changes in meaning in the Christian thought about afterlife, which segregates the people as good and bad. He claims this understanding assigns good with immortality, and bad or evil with mortality. Zivkovic extends this notion further and contends that the double is “a clue to the limits of culture” (124). She explains that “the double in modern fiction reveals a tragic truth of the whole western civilization—a reluctance to give in to a desire for something other, which can only be experienced in its ‘devouring’ and horrific aspect, yet apprehending this other as the only alternative to a hostile, patriarchal, capitalist order” (127).

Some of the major features of the doubles which Zivkovic traces, are useful for our exploration of grotesque doubles. She assigns the following as the main features of doubles: 1) It exists as an imagined figure, a soul, a shadow, a ghost, or a mirror reflection in a dependent relation to the original. 2) It pursues the subject as its second self, making it feel as himself/herself and the other at the same time. 3) It is an immaterial entity – a phantasm. 4) It stands for likeness and contrasts as well. 5) It arises out of and gives form to the tension between division and unity. 6) It desires transformation and difference.

### 3.4.2 Doubles in Literature

The ‘doppelgänger’<sup>2</sup> (German origin) is the literary term used for the concept of doubles. It literally means “double-walker” (Posadas). Jean Paul Richter used it for the first time in his novel *Siebenkas* (1796-1797). Richter relates the story of two friends, Siebenkas and Liebgeber, so identical in appearance that they are able to switch identities, fake deaths and take over one another’s life (Posadas Chapter 1, para 1). Richter explains this characterization in a footnote as: “so heissen Leute, die sich selbst sehn” (so people who see themselves are called) (Zivkovic 242). Though Richter’s explanation offers no further details, writers since then have employed the double in interesting ways, and gothic literature exploits its full potential.

At this point, it is important to note that doubles exist in three types: 1) Gothic doubles, 2) Uncanny doubles, and 3) Grotesque doubles. Gothic doubles are the most commonly used form. As the name indicates they are part of the gothic literature. They are mostly considered as non-physical figures. In other words, they can exist as imaginary—spectra, ghost and shadow. Some examples of doubles in the gothic tradition are in the manifested haunting of a murdered count as a case of stolen identity in E. T. A. Hoffmann’s *The Devil’s Elixirs* (1815), Edgar Allan Poe’s rival to protagonist in *William Wilson* (1839), the alter ego, spectra, and rival to Golyadkin in Dostoyevsky’s *The Double* (1846), the alter ego in R.L. Stevenson’s *The Strange case of Dr. Jekyll and Mr. Hyde* (1886), Maupassant’s *The Horla*, Oscar Wilde’s *The Picture of Dorian Gray* (1887), Nabokov’s *Invitation to a Beheading* (1890) and some of Borges’ and Cortazar’s best-known short stories.<sup>3</sup> The common theme running in most of these works is the appearances of the doubles as the demonic, other, or evil. It can then be said that gothic literature uses the double as a device to show the experience of self-division, mostly projection of the splitting of “I and non-I” who can be looked upon as different aspects of a sundered whole. It is perhaps this perennial existence in literature that makes the double to be often recognized as a literary motif.

Uncanny doubles are another type of doubles, found in gothic, grotesque, and horror literature. They can exist in physical and non-physical forms, but their difference lies in the degree of fearful response they evoke. Freud suggests, their major attraction is that they exist in “familiar yet frightening form” with the degree of fear or terror on

the higher side. They evoke more terror or fear than the grotesque double. In other words, the uncanny double can act or look familiar, but it is the mystery embedded in them that provokes the terror of uncertainty and fear of the unknown. An example is Anne Enright's female uncanny double of an angel in the novel *The Wig My Father Wore* (1994). Enright uses the uncanny double to show the female anxiety over aging and the need of the wife to always shape herself for the needs of her husband, suggesting the insecurities of patriarchal culture. Freud in his essay "The Uncanny" writes, the main characteristic of double is that of repeated "dividing and interchanging of the self" (210). The notion of the uncanny—*unheimlich*—means "unhomely" (220), meaning familiarity with fear is the grounding for the uncanny double.

Freud borrowed the concept from the German writer Ernst Jentsch's essay titled "On the Psychology of the Uncanny" (1906). For Jentsch, the uncanny is the fear of the unfamiliar and is based on intellectual uncertainty. In psychoanalysis, the uncanny has come to give a surprising and unexpected self-revelation. In Freudian terminology, the uncanny is the mark of the return of the repressed (217). The uncanny double differs from the grotesque double in the degree of terror and the amount of familiarity without really being in concrete form. Although both evoke responses of fear, laughter and anxiety, uncanny double evokes fear to a greater degree. In other words, 'uncanny double' imparts more terror or fear than laughter, or more anxiety than terror, etc. Uncanny double can refer to any creature or manifestation that is part of the fear of the known, revealed in the most unexpected form which is at present hidden.

Freud's conclusion on the uncanny is that "it contains two sets of ideas – heimlich and unheimlich". He says, "what is heimlich becomes unheimlich deriving from Gutzkow: we call it 'unheimlich' you call it heimlich'" (225), meaning it is the homely or familiar things that is also called unheimlich that is unhomely or strange things. Thus, for Freud, 'heimlich' is a word in "the direction of ambivalence until it coincides with unheimlich" (226). Grotesque double is different from the 'uncanny doubles' only in its formal properties and emotional response, which are very minor. The other differences are the lack of physical form and the degree of emotions in uncanny double. Put differently, the uncanny double has either too much terror or fear.

Grotesque doubles are the last in the category. They can exist only in the physical form. Grotesque doubles exist as "concrete," in physical form (Jennings 12),

because grotesque is grounded in the physical form. Grotesque doubles embody similarities and differences simultaneously, but fundamentally, they evoke responses that are a combination of several emotions like fear and laughter, terror and anxiety, pity and anxiety etc., but the two emotions which they evoke should be balanced. Grotesque doubles can overlap with some features of the uncanny double, but it is the physical materiality and the irreconcilability with any one particular emotion such as terror or pity or anxiety that differentiates it from the other.

### **3.5 Theorizing doubles**

The origins and presence of doubles in culture reveal a much insightful and complex understanding about the processes of otherization and demonization of the double, which are both associated with non-conformity with tradition or law of the land. Because the double symbolizes what non-conformity with the society and culture signify, it came to stand for the principle of exclusion followed by society; this makes Zivkovic refer to it as “a construction of traditional culture.” Thus Zivkovic argues it is more than an expression of “the experience of self-division” (122) as frequent representation in gothic fictions denote. For Zivkovic, this understanding is especially useful to remove the reductive reading of doubles from Freudian psychoanalysis that reads it as an intra-psychic confusion. She explains that while Freud’s theory is useful for understanding identity division within the self, it does not account for the original essence of doubles in traditional culture – as complementary or opposite parts that are non-threatening but a reflection of each other in ‘form and content’ in relative terms. In other words, she notes that Freud’s theory does not perceive the potential of the dyadic nature of double as the ancient beliefs; instead his theory is concerned with demonizing the double, as part of a “disintegrating identity”, “serious identity problem” and “divided consciousness” (125), which reduces it to the marginal or exiles in literature. According to Zivkovic, Freud’s demonic doubles are a projection of orthodox Christian ideas, a reminder of mortality and threat and thus very reductive.

The grotesque double is the representation of two opposing forces, yin and yang, that are complimentary and contrasting to each other, with a focus on the difference and sameness that does not transform fully, but remains in-between and existing in the physical material form. This is unlike the gothic doubles which mostly

represents the intra-psychic division as projected in *Dr. Jekyll and Mr. Hyde*, and most often exists in the imaginary or as spectral or ghost or shadow form. Zivkovic's concept of doubles as a "cultural construction" underlies this study. This helps to locate and substantiate our use of grotesque doubles of doctors who are defined by culture and perceived in context with culture. It is to be noted that Zivkovic gives a theory of double, and not grotesque double, but this analysis using Zivkovic's concept will arrive at the grotesque double by close reading *The Donation*.

Some other general examples of doubles in culture can be clones and evil twins who are both constructs of culture. Since these figures are usually seen in opposition with the original characters, they are considered doubles. At this point, it is necessary to note that some scholars have used doubles in culture in the category of gothic doubles. A case in point is Sara Wasson. In the chapter titled "A Butcher's Shop where the Meat Still Moved': Gothic Doubles, Organ Harvesting and Human Cloning" (2011), she categorizes the clones as gothic doubles. She calls clones as gothic doubles as they are a copy of the original and invoke fear of imitation—the loss of originality, and at the same time act as spare parts for the original. For the clone, she emphasizes there is no identity; she is only a shadow to the original. The dynamics of the original with the clone is that of a "modern age cannibalism" – to use the term of Neumann (319-20). She writes instead of being fearful of the loss of identity, the original is contended with the clone being its "immortality-bringer literal" (74).

At this point, we can see that the clones resonate with the practice of 'saviour siblings' in contemporary genetic implantation practice. In the practice of saviour siblings, doctors use tissue-typing technology to pick a human embryo for implantation that will become a saviour sibling (Sheldon and Wilkson 533). After extracting the organ from the donor and transplanting it in the sibling, the recipient hopes to live longer. This instance can be considered as another example of grotesque doubles found in context with advanced technology in contemporary culture. Bioethicists perceive this transaction as echoing "neo cannibalism"—a term used by Jean-Daniel Rainhorn and Samira El Badamoussi in *New Cannibal Markets: Globalization and Commodification of Human Body* (2015)—similar to the case of clones in fictions. It should be noted that though scholars from The Cancer Institute state that the transaction does not harm the sibling, it is often related with cannibalism. However bioethicists<sup>4</sup> continue to

protest against this concept, and in severe cases of a sick child with no other opportunities, the option for saviour sibling continues to be opted. A recent example is the story of Lisa Nash's daughter Molly who was born with Fanconi anemia. It was her sibling Adam born out of implantation on 29 August 2000 who helped her survive after her radiation therapy ("Saviour Sibling for a 'noble cause'", Anderson). Similar to the saviour siblings where the recipient sibling draws on the saviour, the clone gives away its parts. But unlike the saviour siblings in which both survive, visualizing the death of the clone as part of a sacrifice, makes it even more grotesque.

The clone revitalizes the original. The sole purpose of the clone is substitution through self-effacement for the original, even when it is a concrete entity with a life of its own. In the case of a clone, it is the original that devours the clone, and the original takes the role of the spectra or shadow, echoing the characteristics of 'doubles in culture' where double is seen in both positive and negative manner. We know clones are just spare parts for the original and it is the original that survives longer and with greater health. The clones are in-between and they neither have an identity nor value as a being on their own, because all of them live for others. Examples of clones of this type are Kazuo Ishiguro's protagonist in *Never Let Me Go* (2005). It is the case with the characters in Aldous Huxley's *Brave New World* (1932), *Spare* (1996) by Michel Marshal Smith and *Unwind* (2007) by Neal Shusterman. They are also made deformed intellectually, so they do not outsmart the humans and exist only for the originals as appendages for their proper health and wellbeing. In other words, rather than being a threat, they function as mere spare parts that help the original to survive and have a long life. The clones are also physically present and are not spectra/ghost but they are shadows in the sense that they cannot live a meaningful life without giving themselves to the original, nor are they the demonic/evil types. The emotional responses elicited by these characters are always in-between—anxiety, pity and laughter at their existence and hence they are grotesque doubles.

### **3.5.1 Literature review of grotesque doubles**

It is important to note that theories of grotesque by Wolfgang Kayser, Philip Thomson, Arthur Clayborough, Frances S. Connelly, Mikhail Bakhtin, Lee Byron Jennings, Dieter Mendel, Shun Liang Chao, Liam Semler, Martin Rubin and many others have

explored various characteristics, functions, features, and purposes, but they have not delved into the aspect of ‘grotesque double’—a feature that is associated with characters in most grotesque fiction after the gothic period. Also, a search in the research databases MLA, Project Muse, JSTOR, and Google advanced search, shows a paucity in the studies on grotesque doubles. There are a few studies on “uncanny doubles” and quite a number of studies on gothic doubles. However, one blog, *Groteskology* by Gwyneth Perth titled “Grotesque Doubles” posted on January 26, 2010, mentions the grotesque double for the first time. Perth uses the grotesque double in context with the cultural dichotomies in comics. Perth briefly notes with a few examples of dichotomies like white/ black as projected in Hoch Bloch’s work as characteristic of the grotesque double.

Wolfgang Kayser’s *The Grottesque in Art and Literature* (1957) is the first instance where the terms ‘grotesque’ and ‘double’ appear together. In fact, Kayser only mentions the term “double” only a few times. But he uses the double by appropriating from the gothic. Hence, the term goes rather unnoticed in the grotesque literature. The story shows how the doubles work as “a duplicate and an antithesis to the original” as Snodgrass points out (84). A more recent study by Jeanett Shumaker, “Uncanny doubles: Fiction of Anne Enright (2005),” uses the term grotesque doubles and uncanny doubles interchangeably. For her, grotesque doubles are present in many Irish fictions, especially in the works of Enright. She suggests, its function is to depict fear and longing in the fiction of Enright.

These studies show a paucity of research on grotesque doubles, their functions, and presence. Besides, we know that grotesque doubles are different from gothic and uncanny doubles even when the themes of fear and anxiety are also exhibited by these doubles too. Also, in one study we see that there is a tendency to use uncanny and grotesque double interchangeably. Therefore, how do we distinguish the two further? Even if one can argue using Kayser’s definition that grotesque can be horrific and playful, two opposite poles of the continuum, many scholars have systematically problematized Kayser’s singularization of the demonic/evil. Scholars from Bakhtin onwards have pointed out as to how grotesque cannot be one or the other, but as comprising of two incompatible aspects and responses.

Doubles were appropriated by the grotesque only after the gothic tradition. It is important at this point to note that gothic had an irreversible influence on the grotesque in the Romantic period and that before the romantics, grotesque was free from the gothic. This explains the lack of literature on grotesque doubles before this period. In other words, the double is less interested in the grotesque before the gothic. When the doubles are mentioned in fiction written after the gothic tradition, they mostly take on the trope of the sinister. An example is E. T. A. Hoffman's "Sandman." Organ heist medical thrillers, which became an established genre by the late 1970s, can be said to employ the 'grotesque doubles' in this tradition. Discussing primarily the biomedical issues of organ transplant, these texts articulate the growing anxieties associated with the recent changes in biomedical technologies and practices. For example, in organ heist medical thrillers, the 'grotesque double' of doctors interrogates the limits of biological boundaries and ethics of reassignment surgeries. It discusses organ transplant and the changing roles of the doctor figure in such a context and how it transforms patient identities to 'liminal and abject'. As theorists of grotesque have noted time and again that the grotesque is "preeminent in periods of great [...] upheaval and cultural instability" (Helbling 5), the presence of doctors as 'grotesque doubles' and patients as 'liminal and abject' in thrillers can be justified easily. Since grotesque doubles are more than a reflection of the divided self as featured by the gothic double and uncanny double, it is important to note that all doubles are not grotesque. But, what are the features of grotesque doubles? Most studies of the doubles, depict it as a struggle with the self and the other, which in psychoanalysis is represented by terms like 'the Id and the ego' (Freudian approach), or 'the self and the shadow' (Jung's psychoanalysis), or as a representation of the struggle of the conscious and the unconscious.

What do these representations of grotesque doubles indicate? Firstly, by going into Freudian understanding, we show what the limitations are. Then we move onto theories that encapsulate a broader understanding. It is possible to discern the problem with the Freudian lens. Freud's theory is quite limited. It forgets to account for the multiple identities that co-exist depending on situations and spaces in our cultures. For example, if we understand the double as merely an internal struggle with the 'evil other' repressed inside our unconscious, we forget to acknowledge the unconscious self that has positive aspects. The positive aspect of the unconscious self needs recognition,

which Jung clearly mentions. This aspect is important because our entire unconsciousness isn't pervert. Jung's conception of the unconscious has a part that is personal and another that is collective which he terms archetype. Thus, the self of the personal unconscious can be divided as shadow and positive self. It is this aspect of positive unconscious that gets undermined if we argue that shadow is only the evil/bad/demonic. By ignoring the positive self, we forget to perceive the instances when we function as the good/virtuous/divine. We can see clearly that the divided-self perspective with only the negative side to it, is a biased projection. It fails to recognize the duality of the self even in the category of the "Other."

Milica Zivkovic has echoed this issue in her delineation of the philosophy of doubles—"The Double as the 'Unseen' of Culture: Toward a Definition of the Doppelganger" (2000). She notes how Jung's psychoanalytic approach and especially the notion of 'shadow' are extremely useful for understanding this phenomenon that explains the self with the other. By suggesting that the self can be understood in relation to others, she notes how Jung's perception of the shadow as an intra-psychic monster of the self can become prominent under certain circumstances. This working of the shadow is explained in the following words:

The individual seldom knows anything of [the shadow]; to him, as an individual, it is incredible that he should ever in any circumstances go beyond himself. But let these harmless creatures form a mass, and there emerges a raging monster; and each individual is only one tiny cell in the monster's body, so that for better or worse he must accompany it on its bloody rampages and even assist it to the utmost. Having a dark suspicion of these grim possibilities, man turns a blind eye to the shadow-side of human nature. (Jung 35)

In this manner, Jung sets the possibility of relating the shadow to the demonic in myths and religion, but with a potential of non-demonic within it. This aspect can be understood when he writes, "there can be no doubt that man is, on the whole, less good than he imagines himself or wants to be. Everyone carries a shadow, and the less it is embodied in the individual's conscious life, the blacker and denser it is" (Jung 131). Making relativity fundamental, the possibility of existing in completely opposite ways, without idolizing or patronizing the good, the doubles give scope to functioning in 'othered ways' which the society does not support. We argue that by classifying grotesque doubles, the cases studied through this text, open up aspects of the "unseen and unsaid of culture" (Zivkovic 127) hidden in these representations, as it is often silenced by the society. By calling attention to constant conversations between the

reader and the represented, these grotesque doubles indicate the attitudes of society on medicine, doctors, and changing technologies.

We briefly delineate the grotesque doubles by tracing the history of doubles, which lies for a major part in the gothic tradition even though later expansion to other periods also exists; for example, the uncanny doubles. This approach helps to identify the differences and takes into account the established status of the gothic doubles while highlighting the neglected aspects of the grotesque doubles. This analysis draws its spirit from Milica Zivkovic's definition of doubles which grounds the notion in culture ascribing qualities that are essential to grotesque aesthetics: 1) functioning to project the unseen and unsaid of culture, 2) showing different tensions of transgression or collapsing of boundaries in a graphic form, 3) weaving contrasts and likeness together, and 4) nullifying the idea of coherence and unities of classical characterization. Zivkovic's study on the doubles beyond literature is an expansive one, drawing attention to the origin of the doubles in myth, religion, and legend in culture (Zivkovic 122). Her study explores the breadth of the double motif in culture pointing to its "reluctance to give into a desire for something other" (Zivkovic 127), thus locating the double as "a construction of traditional culture" (Zivkovic 122) subject to "semantic changes" (121) suggesting its elusive nature, another essential feature of the grotesque. "Doubles are numerous in many cultures, and while they change guises from one culture to the other, and may differ in their most minute details, they also share sufficient traits so that we can analyze what brings them in such close proximity" (St-Germain 1).

Representations of doctors in organ heist medical thrillers as grotesque doubles extends the grotesque theory beyond Lee Byron Jennings' theorization of 'double-effect', and 'grotesque situation' becomes an important feature of grotesque and identifies a third aspect - grotesque doubles. In doing so, this study contributes to situate the changing representations in the milieu of neoliberal capitalism and shifts in biomedicine in post-Fordist economy. The identity crossing in patients is another aspect pertinent to this discussion. Since heart transplant poses serious speculations of identity, especially when the donor is a prisoner, it reduces the patient as a liminal and an ambiguous abject in terms of identity. This aspect is explored to understand cultural embodiments that are in conflict with the idea of socially acceptable. How these notions

are reflected and what impacts these transaction processes cause, are also explored. We understand that the essence of transgressing identities which are at the center of neoliberal capitalism in context with prisoner donation process in culture as reflected by fiction, are strategies of enunciating anxieties of yet another level of boundary crossing employed in the genre. The study concludes that by crossing boundaries of identities, these characters echo the impacts of the invasion of neoliberal capitalistic tendencies involved in organ donation process and also sound the difficult questions about where to draw the line in the quest for scientific beneficence. To put it differently, crossing boundaries of identity in the tradition of grotesque is a critique on classical unities, a return to pluralism and an acceptance of the multiple identities that arise out of situations and spaces in modern everyday life.

Before going into the analysis, it is useful to locate the context of the novel, *The Donation*, with respect to organ transplant, organ theft, prisoner donation, and neoliberalism. After this section, we will move to the analysis of doctor figures as grotesque doubles: saviour-murderer, saviour, and murderer types in *The Donation* and illustrate, contextualize and show the repercussions of the grotesque doubles of doctors. *The Donation* is written in connection with prisoner donation and euthanasia, both important debates in the times of neoliberal capitalist tendencies. Melinda Cooper in her book, *Life as Surplus: Biotechnology and Capitalism in the Neoliberal Era* (2008) gives a background of neoliberalism and biotechnology. She traces the effect of neoliberalism on life sciences and argues that it affected the life sciences in an irreversible way post industrialization and continues to this day.

### **3.6 Organ Transplant, Organ Theft, Prisoner Donation, and Neoliberalism**

From the first successful kidney transplant (1954) by Dr. Murray at the Harvard medical school, advancement of new technologies to further the process of organ transplantation has been constantly taking place and in 1976, with the successful discovery of cyclosporine, biotechnology and transplantation took a giant leap. This “wonder drug” (Fox and Swazey 3) facilitated the transaction of organs beyond kith and kin relations surpassing the genetic coding of tissues. As a result, liver and heart transplantation, both of which require organs that could be obtained only from people who are already dead, became realities (Starzl and Barnard). Fox and Swazey explain

in detail how physicians have come to bear a complex role in transplant technology and how they forcefully speak in a language that covers the faults of the research, in their need to make the venture successful. For example, they explain the role of the doctors in using patients as guinea pigs by suppressing and avoiding truths that would otherwise raise concerns of violation of ethics. Fox and Swazey note that doctors have been grotesque doubles for they display different faces that the public have no idea of. While their argument is that no discovery is possible without casualties, they insist that the ethical boundaries should not be evaded, and claim that the artificial heart program, The Jarvik VII, was unsuccessful due to such transgressions.

From the study by Fox and Swazey, we can say that the transplant technology, while having many advantages, also has posed several risks. For example, it has opened up issues of bioethics never before discussed, such as issues of who can donate and what parameters are involved. Since organs are always in shortage, it has also opened up concepts and new regulations such as ‘dead donor rule’ (DDR), ‘gift of life’ and also ‘tissue economies’ in the transaction of organs which have been discussed widely by a number of bioethics and humanities scholars (Sharp (2006), Waldby (2000), Hoggie (1999), Titmuss (1980), Starr (1998), Rabinow (1999), Bayer(1999)). The ‘gift of life’ was an act passed with the idea of organ donation, both living and dead. The Dead Donor Rule (DDR) instituted in the year 1962-1963 suggested reforms in the disposal of the dead. It enabled the use of organs from cadavers so that it could save a person in need. Attached to this idea is the concept of the ‘gift of life’ legalized in 2001 even though the Uniform Anatomical Gift Act was instituted in 1968 in USA. It expanded the possibility of organ donation from both the living and the dead. Sharp’s study is a valuable contribution where he outlines the language used for promoting organ donation and other social aspects surrounding it. The brain death rules of 1968 explored possibilities of organ harvest at the right time giving an opportunity to eradicate the formation of biological tissue waste. Brain death complicated the notion of death because people got confused with the revisionist idea of death. Unlike circulatory death, the neurological criteria evoked fear as patients continued breathing with the help of ventilators while other activities were stalled. Based on this concept of brain death or brain stem cessation, several confusions and anxious imaginations have taken place since 1981 with the Uniform Determination of Death Act in the US.

An important example of research in this direction is by Siminoff et al. in “Death and Organ Procurement: Public Beliefs and Attitudes (2004),” which features conclusions drawn through Random Digit Dialing sample frames. Their paper concludes that around 86.2% of respondents considered brain dead patients as dead, 57.2% identified coma patients as dead and 34.1% identified permanent vegetative state patients as dead. These empirical values indicate confusion and also a violation of dead donor rule, therefore suggesting that the majority of respondents were unaware, misinformed, or held beliefs that were not congruent with current definitions of "brain death." Their paper indicates the need for more public dialogue and education about "brain death" and organ donation (217-3).

Ilitis and Cherry in “Death Revisited: Rethinking Death and the Dead Donor Rule (2010)”, explores the ongoing debates about the definitions of brain death, and the relationship between different definitions of death how. For instance, the technological developments and the advent of the intensive care unit made it possible to sustain cardio-respiratory and other functions in patients with severe brain injury who previously would have lost such functions permanently shortly after sustaining a brain injury. They claim that significant advancement in human organ transplantation has played direct and indirect roles in discussions regarding the care of such patients. As successful transplantation requires organs be removed from cadavers shortly after death to avoid organ damage due to loss of oxygen, there has been keen interest in knowing precisely when people are dead so that organs could be removed. Criteria for declaring death using neurological criteria developed, and a whole brain definition of death is widely used and recognized by all 50 states in the United States as an acceptable way to determine death (223-241). Speculations of these notions entertained doubt of whether the new conceptualization was to indirectly encourage organ donation process. Hence, several misconceptions about the ideas of coma, irreversible coma, and brain stem death came into existence. This is because circulatory death was not the sole method to understand death.

While coma is a medical condition where a patient may wake up even after prolonged periods of comatose condition, irreversible coma is a situation in which the bodily activities would slowly deteriorate and result in brain death. Brain stem death is a condition in which there is a complete cessation of all activities of the body and the

patient is terminally dead. The public, misunderstanding these differences, often thought that each of these could contribute to donation interchangeably. The study by Siminoff et al. traces this variation in their paper “Death and Organ Procurement: Public attitudes and beliefs towards brain death” (2004). There are several accusations against biomedical professionals who, despite knowing the differences, utilize the opportunity to bridge the organ shortage in certain situations.

Many bioethicists (Waldby, Sharp, Rabinow and others) argue that the language of the ‘gift of life’, a notion of sacrificial service, is one that helped to establish the unknown connection with what Benedict Anderson establishes as “imagined communities” in his 1983 book *Imagined Communities* in context with nationalism and nation-state through the emergent technologies like print, radio, etc. According to Anderson, the public come together in conditions of crisis and perceive them as belonging to themselves, their state. In the crisis of organ shortage, similar connections are aroused through the language of the ‘gift of life’. It makes them relate to the people in acute illness and generate empathy and satisfaction that they could do something meaningful with their lives. This idea is echoed by many participants in the survey conducted by Cohen Lawrence in the ‘Kidney Village’ in Tamil Nadu, India. By understanding organ shortage as a crisis situation, it can be used to understand the notion of sacrifice and entitlement that most donors or recipients and their families usually can relate with. While using imagined communities to understand the notion of the ‘gift of life’, it is important to note the shaping of language and psychology that encourage the transactions. Language brings in the emotional component that gives the appeal of altruism and meaning, besides the commercial transactions adding economic value to the body parts.

The ‘gift of life project’ is a metaphor that establishes deep-seated meanings of connections through humanity. Moreover, the notion allowed transactions beyond family. As some studies have noted, organ transplant and the ‘gift of life’ have been complicated in the case of kin donation. The notion carried with it indebtedness to kin in case of kin donation. The same has been noted between strangers too, and these narratives tell a lot about other bonding that come out of organ transplant process. While this is said, one of the reasons for some recipients to prefer commercial exchange is that it gives a sense of ‘give and take’ to the transaction, instead of a simple

of act of donation that will keep them indebted to the donor forever. Also, some studies suggest that when people became more economically oriented, the attitude towards the donation changed to a business transaction that the recipients (from first world countries) themselves prefer buying organs from outside kin because they do not want their near and dear ones to risk their health. Therefore, they do not mind buying organs from outsiders as they can afford it. It is in fact this disturbing attitude which caught Dr. Sanjay Nagral, a famous bioethicist and editor of *Journal Medical Ethics* in India to write: “This is part of our VIP culture. It comes from our larger understanding and our acceptance that if you have money in India, you can buy so many things, so what is so different about buying organs?” This attitude is not confined to one country but can be extrapolated to many countries and can be read as a complexity brought in by the neoliberal capitalism, where body commodification is explicit and directly tied to economic capability, or the lack of it.

Along with a rise in organ transplant cases comes the problematic issue of organ theft, due to the rising commercial interests of black and grey markets. David Joralemon (2001) in “Shifting Ethics: Debating the Incentive Question in Organ Transplantation,” explains a case from 1983 involving Dr. H Barry Jacobs, a Virginia physician whose medical license had been revoked after a conviction for Medicare mail-fraud, and who later went on to establish “International Kidney Exchange, Ltd.” Dr. Jacobs had sent a brochure to 7,500 American hospitals offering to broker contracts between patients with end-stage renal-disease (ESRD) and persons willing to sell one kidney. Even though his enterprise never came to fruition, he sparked an ethical debate that resulted in hearings before a US congressional committee headed by the representative from the state of Tennessee, Albert Gore, Jr. (30). From this perspective, it could be understood that the seeds of commodification and selling of organs had already entered the American culture by 1980s. A dangerous offshoot of this venture was the organ trafficking which even resulted in murder of the donor in many cases. This idea of organ trafficking conceived on the notions of exploitation and violence became a strong corollary to organ transplant stories.

While organ donation had progressed this far, prisoner donation had also gained some attention around 1969. Prisoner donation is the donation of organs by a prisoner on death row, similar to “the gift of life” frame normally practiced within other

communities. Given the socio-cultural stigma and exclusion associated with prisoners, the notion of prisoner organ donation had raised concerns of exploitation—“close the ever-widening gap between demand and supply of organs” (Caplan 1) and socio-cultural taboos. It sensitized feelings in the public and the idea provoked several harsh criticisms. While it is not new that there will be two sides to a proposition, prisoner donation has invited mixed responses from the policy makers, bioethicists and the court. As a result, there have been several rejected as well as accepted cases of donation.

While the transplant might be medically successful, given the studies on socio-cultural notions, revealing the identity of the prison donor could also increase the fear of public rejection. Therefore, there has been no fixed law for these cases. The public who would otherwise be happy and grateful to a donor could turn down the offer based on their assumption that the body part is a carrier of the prisoner’s ethics and therefore morally judging them as evil, and not good enough for them.

A major issue in this direction has been that if not taken care of, it can further ostracize these communities (prisoners) and it would deter the ultimate aim of rehabilitating these outcasts back within the communities. Lawrence O. Gostin (2013) in *The New York Times* states that organ donation from prisoners is “unethical and unbecoming a democracy... [they are a] confined population, living at the mercy of the keepers, that they could be ‘educated’, even persuaded or enticed, to donate their organs”. In other words, Gostin means to argue that “free consent is not truly possible under coercive conditions” such as prison, and therefore should not be encouraged (“Prisoners shouldn’t be allowed to donate Organs”). The grounds on which some scholars argue against this practice are based on the health issues of prisoners like “age, obesity, tuberculosis, HIV and other communicable diseases like Hepatitis C” (Caplan, Gostin, and Satell), which could be considered a valid reason for not accepting donation. However, it is usually the social and cultural prejudices based on morality and judgment that make the process sensitive and challenging. Some scholars argue that anyone interested in donation should be accepted due to acute organ shortage. Lin Shu S and Rich L *et. al* and others have claimed that while the dearth of organs is always there and cannot be mitigated by prisoner donation, yet any “gift of life” gesture should be treated positively.

Prisoner organ donation has been gaining some attention since 1969 when for the first time Calvin. C. Campbell, an inmate of Florida State Prison sentenced to death wanted to determine the test for kidney donation, whose appeal was however rejected by the court. Since then several other prisoner donation cases have come up from time to time and have received mixed responses—both approval and denial. Some of the denied cases were those of Larry Lonchar, Jonathan Nobles, Stephan Stage, Gregory Scott Johnson, and Thomas Mara, while some of the approved cases were those of Steven Shelton, David Patterson, and David Nelson. These cases suggest that prisoner donation has been forwarded as a sensitive issue even though no fixed law has been amended since then. While all the approved cases were only carried out between kin of prisoners, donation beyond families was never allowed. At this juncture, it is pertinent to point out a case study for prisoner donation beyond kin that was for the first time pursued through the case of Mr. Reading, discussed by Andrew M. Cameron and Aruna K. Subramanian et al. These scholars highlight the importance of prisoner donation beyond kin and indicate the ‘spirit of the times’ which perhaps inspired Myles Edwin Lee’s *The Donation*.

*The Donation* is set in the period when the US economy had become sluggish due to the pharmaceutical companies and chemical industries. This is also the period of post-Fordist recession, and these companies by early 1980s had started to reinvent themselves for commercial purposes as “purveyors of new, clean life science technologies” (Cooper 22-24). Cooper’s thesis is that neoliberal capitalism had entered life sciences on the supposition of its “speculative future(s) profit” and potential. Transplant industry, one of the several biomedical practices that is introduced in this backdrop, also gets affected and influenced by this new framing. It opened up avenues for cross cultural and international transactions of organs with “the imperative to derive profit and thus to recapture the ‘new’ within the property form” (Cooper 25). Although the concept of transplant medicine was assumed to benefit society, it had equally invited problems—organ trafficking and the deep-seated troubling questions of hierarchy, power, control, and domination lurking behind as shadows. In other words, transplant medicine paved way for illegal transactions that resulted in inequalities of bio power, over-determined by capitalism.

Organ tourism was the immediate result, although the name is used synonymously with legal transactions. It began thriving in the underdeveloped countries where the poor were forced to sell their organs in order to afford basic needs of life. It can be said that global transactions of organ exchange brought with it a new manifestation of colonialism called ‘bio colonialism’. These transactions were not limited to body parts, but to other products as well—blood, semen, bone marrow, cornea etc. (Hurley and Waldby 6). Surrogacy, a new form of labor, also became a part of this commoditizing culture, where poor women were forced by basic needs to capitalize on their ‘bio potential’. They worked for the western counterpart in exchange or promise of money, often resulting in exploitation and health risks. This tendency is what Cooper calls as “‘bioeconomy’<sup>5</sup>—some “part of economic activities which captures the latent value in biological processes and renewable bioresources to produce improved health and sustainable growth and development” (Cooper 45). Surrogacy becomes “a regenerative labor” rather than “reproductive labor” because “organic, reproductive life” is displaced by contemporary political economy of life sciences (Waldby and Cooper 15). Contributing to the life sciences, biomedicine marched towards economization, and ‘bio economy’ defined new ways of existence.

### **3.7 Doctors as grotesque doubles in *The Donation***

*The Donation* is written against a backdrop of expanding changes in life sciences, biotechnology and neoliberal capitalism. It is a controversial novel about heart donation from a prisoner to Judge Spencer. It is also the story about Terry Chalmers who is a victim of job slashing. Chalmers who had been working as a gun-liaison officer under one of the several government schemes becomes jobless due to government policy changes in order to cut budgets. Due to frustration and loss of meaning in his life, he turns a criminal. He shoots Governor Simon Pearson, who was behind the loss of his basic subsistence while he was addressing the media and explaining his actions, so that he could win in the upcoming elections. Chalmers gets arrested on the spot. Judge Spencer presided over his case. He declares Chalmers guilty and pronounces death by lethal injection as there was clear evidence of his crime. Chalmers’ ruthless behaviour leads to his undoing and death penalty. By turn of events, what follows the verdict is that Spencer collapses due to a severe heart attack. He gets hospitalized at South

Regional California Hospital as an emergency case, and by some ill fate *cum* plotting by some doctors; Chalmers' heart is transplanted to Spencer.

Meanwhile, the doctors attending Spencer's case come across an unidentified Wolff Parkinson Syndrome patient lying in the parking lot of the hospital. As they find the tissue types matching, they decide to harvest the organ for Spencer. Although the doctors have no clue of the donor's identity, they decide to transplant the heart to Spencer, who is in a critical situation. The doctors have ostensibly no ill intentions. However, what awaits them post-surgery is shocking. Ross, the chief of transplant, is treated with "outbursts" (97), "rage" (126) and "ungratefulness" by Spencer. Spencer makes it a point to confront Ross asking what his intentions are. He asks, "What in the hell have you done? [...] What have you done? You bastard," he snarled tears running down his face and dripping off the corners of his mouth. "You vile-self-indulgent bastard" (Lee 127). Ross gets confused and misunderstands that Spencer might be having post-surgery "psychosis" (Lee 157). On re-checking, he understands that Spencer is normal but something is amiss. In the meanwhile, Spencer tells his wife about the unbelievable story of horror that he had been transplanted with the heart of the same person whom he had sentenced to death. He tells her that he could at once recognize his donor because of the tattoo of the Vargas Girl on his right hand. Spencer also tells her that he noticed the donor when he was wheeled to the "pre-op holding in the transplant bay" (Lee 140), but as he was under sedation he had no way to convey his opposition to the operation.

By posing very difficult and complex cultural, ethical, and social questions, the story navigates through the conflicting role of the doctors as 'murderer and saviour'. Their actions are determined by circumstances and compulsions of the profession that lead to further complexities associated with patient identity, post-transplant. Myles Edwin Lee introduces us to numerous doctors—Gower, Rose, Crowell, Harper, Belden, Peter Warwick and Roger Eton who are all part of South California Regional Hospital. Most of them defy the traditional idea of doctors as altruistic, saviours or Gods; instead they are depicted as either saviours/murderers or saviour-murderers. They are weaved in a complicated relationship with patients because they invoke anxiety and tension to the reader who might relate to the stereotypical ideas about doctor as healer, saviour, God. As some of these characters are engaged in malpractices, that is, activities that are

not state sanctioned or outside the law, their characterization in dualities—as saviour-murderer in the same person indicates tension of gothic doubles. The saviour/murderer pair creates the tension and apprehension of the ‘grotesque doubles’. Their roles, in fact, reflect the reality of neoliberal capitalist culture that has invaded healthcare and turned it into an industry, where personal and professional boundaries are effaced and there is a continuous slippage and osmosis between the two. Also, as capital becomes the controlling agency in unthinkable ways without their knowledge, these doubles of doctors point to “the unseen and the unsaid of culture” (Zivkovic 127). They not only reflect but also bring conversations with the unseen and unsaid of culture for possibilities to be careful, outside of the self. Bringing “form as well as content” together, i.e., physical materiality with the psychological and visceral emotions that is anxiety, fear and ambiguity, the grotesque doubles of doctors are in conversation with identities that are unstable in these contemporary times.

In the novel, we see Dr. Gower as a part-time prison doctor cum Cardiology Fellow at the South California Regional Hospital. He becomes a murderer after he barter his duty as a doctor one day after meeting Otis—the prison executioner. Otis’s perspective of prisoner organ donation induces him to join and help in the project of eliminating biological waste and also giving a second chance to these convicts. After studying the complications and the injustice of wasting bodies of prisoners post lethal-injection, Dr. Gower joins Otis’ army to take the lead and bring about a change. On becoming the guardian of this new venture, together they plan and consult Dr. Crowell, the former chief of transplant who helps them in their venture. After understanding organ donation and the real situation of organ shortage, they plot the case of Chalmers.

On the day of Chalmers’ execution, Otis, as previously decided, injects the right medicines—“Pentothal, five grams (more than ten times the normal dose used for the induction of anesthesia) to induce unconsciousness”, “one hundred milligrams of pancuronium bromide (more than ten times the usual dose) to induce paralysis of the diaphragm, which would paralyze Chalmers’s ability to breathe”, “potassium chloride, one hundred milliequivalents (more than ten times the usual dose) to stop the activity of his heart” (Lee 65-66). Thus they make sure that their chance for donation is possible. After the live-execution, Chalmers’ body is taken in an ambulance and dropped in the garage of the South Regional hospital. On receiving an alert, the authorities find and

admit him as a case of emergency. Gower's role in the prisoner donation is mainly in conspiracy and participation. Dr. Gower who is supposed to be 'a saviour' here becomes an aid in the execution, and thus 'a murderer'. The author brings this meaning of doubling when he contrasts Otis and Gower together. Lee writes:

Contrasts in physical appearance, Otis and Gower were an unlikely pair in the philosophical sense as well. One dispensed death on command. The other was an advocate for life, sworn by an oath to do no harm, an oath he had taken when he graduated from medical school. They were commingled; now, in the bowels of this crucible of penance precisely because of the seemingly immiscible skills they possessed. (27-28)

Specifically mentioning the two—the executioner and the doctor—as an unlikely pair, and also focusing on the difference between their jobs and their unusual meeting, Lee draws attention to the kind of importance he wants to give to the combination, and thus indicate the changing role of the doctor. In context with the changes in healthcare as an industry, held together by the flimsy thread of neoliberal capitalism, Lee wants his readers to see the unseen and unsaid through this characterization and thus reflect upon it deeply. Lee emphasizes through the role of Dr. Gower a grotesque double makes the readers anxious about his activities. He seems to claim for the evident changes in times when everything is centered on economics. Gower's working as "a prison doctor for some extra cash" (28) indicates the economic strain the doctors face under the larger structure of capitalism. It indicates the vulnerability of medical professionals. More than a passion to 'save lives', it indicates a trend to balance and survive in a highly demanding field as healthcare, even after the student life is over. It also shows how economics determines what people do in order to cater to their extra need.

Doctor Crowell, the former chief of transplant surgery, the associate of Dr. Ross, actively participates in the conspiracy. He had spoken with Dr. Gower and formed the plan to execute their idea of prisoner donation. After the lethal injection is administered, Gower and Otis make sure that Chalmers arrives at the hospital. Crowell, who was in charge of Maria on receiving the call, rushes to the patient who had arrived and even names him—John Doe. He prepares him for donation by giving him the right medicines. In the meanwhile, Maria develops a "pneumothorax" (77)—a condition where air enters the lung cavity leading to shrinking of the lungs due to pressure. She codes blue and even after Ross' intervention, never wakes up. In choosing to help Spencer, because he is a prominent person, Crowell becomes a double even though he

has saved people before. He causes Maria to be brain dead. In this instance, Crowell decides whose life is more precious and hence worth saving. He becomes a murderer in the sense of his preference to help one at the cost of another. When he neglects his duty for fame and money that can give him more power, he resembles the true grotesque double. His actions like saving Spencer and murdering Chalmers, also echo this idea quite well. This importance of the benefits of money is also revealed through the perspective of the attending head nurse – Sharon. Lee offers a piece of practical wisdom to the reader:

[Sharon] had assumed Spencer's case because he was a celebrity. All the patients received the same level of care in South California Regional, except that Sharon added a special edge because of her long experience and unswerving dedication to the needs of her patients. There is an old proverb – she had heard it somewhere – that at the end of a chess game, the king and the pawn returned to the same box. (15-16)

Lee depicts how economics underlines the lives of healthcare professionals, whether it is doctor, nurse or other staff. He tells at the end of the day that economics becomes the *de facto* that determines every other aspect even in a space mostly associated with altruism and care. By pointing that medical staff “is no less sanctified” (16), Lee is hinting at the multiple ways they can perform in spite of the ideological presumptions.

Crowell's participation begins right from the conspiracy till the execution. In fact, he can be seen exemplifying a true saviour-murderer, one who has acted in both ways. In saving Spencer, he is a saviour at one instance, but at another point he becomes a murderer as he transplants the convict's heart to some other. He also becomes the reason for the death of Maria because he wanted to help Spencer. Not only this, while he was assigned on duty for Maria who was a recent transplant case, he neglects her and leaves to harvest Chalmers' heart for Spencer. As a result, Maria suffers a pneumothorax and becomes brain dead. Dr. Crowell becomes ‘a murderer’ by neglecting his duty toward Maria although he had saved many lives previously with his skill. Thus doctor Crowell becomes a grotesque double.

Dr. Ross also participates in the conspiracy without knowing his role. When he confronts Crowell for neglecting his duties, Crowell intelligently pulls at Ross's scientific bend and saviour mentality to announce the arrival of a potential donor for Spencer who is a WPW syndrome patient named John Doe. In suggesting this idea,

Crowell challenges Ross's mind diverting him to take up the case for the donation that is slightly complicated but worth trying. Ross, in his blindness for donor heart, gives instructions for the right medicine to be administered on Chalmers and also gets Ari Geller, an expert electro cardiologist, to rectify the heart so that they can later use him as a donor. Dr. Ross Fairing, the chief of transplant surgery gets entangled in Chalmers' donation case when he takes interest in the unidentified potential donor who was informed to have Wolff Parkinson White Syndrome with a matching tissue-type of Spencer. Ross, in his eagerness to get acceptance as the new chief, participates in the case by finding an electro-cardiologist who could rectify the sinuses pattern in order to make it suitable for donation. Even though Ross had no clue about the donor's details, instead of first attempting to save the patient, he thinks of donation due to Crowell's influence which makes him also be counted in the 'saviour-murderer' category, even though he later investigates the case and helps Spencer in finding the truth behind the conspiracy.

Spencer's transplant thus changes the identity of Dr. Ross as well. Although he has no ill intent and most often tries his best to save his patients, being the chief surgeon in Spencer's case, he becomes a murderer without his knowledge. He becomes a 'gothic double', an alter persona, of his usual self as a caring and empathetic doctor. This doubling is comparable to Mr. Hyde and Jekyll in R. L. Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde*. As an intra-psychic journey, the character of Dr. Ross projects the age-old confrontation of dualities present in myth, religion, and psychology which Zivkovic calls double. This double has been articulated by various scholars of gothic from time to time. Hence, in this instance we can call him a gothic double.

On a similar note, another kind of double becomes apparent in the story—the presence of Dr. Ross (as murderer) against Dr. Harper (as saviour) who are both doctors, but with the only difference that, one becomes the fear inspiring "executioner" (148) in certain instances, while the other continues to be the ideal 'saviour-type' which is usually associated with the profession. In order to understand this pair better, Lee Byron Jennings' postulation of the grotesque would be useful. Jennings writes that in order to be grotesque, the following characteristics should be present: 1) The grotesque object is a "figure imagined in terms of human form but devoid of real humanity". 2) Although grotesque may result from capricious irregularity on nature's part, it is "the

distorting activity of the human imagination” that concerns us most. 3) Grotesque is a “distortion that penetrates to the bases of our perception of reality”. 4) There is a recombining of the elements of experienced reality to form something alien to it; the norms of common life are replaced by an “anti-norm.” 5) Even when the grotesque involves imaginative process its results are “concrete” (physical form). 6) The grotesque “has substance, vigor, and depth”; a conglomeration of disparate parts is not grotesque unless “the resulting creature takes on a life of its own”. 7) When a “true feeling of impossibility is present, it obscures the grotesque effect”, especially if the impossibility lies in a departure from concreteness, so that our capacity for visualizing fantastic creatures is suspended. 8) A grotesque object always “displays a combination of fearsome and ludicrous qualities [...] it simultaneously arouses reactions of fear and amusement” in the observer. 9) A grotesque object (however concrete and vital an appearance it may present) is “at the bottom of unreal or illusory and can embody no actual menace”. 10) It is the “specific relationship of fear and laughter that makes a figure grotesque” (Jennings 9-12).

Take the case of the two characters—Dr. Ross and Dr. Harper, in *The Donation*. Applying Jennings’s theory, we can analyze if they are grotesque. Both characters, Ross and Harper, are human, but then one of them, Dr. Ross, is devoid of humanity in the instance when he participates in Spencer’s surgery. He transplants the heart of Chalmers, someone whom Spencer considers a “monster”, because he had killed the Governor. In other words, Spencer considers Chalmers a monster because he is a criminal. Thus, Dr. Ross becomes a murderer by participating in the surgery, though he does not literally kill him. Positing Dr. Ross, a murderer, against an ideal doctor such as Dr. Harper, gives us a pair who is professionally similar, but in their performance/practice, are opposites. It is this kind of pair which we call as ‘grotesque double’.

To understand this better, we can use the ten points Jennings assigns for the grotesque. At this point the reader has to visualize Dr. Ross (who is an “anti-norm”) against Dr. Harper (who is the “norm”) together as a pair through “depth perception” – a concept, which has been discussed in the previous chapter. It is important to note that medical thrillers have graphic narrative that allows the reader to visualize in their mind. This imagination incites fear and anxiety at the same time in the reader. Such a

representation “distorts” the reader’s idea of the doctor figure they know. The representation makes them “anxious, confused, horrified, and even laugh” at the end making them realize ‘it is a fiction’ after all, indicating once again Jennings’ point of grotesque as “embodying no actual menace”. In other words, the pair of grotesque doubles, here, Dr. Ross and Dr. Harper arouses a combination of various emotions in the reader without actually hurting them in reality.

This pair of ‘grotesque doubles’ arouses fear because they are both doctors. Since they are professionals whom the reader will inevitably encounter at least once in her life, their anxiety and fear doubles. In other words, because doctors are figures they can relate with and the probability of meeting them at some point in their life is there, it makes the reader respond ambiguously by relating to this representation. The reader in visualizing the grotesque doubles of doctors, is left anxious and terrified. At this point, a possible question on their mind would be how to identify the saviour and the murderer when they visit the doctor. This line of imagination further leads to questions and apprehensions about healthcare system. Already as there is a shroud of mystery around medicine, this aspect adds further anxiety about the kind of treatment they might possibly get. This situation of the reader can be called ‘grotesque-situation’, a term Jennings uses. Not only are the doctors uncomfortable being perceived negatively, but also such a representation makes them an object that evokes derision and laughter. The depiction of doctors in such a negative manner has a huge impact on the public. Without reconciling to any one particular emotion of fear or anxiety or laughter, the reaction towards the doctor figure is grotesque ambiguity and utter confusion.

Lee’s showcasing of doctors in this tense conflict of saviour—murderer, is to draw attention to the presence of dual characteristics that cannot be avoided in context of transplant where the cycle of birth and death are intricately tied up. It is perhaps this notion that makes many people look upon the transplant specialist with suspicion. A suitable example from the text is the instance when the parents of a patient who has been brain dead after an accident, are asked for donation. Dr. Smithson who was attending Jonas finds it hard to convey the news to the parents and also ask them for The Donation in their grieving period. Lee, suggesting the dilemma the doctor faces in the case when a youngster is involved, illustrates the complexity of the situation

through the careful management of conveying the bad news as well seeking their consent.

“I feel I should be direct with you. The news is not good”, he said [...] well, this is where we stand. Smithson spread his hand. Jonas, as you know, suffered massive trauma to his head and neck at the time of the accident. When he came to us the neuro surgeons had drained the blood [...] we have seen nothing, yet, Mr. Harding. What are you telling us Dr. Smithson? “Give it to us straight”. (37-38)

Jonas’s father, Mr. David Harding, an open minded, progressive man, agrees and takes the quick decision while his wife Mrs. Betty Harding is not able to accept this decision. She finds it difficult to comprehend that Jonas is dead and that they should unplug the ventilator and on top of it give him for organ donation. In that moment Mrs. Harding looks upon Dr. Smithson with suspicion, regarding whether he had actually tried to help save her son. This idea depicts the complexity of being a transplant doctor where public perception is colored in ambiguity and skepticism about the doctor figure. Their understanding is that the doctor figure is a ‘saviour cum murderer’—a person who is a saviour to the recipient and a murderer to the donor. This sort of understanding makes the reader feel uneasy as it echoes the serial killers drawn in instances of organ trafficking. Unlike the serial killers, transplant specialists portrayed in *The Donation* are saviours until the point when they participate in a murder unknowingly. But a comparison to serial killers can be drawn due to the criminal nature of the work they undertake in trying to get donors. In other words, since their work is tied with both re-birth and death of people, they are looked upon with suspicion and anxiety by the public which is aggravated by the number of media expositions of doctors’ involvement in organ theft.

As a solution to this problem and also to tone down the prejudice between the transplant field and other areas of medicine, doctors have come up with various ways to tackle the misunderstanding. One such method is through assigning multi-specializations for various aspects of transplant process, thus, making sure the doctors or specialists who ascertain and pronounce death are different people from the surgeons involved in the surgery to the recipient. For example, the doctor who declares a patient dead is different from the doctor who procures the organ-procurement coordinator and the doctor who transplants is different from the clinical coordinator. Procurement coordinators help the families of organ donors deal with the death of a loved one as

well as inform them of the organ donation process. Clinical coordinators educate recipients about how to prepare for an organ transplant and how to care for themselves after the transplant (Powers 243). Lee's main objective is to showcase the fact that there is the presence of positive and negative elements that cannot be separated in the doctor figure. In this way, Lee reinforces the idea of grotesque doubles as natural and inevitable that needs to be understood without giving into either moralistic pronouncements or 'othering' aspects which are present in various contemporary cultures.

Ross's attitude towards both Chalmers and Spencer ultimately evokes hatred and suicidal tendencies in Spencer. Instead of being grateful, Spencer hates Ross. Gower's conspiracy and planning result in chaos and trouble not only for Spencer but also Ross who did not know the recipient's identity. Crowell's participation leads to the death of Maria as well. This incident initiates another scandal—where there is difference between treatments to different classes in the hospital. The reader becomes anxious about the influence of neoliberal capitalist trends that are taking over the altruistic model on which medicine is based on. The overlapping identities of murderer cum saviour collapse the aura and faith in the figure. The grotesque doubles hold on to portray a suspended world that is neither black nor white but an in-between grey one, associated with the doctors.

Grotesque doubles of physician figures are indicators of change in society – how these figures themselves have become so materialistic that they get swayed by commercial interests. Grotesque doubles show that capitalism governs all aspects of modern medical world. While earlier the problems of colonialism manifested in gender and race, the recent manifestation is “bio-colonialism” based on the same principles of class, race and gender discriminations. This makes people from the third world to be indebted to the first world to the extent that even their bodies become commoditized in exchange for very basic needs for sustaining life.

### **3.8 Patients as 'liminal' and 'abject' in *The Donation***

This section analyzes the 'ambiguous and abject' identity experienced by the organ recipient through the character of Judge Spencer in Myles Edwin Lee's novel *The Donation*. In doing so, it intends to understand the underlying complexities of the

speculative ‘identities of recipients’ – most often, the deeply disturbing and very scary ways in which transplants haunt the imaginations of recipients after the donation process.

Following a pilot study titled “Troubling dimensions of heart transplantation” (2009) with forty heart transplant recipients, scholars Margrit Shildrick (philosopher), P McKeever (sociologist), Heather Ross (cardiologist), Jennifer Poole (social research worker), and S. Abbey (psychiatrist) came to the conclusion that transplant process is much more complex than a technical case as it involves both the problems of embodiment and self-identity as addressed in phenomenology and are crucial to the acceptance of the organ. Therefore, unlike the biomedical model, these scholars propose the need for an integrated approach that would account for all these factors post and prior to transplant for better care of patients. This complexity of embodiment and identity crisis is neatly weaved in *The Donation*. This section looks at the phenomenology of heart transplant post-surgery and analyses the various aspects to it. It is important to say at this point that instead of just applying the phenomenological theory as proposed by Shildrick and others, this chapter suggests the use of the theory of somaesthetics. Somaesthetics can be used as this philosophy concerns with the “lived, sentient, intelligent human body”, i.e., the soma, “as a locus of sensory-aesthetic appreciation (aesthesia) and creative self-fashioning” (21). In other words, it is the philosophy, which focuses on “the critical meliorative study of the experience and use of one’s body,” (21).

In Lee’s work, the problem of embodiment and identity crisis starts with the donation of a prisoner’s heart, namely Chalmers to a judge named Spencer. By a rare coincidence, the story takes on an unexpected twist as the recipient happens to be the very person Judge Spencer sentences—Chalmers, and the donor is on death row. This unexpected turn of events complicates the reception of ‘Chalmers’ heart’ by Spencer, who is confronted by a series of moral and identity questions. He is unable to accept Chalmers—the very person whom he once considered evil as part of him now. He worries that he has become a monster as such. He feels dejected and totally lost at the turn of fate, which forces him to be grateful to Chalmers, but he cannot reconcile with it. Thus, he rebels and even projects suicidal tendencies that unnerve the doctors and other staff. In this confused state, he questions if it is some sort of an evil plan

concocted by Dr. Ross, his Chief surgeon. He questions Ross if he had the intention to make him Mr. Hyde. Myles Edwin Lee in this manner smoothly weaves the question of identity and embodiment as crucial to one's being but one that is purely intellectual that could be reasoned out.

The entire truth dawns on Spencer while he is waiting in the transplant bay for the surgery. He identifies Chalmers as his donor who was also left in a gurney beside him. As he had specifically requested before the surgery to be sedated properly due to his fear of the pain, he gets trapped and cannot let the doctors know his opposition to the transplant. Left in that helpless situation, he undergoes the surgery, which is a highly successful one. However, when the doctors come back to check on Spencer, they get shocked to see a different person altogether. He becomes very aggressive and throws tantrums, tantamount to ingratitude. This makes Dr. Ross himself doubt if he was meeting "his friend" or "a Frankensteinian chimera"—"a Janus-faced monster" (148). Catching hold of Ross's hand strongly that he almost displaced the contents of his hand, Spencer with a threatening look growled, "What have you done to me?" (127). Ross, perplexed at Spencer's odd behaviour, rechecks for any abnormality with his body but then realizes his readings are fine. He even thinks Spencer might be going through the post operation "psychosis" and tells Sharon—the attending nurse it might be due to drugs administered and that he should be alright after it wears off. Spencer, who has by now become totally frustrated, shouts and asks the nurse to leave the room.

After keeping his sense of regret and guilt inside throughout, he tells the truth of his story to his wife, Betty. He explains how he had met Chalmers who was executed in the prison chamber to be in the transplant bay and acquaints her to his most ill fated situation that he was transplanted with Chalmers' heart. Betty, herself unable to come to terms with this, informs Ross who was in-charge of Spencer's case. Ross cannot himself comprehend what Spencer is going through and he feels very sorry, sympathetic and disturbed. Being the sensitive and empathetic person, he is, Ross decides to find out the truth and bring 'justice'. By weaving such a conflicting story, Myles Edwin Lee explores the already present tension of embodiment and identity in transplant process to a different level of anxiety and tension – the tension and anxiety of accepting the very prisoner he had sentenced to death and also whom he hated which is revealed several times in his usage of Chalmers as "the monster" (127). Although it

is unfair to ascribe anyone with such an adjective, being a retired judge, it reflects Spencer's habit accumulated over the years and the nature of the society that always moralizes and judges another person, rather than accept the 'Other' as capable of any good sides. It is perhaps this conflict that gets reflected in the reactions of Mrs. Betty Spencer and Dr. Ross himself after the revelation. As Lee being a cardiologist himself, knows that the surgery has already been done and cannot be undone, therefore, he uses the narrative strategy of investigation followed in medical thrillers to come to the truth and restore order in this disordered world. Therefore, assuming as if the problem could be solved by investigation and revelation of truth in the story, Lee makes the protagonist take charge of the situation in the novel.

Before his venture, Ross assures both Mr. and Mrs. Spencer that he is on their side and goes ahead with his investigation as if it would solve all problems. Ross' assurance is Lee's method of finding some sort of resolution to a terrible event like the one that has happened to Spencer. Even when showing this, Lee does not take a side; rather he brings a discussion of the ethics behind using prisoners alongside the socio-cultural reception associated with the transaction. Lee points out through the perspectives of doctors and patients what the transplant process entails, and takes it to the level of a burlesque at this moment where he takes on the assumption that 'the heart' could be acceptable in culture once the truth is found out. In other words, Lee's solution to prisoner donation is to find out the conspirators like all medical thrillers and thus restore the order of the medical world.

Through the character of Dr. Ross, Lee's attempt is to show that the transplant process is a mechanical one—that which is based on a biomedical model based solely on the process of tissue-type match of donor and recipient, and the final transplant surgery itself that could stitch the two together in a mechanical manner as a hybrid. In other words, there lies an assumption that organ transplant is a biomedical transaction which is dependent on the organs and that the shortage of organs could be meted out through the donation which is quite complex only at the level of rejection and acceptance of the organ by the body. In other words, the emotional baggage is completely a thing that could be sorted out through "reason" according to Lee. Emotions and psychology are ignored until the post-operation period when Spencer starts reacting differently not because of bodily malfunction but because of the intense

psychological damage he has to go through while witnessing his donor and the thought of carrying with him the ‘heart’ of a criminal, forever. It is interesting to note that this perspective is that of a doctor who is trained in scientific reason.

Also, it is important to note that before the surgery, Ross encourages Spencer by telling him about the news of the matching heart. He uses the language of ‘gift of life’ while he himself was busy trying to rectify the problem of the heart—W P W Syndrome. Usually the language of the “gift of life” used in such a transaction is that of denial—the denial of the donor’s identity, especially while asking the recipient to imagine the heart as a “pump” that would enable functioning of the recipient body. In this moment, the donor’s identity or even an indirect mention is completely evaded. However, the denial in this language only suppresses the feelings related to the donor. This language through the evasion of the question of ownership of the organ, in fact smoothens to an extent, but the burden of the recipient and the feeling of obligation that comes is natural (Shildrick, Ross, et al.). This strategy has to a large extent worked out well too as studies have pointed out. Dr. Ross’ loss of belief at the revelation given by Mrs. Spencer comes from this perspective. Biomedicine has worked its way to ensure that donors and recipients are never in any form of contact either through families or directly, and has always discouraged such relationship, knowing the problems the recipient might go through. Yet, many studies have shown that some recipients do come in contact and develop a kinship like never before because the recipients and donor families come to believe that they both belong or are related to each other through the organ donated from their deceased one (Sharp).

In *The Donation*, it is the unexpected circumstance that puts the donor and recipient in contact. The recipient gets to see his recipient in the transplant bay and the recipient is deeply disturbed. The only protest that he is capable of at this point is to vent out his anger. Spencer’s anger and frustration shows his disapproval. Spencer’s rejection reinforces the questions related to the taboo with prisoner donation and social hierarchies through the moral lens that is judgmental of Chalmers’ character. Spencer, therefore, appears as “a psychotic” (159)—as opposed to the received notions of organ donation and the ‘gift of life’ transaction popularly circulated.

The identities are interrogated to understand the socio-cultural entanglements involved in the process. It is well known that there exists ‘an irrational fear’ regarding

the idea of transplant and the notion of hybrid. This is mainly because of the violation of self – an identity that is given much importance right from the classical times. The obsession of ‘the self’ over ‘the other’ is so much rooted that the biomedical intervention of transplant not only challenges its truth but also makes it ‘plasticized, commoditized and transferable’ beyond bodies, race, gender and nations. Thus, a natural phobia towards normal organ donation where the donor remains unknown to the recipient sometimes extends to a reflection and anxiety about what might have been the history of the donor, and whether these characteristics would be embodied in the organ transplanted recipient. Such issues are probed in these representations. Psychosomatic and psychosocial studies by a number of scholars suggest this notion (Bunzel et al., Inspector et al., Sanner).

Imaginations and thoughts in this direction have invited numerous story lines around the world in the form of myths, legends, and fictions. One such example is Maurice Renard’s *Les Mains d’Orlac* (1920) or (*The Hands of Orlac* in English) which was later made into a movie. The story explores the potential of a ‘hand’ to inhabit qualities of the donor. The hand being part of a former criminal tends to murder the lover of the pianist (recipient’s lover), resonating with the common fear associated with such transactions. Cast in the form of a tragedy, the story delves into the unknown terrain of psychology and emotional complications of ambiguous identity, post-transplant. While it should be noted at this point that though in reality of the first successful ‘hand transplant’ took place in the year 1990, the imagination was present quite earlier. That means it took almost seventy years to accomplish it fruitfully by medicine. This event marks the special relationship between fiction and scientific ideas and shows how fiction can lead to or ‘inspire’ scientific inventions.

Interests similar to the fictional imaginaries can be noted in recent scholarship on the emotions of recipients of transplants. The international multidisciplinary project conducted by Margrit Shildrick titled the “Process of Incorporating a Transplanted Heart” (PITH) with an intent to gain insight into the non-medical aspects of transplantation using phenomenological approach echoes this quest to better understand the irrational fear of identity loss and ambiguity. Studies by Margrit Shildrick (2014), Jennifer M Poole (2014), Oliver Mauthner (2014), Heather Ross (2014), and David Engle (2001) are a few that analyze the experiences of the recipients of organ donation.

They have attempted to track and understand the psychosocial complications that give insight into this irrational fear of the amalgamation. Part of their investigation is to understand that if the speculations are true, then how science can enable prevention of such responses and enable better facilities for transplant.

The other directions which these transplant stories have extrapolated are the transnational exploitation and violence of certain groups of people in the name of the “gift of life” and as such meaning value-added product. A stark example is Indian author Manjula Padmanabhan's play *The Harvest*, which narrates the story of body commoditization in the third world. In Mumbai, India in the year 2010, Om Prakash, the jobless protagonist is forced to sell his organs to a rich clientele abroad in exchange for a small fortune through the Inter Planta Services, Inc. By satirizing on the post-satellite society, the story shows how the company regulates the lives of the entire family by monitoring and controlling invasively and also recalls George Orwell's novel *1984*. The access which Ginni has in order to see and monitor her donors' family portends the cannibalistic nature of organ harvest and the rights of the first world over the third world, long after the colonial repercussions have become obsolete. It points at the commodification, racial hierarchy and newer manifestations of colonialism. The narrative critiques ethics of transplant, and interrogates the politics behind its working, calling attention to potential areas of violence, exploitation and domination. Scholars Helen Gilbert Nicolette M. Dumke have delved into these aspects because they see interesting relationships in these systems of working.

Kazuo Ishiguro's *Never Let Me Go* is another novel that explores the concept of donation but with a difference that clones are developed in order to supplant organs for the originals. Power relations and the ethics of such a practice are interrogated to show the consequences of such technologies. Clones symbolically stand for the practice of “saviour siblings” in contemporary times. Pre-implantation genetic diagnosis and tissue typing are used to create “saviour siblings”. These are children whose umbilical cord cells, or other tissues, are used to treat an existing sibling with a serious medical condition (Wilkson, 2008). Margaret Atwood's *Oryx and Crake* is another example with this theme. Human DNAs are engineered in pigs called “pigeons” which are later transplanted to humans. While the application of this happening in real life may seem like a far-fetched one now, yet there are ethical concerns about such mixing of DNA

due to potential experiments conducted. Reports by a study indicate this concern: “Our studies on the fate of human hematopoietic cells engrafted in fetal pigs led us to find that some human cells actually fuse with swine cells and that the nuclei of the fused cells have chromosomal DNA of the two xenogeneic partners” (Cascalho et al.). Organ donation narratives discuss concerns of cultural anxieties including divisions between self and other, and also concerns of transnational boundaries of power and whether ‘different others’ are to be welcomed or expelled.

In *The Donation*, a few pertinent questions about identity remain at the center: Whose identity is important, who decides the importance and how do they play out in the narrative? Judge Spencer, “a high-profile patient” (94) and “a celebrity” (16) receives not only immense attention and care from the nursing staff but also doctors. His special treatment can be seen in the earnestness with which doctors are keen on finding a donor for Spencer soon after they understand that Jonas’ heart cannot be used. Crowell and Ross manage to find the donor in Chalmers who came in as an unidentified patient, Joe.

Instead of saving Joe, the first thing that Crowell proposes to Ross is donation, which Ross too agrees with, without much thought. This instance points to the plight of patients admitted in hospitals without kith and kin. It echoes the commoditizing culture highly prevalent in hospitals that any possible body becomes a possible spare part for the needy clientele. It also speaks about the advantages of people in power over the marginalized or unidentified persons bringing questions of hierarchy prevalent even in the organ donation process. Interestingly, when the hospital authorities admit unidentified Chalmers’ body with WPW syndrome, instead of saving his life, the priority is given to the donation, indicating that only powerful people have access to such privileges.

When Maria actually deserves close observation post surgery, she is left on her own and Dr. Crowell simply ignores her to help Chalmers, which is a stark example of how power hierarchy works. This indicates the prioritizing notion that comes into play because Maria is “a nobody” (91) while the other is a person of “national prominence” (6). In spite of unveiling the barriers to boundaries of the self and the other through transplant with the help of immunosuppressive drugs, boundaries of class and power

come into play that politicize who can receive and who cannot. This idea talks directly to new forms of economies called “bio economies” and forms of colonialism called “biocolonialisms”. Laurie Ann Whitt in “Biocolonialism and the Commodification of Knowledge” (1998) explains, “[i]f colonialism encompasses the interlocking array of policies and practices (economic, social, political and legal) that a dominant culture can draw on to maintain and extend its control over other peoples and lands, then biocolonialism emphasizes the role of science policy” (33). To put it differently, Whitt considers biocolonialism as “extractive” (33)—one that transforms all sorts of valued information and resources to the micro worlds of biotechnoscience and made as part of private ownership that can be bought and sold as commodities. Although organ donation works on the notion of “gift of life” based on the “imagined communities of crisis,” it ultimately works or is regulated for and by the people in higher status of power in a similar manner. Spencer, on receiving Chalmers’ heart, suffers a psychotic breakdown. He goes extremely silent and gets angry at the doctors and staff after surgery. Such a reaction is the result of his ego that considers Chalmers’ heart as unworthy to live because of him being an outcast and having criminal record. It also spells out the guilt embedded in Spencer in having to be grateful and indebted for life to Chalmers—an undeserving person, when judged through the prism of his moral standards. Spencer, for a significant part of his life had been a judge, but the one with power is suddenly left powerless and feeble before the very person he had condemned to death. This idea disturbs and mortally wounds him. The stigma associated with prisoner donation is beautifully woven with questions about how ethical the harvest is. Since Spencer had sentenced him for lethal injection, it returns to a state where his pronouncement becomes a judgment to save his own self when the criminal’s own heart is transplanted. In other words, the death penalty by lethal injection becomes a case of restricted choice for the donor which many scholars like Dworkin, Silver, and Varellius have argued.

Thus, when Spencer realizes this fact, he tells his wife Betty that “I feel like that monster I put on death row, Chalmers. There’s an animal inside that does not deserve to live” (18). In uttering this, Spencer refers to the transgressing identity and fear over the “other” body—a body that is an abject and liminal at the same time. It arouses the fear of fluidity and threat of occupying his own space, which Julia Kristeva talks of in her work *Powers of Horror: An essay on Abjection* (1982). The liminal-abject transplant

body of Spencer post-surgery is in this manner confronted with the question of embodiment and self. Julia Kristeva, in *Powers of Horror: An essay on Abjection* uses for the first time the term “abject” which explores the human reactions to the fragmented, decayed, or impure human body. For Kristeva, abjection is concerned specifically with societal taboos surrounding the materiality of the body, and the horror that arises from the exposure to bodily excretions such as blood, pus and feces. Kristeva, thus, classifies the corpse as representing the utmost in abjection. For her, “[the corpse] is death infecting life. [...] Imaginary uncanniness and real threat, it beckons to us and ends up engulfing us” (18). She, therefore, explains the reactions when confronted with a corpse as an instance when we are forced to address our own mortality—the inevitable corruption of our own bodies. Similarly, in *The Donation*, Spencer is the ‘liminal-abject’. Therefore, he is the most grotesque subject. This can be explained if we imagine the situation in which Spencer is put after the heart transplant. As he came to know the donor, he loses his peace of mind. He is unable to come to terms with the new reality—his existence as a different person i.e., Chalmers. His identity gets crushed, and he feels that he is now ‘in-between the identities’ of the original Spencer and the monster Chalmers. By embodying the heart of Chalmers, a prisoner, he believes he has also become evil. Spencer’s reaction is such, because the body expresses the ambiguity of possessing “both subjective sensibility that experiences the world and as [also because it is] an object perceived in that world” (*Body Consciousness: A Philosophy of Mindfulness and Somaesthetics* 3). The body also functions in “our experience as an object of consciousness, even of one’s own embodied consciousness” (Merleau-Ponty 71, James 89).

However, his wife encourages him saying that “fortunately you are in a different zoo, sweetheart” (18), so it cannot inhabit the qualities thus averting the growing insecurities of Spencer. Studies in the direction of phenomenology have tried to understand this experience of the transplant recipient and they argue that understanding embodiment from this perspective could possibly help to understand non-biological aspects of transplant. By using somaesthetics theory of embodiment and consciousness as outlined by Richard Shusterman in his interview with Koszeghy on “Body Consciousness and Philosophy”, we suggest that the practice of somaesthetics could help in accepting the donor organ. It can help in healing the conflict of identity

and selfhood by accepting the organ as ‘a celebration of life’. In “Somaesthetics : A Disciplinary Approach” Shusterman writes, “somaesthetics is concerned with the critical study and meliorative cultivation of how we experience and use the living body (or soma) as a site of sensory appreciation (aesthesia) and creative self-fashioning” (302). Somaesthetics is thus a discipline that comprises both theory and practice (the latter clearly implied in its idea of meliorative cultivation). Shusterman writes, the term “soma” indicates a living, feeling, sentient body rather than a mere physical body that could be devoid of life and sensation, while the “aesthetic” in somaesthetics has the dual role of emphasizing the soma’s perceptual role (whose embodied intentionality contradicts the body/mind dichotomy) and its aesthetic uses both in stylizing one’s self and in appreciating the aesthetic qualities of other selves and things (quoted in the interview with Koszeghy 21). For Shusterman, somaesthetics can necessarily play a crucial role in acquiring “self-knowledge” (embodiment) since its practices allow individuals to improve somatic functioning and, consequently, allows improving perceptual accuracy (Mullis 239). Taking this idea forward, it can be suggested that the transplant recipients should be enrolled in a practice of somaesthetic consciousness throughout the entire transplant process which would enable them to accept the donor and thereby embrace the new identity as a celebration of life as intended by organ transplant originally.

At this point, it is important to take note of studies that argue against prisoner donation. Caplan (2011) for instance, has suggested that in making prisoner donation plausible—the ideal purpose of capital punishment is being averted which would be against the very idea of capital punishment. He argues that “permitting organ donation mitigates the horror and reduces the deterrent purpose of execution, and being an organ donor is a gift, not a right” (Caplan, quoted in Tsai et al. 11). For Caplan and others, these death row prisoners have no rights and so they cannot donate organs. Therefore, prisoner donation should be discouraged. A similar idea is shared by Spencer, the organ recipient in the novel. He thinks that because prisoner donation is allowed, “[they] are both trapped – Chalmers and [him]” (18). For Spencer, the donation has only averted the due punishment to Chalmers. He feels Chalmers has been liberated. Although Spencer has no worry about health issues being transmitted, it is the moral index of Chalmers’s life that troubles him. The heart is usually associated with the moral integrity of a person. Being transplanted with the “heart” of a criminal like Chalmers,

Spencer finds it so unbearable and agonizing, that he considers himself as “a monster now” (18). His accusation of Ross is full of this remorse and it denotes his feeling towards Chalmers. This identification comes from associating himself with the “evil” incarnation—“the heart” of Chalmers. In this instance, possessing that heart makes the embodiment ‘fearful’, ‘pitiful’ and ‘anxious’. In this sense, like Kafka’s giant beetle Gregor, Spencer becomes an ‘abject’ from this moment onwards. He becomes a “liminal”: one who is neither healthy and happy, nor powerful and strong, but rather more of an “outcast” similar to Chalmers who is neither appreciated nor accepted by society. Spencer’s entire conflict comes from his stature as a judge. His mind is shown by the narrator in the following words.

He had been a judge too long to think of himself as anything other than a black-robed, gray-haired paragon of justice who could still preside over the sparring and posturing that circled the truth in a courtroom. (9)

All his years of “posturing law and drive to bring in order” fails. He thinks he has become nothing in the wake of the heart transplant disaster. Rather than being satisfied and relieved with his chance at a new life, he becomes tormented by losing his identity as Spencer himself. When Ross comes to know about this reality, the improbability of the hideous chance and its actuality, he could only empathize and feel sorry at his situation. Ross could understand why Spencer has been reacting differently. As part of the transformation, Ross realizes, Spencer has become “a Frankensteinian chimera”, and “a Janus-faced monster”, “a volatile creature, not dead, not alive, and enraged enough to kill somebody as Chalmers had done, perhaps to kill himself” (148).

The transgressing boundaries of patient identities disturbs the notion of ‘the self and the other’ in irreplaceable ways. It leads to psychotic breakdown and shock, sometimes. It brings about guilt and the burden of the ‘gift of life’ and the need to be grateful to the very convict for whom he had pronounced death. The reader becomes doubtful of transplant process as they start thinking of the implications of such a burden. At the juncture of prisoner donation, the identity crisis makes the reader aware of an aspect which is not available easily, hidden as the “unseen and unsaid of culture” (Zivkovic 127).

Prisoner donation can be seen as new colonialism which has often made it difficult for bioethicists to accept this concept as ethical or even legal. As in the case of

Chalmers who has no right over his body in the event of death sentence, the dearth of organ donation can possibly lead to exploitation. While again the advocacy for 'gift of life' should be equal for all, denying such a chance is a waste of human body parts which could otherwise save someone's life. It is difficult to come to a consensus at whether prisoner donation is beneficial or not but both have their own merits and demerits.

### **3.9 Conclusion**

Tracing from the origins of the doubles, to the different varieties of doubles such as gothic doubles, uncanny doubles and grotesque doubles both in literature and culture, this chapter has discussed how the double is symbolic of dualities that can be complementary. The doctors who are murderers in some instances and in other instances saviours, are called gothic doubles. Doctors who exist as saviour and murderer as a pair invoking contradictory emotions, are called grotesque doubles. Similar to the grotesque doubles, doctors who exist as a pair, but invoke more terror or fear than the grotesque pair are called uncanny doubles. Grotesque doubles, which this study has derived from the theories of grotesque and the double in culture, come to define the figure of the doctor in organ heist medical thrillers. When physicians are grotesque doubles, they indicate the instability not of the mind but of the situations or circumstances that force them to be so.

Grotesque doubles of doctors are depicted to show the collapsing boundaries of neoliberal culture where economics becomes the driving force for people to act in dual ways. It is so effective that money determines independently when a doctor should save a patient and when to use patients for their own purposes of promotion, irrespective of the critical situation of the patient. The idea of healthcare in such a situation becomes more of health management rather than healthcare and healing. The regulation and direction of certain bodies – poor peoples' bodies – for donation, is part of this bargain and management. In this context, the patient becomes more of a puppet in the hands of the doctor. His dependency on the doctor escalates not just in the process of healing but in being able to return home safe after the hospitalization and treatment. The regulation of economics also brings about a politics that removes the boundaries of skin and nations but entangles it within boundaries of economic class.

The treatment of prisoners as donors with little or no chance for willing donation is a regulation based on control and ethics. Even when the doctor is not interested in acting in such an unethical manner, the system works in such an economic deterministic manner that they become agencies through which this screening takes place. When Ross's intention is to save Maria, who is just a house maid, his intention fails. Crowell's inattention to Maria when she was still in observation leads to her permanent coma with no hope of waking up. Crowell is so interested in the high-profile Spencer case that he leaves his duty and rushes to the spot where Chalmers' body arrived because it was a potential organ donor for Spencer. Maria does not have the economic power nor fame which Spencer has and therefore is left to fend for herself post-operation, while Spencer is given extra care and chances to live through the management of a donor soon. Ross's intention to save Maria is doomed, because her economic background and power determined that she is not worth taking care of. Crowell, who is in charge of her, determines her worth as less than that of Spencer. Thus, she turns into an irreversible coma. This incident spells out who is important and who is not, in a highly economic deterministic world. This instance also shows how the moralistic point of view of the doctors of the earlier times becomes obsolete in the wake of neoliberal capitalist society.

The altering identities of patients post-surgery, is another aspect that has been explored in this chapter. Transplant surgery entails not just a transfer of organs, but a part of another person which is complex. The embodiment of Chalmers' identity in Spencer is raised when an intimate part like the "heart" is transplanted to Spencer. The question of whether he is Chalmers or Spencer, is raised at this point. Although transplant doctors see the process of transplant as a mechanical one, studies by psychosocial scholars have revealed that the transaction is a phenomenological one that entails the question of identity and embodiment in a very complex way. Post-transplant, Spencer's body is a fear inducing one, one that erases the identity and presence of Spencer. It is therefore a liminal body that is abject, which is difficult to contain not just for the patient but also for others, including family and doctors assisting him. Spencer's behaviour towards doctors and others after surgery is symptomatic of this phenomenon. They are forced to question whether he is the same person – a 'friend' or a 'monster'.

The grotesque double and the abject liminal are the essence of the unseen and unsaid aspects of culture cleverly camouflaged under services such as healthcare. In order to reflect upon the anxieties of the rapidly changing medical field, representations of various characters are drawn in an anxious manner, invoking contradictory responses of the grotesque. This chapter, in exploring the role of doctors and their identity crossing which converts them into pairs of grotesque doubles, has helped to delineate various situations and instances within the conflicting roles of doctors as saviour, murderer, and saviour-murder. The analysis has delineated the doctor doubles as a social critique of the organ harvesting project that is happening in our contemporary times. It could be understood that their (doctors') actions have resulted in bringing identity crossings not just for themselves but also for their patients. Their patients become 'liminal' and 'abject' beings that are in-between and frightening, as they are not able to accept or relate with their new identity. The new organ (heart) becomes the center of their lives transforming them entirely. Since they cannot accept and identify with the new organ (heart), it makes them an "abject"—one which is possessed by another individual's life and characteristics.

Collapsing the boundaries of identities, the grotesque doubles and liminal abject speak about looking at identities as not one or the other but a fusion of different aspects. By fusing the low with the high, the pure with the impure, or good with the evil, not only are the taboos of society invalidated but also strongly indicated of their absurdity. Myles Edwin Lee's *The Donation* contributes to the transgression of the identities of doctors and patients in keeping with the grotesque characteristics of symmetry and thus of its ingenuity.

## Notes

- 1) Medical-encounter — Etymology: Gk, *en* + L, *contra*, against (in psychotherapy) the interaction between a patient and a psychotherapist, such as occurs in existential therapy, or among several members of a small group, such as encounter or sensitivity training groups. In an encounter emotional change and personal growth are affected by participants' expression of strong feelings. Refer Mosby's Medical Dictionary, 8th edition. 2009. Elsevier 22 Apr. 2019 <https://medical-dictionary.thefreedictionary.com/encounter>
- 2) Doppelganger— original usage is 'doppeltganger' in Richter's work which subsequently came to be spelled as doppelganger.
- 3) Pierre Jourde and Paolo Toronese give an overview of literary works in which the theme of the double is central – see *Visages du double. Un thème littéraire*, Paris: Nathan, 1996, p. 187-229.
- 4) Bioethicists like Winston and Quintaville discuss about the negative impacts of saviour siblings. They perceive so because then babies would be looked upon as commodities. They usually consider this practice by terms like “designer babies”. The second reason for opposition is that these babies would be physically and psychologically harmed. Some scholars who support the view of saviour siblings are Glover, S. Sheldon and Wilkinson. They argue that banning this technology would lead to deaths of children who would otherwise be saved. Refer “Doctor plans UK designer baby” clinic December 11, 2001, BBC News.
- 5) For details on “bioeconomy of labour”, refer to Melinda Cooper and Catherine Waldby. *Clinical labor: Tissue donors and research subjects in the global bioeconomy*. Duke University Press, 2014. Cooper and Waldby consider forms of embodied labour such as surrogacy and taking part in clinical trials as clinical labour. For them, these activities contribute to what they call as bioeconomy which has an impact on other forms of labour and value.



# CHAPTER 4

## Blurring Spatial Boundaries: Organ Heist Carnavalesque and Medical Heterotopia in Tess Gerritsen's *Harvest*

### 4.1 Introduction

A ‘play’ on the idea of boundaries of the normative has been one of the primary concerns of our previous chapters. Whether it is to identify problems with form, content, or response, the idea of playing with boundaries has been consistent. It has been used to create tension with the norms of the world in order to build a grotesque world. This chapter explores another application of boundaries, the uses and issues of blurring spatial boundaries in context with organ transplant and donation in Tess Gerritsen's *Harvest* (1996), and by extension, organ heist medical thrillers.

In *Harvest*, organs are harvested from orphans and supplied to hospitals when the need for a donor arises. After suitable cross-matching, the orphans are murdered one by one, and their organs are flown to the Bayside Hospital and Massachusetts Transplant Center where they are transplanted into recipients. This arrangement is done through the accepted organ donation framework on the surface; however, behind the scenes, it appears to be based on an exchange of money between transplant doctors and patient's families. The practice gets discovered by Dr. Abby when a teenager, Joshua O' Day, who had been waiting for a year, is not assigned a heart that should have rightfully gone to him according to the donor list. Dr. Abby investigates the case when she realizes that Nina Voss, a rich patient, got a donor twice in spite of the shortage of organs. She discovers that “the transplant team” is involved and tries to alert the police that an undercover system for supplying organs for patients with the capability to pay, operates at the Bayside Hospital. However, in the end, she herself succumbs to the organ traffickers though she is able to bring the truth to light.

The issue of spatial boundaries in *Harvest* is noticeable when we look at the hospital space as one thing. In other words, because the hospital functions as a festival space, an imaginary textual space and care center, spatial boundaries collapse in the fiction and within the suspended time-frame without social hierarchies and proprieties after which this world is reversed to the normative order or official order. It can be then said that the world exists as a carnival space as Mikhail Bakhtin notes and also as a ‘heterotopia’ because the same space exists as “different spaces” or “other spaces” as Michel Foucault notes in “Of Other Spaces”, a lecture delivered to a group of architects in 1967.

The chapter looks at the hospital space as a carnival space—a festival space—which celebrates ‘organ heist’ as carnivalesque, through a case study of Tess Gerritsen’s *Harvest*. It is a celebration of the body in parts, which Heinrich calls “diasporic form of the body” (Chapter 3 para 2). Hence, this festival celebration can be called ‘organ heist carnivalesque’ and is associated mainly with some form of malpractice. The concept of carnivalesque is seen here in opposition to the usual function of caring for patients.

Mikhail Bakhtin understands carnivalesque as the “second life” (8, 10) of the medieval period, a “time out of time” (8, 10) that revitalizes the life of people within a suspended period of time after which the official order is restored. Bakhtin presumes that the utopian ideology of the carnival experience is rooted in the purely human social relations. Therefore, it would be useful to focus on the dramatic presentation amongst doctors and patients, the performance of these characters as an excess or aberration. This study identifies and analyzes two types of carnivalesque operating in Tess Gerritsen’s *Harvest*: 1) Bakhtinian positive carnivalesque, and 2) Negative dark carnivalesque in the tradition of Mike Presdee. This study thus attempts to arrive at the functions and uses of organ heist carnivalesque as employed by Gerritsen.

In a similar vein, the study goes onto analyze the novel using the concept of ‘heterotopia,’ which has a focus on both temporal and spatial elements. This idea is used in order to understand the multifarious social relations that come into being since the hospital space functions as a festival — a “different space” or “other space” — simultaneously as opposed to its original function. Michel Foucault analyzes spaces as

“emplacements” or “counter-sites,” which allows us to perceive space in terms of a set of relations from a different light.

Moreover, earlier studies have not looked at the appropriation of hospital as a festival space and since the hospital space functions as festival space in the text, this chapter gives a different perspective of space in terms of social relations. It analyzes the different changes in social relationship and power dynamics which the hospital brings as a result. Because organ heist carnivalesque ensures a different work out of social relations in the hospital, we call the hospital space a ‘medical heterotopia.’

This chapter asks the following questions: what is the purpose and consequence of depicting the hospital as a ‘heterotopia’ and what are the various social relations in such a context? What is organ heist carnivalesque, and how is it formed and employed? Since there are two types of organ heist carnivalesque in the text, the chapter attempts to differentiate between the two while at the same time ask what effect might the non-resolution of the conflict between the carnival and authoritative discourse have in the case of dark carnivalesque and what effect the same might have in case of positive carnivalesque.

This section on medical heterotopia explores the celebratory space in which the organ harvest takes place by using the concept of ‘heterotopia’ in the novel *Harvest*. It develops further from the hospital as grotesque in terms of architecture as delineated in Chapter 2 and expands its scope in building interesting social relations. Since the concept of heterotopia furthers an understanding of festival space in both temporal and spatial terms, it is used for the analysis. Also, since the first section of the chapter shows that the organ heist takes place in the hospital and that it is carnivalesque, it is appropriate that the second section develops on it and analyses the hospital as a festival space through the concept of “heterotopia”. In the next section, we give a brief overview of the evolution of carnival followed by various theories of carnival.

## **4.2 From carnival to organ heist carnivalesque**

In order to grasp the idea of the festival in the hospital, it is useful to draw on the relation between traditional carnival festivals celebrated by the people of the medieval period in connection with agriculture and seasonal changes. Mikhail Bakhtin through

his reading of Rabelais' work *Gargantua and Pantagruel* arrives at the concept of 'carnavalesque' in literature from the ritual carnival. Bakhtin notes that carnivalesque is the literary expression of the medieval carnival, and is prominently a modern one, an evolved expression of the grotesque. Frances S. Connelly, in her attempt to trace the connection between various strands of grotesque in the chapter "Subversion: The Carnavalesque Body," locates the carnivalesque as the modernist expression or a "strand" of the grotesque that addresses "social and ethical issues" unlike the ornamental grotesque that concerns with "aesthetics" (82).

In order to understand the concept of carnivalesque, it is useful to have a look at the word 'carnavalesque' as originally used by Bakhtin. It comes from the word "carnivale" in Medieval Latin, 'carne' meaning flesh, and 'vale' meaning "farewell" (Schoenfeldt 14). The meaning of 'carnavalesque' when taken together, signifies "bidding farewell to flesh." Further, the etymology of the word can also lead us forward to the present context of carnival manifestations and its appropriation in Christianity which has its associations in the pagan harvest festivals in ancient times.

In Christianity, the closest appropriation of carnival is in the Feast of Fools, celebrated in the twelve days from Christmas to Epiphany and also in the Carnival festival prior to Lenten season. It is in the Festival prior to Lent when the celebration culminates in excessive consumption of meat and wine, as meat is forbidden during the upcoming Lenten season. In some places, the consumption of meat signified forbidding both the literal consumption of meat and also the carnal desires of flesh in general.

While most scholars have pointed out the connection of carnival with Christianity, some have also traced its origin to its predecessor, the pagan festivals which mostly coincide with the harvest seasons. David Wiles, for instance, begins his essay "The Carnavalesque in *A Midsummer Night's Dream*" by arguing that carnivalesque existed much before Bakhtin in the works of Plato and Aristotle. To prove his point, he takes Plato's statement that relates to this relation of carnival and paganism. In the following lines, he quotes Plato:

The gods took pity on the human race, born to suffer as it was, and gave it relief in the form of religious festivals to serve as periods of rest from its labours. They gave us as fellow revellers the Muses, with Apollo their leader, and Dionysus, so that men might restore their way of life by sharing feasts with gods. (Plato 654)

Wiles explains how Plato relates to the Festival of Dionysius in terms of carnivalesque (61). Some other scholars like Ravenscroft and Matteucci (2003), Sharpe (2008) and Presdee (2000) suggest that festivals originate from religious and spiritual rituals and gatherings of people which often involve celebration of food, drink, excess and fancy-dress giving the hint of carnivalesque to religion in general (Presdee 33-35). Amongst others, Mike Presdee in the chapter “From Carnival to Carnival of Crime” has also traced the relationship of carnivalesque to paganism. He traces carnivalesque to rituals of pagan origin in the line of Wiles.

Presdee notes that the pagan harvest festival predates the Christian carnival and concludes that it has been celebrated throughout the world in one form or the other. He writes, these festivals culminate in carnival even though they cannot be identified by one name, but could be identified with their common theme—a set of rituals associated primarily with the seasonal change or specific contexts of agriculture (33-35). Therefore, he concludes that even though these festivals are known to be in different forms and names but they all belong to carnivalesque celebrations.

He writes some of the earliest carnival festivals, although not known by that name, are the Egyptian Festival of Osiris, the Greek Festival of Dionysius, the Roman Festival of Saturnalia, and the Roman Festival of Kalends (33-35). In order to understand a little more of these different forms of carnival celebrations, we will briefly trace these festivals and understand their common features.

Traditionally, the festival of Osiris is based on the myth of Osiris, the Lord of the Dead who was killed by his brother but raised from the dead by his sister Isis on the third day. The festival is celebrated to commemorate the return of Osiris from the dead. The festival for the first time carried with it the meanings of birth, death and rebirth.

This tradition is possibly believed to have been appropriated in the Festival of Carnival, where the Winter King Carnival is bid farewell to welcome the long-awaited spring – the season of fertility and bounty. Although the exact origins of carnival practice cannot be traced, its association with fertility, abundance and death can be perceived through the farewell ceremony of King Carnival (Connelly 86). Also, in ancient times as the winter was harsh, and since people had no means to stay warm, they were at the mercy of winter. The carnival festival was then a thanksgiving for

surviving through the winter. Since Paganism believed in the forces of nature, it is natural that the festival is commemorated as a thanksgiving.

The festival of Dionysius is another celebration that is closer to the carnival. In this festival, Dionysius, the Lord of Wine and Pleasure, is commemorated. Although this festival is considered quite complex traditionally, traces of carnival can be noted; especially, in the aspects of transgression, excess, drinking, freedom, and pleasure. The myth of the festival is that it is traditionally celebrated as a safety-valve, where the Gods are believed to encourage men to get drunk.

Saturnalia and Kalends festivals have a direct connection to Christmas and New Year, because Christmas is celebrated on the birthday of the unconquered sun. Also, it is a celebration of “sacrifice” mostly; therefore, children and the poor are distributed with gifts (Ray). Perhaps, it is this connection with Saturnalia and Kalends that have given rise to the one-week celebration of excesses, transgressions, and pleasure in the Feast of Fools and the carnival festival before Easter in Christianity.

Even though there is no unified time for the celebration of carnival, in most parts of the world, it has been in one way or the other linked to the harvest festivals. It characterized pageants, ribald laughter, and mock role-reversals are rehearsed. Carnival in essence became a celebration to commemorate the ritual relationship of humanity and nature providing a structure of myth and expression through connectedness with the divine going by Plato’s thesis. Aristotle, on the other hand, observed carnival as a safety-valve for the vulgar, and not the elites by focusing on its potential to let off steam temporarily.

From these two theories – safety-valve theory and Platonic theory, we can note that carnival as articulated by classical theorists can be summed up as producing the “communal vision of order and disorder of things” (Presdee 35). It is also easy to surmise that the carnival did not originate in Christianity, but in the pagan religions<sup>1</sup> (Presdee 33-35, Connelly 86, Kinser 44). This problem can be noticed in the time to time ban on carnivals both by the church and the state. The church and the state were in fact wary of its strong tendency to be subversive, with its potential for rebellion and revolt.

Christianity tried to appropriate carnival practices in some forms from pre-Christian rituals (Presdee 36), as the people could not live without it. In Christian belief, the carnival has been incorporated as a way as to contain “what was a threatening pagan set of values providing contexts for celebration and containment” (Presdee 35). The Church tried to tolerate the need for carnival as a “senseless time full of irrational acts that appeared necessary in the yearly calendar” (Presdee 35). However, there has been continuous effort by the church to ensure dominance of Christian orthodoxy and to censor carnival at various points in history<sup>2</sup>. The successive bans and injunctions by the church indicate the fear that the upturned world might never return to the ‘normal’ world (Connelly 88, Wright 207-10).

Although the carnival festivals are celebrated in different ways and contexts around the world, their complexity level in different societies is debatable. These festivals mainly function as useful tools to understand the complex structure of the society and its power as carnal rejuvenator in the few days out of calendar. These transgressive performances exemplify a complex relationship with the dominant order. It is critical and potentially threatening, a necessity and a target for appropriation and manipulation in various situations. In order to have an overview of carnival and carnivalesque, we explore the different theories coming from two different perspectives, in the next section.

### **4.3 Theories of Carnival and Carnivalesque**

Carnivalesque theories come from two points of view—the Aristotelian safety-valve theory and the Platonic utopian theory. The first framework (Aristotelian safety-valve) of carnival takes the approach to perceive it as an explosive site, capable of resistance and revolution bringing stability soon after. The second one, Plato’s utopian view of carnival, is suggestive of restoring man’s connection with God.

Platonic theory is a utopian theory because of Plato’s conviction that carnival restores human beings closer to the divine. For Plato, carnival is associated with communal order and disorder of things. Considering festivals as the site for restoring bodily order through dancing, he surmises that carnival brings about spiritual and bodily well-being through disorder of officialdom. Elizabeth Belifore in “Wine and Catharsis of the Emotions in Plato’s Laws” published in 1986, argues for the platonic

utopian theory as having a different catharsis: therapeutic one, which sowed the seeds for Aristotle's theory of carnivalesque later (Belifore 422).

Plato's concept emanated from the view that any kind of excessive behaviour or desire is "anti-rational" and thereby "having a permanent deleterious effect on the soul" (Belifore 421). Belifore infers that in *Republic*, Plato posits catharsis as against reason, the outcome of which effects the soul negatively. But in his *Laws*, he changes his standpoint by arguing that "allopathic catharsis" is useful as it can produce virtue. He concludes that any excess is harmful, and in the same vein suggests that the deficiency of anti-rational is also harmful. His solution to this problem of deficiency of virtue is to bring temporary break (carnival) increasing the anti-rational emotions and then bringing order to them through therapeutic *catharsis* (Belifore 421-22).

Aristotle's theory of carnivalesque precedes from perceiving the anarchy of the festivities, but his contribution lies in visualizing that the anarchy is productive as a safety-valve – one which helps to let steam-off the vulgar, particularly, the repressed policies of the state imposed upon them by the upper class. Since Aristotle's theory of catharsis is for individuals, we can argue that safety-valve theory discusses carnival for individualistic purposes, i.e., as a form of release for participants.

Some of the characteristic features of the carnival world and celebration as perceived by safety-valve proponents are the following: 1) Carnival is a licensed celebration and is therefore a temporary affair that returns to its previous situation after this short break. 2) It is a contained festival that reinforces dominant ideologies of hierarchies. 3) Seen in this way, carnival is an outlet for slowly dissipating pent-up energies. 4) Thus, the short-lived time, becomes the voice of the oppressed within the period of carnival. This safety-valve theory comes from the notion that carnival acts as a safety valve. Muir applies the metaphor of "the steam boiler" to understand carnivalesque as safety-valve. He writes, carnivalesque works similar to a steam-boiler that releases its excess steam when the pressure builds too high. He claims "[carnival] is merely an interlude in normal life, a cyclic release of social pressures [...]" (Muir 90). Similarly, Howard perceives this carnivalesque through another metaphor, the metaphor of the wine barrel. He writes, carnival's main function is "the need to allow gas to escape from wine barrels periodically to prevent them from exploding" (quoted in Perera 10).

From the above metaphors used by the two scholars for describing safety-valve theory, it can be said that the persistent idea of safety-valve theorists is that of a release of pent-up energy to maintain stability of the world order in which it is celebrated. It is important to note that there are different versions of safety-valve theory, but they all perceive carnivalesque as ‘external to real life’. In other words, Muir explains that soon after the festivities are over, the world returns to the normal order even if the carnival allows people to express their resentment of authority during the carnival time. Put differently, carnival does not change anything in the real lives of the people. It is merely an illusion, a break from the everyday. Muir also notes that the carnival only seems to reinforce established hierarchies, power structures and social order in place. In other words, carnival seems to be a facade to temporarily hide behind.

Interestingly, it is this temporary aspect of the safety-valve proponents of carnival that inspires Victor Turner. Turner, in *The Ritual Process*, emphasizes how rituals like carnival are ‘liminal’, and that they lack an insight in the ritual spaces. He notes this by giving examples of how inferiors use affect-loaded symbols of great power in the ritual space in order to compensate for these perceptive deficiencies. For him, “[r]ituals of status reversal, according to this principle, mask the weak in strength and demand of the strong that they be passive and patiently endure the symbolic and even real aggression shown against them by structural inferiors” (Turner 175-76).

Turner’s thesis is that rituals of reversal will make visible categories and forms of grouping that are considered to be self-evident and unchanging, both in principle and in social relationships to one another. Since rituals of role reversals contain two aspects – categories and forms of grouping, these tend to bring the low high and the high low and thus, reaffirm the hierarchies in a pronounced manner. In other words, carnival seems to be a space made by the upper class for the lower class in order to safeguard their own interest.

In this perspective, carnivalesque is never subversive, notes Terry Eagleton. By making the low imitate high culture in their everyday life, Turner’s analysis points out that there is ultimately a direct structuration of different sections of society and a perpetual justification of the need to be so through these festivals. It is this reasoning that makes practices of reversal and ritual outside of the norms of the everyday, and

only part of a specific period, time and space that makes it structured through only time —“time out of time” (Briggs 223). The other times when festivals of reversal and ritual occur are during periods of “calamity that threatens the total community” (Yaneva 44 and Turner 176-77).

Rojek notes, the safety-valve perspective of carnival “operates on a basis of social control and acts as a reward for a period of mundane labour” (*Leisure Theory: Principles and Practice*). In short, for Victor Turner and Max Gluckman, “rituals of rebellion” (1) allow for a controlled, safe release of the tensions of hierarchical society which is set apart from the normal and everyday world. Bakhtin’s theory comes from the Platonian perspective of universal purpose and hence his stress is on collectivity. There are critics and proponents for both Aristotelian safety-valve theory as well as Platonian perspective. Platonian theory is often criticized for its overemphasis on the positivity and the perception of carnivalesque as an ideal condition.

Natalie Zemon Davis expresses the potential of carnivalesque by arguing that carnival is more than merely a safety-valve. It can reinforce the existing order, but it can also criticize it and sometimes underpin rebellion, depending on the circumstances. She notes that the carnivalesque cannot always be safely contained; the imagery and the ritual language can migrate beyond the set festive occasions, and be used in a variety of ways. An example for this can be observed in the “Carnival in Romans,”—a festival that occurred in the 16<sup>th</sup> century as noted in Emanuele Le Roy Ladurie’s *Carnival in Romans* published in 1979. Ladurie explains that the city’s notables massacred the artisans and workers keeping in mind the religious tensions. Carnival, in this case, permitted breaking taboos, and creating ‘liminal’ (in-between) spaces in which new and alternative ideas could be expressed. The symbolic violence as exhibited in the above example had the potential for real violence against authorities. It is in this sense that Bakhtin argues for the subversive potential of carnival as sites of social protest and revolution.

Bakhtin uses the term “carnivalesque” to characterize writings that depict “destabilization or reversal of power structures” though “temporarily,” as happens in traditional forms of carnival denoting ‘the varied popular-festive life of the Middle Ages and the Renaissance’ (Bakhtin 218). These popular festivals were “the people’s second life, organized on the basis of laughter” and during this period “people were,

[...], reborn for new, purely human relations” (8, 10). Put it differently, the social hierarchies were demolished and people moved about freely without constrictions to social order or proprieties. This life, Bakhtin observes, as offering an alternative lifestyle, bringing change and liberation from the tyranny of official culture, and along with it, death and renewal simultaneously. The following are the characteristics of carnival:

1. “[T]here is a temporary suspension of all hierarchic distinctions and barriers” [so that] “all were considered equal” (Bakhtin 10, 15);
2. The “norms and prohibitions of usual life” are suspended so that an “atmosphere of freedom, frankness and familiarity” reigns (15–16). On this basis “an ideal and at the same time real type of communication, impossible in ordinary life, is established” (92);
3. The official ordering of space and time is suspended and the people become “organized in their own way, the way of the people. It is outside of and contrary to all existing forms of the coercive socioeconomic and political organization, which is suspended for the time of the festivity” (255);
4. All official truths become relative: “carnival celebrated temporary liberation from the prevailing truth and from the established order,” and was “opposed to all that was ready-made and completed, to all pretense at immutability” (10–11);
5. The individual self is dissolved: “The individual feels that he is an indissoluble part of the collectivity, a member of the people’s mass body” (255).

Bakhtin emphasizes that a work comes to embody the spirit of the carnival (carnavalesque) only by mobilizing humour, satire, and grotesquery in all its forms. But all the humour, satire, and grotesquery have to do with the lower body and other bodily functions. Bakhtin used the term in a positive and subversive manner, in the sense of a “second life” (Bakhtin 8, 10). This is a separate reality, a reality that is different from the normal social order and hierarchy. Bakhtin’s major emphasis is on the idea of “grotesque realism,” (Bakhtin 18)—the association with the natural behaviour as opposed to social proprieties. Therefore, he stresses on the potential of the imagery of the unruly “lower stratum of the body”<sup>3</sup> (Bakhtin 21, 62, 82; Connelly 86).

Bakhtin sums up the essential characteristics of carnival imagery and celebration as following: 1) ambivalence from the combination of praise and abuse, 2) duality of the body, especially the distinction between ‘low’ bodily functions such as ingestion or secretion and ‘high’ bodily functions such as reason or piety, 3) incompleteness as in the process of nature always replacing old with new (“Carnival and Carnavalesque”).

Bakhtin considers François Rabelais’s *Gargantua and Pantagruel* (1693-94) as the best example of his thesis. This is because the book focuses on a world in which transgressive social behaviour thrives beneath the veneer of social order, constantly threatening to upend things. However, many critics have observed that Bakhtin’s theory is overtly positive and full of potential for change because he emphasizes on the “second life” of the people.

Following this vein of thought, Peter Stallybrass, Allon White and Robert Stam through their works, read Bakhtin’s formulation as a “utopian antidote” (*A Dictionary of Critical Theory*) to repressive forms of power, especially by relating his expression as colored by the historical struggles of Second World War and the political repression of Soviet Union. They add to the concept of hierarchies in Western society by exploring the symbolic polarities of the high and low. By comparing high with low discourse in a variety of domains, Peter Stallybrass and Allon White discover that, in every case, each pole depends upon the other, and in certain instances, interpenetrate to produce political change.

For them, carnival is “a celebration of the possibility for affirmative change, however transitory in nature” (“Carnavalesque” in Buchanan’s *A Dictionary of Critical Theory*). They point out that the “licensed release” of carnival might better be understood as a form of social control defined primarily by the interests of the very culture that Bakhtin’s carnival apparently opposes (13). They further argue that the celebratory uses of Bakhtin fail to resolve the problematic politics of carnival: specifically, “its nostalgia; its uncritical populism (carnival often violently abuses and demonizes weaker, not stronger, social groups—women, ethnic and religious minorities, those who ‘don’t belong’—in a process of displaced abjection); its failure to do away with the official dominant culture, its licensed complicity” (19).

Robert Stam in *Subversive Pleasures: Bakhtin, Cultural Criticism and Film*, draws on Bakhtin's corporal semiotics of “the grotesque body” to analyze eroticism in the cinema, and explore issues including the “translinguistic” critique of semiotics and formalism (Stam 26). In contrast to these studies, Terry Eagleton argues in his book *Walter Benjamin* that carnival is a licensed form of transgression and so it offers nothing more than the illusion of change rather than actual change. He writes:

Bakhtin's carnival, however, is so clearly a licensed enclave that the point almost makes itself; and its utopian aspects are thus largely subordinated to its satirical functions [...] it is, in effect, a kind of fiction: a temporary retextualising of the social formation that exposes its 'fictive' foundations. (Eagleton 149)

Terry Eagleton arrives at the conclusion that “carnival . . . is a licensed affair in every sense, a permissible rupture of hegemony, a contained popular blow-off as disturbing and relatively ineffectual as a revolutionary work of art. As Shakespeare's Olivia remarks, there is no slander in an allowed fool” (184). This question of the limit to license, is often raised in context with Bakhtinian carnival. Umberto Eco in his discussion of comic freedom succinctly explains that carnival is a ‘licensed transgression’ by pointing out the difference between the modern carnival and the medieval one. He notes that:

[T]he modern mass-carnival is limited in space: it is reserved for certain places, certain streets, or framed by the television screen. In this sense, comedy and carnival are not instances of real transgressions: on the contrary, they represent paramount examples of law reinforcement. They remind us of the existence of the rule. (6)

Chris Humphrey and Michael Bristol also explore carnivalesque to understand if it raises some kind of revolutionary consciousness or is merely characterized by temporality. Yaneva notes that these carnivalesque theories can be positioned in two categories – “as either possessing affirmative character or ritual consciousness, or [...] as a negative and corrosive form” (43). This idea of both affirmative and negative form will be explored in this chapter in detail, later. Yaneva traces this approach in the dichotomy of viewing the official culture as “legitimate versions and interpretations of social hierarchy” (43) as opposed to the popular culture. Following this vein of thought, Bristol in 1992 suggests that “carnival analyzes and dismantles the official order of things, not in a spirit of pure negation, but rather as the expression of an alternative understanding of the social world as an ensemble of material practices” (82).

In recent times, another set of criticism has cropped up in carnival studies emerging from the commercial attitudes. Scholars have extrapolated the point of carnivalesque being commercialized – a departure from Marxist thought to a capitalist one. The commercial carnivalesque celebration in these cases culminates as a consumer festival, tailor made with the thought of maximizing profit in mind<sup>4</sup>.

Traces of this commercialization of carnival can be seen in such cases as the Blackpool carnival where businessmen have appropriated the carnival to their end. Bennett in “Hegemony, Ideology, Pleasure: *Blackpool*,” takes the examples of Blackpool and the seaside which he considers as an unregulated land, and site of carnival praxis to understand the new appropriation. Bennett argues that the original mission of the Blackpool carnival was “to expose the working classes, if only for a day, to the improving physical and moral climate then prevailing in Blackpool” (138), but it has ultimately transformed to serve as a commercial site where businessmen manipulate the needs of entertainment and release, required of the public.

Arguably, the transgressive sites of festival spaces and other spaces of celebration are no longer about the mystical and spiritual, but instead about sustainability and impact. In these spaces, besides commercialism, “carnival participants and festival goers are said to enjoy ‘moments of freedom’ in public spaces” (Aching 417). This happens as some normative ideologies and social statuses are suspended temporarily.

To Beaven and Laws, these carnival spaces become the ideal site for exploring the consumer’s quest for moments in which the everyday is transformed into something more special, more fantastical. However, scholars (Aching, Ravenscroft and Matteucci) agree that it is this brief allowance for the carnivalesque and social freedom that helps in maintaining and reinforcing social stability in the long run by providing for a temporary release for chaos. Aching criticizes Bakhtin’s version of carnivalesque for overlooking the carnival participant’s sense of agency. He acknowledges that absolute freedom does not exist even within a celebratory environment while Anderton affirms that once the festival comes to an end whether it is the closing of a music festival or the end of a street parade, all social structures and norms are restored.

Sharing the same concern, Sebeok, Eco, Ivanov, and Rector in *Carnival*, call this theory of transgression as “false” (6). For these scholars, carnival is an ‘authorized transgression’ where status can be thought to be inverted but is actually hiding under a façade of social order and discipline. Using the example of circuses, they suggest how crowds are manipulated and kept quiet and ordered through its presentation of chaos which they ultimately return to and this time with renewed power and hierarchical control (6).

Clarke and Jepson in “Power and hegemony within a community festival,” observe these transgressive spaces as epicenters of “power [which] can be seen as ‘the rules of the game,’ which both enable and constrain action” (9). Power here may involve the balancing of political and financial needs with those of the society.

Mike Presdee furthers the idea of transgressive spaces to the everyday which he terms ‘carnival of crime’. As opposed to looking at carnival in terms of specific periods of time, given the widespread occurrences of criminalistic behaviour throughout the year, he postulates a theory of cultural criminology that is reflective of the various forms of repression and outbursts in the everyday. His theory of carnivalesque from the cultural criminology point of view looks at the collective violence found in mass protests, festivals like Holi (India), Bonfire Night (UK), and other leisure activities like Friday Night and Girls Night Out, etc. and comes to define what he calls a “[c]arnival of crime”(31).

Bakhtin himself has noted that carnivalesque should be looked at from the specific context of the cultural history, Presdee’s appropriation of the concept seems suitable to understand the increasing criminal behaviour in contemporary times. For Presdee, ‘carnival of crime’ is the celebration of the collective tendency towards violence, hurt and other transgressive behaviour which are inappropriate in the official culture and only possible in the break time—festival period. He notes that in the contemporary times, this behaviour has become so normalized that people are now accustomed to the acts of viewing, speaking and even practicing violence.

In order to explain this idea, he finds examples in the speeches of world leaders and public about mass bombings and wars around the world. He reads the attitude of world leaders and the public who are receptive and welcoming to such speeches and

ideas as a case in point. At this point it is important to note that Mike Presdee's theory of carnival of crime comes under the ideology of safety-valve theorists but with the difference that it is not a purely safety-valve theory.

Varying from Presdee, the carnivalesque in Gerritsen's *Harvest* shows that carnival is ambiguous. This is because the carnival celebrations are of two types in the novel: 1) Bakhtinian positive carnivalesque; 2) Presdee's negative dark carnival which in the words of Yaneva would count as both "corrosive and affirmative" (43).

Bakhtinian carnivalesque happens only when the doctors bypass the rules to save a patient. According to Yaneva, this carnivalesque is considered as "possessing affirmative character or ritual consciousness" (43). The dark carnival happens when the doctors go against the norms of medicine to save a patient. They engage in criminal activities – murder of orphans in order to extract organs. In other words, dark carnival happens when the carnival life becomes destructive. The dark carnival is an inverse mirror here and does not work out as a safety-valve but rather results in non-resolution which Yaneva identifies as the "negative or corrosive form" (43). We call both these types of carnivalesque in *Harvest* and medical thrillers by extension as "organ heist carnivalesque." This idea will be explored in detail in the analysis later in this discussion.

Since the entire organ heist carnival in *Harvest* happens at three different places in the novel—Bayside, Massachusetts and the aft cabin, we can look upon carnivalesque as part of specific sites, (i.e., carnival at Bayside Hospital and Massachusetts Transplant Centre and Carnival at the aft cabin) occurring at particular points in time after which this space returns to the official life. It then illustrates the dichotomy of viewing the official culture as "legitimate versions" and "interpretations of social hierarchy" as opposed to the carnival culture (Yaneva 43).

Other scholars have also come out with concepts similar to the 'carnival of crime' like the "dark carnival"; for instance, Linda J. Holland-Toll's "Bakhtin's Carnival Reversed: King's *The Shinning* as Dark Carnival" (2014). Linda's study argues that the 'dark carnival' can provide "neither a safety valve nor a site for working out," but "a site for contention or entrapment, both of which refuse resolution" (133).

The dark carnival in this sense reminds of the fatal aspects of carnival rather than acting as a mirror.

In the chapter, “On slanderous Words and Bodies-Out-of-Control: Hospital Humor and Medical Carnavalesque,” Lisa Gabbert and Antonio Salud explore the carnivalesque in the tradition safety valve theory which they locate in the hospital humour that are mostly gallows oriented. This celebration or carnivalesque is indexed as ‘medical carnivalesque’. Their study suggests the relevance of carnivalesque in hospitals in context with the deviation from the ideology of medicine and real practice, because bodies are uncontrollable and do not work the way the treatment attempts to. Similarly, doctors do not always follow the ideological presumption of medicine. They might be careless, incapable and unprofessional. In order to relieve the stress from the non-conformity or the uncontrollable situations of medical bodies, then doctors and medical professionals engage in a release of stress in the form of humour that are directed at themselves and others which allows them to subvert medical discourses.

In other words, for them, humour works to break social taboos which physicians engage in routinely, in the course of medical procedures, to relieve stress, to express hostility towards patients and co-workers, to express irritation and also to bring about socialization (210). Gabbert and Salud state that ‘the medical carnivalesque’ acknowledges the body as a site of struggle over the production of meaning, mediating the emergent tensions among powerful institutional discourses, profound cultural ideologies, and actual social realities.

While acknowledging that the idea of organ heist carnivalesque has been inspired from Gabbert and Salud, this study takes a difference course. Gabbert and Salud’s presumption is that medical carnivalesque is present in the hospital humour but this study extends further saying that besides medical carnivalesque in the hospital humour, the entire organ transplant surgery can be looked upon as carnivalesque.

The doctors in *Harvest*, and by extension, organ heist medical thrillers take the hospital space as an alternative space/other space where bodies are celebrated as body parts for their transactability and reusability. This is a literal celebration of the physical body and conflates very complex ideas of subjectivity and the human, renewal and rebirth, identity and criminal psychology and “poke a pin into the puffed up hubris”

(Connelly 85) of the doctor figure. The simultaneous juxtaposition of all these ideas arouses ambiguous responses. The hospital acts as a place that can flip in an uncanny way from one extreme to another in respect to being a place that endorses and preserves the normalcy; a place that aims to preserve the order of the body and yet may render that order horrific or tainted or negative by manoeuvres. These transactions devalue and dismantle the unique subjectivity and the human. As the two poles can somehow merge with each other, it inflects the other. The uncanny potential of the hospital establishes the carnival life in the hospital.

This space then becomes the expressive conduit for the doctors who are the occupants for the major part of their life within the four walls of the hospital. By making this short time period a carnival space of transgression and pleasure through deviant behaviour, the doctors break the rules and regulations of the hospital. Importantly, this carnival space is governed by economic pressure, which plays an important part in directing these doctors in the transgressive behaviour that resonates with the commercial attitudes in carnival sites such as Blackpool. However, here the doctors know their carnival life has its own problems because the excessive performance is determined by economics. Also, this performance thrives until the truth comes out. The carnival life seems to be governed by the rules set by the transplant team which raises the question of social relations.

#### **4.4 Why do we call organ heist as carnivalesque?**

The terms “heist”<sup>5</sup> (6) and “carnavalesque” (15) are borrowed from Brunvand (2004) and Bakhtin (1984), respectively. Brunvand coins the term “kidney heist” for kidney theft urban legends or folklores while Bakhtin uses the term for the literary form of the folk ritual practiced in medieval period. Veronique Campion Vincent (2001) traces these organ-theft narratives, broadly defined as urban legends with the development of organ transplants and the availability of immunosuppressant drugs aiding in successful organ transplants (185). Carnavalesque signifies celebration of the material physical body in its natural form, functions and processes. This celebration came to denote dissolution of social proprieties and hierarchies of culture. It can be claimed that organ heist celebrations in *Harvest* are typified by many of the transgressive features, characteristic of the Bakhtinian carnival and its later appropriations. Just like the festive ritual carnival that suppresses the official order during the suspended time, the novel

represents anarchy in the form of malpractice in the hospital that doctors turn murderers and conspirators leading to death and rebirth of patients. Therefore, towards the end when Dr Abby (the protagonist) finds out the truth about the entire scheme of ‘the transplant team,’ the organ theft gets busted up and taken over by law and the guilty are punished. This results in the return of order in the medical world. This study calls the celebration as ‘organ heist carnivalesque’.

The connection of organ heist to carnivalesque in literature can be derived only when we observe the original agricultural roots in the folk ritual. In other words, the entire process of organ theft and transaction of the organ from one person to another as a commodity has semblance with the practices of production and distribution of agricultural produce during harvest festivals celebrated throughout the world in some form or the other. Similar to the medieval harvest festivals, the organ harvest carnivalesque gives the first impression of carnival, as a celebration of fertility—of birth, death and rebirth. In order to understand this, it is important to perceive the transfer of organs due to natural death or otherwise as a fertility cycle involving both death and rebirth. Traditionally, carnival rituals are celebrated in context with religion, and it often overlaps with seasonal changes. Hence, there are various carnivals celebrated at different times of the calendar in different corners of the world. Thus, some of the carnivals around the world are Tenerife Carnival – Spain, Venice Carnival – Italy, Rio de Janeiro Carnival – Brazil, Binche Carnival – Belgium, Mardi Gras – New Orleans, USA etc.

Other aspects that make these organ heist performances comparable to carnivalesque are the following: 1) the suspension of time and space during the celebration after which everything returns to the normal official culture, 2) the disruption of official law and order of the society making misrule the order of the day, 3) the evoking of a “second life” of the people, and 4) upturning of social proprieties and hierarchies through powerful carnival imageries.

There are a few similarities and dissimilarities between Bakhtin’s carnivalesque and organ theft carnivalesque. Therefore, we classify organ theft carnivalesque into two types –Positive Bakhtinian type organ theft carnivalesque, and Organ theft

Carnavalesque in the line of Mike Presdee. Bakhtinian carnivalesque is highly positive and communal, while the organ heist carnivalesque can be either positive or negative.

In order to understand this idea, this study takes the case of Joshua O' Day from *Harvest*. Joshua is a teenager admitted at Bayside for a year. He has been enlisted in the transplant waiting list. At this time, as luck would have it, Mrs Karen Terrio arrives at the hospital as brain dead, after a car crash. The doctor attending Joshua, Dr. Vivian tries to get the donation for Joshua. However, she finds out that the heart has been already assigned to another out-patient, Nina Voss. Meanwhile Joshua becomes critical. In order to save his life, Dr. Vivian along with Dr. Abby, robs the heart and gives it to Joshua. The celebration of extracting and transferring the body part – Karen Terrio's heart, to save Joshua is an organ theft carnivalesque in Bakhtinian terms. The organ theft of Karen Terrio's heart (a dead donor's heart) for Joshua O' Day gives a second chance – a rebirth for Joshua. However, this celebration is problematic too, because the organ was assigned to a different patient, Nina. This makes the surgical performance on Joshua ambiguous, both positive and negative at the same time. In other words, the carnivalesque loosens the knots of power (Shields 67).

Similarly, another type of carnivalesque following Mike Presdee's theory occurs in the "aft cabin" in the ship in *Harvest*. This type of carnivalesque is dark and involves murder of the donor. Orphaned children like Aleksei and people such as Dr. Abby are killed and harvested for their organs in order to save patients like Nina Voss. Put differently, this type of organ heist carnivalesque is appropriated for only a certain class, the elites. These classes, because they can afford to buy the organs at an increased price through black and grey markets, are at an advantage over the others. The celebration becomes an appropriation of carnival celebration of body in parts, but the difference is that only the poor are forced as donors through manipulation. Also, this celebration cannot be identified with donation in the legal sense as these people are kidnapped and also murdered for their organs. This idea of dark carnivalesque is fearful and astonishing at the same time. The donors in this case, the poor, are doubly victims. They are robbed of their basic rights to life, and even the ownership of their body parts which are controlled and manoeuvred by the elite class. It is to be noted that even when the organ heist celebration is participatory like the medieval one, in this case, it is only meant for particular sections of the society, for instance, doctors and elite patients.

This type of carnivalesque is the dark carnivalesque and is negative unlike the earlier Bakhtinian type. We analyse the case of the positive Bakhtinian type of organ theft carnivalesque in the next section.

#### **4.5 Organ harvest and theft in Bayside Hospital and Massachusetts Transplant Center**

Organ harvest as a festival is first noticeable in Karen Terrio's heart harvesting which happens at the Bayside Hospital. Dr. Abby, the doctor attending Karen Terrio realizes that she would not survive. Instead of dismissing her case as another car crash case, Abby is affected by her dress that had the same brand as hers. She begins to relate to her, about her family, and her short life. She comes to know from the records that she has twin daughters, and empathizes how they might have to take their mother's death so suddenly. Dr. Chao enquires about her status and suggests that the organ donation is the most useful thing to do seeing that Terrio has no chance and her vitals are very low. But Abby is in such an emotional turmoil that it shocks her that Dr. Chao could think of donation at this point.

After the blood tests are done, Dr. Chao comes to know that Terrio has already been assigned as a donor to Nina Voss by Dr. Aaron Levi. On enquiry, she understands that Nina Voss was an out-patient who would fly to Bayside from Rhode Island in a private chartered flight. She suspects an involvement of special benefits as the reason for this assignment. She also notices that suddenly Joshua's number in the donor waiting list has moved from first to second. But she does not give up easily, and tries to persuade Dr. Abby as Joshua becomes critical. Together they persuade Terrio's family and get the donor slip signed. They harvest Terrio's heart in an emergency by inviting Dr. Frobisher from Massachusetts Hospital. In the meantime, she transfers Joshua as an emergency case for transplant to Massachusetts.

In the analysis of the organ harvest that follows in the Bayside Hospital, we notice how the body in parts is celebrated literally as a "diasporic form" (Heinrich chapter 3 para 2). This celebration begins from the moment when the heart gets signed up for donation bypassing the hospital's notice and the normal order of the medical world gets suspended temporarily. Dr. Frobisher and Dr. Tarasoff who have no clue

about the activities, are drawn in as accomplices without their knowledge. But the surgical celebration occurs when Dr. Frobisher's knife cuts Terrio's skin which culminates in the extraction and feeling of the "heart" by Dr. Chao in her hand when she utters "this heart is for Joshua" (90). This harvest is of particular importance as it shows the entanglement between life-saving, death, and manipulations. It shows how these are connected in inextricable ways and it is very difficult to discern when the subtle balance will be lost at any moment.

The omniscient narrator expresses the scene in graphic detail and this is done by occasionally changing to the perspectives of others. When Dr. Frobisher reaches the hospital, the readers are guided along with him to visualize the entire scene right from the time he enters the Bayside Hospital and his preparation for the surgery in the operation theatre. The readers visualize him in their imagination as he calls out to the nurses for his "Size nine gloves," (90) while the team gets ready for the surgery. As "no one except Vivian had ever worked with Frobisher before, and his fierce expression [does] not invite any conversation" (90) the room becomes quiet and serious. The reader gets to observe several minute details like how "[w]ith silent efficiency, the nurses helped him [with his] gown and glove" (90) after which he returns prepared to the operation site. We will explore Karen Terrio's harvest at Bayside Hospital in the first subsection below, followed by Joshua O' Day's Organ transplant at Massachusetts Hospital, in order to find the different types of carnivalesque.

#### **4.5.1 Karen Terrio's organ harvest**

Karen Terrio's organ harvest takes place at Bayside Hospital. Dr. Frobisher from Tarasoff's team is the chief surgeon. He is assisted by Dr. Abby, Dr. Lim, Dr. Chao, and the nurses. Since Joshua becomes very critical and the team receives an emergency message from Tarasoff at Massachusetts Hospital, they go for the heart harvest leaving out the kidneys. They open up the breastbone with the saw, making a swift cut. Frobisher reaches the heart and extracts the organ. Dr. Chao picks up the heart with care and joy on realizing that it will be going to Joshua. Soon after the harvest, they pack the heart in an igloo with ice and ask Dr. Abby to courier it safely to Massachusetts.

#### **4.5.2 Joshua O' Day's organ transplant at Massachusetts Hospital**

On reaching Massachusetts, immediately a nurse picks up the igloo and guides Abby to the Emergency Room where all the doctors are gathered around Josh in a circle headed by Dr. Tarasoff. The nurse carries the heart to the circulating nurse. "The Igloo [is] immediately opened, the heart lifted from its bed of ice" (98). The procedure begins. Joshua O' Day's "diseased heart" (98) is removed. On returning after gowning Abby in the surgical robe, she notices that the atmosphere seemed to be quite pleasant in the surgical room with Tarasoff as the chief surgeon. She observes that "Ivan Tarasoff, with his snowy eyebrows and mild gaze, was the image of everyone's favorite grandfather. His requests for a fresh suture needle, for more suction, are spoken in a gentle tone. No showmanship, no high-flying ego, just a quiet technician laboring at his job" (99). After a few more minutes of work, the monitor still showed a flat line. It was 6 P.M., when the ordeal was over and smiles were all around. Joshua's heart begins to work. Tarasoff announces [...] that the heart began to work before it was expected to work. "It's a good strong heart. It should last Josh for a lifetime" (99). They save Joshua after this eventful surgery.

#### **4.5.3 Aftermath of the Surgery**

Soon after the surgery Abby rushes to the Bayside Hospital. Since she had worked with Vivian to divert the heart and also helped in couriering it, she is called in by the hospital to give explanation for her actions or face the consequences. She is temporarily asked to withdraw from the program to subdue Victor Voss' anger. This entire organ theft performance can be looked upon as carnivalesque, where several doctors showcase deviant behaviour in different ways. It thrives well during that short period of suspended time after which the official rules of the hospital are brought into force. Dr. Abby and Dr. Vivian Chao are questioned by the hospital authorities and even punished for their deeds. Although they are both satisfied with their deed—saving Joshua, this period is only temporary. They are forced to resign and take punishment to bring normalcy to the hospital world. Their actions upturn the official commodity culture by giving away the organ to a needy patient who cannot afford the surgery. The organ theft carnivalesque flips the image of the doctor figure as a saviour and a murderer enabling a non-resolution of emotions in the reader at this point.

This entire performance of stealing away the heart assigned to Nina Voss for Joshua is the beginning of carnival life for Dr. Vivian Chao and Dr. Abby. Similar to Jeanmaire's notes on carnival of rave, these doctors "play with [the] body [as a part] [in] a state of enthusiasm [...] near to the happy state of mind" (58). In other words, Vivian and Abby make it a point to upturn the established order of the world by equalizing the rich and the poor. These doctors in doing so, are taken out of that society and face punishment when the world order returns. However, by transgressing the boundary of social propriety, they move into a state of joy at having done what they believe is the right thing.

This carnival symbolizes a protest against the existing social proprieties – the system where patients like Nina Voss can buy anything because they can afford it. This carnival of organ theft brings a communal joy as Josh's family, the doctors and the nurses rejoice at his rebirth. The transference of Karen Terrio's heart as a reusable part that sustains a part of Karen then works as a second chance and rebirth for Terrio as well. In Heinrich's expression, this is now a "diasporic form of the body" (Chapter 3 para 2). Also, because Terrio is already a brain-dead patient, organ harvest from her can be perceived as involving no murder. This carnival of organ harvest and heist is then a positive one, affirming the potential of the organ transplant in medicine as a life-extension project. It can be looked upon as an act of kindness, – of fertility, rebirth and life. Thus the story has a moral ambivalence: from Nina's perspective, this is an organ heist as she does not get the heart assigned to her, but from the perspective of Joshua and Drs. Chao and Abby, it is a life-saving act of righteousness.

The carnivalization of organ heist in this instance also lies in the appropriation of a number of carnival imageries brought out in the narrative. Nina Voss is a patient with buying power unlike Joshua, who is a middle-class patient who cannot afford to buy the heart. Through this rendering of upended social hierarchies, Gerritsen plays with the carnival imagery of the class reversal and in turn reverses the distribution of the heart.

Gerritsen also topples the gender hierarchy using the medieval carnival imagery of the "woman riding on top" (Connelly 83) through the performance of the two female doctors, Dr. Vivian Chao and Dr. Abby DiMateo. Gerritsen shows this in the instance when Dr. Vivian Chao overrules Dr. Aaron Levi's decision to give the heart to Nina

Voss, by stealing the heart from Bayside Hospital. By calling in help from the head of Massachusetts Transplant Centre, she manages to harvest Karen Terrio's heart with the assistance of Dr. Frobisher from Dr. Tarasoff's team at Bayside Hospital.

The reader notes the seriousness of the transfer process through the nervousness of the staff and the doctors to save the organ for Joshua who was in a critical situation. Also, Dr. Vivian's wish to transfer the heart before the authorities find out the organ theft, echoes the need to invert the structure of the hospital and upend the rules. Dr. Frobisher has neither any clue nor details of the heart and becomes a participant since there is an urgent call from Tarasoff and the team to do a rapid procedure. This performance of using the donor's body as a stage to protest the hospital order claims the body back from those who wish to control the body in the ordered medical world.

Through Abby and Chao, we realize that doctors can be emotional. Their decisions are subjective as they do not check Nina Voss' state before diverting the organ donation. They even risk their jobs for the patient, Joshua. In short, these doctors ignore the rules of the hospital world for their convictions and thus distort the social hierarchy of class and gender. Gerritsen uses the organ heist carnivalesque in *Harvest* in order to magnify these socio-ethical issues in a tussle with power, whether it is political or economic.

It is important to note that Joshua O' Day's transplant at 'Massachusetts Centre for Transplant' is not a legal one. Once Terrio is confirmed brain dead, her heart gets immediately assigned to Mrs Voss; it becomes a case of organ theft by Dr. Vivian and Dr. Abby. Dr. Vivian Chao decides to transfer Karen Terrio's heart to Joshua O' Day instead of Mrs Voss as she knows that Joshua is in immediate need for surgery and has been placed in the waiting list for long.

By bringing in a complicated case of organ reassignment, Gerritsen illustrates the complexity of organ donation as a transaction involving organ shortage, power and economics. Also, Gerritsen seems to highlight the materiality of the "organ" and its transactability that invites a celebration of transgressive behaviour and pleasure. This point of view is achieved by building first the story of Joshua O' Day, then finding a suitable match for Nina Voss, followed by the investigation of the source of the heart for Nina that betrays an illegal harvest. This illegal harvest is what Gerritsen elaborates

as an expression of the grotesque and the carnivalesque. This celebration does not end here, it is developed as a dark carnivalesque in the aft cabin of the ship in the next part of the novel. In the next section, the study addresses the organ heist carnivalesque in the hospital, especially the surgical site in the aft cabin where transgression underlines the narrative.

#### **4.6 The organ heist carnivalesque in the ‘aft cabin’ of the ship**

There are two surgeries in the aft cabin – the room with the blue door in the ship: 1) Aleski’s organ theft; 2) Abby’s organ theft. Both these surgeries are bloody and violent unlike the previous transplant surgery of Joshua O’ Day or the organ harvest of Karen Terrio. Joshua is saved through the transplant; so the emotions evoked here are not extreme. In the same way, Karen Terrio’s organ harvest is less violent as we reconcile with the assumption that she is already brain-dead and so the harvest would not be painful or immoral.

In this aft cabin, however, two young healthy patients are murdered for their organs, which makes it bloody and violent at the same time. It jars our senses at the thought that their heart would be transplanted to another recipient while the orphans are dead. This kind of surgical performance is an aberration from the normal behaviour of the doctor. The surgeons are engaged in a transgressive pleasure of violence and carnal desire – a literal desire for body parts due to their monetary value and pleasure at violating rules of the medical institution and, by extension, its culture. This celebration of organ harvest is what can be looked upon as ‘dark carnivalesque’ deriving from Presdee’s formulation of ‘carnival of crime’ (31). The emotions evoked are mainly negative – the irreconcilability with the events that pervade throughout.

The organ theft as a carnivalesque has the potential to reflect upon the shadow criminal behaviour thriving in the official medical culture in *Harvest*. Aleksei’s organ theft carnivalesque is the first case. This event is not graphical in the violence involved. Gerritsen does not get into the details; instead she uses subtle references to hint at the violence.

Through Aleksei’s organ theft, she sets the stage for the much darker organ theft carnivalesque, involving Abby, which takes place in the aft cabin. This incident is violent, gross and is of Presdee’s type of carnivalesque. It speaks about the need of the

doctor (Tarasoff) to subvert transplant procedure in order to show the importance of donor organs to proceed for the organ transplant project. It also exhibits the possible criminalistic behaviour hidden behind the veneer of social and professional propriety.

#### **4.6.1 Aleksei's organ theft in the aft cabin**

Aleksei is one of the orphans. His organ theft happens in the aft cabin of the ship. The aft cabin is different for different people. For Yakov, another orphan, this space is “Wonderland” (384) because the cabin is mysterious and simultaneously terror-inspiring. At the same time, it is a ritual space, where surgery is conducted for the others. It is therefore a place of restricted entry similar to the ritual space. It usually remains closed until the rites of dismantling the donor are scheduled. Nadiya and Gregor, the two workers of the Russian Mafia get to go there sometimes and that too at specific times. The aft cabin in this manner reminds one of Victor Turner's ritual spaces of restricted entry that requires certain specialized rites for entry and exit. Once the donors enter the space, they never return. Instead they become a liminal-aject, (in an in-between state) – a mere organ. In short, when they leave the place after the surgical rite they take on a different form, the form of a heart or a kidney packed in an igloo cooler depending on the requirement for the hospital. However, nothing happens to both Nadiya and Gregor as they are the mediators who initiate the ritual – the surgery. Their entry is permitted twice—the first time when they mediate the process i.e., when they are supposed to bring the orphans for the harvest (sacrifice) in the cabin and the second time when they act as couriers of the ‘organ’ or body part. The organ contained in the igloo is then collected by the pilot of the helicopter who couriers the organ to the place where the surgery has been scheduled.

Aleksei's harvest happens on the night when Yakov was hiding and sleeping in his secret place, – the “hell” (269) – the space below the stairs that lead to the “Wonderland” (273). He hears the echo of someone's footsteps and wakes up and secretly watches what is going on. He finds Aleksei being led by Nadiya to the aft cabin with the blue door. Yakov waits for Aleksei to come out as he cannot enter the cabin. Yakov's inability to enter the room is reminiscent of the need to undergo certain tests while entering the ritual space. Because his tissue type does not match, he is the outsider and is barred from entry. After waiting for more than an hour Yakov falls

asleep. It was midnight when he wakes up to the “rumbling sound” (387) of the helicopter. He was waiting to see Aleksei leave the ship for the foster family. But to his surprise, only Nadiya comes out with an igloo. Yakov notices that she was carefully handing over the igloo to the pilot. He also realizes that something is wrong in that cabin at this point. It terrifies him mortally. But at that moment Gregor catches him spying on Nadiya and comes running. He is kicked and yanked by the hair for seeing what he should not have and thrown into a dark cabin of the ship.

When Aleksei enters the aft cabin of the ship, the “carnival life” (a term used by Bakhtin) begins. Nadiya and Gregor transform into murderers and helpers of the surgeon. Instead of meeting his foster parents Aleksei is turned into a ‘liminal’—a sacrificial lamb that is required for the surgical rite. He becomes a spare part, a ‘heart,’ a liminal state after the surgery. In other words, Aleksei never returns as Aleksei; instead what comes out of the cabin is Aleksei’s packaged body fragment, ready to be transported for the recipient. This carnivalesque transformation comprises the cycle of birth, death and rebirth, reminiscent of the fertility of life and renewal. This body part (heart) of Aleksei is what Nadiya carries towards the helicopter in an igloo for its transplantation and rebirth. At this point the narrator shows the reader what is happening inside the blue door through flash back. Instead of witnessing the entire organ harvest procedure, the reader is provided with a glimpse of the last rites of the surgery. The reader observes:

Gregor [tied] the twist top and set the plastic bag in the cooler. He handed it to Nadiya. ‘Well, take it.’ At first she didn’t seem to hear. Then she looked at him, her face drained white, and he thought: The bitch can’t handle it. ‘It needs ice. Go on, do it.’ He shoved the cooler towards her. She seemed to recoil in horror. Then, breathing deeply, she took it, carried it across the room, and set it on the countertop. She began scooping ice into the cooler. He noticed that her legs were not quite steady. The first time around was always a shock to the system. Even Gregor had had his queasy moments the first time. Nadiya would get over it. (388)

Instead of giving details of the horror of harvest, Gerritsen simply glosses over the process of packing and transferring of the heart. This technique is used because it gives free space for the reader to imagine the horror and cruelty in her mind. By usefully capturing Nadiya’s reactions to the harvest using terms like “recoil[ing] with horror” and “face drained white” (388), Gerritsen achieves her goal. Further, Gerritsen also gives a short insight of the real self of the people in the surgery—Gregor, the surgeon, the anesthesiologist and Nadiya. The reader is shown Gregor as symbolizing the role of covering up the crime, a henchman who cleans up the criminal activities

leaving no clue for future police investigation. The reader at this moment notices that “the anesthetist had already zipped up the shroud and was now gathering up the bloodied drapes” (338); this is another hint of what happened to Aleksei who enters the ritual space. Aleksei’s murder can then be related to the animal sacrifice performed during rituals and festivals in ancient times.

After Aleksei is harvested, Gerritsen makes the reader witness another tragedy – the tragedy of the surgeon’s collapse. This incident is invoked in order to mock at the surgical murder and to show the power of death. The reader along with Gregor and the others, observes how he had “slumped back against the counter, as though trying to catch his breath” (338). The reader now notices the insensitiveness Gregor has. They are able to know what Gregor thinks of the surgeon. Instead of empathizing, they come to know that Gregor dislikes him because of his fat body. “There was something especially disgusting about a doctor who let himself gets so grotesquely fat. The surgeon did not look well tonight. He had wheezed his way through the entire procedure, and his hands had seemed more tremulous than usual” (338). Though he survived through the entire surgery, he collapses suddenly. Gregor’s dismissal of the surgeon, without helping him, saying his sickness is because of the alcohol indicates the lack of value Gregor attributes to people in general. In the meanwhile, Gregor disposes off the bloodied clothes and the shroud along with the bloodied ‘Shu-Shu’ (Aleksei’s toy) into the chute. Gerritsen captures this incident of the surgeon’s death in graphic detail.

There was a loud crash, the clatter of falling metal instruments. Gregor turned. The surgeon was lying on the floor, his face bright red, his limbs jerking like a puppet gone out of control. Nadiya and the anesthetist stood frozen in horror. [...] The convulsions were worse now, the arms flapping like goose wings. ‘Hold the mask on for me!’ said the anesthetist. ‘I’m going to give him an injection!’ [...] Moments later, the man was dead (389).

Instead of pity, the surgeon’s death invokes disgust in Gregor towards the voluminous body. The reader is able to visualize the death with its gravity. Even when the anesthesiologist tries his best to save the surgeon within a few seconds the surgeon turns blue. Gregor and the anesthesiologist realizes that they cannot help any further. They only think of disposing him quickly in the chute. This death of an excessively fat surgeon recalls the symbols of ‘excesses’ used in carnivalesque.

The exaggerated details of the surgeon's death are almost equal to the exaggerated horrific death of Aleksei which he had performed a little earlier. While Aleksei's heart was supposedly for a donation, as a celebrated material of renewal and rebirth, the surgeon's body is treated with disgust and degradation. The treatment of his body and its description post-death reminds the reader of the grotesque body—the body in the process of 'becoming', as Bakhtin notes:

“[T]he grotesque body [...] is a body in the act of becoming. It is never finished, never completed; it is continually built, created, and builds and creates another body. Moreover, the body swallows the world and is swallowed by the world [...]. Thus the artistic logic of the grotesque image ignores the closed, smooth, and impenetrable surface of the body and retains only its excrescences and orifices, only that which leads beyond the body's limited space or into the body's depths. Mountains and abysses, such is the relief of the grotesque body; or speaking in architectural terms, towers and subterranean passages. (317-18)

Gerritsen's words remind of the grotesque body as drawn in Rabelais' *Gargantua and Pantagruel* (1693-94). The surgeon's body becomes a grotesque body by growing out of proportion due to bacterial activity. Its excessive fatness adds to the grotesquery of the body as opposed to classical notion of body. Gerritsen writes, “[The surgeon's body] seemed to have ballooned even larger and more grotesque. The stomach was distended and the fleshy folds of the face had spread out like a boneless jellyfish” (389). By drawing on the physical process, Gerritsen seems to illustrate the transformation of the body from a sacred one to a profane one,—“the [...] relativity of all things” (107). Its imagery illuminates the readers with the difference between life and death. It reminds the readers of the mortality of the flesh and thus of all power associated when living by bringing down to death which renders one powerless. By bringing the high low and the low high as Bakhtin notes in his *Problems of Dostoevsky*, Gerritsen's narrative weaves in—“the [...] relativity of all structure and order, of all authority and all [hierarchical] position” (127).

Gregor's performance of “kick[ing]” the surgeon with “disgust” and even abusively calling him a “whale” for his enormous size which illuminates his nearness to animal characteristics (390), the carnival laughter of universal scope is evoked. Gerritsen uses “the carcass of the dead surgeon” (390) to bring up the animal characteristics to describe him. His body is not treated with reverence; instead it is fed into the chute along with Aleksei's shroud making it part of the “pyro fetish”—a ritual that is accompanied in many folk celebrations of carnival (Presdee 125). By doing this the surgeon's class and status is brought low while Aleksei's who is merely an orphan

is brought high through his death. His organ is taken for donation which symbolizes renewal and rebirth, a fragment that would have chance to live a different life.

The heart of the matter is the ambivalent combinations of abuse and praise, of the wish for death and the wish for life, projected in the atmosphere of the festival of fire, that is of burning and re-birth [...]. (Bakhtin 248)

Gerritsen takes her story to the realm of carnivalesque by bringing the high to low and the low to high, directing laughter at the frailty of life, questioning the social pretensions. In other words, the laughter evoked is a subversive attack on the commoditizing culture of body in parts. It also speaks loudly that class and status in society is just a creation of culture while it is the material body – the body in its crude form devoid of social proprieties that is the ultimate truth. The uses of the surgeon's body as a biological waste, a mere carcass unlike that of Aleksei's, is telling of Gerritsen's use of body profanity and parody at its zenith.

We note that both deaths – Aleksei's and the surgeon's, disturb the reader emotionally but Aleksei's murder draws sympathy and horror. The surgeon's death is a natural one. Though the idea of death and the last moments captured in graphic detail are horrifying, it becomes merely a spectacle – a view for the eyes that does not render pity. The reader is not touched by it but rather feels scared of the idea of death because it evokes an uncertainty.

In Aleksei's harvest, we notice that Gerritsen does not use the word celebration but the implication comes from the extraction of the organ that is a horrific murder cum celebration of rebirth in the act of donating the heart. In this carnivalesque celebration, we notice the subject and the object both turning dead, at the surgical site which is also the ritual site, not sparing either the subject or the object.

Another point to note is that unlike most characters in the novel, the surgeon is never named, thereby dehumanizing him. The surgeon seems to be a mere tool in the scheme of things. He has his value only as long as he is useful, i.e., he can contribute to the organ harvest process. Once he stops being useful, his dead body is thrown away disrespectfully. The emphasis on the grossness of his body helps to dehumanize him even further. Unlike Aleksei's death, his death is portrayed in such a way as to not elicit emotions of pity or empathy, for the reader.

In her paper titled “Scalpel and Metaphor: The Ceremony of Organ Harvest in Gothic Science Fiction,” Sara Wasson notes that organ harvest is a “ceremony” comprising various components or rites only after which the extraction is done. Some of the processes involved are turning organ donation as a “gift of life” through “a web of language” (104), using metaphors to forget the donor “both immunologically and culturally” (104) or rites only after which the extraction is done. This makes our argument stronger that the organ heist is a carnivalesque.

Seen in this light, Aleksei or the other boys are chosen one by one after passing through tissue-typing. This stage allows them to enter the next stage where their organs are harvested. Thus when we come to know that Aleksei is chosen, we know his heart is going to Nina Voss. His heart harvested is then symbolic of rebirth as in traditional carnival festivals. But unlike the traditional carnivalesque which is whimsical, Aleksei’s organ theft in the aft cabin is a carnival of violence and transgression. He is murdered in the cabin on the spot and only his organ is saved and carried in the iced-igloo. In this instance, the surgeon becomes a murderer on one hand and a saviour on the other. This is because he takes the heart to save Nina Voss.

For the reader now, this act is completely absurd for it makes no sense – to commit an act of murder to save another life. The entire celebration, which involves murder (death) and transformation into body in part (heart) and transplantation (rebirth) later in the recipient (Nina Voss) takes place only in an upended medical world. This activity continues for the suspended period of time after which the order is restored. All the activities within this period evoke laughter that is directed at all—to both the doctor and the patient. It removes the tension existing in the society between the two classes, doctors and patients, and makes them equal. This entire celebration of organ heist carnivalesque is dark unlike the previous one of Aleksei; hence we call it dark carnivalesque.

This carnivalesque performance provides comic relief from manners and social proprieties. The comic laughter here is not a reaction that is pleasant but one coming from the nervousness and inability to escape from the situation. The violent behaviour provokes carnivalesque laughter because the performance subverts expectations of how doctors should behave. In other words, smothering the trust we have for doctors and by making them criminals or professionals with deviant behaviour results in unsettling,

disgusting and anxious reactions. Vaguely relieved that these events are fictional and not real, one discovers the extent of Gerritsen's subversion. This section shows that the violent performance, transgressive behaviour and pleasure thriving during the suspended time period as a different manifestation—negative carnivalesque and is crucial to display the capitalism directed struggles of doctors and patients. In the next section, we will explore carnivalesque in Abby's organ theft, which extends beyond Aleksei's carnivalesque.

#### **4.6.2. Abby's organ theft in the aft cabin of the ship**

Following the episode of Joshua's organ reassignment, Abby had been filed for negligence of official duties, as an "advocate of euthanasia" (507) and was finally expelled from the hospital on the basis of her questionable mental fitness. Left with no hope, she decides to investigate the case. From the moment she comes to know that Dr. Aaron Levi's sudden suicide was actually a murder from Katzka, she realizes that the plot against her was much deeper than it appears on the surface. She could now associate easily how some other doctors like Kunstler and Hennessey have also committed suicide.

She also realizes that Nina Voss' donation was not a straightforward one because of the lack of genuine details of the donor's health background and even when she checked with the hospital Wilcox Memorial, which was entered in hospital registry, the hospital confirmed that no harvest had taken place that week. She decides to read more research papers on heart donation and types of complications that can develop post-donation as she comes to know that Nina had developed post-operation fever. She wants to save her. Thinking that she might find the clue to the symptom, she goes to the library and picks out research papers on the same. She notices a pattern—Aaron, Kunstler and Hennessey have all written papers together and have all died. Also, all the donation cases entered as Wilcox have been performed by the team.

In the meantime she meets Nina Voss who looks pale and almost dead even after the discharge from the hospital. Nina informs her that Victor Voss had transferred a sum of five million dollars to a company in Boston, "Amity International on 23<sup>rd</sup> September, the day before her surgery" (402). Along with a police officer called Katzka, Abby decides to check out the Amity building which on the outside appeared

to be a shop for supplying hospital appliances. While waiting for Katzka, she happens to see Dr. Mapes, Nina Voss' heart courier who had "[a] grotesquely heavy brow" and "[h]awk like nose" (407).

She follows him and reaches a place on the wharf of the Boston harbor. Katzka and she notice Mapes entering the ship. She guesses him to have "a double working at Amity" (412). They try to investigate what was inside the ship but are forced to escape due to the gunshots. Katzka tries to investigate the ship. Meanwhile Abby is abducted and treated for psychiatric issues forcibly at Bayside. In the hospital she notices that her blood is drawn several times and notices Nina Voss' vial too along with it. She guesses that Nina was back and comes to know that she was scheduled for a retransplant. She realizes that the hospital is dangerous for her and escapes to inform Vivian or someone to stop the illegal donation. However, she gets in touch with Tarasoff by chance. He convinces her that he would help. But, on the contrary she is taken to the kidnappers who take her to the ship and lock her up where she finds Yakov, a young boy.

After a few hours, the two of them are led out of the cabin. They are led to a steel stairway to the blue door. Tarasoff leads the way, followed by the two men guarding Abby and Yakov. Abby lunged the man in front of her which leaves Tarasoff to fall on his knees. The two men tried to restrain her hands and kicked her. Meanwhile Yakov escapes from their grip. Now they took her inside that room. First she was sedated.

The men carried her into the adjoining room and slid her onto a table. Lights came on overhead, searingly bright. Though fully awake, fully aware, she could not move a muscle. But she could feel everything, the straps tightening around her wrists and ankles, the pressure of Tarasoff's hand on her forehead, tipping her head back, the cold steel blade of the laryngoscope sliding into her throat. Her shriek of horror echoed only in her head; no sound came out. [...] Now he took off the ambubag and connected the ET tube to a ventilator. The machine took over, pumping air into her lungs at regular intervals. 'Now go get the boy!' snapped Tarasoff. 'No, not both of you. I need someone to assist.' One of the men left. The other stepped closer to the table. (493-494)

Gerritsen makes it a point to draw on the violent carnivalesque in graphic detail. Therefore, we see Abby lying on the operating table and fully awake, but unable to move or fight. We also see "Tarasoff approach[ing], syringe in hand" (493). After the injection "her limbs barely responded. She was having trouble seeing now. Her eyelids wouldn't stay open. Her voice came out barely a sigh. She tried to scream but could not even draw the next breath" (493). She tries to think "[w]hat is wrong with me? Why

can't I move?"(493). Tarasoff asks the men to move her to the next room. "Get her in the next room! [...] We have to intubate now or we're going to lose her" (494). The readers are given a chance to visualize the dismemberment. Seeing the overhead bright lights Abby realizes that she is in an operating theatre and that they were trying to operate on her. She was fully awake but unable to move her body. She could feel the adjustments made on her—insertion of the laryngoscope and the ET tube inside her throat into her trachea leaving no chance for the voice to come out.

Gerritsen shows us Tarasoff in another avatar. He is symbolic of the typical saviour-murderer. The reader is allowed to see how he makes an opportunity for himself, a path for transgressive pleasure and desire. To fulfill his transgressive desire to cut a human body, when Tarasoff turns Abby, who himself is a doctor, into a captive, he dissolves the hierarchical position occupied by doctors. He turns her into a victim of organ theft.

Not only this, Gerritsen being a forensic specialist gives a glimpse into the criminal psychology of Tarasoff. Tarasoff is portrayed with a precise detail of a murderer. He knows that Abby is a doctor and hence, makes sure she goes through the pain of being cut by anesthetizing her only locally. This means Abby remains fully aware of the procedure for organ harvest. This makes it even more interesting and fun for Tarasoff. Unlike in normal cases, where the patient is made unconscious fully, Abby is simply given local anesthesia. This allows her to be fully aware of the procedures conducted upon her. In other words, it makes the surgery cruel and denies her the basic rights as a human. Tarasoff orders to inject "succinylcholine" (494) which would paralyze her while he starts off the IV line. "A healthy liver, he said, 'is not something we can take for granted'" (495). He answers her questioning look by saying that the recipient of her liver is going to be "a gentleman in Connecticut who's been waiting over a year for a donor" (495). He also tells her that the "[donor] was delighted to hear we've finally found a match" (495).

She realizes now that the team's major interest has been money. She realizes that the blood drawn from her when she was hospitalized was to do the tissue typing and that she was really framed because she knew their secret. She observes Tarasoff

continue his work—“connecting the second bag to the line, drawing medications in the syringes, [...] and laying out the tray of syringes” (495).

At this time the door opens and to her surprise she sees Mark. She thinks for a moment that he might save her. But she realizes he is not going to help her. She realizes that the man she had trusted so much is the one who is going to cut her. She sobbed but even that was smothered within the tubes. “‘I’m sorry, Abby,’ said Mark. ‘I never thought it would go this far.’ Please, she thought. Please don’t do this [. . .]” [But Mark proceeds by saying] “If there was any other way [. . .] He shook his head. ‘You pushed it too hard. And then I couldn’t stop you. I couldn’t control you” (499). She looks for any chance of regret or pain. “It was [j]ust for an instant; she saw a flash of pain in his face. He turned away” (499). After this he gowns up according to Tarasoff’s instructions. He is invited “to do the honors” (499). Tarasoff hands a syringe containing Pentobarb to Mark. He hesitates for a few seconds after which he takes the syringe. He uncaps the needle and pokes it into the injection port. He looks at Abby with hesitation. It was as if he could hear her thoughts. But he pushes the plunger. She slowly loses consciousness with thoughts of how much she loved him.

Gerritsen shows us how Abby is forced into pain – of not just the physical cut but the harrowing experience of what it is to be cut while being awake. Tarasoff in this role achieves the proportion of a true murderer—one who is comparable to the psychotic killers but with a sane mind of knowing what he is doing. This makes it unsettling for the reader. By transgressing into this role, Tarasoff is a true example of “the sick grotesque” (1) – a term Semler uses to identify grotesques in his paper titled “When did the grotesque get Sick? Exploring the Early Modern Textual record” (2011). He writes, the grotesque is more than tragic or horrific though both these elements are contained in the grotesque. The sick grotesque is “something extremely unnatural as to revolt or sicken those encountering it” (1). In other words, “it is not an unnatural disposition of a body as a static presentation, a grotesque outcome or product, but also an unnatural deed or process for a human to execute on another human” that makes it sick grotesque (1). Thinking in these terms, Tarasoff represents an attitude of the material capitalist culture that raises the question of where we start and end the question of materialism. Can erasing bodily boundaries and the trend of commoditizing

anything and everything from hair to bones solve organ shortage? Where do we draw the line of propriety in a commoditizing culture?

In his act of inserting the tubes and setting up Abby in full consciousness for organ harvest we realize how a sick grotesque Tarasoff is. After this initial preparation, his sickness of mind moves beyond the earlier procedure. We find Tarasoff next handing the scalpel to Mark. He wants Abby's loved one to cut her open. He tells Mark, "[y]ou make the first incision" (501). This was Tarasoff's method to test his allegiance with the transplant team. The reader observes that Mark has already "sweat broken out on his forehead" and his eyes were in "dismay" which indicates Mark is under pressure to do it and that he is sad. The reader realizes that in spite of such feelings he takes the scalpel from Tarasoff. Tarasoff informs, "You have no choice, Hodell [...]. You're the one who tried to recruit her into the fold. You're the one who made the mistake. Now you have to correct it" (501). We notice that unlike Tarasoff, he has no option but to obey, because of a nursing student's case he was entangled with. Though he was not involved, he was framed and the team had saved him then so now he has to listen to Tarasoff—the team leader. But Mark's actions do not justify his stance. His decision to kill Abby makes him also a sick grotesque figure ready to sacrifice the woman he loved.

He pauses, "[takes] the blade poised over the exposed abdomen. They both knew this was a test—perhaps the ultimate one" (501). Tarasoff tells him to go ahead. Just as the others—Archer by taking care of Mary Allen, Zwick with Aaron Levi. He asks Mark to "[c]ut open the woman" he once "made love to" (501-2). The reader visualizes Mark as pressing the blade to the skin – "a long curved incision" (502). It makes "the skin [part] and a line of blood well up and [dribble] onto the surgical drapes" (502). But at this point Gerritsen gives a glimpse into the psychology of the surgeon—Tarasoff. His obsession with cutting the skin, pleasure at killing, and admiration for the human body in its healthy form is beautifully brought out.

Gerritsen makes it a point to reveal through Mark and Tarasoff that in a commoditized material culture, relationships are also absurd. Mark, when he gives in to Tarasoff's demands, symbolizes this absurdity in full form. It is indeed striking that when he is not home, Abby is worried about his welfare, whether he is safe in the

hospital. But on the contrary Mark's answer is to kill her himself. Gerritsen notes that he uses her only for his own desires but when it comes to his career, safety and money, he only thinks about himself instead of saving her. After the initial ritual, the readers are drawn to the actual harvest ceremony. They now visualize

Tarasoff assist[ing], positioning retractors, and clamping bleeders. It was a pleasure to work with such young and healthy tissue. The woman was in excellent condition. She had a minimum of subcutaneous fat and her abdominal muscles were flat and tight – so tight that their assistant, standing at the head of the table, had to infuse more succinylcholine to relax them for easier retraction. The scalpel blade penetrated the muscle layer. They were in the abdominal cavity now. Tarasoff widened the retractors. Beneath a thin veil of peritoneal tissue glistened the liver and loops of small intestine. All of it healthy, so healthy! The human organism was a beautiful sight to behold. (502-3).

Gerritsen shows a surgeon's obsession with the human body, his wonder at how it functions properly without any assistance. At this moment, Yakov enters through the door. He shoots down Mark and he falls with blood and bone splattering on the ground. Tarasoff notices that the boy had with him Gregor's gun and he comes closer with caution to inject the succinylcholine to calm the boy. But on seeing what he and Mark had done to Abby, Yakov shoots down Tarasoff too. By then Katzka and the others arrive. Katzka saw that "Abby [is] lying on the table, her abdomen slit open, and her intestines glistening under the Operating Room lights. The boy whimpering, cradling her face. And on the floor, lying in a lake of their own blood, the two men – Hodell already dead, Tarasoff unconscious and bleeding but still alive"(507). Katzka takes all the people aboard the freighter including Tarasoff into custody.

Gerritsen through the character of Tarasoff portrays a maniac before us whose pleasure for killing is not just for the money but in the idea of giving life to another person after robbing from a different person. In other words, Tarasoff's obsession is in bringing life to another person through his vanity. His vanity is that he thinks himself to be a God but in actuality he is an ordinary doctor who cannot create life. This obsession is psychotic and the behaviour is sickening. From the loving grandfather we witness in Joshua O' Day's surgery, the reader now imagines him as a sick grotesque character. His activities are feasible because he holds all the other doctors in his grip – through persuasion, conspiracy and blackmailing. He makes it a point to entangle each and every one of the team members—Aaron Levi, Mark Hodell, Bill Archer, Raj

Mohandas, and Zwick. They have no option to go out of the team but to die without letting out the secret in the public when they decide to go against the team. This close knit transplant team breaks the normal working of the hospital world.

To put it differently, they upturn the medical world. This upturned order of the world continues for some time; however, Katzka's and Abby's investigation and discovery in the end lead the perpetrators to their fall. Law is enforced and the medical world becomes ordered. These doctors in their temporary upturned world engage in a celebration of the body in its parts which can be called organ heist carnivalesque. The organ is first harvested from an individual who most likely is a living healthy donor with no choice to escape from the captors. These donors are kidnapped and harvested like a "captive animal" (441) for a feast—the feast of body part harvest and sale. The body in parts is then bought by the needy parties like Victor Voss who are ready to buy it at any price. This knowledge about dearth of organs pushes doctors like Tarasoff to capitalize on the opportunity. It gives them a space to express their own desires for the flesh – the desire to cut, to hurt and transgress from their normal everyday lives. It not only gives them the wealth they crave for, but also a space to vent out their suppressed desire and pleasure. In other words, "[this organ heist] carnival celebrated temporary liberation from the prevailing truth and from the established order; it marked the suspension of all hierarchical rank, privileges, norms, and prohibitions" (Bakhtin 10).

This exaggerated performance of violence and crime at the sites of transplant surgery is Gerritsen's critique of the organ heist carnivalesque that is manifested in our modern everyday lives. Ari Larissa Heinrich notes in *Chinese Surplus: Biopolitical Aesthetics and the Medically Commodified Body* that the contemporary scenario is so much complex as we find "the cirrhotic liver shop next to a mall for designer clothes and food" (Chapter 1 para 1). It means our culture has become very much used to seeing commodified body parts. The contemporary culture in a way has become insensitive to such violence or its perpetuation; instead these representations are simply taken as sensational entertainment as in the case of television dramas or educative tools as in exhibitions. Only a few whispers arise when we talk about commodification of bodies but in general they are easily dismissed as acts of seeking attention rather than acknowledging the psychology of violence and its perpetuation existing in our times (Chapter 1 para 2 ). Even when we acknowledge such representation it is just discarded

as exaggerated urban lores as Nancy Hughes (“Organs Watch”) and Veronica Vincent-Campion (33) identify.

The organ heist carnivalesque is a thoroughly violent celebration of transgression where the act of transplant itself becomes absurd. If we recall the objective of medicine, it is to save people but then when it functions as a temporary fix such as organ theft as represented in the cases shown above, the transplant surgery itself becomes an absurd project of medicine. From the appearance of organ donation as a “gift of life” endeavor filled with greed, commodification and biopolitical violence, organ heist Carnivalesque is a celebration that constitutes this new realism of our times. Similar to the Blackpool carnival as Bennett notes, the hospital “displays the prowess of ‘the workshop of the world’ in the sphere of pleasure” (Bennett 142). Instead of negating the ordinary status and routines of daily life as Gilmore (1998) notes, the carnivalesque at the hospital provides very complex and contradictory sites of contestation.

#### **4.7 Carnival space as medical heterotopias—‘Other Space’**

So far, we have delineated the organ heist carnival celebrations in the hospital. We noted that the carnival is different from the normal space and happens within a suspended period of time and place. The organ heist carnivalesque in the hospital in Tess Gerritsen’s *Harvest* shows that performances of aberration are found in every culture in hidden spaces. This section of the chapter looks at this festival space as ‘heterotopia’, meaning ‘other space’.

By ‘other space,’ Foucault does not mean that the space is ‘other’ in the sense of being out of this world, but one which is real and contextual and rich in providing interpretations—a different point of view. It is important to note that we call the carnival space as heterotopia because some of the important features Foucault explains for heterotopia are found in carnival space. The six principles that underpin the description of heterotopia are the following: (1) all cultures constitute heterotopias, but they might be in varied forms, (2) their function can change with time, (3) they juxtapose several incompatible sites within a single real place, (4) they disrupt traditional concepts of time, (5) they may require certain acts, performances or rituals

to gain entry to them, and (6) they exist only in relation to all other sites and spaces (Foucault 24-27).

This section analyses the medical world – Bayside Hospital, Massachusetts Hospital and the aft cabin in the ship, as ‘heterotopia’. Because these medical spaces are in the celebratory mode, we call them medical heterotopia. Some of the questions raised are i) How do the ships’ “Hell” and “Wonderland” become heterotopic? ii) What is the role of heterotopia? Before going into the analysis, it is important to get an idea of the critiques and literature review to understand the ways the concept has been employed.

#### **4.8 Theory of heterotopia and a brief literature review**

The concept of heterotopia has been used in Michel Foucault’s “Of Other Spaces”, first given as a lecture to a group of architects in 1967 and later on translated into an essay in 1986. Also, it should be noted that Foucault also uses this idea in *The Order of Things* first published in 1966. Hetero means “different” or “other” and topoi means “place”. Foucault then used the term to denote places that are “Other”. However, one should note that Foucault did not coin the term. Instead, he borrowed the term from medicine which originally denotes presence of a particular tissue type at a non-physiological site.

He writes that space in contemporary times is defined by “a set of relations that delineates sites which are irreducible to one another and absolutely not superimposable on one another” (23). These sites are of two types— 1) utopia and 2) heterotopia. He writes that both heterotopia and utopia have a similarity i.e., they exist in relation with all the other sites. Their main function is to “suspect, neutralize, or invert the set of relations that they happen to designate, mirror, or reflect” (24). He further notes that utopias are sites with “no real place”. They have a relation of “direct or inverted analogy with the real space of Society” (24). Therefore, these sites present society itself in a “perfected form”—a society turned upside down. It can be said that utopias are fundamentally “unreal spaces” (24). On the other hand, heterotopias are “real places” (24). These places exist in “the very founding of society” (24). For Foucault, heterotopias are places which act like “counter-sites” (24). They are an enacted utopia in which “all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted” (24). The

fundamental property of such places is that they exist outside of all places. But it may be possible to indicate their location in reality.

Since the first usage, the concept of heterotopia has received much criticism and response from a large number of scholars<sup>6</sup>. Hetherington (1997) studies three examples of heterotopia. His major contribution is in suggesting the example of Palais Royal which “combined transgressive elements with subtle forms of control” (30). In other words, Hetherington critiques those who have praised the margins as sites of resistance and otherness. Thus, following Peter Stallybrass and Allon White’s *The Politics and Poetics of Transgression* (1986), he writes that heterotopia produced another type of ordering rather than a radical disruption (86). He sums up that Bakhtin and others have given too much importance on the ordering and have forgotten that these sites are merely illusionary as they are controlled and moderated by the authorities. As an example, Hetherington analyzes Palais Royal as a heterotopia and suggests it can be seen as a metaphor for modernity. Seen in this light, he argues modernity itself is characterized by combining aspects of social control and expressions of freedom. Hetherington’s contribution is in replacing the divide between social order/margins with “process, mobility and ambiguity” (6).

Edward Soja applies Foucault’s idea of ‘other space’ to analyze Citadel LA, urban fortress. He uses the term heterotopology to describe a new method of reading specific sites and he comes up with the concept of “third space” (Soja 145). Appropriating Lefebvre’s idea of space with Foucault’s heterotopia, he brings the concept of third space. Third space for Soja claims to “restructure the most familiar ways of thinking about space across all disciplines” (11). By claiming that Foucault’s concept is patchy, inconsistent, and incomplete, Soja claims that the concept of heterotopia is connected with the “fundamental spatial problematic of knowledge and power” (162).

Philo (1992) writes, Soja was able to bring Foucault’s idea to postmodern geography through the notions of knowledge and power. However, he points out that Soja does not pay attention to the details of Foucault’s historical studies while connecting with ideas of power. Thus he writes “[...] Soja gives a misleading statement of Foucault’s distinctive position” (41).

Most of the uses of the concept seem incomparable, notes Ritter and Knaller-Vlay (14). Genocchio notes that most appropriations of heterotopia are used as some “theoretical deus ex machine” (36). In *Heterotopia and the City*, Dehaene and De Cauter (2008a, 2008b) show some potentially useful applications. Most studies focus on the potential usefulness on the question of “alternative space.”

Johnson (2013) notes, some of the convincing uses of Foucault’s account are based on the idea that spaces are both ordinary and extraordinary with layers of meanings embedded in a given space and time in contradictions.

Dehaene and De Cauter (2008b) suggest that the “third space” is the “other” of the political and economic (90). As an example, they take cultural sites such as festival, sports and leisure. They note that these sites are known by time more than space and in Defert’s words can be called “spatio-temporal units” (275). Conceived in this way, heterotopias are disruptive spaces opening up space for rest, refuge and play. For Dehaene and De Cauter, the theatrical play is the heterotopia *par excellence* – a dialectical play of the private/public dimension, an event of transformation and of suspension, “where appearance is hidden, but where the hidden appears” (8). They suggest that heterotopias are anti-economical and politically experimental. These spaces are of and for the imagination.

Johnson writes the major contribution of Dehaene and De Cauter is that they highlight the various aspects related to the embodiment of time. Taking the case of cemeteries, he shows how the space works as refuge and escape. To explain this, he takes Aries’ notes that suggest *cimetiere* is a burial ground, asylum or sanctuary. In the medieval period, this space was a heterogeneous center for play, sport, festivals and sexual encounters (798). Gandy (2012) also notes that the cemetery has become a site for leisure. De Cauter and Dehaene’ (95) and Harrison explain that cemeteries are sites of “hidden appearance” (20) because death is both hidden and displayed.

Faubion contrasts heterotopias to the “mundane monotony [...] of everyday life” and suggests they are “brighter, darker or more complex” (32). For Johnson, the spatial intensity of heterotopia comes from viewing it as “macrocosm” or “microcosm” of life rather than everyday spaces and it is the relational quality that makes such spaces “productive tools of enquiry” (798). Hallam and Hockey suggest that “heterotopias are

spaces for emplacing the placeless” [...assigned with layering of meanings in a single site”] (84).

From the sketchy conceptualization, Peter Johnson writes that Foucault’s attempt has been to explain the principles and features of a range of cultural, institutional and discursive spaces that are somehow ‘different’: disturbing, intense, incompatible, contradictory, and transforming (790). He notes that Foucault did not think of heterotopia as a main concept because of the sketchy descriptions. Johnson concludes that “heterotopia” is written in continuation with Foucault’s wider projects on discipline, aesthetics and ethics. He writes that Foucault defines heterotopias as sites that have embedded stages and aspects of our life, which mirror and at the same time distort, unsettle, or invert other spaces. He contrasts these spaces with utopias. He suggests that both are connected with other spaces and yet are different. Utopias are unreal whereas heterotopias are actually localisable (Foucault 178). Johnson notes Foucault’s spatial approach helps him to make new connections taking into account time as well, thus providing a fresh perspective of history. Johnson argues that Foucault’s brief accounts of heterotopia should be seen as a form of archaeology— “a method, rather than revealing and explaining, meticulously shows and describes” (795). He adds that the function of heterotopia is to “[make] [difference] and unsettle spaces, sometimes exposing the extraordinary in the most ordinary of places” (796). In doing this, these sites “provide rich pictures” (796).

In short, heterotopias “highlight how our world is full of spaces that fragment, punctuate, transform, split and govern. Life is full of different ‘worlds’: miniature, transient, accumulative, disturbing, paradoxical, contradictory, excessive and exaggerated” (796). Johnson concludes by saying that going by Foucault’s own words, heterotopia should just be seen as an alternative point of view to avoid the “critical commonplace positions” as Veyne (1997) puts forth.

#### **4.9 ‘The aft cabin in the ship’, Bayside Hospital and Massachusetts Transplant Center as heterotopic space**

Gerritsen uses the aft cabin, Bayside Hospital and Massachusetts Transplant Centre as “other space”. She outlines this space as a Foucauldian “heterotopic space”—one which can perform the function of a number of spaces which are real happening spaces. This

is because for Gerritsen, these spaces are transgressive sites capable of projecting alternative lives and performances led in connection with organ transplant. In *Harvest* she therefore outlines Bayside and Massachusetts Transplant Center as meat shops, where organs can be bought, as opposed to the normal functioning of hospitals as primarily places where attempts to “save lives” are undertaken.

To understand this better, we need to explore the two incidents – assigning Karen Terrio’s heart to Nina Voss and the sudden arrangement of donor heart for Nina Voss for the first time and the second scheduling of transplant when her first transplant fails. In casting the hospital as a butcher shop, the space has also transformed the relationship with different people. For Dr. Chao and Dr. Abby, it becomes a hostile one; for Nina it is a safe haven and a market place where her husband bargains for hearts, and for Tarasoff it is a space that enables his desire and pleasure—to save and kill at his whims and fancies.

Similarly, the aft cabin in the ship is another case of heterotopia. It transgresses into a surgical site, a hospital space instead of being just a conveyance for transporting the kids—the organ donors. Also, when it functions as a vehicle, it primarily works as only a “prison” for holding the orphans before their organ harvest. Thus the aft cabin is a heterotopia of prison, boat and carnival festival. In other words, this space is a site of contestation of multiple layers of meanings they hold in this culture. Foucault writes, “[t]he boat is the heterotopia *par excellence*” (27, original emphasis). He writes:

the boat is a floating piece of space, a place without a place, that exists by itself, that is closed in on itself and at the same time is given over to the infinity of the sea and that, from port to port, from tack to tack, from brothel to brothel, it goes as far as the colonies in search of the most precious treasures they conceal in their gardens, you will understand why the boat has not only been for our civilization, from the sixteenth century until the present, the great instrument of economic development [...] but has been simultaneously the greatest reserve of the imagination. The ship is the heterotopia *par excellence*. In civilizations without boats, dreams dry up, espionage takes the place of adventure, and the police take the place of pirates. (27)

For Yakov, the ship is an interesting space with lots to explore in the beginning. He therefore discovers secret spaces during his daily roaming. His daily wandering in the kitchen, the engine room, and the deck also gives him acquaintance with a number of the workers who talk to him or sometimes play chess during their free time. In other words, the ship provides him with social capital which would otherwise be inaccessible to him. The social capital opens up his mind unlike the other boys. He comes to know

that the ship is owned by Sigayev Company and that the people involved in the ship are engaged in some illegal activity. On the surface the ship as a space seemed to be a normal ship; however, it is the secrecy of several sites in the ship, and the avoidance of the ‘quail people’ that makes him guess the nature of the workers as illegal. He also observes that Nadiya and Gregor are not kind but really hard hearted people though Nadiya tries to exhibit or fool the other boys that she is kind. Also, this provides him with the freedom to roam around in a controlled manner. In other words, the ship is monitored thoroughly and even when Yakov gets the chance to wander, he is monitored and studied carefully.

Some of the interesting spaces where Yakov hides and spends his free time away from the bunk are “hell” and “wonderland”. “Hell” is literally called so because of the location it occupies – the space in the deck which is dark and dingy with a lot of mouse turds. It is Yakov’s imaginative space but really tangible as well. It is this space that trains him (by allowing to explore various secret places) to resist Gregor and Nadiya towards the end of the novel and subvert the unscrupulous traffickers when Abby is taken for harvest. By complicating space and place outside the usual binary of freedom/confinement, Gerritsen suggests that both areas depend on the choices and actions we make within them. The space allows us to notice Yakov’s maturation over the time period and his ability to understand the people in the ship unlike other boys. The encounter with the captain of the ship and others in their respective places of working gives a picture of observant teenagers who think and analyze critically about what others speak to them and only trust their own convictions.

Another one such space is the “Wonderland”—the winding stairs leading to the “aft cabin with the blue door”. This space is also a transgressive space—one which acts as space for the surgical rites to pass through. The boys are taken to the aft cabin with the blue door and they do not return. They become just body in parts which are transferred into iced igloos and flown to the recipients waiting for surgery. Since these spaces, “Wonderland” and “Hell” are part of the boys’ imagination or play and also real spaces, they have a crucial role in the fiction. They become “heterotopic” —as sites that have multiple places embedded in them. They function to reflect specific sites in our contemporary culture mostly ignored as “sensationalistic” (1) or as “shameless bids for

celebrity or assume they function autopoietically to critique their own conditions of production.” (Heinrich chap1 para 1).

The aft cabin, for Yakov, is “Wonderland” (384) – the cabin which is at once mysterious and at the same time terror-inducing. This is because several of the ship’s people had informed both of them that “there are people living there” (384) and that “the quail people” (385) are not the ones to be befriended. From the ship’s engineer and the navigator, Yakov gets a strange impression about the “quail people”. This is because they are secretive about their stay which he informs Aleksei. For Yakov, the “quail people” are the ones who are very demanding of food and quite aloof, avoiding interaction with the others. In other words, these people are shrouded in mystery because they entertain no entry or interaction from outside, but allow the readers to notice that they interact only within that space, creating suspense. This space can be understood as the room with the blue door in which they live have restricted entry—only Nadiya and Gregor were allowed and that too only in-between. Besides, their food is also supplied directly to their rooms automatically from the kitchen.

Borrowing from Foucault’s ideas, we can say that the medical world in which the organ heist celebration takes place is one which has the ability to juxtapose in a single real place several spaces that are themselves incompatible, simultaneously both real and unreal. To understand this better, it is important to look upon the medical world as a carnival space—a festival space that has both time and order suspended. This means this space is apart from the everyday space. Although in the beginning of the organ harvest celebration, the transplant team is happy, but slowly their happiness dwindles. We can say that the collective happiness of the transplant team in Gerritsen’s *Harvest* becomes a divided and fragmented experience by the end of the celebration. It becomes a suspended world within a specific time period—more specifically at the ritual of organ harvest carnival, making this space a different one. But this world collapses towards the end when the truth is found out and Tarasoff and others are punished. Some members of the organ transplant team realize their actions are illegal and hence their experience of the carnival becomes different. In other words, because of the carnivalesque celebration of organ heist and transplant in the hospital, the medical world functions differently than the norm. Doctors engage in abduction and murder instead of curing or saving lives. The doctors also conspire with the Russian

mafia and generate organ donors. This medical world, in short, can be seen as simultaneously functioning as two sites—as a site of sacrifice and as a site of renewal – of rebirth and death typical of traditional fertility festivals or carnivals.

We notice that the medical world is a heterotopia of crisis and a heterotopia of deviation at the same time. This is because the carnivalesque in *Harvest* is both positive and negative— 1) carnivalesque at Bayside and Massachusetts which is for saving Joshua's life, and 2) the carnivalesque in the ship to save Nina Voss.

We can argue that the carnivalesque celebration in essence characterizes not only a positive space but also simultaneously a negative one in Gerritsen's *Harvest* indicating that the medical world is heterotopic. The carnival celebration is central to the narrative of *Harvest* because it indicates a point of transition. It reflects the contemporary practices of organ transplant involving commercial attitudes side by side to the genuine organ donations. In other words, through this carnival celebration in a heterotopia, Gerritsen effectively smothers the blind faith of the readers about hospitals. She tears at their trust by juxtaposing materialistic tendencies and altruistic tendencies together. The reader is pushed to an ambiguous response.

Gerritsen's main purpose is to highlight the desire for carnival and how this space comes to embody the grotesque through its existence as heterotopia. She makes the characters forget the purpose of organ harvest and they end up murdering people to celebrate the materiality of the organ. Thus, *Harvest* is a world turned upside down and it resists the norms of the medical world. It is in this world that the essence of heterogeneity and simultaneity is stressed.

The harvest in the ship and the hospitals turns into a celebration of violence, pleasure and transgression. This celebration strengthens the feeling of togetherness among the transplant team in the beginning of the story; however, towards the end this wonder of giving life to another patient becomes an absurd act. Some of the doctors realize this absurdity and decide to quit. It is this moment when they try to run away from the team, but the team is so tightly knit and secret, that any change in behaviour is monitored by Tarasoff the leader. He makes it a point to kill these doctors one by one as soon as the idea of escaping comes to their mind. Thus, doctors like Aaron Levi,

Hennessy and Kunstler are murdered but these cases are also made to appear as accidents or mere suicides.

In *Harvest* we see all the characters are connected to each other through the ritual of organ heist carnivalesque. They become one grotesque body in the celebration – the doctor and the orphans are abused and mocked at. Even when recipients who can afford to buy an organ come, they are deprived of it. Dr. Chao's theft of Terrio's heart is a case in point. Similarly, when an organ is transplanted, even the body rejects the immunosuppressants calling for another surgery. These aspects tell us about multiple relations like economics and politics that work differently.

Since the Bayside Hospital, Massachusetts, Wonderland and Hell (in the ship) are real places within the imaginative world of Tess Gerritsen's *Harvest*, they occupy a position opposite to that of the regular space in the medical world but are included in it, these are powerful heterotopias and speak of temporality and spatiality from a different angle. These spaces enlarge the unseen and unsaid of culture. One of the reasons readers return to the world of organ heist medical thrillers is because those fictional spaces give us a chance to think through some of the complexities of our own world. As a result, we return to the places and spaces in which we live better prepared for the challenges we will most certainly face. These subversive spaces allow Yakov and Abby to fight their way towards the goal, turning up the medical professionals who are conspirators before law. For this they have to vacillate between the safe and the unsafe world formed in the medical space. The subversive space offers the promise that the spaces for which we struggle are worth the fight. The transformation of the space from carnival and heterotopia to official or normal order suggests that hope exists at the end of the journey. Organ heist medical thrillers, by dramatizing the battle for hope, by taking the reader's own dystopia and transforming it into a physical presence that can be conquered, teach readers that when they face very difficult situations, they need neither succumb to despair, nor hide their feelings of disappointment, rage, and fear.

#### **4.10 Conclusion**

This chapter suggests that the modernity project of transplant medicine is an absurdity project. Because the transplant project is dependent on organ donation or transfer, it cannot operate without the availability of organs. In that case, the method of organ

trafficking and kidnapping mostly helps in reducing or covering the shortage. In other words, one person has to be killed in order to save another. Thus, the idea of organ transplant in the fictions become obsolete or absurd as only death begets life.

Carnavalesque that is prevalent in this upside down world asserts the importance of law and order in the medical world and shows how its absence might topple our perceptions of medical institutions. Natalie Zemon Davis argues that carnival is more than merely a safety valve. It can reinforce the existing order, but it can also criticize it and sometimes underpin rebellion, depending on the circumstances. Seen in this light, instead of seeing organ heist carnivalesque as a safety valve, it is an attempt to reinforce the order in medical world but with caution. The carnivalesque in the present manifestation enables to magnify the unseen and unsaid of society which is simply dismissed as exaggerations for attention.

Also, by serving as an entertainment tool, the carnivalesque helps in high readership of these books. Even though these fictions cannot substitute the missing inner life, thoughts or motives of individuals, but by absorbing the cultural ambivalences about doctoring and instabilities of medical stereotypes, symbolic exchange between virtues and vices become apparent. The depiction of corrupt or unethical doctors critiques the medical world and calls for a need to make policies that could prevent misusing the official opportunities. The upturned medical world of organ theft, therefore is symbolic of the cracks in the modernity project of medicine which are visible only in those dark corners or the shadow culture of society.

Gerritsen's use of the grotesque has been to show the vulnerability of the orphans and the penetration of bio capital that renders useful only to certain groups. In doing so, she draws attention to the grotesque realism of body commoditizing culture. She has been able to highlight the gaps in medicine's mission and practice. Her aim to create awareness in the public while also making them participate in the debates of organ transplant becomes successful. This chapter shows how in the fictional world of medical thrillers, the trope of upturned medical world has been used to reflect upon the rising issue of organ trafficking.

By considering Bayside, Massachusetts Hospital and the ship as heterotopias, it can help us to understand contemporary organ heist carnivalesque to be an alternative

time or space which creates new, albeit temporary, ways of experiencing everyday life in the city. These spaces become a counter-site where people escape to their repressed desires and pleasures engaging in the transgressive behaviour. Unlike the medieval carnivalesque, the organ heist carnivalesque disrupts usual relationships and promotes the expression of hate, hurt and violence amongst different kinds of people. Seeing the organ heist carnivalesque as an inversion of the wider social structure of the everyday, these spaces act as safe spaces to express the inversion, but ultimately lead to reinforce the social order with strength. The carnival life is reflective of the ways capitalism can dehumanize doctors and converts them into doubles as elucidated in chapter 3. It also reflects on the transformation of the human as the subject of its own actions by rendering it as the 'other' by dismantling and devaluing its own unique subjectivity and the human.

The medical manipulations backed by capitalist greed echoes how the hospital as a place can flip in an uncanny way from one extreme to another in respect to being a place that endorses and preserves the normalcy, a place that aims to preserve the order of the body and yet may render that order horrific/tainted/negative. Moreover the two poles can somehow merge with each other inflecting the other.

The uncanny potential of the hospital is based on the simple existence of the good place's bad side. It illuminates through horrific distortion of the human about how marketised medicine can be viewed in disturbingly double ways. It is as if the hospital is a powerful symbol of the human as recognizable and unrecognizable, as sacrosanct and able to be reorganized, and thus grotesque in the sense of being a sort of symmetrical pattern that incorporates order and disorder, nature and market, in a way that can conceptually tease or emotionally disturb. The study thus shows how heterotopia and carnivalesque alter social relations.

## Notes

1. Presdee in the chapter "From Carnival to Carnival of Crime" writes popular, participatory, indulgent or transgressive festivities have been performed by cultures throughout recorded history. He notes probably the first recorded carnival, although not of course going by that name, was the Egyptian festival of Osiris celebrated in a 'time out of time'. The Greek festival of Dionysius is the next one identified with carnivalesque. The Roman festivals of Kalends and Saturnalia are the other festivals of transgression. The Roman pagan festival of Saturnalia (originally celebrated on December 17 but later expanded to almost a week) and the Roman festival of New Year - Kalends (January 1) are the other celebrations from around the world that have some association with the carnival. Dedicated to the Roman agricultural God Saturn, the celebration of Saturnalia has

connections with sowing in winter. Some of the features of this lively festival, are its marked temporary freedom for slaves, a mock king called “saturnalicius princeps” and shouts of “io saturnalia” on the streets. All work and business is suspended during this festival time. The Christian carnival festival hints at the forbidding ritual/festival of meat consumption during Lent in Christianity. The entire period reminds one of fertility and bounty of the upcoming spring and also of the farewell celebration offered to the Winter King Carnival. According to tradition, this festival is celebrated just before the Lent. Folk gathered on the streets to celebrate excesses of consumption and pleasure which would probably be forbidden during the upcoming days of fast. In the middle ages, carnival came into existence in the activities and calendar of the church. These celebrations were appropriated into the ritual mass celebrating rites of excess and reversal, processions, feasts and performances, partly intertwined with pagan rituals. The Feast of fools is one of the Christian equivalent appropriations celebrated in twelve days from Christmas to Epiphany and the second form was the Carnival celebrated prior to Lent before Easter. Samuel Kinser in “Why is Carnival so Wild?”, notes that many Dionysian Festivals have attributes of medieval carnival. During this festival people displayed unrestrained licentiousness of gesture and language, uttering indecent jests and abusive speeches, sparing nobody. There is part of the ceremony has some common attributes with modern day carnivals. Thomas Wright in *A History of Caricature and Grotesque in Literature and Art* (London: Virtue Brothers & Co., 1865) p.11 also points out the same link.

2. Thomas Wright in *A History of Caricature and Grotesque in Literature and Art* (1865) notes that “mirthful” societies existed in the medieval period. They “held periodic festivals riotous and licentious carnivals [...] under such titles as ‘the feast of fools’, the feast of ass’, and the like.” These festivities were held with the consent of the parish clergy sometimes, though frequently it became subject to control and even ban (207-10).
3. Connelly notes that Bakhtin considered the ‘lower stratum of the body’ as symbolic of the destabilization of power structures – the topsy-turvy world of carnival. He notes some of the symbols used in the carnival celebrations like the “woman rid[ing] on top of a man”, the “king as fool” and the “fool as king” etc., are powerful expressions as they bring a suspended world which the peasants wanted very much to be in, after a prolonged suppressed life-lived (Connelly 86). The lower-stratum of the body which direct laughter for its display of social impropriety – from openly expressing the physiological aspects and functions of the body formed the essence of carnival laughter. For example, belching, groaning, yawning, burping, farting etc. This laughter mainly directed at the body is then “raucous and ribald” (Connelly 82).
4. Chris Anderton’s and Rebecca Finkel’s study can serve as examples. In “Commercializing the carnivalesque: the V Festival and image/risk management,” Anderton suggests that these festivals have “actively embrace[d] commercialism, sponsorship deals, and a forward-thinking ethos of quality and customer service [...] it has, to varying degrees, commodified, modernized, or subverted them” (39-40). On a similar note, Finkel in “Re-imaging arts festivals through a corporate lens: a case study of business sponsorship at the Henley Festival” explores how the offerings to these shared communities [...] are becoming highly commercialized, with pressure on festival organisers to receive external sponsorship to meet vast stakeholder needs and increased funding (25).
5. The Stolen kidney frequently referred to as “Kidney heist” is discussed in Van de Vos’ *Tales, Rumors and Gossips* (1996). Organ-theft narratives are of three types notes Veronica-Vincent Campion. 1. The “Baby Parts” story; 2. *Saccaojos* (eye robbers) stories; 3. The stolen kidney theft stories. All the three types came up as a result of the growing awareness of the global traffic in human beings. The Baby Parts legend is based on theft of Third World children’s organs after the development of international adoption. The legend circulating in the 1980’s, asserts that children presumably adopted by foreign couples are actually taken by traffickers ending up in clandestine hospitals where their organs are harvested always benefitting the rich. Refer: *What happens next? Contemporary Urban Legends and Popular Culture* by Gail de Voss (ABC-CLIO, LLC, Santa Barbara, California, 2012, pp.117-120). The theft of street children’s eyes, saccaojos stories, connect with maltreatment of the homeless poor and street children. Campion-Vincent notes that both these legends in Latin America are reflective of the poverty and violence of the countries and the dominance of the United States over the area. The third type, “Stolen Kidney” legends focus on careless and unfortunate travellers which is found in variant forms around the world. Campion-Vincent (2001) identifies these stories [as] indicat[ing] the social unease towards transplant and the

reality of organ trading in several countries. (194). Gillian Bennett(2005) considers calls the legends of cannibalizing the body the most prominent one and specifically points out “the illicit and trading of bodies and their organs for cash, research, or transplant surgery”(189). Tess Gerritsen’s *Harvest* as noted by her in the official website suggests that she was inspired by a police officer’s narrative during an accidental meeting. Since *Harvest* has almost all the characteristics of the urban legends, it would be useful to note the evolution of organ heist medical thriller from these urban legends.

6. Some of the scholars who have critiqued Foucault’s heterotopia are Genocchio (1995), Harvey (2000a, 2000b, 2008, and 2009), Saldanha (2008), Dehaene and De Cauter (2008b), and Johnson (2008). Foucault’s theory are used in a number of contexts by a large number of scholars. Studies in context with architecture have been done. Porphyrios (1982), Tafuri (1987), Teyssot (1998), and Urbach (1998). Some of the postmodern scholars who have used his theory are McHale (1992) and Siebers (1994), Connor (1989) Vattimo (1992), Eaton (2003), Hjorth (2005). In media studies, for example Dove –Viebhan (2007), in literature example: Bryant-Bertail (2000), Meerzon (2007), in science fiction studies example: Gordon (2003), Somay (1984) and curriculum and childhood studies, for example, Sumara and Davis (1999), McNamee (2000). The above studies are just a few applications that use the concept of heterotopia.



# CHAPTER 5

## Conclusion and Scope for Future Research

This thesis contributes to the interdisciplinary field of medical humanities and popular fiction studies, namely, gothic and grotesque literature. The organ heist medical thrillers, seen from a grotesque lens, give an alternative shadow perspective of medical institutions and professionals. The grotesque perspective highlights certain features while undermining others. In other words, it gives a hidden, oblique or completely different perspective from the normative vision. The framework of grotesque aesthetics in this manner provides a fresh perspective. All the novels examined here, begin with high stakes and move towards a resolution and restoration of order at the end. Though it appears to be disorderly on the surface, this world building, from a dystopian to utopian vision, is telling of the grotesque aesthetics embedded in a symmetrical pattern of its own. Use of the grotesque perspective has several advantages and disadvantages for the novels under discussion. It raises criticism for its use of boundaries in complex ways, mostly questioning norms and ideas of official culture by putting ideas, concepts and themes into a sort of ‘play’ or flux. A case in point is the controversy with the generation and use of brain dead patients as organ donors. Some other major issues probed are shifting identities and the customizing of hospitals as two entities – good and bad place, simultaneously. This study illustrates that organ heist medical thrillers have raised strong criticism and dismissal from physicians and various scholars of medical ethics about its literary quality and affective qualities because of the strategies of the grotesque and alternate perspective embedded in it. The thesis suggests that the alternate perspective contributes towards understanding the role of power and domination exhibited not only by medical professionals in medical institutions but also its associates that have come to define the medical scenario. This perspective is usually not easily perceptible unless the patient’s view point is considered.

It is generally acknowledged that the field of illness narratives helps to empathize with patients and their health condition from a patient-centric view. This thesis argues in a similar manner that the world depicted in organ heist medical thrillers enables a patient-centric view with the hope for a future through the intervention of a doctor figure. It gives alternative shadow perspective about how the medical world can go wrong in a number of ways given the neoliberal and capitalistic attitudes set in a post industrialization and globalization era. From this lens, these novels then bring in a new perspective about medical institutions and professionals with regard to a deviant context. This perspective does not mean that grotesque studies are negative literature; rather they are mirrors with cracks that are able to show multiple reflections of the medical world and the society from varied angles, in Connelly's term – "partial vision" of the medical world.

One of the objectives of the thesis was to explore the reasons for the sharp contrast between readership statistics or popular appeal and the scholarly dismissal of organ heist medical thrillers, through a grotesque lens. The thesis finds how the strategies of grotesque inform the aesthetics of organ heist medical thrillers and hence project its significance as a social and political aesthetic. The analysis shows that the grotesque is employed in the narrative, themes and issues discussed by the physician-authors.

At this point it is important to point out some of the limitations of this study. In the recent years, a few Indian variants of the genre like organ theft narratives (oral) and media stories, besides the Indian organ heist thrillers have come up, though in our study we have attempted at a reading of only American organ heist medical thrillers. These narratives have some similarity to the American medical thrillers. For a preliminary observation, we noticed that both types mediate between fiction and reality. As a future scope for study, it would be useful to examine these novels from a grotesque lens as the novels arouse responses that are in-between or ambiguous – thrill, anxiety and fear, simultaneously. Some of the Indian organ heist medical thrillers are *The Transplanted Man: A Novel* (2002) by Sanjay Nigam and Sonali Dev's *A Change of Heart* (2016). Nigam has brilliantly woven together the elements of the Indian immigrant experience with modern medical science. Similarly, Sonali Dev's *A Change of Heart* is another interesting mutation of the American medical thriller. Like Nigam, she has also used medical science and the Indian experience to foreground her story. Interestingly, the Indian organ heist medical thrillers are written by

non-physician writers. The study on the Indian organ heist medical thrillers requires a different focus – the medical doctors’ disinterestedness in writing medical thrillers and the politics of medical institutions in India where medicine seems to be a domain that is closed and not open to debates on medical ethics as much as in the American scenario. As a scope for future studies, it would be useful to analyze the various mutations and formulations of the genre through a comparative study.

Grotesque in organ heist medical thrillers is embedded in the idea of hybridity in antiquity — in the mural paintings found in the grotto in Nero’s times. This concept of hybridity from the grotesque aesthetics, is used in Chapter 2. The chapter analyzes the complexity of medical thrillers as a ‘hybrid novel’ and by extension as a hybrid genre. This chapter also uses the theory of grotesque double-effect, explores the mechanics of the narrative, and the stylistics which in turn enables the reader to perceive the story imagistically. The chapter reveals how the reader achieves thrill, both visceral and psychological. The complexity in the ‘form’ and ‘narrative’ is found to elicit the responses of/to the grotesque – laughter, terror, anxiety and thrill. The first section of the chapter which delineates various aspects of different genres, indicates that the novel and the organ heist medical thriller genre are not straightforward pieces of cautionary tales, rather reflective of the unseen and unsaid of culture just like the skewed surface of a broken mirror. Cook’s works seem to grasp the key biomedical trends, amidst the socio-cultural conflicting opinions and give insight into instances of power and role-reversals that are often determined by utilitarian ends. By building a fictional world suspended in tension of collapsing realities and boundaries, Cook’s advocacy strikes a chord with the readers and enable them to critically evaluate and participate in the changing medical scenario.

The hospital-setting, by spreading its influence beyond its presence as a structure, and its participation in the lives of professionals and patients, works to make them ‘liminal’. Stark’s grotesque character comes from the unsuspecting secure trust he garners as a doctor while he was originally a criminal. Even if his intentions was for research, it does not justify his deed. His presence redoubles the grotesque effect because of his threatening position vis-a-vis respectable authority. His role is demonic, based on misplaced ‘truths’ or ‘values’ that he upholds and is a clear case of social

malformation. Stark collapses the reality of the ordered medical world by surpassing the rules.

The chapter agrees with Stookey's observation that Cook's medical thrillers are an attempt to draw his readers' attention to the "characteristic wariness about any kind of science that is driven more by economic considerations than a concern for the public good" (18) and thus demystify the arcane world of medicine. As Cook himself informs, his works can be looked upon as a kind of apprising the reading audience about the developments within medicine which are not professional secrets, but less readily accessible to laypersons. The graphical narrative that he uses then builds discussions and debates of medicine in a comprehensible and at the same time entertaining manner.

The situations that are discussed in *Coma* should be seen as allegorical representations of organ theft in contemporary times which need to be debated on and discussed in public realms. This is because such cases are present and read as sensationalistic journalism only. Ultimately, because the public is the subject and object of this problem, the root cause of organ theft, policies for eliminating such issues should trickle down to the public. We agree with Robin Cook's claim that his fictions help to generate discussion and critically analyze the problem of medicine, technology and ethics at hand in an entertaining manner. In other words the works alert the readers to the distance between ideology of medicine and its practice.

Some of the aspects that are addressed in this chapter are the incorporation of the grotesque in the narrative, techniques used, and its mechanics. The purpose of the grotesque and its effects have been analyzed to show how the characteristics of 'double-effect' that help to complicate multiple layers of meaning to the text, as delineated in the subsections about hospital-settings, mood, and characterization. The study suggests that the reader's creative abilities help in experiencing the upturned world, characters and events in graphic detail. It also points out that the strategies of grotesque have a huge role in generating the 'visceral' and 'psychological' response. The discussion concludes that the modality of grotesque in the novel functions to act as cautionary and as such helps to discuss some socially relevant problems like gender discrimination, the struggle for women's emancipation in workspace and biomedical commercialization which are central to medical thrillers, and Robin Cook's novels, in particular. It helps in perceiving the changing notions of professional ethics. By crossing the boundaries from 'word to image',

Cook's fiction serves as an example of grotesque appropriation. The use of one primary text (*Coma*) in the chapter enables a detailed and thorough close reading of the novel. Also, because *Coma* is a genre fiction, it is useful to extend the structural and narrative features to the organ heist medical thriller genre as well.

In chapter 3, we trace the origins of the doubles and its different varieties such as gothic doubles, uncanny doubles and grotesque doubles, both in literature and culture. This study discusses how the double is symbolic of dualities present in nature and myth, and its most striking feature is its complementarity. The doctors who are murderers in some instances and saviours in others, are called 'gothic doubles,' while doctors who exist as saviour and murderer as a pair invoking contradictory emotions, are called 'grotesque doubles'. Similar to the grotesque doubles, doctors who exist as a pair, but invoke more terror or fear than the grotesque pair are called 'uncanny doubles'. Grotesque doubles, which this study derives from the theories of grotesque and the double in culture, defines the figure of the doctor in organ heist medical thrillers. When physicians are looked upon as grotesque doubles, they indicate about the instability not of the mind but of the situations or circumstances (economics/ social stature) that force them to be so.

Grotesque doubles of doctors as depicted in *The Donation*, shows the collapsing boundaries of neoliberal culture where economics becomes the driving force for people to act in dual ways. It is so effective that money determines when a doctor should save a patient and when to use patients for their own purposes of promotion, irrespective of the critical situation of the patient. The idea of healthcare in such a situation is more of health management rather than healthcare and healing. The regulation and direction of certain bodies – poor peoples' bodies – for donation, is part of this bargain and management. In this context, the patient is more of a puppet in the hands of the doctor. The patient's dependency on the doctor escalates not just in the healing but in being able to return home safe after the hospitalization and treatment. The regulation of economics brings about a politics that removes the boundaries of race and nations, but instead entangles it within the boundaries of class that emerges from economic disparity.

The treatment of prisoners as donors with little or no chance for willing donation, is a regulation based on control and ethics. Even when the doctor is not interested in acting in such an unethical manner, the system works in such an economic

deterministic manner that they become agencies through which this screening takes place. For instance, in *The Donation*, even though Ross' intention is to save Maria who is a house-maid, his attempt fails. In the novel, we find that Crowell's inattention to Maria when she was still in observation, is what leads to her permanent coma. Crowell is so interested in the 'high profile patient' Spencer that he leaves Maria and rushes to the spot where Chalmers' body arrives. This is because he knew Chalmers could be a potential organ donor to Spencer. Maria does not have the economic power nor fame which Spencer has and is therefore left to fend for herself post-operation, while Spencer is given extra care and a possible opportunity to live through the 'management' of a donor soon. Ross' intention to save Maria is doomed. Crowell, her in-charge, determines that her worth is less than that of Spencer. This incident spells out who is important and who is not, in a highly economic deterministic world. This instance also challenges how the ideology of medicine is different from neoliberal capitalist society where moralistic point of view of the doctors of the earlier times becomes obsolete.

Through the altering identities of patients post-surgery, this chapter challenges the idea of identity as fixed or permanent. This instance is possible in the case of organ transplant. Transplant surgery entails not just a transfer of organs, but aspects surrounding the life, life-style, relations to other people, and finally, even the moral compass. This complicates the understanding of organ transplant as a mechanical one. We notice that organ transplant is a complex phenomenon involving psychology and culture. The issue of embodiment is put forth through the transfer of Chalmers' heart (an intimate part) to Spencer. A question that is raised here is whether he is Chalmers or Spencer at this moment. Although transplant doctors see the process of transplant as a mechanical one, studies by psychosocial scholars have revealed that the transaction is a phenomenological one that entails the question of identity and embodiment in a very complex way. Post-transplant, Spencer's body is a terror-inducing one, one that erases the identity and presence of Spencer. It is therefore a 'liminal' body that is 'abject', which is difficult to contain not just for the patient but also for others – family and doctors assisting him. Spencer's behaviour towards doctors and others after surgery is symptomatic of this phenomenon. They question whether he is the same person – a 'friend' or a 'monster'.

The essence of the unseen and unsaid aspects of culture cleverly camouflaged under services such as healthcare are the grotesque double and the abject liminal. In order to reflect upon the anxieties of the rapidly changing medical field, representations of various characters are drawn in a manner that it invokes contradictory responses of the grotesque. This chapter, in exploring the role of doctors and their identity crossing, which converts them into pairs of grotesque/ gothic / uncanny doubles, has helped to delineate various situations and instances within the conflicting roles of doctors as 'saviour', 'murderer', 'saviour-murder'. The analysis delineates the doctor doubles as a social critique of the organ harvesting project that happens in our contemporary times. It is understood that their (doctors') actions have resulted in bringing identity crossings not just for themselves but also for their patients. Their patients become 'liminal' and 'abject'— beings that are in-between and frightening, which the readers and the characters are not able to accept or relate with. The new organ (heart) becomes the center of their lives, transforming them entirely. Since they cannot accept and identify with the new organ (heart), it makes them an "abject"— one which is possessed by another individual's life and characteristics. Collapsing the boundaries of identities, the grotesque doubles and liminal-abject call attention to identities as not one or the other, but a fusion of different aspects. In this grotesque medical world, by fusing the low with the high, the pure with the impure, or good with the evil, not only are the taboos of society invalidated but also strongly indicated of their absurdity. In keeping with the grotesque characteristics of playing with symmetry and thus of its ingenuity, Myles Edwin Lee's *The Donation* challenges the traditional concepts of identities of doctors and patients. It is also possible to discern at this point that the modern grotesque has evolved to complex imaginations of man and his psychology while the ancient grotesque is mainly concerned with some sort of symmetry in decorations or art.

The fourth chapter uses the concepts of carnivalesque and heterotopia in Tess Gerritsen's *Harvest*. It suggests that the modernity project of transplant medicine as represented in the fiction is an absurdity project. This challenge to medicine is elucidated by showing how the transplant project is dependent on organ donation/ transfer, which means it cannot operate without the availability of organs. In that case, the method of organ trafficking and kidnapping as shown in these texts is a necessity for reducing or covering the shortage. In other words, one person has to die or be killed

in order to save another. Thus, the idea of organ transplant in the fictions become obsolete or absurd as only death begets life.

The carnivalesque that is prevalent in this upside down world asserts the importance of law and order in the medical world and also points out the gap between ideology of medicine and its practice. Since carnivalesque can reinforce the existing order, and at the same time criticize it and underpin rebellion sometimes, it shows how its absence might topple our perceptions of medical institutions. Seen in this light, organ heist carnivalesque is not merely a safety-valve but also a subversive play that reinforces the order in medical world. The carnivalesque manifestation enables to magnify the unseen and unsaid of society in the text, which are simply dismissed as exaggerations for attention.

We conclude that the carnivalesque compels the readers to “gobble up” (135) the book as Glover notes. It serves as an entertainment tool, even though these fictions cannot substitute the missing inner life, thoughts or motives of individuals, but by absorbing the cultural ambivalences about doctoring and instabilities of medical stereotypes, symbolic exchange between virtues and vices becomes apparent. The depiction of corrupt/deviant doctors critiques the discrepancies emerging in the society and calls for a need to make policies that could remove the gap for misusing the official opportunities. The upturned medical world of organ theft, therefore is symbolic of the cracks in the modernity project of medicine which are visible only in those dark corners or the shadow culture of society.

The carnival life is thus reflective of the ways capitalism can dehumanize doctors and convert them into doubles as demonstrated in chapter three. It reflects on the transformation of the human as the subject of its own actions. The carnival world renders the non-carnival life as the ‘other’ by dismantling and devaluing its own unique subjectivity and the human. The medical manipulations backed by capitalist greed and need, echo how the hospital as a place can turn in an ‘uncanny’ way. The hospital transforms from one extreme to another, in respect to being a place that endorses and preserves the normalcy, a place that aims to preserve the order of the body and yet may render that order horrific/ tainted/ negative. In this way, the two poles can somehow merge with each other inflecting the other. The uncanny potential of the hospital is based on the simple existence of the good place’s bad side. It illuminates through

horrific distortion of the human, about how marketised medicine can be viewed in disturbingly double ways. It is as if the hospital is a powerful symbol of the human. It flips from being recognizable and unrecognizable, as sacrosanct and able to be reorganized, and thus grotesque in the sense of being a sort of symmetrical pattern that incorporates order and disorder, nature and market, in a way that can conceptually tease or emotionally disturb.

Gerritsen's use of the grotesque is to show the vulnerability of the orphans and the penetration of biocapital that renders itself useful only to certain groups. In doing so, she draws attention to the grotesque realism of body commoditizing culture. She highlights the gaps in medicine's mission and practice. Her aim to create awareness and participation of the public in the debates of organ transplant is successful. This chapter highlights how in the fictional world of medical thrillers, the trope of upturned medical world reflects upon the rising issue of organ trafficking.

The study considers Bayside Hospital, Massachusetts Hospital and the ship as heterotopias. It helps us to understand that the contemporary organ heist carnivalesque is an alternative time and space which creates new, albeit temporary, ways of experiencing everyday life in the city. The hospital space becomes a counter-site where people escape to their repressed desires and pleasures by engaging in the transgressive behaviour. Unlike the medieval carnivalesque, the organ heist carnivalesque disrupts usual relationships and promotes the expression of hate, hurt and violence amongst different kinds of people. Just as Duvignaud (1976) notes, the carnivalesque festivities in Harvest have transformative powers and an ability to disrupt, even deny, the established social order. The 'time out of time' when violence thrives, is then looked upon as a resistance to established medical world order, the ideology of medicine. Seeing the organ heist carnivalesque as an inversion of wider social structure of the everyday, these spaces act as safe spaces to express the inversion but ultimately lead to reinforce social order with strength. The study shows that heterotopia and carnivalesque have altered social relations within that space.

It is useful to understand the dominant power of the medical institution as showed in chapter 2 as it gives a skewed perspective of capitalistic tendencies that determine the medical discourse. Chapter 3, with its theory of grotesque doubles, shows

the plurality of institutions and professionals, the doctor as saviour, murderer and saviour-murderer, all co-existing together in a grotesque world which is similar to ours and at the same time different as Kayser succinctly points out. Similarly, the patient as liminal and abject at the same time after the transplant, shows the different identities that come, depending on the contexts. These identity alterations indicate the agency of medicine as an institution changing the course of people's lives in the specific context of neoliberal capitalism. Chapter 4 on spatial boundaries, shows that the medical space can exist as 'different spaces' or 'other spaces' at the same time. The concept of heterotopia and carnivalesque allows to show how this space becomes a festival space of transgressive pleasures and desires, and a health center where patients are treated. This juxtaposition suggests that the organ transplant project of medicine in fiction is an absurd project of birth, death and re-birth. The medical spaces in the novel can be perceived to offer both a critique of our present medical institutions and a hope for what it could become. The logic of such a contradictory depiction is that the reader and the protagonist are provided with the opportunity to understand "reality" as plural rather than singular. Because these worlds are dystopic in the beginning and no less threatened than the reader's own, they provide for escape from daily life realities (entertainment), and also critique the abuses at work in the reader's world. The alternate world built within medicine calls attention to the coexistence of unproblematic and problematic uses of modern technology within the scope of the novels.

Since the novels dramatically combine incompatible world structures, playing with the impossible, and incessantly speaking the unspeakable, these worlds distance the reader from the lived experience, in which the impossible and the unspeakable preclude confrontation. These threats lose their power to hurt, and thereby create distance and render harmless. The fictional space opens up fictional distance, it allows for a medical revisit with a reader's lived experience; the reader, like the protagonist, returns to his or her non-textual universe as a transformed, wiser, more knowledgeable person. By accepting that more than one world or more than one existence is possible, the reader engages in the experience of otherness; his or her world is not the only one that exists. Far from confirming prejudice, reading these novels forces us to accept the contributions of other perspectives, even if the differences may be skewed/oblique. The combination of ambiguity and social criticism helps in enacting a necessary vision of

hope. This presence serves to reassure and to challenge the readers who seek to enter the world.

This thesis concludes that the organ heist thrillers from the grotesque lens are able to show the multiple aspects of society that are hidden and mostly (dis)missed. Ultimately, the significance of medical thrillers lies in their use sometimes as self-reflexive tool as delineated from the above cases. Organ heist medical thrillers are known for their ideology which are both regressive and corrective. This can be noticed in the reinforcement of ideology in the end. Through the transformation from the dystopian world to the utopian world, with the intervention of the protagonists, the social order is reinforced. This kind of closure that awaits at the end of the novels opens vistas and spaces for us that remind us to carry those spaces with us as we move back into the 'real' world. This thesis suggests that the power of the genre is in helping us to acknowledge the plurality of the world. The significance of the organ heist medical thrillers is in the use of a grotesque lens which captures the different contours of the medical world, showing how the pure and the impure, the high and the low, the good and the bad, the ugly and the beautiful coexist as a symmetry of its own, marking its ingenuity. We can now collude with Ruskin and suggest that the misunderstanding of organ heist medical thrillers has been in the failure to understand the grotesque. The grotesque has been used as a social and political aesthetic in the organ heist medical thrillers, which makes it a complex and fascinating genre for the readers.



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