The *Ante-Tempus* Narrative: Fictions of Medicine and Prevention

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DECLARATION

This thesis is my own work. It has not been submitted for the award of a higher degree elsewhere.

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Abstract

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This thesis explores, through the lenses of science fiction, the discourse of prevention and mass-medicalisation in the context of contemporary neoliberal capitalist societies. My analysis is triggered by contemporary medicine's shift towards a practice of 'futurology', which seeks less to cure existing diseases than to prevent their occurrence in the first place. At a moment in which medical advances and interventions are shaping the present according to future needs, in order to face, *before time*, future threats to human health, I advance the emergence of a new medical subjectivity: the ante-tempus patient. This subjectivity describes the condition of those individuals who become objects of medical intervention before the need for a cure manifests.

This study proposes the *ante-tempus patienthood* paradigm to define the individual and collective subjectivity affected by the confluence of medicine, biopolitical control, and neoliberal economics characterising the contemporary Western world, which Nichols (2008) has termed the 'age of prevention'. I argue that this paradigmatic subjectivity is explored and problematised in a number of sf texts of the new millennium. These narratives present medically and biopolitically managed societies in which prevention has become a hegemonic paradigm, and where the idea of curing has been substituted by a tendency to manage illness, or reproduce illness in the present, ostensibly in order to benefit the future. By

focusing on a medical reading of these texts, I suggest a parallel between the ills of the body preventatively treated, and the ills of the body of the state treated by preventative measures. I analyse *The End Specialist* (Magary 2012)*, The Unit* (Holmqvist 2010), *Never Let Me Go* (Ishiguro 2005), and *Minority Report* (Spielberg 2002) as speculative diagnoses of contemporary society and as dramatisations of the preventative drive operating in non-fictional social contexts. In addition to sf scholars and novelists, I thus engage in a dialogue with theorists and sociologists' approaches to medicalisation and biopolitical management of the population, including Michel Foucault, Peter Conrad, Nikolas Rose and Eric Cazdyn among others.

My study pursues provocative questions in the realm of medicine, regarding biological exploitation, transparency, and the use of biological information. In connection to this, I investigate the politics of attempts to manage the present, responding before time to projected risks and to ideological narratives and representations of the future, questioning the way this affects the agency of the medicalised neoliberal subject. I conclude by advancing the necessity of seeing the danger of preventative strategies, not simply in their actualisation *before time*, but also in the self-justifying, persuasive, and 'speculative' fictions that they create, through the spectacle, and spectacularisation, of the future.

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1. INTRODUCTION

Disembodied health, embodied illness

'Your health record saves lives. What? How? Why?'[1] An NHS information leaflet on clinical trials and on the *vital* importance of biomedical data collection and sharing for medical purposes demands your attention, putting you on the spot with its statement (*your health* record *saves lives*). It then details, over seven pages, the value of your clinical history (*what*); the way all your biomedical records ensuing from every hospitalisation or contact with a practitioner positively contribute to improve knowledge and help research (*how*); and a series of pieces of evidence showing the chronological improvement in treatment and knowledge since the UK's pioneering start of data collection in the 1940s. However, if the use of the word 'health' could set the tone of the informative discourse as positive and encouraging, then the picture positioned immediately after this catchy heading seems to shift the focus from health to its opposite and visually reveal, before getting into the proper reading of the document, the actual (essential) matter of the question: *illness*.

A representation of three anonymous and featureless individuals occupies the rest of the first page. From the stylised images we can grasp very little about the identity of the people they represent: shapes standing for an every-man, an every-woman and an every-elderly person. What is striking, however, is how these images, unrevealing in terms of personal identity, are composed from an uninterrupted list of diseases and disorders – 'bladder infections', 'varicose veins', 'bulimia nervosa' – which fill the outlines of these anonymous bodies. In fact, the bodies represented have no proper borders; no black outlines construct

[1] See figure 1. Source from NIHR website: http://www.nihr.ac.uk/documents/about-NIHR/NIHR-Publications/NIHR-Patient-Health-Records-leaflet.pdf.

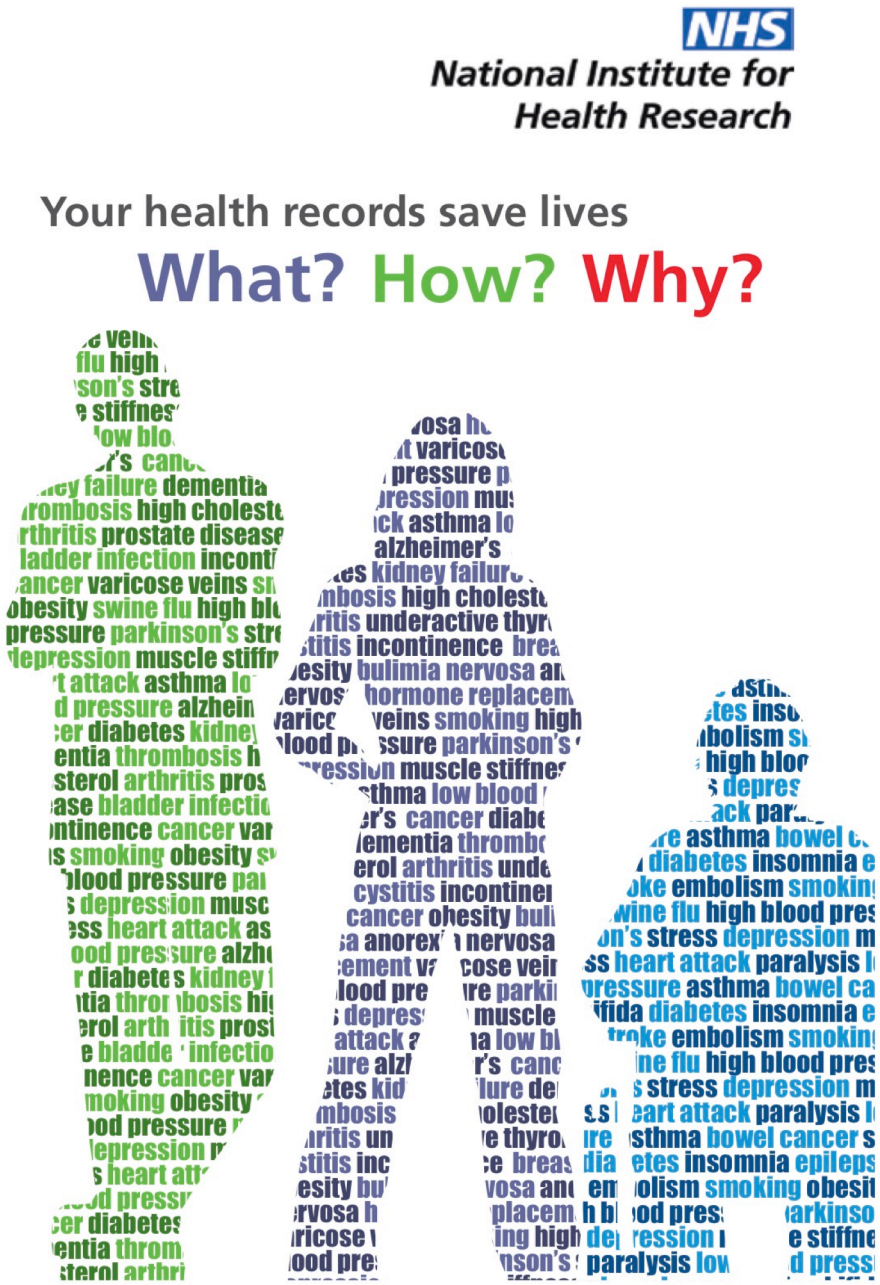
NHS
National Institute for
Health Research
Your health records save lives
What? How? Why?

Figure 1.

the human-like figures; the body, here, is its illnesses, or its past and potential illnesses. The central role of these coloured words becomes evident: it is that of (re)defining the body according to the diseases for which the body itself is not only a potential carrier. The body so conceived is the result, and the outcome of the disease invasion; the latter becomes its main (and only) constitutive part.

It is true that, if we go on reading the leaflet and discover about the records of personal bio-data collected when undergoing medical treatment or supervision, the connection with illnesses can be easily understood, and the almost hyperbolic graphic representation where the body *is* just a collection of illnesses is not too much of an odd designer choice. However, the focus that the phrasing of the heading of the leaflet suggests is cast on 'your health' as if something owned and, perhaps, written, somehow, on your body. But the picture, with its layout, and its alternative way of using words and phrasing, is hinting at something different. Something else. And a question stands, provocative, among others: is there space left for *health* in the body?

What if 'health' is indeed the skin that these three vessels of infected and infectious words have been deprived of? Roberto Esposito writes that '[e]vil must be thwarted, but not by keeping it at a distance from one's borders; rather, it is included inside them' (Esposito *Immunitas* 8), and we can read the picture of the three diseased individuals in the light of these provoking words. The evil is kept inside the borders, underneath the skin. However, since we have noticed how the health as covering skin for the disease has been removed, Esposito's paradigm brings us to read something else: the evil (the disease) is included inside the individual, but also constitutes the borders and the borders' content of the three figures. As we see from the picture, the actual outline vanishes in the blank background. The distinction between health and disease and also the univocal answers to the question of

what medicine is aiming to achieve (health?) and to defeat (diseases?) fade away. From this image I want to start reflecting upon how medicine is shaping new identities for individuals by bringing diseases into evidence, up to the surface, so those diseases can eventually be defeated. How can these new individuals be defined? Is the labelling of them as *patients* enough?

This study aims to interrogate the present condition of the individuals living in a medicalised Western society, and the effects those constantly developing new technologies in the fields of science and medicine have on them. The medicalisation of society is a phenomenon that has produced research and literature since the late 1960s (Conrad 4), with the influential works, among others, of Michel Foucault (*Birth of the Clinic* 1963), Deleuze and Guattari (*Anti-Oedipus* 1972), and Ivan Illich (*Medical Nemesis* 1975). However, it is the work of Peter Conrad that, from *Identifying Hyperactive Children: The Medicalization of Deviant Behavior* (1975) to the more recent T*he Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (2007) has extensively presented the effects of medicalisation and demedicalisation on society, and on the way 'patients' have been recognised as such and treated. Despite this process' contribution to the human welfare, Conrad's final concern lies in the 'widespread medicalization, perhaps overmedicalization, of the human condition, [as] a trend that shows no signs of abatement' (146). Moreover, in our capitalist and consumerist society, where 'medicalisation of all sorts of life problems is now a common part of our professional, consumer, and market culture' (Conrad 2007 14), the concern with drugs, health treatments, discourses on well-being and wellness largely populate the mass media communication, as investigated in *The Wellness Syndrome* (Spicer and Cederström 2015).[2]

[2] For further reading see *Drugs for Life* (Dumit 2012)

In the context of a 'hypercommodified global mediasphere' (Cazdyn 69), neoliberal governmentality has transformed the biological body into a commodity, a product which has value in the market. As Conrad (2007) has reported, critics in the area of medical sociology 'have emphasized how medicalization has increased the profitability and markets of pharmaceutical and biotechnological firms' (8). In contemporary capitalist societies, it is not only the healthy body of the productive worker that generates profit; nor is it merely that illness represents commercial opportunities. Rather, diseases and pathologies yet to manifest – whether latent or potential – become possibilities for medical and financial speculation. Information and biodata on both healthy and ill conditions also become commodities in the global market of 'bioeconomics' (Cazdyn 152) and make the *container* of such information, namely the individual scrutinised by the eye of the state through the eye of medicine, an exploitable tool for medical knowledge and profit.

In *The Already Dead* (2012), Eric Cazdyn talks about cases of 'overdiagnosis' that happen when 'a medical test picks up an illness that will not cause symptoms during the patient's lifetime' and also of 'pseudo-disease', which he identifies in those health conditions 'correctly diagnosed, but clinically insignificant' (Cazdyn 18). Can overdiagnosis be more dangerous than one would expect? Hypochondria might have taken a new turn, enriched (or distorted) with new applications when we see the increasing prescriptions of either drugs or medical interventions urgently recommended to prospective patients in order to prevent conditions from developing. The will to prevent, to cure before time, to eliminate the germ of a morbid possibility, appear to be coming from someone else other than the biological owner of the sick (or sick-to-be) body. The line between medical advice and imposed and forced medicalisation has always been fragile – Foucault's account of the practices of normalisation and implementation of public health and of the population's well-being

undertaken from the eighteenth century onwards in the Western (European) world had already introduced this problematic issue.

In *Birth Of The Clinic* ([1963] 2003) Foucault presents the figure of the patient entrapped by a form of knowing and knowledgeable power wielded upon them, as they become 'object(s) of instruction' (*BOTC* 102). With this form of objectification (delineating the episteme of the modern patient) Foucault pinpoints the first stage of the penetrating scrutiny the ill human being is subjected to when seeking a cure. Effectively, once the anatomo-pathology practice has entered the common use, what medicine achieves is a different, deeper 'access […] into the sick body' and the distance between doctor and patient – between the 'knowing subject' and the 'known object' – ends up being drastically reduced (168). Foucault talks about a medical gaze that 'was not content to observe what was self-evident' but that wanted to 'make it possible to outline chances and risks' (109). Chances and risks had and have to be *seen* and detected beyond the safe façade of self-evidence, and therefore made visible so they can get a shape and concreteness. His analysis has opened up the discussion on how cures and medical care can be much more than an attempt to make an individual more healthy for his or her own good.

In between speculative fantasies about the constant monitoring of individuals' biological and organic lives,[3] and actual practices of invasive pre-emptive measures, news stories of forms of mass-medicalisation about to happen have become highly visible. For instance, the case of preventative administering of *statins* – a group of medicines designed to lower the 'bad

[3] For 'futuristic' but likely-to-happen scenarios, see surveys on current and *in fieri* medical achievements in *Physics of the Future* (Kaku 2011) and *Humanity's End* (Agar 2013). Moreover, it is worth-mentioning practices involving diversified uses of biomarkers, of biometric monitoring, and of biohacking that turn houses and even garages into on-going analysis labs for self-bio-management. These practices speak of lifestyle tendencies that are quickly becoming movements like the Quantified Self movement or the DIYbio groups (see article by Ana Delgado 'DIYbio: Making things and making futures' (2013)).

cholesterol' in the blood and reduce its production inside the liver[4] – appeared on UK newspapers in the first months of 2014, when news about such a possibility was made accessible to the public. The candidates for such a preventative therapy would be 'adults with high serum cholesterol and no known contraindication to statins' (Koepsell 193). The potential – or indeed actual – acceptance of the statins administration brings forth a scenario where the 'high risk strategy, in which intervention is aimed selectively at those most likely to develop the target condition' is substituted by a less selective intervention upon the population at risk as a whole, in line with what is known as a 'population strategy' (Koepsell 193). This strategy can be readily recognised as a form of mass-medicalisation: an intervention that medicalises a demographic condition, rather than a specific and present illness, acting upon a speculative or fictional scenario – a virtual narrativisation of conditions constructed in theory, but 'as-yet-unhappened'.

The case of statins administration is one of the many preventative treatments currently under consideration by researchers, practitioners, and pharmaceutical industries to face life-threatening health conditions like heart diseases.[5] This specific emergent project, if taken over by GPs and hospital doctors and made into an advised – as almost compulsory – procedure, will lead to the medicalisation of roughly half of the UK population in the near future. In fact, already 'four in ten adults in England, Wales and Northern Ireland are now eligible for statins, even though many are at low risk of heart attack or stroke' (Gallagher 2014). Since the debate has started between those in favour of the preventative administration for still healthy but 'at risk' individuals and those more concerned about either the side effects or the disquieting outcome of mass-medicalisation, popular newspapers like *The Guardian* and *The Daily Mail*, as well as the *BBC*, have attempted to

[4] Source from NHS website (NHS Choices).

[5] Nikolas Rose (2001; 2007) talks about 'risk groups' and the medical pre-emptive strategies for drug administration to potential sufferers who meet specific condition, who are *at risk*.

offer the informative picture to the public. One of the latest articles on the matter reports that, if the proposal is accepted, '[a]round 40% of the adult population [in the UK] could be offered cholesterol-busting statins drugs by their doctors, under official guidance from the NHS medicines watchdog [NICE]' (Boseley 2014). A proposition to enhance the quality of lifestyle to happen prior to the administration of chemicals has been put forward by the NICE spokesmen; however, Professor Mark Baker, the NICE Clinical Practice Director, has argued that modern medicine, in terms of drugs and vaccines, should fully put into (medical) practice the motto 'prevention is better than cure' (Gallagher 2014). Not just a motto, this sentence describes the shift from curing an existing disease to virtually bring the disease to existence and treat it before it manifests. And this shift has happened in a reality in which the future and its representations have become social and biopolitical driving forces.

As individuals and populations, the objects of medicine and medical management, increasingly endure preventative measures rather than interventions aimed at *curing* an already existing condition, the question arises as to whether the development of this preventative paradigm also represents a fundamental shift in the understanding and form of patienthood. This change is two-fold: firstly, the distinction between patient and non-patient, sufferer and non-sufferer breaks down. Secondly, temporal realities blur, with speculative visions of the future affecting the present. Patients and patients-to-be are likely to become synonymous. As Nikolas Rose points out, 'the familiar distinction between illness and health has become problematic and contested' (20), so that the *object* of medicine has been expanded in its conceptual boundaries. When potentiality and actuality merge in the status of *this object*, the paradigm of an expression of patienthood '*before time*' becomes applicable to the entirety of the population, in its present and future existence. As individuals increasingly undergo medical intervention *before* the need for a cure arises, patienthood expands to include every single individual as a medicalised or yet-to-be-

medicalised subject, receiving treatment for speculative future conditions, behaviours, diseases or health alterations.

In this study I conceive of and investigate this new expression of medical subjectivity as a form of a patienthood that manifests *before tim*e, or *ante-tempus*, and concerns those individuals who become objects of medical intervention before the need for a cure manifests. Throughout the thesis I define this subjectivity under the umbrella term of 'fictional patienthood'. 'Fictional' specifically refers to the fact that this form of patienthood develops in a dimension where the need for medicalisation (and therefore the need, or obligation, to become a patient) is dictated by a forecast of the future and it is an artificial construct based on a narrative not necessarily false, but not real either, as it belongs to the realm of the 'un-happened'. Fictional patienthood finds a source of existence, a *raison d'etre*, in the discourse of prevention, in projections of possible manifestations of serious health threats and conditions and risk factors.

'Fictional patienthood' is hence the creative, imaginative, and visionary consequence of an act of 'fictionalisation' performed and carried on, through different means, by the medical discourse of Western medicine. I define this procedure – which I will explain more in detail below – as *fiction of medicine.* It is the fictionalisation and narrativisation of a speculated time to come, and the means of persuasion and diffusion of knowledge associated to these acts of 'storytelling', that are the trigger for my analysis. These elements in fact bring together the question of medical and biopolitical prevention in a non-fictional context, and the content, techniques, and language of science fiction narratives that has developed, as a critical-cultural product, from that very context.

In the next sections I will address the way contemporary science fiction texts provide a creative and thought-provoking ground to push the boundaries of the interpretation of preventative medicalisation further, and to look for alternative ways to understand and react to these new realities. I will then introduce in more depth the four main fictional narratives analysed in the thesis: Drew Magary's *The End Specialist* (2011), Ninni Holmqvist's *The Unit* (2010), Kazuo Ishiguro's *Never Let Me Go* (2005), and Steven Spielberg's film adaptation *Minority Report* (2002). These texts represent, with different focuses, the multifaceted paradigm of *ante-tempus patient* developing in relation to discourses of biopolitical, medical, and social nature. The corpus is composed of two less known and researched novels (*The End Specialist* and *The Unit*) that have enabled me to construct my understanding of this medical subjectivity in a still quite unexplored territory, and by two texts which have been – and still are – object of literary and cultural studies. For *Never Let Me Go* and *Minority Report* I will offer a counter-reading to support the portrait of the ante-tempus patient, and challenge elements from existing criticism for which I will give details in the specific chapters.

Medical futurology, sf, and the distorted mirror-face of entertainment

This thesis is centred on the increasing importance in contemporary medicine, and society more generally, of time – and particularly on the need to control (or even halt) its passing. These two elements – time and control – link together the concerns with temporality and prevention of both the military and the medical philosophy and practice of the Western world. In a reflective and meta-reflective mode, works of fiction mirror these social and biopolitical trends and share some of their terminology and *modus operandi*. The literature and film I analyse offer an engaging multi-media representation of the world, as they can be considered as a 'literalisation of the metaphor' (Currie, *The Unexpected* 150) of mass-

medicalisation and of its biological and ontological consequences (both on the single individual and on the social collectivity).

The dystopian societies portrayed in the speculative narratives I analyse here deal with medical, biological, and socio-political prevention. These fictional regimes (not too far from a truthful snapshot of our contemporary reality) display time, and especially the future, both as a chronological conundrum of unpredictability and as exploitable resource. The present becomes entangled in chronicity and temporal management, and the future is seen as something to know and nonetheless, paradoxically, never join. *Before-time* medicalisation brings into being a new medical subjectivity, a 'fictional patienthood' that is *pre-emptive* and *ante-tempus*, yet also characterised by a *chronic stillness*, as the temporality of patienthood becomes disrupted by prevention. The *ante-tempus* patient constitutes the *fil rouge* and recurrent feature throughout the chapters and is largely explored in Chapter Four, applied to Holmqvist's *The Unit* and to the imagery of medical captivity.

By approaching the issue of prospective patienthood from this provoking angle, I question the direct connection between the idea of illness and the concept of patienthood – that is the link that ontologically positions the patient as someone suffering from an illness.[6] Illness shapes the role of the 'fictional' patient in a preventative way, envisioning the individual under the medical gaze as a possible host for innumerable maladies. The fictional patient is the 'written' silhouette on the NHS leaflet, is the potential carrier of illnesses with a diagnosed evolution written in their genetic self, when the condition is still virtual and

[6] My approach considers the analysis of the patient from a fictional, narratological, and allegorical point of view to construct, also through the fictional modes of storytelling and sf speculation, a more general social paradigm. For studies on the patient's experience of illness and disease see *Health, Illness, and Disease: Philosophical Essays* (Carel and Cooper 2013), *Phenomenology of Illness* (Carel 2016) and *The Body Multiple* (Mol 2003) among others.

unactualised.[7] In an expansion of the concept, the fictional patients find their ontological space in a discourse of metaphorical and yet disquietingly realistic cautionary tales that propagate within science fiction and speculative narratives.

These fictional patients appear in the un-ageing population of the dystopian urban world of Magary's *The End Specialist*; in the over-medicalised and biologically exploited individuals, redundant and unsuitable for social life, represented in Holmqvist's *The Unit*; in the organ-donor 'students' of Ishiguro's *Never Let Me Go* and in the society pre-emptively treated via the 'invasive medicalisation' and 'emptying' of the clones; and in the metonymical Washington DC citizenry of Spielberg's *Minority Report*. In the film, the population personifying this 'fictional patienthood' live and wait for the future to be forecast, and for its risky factors to be eliminated in advance from the *social body* of the state in a pre-emptive form of surgery – a *risk-ectomy* performed upon a (social and collective) organism, 'medically treated' in advance.

In these stories and in others I include in my study, the fictional patients are the organic and exploitable ground upon which to experiment with cures and, most importantly, from which to create and harvest health. Fictional patienthood is pre-emptive because it prevents future biological 'devolution' from happening, and it is also *ante-tempus* as it happens 'before time': individuals are positioned under an expanded medical gaze and undergo medical treatments before the actual need for it manifests.

[7] Conrad suggests that the 'promotion of genetic tests may also contribute to medicalization' (138). In the section on genetic enhancement, in *Medicalization of Society,* he advances the possible nomenclature of 'potentially ill' for the patient whose genetic test of a specific condition has proven positive. I push the nomenclature further and consider the ante-tempus patient existing even before the test turns out positive. It is the reality that that seeks for the threat from the future, that generates the ante-tempus patient.

Fiction and fictional – medicine, stories, and storytelling

In the context of constant speculation about – and observation of – the future I propose a mirroring relationship between the fictional scenarios of novels and films and the fictionalising feature of the medical practice itself when directing its gaze to the future. In the post-war era, and increasingly in the last few decades, I see medical discourses engaging in practice and theory with prevention and assuming the character of a 'futurology', which seeks less to cure existing diseases than to prevent their occurrence in the first place. In what follows I consider the outcomes of this 'forecasting of the future' that happens on the basis of preventative diagnoses of yet-to-manifest conditions of the human body in a medicalised context.

As Michael Lee shows, in *Knowing our Future: the Startling Case for Futurology* (2012), H. G. Wells' non-fiction work *Anticipations* (1901) initiated a continuing quest in the twentieth and twenty-first centuries to create a science of the future. Shifting the act of foretelling from the realm of the metaphysical to that of the social science, futurology came to be understood as a discipline of 'useful sociological foresight' (Lee 19) and as an attempt to create a usable future. As Vladimir Yakunin states, in *Problems of Contemporary World Futurology* (2011), '[f]uturology is the modelling of human communities, natural and manmade systems, extrapolation and structuralist forecasting. It is a philosophy of time, prophecies and predictions. It is the practically significant prognosis, planning and management of the future' (1). When medicine enters the pattern, *medical* futurology is to be seen as a shift from the analysis of present-day societal trends to the scrutiny of the human organicity by means of increasingly advanced technologies that results in 'speculative fictions of medicine.'

In exploring the relation between medicine and fiction in the context of prevention, against future unpredictability and against predictions of future events, I consider the double meaning of the Latin word 'fictio', to which Jean-Marie Schaeffer draws attention: both as act of modelling, creating something new, and as act of both pretending and hypothesising. If fiction is often understood as opposed to reality, it is not enough, as Terry Eagleton has argued in *The Event of Literature* (2012), to understand fiction as 'merely illusory' ('Ideology, fiction, narrative' 78). Rather, drawing on Althusser, Eagelton argues that narrative is the mode through which 'the subject's "lived" relations to the "real" is articulated, contribut[ing] to the securing of the conditions of existence of certain dominant social relations' (79). In other words, fiction, narrative, and ideology can be understood as interrelated, with narrative being a mechanism through which power can be exercised. Consequently, the one who is able to 'model' the future, to create speculative narratives of the future, is also the one able to manage the future and to act in the name of representations of the future. This has important implications for the way in which I understand preventative approaches to medicine as using 'speculative narratives' of health to justify biopolitical management.[8]

Medical futurology generates, via different means and through different channels, a narrative of the future that affects and alters the social, political, and medical experience of the present. Medical speculations on the future (and, retrospectively, on the present from the future) lead to conjectures on more or less feasible attempts to create different and conflicting versions of present and future realities, bringing certain forms of medical practice closer to an act of imaginative creation. I define the outcome of these narratives, of these imaginative acts of creation, as 'fictions of medicine'. With this nomenclature, I do not mean

[8] For further insights on 'fiction' in relation to reality, and to my understanding of narrative structures that are able to depict an idea of the future and thus to *construct* a future to be believed, see *About Time* (Currie 2007) and *Fictional Worlds* (Pavel 1986).

a collection of narratives of which medicine is the subject or theme; what this thesis explores, through the study of literary speculative fiction (sf) narratives and their contexts, is not fictions *about* medicine, but the narratives *generated* by preventative medical discourses and the orientation of medicine toward the futur*e*.

The novels and films I analyse in this thesis do not deal specifically with the concerns generated by security issues revolving around threats imposed by diseases, viruses, or health conditions that medicine attempts to cure at the present time, when they manifest. I do not look specifically at forms of fiction ensuing from contagion or epidemic discourses, although they will underlie the textual analysis throughout the thesis.[9] Nor do I focus on the discourse of diseases, abnormalities, or monstrous experiments often subject to literary and cinematic fictionalisation.[10] In reading and defining the 'fictions of medicine' I consider central the 'risky factor', the fear of the uncontrolled (and unactualised) future, rather than phobias of the spreading of illnesses that can be, literally and figuratively, 'fought against' as if they were already existing enemies.

The fiction of medicine is the attempt to foretell biological and pathological developments that could affect the individual or social body in a speculative future. What the fiction of medicine also suggests, between the lines, is a socio-economic and political scenario that combines fear and discomfort towards the unexpectedness of the future with, nonetheless, a fascination with the opportunities offered by knowledge of the 'yet-to-happen'. This form of knowledge becomes a tool to shape and adapt, retrospectively, the past of this future moment, namely: the present. The present is affected by a narration of the future, and is conditioned by the 'worst case scenario' that this narrative often imposes. DNA testing, for

[9] A relevant book on epidemiology and the role of narratives in dealing with cases of epidemics and pandemics is Patricia Wald's *Contagious: Cultures, Carriers, and the Outbreak Narrative* (2008).

[10] Interesting on this regard, but only collateral to my study, is *Cultural Sutures: Medicine and Media* (Friedman 2004) that analyses literary cases of grotesque or monstrous expressions of medicine and doctors.

example, in revealing the genetic predisposition of some people to develop certain cancers, rewrites them as cancer sufferers, *in potentia*, and justifies future-oriented forms of monitoring and preventative interventions. The future sick individual superimposes, *before time*, on the still healthy one.

In the context of prevention, medicine can be seen as performing an act of *futurological storytelling*, which reaches its apogee in the manufacturing of crises so to better manage them, as Cazdyn has provokingly argued.[11] With regard to the individual, this production of narratives of future illness transforms the healthy into potential sufferers – healthy individuals become patients, even though they do not yet experience pathological conditions. Meanwhile, the future becomes the fictional breeding-ground of potential diseases, an 'approaching crisis' that demands management. The fictions of medicine, according to this reading, function as persuasive devices to influence the present, by putting the future into narratives, and trigger practices of prevention. These performances of proactive drive can result in the successful management and protection of the present time but, as in the case of the narratives I analyse here, this successful management is a utopian concept that produces latent dystopian outcomes. In *The End Specialist*, the world is populated by genetically modified un-ageing people who enjoy an apparent form of immortality. However, their high-maintenance genetic health soon either traps them in an endless and expensive management of their genetically perfect present body, or condemns them if they do not embrace this genetic management, to leave the 'perfect society' via an institutionalised form of euthanasia. Another example is the crime-free society of *Minority Report*, before the instrumentalisation of its forecasting system becomes evident and shows

[11] 'By manufacturing crisis,' Cazdyn writes, 'reality culture effectively attempts to preempt them – for crises are precisely those events that cannot be contained, reproduced, or commodified' (69). He also talks about the 'reality narratives' popular in these days as an example of manufactured crisis experience, as in fiction of medicine, as an act of storytelling. In reality narratives 'a crisis is not just being recorded but simultaneously produced in order to service a market of viewers who desire to experience these events' (69).

how the future has been exploited, corrupted, reproduced and used to achieve a form of 'social and biopolitical control' disguised as 'social protection'.

In this regard, I seek to map the scenario being unveiled in front of us, where spectacularisation[12] of medical interventions is a cunning double-edged sword that increases attention, awe, and paranoia towards the 'power of medicine'. In this scenario over-pathologisation, generating a massive increase in drugs and treatment prescriptions, brings *potential* biological future complications into the present time by giving them a name and a body (as the current proposal, mentioned above, to pre-emptively administer statins drugs to more than the 40% of the UK population seems to suggest).[13] In this discourse the individual patients and patients-to-be are caught up in the collective subjectivity of a medicalised population managed in its well-being (or alleged well-being) by the state. The question about the actual beneficiary of such a health management is thus urgent and provocative.

Science fiction and medical futurology: not a genre study

In this project I analyse contemporary narratives that draw upon science fiction's capacity for 'estrangement', in accordance with Darko Suvin's characterisation of the genre:

[12] Clive Seale, in *Media and Health* (2002), advances how 'an important task of many media health representations is to emphasize the riskiness of modern life for audience' (67); Ye's study proceeds from existing research (i.e. Basil and Brown, 1997; Coleman 1993) claiming that 'television viewing cultivates beliefs regarding health risks and suggest[ing] that media consumption often increases both societal and personal risk' (Ye 461); the study looks at how 'health-risk representation on television influences viewers' health-risk-related perceptions' (460). In closer connection to this thesis's argument, we can consider the 'spectacularization' of risk embodied by show-business personages and their personal and non-fictional experience. The decision to undertake preventative surgery taken by celebrities like Christina Appelgate and Angelina Jolie has sensitised the public's opinion towards pre-emptive surgery, genetic risk and gene testing. On this regard see academic article on *Breast Cancer Research* 'The Angelina Jolie effect: how high celebrity profile can have a major impact on provision of cancer related services' (Evans, D Gareth et al. 2014), and Tasha N. Dubriwny's book *The Vulnerable Empowered Woman* (2012), especially the chapter 'Genetic Risk: Prophylactic Mastectomies and the pursuit of Cancer-free life.'

[13] See Gallagher (2014) Andrew Gregory (2015).

> *SF is, then, a literary genre whose necessary and sufficient conditions are the presence and interaction of estrangement and cognition, and whose main formal device is an imaginative framework alternative to the author's empirical environment.* (*Metamorphoses* 9, italics in original)

Not only am I interested in the way these narratives re-present contemporary social and medical realities by making them strange, but also in the ways in which they speculate upon possible futures, even as they explore the speculative drives of prevention. Suvin discusses science fiction's tendency to present 'an imaginative framework alternative to the author's empirical environment', but also the feasibility of the fictional scenario of a science-fiction narrative as an 'analogy to unrealized possibilities in the addressee's or implied reader's empirical world' (*Position and Presuppositions* 37). These texts, above all, deploy sf tropes – estrangement *in primis* – to reflect back on society. They present, as the fiction of medicine does, a possible future that is not distant from the present time, disquietingly plausible, but also concealed, for the characters and for the readers, viewers or listeners of these narratives, in an ideological guise. The analysis of *The Unit* and of *Never Let Me Go* in particular will better address, expand, and exemplify this conceptual formulation. In the near-future societies of the narratives I consider, our present situation has evolved (and arguably degenerated) into dystopian scenarios, which, nonetheless, appear as revealing critiques of contemporary medical and social trends. Read in these terms, these novels and films appear as 'before-time' diagnoses of a social, political, biomedical, and biopolitical condition.

In following Suvin's formulation, Robert Scholes stresses the estranged metaphorical value of sf kind of story-telling; in his words, science fiction narrative 'offers us a world clearly and radically discontinuous from the one we know and yet returns to confront that known world

in some cognitive way' (Scholes 206). As Adam Roberts notes, Scholes is interested in seeing science fiction as presenting a world that is both 'different and the same', and that is understood as a '"scientific" version of fabulation' (Roberts 10). For Scholes, estrangement is substituted by the speculation upon human situations affected by recent developments of science; his understanding of science fiction, or *structural fabulation*, is that of a 'narrative which is genuinely fictional but strongly influenced by modern science' (Scholes 216). And, I would add, it is also influenced by the social and biopolitical context that modern science has generated.

Roberts too, in formulating a definition for science fiction, look at its connection with other literary forms and with the empirical environment of its writers. He describes sf as, 'an open-ended cultural phenomenon, which is particularly good at reflecting times of great cultural and technological change, of which our present age is a good example' (Roberts 13). Alongside these accounts all echoing and developing the Suvian model of estrangement, I also take into consideration the potential of speculative texts to reflect upon the preventative drive and thus to produce a 'narratological futurology'. The novels and film I will fully introduce below mirror the speculative approach that can be found in the discourse of prevention. Like those preventative strategies in the medical and military domains that rely on the knowledge of forecast events and act on the present under the influence of potential future scenarios, these novels and film both *are* and *engage with* a 'narrative of the future'. In these narratives some versions of the future are designed whilst other are prevented from happening, and the present is portrayed, with diverse degree of subtlety, as unmovable, unchanging, and chronically managed. I see these works of fiction not just reflecting upon the present of the author's 'empirical environment,' but also acting as a form of cultural work of prevention.

Through textual analysis, close-reading, and dialogue with the provocative theories of Roberto Esposito, Eric Cazdyn, Nikolas Rose, and Mark Currie among others, I seek to unveil a key to reading these novels and films and the social and political environment wherein they were conceived and were read and viewed. I especially study the growing importance and urgency to respond to the future by knowing it, picturing it, challenging it in advance and possibly defeating it *before time.*

In Chapter Two, I set the foundations of this study by contextualising the epistemological and social phenomenon of prevention. Moving from Nichols' expression of the 'coming age of prevention',[14] the rise and expansion of preventative strategies will be my focus. I will discuss the problematic relevance of 'future knowledge' into the present (of the individual, of society, of economics) and I will show the speculative nature of future forecasting as bringing inevitable tensions in political, economical, social and biomedical domains. The control over the future translates into forms of control over the present, which I analyse in relation to both our Western geopolitical and biomedical state and fictionalised representations of it. In this thematic and factual review I will trace the new paradigms and features associated with the modern patient. From Chapter Three I move to the literary element of the thesis and I introduce the rising paradigm of 'fictional patienthood' from its genetic genesis.

By drawing connections between the latest achievements in the field of gene therapy, and the world created by Drew Magary in the science fiction novel *The End Specialist*, in Chapter Three I present the fictional patient as the anthropological and biological outcome of a form of medicalisation triggered by the genetic knowledge of the human organism. Since the scrutiny of DNA does not simply unveil a pre-existing and manifest biological conditions, but

[14] This is an expression with which Thomas M. Nichols chooses to name our contemporaneity in the subtitle of his book *Eve of Destruction* (2008).

also potential future ones, the gene therapy patient is presented – and asked to join – a speculative scenario, a *fiction of medicine* about potential futures that, although they have not yet occurred, actively shape the present. This chapter will also investigate the biological and social consequences of the discovery of the genetic cure against ageing upon the individual and upon society as a whole. The bleak downside of the discovery is an entrapping form of stasis into a medicalised state that needs constant genetic management to live up to an ideal medical utopia. I will suggest that the necessity of population's 'health maintenance' allows a totalitarian biopolitical control to expand and stabilise.

In Chapter Four I discuss in depth the concept of *ante-tempus patienthood* in light of the biological exploitation envisaged in Ninni Holmqvist's *The Unit*. This novel darkly satirises neoliberal ideological discourses, challenging the concepts of individual free will and free choice. It presents a society in which 'dispensable individuals' are interned, following a democratic national decision, into pseudo-medical facilities (units) on the basis that they are considered socially redundant. In these units, where they are tested and biologically exploited for the sake of present and future sufferers, they become valuable again. By looking at these inmates I unveil ante-tempus patienthood as a condition in which the artificial trigger of illnesses proceeds hand in hand with a form of health harvesting, and in which medical intervention is performed in advance (*ante*) upon the body of the units' residents (ante-tempus patients). Moreover, in the analysis of the residents' forced stay in the units I propose to read temporal and spatial confinement blurring into each other, as the narrative suggests a dual temporality. I will argue that the milieu of confinement inhabited by the ante-tempus patients (the unit) represents the present, whilst the society outside of the units comes to symbolise a chronically deferred and displaced future.

In Chapter Five I look at Kazuo Ishiguro's *Never Let Me Go* to question fictional patienthood in relation to the physical and ideological containment it represents, and I linger on its 'pre-emptive' feature, which I find embodied in the way in which the clones relate to concrete and metaphorical practices of emptying and being emptied. I propose to read these clones not as artificial creations that mimic humanity and produce an exploitable 'duplicated version' of it, but as the very matrix for a cloned and artificial humanity populating a future time and space. According to this line of argument, they become biopolitically-constructed individuals meant to supply with healthy parts a time-to-come. Throughout my analysis I hence refer to them as non-clones and pre-emptive patients whilst advancing an association between these characters and an expression of medicalised humanity. The study of the spatial dimension that these individuals inhabit gives a more defined shape to the paradoxical spatial and temporal displacement introduced in the previous chapter, and to the notion of temporal imprisonment and chronic management that translates into captivity and problematises the concepts of agency and passivity implied in both the noun and the adjective 'patient'.

In Chapter Six, through the analysis of Steven Spielberg's science fiction film *Minority Report*, I investigate patienthood *before time* and prevention in relation to visual and persuasive narratives of the future. In the film, the scrutiny of snapshots of the future allows the preventative diagnosis of the 'ills' of society, in the metonymical symbolic guise of violent murders. Thanks to this diagnosis, it becomes possible to perform pre-emptive interventions to eliminate the potential risk before it becomes actuality. The possibility to obtain and subsequently instrumentalise (visual) representations of the future is explored by the cinematic narrative through diverse representations and application of the concept of sight. The means of fictionalisation and storytelling that the previsions imply are challenged in their reliability, and put into question the broader rationale of preventative intervention as a

practice supported by future speculations, both in the biological and in the social and biopolitical context.

I use the film to connect military pre-emption and its implications on state control polices and population management, to medical pre-emption. Medical discourse becomes a key to reading the intervention performed upon the population appearing in the film as a systematic 'extraction' of potential murderers before they commit the crime. This proactive policing is a metaphorical prophylactic surgery (*risk-ectomy*) performed upon the 'social body'. The analysis of the film in medical terms stresses the connection between non-fictional medical pre-emption and the patients-to-be's perception of their belonging to a risky condition, and their conscious and unconscious responses to speculative and spectacular images of future risk.

Before moving to these fictional scenarios and to the sf modes of representing these images of future risk, I will give an overview of the phenomenon of prevention affecting our contemporary times. With Chapter Two I seek to show how our contemporary non-fictional reality is embedded in a discourse of prevention that connects different aspects of human life, and how it represents an apt starting point for the analysis of the reality (or realities) that, following Suvin's view, science fiction provokingly mirrors back.

CHAPTER 2

Time To Prevent: The Rise And Expansion Of Preventative Strategies

Critical debate about the features of 'prevention' and 'pre-emption', and the complex and yet subtle distinction between these concepts, is ongoing across disciplines. Both in military and medical discourses, the choice of using 'pre-emptive' or 'preventative' to define an intervention, strategy, treatment, or approach of a specific branch of medicine, is not self-explanatory and remains open to debate.[1] One distinction comes from military discourse, in which the difference between 'pre-emptive' and 'preventative' strategies is founded upon 'imminence' and of concrete evidence: as Thomas Nichols observes, '[t]raditionally, the difference between preemption and prevention was found in calculations about timing. Preemption responds to "imminent" threats, while prevention strikes at notional or nascent threats' (7).[2] This distinction, according to Nichols, tends to define a pre-emptive attack as more justifiable since it is triggered by an evident threat that necessitates an action of self-defence. Prevention, by contrast, does not respond to an 'obvious danger', but 'has the more sinister connotation of Machiavellian plotting […] against enemies real or, more likely, imagined' (4).

Jack S. Levy, in the article 'Preventive War and Democratic Politics' similarly acknowledges the common confusion in scholarly analysis between the terms of prevention and pre-

[1] The different spelling of preemption/pre-emption appear unjustified and I have found various sources opting for one rather than the other with not explanation. As I will address more in detail in the chapter, I will use the hyphenated term throughout the thesis, but I will maintain the different spellings as they read in quotations.

[2] Whether it is in the military or medical discourses, the liability of terminology cannot be completely eradicated as the notions of 'chance', 'possibility', 'imminence', 'high risk' are not qualitatively or quantitatively definable. They are disputable or debatable terms that, for this very reason, might or might not become objects of manipulation.

emption. He points to the tendency to define these concepts in such a broad way that different definitions lose '[their] analytic utility' (2). In a larger study on the 'likeliness' and 'immediacy' of planned military reactions to threats, Levy reflects upon their connected yet conflicting meanings:

> Prevention and preemption are each forms of better-now-than-latter logic, but they are responses to different threats involving different time horizons and calling for different strategic responses. Preemption involves striking now in the anticipation of an imminent adversary attack, with the aim of securing first-mover advantages. Prevention is a response to a future threat rather than an immediate threat. It is driven by the anticipation of an adverse power shift and the fear of the consequences, including the deterioration of one's relative military position and bargaining power and the risk of war—or of extensive concessions necessary to avoid war—under less favorable circumstances later. (4)[3]

What is important here is the way in which 'prevention', in military discourse, is avowedly a futurology – a speculative narrative that extrapolates beyond the 'empirical' present in order to negotiate favourable relations of power. Moreover, these speculations are animated by fear and images of future crisis. The same expressions of fear for future risks and their narrativisation into foretelling cautionary tales appear, in different contexts, in the dystopian texts I analyse. In these texts they connect the drive towards security (social, individual, and biological) to a biomedical and biopolitical management of the individuals, and of their present and future.

[3] For further considerations on the choice of terminology on this regard it can be helpful to see William Keller's and Gordon Mitchell's *Preventive Force in U.S. Security Strategy* (2006) and Michael W. Doyles' *Striking First: Preemption and Prevention in International Conflict* (2011).

In medicine, the term 'pre-emption' appears to be more related to the individual patients-to-be (or patients-to-treat) and to their own personal 'risk', which is conceived of as a latent or a-symptomatic condition to be dealt with and eliminated. 'Prevention', on the other hand, acts upon the element of risk from a broader, social, and more systematic perspective. Thomas R. Insel claims that '[w]hile eliminating general risk factors, such as smoking and obesity, remains a goal in the prevention of chronic diseases, increasingly we recognize the need to identify individual patterns of risk so that preemptive interventions can be directed to those at greatest risk' (Insel 2008). Moreover, Hiroo Imura, in a research paper on treating non-communicable diseases with pre-emptive interventions, points out that '[p]reemptive medicine differs from preventative medicine in several ways. Preventative medicine used to take a population-based approach' (470) and '[p]reemptive medicine aims for individualized medicine, although this has not yet been established, in order to stratify high risk groups based on genetics' (470). He then suggests how pre-emptive medicine includes the concept of prevention alongside the features of being 'predictive' and 'personalised' (471). As this makes clear, there are important differences between military and medical definitions of these terms. This will be explored further below. However, it is interesting to observe how prevention, in medical terms, tends toward the biopolitical management of populations whilst, 'pre-emption' is ostensibly more personalised and remains an aim for medicine yet to be achieved by advances, for instance, in genetics.

Although I mainly use the general term 'prevention' in my study, I will use the concept and term 'pre-emption' when speaking about literal and figurative practices of prophylactic surgery and of the 'prophylactic organ harvesting' that is explored in Ishiguro's novel *Never Let Me Go*. My choice of using the term 'pre-emptive' with this particular hyphenated spelling is influenced by the metaphorical semantic that I find attached to it and by the emphasis I want to draw on the *–emptive* part of the term. Connected to the idea of

emptying something or someone of a 'risky element', I consider the understanding of individual or collective patienthood that undergoes this act of voidance. This issue, subtly but consistently recurrent throughout the thesis, is foregrounded in the chapter on *The Unit* and it is further strengthened in the study of *Never Let Me Go*.

Military prevention and the inter-field preventative approach

As a response to the international deployment of counter-terrorism measures, Western governments have developed and progressively increased preventative strategies – ostensibly to stop further terror events from taking place. With these preventative strategies, European and US governments are addressing a version of a speculated, possible, simulated future and attempting to stop this future from arriving.[4] My study largely engages with texts written after the 9/11 events, during which the War on Terror intensified the urgency of debates about the character, utility, and politics of preventative strategies, even as the paradigm of prevention appeared to penetrate new spheres. If the destruction of the Twin Towers is a mediatic symbol of the commencement of a new phase of prevention, nonetheless, it remains a symbol rather than a trigger: the era of prevention had effectively begun long before that. George W. Bush's anti-terrorist policy (the so-called 'Bush Doctrine' stated and subsequently revised in the 2003 and 2006 *National Security Strategy* of the United States of America) can be seen as representing the public, intransigent, and emblematic response to the invasive attack on national territory from enemy forces; however, the major western countries had already developed a common action plan aimed

[4] See the Terrorist Act first issued in 2000 and updated every few years in the United Kingdom, the counter-terrorism strategy called *Contest* and its section named ad hoc *Prevent*; references to these can be found on the UK official Governmental website https://www.gov.uk/government/publications/the-national-security-strategy-a-strong-britain-in-an-age-of-uncertainty. See references to the Bush Doctrine of Pre-emption and the NNS amendments in Nichols (2008), Shapiro (2007), Huiskamp (2006), Weber (2005).

at combatting international terrorism in the last decades of the twentieth century.[5] As Nichols points out:

> although it is tempting to trace these alarming changes in international norms to one or two incidents – the terrorist attacks of September 2001 chief among them – they are actually the result of the cumulative and corrosive effects of a series of frightening, even sickening, events that have been inexorably altering the way the international community thinks about security over the past two decades. (Nichols 3)

Karen Evans, too, mainly regarding the UK context, reports how 'the legislative programme on terrorism had commenced before the attacks on the United States and came with the passing of the Terrorism Act 2000' (131). In my thesis I will mainly refer to the United Kingdom's and United States of America's situations, but a generalised tendency towards preventative strategies can be found, from the beginning of the new millennium, in an increasing number of nations 'contemplating [and…] debating policies aimed at neutralizing, rather than deterring, their enemies' (Nichols 68-69). The United Kingdom, as part of its counter-terrorism strategy *Contest*, has issued a specific section called *Prevent*. This was progressively adapted from, and moulded upon, previous Terrorism Acts and it is aimed to address the threat of terrorism on homeland territory. The political, social, and military drive towards both the management of the future and its prevention appears dominant in a moment in history that a governmental policy paper dated October 2010 defines as 'the age of uncertainty'.[6] This projection of the times as characterised by uncertainty and the

[5] See *Crime Prevention Policies in Comparative Perspective* (Crawford 2009).

[6] 'The national security strategy - a strong Britain in an age of uncertainty' was published on the *National Security Strategy* issued on the 10 October 2010 as part of the Emergency Planning and Counter-terrorism governmental measures. See the UK official Governmental website https://www.gov.uk/government/publications/the-national-security-strategy-a-strong-britain-in-an-age-of-uncertainty.

unpredictability of dangerous events bring to the table the necessity to somehow *simulate the future*. For once it can be simulated, the future can be scrutinised and prevented.

Mark Currie, in discussing unexpectedness 'in an age driven by financial forecasting, market research predictions, electoral polls, the actuarial sciences, climate change projections and widespread gambling' (*The Unexpected* 55), points out that 'the future […] is a possibility which belongs to the present, confined by the inaccessibility of the actual future, like the structure of any existential moment, to virtuality, and condemned to wait for the actual future to arrive' (63). Similarly, I see prevention as the construction of virtual futures – a process of 'fictionalisation' and 'narrativisation' of the future. These fictional futures, however, can have real outcomes and become a powerful justification for pre-emptive interventions that reshape the present in order to stop the future from occurring.

The US DARPA (*Defence Advance Research Projects Agency*) program helps to reveal the power of narratives foretelling a future (whether in the military, technological, biological or medical domains) – both in terms of influencing the future and in terms of attracting serious financial and intellectual resources in the present. DARPA was launched in 1957, in response to the launching of the Sputnik. The most recent version of the DARPA manifesto sums up its preventative, future-oriented goals:[7]

> DARPA's mission [has been] to look beyond the reality of today and to focus on the potentiality of the future. Specifically, its job is to identify current or future advances that have the potential to bend today's security trajectories—advances that, years

[7] See DARPA website http://www.darpa.mil/attachments/DARPA%202015%20FINAL.pdf. In the text I cite the 2015 DARPA manifesto available on the website.

> from now, could disrupt the stability the Nation enjoys today as well as advances that, over the same period, could enhance national and global stability.[8]

The use of 'big data analytics', with the aid of breakthroughs in IT technologies and mathematics, offers 'glimpses of a possible future in which sophisticated models will be able to recognize the first inklings of epidemics, ailing ecosystems and even potentially dangerous geopolitical threats' (*DARPA 2015*, 3). These 'glimpses' of futures motivate actions to be taken in the present. To enable this process, these previsions are translated into intelligible narratives (made of words, images, or figures) that tell the stories of what *could* happen. From these narratives it becomes possible to learn how to avoid unwanted outcomes. Similarly to the narrative guise of medical diagnosis involving diseases yet-to-manifest, simulations of possible military threats are presented to soldiers in the form of virtual training to experience (before time) what has not happened yet.[9] Moreover, this interactive practice allows governmental intelligence to interpret, as a narrative, the speculated future by analysing the actions, reactions and success-rate of the soldiers involved in the simulated battle. As such, the future is not merely an object to know, but also to weaponise.

It is interesting that, in the DARPA manifesto, among the agency's goals is 'the development of genetic and immunological technologies to detect, diagnose and treat infectious diseases […] for exploring the evolution of viruses, predicting mutational pathways and developing drugs and vaccines *in advance of need*' (*DARPA 2015*, 8, my italics). Here, preventative military and security strategies concretely overlap with those of medicine. However, there are other, less tangible connections between preventative medicine and security that I will explore in the following chapters. Creating a narrative that tells and gives shape to the time-to-come, or to the time-to-prevent-from-coming, sets the basis for a *diagnostic process* of

[8] http://www.darpa.mil/about-us/about-darpa.

[9] See *Distributed Interactive Simulation of Combat* (U.S. Congress, Office of Technology Assessment 1995).

the future. In my thesis I critically question this speculative gaze into the future that intensifies, and arguably mutates, the Foucauldian 'medical gaze.'[10] The preventative drive to foretell the unexpected, and to act before a health condition develops, problematises the temporality, not just of the act *per se*, but of the patient. With regard to this new medical subjectivity born in an age of increasing and totalising prevention, I explore the social, political, and biological outcomes of *ante-tempus* medicalisation. However, before moving to review medical practices and rationalisations of prevention, I want to give a further indication of the diverse applications of the prevention phenomenon.

Risk and Insurance

The knowledge of future events and the ownership of predicted and predictable data is fundamental to insurance and its social and political effects. This is discernible from the literature and studies questioning the position of the individual in a capitalist scenario where everything is commodified and commodifiable, and where the Western population is coming across 'increasingly market-based forms of medicalization' (Conrad 14).[11] Antoinette Rouvory claims, in the context of the so-defined 'genetic revolution', that the reasons for genetic profiling could exceed its medical purposes and that developing a 'comprehensive understanding of individual physical, cognitive, and behavioural traits' through genetic profiling 'could impact on individual prospects in the socio-economic spheres of insurance and employment, on administrative or judicial decisions in familial matters such as child custody or adoption' (Rouvroy 17). The ability to look into the future of a cell, an organ, or a social individual, leads us to imagine or even dictate the status that the same cell, organ, or individual will then possess, as screening rewrites the present in terms of identifiable *risks*.

[10] See Michel Foucault's *The Birth of The Clinic* ([1964]2003).

[11] In addition to Conrad's ongoing observation and analysis of Western medicalization (Conrad 2007), see Nikolas Rose (2001; 2007); Eric Cazdyn (2012); Antoinette Rouvroy (2009); Catherine Waldby's concept of 'biovalue' (Waldby 2002); and Lesley A. Sharp's article 'The commodification of the body and its parts' (2000).

Luis Lobo-Guerrero argues that this focus on 'assessing lives and lifestyles in relation to expected standard conditions and moral behaviours contributes to shaping subjectivities of risk' (134). Constructing certain individuals as socially or financially 'at risk' is clearly politically fraught. In this respect, Rouvroy suggests that 'the imminent possibility to "see", to perceive the distribution of genetic risk among the population, to form and inform individuals "at risk"' could induce an acceptance of 'individual['s] responsibility for their own genetic risk management' (21). She reads in this trend a controversial motive behind the investment made in human genetic science and provokingly states how the funds to research are less a 'benefit for future generations' than a 'disciplinary contribution to a new biopolitics' (21).

Nikolas Rose echoes Rouvroy in highlighting the biopolitical, controlling, and self-controlling implication of using 'risk' as a key to reading, understanding, and managing society. He argues that the creation of groups 'at risk' for certain pathologies where individuals are 'preemptively placed on a drug regime intended to reduce the risk of the occurrence of such disorders' (Rose 2007 72) would affect the way these individuals 'may be treated – by others and by themselves – as if they were, now or in the future, certain to be affected in the severest fashion' (75). The genetic testing enabling the detection of a-symptomatic conditions turns the tested individual into an open book,[12] whose physiological and health

[12] The imagery of the 'book' is a recurrent one in the genetic discourse initiated by the Human Genome Project and the possibility of reading and decoding of the DNA strand. The genetically scrutinised individual's DNA is the person's 'book of life' in Kaku's words (Kaku 119) and it is also reported by Rose when discussing 'the rise and fall of "the gene"' and the common metaphor of reading connect to the language of storing and transmitting DNA information (Rose 2007 45). However, Rose, in citing Sean Eddy, also reports the obsolete understanding of the phrase 'book of life' if strictly understood as synonym to DNA. Genetic research has in fact discovered the incomplete nature of DNA sequences, which alone 'do not comprise the master plan of organic existence' (47). In Chapter Three I return to the concept of the individuals written and read in their genetic selves, and I advance a complementary element to the metaphorical 'book of life'. The 'script of life', exceeding the organic boundaries of the body and its genetic material, is the fictionalisation of a life affected and mutated by genetic intervention and, especially, genetic self-knowledge.

conditions are known in their present and future (possible) manifest state. If this *diagnosis performed upon the future self* flags signs of morbidity, neoliberal ideological narratives construct the preventatively diagnosed patient-to-be as responsible for both their present and future condition. Rouvroy argues that '"new" genetics calls on individuals to take responsibility for what happens to them' so that '[i]dentifying individuals genetically at risk allows a shift away from risk-spreading to risk-targeting' (56) and identifies the application of this in the domain of insurance, as well as in employment practices (Rouvroy 56).

The preventative drive changes our understanding and experience of time and temporality. Prevention not only seeks to manage what the future holds, but also concerns itself with what needs to be safeguarded and contained – or chronically managed – in the present. In insurance and risk assessment discourses, what this fascination and repulsion for a *future out of temporal control* directly and indirectly suggest is that 'insurance actualizes life in the form of a continuous present' (124), as Lobo-Guerrero put it. In theorizing 'postmodern' temporality, Fredric Jameson advances the notion of a 'perpetual present',[13] which Currie understands as being generated by the 'centrality of nostalgia in postmodern epochal temporality' (Currie *The Unexpected* 59). However, Steven Connor explains the concept more as a 'distension of the present by retrospection or anticipation' (Connor 21) that, as Currie reads it, makes past and future collapse 'into an intensified consumption of the moment' (Currie *The Unexpected* 60). If Jameson is right in his account of neoliberal 'late capitalism' projecting itself as a 'perpetual present', deeply involved in this is a speculative and preventative attempt to anticipate, access and manage the future.

[13] Jameson discusses this understanding of the disappearance of the sense of history, the incapacity to retain the past and the consequential experience of a 'perpetual present' in the essay 'Postmodernism and Consumer Society' in Foster (1985), p.125 and in *Postmodernity, Or the Cultural Logic of Late Capitalism* (Jameson 1991).

Developing upon these ideas, throughout this thesis I argue that the attempt, in diverse domains, to deal with the future and its unpredictability has led to an intensification of the present and a dismissal of what the 'concrete' future will be. The future is something to be kept in sight, but prevented from being joined; consequently, the present time becomes a stagnant and inescapable temporal space. The medical management made explicit and exemplary in the fictional texts I analyse takes place in a context where social, biological, political, and emotional immobility takes on different yet connected forms. As representations of spatial and temporal stillness, the 'postmortal' characters of Magary's novel, stuck in an eternal present of the body after the gene responsible for ageing is eliminated, the 'empty roads' (Ishiguro 181) leading nowhere told in *Never Let Me Go*, or *The Unit*'s 'Winter garden' (Holmqvist 45), with its constant spring state and its blossoms that do not give any fruit and keep on blooming, are but a few examples of expressions of stillness I will analyse.

This understanding of the present as a chronic and unmoving time is central to Eric Cazdyn's examination of the interconnections between medicine and contemporary capitalism. In his book *The Already Dead* (2012), Cazdyn's provocative approach to the economic, social, and political strategies of contemporary Western medicine leads to him developing the concepts of the '*new chronic'* and of the '*meantime'.* Cazdyn calls the moment in which present turns into future, and everything *remains the same*, 'meantime'. This means that the present becomes a 'permanent destination' (132) and yet, simultaneously, that 'the present only matters when defined by the past and committed towards a long-term future' (140). It is this contradictory approach to time that he terms the 'new chronic'. The 'new chronic' describes an 'existential mode that privileges management over change' and that 'assumes that everything will *remain the same* as the present turns into the future' (17, my italics). With this collision between present and future time, the increase of medical pre-emption is

recognised by Cazdyn as the result of the attempt to manage the present time as an ongoing crisis and as having 'everything to do with the current way crisis is used and abused in everyday life' (130). He claims that in the health management of prescriptive medicine, the concern for curing a specific condition is overtaken and made redundant when 'illness is managed in the meantime' (22). Health and illness become abstract concepts, further distorted by 'over-pathologisation' and hypercommodification, so that illness becomes a chronic condition whilst health is endlessly deferred.

Cazdyn's take on temporality in relation to contemporary medicine and society offers a socio-political non-fictional context to be confronted with the *sf* representation of future scenarios (and future threats to be faced in advance) in the present. However, if his 'chronic meantime' appears inescapable, my study will suggest fictional speculations and responses to this immobility, testing it against analyses of the fictional paradoxes of the texts I consider. These will address, for instance, the concept of economic exploitability of health and healthcare that Cazdyn's portrait of the twenty-first century also includes, as a recurrent phenomenon taking place in the manageable and managed present. My understanding of the *ante-tempus* patient will elaborate on the immobility that results from this and, paradoxically, the extension of this 'perpetual present' into the future. In particular, the ante-tempus patient will be analysed in terms of the (biological) exploitation of a managed present condition. This chronic and managed condition, in defying change, makes the exploitation potentially 'infinite' and thus expanded into the future.

Prevention and healthcare: towards *ante-tempus patienthood* and the medicalised economic subject

How can health – or rather, the healthy condition opposed to the ill one of the patient – be affected by preventative procedures? First of all, we notice a subversion of the chronological continuum between diagnosing a condition, making it visible via ever-improving medical technology, and acting upon it. I would argue that this preventative practice is an attempt to extend, through the use of new technologies, the Foucauldian 'medical gaze' – not only beyond the present and into the future, but also beyond health to concealed illness.[14] The role Foucault has given to the medical gaze in the construction of the patient of modern medicine in a realm of what he calls 'clear visibility' (*Birth of the Clinic* 128) represents a foundational point in my analysis. I especially engage with his theorisation of the shift in the social and political approach to the diseased and unfit, and to what is to be considered detrimental for both the single biological body of the citizen and for society.[15] The enhancements of medical and scientific means have intensified this gaze, but not just that; they have also made the future, as *new* object of the gaze, a central element in the management of the population.

Under the preventative drive, the 'expanded' medical gaze does not simply unveil already existing conditions, but also those still in their latent and non-manifested form. Moreover, new technologies have also allowed a broadening of the gaze outward, from the single patient to national and global populations. The medical gaze is thus empowered to move through spatial and temporal dimensions in order to observe what will eventually happen. As Rose points out, '[t]he advances in the life sciences associated with molecular genetics and the mapping of the human genome create new possibilities for thinking about and

[14] Foucault first introduced and thoroughly investigated the 'idea' of medical gaze in his *Birth Of The Clinic* (1963) to then develop it alongside the core point of his thought – that is the concept of knowledge and power deriving from it, embedded in social and human sciences – in his later *The Order of Things* (1966).

[15] In *The Birth of The Clinic* he has brought to the surface the raising attitude modern medicine starts having towards death and illness as sources of knowledge – and, therefore, of power.

acting on the conduct of human beings as somatic individuals' (2007, 125).[16] When the gaze is allowed to observe what will happen but has not happened yet, a fictional scenario inevitably ensues from this observation. In this scenario the main character is the individual turned into sufferer – or patient – *before time*.

In the twentieth and twenty-first centuries the concept of patient has adapted to the changes in medical practice and research. If the patient was the object of treatments for conditions already manifest, the introduction of widely available vaccines in the 1920s created the prototype of the 'ante-tempus patient'.[17] However, further medical milestones and challenges have been set and faced before the era *of prevention* and of the *patienthood before time* that I am considering in this thesis. The golden age of pharmaceutical discoveries began in the 1940s, when that dream of a 'death-free, disease-free' life started becoming more concrete and achievable (Mukherjee 37). Medicine as practice of healing the sufferer, and 'new science' are 'powerfully interconnected' in this 'golden age' when the 'conquest' of infectious diseases seems to have turned into reality (Brandt and Gardner 21).

However, a different preoccupation gradually develops in the first part of the twentieth century, especially from the 1930s: the figure of cancer, spreading, unstoppable, in the metastatic organic body of society, becomes the new major threat. It starts to be seen as replacing those viruses whose vaccines had been studied, progressively discovered, and fully or partially mastered. Cancer 'emerges as a major public health problem' in those years, and not just as a public disease. It also imposes itself as a 'disease of economy', as a 'threat to the population as well as to individuals' (Pickstone 11). Here we see how economy deviously

[16] Rose (2007) defines 'somatic" individuals' (26) men and women whose subjectivity is mediated by the relation with biomedical authority and information.

[17] See NHS webpage (NHS Choice 'The History of Vaccination' (http://www.nhs.uk/conditions/vaccinations/pages/the-history-of-vaccination.aspx). For further reading on vaccination and variolation practices see *Angel of Death: The Story of Smallpox* (Williams 2010) and *The Politics of Vaccination: Practice and Policy in England, Wales, Ireland and Scotland* (Burton 2008).

enters the pattern: it is not just a matter of how a cure fosters, creates, or returns health to a sufferer; a specific attention is now cast upon the role that medical practice, medical practitioners, and medicine consumer have on the economy of the state. The dystopian fictional societies that I investigate as responsible for the development of the ante-tempus patient's subjectivity mirror in a disquietingly faithful manner elements of this economic logic behind the medical management and behind the 'quest' for health and well-being.

The new frontiers of medical and scientific research appear to be represented by the broad amalgam of chronic conditions, 'including those caused by genes or bad life-style' (Pickstone 13). James F. Fries, in discussing treatment for ageing and chronic diseases in the 1980s, in his article 'Ageing, Natural Death and Compression of Morbidity', points out how 'chronic diseases have replaced acute illness as major health threats' (Fries 132) and are postponed, rather than cured (133). Similarly, Thomas R. Insel has observed how the 'preemptive approach in medicine is emerging as the focus of health care shifts from acute to chronic disease' arguing that chronic diseases 'will be the preoccupation of health care in the twenty-first century' (Insel 2008).

In the twentieth century we also see the increasing complexity in securing and managing funding for both research and practice (in hospitals, clinics, day hospital structures, or local surgeries). Although Cooter and others [18] report that in between the 1950s and the 1960s a 'steady expansion of health services' (15) occurred in Western European countries, the emergence of consumerism within the discourse of healthcare and medical intervention is now increasingly relevant in reshaping the nature of healthcare. In light of the critique advanced by, among others, Foucault, Deleuze, and Fourquer[19] about the parallelisms and (distorted) mirroring connections between eighteenth-century France and the panorama of

[18] Cooter, Roger and John Pickstone, *Companion to Medicine in the 20th Century* (2000).
[19] See Dillon, *Foucault on Politics, Security and War* (2008).

Western European countries in the 1970s and 1980s, healthcare is a means to normalise, discipline, and control (in what Deleuze sees as a shift from a society of discipline to societies of control).[20] However, as Cooter's surveys also shows, in the second half of the twentieth century the field of medicine takes on the look of a 'business-like' enterprise (15) as well, where the proposal of increasing forms of privatisation – and hence the idea of making profit out of the treatment of both patients as individuals and of diseases – is making its way through the good-natured caring drive toward the sufferer.[21]

Brandt and Gardner point out how 'by the 1960s and 1970s, a series of focused critiques of medicine came to be sharply articulated' when 'some critics began to cast serious doubts upon its essential orientations, values, and approaches to problems of disease' (32). Is medicine just aiming to heal and bring forth health in individuals, or is there a pattern coming to the surface that hints at something else? Brandt and Gardner suggest that 'the rise of medical sovereignty so characteristic of the golden age had led to arrogance and abuses of individual rights in both the clinic and human experimentation' (32). In fact, what can be deduced is the existence of different goals that medical practice and medical science have. Two macro-expressions of these diverse targets are: a) *curing* a disease and therefore attacking illnesses with the intention of erasing them; and b) creating and fostering health as a commodifiable and objectifiable status. There is nonetheless a third expression of what we can see as major target of contemporary medicine: that is, the practices to proactively fight diseases and conditions that have not manifested yet and that have been predicted by either scientific analysis or statistic valuations. This is recognisable as a warfare-influenced approach using pre-emptive technological strategies whose rationale recalls that of the 1930s (Weindling 47), which also links to practices of financial speculations. This study

[20] From Deleuze, Gilles. 'Postscript of societies of control' (1992).

[21] The 'market-based' (Conrad 14) form of medicalization has been reported, among others, by Conrad (2007) and Rose (2007).

develops its argument around this latter goal of medicine and its connection to an increase in the objectification and commodification of health.

In *The Birth of The Clinic* Foucault shows modern medicine's shift from attempting to create 'non-sick men' as 'model men' embodying the 'original state of health' of the nation (36) to becoming a means to normalise, discipline, and control a population. If the capitalist state has long concerned itself with the health of its workers in order to ensure a productive and efficient workforce, then a new trend is the attempt to make the health of individuals itself an opportunity to exploit in the search for profit. When health becomes something contained in fragmented biological identities that is separable (and sellable) from the core of the human body, then healthcare discourse merges deeper and deeper into the market logic: organs, bio-matter, and bio-information in general turn into objects of trade, transactions, and advertisement.

If *Dirty Pretty Things* (Frears 2002), a film about the organ trade and its exploitation of migrants, openly displays the market logic of organic dealings connected to criminality in a realistic (and real) scenario, novels like Holmqvist's *The Unit* and Ishiguro's *Never Let Me Go* present the question in a more metaphorical, estranged and speculative manner. Nonetheless, they all reflect upon the economies of health, and upon biological and biopolitical exploitation, offering representations of these tendencies in both realist and speculative terms.

The body is seen as 'divisible into parts that can be repaired on breakdown' (Foucault, *The Birth* 113), but also as a stand-alone biological source of richness (whether in form of valuable scientific and medical information, or in the tradable nature of their concrete organicity). Josè Van Dijck pictures the doctor and the publicist blurring together as a hybrid

creature that is less fictional than one would imagine.[22] Instead of pursuing the project of making populations stronger and healthier, it seems that the general trend, and aim of both pharmaceutical industries and of Western governments in the last decades of the twentieth century and the beginning of the twenty-first is to 'meet the demands of potential consumers' (Pickstone 16) and to spread a form of more or less subtle 'medical consumerism' (16) rather than only focusing on supporting the healing and curing practices.

Pickstone sees this as the 'involvement of international capitalism in health care, as well as pharmaceuticals, equipment and other medical commodities' (18) that easily leads to a change in considering the figure of the patient as beneficiary of the medical enterprise. Patienthood becomes the object of a gaze filtered by the logic of economics. Medicine has made relevant steps forward and has kept the expectations for further ever more perfectible achievements high, especially thanks to the exponential rise of the use of technology, biotechnology, and informatics. I see this rise having as a starting point (emblematic but not necessarily univocal) in the discovery and mastering of x-rays (Blume 171) that, as Lisa Cartwright also argues, offers a 'radically new visual sensibility' (qtd. in Blume 173) to the medical gaze. 'Visualization techniques,' which will progressively involve 'technologies for decomposing, anatomizing, manipulating, amplifying and reproducing vitality at […] molecular level ' as Rose writes, have enabled 'life [to be] amenable to thought at the molecular level, as a set of intelligible vital mechanism among molecular identities' (Rose 2007 14). A new depth of understanding of the patient is gradually achieved.

However, the rising costs brought up by the testing and use of sophisticated new technologies has led governments 'to search for ways of 'rationalizing' the introduction of new devices through regulation and financial restraints' (Blume 172). Since the end of the

[22] See on this regard Van Dijk, Josè, *The Transparent Body* (2005), p.138.

1970s, health costs have become a major preoccupation of policy makers and the 'rationalization of resources' has turned into 'the key question' (Blume 181), with politicians increasingly viewing private competition and profits as a means of reducing public financial commitments. The idea of economic productivity is thus introduced into medical treatment itself, and connected to the biological entity of the patient's body.

In this way, new understandings of patienthood develop as well, especially if we start questioning, as Annemarie Mol does in *The Body Multiple* (2002), whether being ill can be seen as something 'being done to [the patient]' as well as something that the patient does (Mol 20). This form of 'enact[ment]' (Mol 41) could be an expression of agency with which enacting patients respond to the *governing* medical gaze, to use Foucault's expression.[23] But it also presents the patient as the tool, the intermediary, the necessary means in the production chain. When the body creates an illness, whether it is a literal creation in the realm of the biological, or a figurative discursive construction, it subjects itself to the process of production: illness becomes produced, and thus revealed in its producible nature, and the body of the patient presents itself as the producer. A distorted form of productivity (a 'negative' one) originated from the figure of the patient – as both a societal role and biological body under treatment – seems thus to be sought for.

What needs to be questioned is whether this form of productivity of the 'ill condition' does empower the patients by affirming their agency or if this 'productivity' is an imposed and deceiving feature. If it is a deceiving one, it confers on the patients a misleading active role: rather than active subjects, in this discourse on productivity, they are *containers,* and also the *ground* for medicalised commodification, investment, and financial speculation. In this

[23] In Foucault's words, the medical gaze is metonymically performed by 'the eye that knows and decides, the eye the governs' (*The Birth* 108) so that the object of such a gaze is an object known, governed, and upon which decisions are made.

context, the disease is a *producible product* too.[24] An example of this is the image of cancer, what Mukherjee names the *emperor of all maladies* in his eponymous book (Mukherjee 2009), and the unstopped self-reproduction of new deathly cells.[25]

When not just diseases, but information about a diseased body, cell, or organ become exploitable (in medical or financial terms) and commodifiable entities, the boundaries of biopolitics open up and include those of 'bioeconomics' as Cazdyn terms it in *The Already Dead* (2012). In a bioeconomic reality it can be argued that being healthy and achieving health do not represent the main (*vital*) objectives of medicine anymore. Effectively, while medical practice can still be seen as attempting to restore health into suffering patients, a sort of commodification of either their newly-obtained healthy status or their still diseased one happens nonetheless, as an implicit and morbid consequence. Cazdyn sees in this transition from biopolitics to bioeconomics a shift in the logic of control over the population: the exertion of control moves from being a 'primarily political project' to an 'economic project' (Cazdyn 152). In this economic project what happens is a commercialisation of physical biological parts (from cells and genes to organs) or of virtual biological data; that is, information existing in a disembodied form, but that maintains a problematic (and problematising) connection with the original corporeal dimension.

From the image of cancer as key to reading the 'negative productivity' of disease, and arguments about the penetration of disease by capital, I will link my reflection and analysis back to the idea of management rather than cure. Effectively, if a disease is reproducing itself it is thus creating – producing, *ad infinitum* – the need for a cure. In this movement of

[24] An interesting fictional investigation and grim satire of the illness as a *producible product* is *Antiviral* (Cronenberg 2012), with its aesthetical, elegant and extremely disturbing representation of obsessions for show business personalities and commodification of illness.

[25] Shay writes that 'tumor cells usually have the ability to proliferate indefinitely' and are 'immortal' (677) and Kaku points out that the lethal nature of cancer is caused by the 'immortality' of its cells, which 'reproduce without limit, until the body can no longer function' (152).

production the diseased state remains chronic and, as Cazdyn's overarching argument has suggested, in need of constant management.

Patienthood – biopolitics of the past and of the time to come

Central to this study is an examination of new forms of patienthood. The biological and social roles taken on under medical intervention have been investigated in diverse fields and in different historical and cultural moments. My approach takes two main elements into consideration: firstly, the advent of the breakthrough in genomics and gene therapy that has revolutionised and intensified the power and scope of the medical gaze but has also complicated it. As Jackie Stacey points out, 'these genetic techniques have also introduced new insecurities' regarding the manufacturing of biological identities and regarding the risk of jeopardising (or altering) the idea of authenticity (Stacey 68). Secondly, I explore how preventative and pre-emptive practices, flowing from different fields already sketched out in this chapter (war studies, epidemiology, risk assessment theories, global and national security strategies), respond to concerns about the future and the unpredictability of events.[26] These practices contribute to shaping the present following instruction and directions of a *medical futurology* that I have previously introduced. By means of groundbreaking technologies and 'newly developed techniques' (Van Djick 5), Van Dijck suggests the actual possibility of 'lift[ing] the veil of yet another secret of human physiology' (5). Unveiling secrets means unveiling possibilities and offering scenarios for developments

[26] Among other medical publications, the journal *Preventive Medicine* (1972 –) has been offering an up-to-date overview and detailed analysis of the preventative trends in medicine and healthcare. Behavioural prevention strategies and preventative screenings of (future or actual) patients' bodies have encountered a substantial enhancement with the achievements in genetics. In recent years the focus on 'risk' has also triggered the recourse of strategies dealing not only with the biological matter of (and within) the human body of a prospective patient, but also with the social, political, and geographical environment of the patients as risky factors to be controlled and acted upon (see Elbe 2010; Beck 1992). An ultimate example can be found in the *Special Issue on the Epidemiology and Prevention of Gun Violence* edited by David Hemenway and Daniel W. Webster and published in October 2015. In here the threat to individual and social health caused by gun injuries is treated as a condition (a disease) of the state and a preventative approach is adopted.

in potentia, for possible outcomes, for future conditions to be experienced by the human body.

The knowing eyes that control and govern (Foucault *The Birth* 108), if empowered by medical foreknowledge, become the eyes that see the future, that cannot yet control it, but that can govern (and discipline) the present to enable a different, and more manageable future to take place. This results in the medical social control in continuous expansion that is reported, among others, by Conrad.[27] This politics of the *biological to come*, this biopolitics of the future, is to be considered with the history and development of Foucault's thought about society and normalisation in mind, but also with the re-elaboration and further application to our social and political contemporaneity of the concept of biopolitics in the works of Giorgio Agamben, Roberto Esposito, and Nikolas Rose among many others.[28]

The biopolitical management of the individual has kept evolving, adjusting itself to external factors and has reached, in recent times, an important milestone. The breakthrough in DNA and genetic research has triggered a further upgrade for the medical gaze and has opened up a new way to understand the processes of diagnosis and healing. Cooter and Pickstone, opening their collective multi-voiced history of modern and contemporary medicine (*Companion to Medicine in the Twentieth Century*, 2000), present molecular genetics (from the modelling of the DNA occurred in 1953 to the Human Genome Project), as 'the major scientific and technological achievement of recent times' (xiv). The medical gaze now sees deeper into the body, pushing and challenging the boundaries of the visible, but it also attempts a bi-directional temporal leap – into the past and the projected future. Temporal

[27] See Conrad (2007), p. 8 and for further investigation of his study see page 2 of the Introduction to this thesis.

[28] In *The Politics of Life Itself* (2007) Nikolas Rose, with the concept of the 'somatic individual', brings further the vision of the biopolitical regime that Foucault had initiated and that was subsequently explored, questioned, challenged, and expanded in the works of philosophers like Giorgio Agamben (*Homo Sacer,* 1998), Zygmunt Bauman (*Modernity and the Holocaust,* 1989) and Roberto Esposito (*Bios* 2008, *Immunitas* 2011) among others.

dimensions blur in the process of defining the person (or *ante-tempus patient*) who undergoes preventative intervention in opposition to the sufferer already experiencing the condition to be treated.

The chronological continuum existing between diagnosis, partial or total physiological manifestation of a health condition, and the process of curing, now appears to be complicated and disrupted. A plethora of different definitions, labels, and pseudo-categorisations for the individuals affected (at diverse degrees of depth) by the medical gaze are advanced[29] and the patient, the proto-patient, or the patient-to-be become an object to be read as a text, where the information held in their scrutinized physiology largely contributes to re-shaping their identity. Beyond this, the possibility of not just looking into, but reading and re-drafting the human DNA, incisively affects and modifies the understanding of the Foucauldian concept of the modern patient living in the biopolitical, contemporary, Western world.

Katherine Hayles, in *How We Became Posthuman* (1999), mentions a 'cybernetic economy of information and simulacra' (113) rising in the post-World War II that introduces a new understanding of the body as an entity that can hold the secrecy of its bio-data. Hayles discusses the posthuman subject as a 'material-informational entity whose boundaries undergo continuous construction and reconstruction' (Hayles 3). This idea brings to the surface the growing relevance (and indispensability) of the biological information extracted and extractable from the human body. The patient-like figure thus needs to be read as if *written* in a combined alphabet whose code has value even, or especially, if it is in a disembodied form – that is without the physical presence of the organic human body. In molecular biology, Hayles points out, 'the human body is understood […] simultaneously as

[29] See Conrad's 'potentially ill' individuals (138) in *Medicalization of Society* (2007), and Rose's 'pre-patient' (85) and 'somatic' individual (26) in *Politics of Life Itself* (2007).

an expression of genetic information and as a physical structure' (Hayles 29). However, it is also discernable from her study of the posthuman physical and 'informational' identity, that the physical structure is losing definition and concreteness. She talks about the 'contemporary pressure towards dematerialization, understood as an epistemic shift toward pattern/randomness and away from presence/absence, [that] affects human and textual bodies' (29). Even the medical (and medicalised) fragmentation of the human body has passed from enabling the commodification of actual physical parts (like organs and fluids) to the commodification of information, written *in* the body, and not made of biological corporeality.

Nikolas Rose argues that 'medicine has long had a role in shaping subjectivities' and that the 'contemporary forms of biomedical subjectification' (22)' have lead to new aggregative and identity-shaping processes affecting individuals undergoing (and allowing) the medical scrutiny and self-scrutiny of their bodies. Paul Rabinow's concept of 'biosociality' (Rose 2007 23) explains this trend. In Rose's words, 'biosociality' describes 'types of groups and individual identities and practices arising out of the new techniques of genetic diagnosis and monitoring of risks and susceptibilities' (Rose 2007 23). Genetic diagnosis enables knowledge and understanding of one's own biological self but it also confers to the patients and to their newly discovered 'biological identity' a form of 'biological responsibility' (19). In neoliberal societies this biological identity 'becomes bound up with more general norms of enterprising, self-actualizing, responsible personhood' (Rose 2001 19) and it is addressed and shaped by the intensification of 'health promoting strategies,' which aim to make every citizen 'an active partner in the drive for health' (Rose 2001 6). The degree of awareness and independent thinking that these 'active partners' have in relation to the management of their health is one of the aspects I investigate in the fictional representations of the ante-tempus patient. My study proposes to find expressions of these 'active partners' in the

medicalised realities narrated in the speculative texts analysed in this thesis, starting from the focus on genetics given by *The End Specialist*'s narrative.

Contemporary medicine is characterised by the leap forward genetic research has taken. In the era of biomedicine and genomics, the investigation of the DNA has effectively moved a step forward from the initial attempt to just decipher and *write down* the 'book of man'[30] and it is now fully involved in a multi-faceted exploitation of the possibilities offered by the genetic material and the advances in nano-medicine and nano-technologies.[31] Breakthrough achievements are: the splicing of genetic sequences; nanotechnologies that alter, affect, support, or work in symbiosis with the most infinitesimal parts of the human body; the identification of latent morbid genes and then curing or erasing them in advance; the predicting of genetic predisposition to illnesses.

This particular direction taken by medical research and the way genetics is progressively becoming part of people's lives have raised issues concerning the management and exploitation of unveiled personal data. There is a strong debate currently involving the biomedical knowledge affected by data-sharing and patenting, and by the establishment and increasing use of global databases such as the Electronic Health Record (*EHR*).[32] The controversy mostly resides around the ownership of information, and the patient, source and container of biomedical information, seems to be reduced to a means to obtain written biological material to study and manipulate.[33] The human subjects, as natural owners of

[30] The 'book of man' has become the common expression to refer to a deciphered/fully understood transcription of human DNA – that is the very ambitious aim that made the Human Genome Project get initiated (see Bodmer and McKie's *The Book of Man* (1994) for an understanding of the expectations and the enthusiastic drive of geneticists characterising the early stages of the project).

[31] See Eugene Thacker's *Biomedia* (2004).

[32] See 'The Benefits of Electronic Health Records' http://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs.

[33] On this regard, read the Editorial to the second issue of *Genomic Medicine* (Yamada 2000) Singh and Daar's article discussing intra-consortium data sharing issued on the *Hugo Journal* in November 2009.

their biological information, are progressively substituted by 'sponsors and investigators of international collaborations' (Singh and Daar), which manage to obtain data from research and patients' medical charts. Genetic data can be captured and managed; biological information about the individual organism's reaction and behaviour towards past and present illnesses are stored and immortalized in an *ex-corpore* simulacrum of the patients: the virtual medical charts. What happens is a structural and organic micro-fragmentation of the patient's biological and social persona into a new medically-inspired social, political, and, as Cazdyn puts it, 'economic project' (152).

For this 'project,' for this individual living on the edge of a biological and social future time, the future appears as a threat, a cautionary advice, an instrumentalised virtual place, and a story of possible developments to be either believed or rejected. As the medical discourse (or discourses) appear to be constantly and increasingly filling the private and public space, citizens turn into 'conceptual' patients before being concretely reached by medical intervention addressing a specific condition. They are shaped by the impending future and all the consequences it might bring. They live in a political setting in which narratives become powerful dogmas, and the future, which opens up for an inquisitive gaze, is a luring image of the future that conceals, with 'ostensive clarity' (Friedman 2003), what the present holds.

These speculative narratives of a virtual future, or *fictions of medicine* as I have called them, and the ways in which they transform individuals into a chronic 'project,' are the starting points of my analysis. My first step in this investigation of these fictions of medicine is to examine the genetic genesis of the 'ante-tempus patient' and the development (and critique) of representations of gene therapy and DNA in Drew Magary's sf novel *The End Specialist* (2012).

CHAPTER 3

Future in the Gene: Genetic Transparency of the *Fictional Patient*

In order to begin the study of the new medical subjectivity of *patient before time,* I will explore the relationship between *medical futurology*, genetics and gene therapy. To focus my discussion, I will concentrate on Drew Magary's novel *The End Specialist* (2011) because it offers a synthesis of the key features of the new medicine: genetics, prevention and the horizon of imminent biological decline, as well as the promise of infinite 'health'. Finally, Magary's novel also offers a first reading of the *patient before time* as a genetically altered, *transparent*, and meta-reading individual.

As a novel exploring the rise and fall of genetic achievements, *The End Specialist* belongs to a vast literary and cinematic production of genetics-themed narratives.[1] This trend has developed in the past few decades and increased as the influence of genetics in everyday life has become increasingly widespread. Genetic alteration, which strays from the purpose of curing and becomes a controversial exercise and statement of human omnipotence, is of course a profitable topic for fictional texts. From the classic proto-genetics narrative of H.G. Wells's *The Island of Doctor Moreau* (1896) to the French-Canadian film *Splice* (Natali 2009) about human-animal genetic combinations, the experimentation upon the pliability of gene pools and genetic identities has been extensively questioned and fictionalised in written and cinematic works. *The Bohr Maker* (1996), Linda Nagata's novel on the rise of nanotechnologies, explores the possibility of re-writing one's genetic code, but also the power of affecting, modifying, and controlling, via the spread of nanotech devices, the larger

[1] This has been explored recently by Jackie Stacey in *The Cinematic Life of The Gene* (2010), where she investigates the representation of the genetics discourse in contemporary science fiction films.

population.[2] Nanotechnologies and genetically engineered viruses, programmed to enter and vary people's genetic selves, are also the object of Mira Grant's science fiction trilogy *Parasitology* (2013-2015).[3] In particular, the first novel of the three, *Parasite*, combines the idea of genetically modified entities (parasites) designed to protect human beings against diseases, acting from within the host organisms, and the financial speculation upon the spread and control of these life-saving (but also life-controlling) biotechnological tools. Margaret Atwood's grotesque and disturbingly resonant picture of the genetically modified world of *Oryx and Crake* (2003), *The Year of the Flood* (2009), and *MaddAddam* (2013) is a further literary take on the disconcerting outcomes of the genetic revolution. Adam Roberts' *By Light Alone* (2011) engages with the reshaping and apocalyptic devolution of the social system, after genetics has enabled people to photosynthesise energy directly from the sun. This creates a new underclass, who are self-sufficient but also marginalised from the world of consumerism and luxury and forced into idleness. This genetic discovery does not lead to equality but facilitates a rapid escalation of the divide between those who have everything and consume without need, and those who have nothing and need nothing, who do not struggle to survive, yet are unable to fully participate in society.

Films like *Gattaca* (Niccol 1998) or *Code 46* (Winterbottom 2003) are cinematic examples of the regime-like structure of a country or a post-national and global reality controlled by genetics. *Gattaca*, with its glamorously futuristic *mise-en-scène*, presents a picture of how altering DNA does not merely enhance or alter individuals' biological identities, but also reshapes socio-economic dynamics and personal relationships. In Niccol's film, social worthiness is based on (constructed) genetic predisposition, which marginalises and stigmatises citizens conceived and born without pre-natal eugenic intervention. In *Code 46* a globalised medical gaze and transnational biopolitical management generate 'transparent' citizens. 'Transparent' stands for full genetic (and general medical) readability: people are

[2] See Eugene Thacker's *Biomedia* (2004), in particular the chapter 'Nanomedicine: Molecules that Matter'.
[3] *Parasite* (2013), *Symbiont* (2014), *Chimera* (2015).

legible and read by the governing authority via constant scanning devices. This 'surveillance state' results into a controlled form of movement, and eliminates the concept of genetic privacy and private data ownership.[4] Genetic and biological transparency also plays a poignant and structural role in *The End Specialist*.

The End Specialist introduces the genetically modified being, which I understand as an illuminating example of the medical paradigm of the *ante-tempus* patient, inhabiting a fictional, metaphorical, and disturbingly familiar reality, shaped by proactive interventions and interdisciplinary strategies apt to design a future while, however, preventing it from manifesting. The near-future society of the novel has achieved, through genetics, the ability to eradicate death (in its natural time-defined occurrence), which I read as the preventative measure *par excellence,* unveiling the *ante-tempus* patient in its most symbolic and metonymical representation. This fictional milieu is positioned at the margins of what Marc Cryhsanthou calls 'Somatopia', for which '"body maintenance", "preventative medicine", "annual check-up" and "constant vigilance"' are the unavoidable imperatives (472), and where '[a]geing, and death are rejected as dystopian outcomes' (472). Nonetheless, it is the deep medical gaze into the temporality (past, present, and future) of the genetic self that shapes a new concept of medical subjectivity, balancing above the dangerous chasm of speculated forms of knowledge (and futures) about themselves. Kaplan's judgement of genetic research, made at the beginning of the millennium, is still apt: such forms of prediction are 'a double-edged sword: beneficial if prevention or cure is possible, detrimental if no action can be taken' (Kaplan 660).

[4] Michael Winterbottom *Code 46* displays a transparent post-national world, in which genetic and medical surveillance are used to control citizens, stage fictional narratives to be dogmatically accepted, and to marginalise the uncooperative 'cogs' of the systems. These are individuals distanced from the State's gaze, avoided by any CCTV circuits, and by any medical net: they are cast outside the alleged advanced civilization, to face the decay of their organic and social body. For further reading on the film and the way transparency is reproduced in the architecture of the setting and in the film's aesthetic in general, see *The Cinematic Life of the Gene* (Stacey 2010), especially chapter six, 'The Uncanny Architectures of Intimacy in Code 46', pp. 137-176, and Brian Baker's article '"Here on the outside": mobility, nation and catastrophe in Michael Winterbottom' (2015).

A specific application of gene therapy is the conceptual starting point of Magary's novel. However, the idea of *therapy* as a curing process is gradually lost throughout the novel, suggesting a relevant shift, or a theoretical fracture, in the understanding of therapy as a healing procedure. Gene therapy becomes something other than health-seeking treatment, and a new understanding of the individual living in a medicalised – and yet not healthy or disease-free – world develops.

In examining this novel I question its representations of genetic readability, individual biological transparency, and the tempting yet inescapable loop of dependency that preventative genetic modifications set up. Genetics has become the *sine qua non* for medical futurology by giving a new meaning to transparency. I consider how it has become increasingly bound up with economic value, as genetic matter and information have become commodifiable entities. As Antoinette Rouvroy has argued, 'the Human Genome Project has been the most commercially-driven extensive scientific endeavour in history' (Rouvroy 15), and Magary's text makes of this notion the backbone of its fictional genetically modified society, in which a clearly dystopian turn reveals how the economic and commercial value of the gene therapies trigger inequality, division, and controlling biopower. I thus look at the stasis and the continuous and inalienable dependence that genetic interventions increasingly create and demand.

In this chapter I argue that the individual, in a genetics-permeated reality, accepts transparency as a *means to an end* that enables a betterment of life. But, as transparency also becomes the reason for a more controlled, subjugated, and exploited existence, it is consequently rejected or opposed. With genetics progressively developing, the speculated version of a not-too-distant future offers a picture where health, social control, and the production of capital are entangled. However, it is not just the transparency of the present

that affects the politics and economics of a genetically altered (and dependent) reality, it is the transparency of the future or, at least, of a forecast version of it.

Advances in medical science have opened a window in the structure of time: it has started to become possible to look at the future of bodies and foretell their biological deterioration. The future thus manifests itself, virtually *happens,* but in its manifestation it also appears threatening and dangerous. The knowledge ensuing from (fore)seeing it brings on, in the present, preventative practices aimed to avoid that very future from ever taking place. This future, a source of exploitable knowledge for the safeguarding of the present, is something to be gazed at and, nonetheless, never joined. Transparency triggers an invisible immobility that I find symbolically, figuratively, and literally manifested in genetic practices, in the genetically altered individual, and in the social and political dynamics of the fictional realities I analyse in the thesis. From Magary's text, to Ishiguro's and Holmqvist's, and to Spielberg's adaptation, future risk appears to be object of narrative constructs and virtual representations, and treated with immobility, containment, and stillness.

***The End Specialist*: deceiving transparency of the un-ageing**

John Farrell, protagonist, narrator, and collector of narratives and voices in Drew Magary's novel *The End Specialist* [5] stares at his image in the mirror and witnesses *stasis*: 'This is how I look now. This is how I'll look when I die. Happy cure to me, indeed' (32). He sees the body of an eternal 29-year-old man that looks exactly like the corpse it will turn into at some point in his seemingly eternal future. The dark humour and the hint at death suggest a form of bleak dissatisfaction for the mentioned medical procedure. The 'cure' he is referring to is a gene therapy able to halt the ageing process by eliminating the gene responsible for organic

[5] The text is Magary's debut novel, written alongside his activities as blog writer, and *Deadspin* and *GQ* columnist (Kamer).

deterioration and physical senility. Nevertheless, the impossibility of growing old does not eradicate death from the human cycle – one can still die because of a disease, or be killed. An expression of haunting finitude thus remains.

The End Specialist sets up an intricate blog-entry style narrative told in an intertextual electronic memoir by American citizen John Farrell and presents the attempts to halt time and cure the 'un-happened-yet' event: natural death. The novel uses gene therapy as a literary device to explore human life extension and treatments to cure and alter the human body *from within*, in relation to the medical utopian dream of immortality. It also unveils, step by step, gene therapy's forecasted failure. The premise and core of the novel is the discovery of the gene that causes the process of ageing. The possibility of its irreversible eradication becomes known by the general masses and, although the price for the treatment defines it as a privilege for the wealthy, ways to obtain the therapy eluding the prohibitive price soon proliferate and the cure passes from being an elitist possibility to a mainstream lifestyle choice. The genetic mass-intervention to prevent the biological weakness of senility stops the future from happening; however, it also produces a chronic state of demographic and temporal containment. The novel questions the idea of a medical utopia presenting dystopian possibilities, namely the increased dependence on medicine, the social inequality, and the subtle acceptance of biopolitical management.

John, and many like him, are treated for something the future is holding but still has not allowed to manifest. Acting upon an alteration that has not happen yet (the old age decay, in this case) brings the future to the present time thus affecting the chronological continuum between diagnosis and treatment. At the same time, paradoxically, the treatment makes the future – ageing – evermore unreachable. It is this dynamic that generates the condition of *patienthood before time.* In John's ever-youthful state, the present becomes sealed and

contained, and the proof of this – as a mockery of the future itself – stares back at him from the mirror. Indeed, not only the future, but also the past is troubled: John cannot read anything into the smooth skin of his face – which does not 'tell a damn thing' (Magary 84); this suspending of time has made his life unreadable and left him with 'no history' (86).

However, this *unreadability* is a consequence of a form of transparency that the individual, in a realm of genetic scrutiny and knowledge, progressively develops. Biodata and genetic data can represent a threat for the individual if their visibility is exploited, affected, or distorted. At the same time, the transparency of the genetic self opens up multiple paths towards the knowledge of the future in pathological terms, the commodification of genetic information, and the alteration of the present caused by attempts to react to and prevent possible events revealed by the genetic screening. The readability of one's own gene pool is the metonymic expression of the readability of the *patient before time* under the scope of medical futurology. The novel thus problematises this idea of legibility and transparency as a means of political control that goes past medical motivation, and raises questions about the position individuals end up taking with regard to their biological readability.

Initially, the response to the treatment in the Western world (the geopolitical scope chosen by Magary) is generally of enthusiasm for the illusory belief that eternal youth is synonymous with eternal life. This application of gene therapy prevents the body from undergoing the natural process of decaying without making it immune to death. As the doctor administrating the 'cure' to John says '[one] can still catch a cold. [One] can still die of AIDS or a heart attack. [One] can still get cancer' (Magary 6). In this way, the re-writing of the gene code does not produce an immortal being, but an eternally young-looking one (or in fact eternally same-looking one, when administered to older people). However,

enthusiasm is not the only reaction to the cure, and different forms of scepticism and strong opposition, by religious and political groups, develop as well among the global population.

The storyline follows John and his fluctuating feelings towards his new 'postmortal' self[6] as he struggles to make sense of his post-cure life. Moving across sixty years (2019 to 2079) the plot covers John's new postmortal life at different stages and, regardless the biological immobility that the anti-ageing gene therapy provokes, moves rapidly toward its eventful denouement.[7] In John's account, a period of idle 'stasis' and disappointment concerning the inability to fully take advantage of his vulnerable immortality is followed by the decision to join the rising profession of *end specialists*, 'half angel of death, half event planners' (Magary 207), who perform killings upon payment, hired by postmortal people wanting to die. He now seems to have found his (at least temporary) *raison d'etre* in 'terminating' people (referred to as clients) tired of living.

The institutionalisation of the 'end specialist profession' happens in a context in which, having 'cured' senility, a further intervention becomes necessary to solve the problem of longevity. The prevented future outcome of ageing (death) is artificially achieved in a staged procedure of controlled 'murder'. Biological stasis becomes a prison that seems to be escapable only thanks to the external intervention of the state (through the 'skills' of the end specialists). However, when the end specialists become executioners or 'subcontractors' (361) hired by the 'Department of Containment' to carry out death warrants for criminals, diseased people potentially liable to spread deathly diseases, and for the elderly, the rationale changes and John begins to question his role. The controlled murder performed by

[6] 'Postmortal' is the term used in Magary's novel to define people who have taken the cure for ageing and therefore have entered this ambiguous status of 'quasi-immortality', where death is erased in its *memento mori* of old age, but has not completely disappeared. *The Postmortal* is also the title of the novel's US edition.

[7] A different literary treatment of stasis appears instead in *Never Let Me Go*, where the pace of the narrative proceeds slowly and almost uneventfully, thus offering an alternative way to represent stillness.

these 'event planners' becomes an actual murder legitimised by the state and not by its targets. Overpopulation, and the extension of the time in which chronic diseases can keep affecting individuals, become an exponentially infinite concern of the state. Chronic conditions are now potentially eternal, and thus in eternal need of treatment, and the proliferation of brutal interventions for the sake of 'social health' becomes a post-genomics form of totalitarian governance.

John's journal gradually reveals a broader picture of increasing socio-political and medical deterioration, with Magary's speculative narrative becoming more recognisably dystopian as the genetic breakthroughs fail to deliver on their promise of a medical utopia. The cure for ageing is in fact the first hopeful step towards a utopian vision in which genetics represents a panacea for all ills. The genetically altered population frees itself of a superficial symbol of finitude – ageing – but soon realises that measures to face the unexpectedness of diseases' manifestation are more indispensable than ever. Other biologically and psychologically degenerative conditions constitute an idiosyncratic response to the defeated old age, and a bleakly ironic reaction to the way Magary's fictional humanity has tried to eradicate the concern of natural mortality and its visual reminder. The continuous playing with and modifying genes has caused an exponential series of diseases outburst, only curable (or *manageable*) via further genetic treatments.

In response to this, a follow up to the cure for ageing is then created. The 'Skeleton Key,' or 'cure for everything else' (Magary 303), is a genetic treatment able to make the human organism immune to any pathology, 'to identify enemy viruses, harmful bacteria, and malignant tissue inside the human body, then destroy them before they ever have a chance to metastasize and do lasting damage' (297). The Skeleton Key represents the possibility of completely eliminating all present and future diseases, enabling perennial youth and health.

However, the narrative makes clear that not everyone can afford its monetary price. For this reason, numerous diseases still represent a threat to be dealt with through minor gene therapy and traditional medical intervention. What we see from these continuous attempts to fight unpredictability and prevent future decay is a form of mass-medicalisation that transforms this society and also makes it increasingly dependent on constant medical monitoring, management, and intervention. The inhabitants of this society turn into chronic ante-tempus patients. Moreover, those who cannot afford the never-ending genetic immunisation towards new-developing health conditions are pushed at the margins, initially left to die, and then actively eliminated by the state.

An evocative and metonymical example of this biopolitical and biological management, reported in John's memoir, happens in response to a deathly form of 'sheep flu'. Developed in the organism of a *postmortal* farm sheep, this virus quickly spreads from animal to human. The first symptoms of the disease appear to be 'extreme sickness' and 'purple lines on the [infected] subjects' faces' (Magary 340), and the outbreak is allegedly responsible for the death of 'over one hundred million Americans and five hundred million people worldwide' (340). If wrinkles are not visible anymore, other lines appear on people's faces. This global pandemic results as a striking response to the weakness of the Skeleton Key as a cure that, even if is for 'everything else', clearly is not for *everyone*.

If the Skeleton Key vaccine alters the DNA in order to prevent any pathology from forming, it also indirectly allows the uncontrolled spread of deathly viruses among those unable to afford this radical treatment. Those in need of the vaccine and who cannot obtain it experience the diseased status that the Skeleton Key does not simply cure, but prevent. As a version of the future still untouched and still unedited by the preventative intervention, they are 'walking dead' waiting to be euthanized by the government. John, once 'subcontractor',

is required to 'sweep' these citizens incapable of surviving the increasing health threats. The snapshot of decay, where the moribund sick become the victims of the government's mercenaries, is in striking opposition with the promises of genetic resolutions.

> A few steps further and I could see the muddy tangle of the forest floor give way to pale white and violet webbing. A field of sick. A collection of victims, arranged haphazardly on the ground, face up and face down, like a deck of playing cards that had been thrown into the air. Some had already succumbed. But the living and the dead were undistinguishable. […] I knelt beside the first victim, a woman in her cure twenties. I gently rocked her shoulder, as if to wake a sleeping child. She opened her eyes. Green gunk slimed her tear ducts. Copper fluid drooled from her mouth and drizzled onto the leaves and needles, leaching death into the soil. (360)

The woman, John's target, appears to have received the cure for ageing in her twenties, but has been unable to maintain the genetically managed and immune state. Together with the rest of the sufferers seeking shelter in the forest and succumbing to the disease, she represents the future that the genetic re-writing of the human being by the Skeleton Key therapy is indeed preventing. They are ghosts from the future, *ante-tempus victims*, sharing the ground with, and dying at the feet of, the enduring postmortals still able to embrace medicalisation. This pandemic is the metonymical warning sign released by the alteration of the unpredictable future of human biology. It is the actualisation of a future, in terms of health, to be avoided but that, on the other hand, has been brought to the present and almost artificially crafted by human intervention.

The End Specialist, then, is a cautionary tale revealing that 'immortality' obtained via genetic intervention is no *skeleton key* for eternal happiness, thus challenging the idea of genetics as

a panacea for all ills. However, it is not this moral but the structure of a society affected and undermined by medical prophylactic standardisation that interests me. In the next section I will expand on the relation between time and the medical gaze, prevention and biopolitics, through analysing the tropes of transparency and legibility as they appear in the novel.

Written and legible character

The attempt to actively operate across time to control individuals' health can be framed, as my introduction suggested, as a form of *medical futurology*. Gene therapy in particular fosters this enterprise – scrutinising the genetic code makes both the structure of time and the organic structure of the human body transparent and legible. With the ability to obtain information on still latent and *in potentia* diseases becoming more than a virtual possibility, pre-symptomatic and symptomatic stages blur into one and the concept of patienthood is altered, as everyone becomes a *patient-to-be* or, indeed, a patient already. The patient in this context is understood as a writable and readable character, who inhabits the twisted timeline mastered and (re-)created by genetic intervention.[8]

In genetics discourse, the act of writing and editing the human body finds representation in two metaphorical images: the 'book of life' and the 'script of life'. The first phrase is borrowed from Michio Kaku' *Physics of the Future* (2012) but also from that imagery made of letters, sentences, and books that Van Dijck finds inhabiting the 'popular imagination "in

[8] In questioning the hint that Michio Kaku gives in his *Physics of the Future* (2012) about geneticists reading the genetic code as a 'book of life' (Kaku 119), and the image of the molecular biologists as the almighty authors of the 'book of man' and of 'all its pages' (Bodmer and McKie 228), the human body in genetic investigation is both a 'text for interpretation' (Stacey 71) and a fertile ground for intervention and creation. Genetic matter exists regardless of medical intervention, but the controversial claim that geneticists make of being the *masters* and *creators* of the DNA narrative confers upon this body (of text) the nature of an artefact, realistic and artificial, with its timeline unveiled and altered. They author the *idea* of the conversion of the human organism into a collection of written data that can undergo modifications and editing and that becomes a *character* of a further version of a newly discovered future.

the context of the double stranded helix"' (Stacey 69). The body undergoing genetic intervention is given the status of an objectified item, and of a container for genetic information. This association with a concrete and inanimate entity may seem to imply a passivity on behalf of individuals who have their DNA read and edited. However, what I define as the 'script of life' is a virtual account of how physical, emotional, and social existence is changed by mapping the genetic code. If the 'book of life' belongs to a corporeal dimension, the 'script of life' represents the link between what happens within the organicity of the individual and the consequences of the genetic intervention that develop outside the boundaries of the body. The idea of the 'script of life' brings back into the pattern the agency of the individual, and questions it. It also finds conceptual development in the notion of 'fiction of medicine': the *fictional* ground for a *fictional* patient generated by medical discourse. In this space, a version of the patient affected by conditions and illnesses that will or might manifest in the future exists, interacts, and influences their 'present' counterpart.

With this fictional future oscillating between background and foreground, gene therapy creates a new pattern in which human beings let themselves be changed in their biological identity and their entire existence. In *The End Specialist*, the accessibility to genetic treatments, although always with a price, becomes increasingly widespread over the years recounted by John, and expands from healthcare[9] to trivial aspects of men and women's lives – such as cosmetics (Magary 138). Gene therapy reshapes and rewrites an, arguably, enhanced humanity and such an intervention requires a deep exploration and reading of this human matter before drafting a new version. The ultimate achievement of molecular research aims to control the constituent structure of the human body by deciphering and interpreting its 'written' features of present and future conditions.

[9] 'Genetic works' (Magary 142) to erase degenerative illnesses like Parkinson appear to be an ordinary practices in the time told in the novel, in the same manner as other common medical interventions like vaccinations.

Genetics' interference in people's lives raises issues concerning the management and exploitation of personal data, and the novel is engaged with a controversial debate about how biomedical knowledge is affected, for instance, by data-sharing and by the establishment of global databases.[10] Magary's post-genomics world represents data privacy an illusion for the naïve, and pictures the government as the attentive keeper of all citizens' genetic histories and records. A conversation between John and Matt, his future employer, during the end specialist job interview, unveils the genetic piracy happening just beneath the legal façade of the government, in an exercise of surveillance and control. Matt opens John's eyes to the genetic scrutiny of citizens and breaks the illusion of a medical relationship unspoiled by the omniscient gaze of power:

> 'There is a cure database? What about doctor-patient confidentiality? Isn't it illegal for the government to do that?'
>
> 'Oh my God! You're right!' I can't believe I didn't realize that! Hey Bruce, go alerts the feds, the government is doing illegal shit! Of course there is a database.' (209)

The comforting reassurance of doctor-patient confidentiality disappears, and citizens are stripped of their biological secrets. Because of genetic reading, recording, and rewriting practices, these citizens are transformed from objects of the medical healing practice into the traceable and controllable objects of governmental intervention acting through medical means. As a speculative (and dystopian) account of how the current use of global databases in health discourses appears to be developing, the novel hints at the disembodiment and reconfiguration of the patient as a collection of information about their health and genetic status. The patients are characters in a fiction created by combined discourses of medicine

[10] See Introduction; Singh and Daar (2009); and MacGraw (2012).

and digitalisation, in which the yet-to-happen but predicted events play a fundamental role. As characters and fictional patients in the broader sense, they are *objects* in the narrative but also *actors* throughout the narrative. They are given the tool to understand the biological truths for which they are the carriers and owners. This access to new insights on the organic self is not only a means for knowledge, but also a possible means to act in response to the medicalised and scrutinizing system. The novel does not expand on this, as the rebellion against medicalisation, that the thesis will enfold and address in relation to the other texts, remains potential. Nonetheless the germs for it reside in the way the medicalised being (or state) is constructed and also aware of its own structure.

The new awareness that the 'read human being' has of their potential legibility also implies an inner fragility engendered by the transparency of biological information. Exploring the narrative of Magary's text, reading its structure and its characters as genetically constructed (and de-constructible) entities, leads to an analysis of controversial forms of readability. The geneticist's figure as reader of the genetic script is juxtaposed to the figure of what I define as the *fictional meta-patient.*[11] By this term I mean the patients who are called to face and recognise their inner biological present and future selves. If the 'self-spectatorship of the intimate geography of one's body may engender a sense of alienation' (Chrysanthou 476), it can also be seen as triggering the necessity to be active and responsive about it. The novel presents passages where the impulse to obtain, exploit, and alter the readability of

[11] Patricia Waugh in *Metafiction: The Theory and Practice of Self-Conscious Fiction* (1984) defines 'metafiction' as a 'term given to fictional writing which self-consciously and systematically draws attention to its status as an artefact in order to pose questions about the relationship between fiction and reality. In providing a critique of their own methods of construction, such writings not only examine the fundamental structures of narrative fiction, they also explore the possible fictionality of the world outside of the literary fictional text' (2). If applied to the body as a fictional writing of genetic matter, a genetically modified body aware of its status as an 'artefact' that questions the relationship between fiction/genetic fiction and the reality it inhabits could be described as a *meta-body*. Since I consider these bodies as *fictional patients,* I would propose to call them *fictional meta-patients* as individuals that explore and critique, more or less indirectly, their 'own methods of construction'. For further readings on metafiction see Linda Hutcheon's *Narcissistic Narrative: The Metafictional Paradox* (1986) and Mark Currie's *Metafiction* (1995).

individuals becomes urgent and manifest, and where complete legibility equals a form of fragility. The postmortals in the novel, as meta-patients living in a 'transparent' and readable world, experience this fragility by either succumbing to it, or exploiting it as a weapon to perform an act of rebellion. This latter point is implied in the novel's apocalyptic denouement that sees, in metaphorical terms, a collapse of the genetically modified and transparent world, and that I will address in the concluding part of the chapter when analysing the representations of fragile and collapsing structures, and the nuclear bombing attack.

The edited *body* of the narrative: genetic editing[12]

In *The End Specialist* the readability of the human body is portrayed as an attack upon individuality; the attack can nonetheless be either welcomed – when it ensues from the desire to modify an unsatisfying biological condition – or rejected. To explore causes and outcomes of biological legibility I firstly focus on the narrative pattern, then on the representations of written and readable human elements (genetic matter and organic features), and lastly on the fragile and dangerous transparency ensuing from diverse expressions of legibility.

Considerations of readability are triggered from the very beginning of the novel, which starts with 'A Note About The Text From The Department Of Containment, United North American Territories' (Magary). This preface contextualises the subsequent series of events told by John and hints at a futuristic reality where the digital records of a man, namely 'sixty years'

[12] About the editing of the genome of organism, are to be considered the promises and concerns for the *CRISPR Cas system*, engineered to 'effect robust RNA-guided genome modifications […], substantially improving the ease of genome editing and, more recently, genome regulation' (Mali at al. 957). Nonetheless, as further literature shows, the specificity of the treatments in the process of targeting the genes to modify still needs to be improved, so that the therapeutic potential of this system can be used in human trails and curing procedures (see Ma, Yuanwo et al. 2014; Mali 2013).

worth of text files', are found in an old and yet still functioning 'wireless-enabled projected-screening device (WEPS.8)' (Magary 1). Notwithstanding that the author of this composite account of information does not have, except for his name, a proven identity, his electronic memories are immediately considered trustworthy: 'his writing', it is noted, 'is itself evidence supporting its own veracity' (2).

The written material seems to be more important than the person who produced it: it is the writing itself that functions as a proof of authenticity, regardless of the hazy identity of its bodiless author. Provokingly, the text suggests that John's own narrative defines his person as the author but, immediately after, it overtakes him in relevance. A gap between the narrative and its composer is created when the text (*corpus* of texts[13]) undergoes a process of editing, and the edited text comes to substitute John as the authentic teller of the story. The narrative loses the structure that its writer had chosen for it.

> In its entirety, the collection contains thousands of entries and several hundred thousand words, but for the sake of brevity and general readability, they have been edited and abridged into what we believe constitutes an essential narrative, the fundamental goal being to offer incontrovertible evidence that the cure for death must never again be legalized. (2)

This process of editing undermines any clear sense of the ownership and authorship of this recorded information. The entire narrative is implicitly disclosed as the outcome of an investigation, but also as an altered version of an authored heterogeneous corpus of texts. As such, I would draw an analogy between the edited structure of John's digital memoir and the structure of the gene therapy patient, treated as a text to read and (genetically) edit.

[13] The blog-style journal alternates John's own events, memories, and emotional accounts with shreds of news reports, interviews, documentaries, and reportages in an intertextual and intermedia pastiche of narratives.

The depersonalisation of personal data, detectable in the exploitation of John's electronic journal, hints at the current issue of medical information digital archiving. The debate about acknowledged ownerships and the problematic practice of depersonalising data in order to overcome privacy issues[14] are also tangentially but critically addressed by Magary's novel. The focus on John's WEPS presents a resonant connection between the structure of this specific book (which deals with genetic alteration) and that of the genetically altered human being.

Two structural elements of the novel, in particular, mirror aspects of the genetic practice. Firstly, following from what the novel's preface reveals, it can be noted how the electronic storage of memories that the narrator has recorded in his WEPS connects it to information on individuals' health and genetic conditions kept in medical centralized databases. The distribution of John's information, which is posthumously published and publicly shared in the edited form of a unified text, connects this to debates on the use, ownership, and dissemination of medical data. John's writing is exploited and instrumentalised by others to prevent the reintroduction of a cure against ageing. In using this personal 'matter', a process of preventative practice is taking place and the deprivation of ownership in the present becomes the essential element to stop an unwanted future event from happening. John's digital body comes to be exploited as a narrative showing how the future will be if the cure is legalised again. John's digital body is read and transformed, in this way, into a *narrative of the future to avoid*.

[14] In the article 'Building public trust in uses of Health Insurance Portability and Accountability Act de-identified Data' (MacGraw 2012) it is presented the concept of 'risk of re-identification' of personal medical and health data. The point of the article is that de-identified data protects the individual's privacy; however, at the same time, fostering the de-identification and preventing re-identification increase the gap between the human patient as exploitable (and dispensable) container of biological information and its very contents. If the latter do not undergo re-identification the privacy is guaranteed but part of the (biological) identity of the individual is, in this way, irrevocably uprooted from him. The person's body becomes 'non-body', as Baudrillard calls it, an 'electronic and virtual machine' (*Screened out* 1).

The second element suggesting a comparison between the structure of this text and the genetic screening and intervention is detectable in how John's digital data discloses his persona and contributes to making him a written (*fictional*) character. As already mentioned, gene therapy necessitates a reading of the genetic heritage of a person if aiming to alter their DNA. From a provoking point of view the outcome of the therapy becomes a body 'violated' in its private history and modified in its original structure. A similar violated body (of text) is that of John's records, which, once extrapolated from the abandoned WEPS (simulacrum[15] of the biological container that is the human body), and read in its entirety, is edited and released as a different version of it. The structural intervention creates a written text modified in its 'genetics', allegedly enhanced in its 'general readability' (Magary 2), but undoubtedly altered in its identity.

This preface introduces a narrative engaging with genetic practices by contrasting and criticizing them ('the cure for death must never again be legalized'). It is a narrative shaped to be employed as a preventative tool. However, the accusatory story is delivered through a means that is itself an altered, artificial, misleading representation of reality. While promoting public accessibility to knowledge by publishing an *original* historical testimony, it shows an arbitrary attitude of deciding what to make readable and understandable and what not. As the above quotation highlights, the text is presented as 'edited and abridged into what we believe constitutes an essential narrative'. Obtained from a transparent and legible source, this written and readable record of facts is anything but transparent: the reader is given an apparently truthful text, is told that the text has been altered, but not how. As such, it seems to offer transparency yet is in fact a deceiving artefact.[16]

[15] See *Simulacra and Simulation* (Baudrillard 1995).

[16] This brings the Foucauldian concept of *visibility as trap* to the contemporary and futuristic realm of genetics, expanding it from its primal association with discourses of surveillance and the state of control. On this regard see *Discipline and Punish* (Foucault 1996), especially the chapter 'Panopticism' and the emphasis on light and darkness.

The 'Note', in these terms, is not just an introduction, but a conceptual *mise en abyme* of the entire narrative. It anticipates the complications raised by the readability of the body, both as genetic text and as an organic and concrete entity, and unveils modes of exploiting transparency that later appear in the denouement of the plot. The novel explores problems related to extreme achievements in genetics but it also deals with the double-sidedness of genetic screening. In this reality, legibility betrays certain truths while promoting others, and the complete transparency obtained through exhaustive screening reveals weaknesses, besides biomedical knowledge and awareness. For this reason, in Magary's world of un-ageing people, the readability of (metonymical parts of) corporeality is pursued but also rejected. The focus on a few pivotal moments in the novel shows different ways in which the human organism is made legible and transparent, and suggests psychological and physical discomfort caused by such readability.

The readable *text*ure of blood[17]

Lisa Cartwright, exploring representations of corporeality in media, draws the attention to the history of blood in medicine. She particularly recalls the moment when, at the beginning of the twentieth century, physician Lincoln Watkins promoted it as the site where 'insidious

[17] The trope of blood in connection to life and death is extremely recurrent in literature, especially in gothic narratives. An immediate association is to vampire stories and to the power blood transfusion (in vampiristic terms) has in changing, killing, and giving back new immortal life. Nina Auerbach's *Our Vampire Ourselves* (1995), Catherine Spooner's *Contemporary Gothic* (2006), and Ken Gelder's *Reading the Vampire* (1994), are relevant reads on the matter. In *The End Specialist* John ironically asks the doctor whether the side effects of the genetic cure will make him sleep in a coffin and 'sprout fangs' (Magary 9) and the practitioner, in a simple answer, challenges the irony and suggests an unexpected (for both John and the reader) resolution to the short gothic parenthesis. There is a gene that turns you into a vampire, the doctor acknowledges, but that is not the anti-ageing therapy in question. The blurry boundaries between irony, science fiction pseudo-plausibility, and the actual limitless of genetic intervention are here given brief but relevant visibility. Moreover, the connection between the literary trope of vampirism and eternal youth features recent news about further advances in anti-ageing research. See Sarah Knapton (2014) and Ian Sample (2015) from respectively *The Telegraph* and *The Guardian*. For an insight on literary vampirism and medicine read Kim Pelis' 'Transfusion, with teeth' (1999).

signs of pathology' can be uncovered, thus becoming the primal ground for medical exploration (Cartwright 81). Similarly, in Magary's novel, blood assumes a central position, as its reading is essential to the genetic editing of the human organism, meaning that the patient-to-be needs to undergo a blood withdrawal before their personalised gene therapy is designed. It is on the blood sample that geneticists perform the DNA screening from which they gather the information necessary to synthesise a vaccine (Magary 6).

If blood is, as Cartwright suggests, 'a broader metaphor for the object of medical perception' (Cartwright 82), its analysis is a metonymical practice for reading the body and gaining the necessary knowledge to alter its biology and intervene in the script of the biological (and social) life of its owner. When John meets the doctor to buy from him this commodified 'immortality', he still embodies a simple-minded attitude towards medical achievements. He is fascinated (or rather blinded) by the alluring prospect of the unlimited extension of his youth, which he hopes will grant him 'all the time in the world' (Magary 29). There is no reluctance in letting blood be taken, scrutinised, and used to irrevocably modify his natural biological features. John is only driven by the desire to eradicate ageing – death's disturbing reminder.

John's personal *memento mori* is the vivid image, in his mind, of his 'rotting' eighty-five-year-old future self (Magary 8) and his only concern is to make it disappear – or, indeed, prevent it from occuring. With this pressing priority, he accepts the irreversible cure without thinking about its side effects. This genetic intervention confers life with agelessness, but also forecasts, as the doctor administering the cure reveals, a bleak end to it:

> [T]his is no cure for death, even if everyone is calling it that. It's merely a cure for aging. In fact, if Malthus's theory is right, you almost certainly *will* die. It may be a

> hundred years from now. It may be ten thousand years from now. But it will happen. And not in a pleasant fashion, mind you. What this cure guarantees is that you will never die a natural, peaceful death. And you're going to have to spend the next two weeks asking yourself if it's worth all those extra years knowing that your demise will inevitably come at the hands of disease, starvation, or a bullet. (7)

Notwithstanding the miserable epilogue that biological readability and alteration seem to offer, the protagonist welcomes the cure and thus the benefit of blood's transparency. Even if he does not gain actual immortality, the potential extremely long life is enough for him. Blood becomes associated in John's mind with life itself, as the carrier of both vital information and longevity.

> I'd never stopped to consider my own blood before. I'd only really thought of it as the fluid that occasionally seeps out of my body, causing me great alarm. Nothing deeper than that. Now I stared at the blood filling the vial, and it was that deep, rich, unmistakably red, the kind of red they try to reproduce in paint and in lipstick but can never quite match. It looked vital, as if it has its own pulse. Active. Alive. If all went according to plan, I thought, it would soon return to me even more so. (9)

John's understanding of his blood here is also metonymic of his position regarding genetic treatment. At this stage of the narrative he has a positive attitude towards the procedure: there is no mentioning of any problematic aftermath, and the stress remains exclusively on the life that will ensue from the blood alteration. There is no threat perceived, the blood that will become the carrier of the new edited genetic code is not an dangerous intrusion, but simply intensified in its structure, enhanced to be 'even more [alive]' (9). The biological fluid is willingly offered to the physician to be examined, giving access to the man's entire

organic structure. Still on the threshold of the dream of eternal youth, John enthusiastically lets his blood be the key to turn him into a readable and rewritable being. There is no thought about the frozen present ahead and about the irrevocable removal of a version of his future. However, John's attitude towards blood changes throughout the timespan narrated in his electronic journal. A brief passage where he lingers once more on the sight of his own spilling blood occurs decades later and tells a different story:

> I saw a hangnail on my thumb and ripped it out with my teeth; blood leaked out onto the ridge of my cuticle and into the small gutters on either side of my thumbnail. I licked away the blood, but the crevices just kept filling up again, unyielding. Blood after blood. I bit down on my index fingernail and tore it off, the top sheet of the nail coming off along with it. I spat it on the floor mat. (344)

This apparently meaningless event is dismissed in a few lines. Nonetheless, it is positioned strategically towards the end of the narrative where it sheds light over a further perception of the hematic fluid. Blood has here been deprived of its previous positive aura and leaks out of the body, as worthless biological waste that, nonetheless, keeps reappearing, as young as always. Sixty years have passed from the moment John became *postmortal*. His professional situation (he is now an *end specialist*) has changed and so has the social context around him.

In this timespan the cure has spread and become accessible to the majority of the population. However, in this gene therapy's *golden age* several hostile forces have also developed in response to the genetically obtained un-ageing state. '[P]ro-death' (Magary 30) terrorist cells and extremist sects aiming to physically damage the lives of un-ageing people by attacking and disfiguring their bodies (101-102) have emerged, affecting the equilibrium between individuals and between states. The world sixty years after the extraordinary

breakthrough in genetics is particularly close to a dystopian scenario of an imminent apocalypse. John starts perceiving the consequences of the cure when the end specialists are no longer called to legally perform well-paid and planned executions. As introduced above with regard to the Skeleton Key and the subsequent pandemic, end specialists become governmental 'subcontractors' (361) employed to execute condemned criminals, to eliminate troublesome citizens who represent a threat to society's stability and well-being, to 'sweep' contagious sick in order 'to prevent further infection' (361) by unknown fatal viruses, and to euthanise old citizens. It is when the request to start killing the elderly arrives directly to him that John eventually leave the profession.

The section of population spared by this governmental intervention is that of the postmortals who keep genetically modifying themselves to be immune to known and unknown diseases. These people too, notwithstanding the fact that they represent a privileged group, suffer from the genetically-driven turn of global events, and undergo an implicit form of confinement and oppression. Frozen into their biological un-moving time, trapped into an un-changing and biopolitically controlled state, they can benefit from social security only under specific conditions. The citizens 'worthy of protection' have to be in constant control of their own health and undertake expensive gene therapy treatments to maintain the absence of diseases.

John's renewed approach to blood is an anticipation of his changing view towards a system that is becoming increasingly dependent on genetic control and alteration, and towards his profession. The lingering attention towards his bleeding fingers can be a reassessment of his position towards the readability of the body's organicity too. Considering the almost sacred value John has bestowed upon blood at the beginning of the novel, and the richness of information and genetic craftsmanship that his blood contains, this forced hematic leakage

is emblematic of a change of mind. Earlier, blood was for John full of life, valuable and not dispensable. Now it is instead allowed to pour out of wounds – as small as they might be – and spat, as rejected, on the floor. He deliberately carves the blood's pathway out of his body, as if in an effort to free and empty himself from it. Can this action therefore be considered as an attempt to also reject what this 'non-site fluid' (Cartwright 81) metonymically represents?

As disclosed in the words that John receives from the doctor in the opening of the novel (Magary 6) blood is the element that carries the history of genetic life, past and future. When John bites his fingernails and cuticles, letting the blood spill and pour out of his body, he takes action and frees himself from the power the blood alone (*ex corpore*) represents. Blood is indeed the key for his biological secrets, it is the *password* needed to enable a *re-programming* of his organic and social self. John's action can be performing the desire to let this genetic imposition out of his imperishable body. This 'imposition' has in fact affected both his 'book' of life and 'script' of life since the moment he took the cure. This almost parenthetical passage functions as a final stance against the readability and subsequent alteration of his own biological persona. It is true that *postmortals* are already genetically written, but they are in a social, political, and biological position likely to be edited and written again. In a sense, the postmortal mirrors the NHS figures mentioned in the opening paragraph of my Introduction; silhouettes displayed as anonymous and yet filled in with information of diseases and health alteration to be read, erased, and perhaps re-written.

Letting the blood flow away is a symbolic image of refusal. It is a rejection of the readability of the inner biological self and of the kind of life that genetic alteration has trapped the protagonist into. Giving up his position as an end specialist is the ultimate stance against his involvement and commitment to that social devolution triggered by the cure and fostered

by governmental interventions. This focus on blood questions the welcomed and rejected readability of a substance filling with modified genetic information the deep meanders of the body. Nonetheless, its epidermal coverage also unveils a further form of readability. Skin, affected by genetic intervention, both directly (it is conferred eternal youth and immutability by the cure) and indirectly (people opposing the cure turn it into a site for violent acts of resistance or spite), offers the more outward level of embodied legibility.

The skin: a concealing blank canvas

The epidermal coverage of the human body, when medical alterations prevail, becomes as exploited as the organic and genetic matter it enfolds. Tell-tale signs about private biological information can be found written on this surface. Both protecting and revealing, skin assumes a double role – fostering and obstructing legibility. In a few passages of the novel, skin becomes the writable and readable canvas revealing, willingly or not, the fulfilment of genetic editing and the success of the cure for ageing. The postmortals' condition can be read off their skin – something that is, perhaps, beneficial, but also enables identification, which becomes a threat to their privacy and life.

To look at these characters, I want to return to the passage that opens this chapter, concerning John's reaction while looking at his unchanging postmortal image in the mirror. Then I move to later narrative extracts that present skin as a form of writable support, a physical space where secret biological data is revealed, and where the recourse to genetic treatments is openly disclosed, provoking in the skin's owner embarrassment and shame. Besides blatantly challenging the concept of biological privacy, these forms of imposed readability seem to be asking: why does this 'exposure of privacy' appear less acceptable

than the thorough invasive investigation effected during the human body's 'genetic close-reading'?

John, staring at his face reflected in the mirror, notices the absence of those signs that time should have marked on it. He then compares his reflection to all the photographs of himself he has been taking daily since the genetic metamorphosis occurred:

> I took a picture again this morning. Still the same. The nose. The eyes. The brow. The chin. Nothing has sagged. No creases have formed. I scrolled through the "Face" folder in my library to compare it with the others. There's no real variation, except when I get haircut. […] My hair gets a little bit longer and a little bit longer, then I get a cut and my image resets, like one of those antique typewriters that slides back into place whenever you hit the carriage run. Though the hair gets longer, not a whisper of it gets greyer. (Magary 83)

John's face, metonymical here for his entire organic body, has become an object somehow separate from him, a frozen mask, an image to be stored in a digital 'library'. John's list of features left untouched by senile mutability reveals his frustration; rather than being a welcome symbol of his eternal youth, it is instead the detested symbol of the negative, *static* consequences of genetic intervention ('*still* the *same*, … *no* real *variation*, … *slides back* into place…'). John, as mentioned at the beginning of the chapter, angrily laments that in the attempt to read his face it would be impossible for anyone to see any changes, nor to 'tell a damn thing' (Magary 84).

I would argue that John both regrets unreadability of his appearance *and* rejects another form of transparency given to his appearance by genetic intervention. As if he were

promoting the advantages of being legible, he openly laments the absence of a 'story' or 'history' (Magary 83, 84) written on his face. He misses his body's ability to reveal the signs of a lived life, marked in the creases of an ageing face. The repetitive resetting of the 'antique typewriter' (83) that he compares to his image stresses the act of (non)writing happening *on* his body, while the genetic re-writing has happened *within* it. By producing no visible signs, this reverse deleting operation symbolises a form of entrapping stasis.

However, his unchanging face *can* be considered a tell-tale sign itself which discloses, by showing no evidence of time passing and no ageing occurring, the recourse to DNA alteration. Again, the typewriter image is useful here to visualise this particular disclosure of signs: although the blank following the movement of the typewriter clearly implies the absence of words, it is however the result of this specific act of (type)writing. At a first glance, John's young face appears to be as mute as a blank page but it is the actual invisibility of signs that makes *visible* the truth and the genetic (new) history beneath his smooth ageless skin. This static physical condition openly reveals – through the unchanging features – the immutability men and women endure by accepting this form of gene therapy.

The element of immutability issued by the storyline prompts a further question: does the inability to write and read a story on one's own face preclude living and experiencing it as well? This question relates to the anxiety triggered by the understanding that the absence of a readable (past) history implies the absence of a future life to live and write. 'This is how I look now. This is how I'll look when I die' (Magary 32) is what John states when he first takes a picture of his frozen young-appearing self. The immutability existing between the moment 'now' and the moment of death seems to erase the temporal distance between the two and makes 'now' and 'death' blur together.

The skin of the postmortal is not simply a story-less canvas, but an edited paper telling a different narrative. I read the protagonist's annoyance as resulting from the grim realisation of being *readable* as an unchanging individual who already shares features with his future corpse. The recourse to radical genetic alteration is made public and detectable in between the 'blank' lines of the not written and yet readable story on his face. Hence, regardless of the explicit lamentation about the lack of legibility, I would argue that John is also tormented by being *readable* and *read* by others – including his own judgemental gaze, which stares at a present biological condition from which temporal distance from the future has been genetically dissolved. This 'different' visual narrative (the mirror reflection) that tells without showing becomes as terrifying as the withering *memento mori* of senility.

It is on the skin that we can also trace some of the consequences and tensions triggered by the *genetic turn* represented in the novel. A peculiar form of physical violence develops, targeting members of the *postmortal* human population. Alongside forms of criminality oriented to 'wreak havoc' in people's life with vandalism, bomb threats, and electronic thefts, disfiguring the genetically modified young-looking citizens becomes another expression of criminal violence. As a morbid form of resentment corroding those who cannot afford the cure, this practice becomes a brutal exemplification of forced legibility. The assaults result not in random wounds but scars bearing a specific meaning. A representative of this net of 'hatred movements' is the sect Bridge606, whose members are called Greenies for their green-painted face (Magary 161). The scar left on the bleeding skin of their victims is not only a calculated act of symbolic violence, but is designed to reveal the private information of the wounded person, namely their date of birth. John himself is attacked by Greenies (159-161), and branded with the tell-tale scar of his birth date. In the passage, the violence begins even before the actual carving of the skin with 'numbers and slash marks' (160), with this theft and display of private data:

> "What is your birthday, buddy?"… "I don't want your wallet. I want your birthday." … "I said, what is your fucking birthday?" … "You don't tell us your real birthday … we'll write the whole alphabet on your body". (160)

John eventually succumbs to the pressing request and utters his date of birth as if it were a death sentence. His reluctance in revealing the information certainly forestalls the expected pain of the brutal 'writing' on the skin. However, also hints at a form of reticence in letting his biological information be extrapolated and openly displayed. Although the Greenies' act remains quite private in its outcome since the carved skin can still be concealed to the external gaze with clothes, it nonetheless brings private biological data to the surface. The violence pervading the sequence suggests the difficult acceptance of bodily readability: the pain physically suffered under the engraving symbolically equates the psychological one of being 'written' and therefore readable, even just by oneself.

More painful than physical suffering is the overwhelming humiliation that seals the episode: being marked with one's own date of birth appears to be, for a postmortal person, a reason for embarrassment that is unlikely to disappear. This indelible 'stain' of shame is given a higher symbolic value when John acknowledges that even plastic surgery would not be able to delete it: 'I'll see a plastic surgeon, though I doubt he can erase the scar entirely. There'll always be a reminder' (163). It is hard to believe that in Magary's postmortal and largely medicalised world a scar can still represent a lost battle for plastic surgery; and it is this incongruous statement that reveals the problem, physical, virtual, and conceptual, of management and display of personal data. This factual aporia of John's narrative confers the skin more relevance: it is not simply the organic matter that *could* be fixed by surgery, but the canvas bearing both unreadable signs and new inflicted ones. For John his scar is a

reminder of his birthday, the ineffaceable sign of a violation of his privacy with which his torturers will 'forever mock [him]' (Magary 162). His deep shame implies that the revelation of the genetic cure's acceptance is strongly rejected. Like blood, container of altered genetic information and expelled from the body as if unwanted, this tell-tale cicatrix holds a specific knowledge of what would gladly be forgotten.

The revelation of this private information – extremely relevant in a context of a-temporality that the cure for ageing has generated – is often accompanied by images of corporeal and intrusive abuses of which the episode just mentioned is only one example. Another character of the novel, Solara Beck, is victim of a similar fate. A postmortal, and the protagonist's romantic obsession since the beginning of the narrative, she fully enters the plot as a target assigned to John in his role as end specialist and subcontractor. Already on the verge of abandoning the profession, John is reluctant about his task, and starts listening to Solara's story of forced affiliation with pro-death terrorists and her eventual escape. Involved in an abusive relationship with the violent head of the movement, Randall Baines, she is branded with her date of birth and left by the man after he finds out she is a postmortal. In this case, the gruesome engraving is not a sign of mockery, but an 'expiration date' (Magary 368). For Solara, turning eighty represents the moment when Baines or people from his circle are supposed to terminate her. The indelible sign marked on her back is both death warrant and *memento mori*.

> [Randall] is what I fear. He's what I've always feared. Even now that he is dead. Especially now, because he bequeathed his hate to so many. I don't know what they look like or which one is coming for me. I never know who's gonna be lurking around the corner. The police and the end specialists and the nutjobs out in the freelands,

> that's all no big deal. But I know Randall's folks have an eye on me. I know he's got an hourglass with my name etched on the side. (368)

For her, being readable means being near death: her 'imposed transparency' nullifies the effect of the cure in that, despite not ageing, every day brings her closer to her termination.[18]

A third example of such violently exposed biological personal data deploys a different modus operandi for the same outcome, and reveals a closer connection with governmental means of biopolitical control. Among the speculative and thought-provoking carnival of grotesque and disquieting consequences of genetic technologies, the novel depicts a particular measure introduced by the Chinese government in order to trace down and stop the spread of the cure. The cure is illegal in China, and is kept under control by tattooing new-borns in hospitals with their date of birth – as well as systematically trying to tattoo the rest of the population. Not engraved in the flesh but inked in a neat tattoo performed by doctors under governmental regulations, the sequence of the birthday date still brings knowledge to the surface, against the will of the owner of such information. This further expression of induced legibility imposed upon a 'written' body is reminiscent of the metaphorical act of what Agamben calls 'bio-political tattooing'. This refers to the public display of 'the most private and incommunicable aspect of subjectivity' that is 'the body's biological life' in relation to measures of state security (Agamben 2004).[19] The inking of the skin told in the novel finds a

[18] This 'imposed transparency' is made concrete as a scar on Solara's body. The fate-determining power of engraved, or *etched*, writing plays a central role also in another narrative about the unveiling of knowledge (of the self and of the other) held in the future. In *Minority Report*, analysed in Chapter Six, the binding nature of a written revelation, together with visual images, condemns individuals (to a quasi-death condition) for crimes that have not been committed yet.

[19] Here Agamben is referring to the issue of citizens' registration in national territory and for international transit that he discusses in the article 'No to Bio-Political Tattooing' (2004) published in *Le Monde*.

connection with political and governmental dynamics in non-fictional contexts, and problematises the act of turning *too* legible individuals' biological identity.

The description of the tattooing is reported in an email by Chan, John's former Chinese colleague, and is described as pervaded by oppressive violence and abuse. Chan, at the hospital for the birth of his son, is forced to reveal the absence of the tattoo on his skin. He therefore has to undergo the procedure:

> 'Do you have any identification?' the doctor asked. I produced some. Then he said, 'I need you to roll up your sleeve.'
>
> I panicked. I jumped to leave the room, but the policeman blocked the way and threw me to the floor. The doctor joined him in holding me down.
>
> 'You must not resist!' the doctor screamed.
>
> […]
>
> They strapped my arm down, and the doctor branded me with my birth date. I could see the ink spreading under my raw skin, seeping into the dermis and staying there forever. (116-117)

Notwithstanding occurring at different moments in the novel a line can be drawn linking John's skin violation and those of Chan and his son. Like the scar, the tattoo is intended to be indelible – Chan is 'branded', his data written *into* his skin and made recognisable, traceable and, once the discrepancy between his chronic youngish appearance and his biological age becomes evident, punishable. The parallel between the carving of the knife penetrating John's flesh, occurring later on in the chronology of the novel, and the ink penetrating Chan's epidermis is evident. This correlation makes clear how disturbing the acts of being written upon, made legible and read are in the novel. This depiction of hideous and violent

forms of writing positions the act of disclosing biological information on a slippery edge separating two possible outcomes. Knowledge and revelation of biological data is a favourable contribution aiming to improve or mend health conditions (if we consider, for example, the necessary biological screening step, preceding every form of surgery). Nonetheless, the revelation of such information also creates a separation between the owner of the information and the information itself, thus affecting the information's ownership.

In these passages the novel shows forms of extorted permissions to be read, deprived of private information, and subsequently written. A shadow of helplessness overwhelms the characters and their victimised status. However, the legible status imposed on them and on their corporeality also fosters an act of self-scrutiny of one's own disclosed biological truths, and hence, a form of agency.

Meta-reading the transparent 'script'

Under the fictional potentiality of genetic intervention, the character as a fictional meta-patient is both offered transparency of information and is also subjected to it. As Josè van Dijck points out, '[l]ooking into a body and mapping its organic details is never an innocent act' because it can 'confront people with ambiguous information, haunting dilemmas, or uncomfortable choices' (van Dijck *The Transparent Body* 8). '[L]ooking' and 'mapping' affect not only people's 'book of life' but also contribute to drafting a new 'script of life' for those undergoing this screening and modification. Once aware of it, they might then be forced to follow it. The genetic past and future history of the patient functions as the structural frame of their script of life, a script that can be read, meta-read, and (forcedly) enacted. Or that can collapse under the consequences of over-exposure and a too-revealing legibility. The

'ideal' transparency that genetic screening and medical science in general, as van Dijck claims (5), aim at can reveal an undeniable fragility. What can happen is that the meta-patients might not accept this new version of their life and end up refusing the entire apparatus of transparent knowledge that genetic diagnosis and intervention have generated. As Baudrillard points out, transparency (together with utopias and perfection) 'becomes terrifying as soon as it is turned into reality' (*Screened Out* 199), and the characters who are enabled to see their own future life (or even shreds of it) might not be ready nor willing to accept it.

The transparency that Magary confers upon his near-future world not only affects the physiological and biological controllability ensued from genetic intervention, but it affects other aspects of human life, making its fragile structure detectable in different social contexts (familial affairs, social health dynamics, international and political relationships). Marriage, for instance, as a phase of human life traditionally connected to the idea of a life-time duration, is conceptually affected when the limitlessness of one's lifetime poses the potential for an endless marital commitment. With the pretext of a legally-binding contract that stipulates an end to the marriage after a set number of years, the discourse of pre-symptomatic predestination and its consequences on the diagnosed party appears between the lines. In a passage of the novel, John's sister is told that her marriage is going to end in ten years. By receiving a 'diagnosis' regarding her future self, she becomes like a patient who has received a forecasting diagnosis and who can hence see (as a meta-patient) her present and future conditions unveiled before their eyes. The fictional meta-patient, as mentioned at the beginning of the chapter, experiences the complications of transparency and readability.

The passage in question opens with John having a conversation with his sister, Polly, in a bar. The journal entry reads 2031, roughly a decade after the cure became a widespread medical procedure; the two siblings are sharing different views on the institution of matrimony. Polly is complaining because her husband wants to convert their marriage into a 'cycle' one (Magary 179) and therefore put an expiry date to their mutual commitment: in ten years he would be legally released from the contract, and so too would the wife. The disturbing element in this parodic sketch of the volatility of human sentiments is the absence of symptoms leading to, and justifying, the marriage termination. The 'death' of the romantic social agreement between Polly and her husband is artificially crafted, and develops latent and unseen until its eventual termination, or divorce.

> '"It's Mark. He wants to convert to a cycle marriage. John, he wants to leave me ten years from now. […] It's awful. He hasn't cheated or anything. He has helped with the kids and been supportive of me – the night classes, the master's degree, and all that. He's never been anything but wonderful. And now, this."' (179)

This particular knowledge of a definite and *terminal* (in the medical connotation) outcome places Polly in an a-symptomatic position where the patient is presented with a 'terminal' diagnosis without a cure.[20] Nonetheless, by saying 'I am not even sure this is a marriage anymore' (180) she adopts the position of a concerned metaphorical meta-patient who looks at her disclosed future (matrimonial) life and cannot bear the sight of it, as 'all [she] see[s] is this ticking clock' (180). She is offered the script of her life as a fictional future narrative edited by the genetic intrusion. In this narrative she reads herself as the 'postmarried person' (180) that she is not ready to become yet, or rather, at all. She takes an active role in editing her 'script of life' by rejecting the *status quo* that has generated this

[20] With regard to the limitation of diagnosis of potentially future diseases when a cure is not yet available see Kaplan (2002).

devolution in human relationships, namely the still healthy marriage. She reluctantly takes on the position stating that if the marriage is going to die, it should perhaps stop 'living' in the first place. To the woman, the marriage is seen as already over, crushed under the weight of transparency: the disclosed future is negatively affecting the present, turning ill and moribund what is not (yet).

Polly is thus portrayed as the one who, in the end, makes the transparent structure of her marriage collapse by voluntarily departing from the script. Her brief storyline opposes the transparency of a world too hastily frozen into a genetically chronic youth. However, this is a reality that she has chosen to inhabit in the first place, and that she is now rejecting. She is not only a *read* character scrutinized by genetic screening (she is a postmortal), but she is also a *reading* one. Although not as a geneticist, she manages to exploit the legibility of her own disclosed matrimonial future and becomes meta-reader of her own 'script of life' that she acknowledges, rejects and rewrites. As an expression of fictional meta-patient she inhabits and performs the imposed fictional narrative that genetics has constructed around her.

A simple 'read character', a passive patient, is a transparent one subjugated to the intrusive and scrutinising act of DNA screening; whereas a meta-patient character *is* read, but, being self-aware of their data and information, engages with their transparency in a more active way.[21] This figure can be seen as opposing what is read by putting into question the act of genetic investigation *tout court*. This analysis focusing on a minor character (Polly) shows how the threat to the fragile transparency of a genetically altered (and controlled) world is contaminating the structure of the narrative. Polly's potential meta-intervention

[21] John Anderton, protagonist of *Minority Report*, with the visual awareness he gains about his future and the crime he is apparently going to commit, becomes a more complete and emblematic representation of a meta-character and meta-patient.

(contemplating the end of marriage *before time*) suggests a challenge to the passivity of the 'read' character.

The fragility of the post-cure world

The crumbling institution of marriage is a metaphorical embodiment of the failure of the transparent and too-fragile world that the extreme recourse to gene therapy has generated. The image of hospital glass doors through which a gruesome account of dying humanity is observed by John in a mirror-like contemplation, and the visual description of collapsing glass buildings, bring the discourse of 'fragile transparency' from a metaphorical and virtual level closer to a more concrete one. Although highly symbolic, these narrative moments refer to the fragile and breakable structures physically attacked by the spreading of genetic transparency and its consequences.

Late in the novel, John is brought to a hospital after been struck by a heart attack (Magary 315). This passage presents the proximity between the personal genetic condition of meta-patient and the social and biopolitical 'state of things' in the postmortal world. The failure of John's externally-young body forces him to face the likewise collapsing facade of a society in which the healthcare system is degenerating despite the outstanding achievements in genetics. The crowded hospital emergency room is a bleak snapshot of this decay:

> The ER's enormous glass automatic doors were already wide open, with a line of people stretching out of them and hugging the side of the building as it extended around the corner. Some of them were in wheelchairs. Some were lying on the ground, ailing. Scott sprinted inside the building to find the front of the check-in line. People were parked against all sides of the hospital breezeway, between the two

> sets of glass doors. Beyond that, I could only see slivers. More bodies. Every time a crack between two people opened as they jostled around, it was filled by another body not that far past. (Magary 317)

Suffering humanity is on display, vulnerable, bare, and readable through the glass doors of the hospital. When the injured John arrives at the hospital gate he sees dozens of people in pain standing on each side of the glass entrance. It is like looking at himself, while temporarily merging and blurring with them. In a game of reflections, mirroring, and self-recognition occurring in the context of medical and genetic transparency, John is the meta-patient witnessing his failing condition (whereof the physical decay is the metonymical representation) and beginning to grow a feeling of refusal and a drive toward self-disruption.

> I joined numerous other folks with bullet wounds, hacking coughs, burns, and pretty much anything else you could tick off on a chart. We lay there together in the night's deathly humidity, melting and spreading like lumps of cookie dough thrown in an oven. (317)

Even just for a moment the man becomes part of the crowd. With the odd analogy between the human multitude and an indistinct bulk of 'cookie dough' (317), others' wounds and illnesses become John's own. These people are suffering the strokes, not only physical, inflicted by the postmortal and increasingly agonising, overpopulated, and genetically modified world. A composite and yet fragmented picture of this world is stored in John's WEPS and reports disastrous devolution in international relationships (320); the spread of unknown illnesses and viruses (329) and of a new 'overcrowding anxiety disorder' (321).

The social violence of the Greenies and other 'hatred movements' (161) and practices of legal termination of 'unsuitable' citizens are symptomatic of the metastasis growing within the legible and transparent body of a society that has embraced genetic alteration. In the above passage, the metastatic condition is seen and 'diagnosed', thanks to the transparency of the setting (glass doors), by the eyes of the narrator. Looking at those people, reading them in their corporeal decay is, for John, like reading himself. He turns into a meta-reader of his own – collective – condition of human being. By undergoing the process of gene mapping and taking the cure himself John is a 'read character', scrutinized and screened in its 'book of life'. Now, like his sister Polly, he is also a *reading* one, presented with the overwhelming misery that the genetic invasive process has generated. He acknowledges how humanity's book of life has been irrevocably altered, and how the new 'script' does not present a perfect future but instead social devolution and pain.

As the biological body, the social (global) body undergoes the consequences of the genetic normalisation and spread. An emblematic episode that Magary's text brings forth is the collapse of glass towers bombarded and torn into pieces in China. These images, part of a panoramic view over what is happening across the postmortal world, reach the narrator's eyes through the screen of his WEPS:

> Aerial shots showed entire sections of land blasted clear and clean. […] They zoomed in on sections of Harbin, showing terraced palaces that had collapsed down flat … They showed the remains of recently built glass towers that had been crushed, scattered about the rest of the city like shards of ice. (330)

The specific use of the shattered glass imagery is relevant in this reading of fragile and transparent structures. If the political reasons behind these expressions of violence over the

body of the State could superficially fit the straightforward pattern of three super-states at war (US, China, and Russia), a different interpretation points at the performance of 'humanity against humanity' at play here. The massive disruption, manifesting itself in this particular bombing and, later in the narrative, in nuclear attacks (Magary 395), represents the devolution of the human beings' attempt to alter nature and control its genetic structure. They are tearing themselves apart by reaching for the ultimate fracture, to eventually put an end to an unbearable condition.

'[R]ecently built glass towers' (330) become a symbol embodying human proud achievements (the shining and high-promising building of medicine and genetics) that nonetheless recall fragile structures. Moving away from a strictly political interpretation of the bombed towers (and the easy association to post-9/11 terror), I would treat this self-destructive attitude as a symbolic rejection of transparency. In this dystopian narrative, transparency has conferred upon humanity the self-awareness of its own inability to face the result of the genetic artificial alteration of the human being. Like the meta-reader (John), scrutinising its own damaged human matter at the glassy hospital gate, so the electronically and visually connected world looks at itself and can advance its own meta-diagnosis. When such a diagnosis is, in medical terms, terminal, does the disruption drive mentioned above shift to a sort of euthanasia of an agonising, rotting body?

Here the metastatic imagery returns, and the active stance taken by humanity reading and disrupting itself is the outcome of a too far-reaching and presumptuous project. This display of decay (of the human body and of the institutional body) offers two interpretations: the first pinpoints it as an inevitable and suffered failure ensuing from the extreme exploitation of genetic readability and alteration; the second individualises it as an end point voluntarily

triggered by its very objects/subjects (human beings) in the attempt to create a tabula rasa released from corrupted and corruptible shreds of genetic knowledge.

The illusion of a shattered transparent system

This chapter has suggested that the legible and transparent condition brought about by DNA screening and alteration does not result in a foreseen and manageable future. Instead, it triggers narratives of the future that influence and affect the present, as diagnoses *before time*. For the gene therapy patients of the novel, who accept the form of deceiving and constructed knowledge turning their future into a chronic present, the illusory empowerment facilitates their own entrapment. The fictional speculation upon a post-genomics world created by Magary proposes the artificial reproduction of a present deprived of a future. The future appears in the novel under the metonymical form of diseases yet-to-manifest, but which can be cured with expensive preventative alterations of the genetic code, and of death. The narrative of the negative outcomes of something that could have been prevented assumes the nomenclature of a preliminary form of 'fiction of medicine', a concept that I will develop in more depth throughout the thesis.

In this genetically enhanced and defeated world, where euthanasia and pseudo-legal murder are institutionalised, men and women lose the identity of independent individuals, and become characters (*fictional patients*) that develop agency as meta-patients, but still embody designed (written) figures. The concept of entrapment and containment both in space and time of the medicalised individual will be expanded in the following chapters, especially in relation to the medical facilities of Holmqvist's dystopic novel *The Unit*. In Magary's novel, two features problematise the victimised role of *meta-patients* in a genetically crafted world: firstly, the transparency that gives these characters the self-

awareness of their position; secondly, the uneasiness they detect ensuing from that increased knowledge of their self (body, persona, role). These features offer them a means for rebellion. If they manage to recognise the fictional narrative they are embedded in, they can effectively try and break it, as John does, by abandoning the role of end specialist. However, in response to the uneasiness of the transparent character that he also embodies, he opts to succumb to the global destruction that is tearing apart the postmortal world. He hence achieves death under the blast of those bombings mentioned earlier as his ultimate (self-annihilating) stance against the genetically entrapped and corrupted world, and against its dangerous legibility and re-writing.

The unbearable knowledge, awareness, and self-awareness that I have presented as the causes of the individuals' refusal of legibility, are also the trigger for a 'political' stance against a subjugated condition, and for a form of rebellion fermenting and fomenting from within. Magary's transparent bodies constitute the transparent, readable, and meta-reading system: the violence epitomised in the allusive images of bombing presented in the novel does not simply represent the individuals fighting against the scrutinising and scrutinised social and political reality they inhabit. It is instead the depiction of that very reality acting and collapsing upon itself. The rebellion is a 'meta' one: occurring upon the self and performed by the constituent part (transparent human beings) of the very enemy being opposed (the transparent system).

In the world that Magary has envisioned, then, the figure of the 'end specialist' appears as the most needed contribution for the society of the postmortal, ever depending on genetic maintenance. The germ of a willing termination, or fracture, of the edited 'script of life' is nested in the storyline from its very core and develops throughout the narrative; and also reacts to the idea of temporal entrapment provoked by the un-ageing condition. If the final

stage of the escalation of violence perpetuated by humans on humans is the nuclear bombing of Russian (Magary 385) and American ground (401), the prodromes of this denouement are detectable from the beginning of the narrative. Happening just after John enters his postmortal life, an explosion blows up one of the buildings where the cure is administered (43). Not only emblematic of the assault against the institution of medicine, the collapsed edifice is the metonymical ruinous ground portraying, *before time*, the social devolution or degeneration ensuing from the human genetic man-made evolution. This terrorist action anticipates the outcomes that the attempt to create a fictionalised utopian reality inhabited by un-ageing legible, transparent, and medicalised bodies will generate. The fracture may represent those 'dramatic effects on the internal *structure* of society' that Fukuyama attributes to practices of life extension generated by biotechnology (Fukuyama 64). The fracture also hints at the fragility to be found in the general discourse of prevention, and in those narratives that justify mass-medicalisation in response to future (potential) threats.

In conclusion, this chapter has explored the paradoxical temporalities of what I have called the ante-tempus patient. I have shown how the preventative drive to stop the future from developing has come to inflect the present with an artificial reconstruction (or *pre*-construction) of a future yet to come. I would propose the fictional meta-patient as the conceptual first approach to the complex subjectivity of the *ante-tempus patient*. In the following chapter, the characters of Ninni Holmqvist's *The Unit*, with their exploited organic *present* selves, will represent a more mature, and thought-provoking evolved version of Magary's postmortals, as medical subjectivities shaped by the outcomes of medical futurology. *The Unit* opens the door to preventative intervention on the larger scale, where biological readability joins social and financial scrutiny in creating a reality of containment, stasis, and exploitation for an allegedly and perhaps illusory better time to come.

CHAPTER 4

The Ante-Tempus Patient: Raw and Ill Material for a Bio-Utopia

> The next painting… showed a bluish fetus in its fetal sac, against a warm, blood-red background with blue veins. The foetus was shown in profile, but was twisted in an unnatural shape: the narrow, still transparent arms and legs were bent into the fetal position, while the upper body and head were turned to the front, facing the observer.... It was also difficult to decide whether the fetus was dead or dying, or capable of life but severely deformed. I leaned forward to read the title: *To be or not to be – that is the question*. (Holmqvist 86)

Through the entrapping net of bluish veins, a foetus is scrutinizing, with its eyes blinded by the darkness of the painted womb, the world outside its own organic microcosm. Its head 'turned to the front' almost demands its observer to look at the canvas that, as the narrative will unveil, shares similarities with a mirror. In the 'the Second Reserve Bank Unit for biological material' (Holmqvist 20), the dystopian setting of the Ninni Holmqvist's novel *The Unit*, an art exhibition is taking place. Those viewing it are the residents of a pseudo-medical facility, who are referred to as 'dispensable' (15) because they are considered unproductive members of society and for this reason are turned into inmates undergoing medical experimentations and ruthless forms of biological exploitations. The narrator, too, is an inmate – and her attention is caught by the painting of the foetus, causing her to linger in describing the curious and disquieting anatomy of this 'transparent' potential human being, unable to decide whether it is 'dead or dying, or capable of life'. The image of this foetus hints at a story of an arrested development that is, nonetheless, a form symbolising creation

– a frozen but not eliminated potentiality. Can life and death be held at once, if time has somehow been stopped?

It is the potentiality of such a condition that problematises the identity of a simple painted foetus and connects this picture of a scrutinizing human being *in potentia* to those individuals looking at it. How does the coexistence of death (of a drive towards death), and of the capability of life affect a subject's identity? When questioning the 'capability of life' it is not only the capability of actively participating in the action of living to be considered: being 'capable of life' does not simply imply being capable 'of leading' a life but also of allowing/providing life, of creating life and not necessarily for oneself. This foetus is a symbol that triggers the gradual unravelling of the process of biological and social exploitation in the novel aimed at pursuing and harvesting health in a preventative manner. This symbol will be put into comparison, throughout the novel's analysis, with the residents of the units, and their ambiguous role of pseudo-patients.

This novel engages with the social and political possibilities generated by contemporary medicine and future-oriented science, including its potential to achieve a future free from illness. In the novel, the target of medicine appears not be finding a cure to heal the 'now' but instead a social and biopolitical means of seizing control of health and harvesting it in order to envisage and virtually construct a disease-free future. The medical gaze cast upon the present becomes a retrospective one, actively operating on society in the present in order to meet its future-disclosed needs. If the retrospective medical intervention works to achieve control, understanding, and management of biological human matter, its implied outcome is that the status of 'patient' (as we currently understand the term) eventually becomes redundant in a future scenario, even as it is expanded to become inescapable in the present. A further question is thus put forward by the analysis of the novel under this

particular reading: if people undergoing medical treatment in order to improve their physical condition – and thus for their own benefit – are to be seen as patients, how could we define individuals enduring medical intervention aimed at achieving a health they will not experience and from which they will not benefit? These are men and women used up to obtain health to be exported and experienced outside themselves, away from their organic self

This chapter argues that *The Unit* offers a fictional stage for the representation of a collective subjectivity of patienthood in which the artificial triggering of illnesses proceeds hand in hand with a form of health harvesting. It contends that these processes take place within and upon the body of those men and women performing and enacting the role of patients in an anticipated (*ante*) temporal dimension. By moving from a wider overview of biological exploitation in science fiction to a focus on the exploitation performed upon the characters in *The Unit*, I seek to create a connection between the figures of Holmqvist's *dispensables* and the concept of the fictional patient as an *ante-tempus* product of medical intervention. In my reading of the novel and of its protagonist and narrator Dorrit, I focus on the transformation of the dispensable individuals from being marginalised and anonymous members of a society similar to ours to becoming valued and valuable organic within a chain of (health) production and (illness) exploitation. This leads me eventually to questions of social consent and agency, within this process of preventative health management.

Biological exploitation and the fictional patient

The genetically modified 'postmortals' of *The End Specialist* are a powerful memento of the dangers connected to the disclosure and instrumentalisation of the transparency of the biological self. The novel provokingly asks how biological transparency can benefit someone,

can potentially be harmful, and can be objectified and exploited. It is in this context of intrusion and control upon the biological self that the *fictional patient*'s persona takes shape. The *postmortals* are fictional patients of a narrative originated by the medical management of the human DNA; Holmqvist's *dispensables*, on the other hand, exist through a fiction of medicine that shapes their subjectivity in a different way. In this fiction, the concept of biological exploitation is not subtly hinted, but central to the narrative and foregrounded by the novel. What is exploited is not simply biological material, but conditions of health and sickness, which are managed, fostered, harvested and used, alongside organs, fluids, and tissues.

Fictional patienthood develops in a dimension where the need for medicalisation and the 'obligation' to join patienthood are dictated by a speculation upon the future. It is, therefore, a form of patienthood to be read as happening *before time* and that finds a source of existence in the discourse of prevention, projections of future possible manifestations of pathologies and risk factors. It is the visionary consequence of an act of 'fictionalisation' performed and carried out, through different means, by Western medicine. I see *The Unit*'s 'dispensable' as medicalised subjects whose victimised state is the problematic outcome of a drive towards preventative action. How are the concepts of possessing health and being healthy affected when individuals, or a society, are pre-emptively treated?

The biological exploitation and monitoring of the body, the organic exportation of its parts, the treatment of the information about healthy and diseased statuses, and the temporal context of medical action carried out *before time*, all define the outlines of the medical subjectivity of the fictional patient and bring to the surface the characteristic of its being *ante-tempus.* Speculative fiction and its estrangement of social realities enable practices of

medicalisation and biological exploitation to be re-examined by creating allegorical and metaphorical narratives. These narratives give an intelligible shape to the social and biopolitical outcomes of the medical tendencies of the twenty-first century – as an era both of prevention and of neoliberal capitalism.

The biological management and exploitation of individuals is a trope with a history in sf and proto-sf texts; an early example is the cannibalistic harvesting of nourishment in the form of the Eloi, performed by the bestial Morlocks in the future world of H. G. Well's *The Time Machine* (1895). John Varley's *Millennium* (1983) presents another form of exploitation of healthy humans. In Varley's novel, a trans-temporal system of human abductions enables the inhabitants of a distant-future post-apocalyptic world to obtain, from past moments in history, healthy biological material for medical and research purposes. In the present time narrated in the text, human DNA has been extremely damaged by years of warfare, and the way to mend it resides in using individuals whose genetic code is still healthy. These men and women are snatched from their own time and imported into the future.

Entering the new millennium, the sf film *The Matrix* (Wachowskis 1999) deals with biologically exploited individuals too.[1] Although this form of human 'subjugation' is not a medicalised expression of human management, the health management of these bodies seeps through the narrative. All human beings, as the *in medias res* storyline reveals, are in fact feeding, with their own organic bodies, a fully functioning a-human system of machines, and are kept alive in a monitored unconscious and dream-like state. A mirror (visual) image of the artificially suspended and sustained existences of these human beings also appears in Spielberg's *Minority Report*. In this case, hundreds of men and women are incarcerated in a

[1] For a study on the film see the collection of essays *The Matrix and Philosphy* (Irwin 2002). With regard to forms of exploitation represented by the human beings in *The Matrix*, read the chapter '*The Matrix*, Marx, and the Coppertop's life' by Martin A. Danahay and David Rieder.

semi-comatose state in order to cure the future social malaise of predicted murders. As we will see in Chapter Six, in Spielberg's narrative potential killers about to commit murders are pre-emptively stopped by agents of a special division of state police (Precrime) and confined into the Hall of Containment, inside transparent tubes. The biology of the murderers-to-be, regardless the immobile captive state, is kept alive, in a stable health managed by the state.

Biological exploitation undergone by social subjects, thoroughly managed in their health and well-being, is also staged in Michael Bay's film *The Island* (2005).[2] At the beginning of the film, the viewer is projected into a reality where the exploitation of (unaware) clones is carried out, while they believe themselves to be undergoing daily biomedical checks for their own health benefit. However, the invasive medical intervention is soon revealed, and we understand that its objects are oblivious organs carriers, created and kept healthy for the sake of the wealthiest. These clones share features with the fictional patients, but their being clones becomes the unquestionable assumption that prevents them from representing, in my reading, the paradigmatic expression of the human subject under medical intervention.[3] Fictional patients *are* an expression of humanity, and the fictional ground they inhabit links to the non-fictional context that has generated them, and to the non-fictional human beings they symbolically mirror. The clones of *The Island* are quasi-fictional patients, constructed to serve the purpose of donating tokens of health (exported organs). This is different to the case of Ishiguro's characters (who are read as fictional and

[2] For a more focused analysis of Bay's film and the narrative strategies of the cinematic (contemporary) apparatus see Baker's 'The cinema within: spectacle, labour and utopia in Michael Bay's *The Island*' (2015).

[3] For the purpose of this study, I am not interested in investigating the trope of 'clone' in relation to the study of the fictional and ante-tempus patient. This would in fact shift my analysis away from the question of how preventative medicine creates a temporal displacement between patient and treatment and of how science fiction mirrors the societies' reaction to forced mass-medicalisation. Focusing on the feature and nature of clone in a sf context would instead bring the question about the right to artificially create a life (and then exploit it) to the foreground. This issue appears tangential to my research, but nonetheless differs from my understanding of fictional and ante-tempus patient as they are not individuals exclusively created for biological exploitation, but are the metonymical the representation of a social reality undergoing (*suffering*) a shift in medical, biopolitical, and social management.

pre-emptive patients in Chapter Five) whose identity as clones I challenge, and is also different to the case of the inmates exploited in Holmqvist's novel.

In *The Unit*, extensive biological exploitation manifests as the *sine qua non* of a healthy society. The well-being of the society is constructed 'before time' on the bodies of selected individuals confined in a reality where medical intervention permeates every corner and blends with a perception of accepted mundane routine. The eponymous pseudo-medical facility becomes the metonymical and deceptive representative of a medicalised and enclosed world, where health is sought and produced, where patients are treated before their *pathological* time and thus become *ante-tempus*, and where prevention functions on a displaced ground, for the benefit of (future) others.

The Unit **and the** ***ante-tempus patient***

In early reviews, Swedish author Ninni Holmqvist's novel has been described as an 'anti-heroic dystopia' (Bigman 2010) and a 'haunting' but also 'grotesque' tale (Valdes 2009). Published within a year of Kazuo Ishiguro's *Never Let Me Go* (2005),[4] the novel retraces the same motif of forced-organ donation, but puts more stress on the elements of biopolitical monitoring and biological exploitation in a medicalised regime.

Opening a bleak window on the life of the 'dispensable', the novel narrates the typical experience of a middle-aged person who is understood as having failed to contribute to the community's development and welfare by creating a household and progeny. The story is set in an unspecified near-future time where 'Reserve Bank Unit(s) for biological material'

[4] Holmqvist published the novel in 2006 with the title *Enhet*. I make references to the English translation, which only appeared in 2010.

(20) are allowed to collect people who, according to a policy driven by 'economic considerations' (201), are redundant for society's growth. However, in the context of Cazdyn's understanding of *bioeconomics*, the exploitation of these redundant social subjects translates into a production of economic value: they become part of the 'economic project' (Cazdyn 152) described in my Introduction, in which the control of life serves financial growth. The social and political community of productive and economically valuable individuals, benefiting from the dispensables' biopolitical control, turn into depositories of health and thus into producers of wealth in the social world.

The novel's narrative gives only a few impersonal and sparse hints of the 'needed' (12) men and women, individuals healthy and long-lived thanks to the dispensables' residency in the units. They live *outside* the units, in a social world not clearly defined in its features but that recalls contemporary Western societies. Throughout the text, Holmqvist offers just glimpses of what it means to live in a place that accepts the existence of these banks. However, it becomes clear that this practice has been democratically sanctioned, as we are told by one of the unit's inmates (119); indeed, it is a national referendum that legitimises the institutionalisation of these units. This *democratic* feature introduces the concept of voluntary compliance that I address, throughout the analysis, reading it as both dystopian and as a critique of neoliberalism. The focus of the narrative is cast almost exclusively on those who do not seem to benefit from the democratic state of things, but who are instead the objectified products and usable tools of such a democracy.

Dorrit, a childless novelist with no companion and an uncertain income, is the voice of the narrative. The woman enters the unit on her fiftieth birthday, after being collected from her

house, put into a dark-windowed SUV[5], and permanently severed from future contacts with the community outside. No violent coercion is used, and she does not oppose this. Nonetheless, she is induced into a form of patienthood that she will not leave until her death. After undergoing a massive exploitation of her biological organism by means of various medical tests and the administration of diverse drugs, she is eventually consumed by the final donation of her vital organs. She enters the unit to become the object of scientific interventions designed to produce health for others' benefit rather than for her own and, by doing so, she joins two forms of disguised confinement: one is a *place*, the luxurious-looking facility that hides under its façade a poly-functional laboratory; the other is a *role*, the condition of a biological subject to be taken care of.

What Dorrit joins is a perfectly functioning structure, which looks like a spa with sports facilities, restaurants, and shops. However, this façade conceals the real purpose of the unit, namely that of creating a framed environment for supposedly socially dispensable people who can become, outside of society, usable and useful. One of the first dispensables we are introduced to is Majken, a woman artist friend of Dorrit, who

> [h]ad been in the unit for four years. … [She] had, among other things, donated eggs for stem cells research, one kidney, and the auditory bone from her right ear. As she was now deaf in that ear, she always wanted people to be on her left, she explained.

[5] This makes Dorrit almost a (critical) parody of the 'visitor' (Moylan *Scraps of the Untainted Sky* 148) being guided through a utopian or dystopian society. Entering the big SUV signs the passing from a world to another as if she were a traveller crossing the border between realities. Although this can be seen as just a superficial reading of Dorrit's position at the beginning of the narrative, a subtle cross reference with Margaret Atwood's *The Handmaid's Tale* (1985) is however detectable in this image, thus giving this event more depth. Offred, protagonist and narrator in Atwood's 'classical dystopia' (Moylan *Scraps* 105) finishes her narrative and arguably ends her experience in the dystopian reality of Gilead by entering the van and 'step[ping] up, into the darkness within; or else the light' (Atwood 307). Although Dorrit knows what is waiting for her after her stepping into the van/SUV – namely the doors of the unit – whether her new destination will be 'light' or 'darkness', a worst or a better world, or a complete different one, is difficult for her (and for the reader) to tell.

> 'And in a few weeks,' she went on, 'I'm going in to donate my pancreas to a student nurse with four kids. So I guess this will be my last welcome party.' (Holmqvist 29)

As test subjects and living organ donors, the dispensables supply the medical and health-related requests coming from the outside community composed of 'needed' individuals. To tell this story, Holmqvist organises the novel into four parts that gradually construct Dorrit's persona as an inhabitant of the *present time of ante-tempus patienthood*. Moving from a description of the unit in its misleading glamour (part 1), to the active engagement of Dorrit with experiments (part 2), to Dorrit's romantic relationship with another inmate, Johannes, and her subsequent pregnancy (part 3). This section ends with the failed attempt of the woman to escape and her voluntary return to the unit. Dorrit's decision to stay in the unit contradicts the idea that she is a helpless captive and problematises the dystopian scenario. Effectively, her behaviour challenges 'the traditional subjugation of the individual at the end of the [dystopian] novel' that is indicative, according to Baccolini, of a critical dystopian narrative (Moylan *Scraps of the Untainted Sky* 189)**.** The final section (part 4) reads as a short epilogue in which Dorrit tells about her last conscious donation – that of her new-born baby. The narrative ends just before the exportation of her heart and lungs.

The world in which these units develop is oriented towards the achievement of a perfectly functioning community, efficient and productive, where the dispensables 'live and die so that the national product will increase' (Holmqvist 104). The units do not simply supply the 'needed' individuals with healthy spare body parts, but work towards the accomplishment of control over the whole human organism. If a 'single brain-dead body can save the lives of up to eight people' (105), as one of the resident claims, the massive exploitation made of daily 'scientific humane experiments' (112) allows medical knowledge to be exponentially gained. As a 'bank', the unit provides wealth in the form of health for those who can afford it, but it

is also part of the mechanism fostering the idea of a perfect world where the research aimed to enhance the human condition keeps moving. It carefully avoids affecting those who can or will benefit from it – namely the socially productive needed individuals – while ruthlessly using the dispensable ones.

The unit is a metaphorical magnetic centre, a black hole into which health disappears and from which, through exercising the latest technologies, it is produced again and eventually released. All illnesses are gathered and stimulated in order to test treatments, find cures, and produce health to export. Roberto Esposito reminds us that the immunity reaction of the human body acting upon itself happens when, and because, '[the human body] contains an element of the same substance it is intended to defend against' (21). The philosopher sees such a substance as the 'evil' to be 'thwarted' not 'by keeping it at a distance from one's borders' but instead by including it 'inside' (Esposito *Immunitas* 8). The *immunitas* paradigm, with its 'spatial' implications explored by Esposito, finds critical application in the unit's rationale, further challenging the concepts of illness and health. The facility is meant to 'contain' what is harmful for the rest of society, but it also recreates, within itself, what society needs to be defended against. The residents become *beings-towards-illness*, in a re-conceptualisation of Martin Heidegger's *beings-towards-death.*[6] They are individuals whose identities are shaped by the impending idea of possible illnesses manifesting in the future. They are turned into ante-tempus patients to prevent biological decay from happening, and to be treated by medical personnel as carriers of biological material that is turned into future and disposable health.

[6] Borrowing the 'destining' tension and the sense of inevitability that Martin Heidegger finds in his classification of individuals (us) as 'beings-towards-death' (*Being and Time*, 1962) I propose an alternative destination to this human existential drive. I suggest that currently, when unstoppable scientific and technological advances enable medicine to work on the prevention of diseases' manifestation, what 'stands before us' (Heidegger *Being and Time* 294) is not death, but indeed a progressively exhaustive picturing of potential and future illnesses. Illness in this reading becomes that 'something impending' (294) which connects the present state of individuals to their future one; it constitutes the very ipseity of the subject, replacing death as ultimate end of human life and rebuilding the notion of being-towards-death into *being-towards-illness*.

The residents are thus carriers of health, as well as carriers of illnesses, again echoing the anonymous NHS silhouettes described in my Introduction. The ante-tempus patient, although deemed to never be healthy for his or her own sake, is still ontologically bound to the essence of 'health' and to the awareness of a societal body in need of cure and medical aid. Dorrit, just after joining the unit, comments upon the attention she would expect to experience as a resident, acknowledging that '[f]rom now on it [is] important that I [am] kept in good condition and good health in every way. That [is] the whole point, after all' (Holmqvist 15). Although the 'whole point' is clearly not referring to the fact that the only reason for her to be there is to be kept in good health, with these words she recognises her ambiguous bond with health, and her belonging to a sort of patienthood. The 'whole point' of the residency is in fact to be kept under medical control and to live the existence of an actual patient, who endures the medical gaze and who is kept in a 'condition' that is *good* because exploitable but not translatable into these patients' well-being.

To solve the ambiguity of the conceptualisation of ante-tempus patients as individuals who are not treated to restore *their* healthy condition but who are treated to obtain a usable and exploitable health, the concept of 'health' becomes charged with a double meaning, according to whether it is *experienced* or simply *carried*. Dorrit steps into the patient role in advance (ante-tempus) when she is still in 'good condition' and in 'good health'. She will not be able to experience health, she will simply allow its harvesting, preservation, and eventual exploitation. The phrase 'to be kept in good health' translates into the bleaker 'to be kept as a source of good health'. The dispensables are taking over and bringing to its exhaustion the role of the ante-tempus patient, as they answer the need to preserve health, to turn it into a usable commodity, and also to deal with diseases not-manifested-yet but already envisaged in the future.

The temporal dimension where these diseases will potentially develop is the roughly sketched society from which the dispensables have been extracted: the *outside*. As patients before time, the residents lead their existence in an over-controlled reality where they are medically tested and made ill through experimental drugs, all sorts of new antidepressants, and multi-purposed hormones dosages in order to find cutting-edge therapies (Holmqvist, 66-70, 144, 78). This reality seems to be mimicking and bringing to its extreme the managed 'crisis' that Cazdyn associates with the Western contemporary world, where the priorities have shifted and health is not the end anymore, but the means.[7] The end is illness management, whilst health becomes the means to make profit and to maintain medical and social control over the population. Cazdyn points out how today 'categories of cure and management cannot be separated' (59), challenging the understanding of the healing process. If Cazdyn is right in his provocative argument that the management of the diseased condition is preferred to its eradication, health itself is no longer the goal or end of the medical process.

The dispensables realise that 'there [is] no need …to worry about …health' (Holmqvist 49), since their biological functions are constantly monitored. However, this also hints at a subversion of the concept of health. In *The Unit*'s reality, where the residents' 'everyday life… revolve[s] around scientific humane experiments' (112), the point is not being 'healthy' for one's own sake anymore. They do not benefit from the cure, because when health is obtained it is immediately taken away, exported, and fully experienced as a disease-free physiological condition only by someone else, in the temporally and spatially displaced outside. The *exportable health* is contained in the residents' organs and in the medical knowledge produced by their bodies' responses to treatments. Dorrit claims to be 'valuable

[7] See Cazdyn's *The Already Dead* (2012).

as a dispensable person' because she is 'in perfect health', with 'excellent readings' and still in possession of all her organs (193), but her health is not something that the unit preserves. Dorrit's health no longer exists for her own benefit; in the unit, the residents have effectively lost not the right to be healthy, but the *need*.

Dystopian turns of the bio-utopian dream

In the context of *ante-tempus* patienthood, I read the spatial organisation of *The Unit* as suggesting a dual temporality: the space of confinement inside the unit, inhabited by exploited beings (the ante-tempus patients), represents the present. Conversely, its *outside* can be read as a fictional representation of the future – a space beyond the present.

The world outside the unit, shadow-like for the reader, is an experimental effort to shape a controllable society where the medical gaze and a form of biopolitical intervention have turned towards a subsection of itself. The medical gaze is introspective, self-diagnostic, and self-scrutinizing. As the ante-tempus patienthood paradigm is indicative of a temporal displacement, the gaze also becomes *retrospective*. It positions itself in the future, looking back at the present. The spotlight of the narrative is cast upon a microcosm (the unit) within the macrocosm (the world depending on the units). The microcosm is a dystopian, convalescent spot that represents the present; the macrocosm is the utopian social body aiming for efficiency, equality, productivity, and health. This is the chronological moment in which individuals fully benefit from the outcomes of medical interventions. The microcosm is not merely internal to the macrocosm, but its pre-condition – pre-existing the promised utopian future.

This 'macrocosm' is only hinted at, but the reader can nonetheless develop an understanding of how this reality supplies, with 'raw material', the units' activities and how, in return, that same reality is given organic goods and medical knowledge by the units. How can we define a society that tacitly accepts the existence of such facilities where hundreds of individuals are exploited for their organs and tissues? Being able to overcome health-related concerns and the inevitable human biological fallibility is a foundational element for constructing a medical utopia, a perfect biological stage where individuals, freed from their health limitations, pursue the pathway of production and growth, celebrating work and social stability. However, as Moylan argues, since 'the figures of any utopian society are doomed to ideological closure and compromises' (*Demand the Impossible* 36), the logic beyond the illusory façade of the utopian dream represented in *The Unit* demands a high-priced negotiation. This negotiation results in an over-controlled reality stiffened in a pattern of laws and rules protecting the development of the 'gross national product' (Holmqvist 104) by nonetheless affecting the idea of the other, the peer, the fellow human.

Despite the dystopian trope of the 'external and internal exploitation of humanity' (Moylan *Scraps* 105) in the form of the sacrifice imposed upon the dispensables, elements echoing critical utopias, critical dystopias, and anti-utopias appear too, and complicate the novel's classification. With its 'genre blurring' (Moylan *Scraps* 189), the novel stimulates our understanding of how 'good' the world might look if solutions against the threat of illnesses and social unproductivity are found. Diseases are managed and cured through the exploitation of the biological life of the (socially) dispensable individuals, and the social unproductiveness is resolved by eliminating from society those unable to build 'new home[s] or 'produce new people' (Holmqvist 136). As readers, we are persuaded to reflect both on 'the terrors of the present' of critical dystopias (Moylan *Scraps* 199) and on those 'provocative and dispensable figures of possible new ways of living' (94) proposed by

utopian narratives. *The Unit* provides a new take on the 'social dreaming' Lyman Tower Sargent associates with utopia (Moylan *Scraps* 88), where the same dream is made of nightmarish shades and disturbingly accepted outcomes.

Nonetheless, although it is important to recognise the thought-provoking 'genre blurring' of Holmqvist's work, the fictional context in which the ante-tempus patient exists and undergoes preventative medical interventions also follows the path of a well-known literary dystopian tradition.[8] A well-functioning, ordered, and *healthy* society is the utopian dream that soon becomes dystopic in the eyes of the reader and also often from the perspective of the protagonist. The latter strives to obtain some form of freedom and performs his or her opposition through actions, like Winston Smith in Orwell's *Nineteen Eighty-Four*, or active storytelling, as is the case of Offred in Atwood's *The Handmaid's Tale*. If the concept of a political and social utopia has been considered a paradox, conundrum or speculative project since the historical utopias of Thomas More (*Utopia* [1516]) and William Morris (*News From Nowhere* [1890]), the emerging concept of medical utopia in fiction shows possible and yet controversial applications, thanks to the continuous advances of science and technology. The relation between the medical and the socio-political aspects of utopia is also fraught, and an object for fictional exploration. In Holmqvist's novel, a medical utopia is attained through individual self-sacrifice democratically assented to and accepted by the population – including the dispensables themselves. This acceptance challenges the idea of the imposed subjugation and victimisation of the exploited by proposing to read the dispensable not as victims, but as *indispensable* active subjects for a world other than theirs, or rather, *after* theirs – a world to come.

[8] From *We* (Zamyatin 1924), to *Brave New World* (Huxley 1932), *Nineteen Eighty-Four* (Orwell 1949), or the more recent *The Handmaid's Tale* (Atwood 1985), the biopolitical control upon citizens has always aimed for the ultimate a-legal resolution to objectification, confinement, and exploitation of the population. These novels present attempts to construct an ordered and well-functioning society, which, nonetheless, result into inevitably oppressive expressions of civic, political, and biological dominance.

This world that comes *after* is the 'outside' reality that carries elements of those 'new utopias' Suvin talks about, with 'faults, inconsistencies, problems' (Moylan *Demand* 44), where a strong inclination towards the well-being of the individual is central. This is a society attentive to gender equality, which, nonetheless, see men and women forced into an heteronormative rigid pattern that incites and supports procreation and in which happiness and health are easily reachable, but only if social rules are willingly followed.[9] The 'inconsistency' regarding personal freedom rises to the surface. Holmqvist's metaphorical tale presents the superficial success of this utopian project by showing the coexistence between a utopian-egalitarian structure and a medical panacea for all its inhabitants. However, the novel more extensively shows the other, bleaker, side of the picture, where the medical panacea is embodied by exploited beings held in a confined reality.

The 'utopian' place outside remains in a fictional haziness, and seems to slowly fade into abstract discourses and reported anecdotes. However, it does not disappear completely but stays in the form of pathetic (or emotionally exploitative) narratives aimed at justifying the need for the dispensable to undergo – or rather embrace – biological exploitation. For instance, Dorrit is shown a picture of smiling children destined to become orphans without the dispensables' supply of organs to save their mother:

> The photo in my hand showed a woman with four children of preschool age, two of whom were twins. The woman looked old and tired, her face unhealthily bloated and worn. […] But then Arnold said: 'And the most important point: without the transplant she wouldn't have had long to live. It would have been a matter of

[9] The novel offers brief hints of a society attentive about gender equality where even ordinary tasks like changing a tyre or 'fix[ing] a leak in the roof' (Holmqvist 129), are to be considered against the law if performed by a man when it is a woman who needs them done.

> months, a year at best. Now, however, she has a very good chance of seeing her children grow up. She might not live long enough to have grandchildren, but she will probably have time to fulfil her role as a parent.' (105-106)

The depiction of the outside exists as a work of fiction within fiction, it is representative of *fictions of medicine*, as speculations upon biological and pathological developments that could or would affect the body of the single individual (in their well-being) or of the state (from a social health point of view) in the future. The persuasive nature of these 'worst case scenario' narratives triggers medical intervention, or suggests the need for it. The residents become involved in healing procedures as they embody the present time upon which to intervene. Throughout the novel the reader is given clues for approaching the chronological aporia of two temporalities in overlapping relation via a few narratological devices that explore *points of contact*. For instance, a walk-in artistic installation, part of the art exhibition mentioned in the opening of this chapter, creates a metaphorical liminal space where the two intertwined spatial representations of temporalities can be looked at more closely and the paradox partly unravelled.

Points of contact

In the space allocated for the art exhibition, beams of artificially obtained daylight facilitate the observation of rows of paintings. However, the 'light and airy' gallery, with 'white walls, high ceiling' (Holmqvist 87) also presents a visual disturbance: 'at the far end of the bright hall [is] a wall painted black' (87). A black spot almost like a *hole* in the pristine pattern. The doorway framed by that black wall and the 'black curtain' are staged as a border to cross. By attending the exhibition and by entering the space beyond the black wall, Dorrit and the other residents achieve a 'merging' experience. In a metaphorical reading, crossing the

doorway signifies that one spatial dimension is left and another one is approached, but not fully joined. This passage enables a visual interpretation of the dispensables' position towards their 'needed' counterparts and towards the bigger (although virtual) picture of a world that has defeated its biological expiry date, that has reached the medical utopian state, and that has successfully managed to exit Cazdyn's 'chronic meantime' of disease management. However, this is a world that, considering these premises (can the meantime be escaped? Can *utopia* be reached?), also contains the germ of unfeasibility and that necessitates sacrifice. Notwithstanding the fact that the actual existence of the 'outside' is challenged throughout this chapter, and is given extremely limited space in the novel, its lingering presence is poignant in investigating the subjectivity of the residents.

The art exhibition, a personal expression of one of the residents, becomes a narrative device to explore the nature of the dispensable individuals and their position towards the outside world. The gallery turns into a place where the contact between the two worlds is reproduced or, rather, *allowed*, and where the dispensables approach forms of discovery through looking at the paintings and walking through the art installations. The artistic experience retraces a rediscovery of the biological self; a self that has started overcoming the mere acknowledgement of its status of victimised and exploited human being and that has initiated a process of gradual acceptance.

Contact I: the foetus and the organic net

The narration lingers on a few of the exposed paintings, but it halts, with a detailed description, on the portrait of the foetus mentioned at the beginning of this chapter, on the visual metaphor of the condition of the dispensable. Trapped into deathly stillness, the helpless being described as an ensemble of body parts already holding a corpse-like

connotation is looking at something or someone – 'facing the observer' (Holmqvist 86) – outside its painted prison. The narrator wonders about its capacity for life, and the question of usefulness appears between the lines, half-hidden in the woman's words. Could a being on the threshold of death but, for some reason, kept from crossing it and trapped into stillness, be seen as living? Who is to answer Hamlet's question 'to be or not to be'? Although the reference to unsuccessful reproduction suggested by an apparently dead or dying foetus echoes the logic of forced productivity and the stigma of childlessness in *The Unit*'s world, an analogy with the liminal position of the dispensable is also to be drawn. As a symbol of the complicated relationship the residents have with life and death, the foetus metonymically triggers the discourses of forced stasis and forced productivity constructing the subtext to *The Unit*.

If the painted foetus can be considered both dead and alive further questions follow: if it is dead, has it been killed? And by whom? But also, if it is to be seen as alive, does its condition imply that it is somehow been allowed to keep living? We can see the foetus as a being *in potentia* managed by a biopolitical controlling force that, even without performing an act of killing (the reader cannot know whether the foetus is dead or not), takes life away from the foetus and disposes of its biological essence while keeping this undying being nourished (and trapped) by the 'blue veins' running through the 'fetal sac'. The 'fetal sac' and the 'blue veins' that enclose the fleshy bundle of still-undeveloped organs are similar to a prison, but also to a protecting environment that nourishes life within it.

Being caught between the opposing definitions of dead, dying, and alive, the foetus is positioned in a context of figurative and biological liminality that mirrors the condition of the unit's residents as *ante-tempus patients*. But it is not only this painted reflection of the residents that represents their liminal position. If the foetus alludes to the complex bond

between life and death, a walk-in installation symbolises the liminality between the exploited present time of the unit and healthy future time out of it, and enables a sensorial experience arranged for the residents:

> I walked in and let the curtain fall behind me. I stood still in the darkness, waiting for my eyes to grow accustomed to it, and after a while I could just make out a faint, bluish light farther in. I started to walk cautiously toward the light and the whispering, and immediately I could hear not one but two whispering voices. Or perhaps three, or even more, it was hard to make it out, they were speaking out of darkness, but from different directions […] There was only black darkness around me, and I had the feeling that I was moving in a tunnel of some kind. […] I couldn't see anyone, but sometimes I thought I could hear breathing that wasn't my own, or I felt a faint movement of the air as someone passed me, but I wasn't sure. (87-88)

In the darkness of a temporary state of blindness, Dorrit is disoriented by overlapping voices and undistinguishable sounds. '[H]ard to make out', these sounds are not really reaching her persona, but harmlessly float around her. They trigger a recollection in her as human voices but they are also 'otherly' entities that she cannot understand – they whisper something she does not grasp. As if protected in a womb whose soft walls cushion the sounds, she is lulled by a 'very calming environment' while she peacefully wanders through the installation on a 'soft … fitted carped' where she cannot even 'hear [her own] footsteps' (88). This description of Dorrit's experience is a provocative *mise-en-abyme* of the overall patient's condition. The 'bluish' light (87) directing Dorrit's movements – she indeed 'walk[s]… towards the light' (87) – and becoming the predominant element of her background, is the only source of colour in the blackness surrounding her, and visually echoes the bluish veins 'entrapping' the foetus in the painting. Not just a chromatic encore, the bluish light epitomises a form of control, a

direction that she accepts and takes. Running through the painting background as a net where the foetus is caught in, the veins symbolise a way to wield control over a harmless and unresponsive being. The management happens via the administration (real, metaphorical, metonymical, painted) of blood, vehicle for nutrients.

The parallel between Dorrit and the foetus is suggested in this passage: alongside the repetition of the bluish features affecting the two subjects, we see a superimposition between Dorrit's eyes, made blind by the darkness around her, and the 'unseeing eyes' (86) of the foetus. As the woman's unseeing gaze follows bodiless voices coming from 'different directions' (88) so the foetus's looking is an empty action too, blindly following 'different directions' (86). Despite the blindness, both actions react to an outside, unknown, and confused reality; the narrative stages a visual contact with those individuals existing outside of the metaphorical and organic womb but, at the same time, presents it to be impossible.

The foetus appears as a double of the dispensable; and the dark and haunted room, where hints of a 'bluish light' (88) faintly break the total blackness, is a reference to the foetal sac. The superimposition of the patient and the foetus, and their belonging to a womb(like) condition, enable us to investigate patienthood from two different point of view. The first one takes into consideration the administration of nourishment happening in the unit as mirroring practices of force-feeding – it draws from the provoking association between a foetus and a force-fed being. In a reading of their condition that connects the way they consume and accept food as an implied commentary on their disposition towards the unit's management the residents can be seen as literally and conceptually force-fed. The second develops from the concept of organic (re)birth. The dark womb-like space triggers in Dorrit a biological self-acknowledgement, a new awareness of her inner organs that *transforms* them, lets them take new shape within the shell of her organic persona.

Food: welcomed force-feeding

Recurrent descriptions of foodstuff and accounts of eating-related activities extensively pervade the novel. The reasons behind the use of food as a fictional device, and the way the residents interact with it, can be unpacked by the conceptual association with the foetus, starting from those 'blue veins' running through the red foetal sac. These veins are vehicles for nutrients that penetrate the foetus' body and that, in its potential transformation from embryo, to foetus, and eventually to new-born, feeds its developing subjectivity as a human being. The inception of personhood is here a result of a necessary and naturally occurring process of subjection – as Foucault defines the constitutive and first phase of the developing of the subject.[10] This specific form of subjection is epitomised by an act of food administration and force-feeding. Accordingly, the creation of the fictional patienthood can be investigated under a similar light.

In the units food is always presented in an appealing way and as constantly available. Regularly in the background of the narrative it plays a meaningful role in the plot's denouement, which expands the meaning of eating. At the beginning of the narrative, during the presentation of the unit, the dispensables are reminded of their situation by an almost parodic welcome speech given by the Director of the centre: '… you need never to worry about your finances again. You have food on your table, a roof over your head, free access to medical care…' (Holmqvist 21). The unspoken truth held in this statement about this seemingly perfect welfare state, and concealed underneath caring words, lies in the distorted literal reading of the three-phrase statement, especially if considered retrospectively, once the unit's rationale has been fully revealed.

[10] See *Society Must Be Defended* (2003) and *Archaeology of Knowledge* (2002). For a critical reading to the concept see Esposito's article 'The *Dispositif* of the Person' (2000), p.21 and *Third Person* (2007).

The phrase 'you have food on your table', sounds innocuous, but can be read as hidden threat and an implied imposition, hinting that the dispensables will be expected and induced to consume it. The same kind of subliminal double-meaning is to be found in the words 'a roof over your head', a striking reminder of their inescapable condition. Lastly, the grotesque comment on the free access to medical care both positions the dispensable as potential patients-to-be and alludes at how easy it will be for them to be medically treated, to be *medicalised*. The irony lies in the illusion that there is a choice left for the residents to make, addressing that neoliberal subtext where the 'choosing subject and the governed subject are far from opposites' (Brown 705). The residents are not in the position to freely decide whether they want medical care, as their being in the unit already frames them as medically exploitable beings. The benign concession of 'free access to medical care' merely conceals that the residents are not treated for their own benefit, but undergo medical intervention, as ante-tempus patients, for the care and benefit of someone else. As neoliberal subjects, their agency, their eating the food or offering their liver to be exported, remains 'recognizably agency', in Jane Elliott's words, 'while becoming indistinguishable from profound domination' (89).

The 'table' where the food is presented is a metonym for the unit's devices to make an alluring display of edibles. This food-dominated picture is further enriched when, immediately after the welcoming speech and before the welcoming *dinner* party (Holmqvist 22) planned for the new incomers, 'coffee time' (21) is excitingly announced and 'homemade cinnamon buns' (22) are served. If at this stage the mentioning of foodstuff might just be seen as a coincidence, just a detailed account of what the new residents encounter, the attitude of the narrator is, nonetheless, questionable. Why is she lingering on

these details? Is it an innocent and superficial response to the unit's seductive means or, via making this itemized account so explicit, is Dorrit offering an implicit denunciation?

Through the supply of food, aimed to be delicious and tempting, control over the residents is wielded and achieved. None of them comment on the 'five-course Italian meal' (Holmqvist 28), whereas the reader is given excessive reportage; it does not seem to have weight in the narrative, except for being described in an abundance of detail. In its blatant exposure, the presence of this kind of luxurious food appears to be only superficially acknowledged and understood, as if already unconsciously digested and accepted.

The detailed description of breakfast available at one of the restaurants counts a very long list of food on display and an excessively meticulous account of what Dorrit takes on her plate:

> Elsa just took a cup of coffee and a bowl of yogurt with granola and sliced fruit, while I piled up my tray with as much as it would hold: coffee, freshly squeezed orange juice, cinnamon toast, yogurt with raspberry jelly and cornflakes, a boiled egg, three sandwiches – one with Emmental cheese, one with honey-smoked ham and one with ginger marmalade. (Holmqvist 39)

She eats, but she is not hungry. That spontaneous comment she makes as if to justify her behaviour – 'it smelled so good, looked so attractive … I saw no reason to stop myself or hold back' (40) – hints at a compliant attitude of submission to the power implied in the provision of such food, with its hidden injunction to eat. Dorrit thus walks towards the table and reaches for food; her conscious action, a questionable form of *agency*, is soon completed by the description of the process of ingestion and assimilation: 'I went on, taking

a bite of my cheese sandwich. Chewed. Swallowed' (41). The specific stress on *chewing* and *swallowing* opens up a reading of Dorrit's predisposition towards the nutrients supplied by the unit in terms of voluntary welcoming. A concrete acceptance of the external intrusion can thus be extended from a sandwich bite to the chemical administration and also to the overall unit's rationale.

Later in the novel, in another passage, food again becomes implicated in struggles for autonomy and against the heteronomy of the unit. Dorrit decides to eat alone in her room, making her own food so as to avoid choosing among a wide variety of restaurant food that 'someone else had cooked' (75). However, eating on her own and closing her apartment door (75) is not enough to keep out the unit's presence, as her meal is watched over by surveillance cameras that are in plain sight. She is resolute to prepare something simple for herself, but she can only use ingredients that she finds in her kitchen, provided by the unit's management.

> [I] took a packet of crackers out of the cabinet and butter, cheese and orange juice … Poured myself a big glass. *Drank* it… Then I spread some butter on a cracker... *Ate*… *Chewed*. The hard cracker *crunching between my teeth*. When I'd finished I made another one the same. … *Ate*. Poured another glass of juice. … Then I made another cracker sandwich with cheese and the remaining two slices of tomato, turned my back to the camera, and *ate*. (75, my italics)

The food is quickly consumed and assimilated in a hectic sequence of mechanical actions, where the fact that she is introducing (accepting) into her body something that the unit has supplied is repeatedly stressed by phrasing, repetitions, and punctuation. There is also a simultaneous parallel between the swallowing of the liquid and catching a glimpse of a

scrutinising security camera – an association that represents a double invasion, a double penetration of her (no more) private body and persona. However, if the salute to the camera is a form of acknowledgement of the condition of being under surveillance, the act of turning her back to the camera, of obstructing with her body the mechanical gaze, further problematises Dorrit's challenging gesture of raising the glass (75). This physical action of turning the body is charged with diverse meanings: an ineffective form of resistance (turning the back to one camera does not blind the unit's eye), or an expression of shame triggered by the fact that she is eating and thus has surrendered to the unit's imposition and control.

A nonchalant attitude of dismissal is suggested too, but combined with the willing acceptance of a situation that, once initially imposed, is now developing independently. We can in fact see Dorrit as an autonomous subject possessing a residuum of agency who, by turning her body away from the camera and resuming eating, is making a wordless and gestural statement on her situation (and confinement). The line dividing willing consent and submission here deliberately blurs, as does the dystopian feature of the subjugated individuals, progressively dehumanised when undergoing social, medical, and biopolitical objectification.

Towards the end of the novel, foodstuffs are also associated with a less concealed expression of power-dynamics when Petra, Director of the centre, prepares for Dorrit sandwiches and coffee (Holmqvist 209). In a direct reference to a relationship based on food-giving and food-receiving, food is eventually unwrapped from its appealing look, and the correlation between the figure of the resident and that of the foetus, who has no choice but to be fed, finds further substance. The scene presents a tense atmosphere between the two women about to discuss the future of Dorrit's unborn child, a future that will see Dorrit and her baby inevitably separated. Although the centre of the conversation turns around

Dorrit's difficult acceptance of this eventual loss, the way food and feeding act in the scene anticipates the outcome of Petra's persuasive engagement. The process of force-feeding (of ideas, convictions, germs of a new accepted identity) unfolds under a deceitful conviviality of a friendly and civilised conversation:

> Petra had made coffee and two cheese sandwiches. I sat down at the table and allowed her to pour me coffee and place the plate of sandwiches in front of me. […] I drank the coffee and took small bites from one of the sandwiches and chewed slowly. […] When I had slowly forced one of the sandwiches down, Petra cleared her throat. (208-209)

Notwithstanding the apparent triviality of those actions, a form of food imposition (Petra makes them and places the plate 'in front of' Dorrit) and food submission (Dorrit *allows* herself to be served and to be induced to eat and drink) is clearly present. Food becomes a tool of power, but also the very symbol of both submission and imposition. It gains relevance as a narrative device, a silent and wordless sign that contradicts Dorrit's enraged behaviour and helps to delineate the woman's real attitude as an ante-tempus patient accepting her role. In fact, notwithstanding her verbal aggressiveness towards the Director and the hint of rebellion seeping through her composed figure, her eventual giving up of her new-born baby is the result of a decision that her tell-tale disposition towards food has already revealed in advance.

What does the obsessively recurrent representation of food tell us about the way it is actually voluntarily accepted, or on the contrary, imposed? To what extent is the action of eating the food provided by the unit's management a way of manufacturing the dispensable individuals' acceptance of their role by presenting them with an apparent free choice? The

food provided by the unit appears almost 'injected' in the dispensable individuals as if they were helpless foeti. The visual echo of the painted foetus, once again, helps to better visualise the condition of the unit's residents, especially if we accept the provocative understanding of the foetus as a force-fed entity.

If the foetus is stuck in that liminal position between life and death, but surrounded by an organic net of veins and blood suggesting a unidirectional exchange of nutritional fluids, how can this form of feeding be defined in terms of its outcomes? The foetus is trapped in a position of being in need of the injected nutrients to experience biological development. If the foetus could refuse the feeding, it would be responsible for stopping its development and its existence as well. This choice would have an extreme outcome, but it would be a form of choice nonetheless. The foetus, however, does not have this choice. The residents, in mirroring the foetus' condition, do not seem to have one either. Nonetheless, in the case of the dispensable individuals the acceptance of food does not only mean the loss of control over the treatment of one's organic self, but also suggests that individuals are developing (and feeding) another identity as ante-tempus patients.

Following on from this last point, the wide variety of food does not simply epitomise an illusionary choice available for the residents. The reader struggles to detect that fine line separating what Dorrit is forced to eat and what she is forced to choose eating: with food's deceitful display, the residents are made not just to eat, but to *choose*. The system behind the unit's façade, more than force-feeding the ante-tempus patients, induces a form of self-force-feeding. Food grows into a metonymical term for the nutritious substances fostering and strengthening the persona of the ante-tempus patient. However, it is not 'ingesting' ('eating') the unit's enforcements that makes the residents ante-tempus patients, but rather

accepting the idea of food to be ingested that constitutes the origin of this shift of subjectivity, this metamorphosis of the person into ante-tempus patient.

The development of the foetus into a person is the outcome of an imposed and physiologically necessary assimilation of nutrients. The force-feeding is thus an essential phase for the development of the subject. The way the novel presents the residents – affected by the unobtrusive but constant presence of food – suggests that the possibility of choice left to them is intrinsically connected to the construction of their role. The residents shift from being exploitable prisoners within the unit to become, despite themselves, accomplices in its system. They are seduced by food, welcome it, and spontaneously reach for it. The food is forcibly offered, but voluntary ingested and it affects, moulds, and fuels the ante-tempus patient's persona from its very inside.

The *inside*, both figurative and literal, consequently becomes another element to consider in the analysis of the ante-tempus patient's development. From Dorrit's perspective, the inside of her body, made of biological exportable and exploitable components, gradually gains a revisited acknowledgment and new importance. Alongside the picture of (self) force-fed individuals ingesting and digesting their condition, the novel offers a collateral one: a receptive body witnessing the development of a new subjectivity through the restored understanding of its organic matter.

Contact II: the organic body

The place Dorrit finds beyond the black-painted wall is described as a 'very calming environment' where the sounds of soft voices, the 'smell of earth' (Holmqvist 88), and the cool temperature reconcile the woman with her corporeal self. Or, rather, make her aware

of a different way to relate to it. The symbolic rising of a new identity is constructed by the resurgent relevance the organs and the body parts gain within Dorrit's persona.

> I could feel my heartbeat literally slowing down and finding a more measured rhythm. My arms, shoulders and the back of my neck felt pleasantly relaxed. … I was completely calm; my brain was lying there with its full weight inside my skull – for the first time in my life I could feel the weight of my brain. (Holmqvist 88 – 89)

Dorrit's account of the 'blossoming' of her new organic self suggests that the organic part of her persona is taking over the rational one. Her brain, defined in terms of its volume ('weight') and its position ('inside my skull'), is deprived of its function to stimulate the thinking process.

> [The brain] lay there, heavy and silent. It wasn't thinking, it wasn't having opinions, it wasn't arguing, it wasn't analysing. It was only controlling my bodily functions and sensory organs…. (89)

As just a bundle of biological material, non-acting and non-thinking, the patient's state evokes more and more the figure of the foetus, especially the mirroring between the dispensable and the foetus in the painting, described in its frozen position. The absence of any potential biological growth in the portrait suggests stasis, in which the foetus does not grow and where the patients do not change, escape or refuse their role. In the above words about Dorrit's 'heavy' brain, the reconciliation of the dispensables with their biological selves epitomises a welcoming disposition towards a physical condition where they are reduced to organic matter.

The overall experience at the art exhibition nonetheless exceeds the limits of Dorrit's own corporeal self and confers a new meaning to the liminal space of the installation and to the body of the other residents. Not just a womb-like calming environment of frozen growth, the dark space is also an un-crossable threshold separating the world of the unit from the world outside. A threshold dividing two chronological realities represented at once, and placing the *now* (the unit) in liminal overlapping with the *after* (the world outside, of the healthy-to-be 'needed'). The black room where women's, men's, and 'the occasional child's' voices (Holmqvist 88) can be heard by Dorrit and her peers seems to be the closest point of contact with the outer world. With surreal and metaphorical tones these bodiless and confused voices hint at a form of detachment between the corporeal residents and the otherly presences (men, women, and children) from outer society.

The voices described, 'gentle [and] enticing' (88), have a soothing effect on Dorrit: this incorporeal contact becomes a means for the residents to accept their role as dispensable people and exploitable containers of biological goods. The way Dorrit retraces the patient's corporeality (both her own and another resident's), almost generating pleasure and rapture, testifies more (if not exclusively) to the unity among the residents and to the fascination exerted by their human bodies as biological goods rather than on their exploitability as disposable vessels. The narrative does not make clear whether Dorrit is only experiencing a temporal oblivion or, instead, if she is acknowledging the need for biological self-sacrifice. What the reader is left with is a few lines celebrating (and self-celebrating) the socially redundant individuals' organic value. Dorrit's storytelling lingers on another subject's corporeality, fragmented by a textual dissection and turned into a list of body parts:

> The whites of her [Majken's] *eyes* were luminous in the bluish glow of the glass paintings; her *hair* had its nocturnal golden gray sheen and looked very soft and

> silky, like angora, and without thinking about what I was doing I raised my *hand* and stroked her *hair* gently and slowly with the tips of my *fingers* – it really was very soft – and let them glide down over the nape of her *neck* and along the *spine*. When I reached the base of her spine I stopped, and slowly withdraw my hand. (Holmqvist 90, my italics)

The description presents a portrait of a woman whose constituent (organic) pieces are given, with words and gestures, emotional attention. Adjectives like 'luminous', 'golden' and 'soft' set the tone of the passage and, where the words do not praise the head, the neck, and the spine, Dorrit's hand continues, silently, the body's celebration with her running touch. The celebration and self-celebration of the body is the celebration of the role this body gives shape to. The appreciation of Majken's physicality retraces a gradual acceptance of the value (and beauty) of the body as an ensemble of organic and distinguished body parts. The almost sexual and homoerotic connotation of Dorrit's gesture and her sensorial appreciation is, in my reading, substituted or rather completed, by the broader understanding of 'fascination for the organic.'

The focus on the fragmented organic self rather than on the whole of their body shows an awareness of the residents to be mostly body parts (eyes, hair, hands, fingers, a neck, a spine, a heavy brain). Parts that are provisionally held together within, *inside*, a dispensable body-shell, and do not constitute an actual human being. The passage ends with a person unknown to Dorrit performing on her the same tactile gesture: the sequence of the movement is identical, from the fingertips running through the hair, over the head, the nape of the neck, down to the base of the spine. This repetition alludes to how the process of acceptance of the fragmented body of the patient does not simply affect Dorrit, but relates to a communal experience. The positive light shed by this dissecting and self-scrutinizing

gaze on the dispensable implies an acceptance towards the object of this gaze and towards what this object (the body) mainly represents: the exploitable and exploited ante-tempus patient.

Dignified organic beings

This form of patienthood supplies people living in the outer world with *life* and *health*, and it does this out of seemingly free will. The question of choice around the social disposition of the dispensable/residents/ante-tempus patients is raised, although just as a hint, at the beginning of the narrative. A referendum is the catalyst of the social and biopolitical structure of the world narrated in the novel. Although only 'very few people took … the proposal seriously' (Holmqvist 23) to begin with, the referendum eventually happens, and its outcomes initiate the rapid development of a reality accepting and increasingly demanding the existence of bank units 'for biological material' (20). As already advanced, *The Unit* represents a metonymical present time, inhabited by an expression of usable humanity so defined by a democratic and self-referential process. According to this reading, humanity as a whole is not welcoming the legalisation of the exploitation and massive killing of a specific group of people. On the contrary, it has embarked on a self-sacrificial operation for its future version's benefit.

Although this interpretation is provokingly extreme, a more literal approach to the text that takes into account the genre expectations of speculative and dystopian narratives reveals elements evoking the search for purposefulness. Latent symptoms of voluntary and willing participation are scattered throughout the novel, and what the institutionalisation in the unit leads to is to quit a life considered not-worth pursuing. Entering the units gives people the chance to start another life more useful for society. As Dorrit recognises in her

storytelling, it is the shade of failure (and therefore, perhaps, blame) that spoils her lifestyle before being a resident. She admits that she 'hadn't succeeded in establishing a family of [her] own, and had chosen [a] profession with an uncertain income' (Holmqvist 146), as if justifying her becoming dispensable. The words Dorrit shares with a member of personnel, Potter, are, at a first reading, fully supporting this idea of striving for self-fulfilment:

> In here [in the unit] I can be myself, on every level, completely openly, without being rejected or mocked, and without the risk of not been taken seriously. I am not regarded as odd or as some kind of alien or some troublesome fifth wheel that people don't know what to do with. Here I'm like everybody else. *I fit in. I count*. And I can afford to go to the doctor and the dentist and even to the hairdresser and the podiatrist, and I can eat and go to the movies and the theater. I have a dignified life here. *I am respected*. (162, my italics)

A sense of quasi-relief is evoked by Dorrit's words, as she recognises the enhancement of her condition as a 'rejected' individual. However, it is not clear how Dorrit and the dispensables in general position themselves in regard to the world outside the unit. Has she found a new dignity (she is now 'taken seriously' and 'respected') in stepping further away from the society that had her marginalised in the first place and in living among people with the same socially-unproductive background? If so, she is experiencing a communitarian, though restricted, form of respect from her peers. The relief in being able to find the benefit of being part of the unit's *material* reveals itself through Dorrit's personal account. Not just a humanist self-sacrificial drive, or a despotic subjugation, her attitude appears as a fictional exploration of many of the tropes of neoliberal ideology, with its focus on self-responsibility, self-efficacy, choice, and productivity. Elliott, retracing Foucault's argument in discussing the 'suffering agency' of the subject, points out how 'neoliberal governmentality functions

through a complex system of incentives and disincentives' requiring individuals 'select between options' that will 'have significant effects in the world' (Elliott 87). The dispensables' sacrifice – read as the acceptance of their biological exploitation – is meaningful for the world, but only if the agency of the sacrificing individual is presented as chosen, free, and, as Holmqvist's narrative interestingly proposes, *dignifying*. The 'dignified' Dorrit can be seen recognising that her imposed situation is what is best for her, as if she is motivated by an 'understanding of [her] own interest', in Elliott's words (85).

The connection she finds within the facility where she can be both 'herself' *and* 'everybody else' (Holmqvist 162) stresses the idea of community while, nonetheless, hinting at a disquieting loss of identity. Or rather, at a newborn collective identity where *every body* is a fragmented (interchangeable?) ensemble of biological parts that can be used to test, construct, and harvest health. Considering this welcoming attitude towards the birth of an every-body organic self, the dignity Dorrit talks about does not come from abandoning the outer utopian reality. It results, instead, from getting closer to such utopian ideal by contributing to its existence with (offering) the valuable raw matter of her organic self, upon which medical intervention is performed and from which *usable* health is exported.

The existence of the 'needed', of those life-deserving people, busy in successful businesses and in 'mak[ing] a new home and produc[ing] new people' (Holmqvist 136), is responsible for Dorrit's newly gained dignified existence. The 'separation' within society is accepted by both parts, as if the sacrifice and the exploitation were necessary not only for the men, women, and children living in the outer society and worthy of a healthy status, but for the dispensable individuals as well, in order to accomplish the task of giving them meaning and dignity. The exploitation in *The Unit* can be explained as the outcome of the decision to keep considering the dispensables fully human beings and yet carriers *par excellence* of that

natural 'insufficiency' that Esposito, recalling insights from Herder and other German anthropologists, defines as 'man's greatest resource' (*Immunitas* 13). This resource, innate in human nature, is brought to its extreme form in the dispensable beings and hence, by means of the unit's medical practices and experiments, used to mend *from within* humanity's biological unpredictability and fallibility.

Could the 'insufficiency' of certain people define them as *dispensable* in a specific social milieu and, at the same time, as the 'greatest resource' and thus *indispensable* for the human species? The creation of units seems to suggest the necessity for human beings not to simply take advantage of their natural 'insufficiency', but also to artificially foster and cultivate it. The insufficiency, the flawed human condition, the ill or potentially ill status, are all representations of an emblematic *wound* that cannot be completely healed. This is a wound that, in Esposito's terms, is a 'self-regenerating' one (*Immunitas* 8), existing, alongside with exportable health, within a reality of widespread patienthood. The insufficient beings become the inalienable part of humanity that is however alienated, since the indispensable medium to cure biological unpredictability and weaknesses is considered too dispensable in society to be given a different treatment.

Esposito, in his broad account of immunity pervading humanity's attempt at survival, notes how 'in order to preserve itself, human life must transcend itself' (13) and how the 'preservation of life' can be considered to be tied to 'the construction of an artificial order that distances life from itself' (13), as if creating a form of self-alienation. If the dispensable individuals are to be seen as part of humanity and yet, in a sense, uprooted from it by the intervention of their human peers, and confined into a different space with different rules in terms of life preservation, the unit system becomes a self-sacrificial mutilation. Performed by the human on the human, this is a mutilation *sui generis*, where the amputated limb is

not discarded as surgical waste, but gains a new identity in its displacement, and becomes the medical ground for new action.

The amputated part is the place where to build medical-like facilities concealed by the deceitful façade of luxurious spas. The unit becomes almost like an artificial appendix growing outside, or before, as if in anticipation of, the very world meant to be protected. This severed and yet connected appendix mimics the structure of the outside by hinting at a misleading false proximity. The unit's organization and existence recall a biopolitical rationale by not killing life but preserving it, in a split form. In fact, through the building of the physical and metaphorical walls of the unit, the so-achieved separation gives shape to two distinct forms of life. One is the life that has to be controlled, exploited, and turned into means for curing; the other is the life that benefits from cure and medical treatments and that has to be extended as much as possible. The dispensable beings are part of human life, turned into 'pure material' in the process of preserving what 'it seeks to save' (Esposito *Immunitas* 33), and which voluntarily transcends itself and becomes a tool for the human biological survival. This sense of sacrifice for the general good is both 'forced' into the unit's residents and yet it is presented as something arising from that logic of immunity that Esposito finds in humanity's striving for self-preservation: 'To sterilize itself from its own contaminating power, the community is forced to "operate on itself"…'(38). And in *The Unit*'s case, the community 'operates' upon a subsection of itself, namely the dispensables.

The dispensables' experience offers a narratological challenge for the bioethical discourse of patienthood when this experience is presented as intrinsic to the general functioning of humanity as a whole. It hints at forms of anticipatory medicine, undergone by our own bodies, for the sake of our own future selves. These future selves are here embodied by the needed individuals who, from a future shaped by medical advances and achievements,

retrospectively look backwards for what is required in order to achieve well-being. The answer is a form of ante-tempus patienthood to be exploited until both its concept (patienthood) and its collective organic body (the residents) 'disappear[…] into usefulness' (Heidegger *Off the Beaten Track* 39). The needed individuals' existence is the future projection of a medicalised present where patienthood is constructed before time and transformed into a widespread *quasi*-social status. The novel solves the chronological discrepancy of the two realities existing at once (that of the needed and of the dispensable) through the device of a spatial displacement: the life of the needed proceeds *outside* the unit – a different place – and yet simultaneous to the 'past version' of themselves. We are told about a future reality in which the past simultaneously exists, but which is nonetheless trapped, displaced, and eternalized within the unit's walls. The novel, focusing on the dispensables, problematises present time, by presenting it almost frozen in an eternal stillness and, at the same time, affected by the shade of a looming biological deadline.

(St)*illness*

The idea and praxis of 'illness' that the residents embody are inseparable from the concept of stillness that makes the ante-tempus patients' condition un-ending and ever-exploitable. The ill (or artificially 'made' ill) residents are receptacles of 'potentiality', like both the foetus and the NHS silhouettes mentioned in my Introduction. Although illness is the object of medical practice that needs to be defeated, it also represents what, in the present time inhabited by the residents, needs to be constantly 'nourished' to keep on harvesting health. If health is constructed and exported, illness is never allowed to completely disappear from the subject enduring medical treatments. What is 'ill' needs to stay *still*, regardless the fact that a curing process is taking place. Health, once obtained, does not confer a healthy status upon the person under-treatment, but is exported, leaving the ante-tempus patients in their

still (and unchanging) ill state. This still condition is epitomised by a specific area of the unit, called 'Winter garden.' About this place, Dorrit tells us that '[n]othing died in the Winter garden. And yet everything was real' (Holmqvist 45).

The blurring of the concepts of immortality ('nothing died') and actuality ('everything was real') that is suggested in these two short sentences introduces stillness as the static feature pervading the residents' condition. A paradox is advanced: death is absent from the 'Winter garden', but the realness of this immortal place remains unaffected. Dorrit, exploring this section of the facility, witnesses (and cognitively accepts) a surreal chronotope in a real space. The living things in the garden, mainly plants and flowers which, 'after the brief flowering period [come] into blossom once again' (46), are visual metaphors of entities that keep their mortality but are prevented from experiencing the progression of time leading to their termination. The horizon of death is indeed in sight and approaching, but is not the ultimate completion of a process. The ante-tempus patients are caught in the ever-repeated endurance of medical intervention and treatments, but since they are not meant to retain any form of health produced in the process, they experience a static existence as patients: they are not moving towards potential or actual healing. They are finite and mortal, but eternally *static* as fictional patients. The dispensables have left the 'outside' and its form of linear and moving temporality at the moment of joining the unit; they have then *ex*ited personhood and entered patienthood as a form of '*ex*-people.'

With this fictional 'Winter garden' Holmqvist is not only portraying a temporality oriented towards infinity and thus freed from death, but is offering the reader a much bleaker snapshot. The absence of termination – of death – and the continuous blossoming implies the absence of temporal mobility. After the garden has been presented as a glorious manifesto of never-ending life, something cracks the idyllic scenario and unveils the meaning

of the frozen potentiality: the flowers which never yellow, wither, or die (45) are also revealed as not turning into fruit either (46).

What Dorrit sees happening in the garden is that instant in which spring and summer meets, in which the energy of new growing life meets the potential of its development (the flower losing its petals and preparing for its turning into fruit). Spring begins the passage between non-existence and coming to life; summer is the time when potential (the bare bud with no petals) eventually develops into fruit, but then inexorably heads towards decay and termination. These two processes indicate movement; however, in the winter garden, the idea of movement is challenged. Dorrit is unable to position the natural transformations (or, indeed, the absence of transformation) in a seasonal setting. In her account she uses 'summer', 'spring *and* summer', and then 'summer' again (45) as if they were interchangeable synonyms. Not knowing how to frame what she is witnessing into one season, she describes it as a combination of the two. With the light-heartedness of a sweeping reference, she acknowledges a paradoxical temporality.

The moment caught here is thus that of a full potentiality stretched into infinity. Or rather, frozen into stasis. The failed development into fruit implies a negation of life but, thanks to the ever-repeating process of blooming, it also reiterates the central position of the *potential* – epitomised by the buds. The flowers, prevented from becoming fruits and left to linger in an anticipatory phase, are entities in a precarious balance between existence and non-existence. That is a condition made possible by the artificially constructed stillness enveloping them (the garden, as much as it is real, is nonetheless a product of the unit's management). The residents share similarities with the elements growing (and *not* growing) in the garden. They are kept in an ill state, where the potential health ensuing from the treatments they undergo never fully develops in them but is soon exported for others to

benefit.

The Winter garden's crystallised stillness reflects the one of the ante-tempus patient's condition. This form of entrapment within a controlled present retraces what genetic intervention and mass-medicalisation have achieved in the speculation of Magary's novel. The ante-temporality of medicalised beings (the population of *The End Specialist* and the units' residents) is not just a 'before time' condition, but is also deprived of temporality as a linear, progressive, moving process.

A *needed* narrative for the fictional patient

Although we see a superficial hostile disposition among the inmates, the absence of any resistance or rebellious attitude appears to be the foundational element of their ante-tempus patient's subjectivity. Two explanations for the acceptance of the dispensable to become exploited preventative tools have been suggested in this chapter: a latent self-sacrificial drive read in terms of Esposito's immunity paradigm, and the embodiment of the neoliberal rationale presenting impositions as choices freely and independently taken by the subjects.

However, to complete the picture of the fictional ante-tempus patient and develop the proximity between this fictional representation and the non-fictional panorama of the contemporary world of medicalisation and prevention, secondary characters need to finally be looked at. The staff of the unit represent a further point of contact between the unit and the outside world. Seeing the dispensables as belonging to fictional patienthood suggests the chronological impossibility of a simultaneous *outside*, and thus of simultaneous *outsiders*. What the chapter has sought to develop is indeed a reading in which the unit's

residents are a metaphor – a chronic snapshot - of *a* present time and present humanity. However, alongside this allegorical reading, a more literal one can also be carried on. The character of Potter, for instance, could be the metonymical element representing the movement of medical staff between spaces as the symbolic movement in time of future oriented medicine; however, he is also a device to both explore the inexistence of a reality outside the unit, and to reconsider the humanist justification for the dispensables' biological exploitation. He is the one providing Dorrit with photographs and accounts from the world of the needed, thus fostering the fictional, anecdotal, and artificially constructed nature of it. He also lets the reasons for the self-sacrificial acceptance of the patienthood condition show through his words.

This character epitomises the controversial and arguably selfish acceptance of the units' existence by the part of the needed. The man displays a sympathetic attitude towards Dorrit's situation; however what is concealed underneath is an already fully developed opinion on the necessary exploitation of the residents. Even if he does not say anything to openly suggest his support for the unit's activities, his recognition of the disposable individuals as actual *people* (Holmqvist 161) does not blame their exploitation but, on the contrary, upholds a more definite acceptance of it.

In a conversation about experiments and clinical trials, Potter responds to Dorrit's claim 'people are money' (Holmqvist 161) by rebutting it with a humanist claim: 'people are people, [they are] life' (161). However, with this statement he actually presents a position towards the social and medicalised system quite different from a banal commonplace on social injustice. In recognising the dispensables as people, rather than viewing them as a resource to be exploited for profit and for the health of full citizens, Potter negates the dispensables' otherness. As such, the dispensable individuals are aligned with the ante-

tempus patient who undergoes treatment for their own benefit – or, rather, for the sake of the 'other' that is their future self. In both cases there is an intriguing and problematic interchange between self and other, subject and object.

The way Potter sees the dispensable as 'people' and, at the same time, as 'life' suggests a fully accepted insight into how safeness and wellbeing come from the exploitation of human beings, in a procedure that should be considered natural, and suffered as a form of necessary sacrifice. Potter's sorrow does not come from a form of reaction to an injustice, there is no indignation implied for this dystopian rationale for human selection. He feels remorseful for the way dispensables 'are *treated*' (Holmqvist 162, my italics) in the unit, but *not* because they are actually kept there in the first place. The latter is a given. His life as a needed individual depends on the existence of the unit, not only because it provides him with a job and a regular income, but especially because the future health of his family is granted by the medical experiments and biological harvesting taking place in the unit. The account he makes of his life outside, and the ultrasound scan picture of his baby (170), place him alongside those individuals whose stories the residents randomly receive on a well-monitored grapevine. These are normal lives made potentially perfect by the residents' exploitation, stories that reach the residents' eyes and ears as a motivational encouragement, or an act of persuasion, in the form of pathetic narratives.

The outside appears as a fictional construct, functioning as a moving anecdote.[11] The 'fiction' that medicine is here making possible strengthens the residents' entrapment by preventing them from obtaining verifiable information. The outside/future is fictionalised into

[11] The receivers of the organs are presented as fictional reproductions of the perfect bio-utopia citizens. Stripped from any personal identity, they are nameless and identified only by their social and productive (fertile) role in society. The 'young medical student' (133), 'the carpenter with three children and six grandchildren' (189), or of 'a local politician … mother of two children' (267) all constitute a list of *ad hoc* constructed figures inhabiting, as advertising pictures selling the idea behind the unit's rationale, the subtext of the narrative.

narratives whose authenticity cannot be proven. Moreover, the dispensables easily enter this fictionalised pattern by believing the stories they are told and, eventually, by creating stories on their own. Emblematic here is the letter Dorrit writes to be delivered to her daughter once she is old enough to inquire about her biological parents. Of course, as Dorrit knows, this letter can go as far as the Director's hands: it is a futile attempt to connect inside and outside, present and future. Under this hopeless light, the outside appears non-existent, a time yet to come.

In this letter, Dorrit becomes a meta-fictional character herself, living an invented and imaginary life where she and Johannes have met not in the unit, but on a beach, in 'the November twilight, when he was out collecting stones and [she] was walking with [her] dog' (268). Her meta-fictional attitude contributes to making the contact between the dispensable and the needed individuals virtual and misleading while alluding to the impossibility of it. The *sine qua non* for this fictionalised system to work appears to be the acceptance of a 'no-alternative' situation where the existence of the dispensable is the undeniable step to take in order to glimpse at an enhanced future for the entire human population. In this future the individuals are free from the 'impending disease' characterising instead the life in the unit and, arguably, also our present condition. This is a future inhabited by the descendants of *beings-towards-illness*.

With the motif of a concrete entrapment within a pseudo-medical structure dealing with biological (human) goods, *The Unit* embraces dystopian tropes, but underlying subtexts also bring forth something new. If one challenges a simplistic reading of Dorrit and her fellow inmates as guinea pigs in a nightmarish laboratory, the residents become men and women enduring the extreme outcome of medical and scientific foresight. The character of Dorrit, throughout the novel, develops the willingness to undergo biological exploitation for the

sake of *future health*. As such, we are forced to question the extent to which we have accepted and allowed these forms of ante-tempus patienthood to begin permeating our lives as well as our literary and cinematic imagination.

In questioning a neoliberal ideology that promotes a productive and useful existence, the story of the dispensable individuals opens up a new fluidity for the dystopian narrative. The biological exploitation of unfortunate characters suggests a less straightforward narrative than expected, centred on the ambiguity of Dorrit's voluntary participation in this biopolitical regime. Dorrit's acquiescence disturbingly relates her to the non-fictional self of the contemporary reader, experiencing on their own body the tendency to prevent health risks otherwise affecting the social body. The novel problematises the tendency, both in fiction and non-fiction, to view preventative medical intervention as imperative – as necessary and as a command. The façade of this intervention is blurred, the straightforward visibility of its structures and means is mined, and new ways to read individual and biological agency are thus suggested.

In summary, then, *The Unit* stages the concept of ante-tempus patienthood together with the coercive narratives which underwrite this subjectivity, via the conceit of a pseudo-medical facility that exists, with its un-crossable walls, as 'democratically' justified. Kazuo Ishiguro's dark tale of clone exploitation and fictional patienthood attacks the concreteness of the unit's wall. In *Never Let Me Go,* the breaking down of visible boundaries of the unit's structure alludes to a proximity of those living *within* and those *outside* of the space of the ante-tempus patient, thus making its portrait closer and closer to a self-portrait of our current non-fictional humanity.

CHAPTER 5

Never Let the Patient Go: Chronic Pre-emptive Patienthood in *Never Let Me Go*

> But our main reason for existing, of course, was to protect her. (Ishiguro 48)

In the above passage from *Never Let Me Go* (2005), Kazuo Ishiguro's narrator Kathy, a clone meant to donate her organs for therapeutic purposes, is referring to a childish game of make-believe. In this game her and other children like her, who will grow up to provide their vital organs for transplant, are on a mission to protect their favourite tutor (or 'guardian'), from unknown forces. Although it is just an account of memories from childhood, and is not directly referring to an actual ability to protect their teacher, nor the need to do so, the idea of a bond with an external other already resides in them. Throughout the novel the concept of 'protection' is recurrent, and leads me to develop a reading of its characters as fictional patients in the context of the medical subjectivity I have already introduced with regard to *The End Specialist* and *The Unit*. If protection can be exerted to defend against a present threat, it can simultaneously be a way of acting in anticipated response to future threats. The biological *raison d'etre* of these clones implies that the 'protection' they perform is happening in advance: whilst they live, they embody the fragmented health (organs) that will represent the safe resolution of a medical condition for someone else, in the future. And if the clones preventatively protect the future, they are also preventatively condemned to become pure biological material. In this sense, they are an addition to the list of biologically exploited entities already initiated and drafted in this thesis, but they nonetheless add something new to the pattern.

This chapter will read Ishiguro's clones as a particular expression of *ante-tempus patienthood* – namely 'pre-emptive patients' – and will unveil a layer of interpretation for *Never Let Me Go* that has been overlooked by previous commentators. By referring to previous texts and especially by questioning the distorted parallel with *The Unit*, this chapter explores and seeks to challenge three main areas that Ishiguro's novel sketches out in the foggy haze that pervades, both literally and figuratively, the narrative. These are: 1) the different forms of confinement, spatial and temporal, that these individuals experience and their degree of understanding or accepting it; 2) the feature of haunting rubbish, as a recurrent metaphor of a physical and existential condition, and unworthiness associated (and self-associated) to the clones, and 3) the merging of the idea of exploitation and biological termination in the unending maintenance of a chronic state – or, in Cazdyn's words 'an existential mode that privileges management over change' (17). In this way, I will thus address the temporal tension developing throughout the narrative between expressions of movements in time and of an all-embracing temporal system of stillness.

Let the clone go and the patient stay

Similarly to *The Unit*, *Never Let Me Go* is recounted by a first-person narrator, both active participant and detached observer. However, in the case of Ishiguro's novel, what immediately strikes the reader is the absence of a linear and chronological order to the storytelling. If Dorrit gives a detailed account of her experience that, in its accuracy and structured denouement, resembles reportage, Kathy weaves her story with unexpected flashbacks and flash-forwards. The novel is a confusion of chronological jumps, memories, and events happened throughout her life, from her childhood spent at Hailsham boarding school to her present. In a way, this structure presents the illusion of the passing of time, but will eventually clash with the immobility of her world's static temporality.

Introducing herself as a 'carer' looking after 'donors' (Ishiguro 3), Kathy starts telling her story. Her world only gradually comes into focus as her story is laid out, like a puzzle composed without following any apparent pattern. She talks about Hailsham, a boarding school where she spent her childhood and where meaningful relationships in her life began, retracing her memories from those days and introducing the important people in her life while giving an account of her present.

In the unfolding of Kathy's memories, the reader is made aware of her purpose, and that of the other Hailsham children, mostly referred to as 'students' (68), even after they leave the school. The narrator's non-linear flux of thoughts makes clear the opposition between the clone-students and the 'normals' (94), who are naturally born human beings. It also reveals the reason behind the clones' upbringing. Once the clones reach adulthood they are meant to start donating organs for the benefit of the normals, and fulfil the purpose of their life by undergoing a series of three or four donations (depending on their physical endurance) before dying, or 'completing' (5). Kathy tells her story with cold and detached involvement, offering a flat narrative that lacks any emotional climax. John Mullan sees it as an expression of 'nonsensical resignation' resulting from a sort of 'ingenuousness' and stuffed with 'clichés' and banalities (106). However, being a story about clones, and told by one of them, the odd tone of the narrative is explicable by the 'othered' nature of its narrator. Her cold way of perceiving and giving account of facts and people is indicative of her *different* and *in-different* nature. Such a difference can be investigated either by holding her clone identity in consideration (whether it stays in the foreground or in the background as a fictional metaphor), or by more provocatively, rejecting it.

This reading of the novel seeks to see through the label of 'clone' but also to refuse the straightforward identification between the clone and the reader, and therefore between the clone and us. My claim is that there is, however, a real conceptual overlapping between what the students represent and the non-fictional population of our contemporary Western world. The peculiar form of humanity slowly revealing itself through the biological and emotional layers of these individuals – '*special*' students (68) – is not the outcome of our tentative understanding of what it might feel like to be a clone. Instead it brings to the surface the paradigm of fictional patienthood, with its pre-emptive feature moved into the foreground. Kathy and her friends, as pre-emptive and eventually emptied patients, are symptomatic of those *fictions of medicine* already introduced in previous chapters. In this counterintuitive sense, I will refer to them as 'non-clones' and investigate their subjectivity as a medicalised and pre-emptive one.

The 'clone' narrative was intended by Ishiguro to almost disappear in the background of what is mainly a tale on mortality, on the acceptance of the fact that we 'will all fade away and die' (Grigsby Bates 2005) and on the role of love and friendship in this death-tainted existence. In my analysis, too, 'cloneness' loses definition and relevance, but the biopolitically constructed nature of these characters remains poignant.[1] Ishiguro's fable on mortality is here read as a fable of medical control, where the clones are us, not just as human beings, but as medical (and medicalised) subjects. Put differently, I am not suggesting our proximity to fictional clones, but to artificially constructed tools of preventative medicine. The main characters turn into constructs of the retrospective medical gaze: they are both tools to solve the health alterations detected in a speculative

[1] The question on the novel's interpretation is discussed by the author in several interviews. See the interview by Karen Grigsby Bates for *npr.org* (Grigsby Bates 2005), and the extract from a Film Independent *youtube.com* video (Film Independent 2010) in which Ishiguro discusses the film adaptation of *Never Let Me Go* but also his intentions as an author confronting himself with sf tropes. On this matter, see also Michael Davidson's *Concerto for the Left Hand: Disability and the Defamiliar Body* (2008).

exercise of medical futurology, and subjects acting in a reality consequently medicalised. The medicalisation is, however, a subtle net of control and management that appears, in the novel, more like a concealed subtext than a blatant 'state of things'.

Unlike *The Unit*, which has received positive reviews and praise but very little academic attention, Ishiguro's novel has been, and still is, the object of the academic gaze. Critical approaches to this novel and the subsequent prolific production of diverse readings and interpretations have made the text a versatile tool to investigate 'perspectives on humanness', as Karl Shaddox suggests (468), in many of its forms. One among the several approaches to the text[2] introduces the basis of my own reading: this approach is a theological analysis that individualises in the overall plot a *mise-en-scène* of the god-like power achieved by the latest medical breakthroughs (Tsao 220). Tiffany Tsao focuses on the relationship between creators and creations and on the feeling of purposelessness the clones are pervaded and 'implanted' with (Tsao 220). This interpretation hints at the exploration of Kathy and her peers' identities in terms of the acknowledgement of their worth and, at the same time, of its refusal. The recurrent imagery of rubbish, as lingering and apparently useless material embedded in the net of the narrative, enables the questioning of the position that the clones are given and give themselves.[3] However, my interest in the imagery of the wasted, the hollow, the left-over, the trash, moves on from the limited discourse of worthiness and unworthiness connected to rubbish. Rather, I want to investigate the connotation of rubbish that the characters bestow both upon themselves

[2] Davidson, in his analysis of the text as a story about disability and 'compulsory able-bodiedness' (212), sees in it more depth and multi-dimension than a mere 'dark fable about the spectre of cloning' (212) could have. However, the *otherly* nature of Kathy, Ruth, Tommy and their fellow 'students' demands an active engagement with the bioethical question of artificial human creation and duplication. J. H. de Villiers and M. Slabbert's analysis sees in the novel a potential ground where to carry out the investigation of biotechnology and its legal boundaries, of 'the domains of political theory, critical feminist theory and queer theory' (87), and also of the social and anthropological outcomes of experiments affecting alternative forms of heteronormative-based parenting such as 'multiparentage' and 'same sex-marriage' (87). For further studies on Ishiguro's *Never Let Me Go* see Wasson (2015), Whitehead (2011), Griffin (2009) and Sean and Groes (2009), among many others.

[3] Tsao sees Ruth as fearing her metaphorical and literal proximity to trash (225).

and upon theories and stories surrounding them, as a symbolic embodiment of a halted and frozen temporality. Their identity as pre-emptive patients becomes associated to a time not ended yet, but unable to fully move towards its exhaustion.

Non-clones

Although the novel presents an apparently straightforward tale about clones, the narrative is full of unproven theories and speculations that make the certainty about the characters' actual nature of clones a questionable issue. Alongside stories oscillating between alleged truths, made-up fantasies, and 'theories', the reiterating use of the word 'rumour'[4] contributes to undermining the level of reliability of the non-clones' own knowledge of the reality surrounding them and of their own reality. The information passed on to the reader via Kathy's storytelling is affected by such unreliability, as it is the report of the 'scientific' process of the clones' creation from a human matrix, roughly explained by Kathy:

> The basic idea behind the possibles theory was simple, and didn't provoke much dispute. It went something like this. Since each of us was copied at some point from a normal person, there must be, for each of us, somewhere out there, a model getting on with his or her life. (Ishiguro 137)

As if explaining the rules of a game, Kathy talks about her very ontology by downgrading the concept to a 'basic idea', 'simple' and going 'something like this'. The non-clones' origins are left in haziness, and no incontrovertible, scientific (medical) truth is ever advanced. They are individuals exploited, and eventually fully (de)voided of their organs, but their clone nature

[4] The word 'rumour' is reiterated, without any attempt to avoid the semantic repetition, throughout the novel (see pages 15, 49, 211, 247) and it is always accompanied by a recurrent and lingering uncertainty affecting any form of knowledge possessed by the students (i.e. 'I'm not sure' 'I was never sure' 'we were never quite sure').

is only discussed lightly. Other passages about the non-clones' biological characteristics fail in offering sound and reliable information. For instance, the biological impossibility of the clones to procreate is turned from an almost axiomatic given to a questionable possibility:

> [F]or them [the guardians], sex was for when you wanted babies, and even though they knew, intellectually, that *we* couldn't have babies, they still felt uneasy about us doing it because deep down they couldn't quite believe we wouldn't end up with babies. (94-95)

If the guardians cannot believe that the students are indeed biologically unable to reproduce, could this doubt also be transferred to the readers? The latter do not obtain any form of authoritative evidence of the students' alleged status throughout the novel. The word of mouth, around which the construction of the non-clones' identity develops, works as a narrative device weaving a story that claims truthfulness by using an openly displayed unreliable means. The science fiction literary motif of 'estrangement' is here directed both to the fictional characters and to the reader. The idea of clones, upon which the narrative is constructed, is questioned by the narrative itself, with other human and non-human props of the story contributing to the clones' *rethinking.*

The encounter with one of the guardians from Hailsham reveals how fragile the concept of 'clone' as such is, and how important (or not) it is for the students. Towards the end of the novel, Kathy and Tommy go to visit Miss Emily, a former guardian, to ask for a rumoured 'deferral' that could give Tommy, as a student engaged in a romantic relationship, a few more years to live before his last fatal donation. In this passage, Kathy and Tommy approach the only – and yet still vague – explanation they ever receive about their nature: 'clones' exist to supply 'medical science' (Ishiguro 257). However, Miss Emily's words do not affect

the two students as the facts, names, and people mentioned throughout 'mean nothing to [them]' (Ishiguro 257). Kathy shows an uninterested reaction to what Miss Emily is saying, acknowledging how the woman's words are passing above her, without leaving any trace or triggering any kind of reaction: '…it was almost like we were listening to her again at one of her morning assemblies as she drifted off on tangents none of us could follow' (257). If the information concerning them is a 'tangent', what can be said about the willingness, or concern, of the students to be labelled 'clones'? This refusal of taking these words seriously could be seen as an implicit stance against the labelling altogether, as if Kathy were deleting the line separating who is called clone and who is not.

Patients

The fictional 'patient', as Holmqvist's disquieting scenario has shown, exists in a biopolitical reality of health management. Fictional patienthood describes people who do not receive medical care and intervention in order to be healthy, but who instead are objects of medical intervention in order to *produce* health. If the dispensable in *The Unit* are human beings suffering a change of attitude towards their biological identity (it indeed becomes an integral part of their newly gained subjectivity as ante-tempus patients), the non-clones in *Never Let Me Go* are created to suit the role. This unquestionably refers to a more science-fictional approach to the concept of patienthood and retraces a tradition of narratives on the possibilities of splicing and duplicating genes.[5] Nonetheless, at the same time, I would argue that this specific text hints at a scenario where the means of medical control and the outcomes of medical futurology are so invasive and successful as to considerably shake the understanding of the human identity. The bioengineered and constructed individual is an allegorical representation of our present condition.

[5] See the chapter 'Cloning Futures' in Joan Haran et al., *Human Cloning in the Media* (2008).

These individuals, whose biological exploitation is presented as the natural denouement of their existence, are representatives of a society under constant surveillance and seeking to defeat illness and human perishability. The paradoxical temporality of ante-tempus and pre-emptive patienthood explains the coexistence between the idea of biological exploitation and of a health utopia: the goal is to foster health for the future, by harvesting health in the present and thus displacing the benefit this can bring. Ishiguro's non-clones are metaphorical, fictional, and paradigmatic representations of the necessary step that a humanity wanting to counter the unpredictability of illnesses takes. The 'realisation' of this humanity (healthy and free from disease) appears to be only possible when it 'coincides with its own abolition' (Agamben *Means without End* 32), and thus with a form of self-sacrifice of the exploitable beings.

The students, as health-containers and *patients*, receive medical attention in order to face bodily decay, which, however, is not their own. The novel presents this decay as 'cancer, motor neurone disease, heart disease' (Ishiguro 258), in a metonymical list that stands for all terminal physical maladies. Caught between being the objects of medical care and the products of medical care, their condition as patients is aimed at a future form of healing from which others, and not themselves, will benefit. This patienthood exists to prevent medical care from ever being needed in the future. Above all, its purpose is to prevent death, whose symptom appears to be 'rubbish', a recurrent and haunting linguistic and concrete presence in the novel. What we see in the novel is how, to erase the decaying process that will endanger the future, this 'rubbish' is preventatively turned into a health(y) assemblage with human-like biological identity, namely this form of patienthood. However, what characterises such an expression of patienthood is not simply the biological exploitation, but the non-clones' static, *patient*, and un-movable condition.

Pre-emptive creation

Unlike the dispensable, the non-clones are not asked to voluntary 'join' patienthood, nor are they forced into it: no facility doors are passed through, no dark-windowed SUVs are entered. The self-sacrificial drive hinted at in *The Unit* is already rooted and accepted here – or perhaps not even envisaged as something to question or accept. The fostering of health proceeds simultaneously with the fostering of its organic containers from early childhood to early adulthood. Health grows (in the form of organs to eventually export) for the sake of another (future) phase of humanity.

They are *patients* because they are objects of medical intervention but, as they are the solution to the disease as well, they are also conceived as a preventative measure. Their condition is thus a preventative and pre-emptive one. Having acknowledged the subtle conceptual and linguistic distinction between the terms 'pre-emptive' and 'preventative' in my Introduction, for the purpose of this novel's study, I opt for a more consistent use of the former. The choice of 'pre-emptive' directly suggests the act of emptying, thus alluding *in primis* to the organ donations but also, as the chapter will unveil, to the emptying of the present time of movement and change, with the consequential construction of a managed chronic stillness. In this fictional patienthood, the focus on the medical conditions of patients moves from the preservation of a healthy status to the eventual exploitation of this valuable health. With regard to therapeutic human cloning, this exploitation takes the form of a literal extrapolation and subsequent transfer of health from the fictional pre-emptive (and emptied) patient to the individual living in the (future) bio-medical utopia. This transfer is not to be considered simply as a physical and spatial transfer, but also as a temporal

transfer. The reader does not see where these organs go; they exit from the given framework to be used in another dimension.

If health is produced within the walls of a present (form of) patienthood in order to shape a future which could benefit from it, *ante-tempus* patienthood could be considered a phase. It is the foreword to a book about a bio-medical utopia still to be written or already written but yet-to-be read. The non-clones are like patients, *patiently* lingering in a *waiting room***,** where they wait to face either the consequences of diagnosis or proper medical intervention. The concept of 'waiting room' becomes an exemplifying image of these chronic and pre-emptive patients' condition and is applicable to Ishiguro's portrait of a foggy England at the end of the twentieth century. This virtual and concrete location of static waiting could be added to Marc Augé's list of communal spaces affected by altered forms of temporalities. In his anthropological study of 'supermodern' spaces and places he sees '[a]irports, railways stations, bridges' as 'the image of our time divided between passivity, anxiety and, despite everything, hope or not, at the very least, expectation' (Augé xxii). Although Augé defines these 'non-places' as 'fragments of utopias' (xxii), the element of hope and also of the unknown, alongside the stress on a passive attitude, might suggest that the places are representative of a moment in space and time where utopia can be glanced at; in the case of the 'waiting room', such a utopia might reside just beyond the waiting room's door. The utopian place where medical achievement has defeated biological unpredictability and corporeal decay occupies a position behind this figurative door, after the present of the pre-emptive patients, since constructed upon the exploitation of the individuals frozen in the still time, and confined space, of *patient waiting*.

Augé claims that, in our current historical moment of supermodernity, everything appears to be 'proceed[ing] as if space has been trapped in time' experiencing 'the inexhaustible stock

of an unending history in the present' (84). He refers to the history of the past, which returns in a chaotic simultaneity, merging with the history of the present, repeatedly passing under our eyes. The past stays, and constructs an entrapping structure around (and for) the present. However, what if the history that lingers and that moulds the space is the one of a time yet to come? The waiting room in which the pre-emptive patient sits represents a space trapped by the influence and virtual manifestation of a futuristic time, and shaped by the un-happened-yet outcomes of medical futurology.

In Augé's theorisation, the 'non-place' is both a 'fragment of utopias' but also its opposite as, differently from utopias, 'it exists, and it does not contain any organic society' (90). Similarly, in the non-clones' world the absence of a society is implied in the widespread presence of pre-emptive patienthood, whose organic status becomes a commodity that haunts the non-place, recalling hypercommodified spaces such as 'airports and railway stations, hotel chains, leisure parks, large retails outlets' (64), which Augé understands as characterised by existence rather than life. In the novel, it is existence subsequently turned into future health and future *life* that characterises the non-clones' world. In the space inhabited by Kathy and her peers, the 'non-places' of supermodernity meet the contemporary discourse of prevention. The relation between the present and future of Ishiguro's pre-emptive patients finds representation in the phenomenology of the space they inhabit and of the temporality they 'float' through, like those cardboard boxes Ruth contemplates in a dream (Ishiguro 221), and that I will later suggest are a mirror-image of the non-clones. The novel offers a key to investigating the idea of 'space' trapped by the virtual envisaging of a time that still needs to be constructed, and that is in the process of gathering the (raw) materials necessary for its construction. It is a space of stasis that predates (and enables) the bio-medical utopia; here the pre-emptive patients linger and are not meant to leave.

Ishiguro's recurrent use of the trope of 'rubbish' throughout the novel becomes an evocative metaphor bringing together elements of halted temporality and, paradoxically, of on-going value – implied in the story and yet never explicitly mentioned in economic terms – and usefulness. In the following sections, I will explore Ishiguro's metaphor of 'rubbish' firstly by reading the students as 'buoyant empty beings' and by introducing the connection between the concept of rubbish, time and stasis. Then I will link the image of rubbish to the idea of disease in a broader sense, so to better explain why the non-clones are to be considered pre-emptive patients.

Stillness: buoyant empty beings

> I knew the whole place had been shut down, but there I was, in Room 14, and I was looking out of the window and everything outside was flooded. Just like a giant lake. And I could see rubbish floating by under my window, empty drinks cartons, everything. But there wasn't any sense of panic or anything like that. It was nice and tranquil, just like it is here. (Ishiguro 221)

Already emptied of two organs and about to undergo her next (forced) donation, Ruth, in the above quotation, is sharing with Kathy and Tommy memories from their mutual past. This is a past transfigured, however, in an oneiric vision. Instead of the fields and the open countryside surrounding Hailsham boarding school, what Ruth sees from the window of Room 14 is a desolate land covered in water, with used and dismissed objects floating on its surface – disquietingly suggestive of a deathly scenario. The static condition of those 'empty drinks cartons', which become a revealing metonymy for 'everything', seems to create nothing but peaceful tranquillity in her – the same emotions she detects when lingering with her friends on a shore surrounded by hollowed dead trunks. The spatial location that she

mentions ('like it is *here'*), and from where she is sharing the telling of her dream, is the endpoint of a daytrip that Kathy, Tommy, and she, have taken. The trip is an ephemeral diversion in between hospitalisations required for their organ donations, and the destination of the trip is a beach where sand, moorland, and sea merge, and objects and individuals seem to be plunging, static, into the landscape.

When Ruth offers her small audience these suggestive images, the superimposition of 'everything' and 'rubbish' and 'empty drinks cartons' with the three individuals' soon-to-be hollowed bodies becomes evident. The connection between empty boxes and emptied-to-be bodies is nonetheless more complex than is immediately apparent. To begin with, why is this an image evoking peacefulness for Ruth? Is this form of numbness generated by the stasis affecting the limitless 'everything' that Ruth sees? Or, is it what 'stillness' represents that is valuable for Ruth (and her peers)?

The floating rubbish lingers, *still*, on a concealing surface without moving, but without disappearing either. The liquid surface, the 'big lake' covering everything, traps the boxes but also lets them keep existing suspended on the threshold between useful presence and disappearance into useless waste. With the image of 'rubbish', the trope of stasis that recurs in Holmqvist's narrative appears in *Never Let Me Go*; and just as the foetus mirrors the unit's resident, so the object and concept of rubbish is symbolic of the non-clone as pre-emptive patient. Rubbish holds in its inner meaning the uselessness of something already used up, yet lingering, whilst the non-clone, as the exploitable entity *par excellence*, is artificially constructed for the purpose of waiting to be used up. These objectified figures are not tied together only by the rejected status they will gain once fully used (exploited), but by the form of static lingering they perform. The parallel resides in the concrete literal emptiness (or emptiness *in potentia*) they represent. The pre-emptive patients are meant to lead a

healthy life and be gradually voided of their healthy organs (as drinks containers drained of their content) via medical intervention. They inhabit a figurative surface where they, too, are 'floating'. This analogy triggers the question of impeded mobility that the pre-emptive patients experience.

Never Let Me Go asks and provokingly rebuts questions about the conceptualisation of what is valuable and what can be renamed either as rubbish or as indispensable 'dispensable' entities (in Holmqvist's terms). The novel here becomes the literary ground to explore how ante-tempus patienthood connects its pre-emptive attribute to a physical and temporal management and (dis)placement. In reading the story of the non-clones, we see that the 'floating,' uneventful movement that does not envisage a destination, but that is movement nonetheless seems to characterise their being in the world, both in terms of time and space. It represents a form of opposition to the drive towards disappearance, engaging a sort of relation with the surface that is both retaining (in stasis) and giving support (maintaining existence). Whether this confrontation is voluntarily undertaken or patiently undergone represents the entangled core of this study; Kathy's story, the story of her friends, and the confinement their mind and their biological beings have to endure is constructed in a narrative that both acknowledges and constantly challenges the idea of immobility and repetitiveness that characterise the pre-emptive and chronic fictional patienthood. Their condition, as I will explain later, is biologically limited and finite for the single individual, but also defined by the immobility experienced by the collective self (the entity of non-clone) that, as material to keep on exploit in order to produce health, can never move on, end, or complete.

As such, the novel implicitly offers room for a different identity to be attached to the students, initially identified by conceptual haziness, uncertainty, and, at the same time, by a

sort of mindless acceptance. If the material the non-clones are composed of is not a copy of something already existing, then the possibility to investigate their role, their stasis and passivity, expands. These characters embody the possibility for future health and exploitable wellness, and hence fit the concept of fictional patients, especially in its pre-emptive feature. Nonetheless, the representation of this patienthood, already explored in other texts, appears here centred more on the absence of a defined status, rather than having been outlined by straightforward medical intervention. They are fictional patients in a reality where medicine is the trigger for existence, ever present and yet never seen. For these reasons, I will develop a reading of these characters that attempts to explain the questions raised by the hazy uncertainties of the novel, rather than accepting a reading of them as clones.

The persona of the student, freed from the identity as 'clone', represents a form of fictional patient whose 'pre-emptive' characteristic is explained by their interaction with the symbolic proliferation of lingering wasted material and rubbish. Kathy, as the narrator, but also the other students in their speeches, position themselves within a self-referential discourse where 'rubbish' is both superficially rejected but nonetheless an omnipresent and constituent part of their life. It inhabits their language, their *dreams*, their conversations, and their physical environment. For instance, when exchanging opinions about their condition, the students tell each other off for 'talk[ing] rubbish' (Ishiguro 24). Nonetheless, what is referred to as 'rubbish' constitutes the core of their everyday topic conversations, which are founded on snippets of gossip and rumours that they cannot verify. They try to resist believing the 'lots of rubbish…not even worth thinking about' (274) that they see associated with theories about their biological and medical management but, at the same time, they cannot help but hold on to that information as lingering half-truths affecting and giving shape to their existence. Although the gossip about the non-clones' process of

donation and eventual completion is 'dismissed… as rubbish' by the narrator, the latter is aware that she has 'nothing to back up [her] words' (274) to dispel the 'rubbish'. Rubbish is not something that can be considered as dispensable or as merely redundant; it remains an essential part of their life: it is the lingering element that mirrors their condition. This also helps to explain their fascination with second-hand and discarded items like those collected and 'purchased' at the sales (41), in which 'things from the outside', old and discarded objects from the world beyond Hailsham, like 'clothes, toys, ... a watch, a pair of scissors…' (41), are brought back to life.

It is outside this reality that the normals live, depending on the students' body emptying. This *outside*, if seen as a temporal dislocation in the future, thus makes of the normals' life and biological well-being a form of creation. The normals, receiving health and *life* from the non-clones, turn into a sort of 'offspring' and lose their status as original models. The theories that the normals are prototypes or blueprints for the students, the raw material from which the students develop, are affected by narratological haziness and thus lacking any ontological certainty. Moreover, the intimate connection between the students and the concept of 'rubbish' implied in the novel leads us to read Ruth's words on rubbish, in the extract below, as metaphorically hinting at a new understanding of exploited personhood.

Health and Rubbish

The idea of being a copy (a clone) of the inhabitants of a healthy reality, which flourishes thanks to the students' exploitation, is ridiculed by one of the students themselves, Ruth, during a day-trip to Norfolk. In there, Kathy, Tommy, Ruth and other two ex-students from Hailsham want to prove the rumour about Ruth's 'possible': apparently, her alleged human 'original' or double was spotted working in an office in the town. However, Ruth soon has to

face disillusionment, as the woman in question bears just a slight resemblance to her. The assumption that made the group undertake the trip is proven wrong, leading Ruth to an enraged, epiphanic outburst:

> '…Look, it was never on. They don't ever, *ever*, use people like that woman. Think about it. Why would she want to? We all know it, so why don't we all face it. We're not modelled from that sort […]. What do you think she'd have said if we'd asked her? "Excuse me, but do you think your friend was ever a clone model?" She'd thrown us out. … If you want to look for possibles, if you want to do it properly, then you look in the gutter. You look in rubbish bins.' (164)

Ruth, in her anger, asks why someone would want to be cloned, copied and duplicated, suggesting that a 'normal' woman would not want to become a 'model'. The girl perceives a halo of shame and impurity around her nature and the nature of her peers; the question 'do you thing your friend was ever a clone model?' appears to her to be insulting. However, this picture of failed self-recognition also brings the reader's attention to the normals, as the future beneficiaries and exploiters of the health fostered in, and exportable from, the students. If a different reading of the novel, and of the novel's intent, might accept that the normals can indeed be doubted as models for the students and, therefore, that the students are not clones of the normals, then asking 'why would she want to' be a model (164) can be followed by a more provoking 'why would she *need* to' be a model. In fact, in a world where medicine is able to offer more powerful means to fight biological fallibility and body decay, what could be asked for is not a simple duplication of the organic self/shell but the establishment of a healthier condition. The genesis of this condition can be seen as starting from what is already there 'in the gutter' (that is, rubbish, in its broader figurative sense) and that, if not handled, would become a spot of useless, dead, and thus dangerous material in

the future. What the 'normals' might desire is not to have a copy of themselves, but a solution to what could be wrong with them in the future, more similar to a working transformation (and recycling) of their flaws-to-be rather than a proper duplication.

According to this reading of *Never Let Me* Go, the feature of being an actual clone is overshadowed and substituted by that of being a fictional patient moulded upon worthless and decaying material: raw matter that holds in itself the shade of death (as ultimate termination) and yet presents a state that can be altered and improved. A connection between *rubbish* and disease, in their metonymical embodiment of potentiality for termination and improvement, can be made and will help define the 'patient' character of Ishiguro's non-clones. The way the very word 'clone' is discarded and outnumbered by references to 'rubbish' prompts a reconceptualisation of the ipseity of the students.[6]

If the model is to be looked for in the 'gutter', as Ruth's words suggest, than the identity of these students is moulded upon something that has no use anymore, something already doomed to decay and termination (death). In the context of an emerging pre-emptive patienthood condition, in order to avoid the 'normals' becoming 'rubbish', the students – as the incarnation of pre-emptive treatment – take on this fate for themselves. They embody and perform it as something intrinsic to their biology, in the form of illness *already always there*. The narrative thus seems to retrace the condition of non-fictional individuals who, according to the logic of our contemporary medicalised society, appear destined to fall ill but will not necessarily look or feel ill in their lifetime. This phenomenon is discussed by Cazdyn, amongst others, who writes that a condition like cancer 'might be in all of us' but only unlucky circumstances would make individuals 'suffer from it' (Cazdyn 19). This reading of the novel adds to the idea of mass-medicalisation the perceived threat of a virtual mass

[6] The word appears only twice in the novel, at page 164 and page 257.

contagion that sees everyone dealing with disease, either manifest or *in potentia*. This 'virtual contagion' is, in *Never Let Me Go,* a *conceptual* disease rather than a merely biological one, which affects the fictional population of non-clones with a latent, non-manifest illness to manage, contain, and transform. In this way, the narrative stages a metaphorical application, with realistic tones, of the biopolitical 'axiom of health management' (22) that Cazdyn has phrased as the managed 'meantime' of illness (22): this concept of a managed, confined, and static time brings to the surface the un-moving temporality of the pre-emptive, and ante-tempus, individuals' experience.

A *non-clone narrative* of pre-emption

In recent cinematic productions dealing with the topic of human duplication, the storyline often exploits the visual potentialities of putting doubles and lookalikes on the screen: Michael Bay's *The Island* (2005), Benedek Fliegauf's *Womb* (2010), and the television series *Orphan Black* (2013 –) are a few of the latest narratives presenting the clones as duplications of existing characters.[7] *Never Let Me Go*, with its unreliable narrator, advances the theory about *possible* models for the clones, but these claims never achieve a sufficient level of reliability, nor are formally confirmed; they remain in a blurred zone of conflicting interpretations and speculations. The 'possibles' (or, those people of whom the students may be clones) are protagonists of the students' fantasies and never actually encountered, nor given body or voice. Alongside the tutor-like figures belonging to the students' life in the guise of guardians, these 'possibles' are the representatives of that naturally born humanity of which the main characters of the novel are just copies. However, the scarce presence in the novel of 'human beings', defined as such, further supports my attempt to question a

[7] *The Island* stages a fictionalised denouement of the practice of therapeutic cloning that include a consistent display of action and romance; Fliegauf's *Womb* explores the potentialities of cloning for person replacement; and the BBC America television series *Orphan Black* (2013 –), deals with the repercussion on the human identity of possibly ad infinitum genetic duplication, and on ownership of genetic data and patents.

literal interpretation of the clones as human duplications of a *simultaneous normal humanity*. The guardians – 'normal' human beings living with the clones – are the exception enabling the representation of the overlapping of two realities, temporal and spatial. This superimposition reminds us of the spatial displacement of the dispensable, as ante-tempus patients, from the 'needed', which is presented in *The Unit*.

If in *Never Let Me Go*, the human models are metonymically represented by the never-encountered 'possibles', in the cinematic narratives I have mentioned the human counter-parts of the clones explicitly appear – making this play between original and copy a central part of the narrative. For instance, Ewan McGregor's and Scarlett Johansson's characters – clones on the run in Bay's action movie, *The Island* – end up sharing the screen, at least once, with their human double. The fact that the clones in Ishiguro's novel are never allowed a confrontation with their 'possible' makes them the core and main focus of the narrative – copies without an original – and contributes to shifting our interpretation of them away from a consideration of their status as 'clones'. They appear as the only object of medical attention, and not simply as biological tools, containers of organs to extract, onto which a form of medical biopower is performed. They are subjects inhabiting a present time (and space) in which the aim of medicine is to create health in response to an illness that has not manifested yet. Rather than artificial creations that mimic humanity in an exploitable representation of it, I read these characters as the matrix for a bio-medically managed and artificially produced humanity, meant to populate a future time and space.

Phenomenology of the pre-emptive space – *the totality confined*

In an obvious way, this 'non-cloneness' adds a controversial aspect to the characters' existence in the novel. What does it mean to speak of these 'non-clones' as confined or

exploited when they are original human beings in their own right rather than artificial copies?

Never Let Me Go's narrative presents a fictionalised world controlled by an invisible medical power, which finds concrete representation both in the corporeality of its products (the non-clones as containers of health) and, paradoxically, in the total absence of more canonical expressions of recognisable medical intervention. Only a few sweeping references appear in Kathy's account, as the brief mention of 'some form of medical' that she and her peers, while staying at Hailsham, had to undergo 'almost every week' (Ishiguro 13). No further detail is given about their biological management, which is left in the haziness of a dream-like narrative.

The novel discloses a scenario in which health production and health monitoring have merged into the emotional and geographic landscape inhabited by the pre-emptive patients. Kathy's world has no labs or operation rooms hosting clinical trials, but the striking absence of almost any medical references, nevertheless, suggests an omniscient gaze cast upon the students:

> Tommy thought about this, then said only half jokingly: 'Maybe Madame can read minds. She's strange. Maybe she can see right inside you. It wouldn't surprise me.' This gave us both a little chill, and though we giggled, we didn't say anymore about it. (Ishiguro 73)

What Tommy says about one of the guardians looks like the naïve comment of a child, but a deeper meaning can be detected, and the 'little chill' affecting the students reaches the readers too. Wrapped in the narratological unreliability which characterises the novel, this

piece of gossip alludes to a scrutinizing gaze able to penetrate the biological body. Madame's ability to read and see *inside* the students' body brings the concept of patienthood forth, and this form of scrutiny overlaps with the performance of the medical gaze, browsing the biological matter of healthy organs. This 'medical intervention' is embedded in a narrative where medical presence is camouflaged and pushed out of the readers' focus. Blurred snapshots of medical facilities in fact occupy the margins of a bigger picture featuring a traditional boarding school and a vast and empty countryside. Medical figures make their sparse appearance as background faceless actors. According to Gabriele Griffin, the 'absence of signifiers of "acute science"' in Ishiguro's text stands for a 'breakdown of the boundaries between science and the everyday' (657). Nonetheless, such a breakdown could hint at a different interaction between science, medicine, and the everyday. In this narrative, science and medical management are occulted into a plain and uneventful everyday life, creating, at the same time, an all-embracing virtual fence.

This expression of concealed confinement links *Never Let Me Go* to Holmqvist's narrative, and thus to the kind of neoliberal dystopia that *The Unit*'s apparatus of illusionary free will and free choice, in a medically managed reality, constructs. However, the concrete walls of the unit, within which health is produced and the biopolitical management of individuals is performed, become invisible in Ishiguro's tale. They collapse as concrete architectural elements while still remaining entrapping, as if retracing Louis Althusser's concept of ideology, that conceals 'the system of the real relations which govern the existence of individuals' while conversely presenting 'the imaginary relation of those individuals to the real relations in which they live'.[8] The man-made structure of *The Unit*, framing the pristine interior of the medical facility, is substituted by greyness and fogginess, that surround Kathy and her peers' existence and foster theirs (and the readers' perhaps) cognitive inability to

[8] See Louis Althusser's 'Ideology and Ideological State Apparatuses' (1971).

see through the ideological haziness. This ideological haziness takes the form of a material characteristic of their world.

The landscape where Ishiguro positions his characters – 'England, late 1990s' (Ishiguro 1) – is a framed and inescapable territory. The picture constructing itself throughout the text suggests the existence of an outside, while the narrative keeps providing clues reinforcing the aura of unreachability of that external place and, possibly, its existence *in potentia*, as my reading will soon address. Kathy's perception of the space around her confirms this idea of spatiality confined and inhabited just by *them*, the people like her:

> I realised, of course, that other people used those roads; but that night, it seemed to me these dark byways of the country existed just for the likes of us, while the big glittering motorways with their huge signs and super cafés were for everyone else. (267)

The 'huge signs', the 'super cafés', the 'glittering' of the urban and populated space create here a visual divide between Kathy's and her peers' world and that of the normals. The glittering, alien signs mark the threshold of a dislocated place, of a place where the students cannot go or have no reason to go. This suggests either a very rigid form of confinement within the borders of the section of the world allocated to the non-clones as health-containers or, instead, a confined totality. Kathy lives in a disturbingly violence-free dystopia where biological exploitation is an inalienable condition made acceptable by a form of life-long conditioning not to oppose the fogginess of dubious notions and fragile truths.

What is interesting in the novel is that this dystopian scenario presents itself as a metonymy for a totality, and does not portray just a marginalised and secluded part of a greater whole.

Never Let Me Go becomes a mirror to reflect the image of a world where medicalisation and the consequences of preventative actions have produced a managed healthy status that nonetheless requires the students to experience both cognitive impediment and an alteration of linear temporality. The *outside* that can prosper thanks to the harvesting of the students' health does not belong to the students' understanding, and does not share the same temporality as their environment. The bland and bare England that Kathy describes is the only world currently existing at that moment in time and space, while the outside becomes a temporally displaced (postponed) reality embodying the progression beyond stasis: the future. This setting, 'England, 1990s', a fictional alternative past, symbolises a moment chronologically frozen in a never-ending present, without past or future, like the students, but yet constantly confronted by the shadow of futurity.

The 'outside' of the non-clones' geographic domain is concealed from sight, wrapped in a haze of fog, but nonetheless the object of narratives, delivered by indirect and unreliable media. Voices from television programmes, radio, magazines and rumours grow louder and yet emptier as they pass, like 'Chinese whispers', from mouth to mouth. The resulting depiction of the outside is that of a separate land, whose conceptual and physical distance, in the fictional terms of the novel, challenges the very existence of the place. What lies 'outside', beyond the virtual borders, is a location both spatially displaced – when Kathy vaguely calls it 'outside, out there' (Ishiguro 31) – and temporally displaced, as evoked in the students' conversations about whimsical 'dream futures' (140). However, if these borders are un-crossable in their intrinsic structure, could the impossibility of joining the place beyond them erase this allegedly unreachable 'outside' from the present reality of the novel?

The image of something envisaged and, at the same time, perennially out-of-reach is repeatedly echoed in the narrative. For instance, the 'dream futures' of the students imply consciousness of unfeasibility (dream) and the naïve nature of a far-fetched and pointless thought-experiment (future). The idea of confinement and entrapment is, moreover, extended to the identity of the world the pre-emptive patients live in: their condition is not just the outcome of a controlling measure concocted to isolate and manage a group of dispensable and exploitable individuals, but a frozen snapshot of humanity's timeline. The characters, not as clones but as human beings, mirror, in metaphorical guise, the contemporary subjects absorbed, despite themselves, in a medicalised system. The so-called 'England', stripped of the urban and geographical specificity given by its name, becomes the more general and anonymous setting where a cross-section of the history of humanity takes place. It is a moment in time supplying the need for a managed and chronic confinement in order to obtain a future well-being for humanity itself, in 'an existential mode that privileges management over change and holds fast to rigid continuities while walking with only the most tentative and straightest of steps' (Cazdyn 17).

In Kathy's England, no physical boundaries keep her and her peers from freely moving around the country, unlike in *The Unit*, where the building's walls are the visible borders of the patients' confinement. However, although no boundaries impede movement, a sense of stasis and entrapment nevertheless permeates the narrative. This trope of altered and halted temporality, which I first observed in its genetic origin as afflicting the gene therapy patients of *The End Specialist*, is depicted by details scattered throughout both Ishiguro's and Holmqvist's narratives. However, if in *The Unit* the concept of stasis, as observed in Chapter Four, is detectable in recurrent yet isolated allusive elements, in *Never Let Me Go* we see a more rooted, widespread, and omnipresent immobility.

This static condition affects the characters' lives and lies underneath empty exercises of motion; the characters do move, but the purposelessness and powerlessness of their movements make these actions empty ones, and the non-clones eventually caught in the grip of immobility. Kathy's very last words summon up the idea of movement as detached from displacement: 'I just waited a bit, then turned back the car, to drive off to wherever it was I was supposed to be' (Ishiguro 282). The action of driving is negated by this sense that the destination is a non-place ('wherever it was'), as if even this movement is a form of stasis, living a kind of waiting.

The ontological blurriness pervading this open landscape made of never-ending country roads and deserted fields is itself the barrier, the border the pre-emptive patients are trapped by and preserved within. The confinement is physical, externalised, and projected from them onto the world they live in, covering it in thick ideological fog: their bland understanding of themselves is mirrored back to them by their featureless and bland environment. They ask questions but do not care about the answers; in a sense, they are the opposite of that form of 'active citizenship' and patienthood discussed by Rose in *The Politics of Life Itself* (2007). They seem to represent a passive challenge to the twenty-first-century individuals who refuse to 'remain "patients", merely passive recipients of medical expertise' and instead 'become consumers actively choosing and using medicine, bioscience and pharmaceuticals, and "alternative medicine" in order to maximise and enhance their own vitality' (Rose 23). On the other hand, their acceptance of their condition could be seen as the ultimate expression of an active subjectivity, in neoliberal terms, accepting their place into recognised fictional narratives. This England stuck in a perpetual 1990s is staged in a novel that is the cultural result of a time of increasing medical power, of the drive to prevent, of technological optimism and an intricate convergence between the medical, social, and economic. It is halfway between a dystopian nightmare and the fictionalised

dystopian version of an anxiety about a time of relentless, managed, and inescapable mass-medicalisation.

The narrative presents the abundance of rumours self-generated and encouraged by their very objects. Towards the end of the novel, when Miss Emily disavows one of the theories circulating among the students and ex-students – that it is possible, if you are in a romantic relationship, to get a 'deferral' and thus postpone the start of the donation process for a few more years – she alludes to the untruth of all the stories Kathy has given credence to through her own storytelling. By declaring the deferral from donations to be a 'wishful rumour' (Ishiguro 253), the woman gives evidence of the guardians' awareness of the non-clones' theories and also of the general trend among the normals to let such theories both begin and grow, as if to let the students have and willingly choose to embrace comforting delusions. The fantasy can, however, only be kept until an actual confrontation occurs. When the students come close to the virtual walls of such a comforting discourse of make-believe, the truth reveals itself as unreachable and protected by an un-crossable barrier. However, as the next section will highlight, they do not seem particularly affected by the revelation. Even if the fantasy fades, the fog stays.

The disenchantment of a closed gate

The discovery occurs on the threshold between the hazy realm of the non-clones' patienthood and the world of the normals. This world is the bio-medical utopia to which the students do not belong and cannot access. Whilst revealing their disenchantment about the deferral, the passage I analyse below as a pivotal (narratological) moment, offers a further representation of the concrete – *architectural* – impossibility of crossing boundaries and thus escaping chronicity:

> We went on like that for a long time, past the rows of identical houses. Then the houses on the opposite pavement ran out, areas of flat lawn appeared in their place, and you could see, beyond the lawns, the tops of the beach huts lining the seafront. The water itself wasn't visible, but you could tell it was there, just from the big sky and the seagull noises. (242)

The imagery of repetitive stillness that has characterised the existence of Kathy and the non-clones also seems to affect the urban landscape where the guardians live ('rows of identical houses'). Different from the students, but not belonging to that humanity benefiting from the students' exploitation either, the figures of the guardians seem to share the same chronic and immutable condition that is proper to the non-clones and pre-emptive patients. The guardians, when not at Hailsham, inhabit, like the students, that *preventative time and place* from which the bio-utopia of medical success and widespread health derives.

Observing Madame walking a few metres ahead of them, Kathy and Tommy notice 'her neat grey suit, just like the ones she'd always worn' (Ishiguro 241). As if she were a reminder of the border that they cannot pass – the chronicity they cannot leave – or indeed a veritable *guardian* of that very threshold, she appears to be sharing with Kathy and Tommy their own immutability. The same 'neat grey suit' frames her as an unchanged figure frozen in time. She is *still* the same. The place where she lives also echoes this static pattern, where 'rows of *identical* houses […] continued *without a change*' (242, my italics). These elements of resemblance with the students' chronic world gradually reveal the guardians as marginal figures, who balance on the borders of that time and place of prevention that is the pre-emptive patients'.

> Madame went on standing there, hardly moving in the low sun, her head tilted as though listening for some sound from the seafront. Then she smiled again, though the smile didn't seem to be for us, but just herself. (243)

The woman, who is soon going to be asked by Kathy about the possibility of deferral, is described as listening to something outside Kathy's comprehension, and smiling for no apparent reason. Although this could be just a moment of thought-gathering and memory recollection, the stress the narrative casts upon this apparently insignificant detail confers on it a deeper meaning. Why is Kathy picking up upon such a detail? Is there something or someone capturing Madame's attention? Kathy explains the smile with no addressee as a self-directed one ('the smile [was for]…just herself'), but the way she quickly dismisses any other thoughts related to it, shows her inability, or lack of desire, to understand it. And the reader too seems to be asked to linger on the invisible addressee of the smile and question their identity. The realistic nature of the narrator's storytelling is here contaminated by a more speculative detail; a detail that opens up an alternative way to reading Kathy's place in the featureless 'England', where the idea of escaping is foreign and estranged and, apparently, not even contemplated because, in the non-clone's consciousness, there's not a real place to escape to.

The novel engages with this alternative representation of reality split into two, and sketches its blurry and concealed boundaries also through the figures of the guardians. If Madame, in the aforementioned passage, is caught letting her liminal position be revealed by her indulging gaze towards an otherly place, earlier in the novel something similar happens. Another guardian is presented interacting with an *invisible* counterpart. These moments in the narrative disclose breaks in the plot's structure, and in its realistic tones: they enable the reader to see through the literary device and put together clues about Kathy's world.

The following lines refer to one of Kathy's memories of her stay at Hailsham. Miss Emily, unaware of Kathy's presence, delivers what looks like a lesson to an invisible class, and Kathy witnesses this from the edge of the room:

> [Miss Emily] was alone, pacing slowly, talking under her breath, pointing and directing remarks to an invisible audience in the room. I assume she was rehearsing a lesson or maybe one of her assembly talks, and I was about to hurry past before she spotted me, but just then she turned and looked straight at me. I froze, thinking I was for it, but then noticed she was carrying on as before, except now she was mouthing her address at me. Then, natural as you like, she turned away to fix her gaze on some other imaginary student in *another part of the room*. (45, my italics)

To Kathy, the guardian is talking to imaginary students. However, the bodiless and invisible nature of the addressees of the lesson should not be explained as just a construct of imagination. Kathy's inability to see them – a cognitive inability shared with her peers as part of their patienthood condition – is indicative of her entrapment. She cannot cross the boundaries, neither with her gaze nor with her understanding; she is adjacent to the outside, undoubtedly connected to it, but she cannot join it. She approaches this threshold but, unaware of what lies on the other side of it, she cannot consciously experience its liminal nature and hence does not understand the form of contact happening there. On the other hand, the guardian is a figure knowing her liminal position on the threshold. Miss Emily, in this case, is able to see through it, to look into the 'other part of the room' that, for Kathy, is nothing but an empty space. As if oriented towards a world without pre-emptive patients, the guardian behaves according to the paradoxical co-existence in space and time of two realities separated by a *cause-effect* relationship. In this cause-effect dynamic, the

pre-emptive patienthood generates (*causes*) the existence of a bio-utopian medical future (*effect*). The people living in this future medical utopia, where health is an objectified given, need the exploitable present time (or retrospective past, from their future position) to stay unchanged and ever disposable. According to this particular reading of *Never Let Me Go*, the representation of this fictional chronic present time appears relegated in the corner of a-existence, frozen and trapped into safe oblivion, but nonetheless undoubtedly connected to its subsequent future.

By *not seeing* the people Miss Emily is talking to, Kathy does not perceive that she is experiencing a sort of contact with them: it is a contact based on proximity and superimposition. The binding look that Miss Emily casts on both the girl ('she was mouthing her address at me') and on those other 'imaginary' individuals positioned 'in another part of the room' makes, for an instant, Kathy's persona merge with that of other invisible students. This other part of the classroom, where Kathy pictures the disembodied students, is across the threshold along which the guardian is 'pacing' up and down. Walking 'slowly', as if trying to hold a precarious balance so that she would not fall either side of the threshold itself, Miss Emily seems to be able to 'see' the invisible. Kathy, instead, sees nothing.[9] The haziness and fog, both metaphorical and literal, pervading the non-clones' reality summon up the

[9] The superimposition of different temporal dimensions recalls the trope of the haunted place common in gothic narratives and brought to a disquieting extreme in Henry James' *The Turn of the Screw* (1898). Its loose cinematic adaptation, *The Others* (Amenàbar 2001), offers a striking visual representation of the point of contact and almost blurring of two temporal realities. The film tells the story of Grace Stewart and her two children, living in a big isolated household in the countryside of Jersey in the aftermath of Second World War. In the topical gothic scenario of a manor enveloped by constant fog, unknown presences (called by the family members 'intruders') make their incorporeal and sensorial appearance. These ghost-like figures are perceived as manifestation of dead people. However, in a major twist of the plot, the haunting spirits reveal themselves to be the only elements, faded and blurred, of another chronological moment of the manor's history that the characters in the film are able to see. The shocking realisation that the current inhabitants of the house – the only focus and protagonists of the narrative – are indeed dead and haunting the place as unaware ghosts unravels gradually throughout the film. For further reading on the perception of the gothic space in relation to *The Others* see *Women and Domestic Space in Contemporary Gothic Narratives: The House as Subject* (Soon Ng 2015), especially Chapter Four, 'Housing Melancholia: Alejandro Amenàbar's *The Others* and Juan A. Bayona's *The Orphanage*'.

nature of their entrapment, based on a screened and blurred line of vision upon their surroundings.

Moving back to the encounter between Kathy, Tommy, Madame, and Miss Emily about the deferral request, it is possible to notice another manifestation of the pre-emptive patients' inability to *see*. In the house of the two now retired guardians, a barrier to Kathy's and Tommy's gaze is epitomised by the physical obstruction that Madame's body generates.

> Then there were more mechanical sounds, and Madame emerged pushing a figure in a wheelchair. She passed between us again, and for a moment longer, because *Madame's back was blocking the view*, I couldn't see the person in the wheelchair. But then Madame steered it around to face us […]. (250, my italics)

The couple is prevented from seeing and from autonomously gaining knowledge. The guardians, moving on the threshold, allow sections of reality to be revealed to the students: figuratively, by disavowing rumours (and dissipating the lie) and, in this more literal case, by clearing their view from physical obstacles. Madame's physicality becomes an impenetrable screening surface. Her back creates another form of wall. Here the guardians wield the power to construct opacity and to foster the concealing nature of those barriers, but it is also suggested how they can make breaches in them. The guardians embody a form of reassuring, persuasive, and entrapping discourse, which installs truths and concepts deep into one's own subjectivity and wraps everything into a melancholic dark ideological fable. For the individuals who exist trapped in this cage made of words and thoughts, looking for *other* truths become pointless. The students actively reach the threshold but, once there, they cannot (do not want to) move further and they thus *patiently* hold, endure, their passive position. It is Madame's action, her steering the wheelchair around, that enables

them to see. The 'waiting' disposition of the couple is reiterated throughout the passage several times, while the guardians choreograph the space around them so that Kathy's and Tommy's eyes only catch a section of the whole.

> Tommy and I waited several more minutes. Then the wall at the back of the room began to move. I saw almost immediately it wasn't really a wall, but a pair of sliding doors which you could use to section off the front half of what was otherwise one long room. Madame had rolled back the doors just part of the way, and she was now standing there staring at us. I tried to see past her, but it was just darkness. (254)

The entire structure of the house, in which the concealing walls reveal themselves as doors, suggests a display of architectural barriers that limit the ex-students' movements and understanding. Madame rolls 'back the doors' almost in a welcoming manner but this gesture, at the same time, epitomises the impact the guardians have on the non-clones' lives: they *guard* the threshold towards which these pre-emptive patients are drawn. Madame is securing the point of contact between the retrospectively constructed present and the medical utopian future by setting limits to Kathy and Tommy's gaze.

If the guardians can therefore be seen as 'in control', they are, nonetheless, enduring a form of entrapment too, and Miss Emily, 'frail and contorted' in a wheelchair (Ishiguro 250), is emblematic in this regard. She is the visual proof that a simultaneous exploitation of the non-clones is impossible. Miss Emily represents the illness toward which the pre-emptive patients, as *beings-towards-illness*, tend. She does not belong to the future medical utopia and hence she cannot join the 'biological perfection' of the population living on the students' harvested and valuable health. In a sense, she represents the pre-emptive patients' final destination, providing them with a moment of confrontation with their reason

for living, with the illness and death they are meant to eradicate. She stands for the theoretical completion of their life's journey, as this encounter – placed at the end of the narrative and shortly before Tommy's last donation – appears as the ultimate revelation. This *revelation* would be, in a text that embraces the genre expectations of a sf clone narrative by showing the confrontation between the creature and the creator, or between the non-human and the human pseudo-parental figure, that of a long-awaited truth. But Ishiguro's story recognises, challenges, and rejects certain genre clichés of clone narratives, as the encounter really provokes a sense of further stasis, supported by Kathy's description of their reactions. They appear almost too accepting, passive, entangled in immobility:

> Tommy and I couldn't quite believe that was the end of it. We neither of us stood up, and anyway, and there was no sign of anyone helping Miss Emily out of her wheelchair. […] she remained still. (269)

A later comment that Kathy makes on this journey, and their resulting disillusionment, gives the trip to the guardians' house an unnecessary or anti-climactic quality. A little later in the narrative Kathy admits that she and the other students 'always knew' (270) that they would be unable to have, join, and move on into the future. Could the pointlessness of the trip be extended to the concept of movement *tout court*? Effectively, what the pre-emptive patients are prevented from gaining is not knowledge (which they already possess) but movement, and more precisely, the capacity to move forward in time; they cannot have a deferral, they do not have a future, but they *are* the future in that they represent the future for others. The two women's residence, the symbolic house on the threshold, is the gate opening on the illusory stories circulating around the students, but also closing on the possibility for them to leave their condition.

Entrapping surfaces

To link the idea of confinement to the concept of stasis, the narrative displays numerous objects characterized by uselessness and relegated to idle motionlessness. These items share a feature of literal or figurative emptiness with the students. In addition to the predominant imagery of rubbish, of wasted and empty (of matter and of purpose) material, I want to briefly consider another image of embodied emptiness trapped by stasis: the twice-returning wrecked wooden boat. This boat is a useless means of transport, embodying the opposite of efficient movement, and holds an intimate connection with the condition of Kathy and her peers.

When the group of non-clones is wandering through Norfolk, 'the lost corner of England' (167) in search for their possibles they visit a local art gallery. In *Never Let Me Go* the art gallery is a liminal space, recalling the symbolically-charged art installation of *The Unit*. The place where Kathy and her friends go to find Ruth's possible and fail in the quest, offers a depiction of the point of contact – and of the actual impossibility for this contact to truly happen – with the future reality. The account of this experience presents references to windows and glass surfaces that, notwithstanding their transparent nature, function more as screens creating a sense of distance and unattainability rather than as devices to enable a crossing over. What they do is push the students back into their reality through the entrapping form of (self)reflection they generate. From a coffee bar's window Kathy observes the static and 'shuffling' posture of her peers, silent and 'looking down at the sea' (Ishiguro 153): through the 'big misty window' the pre-emptive patient watches herself and acknowledges her immobile condition.

The art gallery and its windows are a metonymy for a borderline place where contact with the normals does take place but only as an empty and meaningless action, which reinforces the isolated condition of the pre-emptive patients. Ruth's 'possible' is peeped at through an office window and then seen closer, in person, in the gallery. The fact that the woman's appearance proves the theory of the group wrong – 'the more [they] heard her and looked at her, the less she seemed like Ruth' (161) – can be easily alluding to the far-fetched attempt to find, with no clue, their personal models. However, if this reading is pushed further, it can be seen as presenting the general impossibility for a form of simultaneous bond between the pre-emptive patients and the normals. The only bond shown and reiterated throughout the novel is the one between the non-clones themselves, enclosed in their static condition, where what they see around them is either a fictional reproduction of a fantasy, or a screened image, deceivingly presented as close and reachable, but yet filtered by un-crossable mirror-like fences.

The screening surfaces that Kathy repeatedly includes in her storytelling, like nameless returning characters, impede the action of seeing *through* while offering a never-ending self-reflection. This entrapping form of mirroring finds an allusive representation in how the 'huge' (Ishiguro 146), 'vast' (219), 'big and grey' (113) sky, which Kathy often gazes at, ends up being caught within the frame of reflecting surfaces: 'the pale sky […] reflected every so often in the patches of water breaking up the land' (219), or 'reflected in the windscreen' of the car (216). The vastness is reflected in and by a limited surface, but is negated in its essence by the deceitful action of mirroring. It is as if the sky, by looking at itself in the screening surface were both witnessing its vastness and, at the same time, acknowledging the view of its vastness confined in a frame, by which its infinity is negated**,** thus unveiling the illusion and cognitive entrapment that reflected images can generate. The image of screening surfaces also suggests a mirroring process where two figures, looking the same,

are drawn very close together. The figures, simply separated by a reflecting surface, are, however, impeded in their actual contact by the surface itself; the screen becomes the epitome of a barrier that the pre-emptive patients are moving toward. The liminal space is a place of failed and un-happened crossing and, on the other hand, of a tell-tale reflection, recalling how the evocative painting of the foetus in Holmqvist's novel functions as a distorted mirror-image of the dispensables.

The remains of a wooden boat that Kathy notices in the art shop in Norfolk are the first tokens of this symbolic mirror image that fully develops only later on in the narrative, when Kathy, Ruth, and Tommy undertake a daytrip to go and see a peculiar attraction.

Shreds of bogged wood

When giving a detailed panning shot of the art shop and of its chaotic arrangement of random pieces of art, the focus of the narrative moves to an apparent meaningless object. A simple article hangs on the wall and is described as if it were *beached on* it, half way through two places but somehow stuck in between: a 'rotten piece of a boat stuck up high near the cornicing' (Ishiguro 160). The relevance of such an object in defining the position of the pre-emptive patients as emptied containers unable to move is retrospectively revealed when the ex-students are presented with the spectacle of a must-see attraction popular among their peers, namely a wrecked boat:

> [Y]ou could see, here and there ghostly dead trunks poking out of the soil, most of them broken off only a few feet up. And beyond the dead trunks, maybe six yards away, was the boat, sitting beached in the marshes under the weak sun. (220)

The boat, like the corpse of a big fish decaying on the foreshore, suggests a once-living thing now left with its useless wrapping and still attached to that existence it once used to inhabit. Emptied of its purpose, the boat is stuck on that liminal space separating it from the element (the sea beyond the marshland) that would confer on it both meaning and movement. Not knowing how and why the wreck 'got there', as Kathy herself wonders (220), suggests a form of temporal and spatial displacement that also characterizes the reality of pre-emptive patienthood. The apparent absence of movement is combined with a form of decay that everything seems to be going through without, nonetheless, disappearing. Instead, the boat – and the pre-emptive patient – remains suspended and caught into an inescapable state of waiting, as if walled in a *waiting room* with invisible and yet solid walls. The boat is deprived of any form of temporality other than its static *here* and *now*: no past is known ('I wonder how it got there'), while its future seems to be framed into endless deterioration.

In this static landscape, the dead tree trunks surrounding the boat merge with it in a symbolic reflection, and the soon-to-be hollow corpses of the students join the pictures as peers of the hollow wooden figures. The way the 'emaciated trunk' (220) mirrors Ruth's 'frail' (218) and 'weak' (219) appearance stresses the visual and symbolic superimposition. The pre-emptive patients, like the wooden carcasses scattered through the marshland, endure their extremities disappearing – or rather 'sinking' (220) – in the unstable ground and they raise 'no objection' (220) to the mud's inescapable grip. In this passage portraying passive motionlessness, the illusion of limitlessness framing the fictional patienthood's world is hinted at by Kathy's words:

> [I]n front of us there was open marshland as far as we could see. The pale sky looked vast and you could see it reflected every so often in the patches of water breaking up the land. (220)

However, as the analysis of the novel has argued so far, this absence of boundaries does not lead to the ability to experience movement: the image of an open sea is far from evoking in Kathy and the others a sense of unfettered freedom. This suggestive image of an arrested proliferation (of life that proceeds, grows, moves) immediately confers a different connotation to the limitless horizon that they see before their eyes.

> Not so long ago, the woods must have extended further, because you could see here and there ghostly dead trunks poking out of the soil, most of them broken off only a few feet up. (220)

As if prevented from going further, the dissemination of dead pieces of wood on the beach seems to trace a line beyond which existence is forbidden. Moreover, the invisible walls of the patients' realm (of the *waiting room*) are indirectly and yet powerfully addressed in Kathy's comment about the absence of an echo in such a wide open natural space: 'I'd raised my voice to let it get to the others and had expected an echo. But the sound was surprisingly close, like I was in a carpeted room' (220). More than a simple figure of speech or a metaphor, the 'carpeted room' is the confined closed space where the pre-emptive patients live under an unseen yet perceived form of surveillance, disquietingly connected to the laboratories and treatments rooms in *The Unit* which, nonetheless, appear openly disclosed to the residents' eyes. The sound of the three friends' voices lingers around them and rebounds from the walls, as if it had no freedom of movement, confined – as the pre-emptive patients are – in stillness. The figure of the wrecked wooden boats (one *beached* and half-swallowed by the walls in the art shop and the other literally beached on the marshland), as well as the hollow trunks, propose further figurative manifestations of pre-emptive patienthood haunting the narrative.

Empty roads on an empty map

Finally, the stillness of the pre-emptive patients is also epitomised by another recurrent image spreading as a thin web throughout the novel: long, empty roads apparently leading nowhere. Differently from the straightforward reference to physical immobility offered by the bogged tree trucks, the empty roads might imply a sort of movement. However, it is the purposelessness of the movement taking place on these roads that makes them symbols of stasis.

Kathy gives the first account of a 'long narrow road' (Ishiguro 181) disappearing into the limitless horizon when recalling the view from the classroom windows at Hailsham (34). Often empty and never released from that halo of mystery, this urban element affects, from a position in the background, the totality of the narrator's memories. Notwithstanding the absence of visible and actual barriers obstructing the viability of these solitary pathways running across a deserted countryside, this imagery does not suggest an idea of freedom in movement nor, more specifically, an idea of movement *tout court*.

The awareness of 'something harder and darker' (Ishiguro 55) that hits Kathy in her lonely drives further contributes to drawing around her (and around her peers) a physical border enclosing both her limited understanding and her corporeal being: her body moves within these limits and across a map of a world she cannot read. Kathy's recurrent references to long empty roads describe solitary sites where uneventful movements rather than factual transits take place. Firstly, the 'narrow road' leading to Hailsham, which is described as almost deserted ('[d]ays could sometimes go by without seeing a vehicle' (34)) and never considered by the students as a possible way out; then Kathy refers to a 'long grey road'

where her thoughts, having 'nowhere to go' (55) seem to be caught in a vicious circle of remembrance and past memories. The *nowhere* is actually the place constantly recalled, where the existence of these pre-emptive patients is enmeshed and to which they keep returning, or are drawn to return. Further examples are given by '*those* empty roads' that Kathy recollects from her journey with Ruth and Tommy to see the boat (181, my italics); the use of the adjective *those* is enough to suggest the familiarity of the girl with what seems to be the only element of the landscape worth mentioning. Then there are 'roads' running through the countryside presenting no company for Kathy other than her solitary 'daydreams' (204), and the 'empty road' which both Kathy and Ruth are caught staring at when discussing about the unfeasibility of their whimsical futures (224). The acknowledged unfeasibility of these futures (*'we always knew'*) represents a stop sign for their existence's progression, stressing the purposelessness of their movement through life: here, the lack of a destination and the purposelessness of this network of cement that connects nothing is confirmed as the epitome of the fictional patients' condition. Kathy tells us that, as students and pre-emptive patients in this particular reading, they are allowed to gather just 'the haziest notions of the world outside' (66). Kathy and the non-clones are confined by a blank and 'empty' geography, with no movement or passing time, which is the chronic space (non-place) of prevention – the 'meantime' – that cannot be left.

What is repeated is the experience of being on one's own on these roads, where the focus is diverted from the actual destination to the experience of solitary driving. When the narrative actually presents a destination for a journey on an empty country road, is either the marshland – an un-crossable and uncharitable space, scattered with useless remains – or the flat county of Norfolk. The latter, curiously called the 'lost corner of England' (167), is where everything goes once lost. It is like the fishing net withholding the wrecked boat in the art gallery (160), or like the fence Kathy mentions at the end of the novel, keeping all the

rubbish invading a field from disappearing elsewhere (263). It is the place that retains from oblivion but which, on the edge of it, gives such oblivion its shape and concreteness. The fenland of Norfolk represents a place where everything is stopped, unable to change but kept from death.

Besides being the final destination for lost, used, and dismissed items, it is also the only destination that the pre-emptive patients seem to be able to envisage when indulging in dreams of independence. When Kathy and Ruth fantasise about their future in which they will be 'free to travel around the country' (66) the only destination they can name and think of is Norfolk. Indicative of their actual absence of freedom in movement, it also reveals the absence of a desire to experience independent and free movement, offering a different take on that problematic and problematizing connection between implied coercion and degrees of free will already mentioned in relation to *The Unit*'s neoliberal dystopia. The inhabitants of this non-place of prevention are drawn towards the ultimate destination of all exploited items, and the two girls' naïve project is the confirmation of the pre-emptive patients' impossibility to win over their static existence (and imagination). As soon as they see themselves as eventually obtaining borderless freedom of movement, Norfolk is the only (available) choice – their natural destination, the ultimate retaining barrier making their trip there an inevitable non-event.

Norfolk and its deserted surroundings, as a second 'empty' destination to the novel's empty roads, merge with the other liminal destination and entrapping barrier already analysed: the marshland. If Norfolk, in Kathy's words, enables to return (or, rather, retain) what has been lost, 'like the debris you get on a seashore' (282), the place thus becomes itself a virtual seashore. On this shore, what you 'get' (282) is either something stuck into a useless existence – deprived of life and purpose which keeps, however, lingering on the border – or

something that has come back, that has returned to remain. There is thus the idea of inescapability and of claustrophobic circularity that, supported by the reading of the roads as solitary maze paths, finds a further depiction in the inner nature of these places (and of the pre-emptive patients too).

Chronic state – patienthood retained

In this chapter, I have argued that the motionless and uneventful life led by the non-clones positions them as paradigms of a specific chronological (and, I argue, chronic) condition, which represents the main expression of their entrapment. What I advance with this specific reading of the characters and spaces of *Never Let Me Go* is that their static condition is suggesting the actual impossibility of ever benefiting from their exploitation: what effectively enables this procedure of harvesting and exploiting health to be functional is the perennial availability of material to exploit. At a first reading, cloning seems to be the straightforward and obvious solution to the problem of depletion of exploitable material, as it is a potentially unlimited process of duplication. Nonetheless, the shifting of the interpretation of Ishiguro's characters from the connotation of clones to that of retrospectively constructed fictional patients asks for a different perspective. As I have already suggested, this concept of pre-emptive patienthood gives a fictional overview of that '*chronic meantime*' Cazdyn sees as pervading – and entrapping – the current human situation. However, the pivotal feature characterising this manageable (in Cazdyn's terms) condition – that is pre-emptive patienthood – in its chronicity and stasis is represented by biological *ex*portation and *ex*ploitation, where the revealing prefix 'ex' implies movement and mobility.

If this chronic feature seals the passage to the future by making of the 'prescriptive meantime' a 'permanent destination rather than a temporary movement of development' (Cazdyn 22), then a physical barrier to a prospective world might be envisaged. It is thus this barrier that keeps the present in but, at the same time, keeps something else out: namely a virtual picture of a yet-to-be attained medical utopia. Notwithstanding the virtual nature of this utopic world, I argue that Ishiguro's dispensable beings, accepting their *sui generis* existence as indirect manufacturers of health, can be seen as a retrospective product of that very utopia, inasmuch as the alleged utopic defeat of ill health is (or will be) a product of the era of pre-emptive patienthood – and the result of the exploitation of pre-emptive patients.

However, if the setting (in this case the fictional 'England') where health is harvested is chronic and static, this exploitation itself cannot find an actual place to fulfil its meaning and thus where people can benefit from it. The only way to get out of this paradoxical loop is to treat this manageable patienthood as a phase, a means to an end, where the *end* is both the achievement of the future utopia and also the actual end, or *completion*, of the chronic state. Although critics like Mark Currie have seen in the 'timelessness' (*The Unexpected* 93) of Ishiguro's narrative an 'oscillation between a half-forgotten past and a falsely anticipated future' (103), I have instead suggested that what the narrative reveals is not this deceptive anticipation of a time yet-to-come, but a *retrospective fictional creation deriving from a future point of view.* This future has been removed from the pattern by the chronicity of the present but also, thanks to the exploitation of that chronic present, has managed to outlive it.

In conclusion, then, the non-clones, as single entities, have a biological temporality that expires with their completion but their individual finitude belongs to an infinite, frozen in time, and never finished system. They are a means to an end but, at the same time, also a

means *without* end. If the student *completes*, the pre-emptive patient *stays*, as the *sine qua non* for future health. The world of the non-clones, conceived of as health containers and ante-tempus patients, is to be seen as a fictional exercise portraying humanity's entrapment by its embracing of those comforting ideological narratives that weave invisible and inescapable nets of unreliable 'rumours', and its disquieting and retrospective self-depiction, produced by an imagined future that is not necessarily its own.

CHAPTER 6

Minority Report – Social Risk-ectomy and the Temporality of the Biological Waste

Adapted, expanded, and extensively modified from Philip K. Dick's short story 'The Minority Report' (1956),[1] Steven Spielberg's *Minority Report* (2002) tells a spectacular sf tale, with noir undertones,[2] focused on state security and prevention.[3] It is about the possibility of maintaining a safe present condition by preventing future events from happening, by eliminating the 'risk element' before its potentially 'risky feature' becomes an actuality and causes harm. The safety and well-being of society is achieved with the physical disposal of citizens who are framed as future killers by the supernatural foresight of three gifted individuals, the Precogs. Visual narratives of the predicted crimes are generated by their minds, and then recorded and scrutinised by police expects of the Precrime Department of the District of Columbia.

In analysing the film, I will draw a connecting thread between the practice of military pre-emption and medical prevention, borrowing from the former the implications of state control and population management. Medical discourse becomes a key to reading the state intervention enacted upon the population that aims to 'extract' potential murderers before they commit murder. From a metaphorical point of view, this proactive policing is pre-

[1] Jason Vest describes the film adaptation as an 'expansive narrative canvas to flesh out Anderton's [the protagonist's] motivations more extensively than Dick does in thirty-page story' that add to the original structure the dimension of personal and familial drama (Vest 125).

[2] As noted by Lester D. Friedman in his analysis of the film's cinematographic style (Friedman 2003).

[3] Vest notes that 'Spielberg's film can be seen as a response to the cultural, political, and legal foment that characterized American life during the year following 9/11' (133). On further *Minority Report*'s literature concerning the parallelism with the 'War on Terror' and US policies see Weber (2005), Huiskamp (2004), and Michael Dillon's chapter 'What Makes the World dangerous' in *Global Politics: An Introduction* (2013). Mentions to this can also be found in Rountree (2004) and Baker (2015).

emptive surgery performed upon an a-symptomatic 'social body'. In the first part of the chapter I will focus on how (alleged) knowledge of the future, generated through biomedical exploitation is instrumentalised in shaping a biopolitically managed society. In the second part I take a closer look at the parallelism between social prevention and medical prevention, thus developing the connection between the preventative discourses of medicine and state security. In particular, the analysis of the risk-ectomies performed in this film will strengthen the reading of *Minority Report* as a narrative that engages in a dialogue with medical discourse in relation to prevention and futurology, and that stages the diverse implications of a social strategy based on *blind faith* in knowledge of the future.

Part 1

Minority Report: picture of a future-influenced society of control

Spielberg's adaptation of Dick's short story follows John Anderton, the chief detective officer of one of the departments operating for the safety and security of the District of Columbia. It is the year 2054, and the prototype of a new strategy for risk-prevention, named *Precrime*, is currently running its trial period, whilst a referendum to make it a national measure is imminent. At the heart of Precrime lies the power of producing fragmented images of the future – visual information that can be interpreted to predict imminent future murders. The alleged future narratives, showing violent killings about to happen, are generated by the minds of three individuals with a-normal psychic abilities that only see and (re)produce images about the future. These so-called 'Precogs', a female and two male subjects – Agatha, Arthur, and Dashiell – are kept in a semi-comatose condition under the surveillance and biomedical management of the state. Their brain activity is constantly monitored and projected onto screens where the unstopped flux of dream-like images appears as a

confused and disjointed cinematic narrative, a 'cinematic technology' in Christine Cornea's words (as cited in Baker *Contemporary Masculinity* 146), staging versions of the future. Notwithstanding the visual disturbances of these projections, it is possible for detective Anderton of the Precrime Department to decipher the content and *see* the murder, the perpetrator, the victim(s), and the crime scene. The trust bestowed upon these images (and more generally all visual stimuli) is foregrounded from the very beginning of the film, as a necessary and unquestionable element of the diegesis.

However, although the Precrime department is already fighting 'future' perpetrators, the strategy is still provisional and fragile: it needs the support of the citizenry to be finally institutionalised. Persuasive narratives advocating the greatness of Precrime are paramount for the eventual success of the programme, resulting in the ideological portrait of a perfect murder-free world sketched throughout the film – a portrait for the eyes of both the film's characters and its viewers. The campaign in favour of Precrime is carried out by means of mass-communication and high-impact visual advertisement, and by the persuasive technique of the anecdote (already seen in *The Unit*'s modus operandi for raising understanding and complicity in the residents), meant to break the barriers of doubt and create an emotive and empathic response. Heart-breaking testimonies from people who have benefited from Precrime intervention are projected in sequences of flashing images on the city walls, as if relentlessly broadcast on cinema big screens.[4]

These short narratives, visually and orally recounted from the walls of decaying and super-modern buildings, or from the brick ceiling of city tunnels, contribute to telling the story of an apparently successfully perfected world. Still at the beginning of the film, an interactive

[4] See figure 2. This figure and the following are positioned at the end of the chapter.

map of the United States fills the screen, and the film's audience is directly addressed by a reassuring yet assertive voice-over explaining it: the virtual graphics show a grim spread of digital blood all over US territories. The body of the state is bleeding, affected by a murderous disease.[5] The camera then shifts to the almost god-sent solution – the 'precognitives', or Precogs – and the positive outcomes of pre-emptive policing. The voices of the victims pre-emptively saved, and that of the president of the programme merge to enthuse: 'Precrime works' (Spielberg).

Nonetheless, the film then offers a stark opposition between different representations of the same reality, playing with the audience's perspective, expectations, and understanding. Initially, the viewer perceives a sense of safety in the authoritarian and yet reassuring cinematic presence of a 'good' police state, with its recognisable symbolism, and the tranquillity ensuing from the advertisement showing, in warm colour-tone, men and women saved by the Precrime intervention and the mystic representation of the Precogs, filling the screen as smooth and featureless sandstone statues.[6] However, this façade is soon challenged by what is revealed about the real time of the narrative. A black anonymous silhouette, a suspicious runner on a deserted road, moves fast past a wall upon which an advertisement about the Precrime referendum is broadcast, seeming to embody the generalised fears of crime that the referendum will help to eradicate. Vote for 'yes', the wall says. Even before the identity of the runner is revealed, this implied propagandistic command has already made the runner mistrustful, possibly dangerous, a criminal to fear *in advanc*e. The viewer still does not know that this is Anderton, the heroic detective protagonist of the film.[7]

[5] See figure 3.
[6] See figure 4.
[7] See figure 5.

Already from the first part of the film, we perceive the dense net of narratives weaving our understanding of the contextual and contingent world of *Minority Report*. From every angle we are, and we will be shown and told what to look at, what to see, what to believe, and what to avoid with our gaze – even as the film problematises the deceptiveness of images.

Cogs of the system: the Precogs

The film presents a doubled image of the Precogs. Beyond the allure of their miraculous ability of foresight, viewers are encouraged to see that the imposed biological exploitation and imprisonment of the three Precogs is the precondition of this future-oriented justice system. They physically belong to the core of the transparent architectural fortress of the Precrime Headquarters; they are immersed in a triangular pool of a white, milk-like substance, secured with electrodes around their heads, and immobilised in a semi-comatose state. Trapped and exposed to the gaze from above, Agatha, Arthur, Dashiell and their carer (a scientist employed by Precrime) occupy the interior of a transparent cage, an artificial environment created to conduct a scientific *and* medical experiment. The Precogs are patients, affected by a chronic and chronically managed condition. The three figures appear in a de-gendered guise, with shaved head and minimal white garments constructing their androgynous persona. Constantly under surveillance by the Precrime agents, they are nonetheless relentless observers, blind to what is happening in the present but forced to look at what has not manifested yet.

In a distorted mirroring of Plato's allegory of the cave,[8] the three Precogs are able to look only in one direction, toward the future; what they see is the only representation of reality they can perceive. When the camera first focuses on them, leaving the surrounding out of

[8] On this regard, see: John Partridge's chapter 'Plato's Cave and *The Matrix*' in *Philosophers explore* The Matrix (Grau 2005).

the visual scope, the audience sees Agatha's face and her eyes staring as if into the void. This extreme close-up frames the moment of a prevision. In the whiteness of the screen, where her pale face and the translucent water blur into one, and the contours of her persona almost disappear, Agatha's blue eyes, simultaneously wide open and blind, react to a confused narrative of violent images. Before fading away below the milky surface she mouths the word 'murder', initiating the pre-emptive intervention. Agatha's utterance, supported by the simultaneous visions of Arthur and Dashiell, appears as if extrapolated from her – extracted and used whilst her biological body, her persona, goes back to the semi-unconscious, tranquil, and perfectly biomedically managed state. Similarly to the crime writers with whom they share names,[9] they tell the story of a murder as an exploded puzzle to be carefully put together again. All three of them are needed as a source of data and visual information to detect future murders and pre-emptively act to prevent their occurrence.

Their psychic and physiological abnormalities are managed and monitored for investigative purposes, although the official justification for the Precogs' biomedical management is to make their existence more bearable. This form of (confined) medicalisation, aimed at life betterment, is explained by geneticist Iris Hineman, creator of the concept and biological entity of the 'precog'. Agatha, Arthur, and Dashiell are presented by Hineman as being unsuited for a normal life, because of the psychic disturbance caused by their involuntary and uncontrollable foresight. Their visions are medicalised, attributed to their exposure to hallucinatory drugs whilst at a foetal stage, and, if not carefully managed, physiologically unbearable and eventually lethal. However, this medicalisation seems to be oriented towards an easier control and utilization of their psychic resources, rather than to enable the

[9] Their names are clear intertextual and intermedia reference to detective fiction writers Agatha Christie, Arthur Conan Doyle, and Dashiell Hammett, as pointed out, among others, by Vest in *Future Imperfect* (2007), p. 123.

three 'patients' to be released of their foresight and lead a normal life experiencing *the present*.

The film leaves vague the question as to whether the exposure to the drugs was accidental or not. Nonetheless, if the a-normal status of the Precogs has developed independently and without scientific management, the medical cure performed to handle the condition and, according to Hineman, to 'heal them' (Spielberg), can still be read as an intervention to enhance the extra-ordinary abilities. The presaging visions that severely affect the health of these special beings are not meant to be reduced. Instead, the condition generated by specific drugs is medicalised, kept chronic and constantly monitored.

The narrative enables a dual interpretation for the development of the Precogs' special abilities. The children successfully developing into Precogs could have been genetically designed as pre-emptive reading machines able to generate previsions of violent murders. Their forecasting gaze is indeed precise and targeted, as if bio-medically engineered for that specific purpose. Moreover, the iconography of terminal or cancer patients stands out in the Precogs' look, with the pale countenance, the shaved head, the white garments, the frailty exuded by their physical figure. The coexistence of terminal illness and chronicity contributes to shaping the character of these unique patients, whose temporality is altered and whose physiological condition is not healthy, is not meant to become healthy again, but is kept monitored and unchanged.

As medical subjects whose health interests are blurred and easily re-interpreted by others (geneticists and scientists behind the Precrime system), the three seers are the result of medical intervention aimed at creating the condition for a 'healthier state' which does not necessarily refer to Agatha's, Dashiell's and Arthur's one. Like Kathy, Dorrit, and Magary's

postmortals, the Precogs are expression of ante-tempus patienthood. Their condition becomes an illness to maintain, to instrumentalise, and not to cure. It is the management of the illness that brings the Precrime technology to its birth and controlled existence. The Precogs, treated and yet never healed, are under medical surveillance, but never healthy or able to lead a self-sufficient life.

I have already analysed biological exploitation through three different macro-cases, exemplifying different biopolitical and bioeconomic relations: firstly, in relation to handling and modifying biological and genetic material; secondly, in the form of the problematic outcomes of the trade in commodified and objectified expressions of health; and thirdly, in the concrete exchange of harvested organs. The specific exploration of Spielberg's cinematic narrative presents another form of exploitation affecting both the concrete realm of the biological human health – namely the damaged well-being of the three Precogs and of the children they were before – and the biological experience of time (as past, present, and future) as a linear process.

By having their bodies controlled, prevented from gaining independence and complete consciousness, the Precogs are kept in an *a-healthy state* that needs constant management. This is the same paradoxical a-healthy state embodied by Dorrit and her fellow inmates in *The Unit*, for whom the well-being of the body is simultaneously safeguarded and gradually annihilated by severely invasive experimentations and transplantations. The interpretation of this managed state is on the edge that separates a necessary intervention for survival from an actual biological exploitation. Nonetheless, alongside their role as prisoners, lab-subjects, patients *sui generis*, and link between present and (avoidable) future, the Precogs constitute the interface of the future with which Anderton interacts. Through them he

gathers and then translates data into action, future vision into an edited version of the present, thus making the Precrime system run.

Faulty cogs of the perfect state

The 'legalised' exercise of exploiting the Precogs' foresight enables the extraction of individuals from society and their displacement into the limbo of a non-state where they are not dead but where they, nonetheless, cannot live. This space, known as the 'Hall of Containment', is a geopolitical black hole, an opening in time as well as space, echoing those 'so-called failed states, zones of chaos where international norms, to say nothing of international law, hold little or no sway' (Nichols 11). A parallelism is also suggested with the legal alienation of Guantanamo prison, a 'legally constituted anomic space' (Humphrey 686) where time has lost its chronological sequentiality and physical displacement and containment blurs into a chronological (and chronic) captivity.

The 'Hall of Containment' is an inescapable prison presented as a vast cavity in the ground, a dark abyss in which glowing transparent tubes transect the void, containing inside them comatose human bodies. A visual reference to *The Matrix* (Lana and Lilly Wachowski 1999) and its fields of 'cultivated' human beings all disposed in rows protracting towards an infinite horizon can be recognised here.[10] Food for the machines, exploited in their vital and organic energy, men and women of *The Matrix* are shown (forced to see) in their mind a constructed and artificial reality – they become protagonists of a narrative 'injected' into their brains. Similarly, *Minority Report*'s murderers-to-be are forced to watch themselves become actual

[10] For further references of *Minority Report* to *The Matrix* see Fortin's book *Architecture and Science-fiction Film: Philip K. Dick and the Spectacle of Home* (2011), especially p. 142, and Rountree's article ''Myth, Shadow Politics, and Perennial Philosophy in Minority Report' (2004).

murderers in a narrative of reiterated guilt that cyclically unfolds in a vision of an alternative future played on loop. [11]

As revealed by the words of the guardian of the place, if from the outside the prisoners in the tubes look unresponsive and placid, on the inside (of their mind), they are 'busy, busy, busy' (Spielberg) performing *ad infinitum* their predicted crime. In fact, the glowing tubes, made of transparent material, function as a luminous screen constantly broadcasting the recorded visions of the Precogs that had framed the potential murderer. The fictional narrative of future events becomes concrete reality, hinting at a grim and bleak application of Baudrillard's concept of hyper-reality.[12] Via force-feeding of images, the narrativised crime is internalised by the perpetrator-to-be and made authentic. The similarity between the Precogs' vision and a cinematic narrative supports Baker's point on the foresight of the three seers as something that can 'itself be fabricated and falsified' (146). Nonetheless, the specific punishment suffered by the future murderers turns what might have been fabricated into a concrete event at a subconscious level.

The blinding light emanating from the containers creates an impenetrable wall that, if it on one side makes the prisoners visible in an otherwise dark location, is also a barrier for clear sight. With a distinctive over-use of light as cinematic and visual trope, the film stages throughout an 'ostensible clarity' (Friedman 2003) while displaying a society where everything is under surveillance and visible, where personal data is recorded, turned into digital material, and stored. The paradox of the blinding and enlightening nature of light is that recurrent motif constantly warning us to question the obvious but, at the same time, urging us to look and see. I will develop this point in the concluding part of the chapter.

[11] See figure 6.

[12] See Baudrillard's *Simulacra and Simulation* (1995).

In the Hall of Containment the excessive radiance of light brings to the surface the immediate and superficial assumption of culpability: standing in the dark, everything is visible and blatant and no object of sight is to be questioned. However, behind the obviousness, behind the overpowering light, this brightness functions as a form of concealing veil disguised as a facilitator for knowledge and understanding. The a-legal position of the convicted (non-)murderers necessitates 'dimming' the light in order to better question the outcomes of such an easily attained visibility. What I will propose is in fact a reading of this trope of visibility that connects it with a critique of the futurological gaze of the state as manifest in pre-emptive practices of security and medicine.

A bare structure, the Hall of Containment is the skeletal frame of the state of exception in which the murderers-to-be, as *homini sacri*, are held, in suspended animation, between life and death. They are both killed, because deprived of their active life, and un-killable, since their existence has been shaped in terms of potentiality and paradoxical inactivity. If the Hall of Containment represents a state of exception where the *homo sacer* does not live but is not allowed to die either, what sort of label or categorisation should the District of Columbia can be given? Can this obvious portrait of forced confinement be the metonymical double of a much more extensive and all-embracing expression of suspended animation, enveloped by the deceiving brightness of light, that is the world presented in the film? I argue that the metonymical connection works if we think about the population portrayed in the film as experiencing visual stimuli constantly thrown at them in an exercise of sovereign power. These stimuli are to be accepted, assimilated and believed by those citizens stuck in a present time whose future already exists, as a looming virtual menace.

The sense that a constant menace may need to be faced at any time, and that everyone could potentially feature, at some point, in one of the Precogs' dreams, means that the

citizens are seen to embody the potential to become, at any moment, one of those individuals incarcerated in the transparent tubes. As such, it is possible to see here the extension of the state of exception to the everyday, in a new 'condition of [global] emergency without visible end' (Humphreys 684); a chronic state of exception where what constitutes the governmental paradigm is not a '"state of law" but a space "without law", a "zone of anomie"' as suggested by Agamben (*State of Exception* 50-51). The reality outside the Hall stands for the state of siege generated by the virtual manifestation of a possible future, of a social and biological threat to be faced and dealt with pre-emptively. In light of this threat, all citizens are liable to be convicted, liable to be guilty in their ignorance of the possible future, and sovereign and above-the-law interventions proceed in shaping the present as a controlled and too-perfect social and political prison.

In a reality where the yet-to-come is out of anyone's reach but can nonetheless become the only reason to justify someone's expulsion from the community, the *management of temporalities* – whether such temporalities are partially or completely fictionalised – equals a political means of mass control. This appears as a political and military strategy that reflects Paul Virilio's understanding of chronopolitics. Virilio, writing in the 1980s, talks about the shift from geopolitics to chronopolitics, where '[o]rganization, prohibitions, interruptions, orders, powers, structuring, subjections are … in the realm of temporality' (Virilio *Pure War* 127). Philip K. Dick's short story 'The Minority Report', written in 1959, had already presented the future scenario as an object for analysis, as a source of information and, more importantly, as a starting point for police and legal intervention. If Virilio realises the political and military power of speed, of the management of the instant, and of the influence of technology in portioning out time (*Pure War* 42) while questioning the influence of deterrence in the Cold War and post-Cold War scenarios,[13] the understanding of

[13] See Paul Virilio's *Speed and Politics* (2006) and *Pure War* (2008).

chronopolitics today might suggest a further application. The ability to look into the future and to speculate upon possible outcomes increasingly developing in the military and biomedical fields, brings forth a pre-emptive response to deterrence.

What *Minority Report* borrows and readapts from the concept of temporality management is the idea of creating a system where knowledge of a time-to-come and influences from the future are used to control the present and make it chronic. In this system, narratives that claim to be telling this form of knowledge are increasingly powerful and insidiously instrumentalised. It is in the risk-society panorama[14] developing in the new millennium that Spielberg's adaptation offers a fictional and fictionalised response to the widespread pre-emptive drives. The pre-emptive measures and interventions, whether they are restricted to military purposes or affecting the management of the population from an economic, professional, or medical point of view, give the future a double, ambiguous, and contradictory relevance.

Managing temporalities: the confinement of time(s)

Future time is the temporal domain that generates uncertainties in the present but also embodies virtual risks. The latter, through a process of fictionalisation, are made actual and concrete in persuasive narratives. The Precogs' previsions are fictional visual accounts that help *speculation* becoming an unquestionable *statement*. In a cross-reference between Spielberg's '[d]ystopic vision' (Friedman 2003) and the non-fictional contemporary context, it can be noticed how less obvious, but nonetheless still powerful, is the 'futurology' fostered in medical, economic and social realms. In these domains, investments in the future and the prerogatives of domination necessitate the capitalist state construct a gaze that has

[14] See Ulrich Beck's and Stefan Elbe's notion of risk society in *Risk Society: Towards a New Modernity* (Beck 1992) and *Security and Global Health* (Elbe 2010).

to be always facing forward, dealing in advance with abstract and yet-to-exist events, as opposed to Walter Benjamin's 'angel of history' who travels into the future facing back toward the past.[15] The future becomes something threatening, but also the chronological space where things already virtually exist, as justification for actions to be taken in the present. The future as an unspoiled hopeful chronological space slowly mutates into a likely reality that needs to be changed before being joined.

The anxiety about the future, about the possibilities of its objectification, and the obsession with the 'now' and with real-time experience of life, are expressed in a particular trend of the dystopian genre of recent times. What seems to ensue from the literary and cinematic texts I have taken into account is a focus on surveillance and control that takes the form not just of physical and social containment, but of *temporality management* and *temporality deprivation*. The focus on time control, or chronicity management, shows a development of, and a new alternative to, the dystopian plot of spatial control and containment,[16] thus engaging with a different type of anxiety.

[15] See Walter Benjamin's 'Theses on the Philosophy of History' (1969).

[16] Dystopian tropes about space control, geographical or geopolitical division of social or biological groups, and reflecting more contemporary concerns about securitisation and containment have found applications in many science fiction texts. Wells' *The Time Machine* (1895) presents the (future) world bipartition into a weak population confined in an open-air prison and a beastly and exploitative one living underground and feeding on those individuals inhabiting the surface. The division and impossibility to cross social borders (and biological borders) becomes object of novels like Huxley's *Brave New World* (1932) and its characters' apathetic, unconscious resignation of social and physical immobility. Moving into the twentieth century we find representations of spatial confinement anxieties in films like *Gattaca* (Niccol 1998), where the social and genetic marginalisation deprives part of the population of the ability to cross the planet border. Blomkamp's *Elysium* (2013) too engages with the worries of a physical containment that not only condemns the majority of the human population to poverty and un-healthy lives, but that makes the Earth a place impossible to leave and yet constantly confronted with the perfect symbol of wealth and well-being dislocated in space - a satellite that appears as a luxury appendix of Earth. Regarding spatial control translated into social management, Atwood's *The Handmaid's Tale* (1985) is an emblematic portray of parcelization of the social space; individuals (women especially) inhabit different areas (of the city, of the house) and different roles according to the caste they have been allocated to.

In the global panorama of a medicalised humanity it is the *chronicity of an a-healthy condition* that is sought for, by the neoliberal capitalist state and international global corporations. The chronological continuum is affected, and the temporal loop of the re-enactment of a future that has not happened yet deprives individuals of the natural and progressive passing of time. The dystopian control wielded upon the society constantly under surveillance exceeds mere spatial confinement, becoming a management of how temporality is experienced and owned (or not owned) by the citizens.[17] The control of time implies the intention to prevent a mobile and unexpected temporality. It is for this reason, and with this outcome to prevent in mind, that the dystopian speculation gives shape to contemporary anxieties by portraying political, social, and medical projects aimed at fostering stillness and a managed chronicity. These projects, these regimes, are constructed to prevent the past (like in the extreme historical revisionism of George Orwell's *1984*) or the future (as in the texts of the 'fiction of medicine' I am analysing in the thesis) from constituting the backbone or starting point of dangerous narratives.

These 'dangerous' narratives generated by *temporalities out of temporal reach* represent elements out of state (or government) control and are therefore a threat, to be substituted by more acceptable, carefully drafted, and controlled ones. It is in this present time, apparently protected from future threats, that the securitization of the social body occurs, via pre-emptive extractions and the dissemination of visual and verbal narratives to believe, embrace, and foster. Moving back to a closer engagement with Spielberg's work, we can explore the spread of these narratives and the unfolding of the pre-emptive rationale into a means of control by following Anderton's character and, especially, by reading through his development from hero (of the system) to anti-hero (on the run), attempting to flee the ideological trap of Precrime.

[17] An application to the concept of ownership of time in a fictionalised dystopian context is explored by Andrew Niccol's film *In Time* (2011).

As the film unfolds, the protagonist moves from being an operative part of the system, fully integrated in the Precrime ideology, to become an outsider, a future perpetrator appearing in the Precogs' visions and thus framed by the system's *modus operandi*. Although the Precogs' 'dreams' are never linear and often blurred – a cinematic effect achieved with the use of what Baker and Cornea define as 'squishy lens technology' (Baker *Contemporary Masculinity* 148) – in this specific vision Anderton is unmistakably committing a homicide. His figure, shooting another man, fills the screen.[18] The only way for Anderton to understand and react to the prevision system is to find evidence of its fallibility.

The fallibility of the Precogs' foresight lies in the sporadic possibility of a disagreement among them – a disagreement called a 'minority report'. Anderton is told that the Precogs can have discordant dreams: for one of them, the scanning process of the future 'social body', the scrutiny of the manifestation of a potential condition, presents a discordant anomaly. One of the three sees a different version of the 'future picture'. However, this diverse view is made to disappear by the system to avoid its flaws becoming known: to paraphrase Hineman, the system works because it is believed to be infallible. The acceptance of both the a-legal vigilante attitude of the Precrime department and the absence of a court involved in the conviction of the perpetrator-to-be would not be possible otherwise.

If Anderton, adamant about his present – and future – innocence, could find a minority report about his alleged crime he would possess evidence to use in his defence. Although the minority report is soon destroyed, traces of it always lie in the mind of those who generated it. The latter happens to be, in Hineman's words, always the strongest of the

[18] Anderton becomes a *meta-patient* subjected to the vision of information about his future self, as the postmortals in *The End Specialist*, discussed in Chapter Three, become too.

three seers: the female Precog, Agatha. Anderton thus decides to take Agatha away from the pool, from her semi-comatose state and her a-temporal daze and bring her into the world, into the present time she does not know, to help him find something more, and something *different*, about his future. Although he refuses the prevision, he nonetheless finds himself chasing after clues to fulfil it, thus both challenging and merging with the Precogs' narrative of the virtual future.

The pre-emptive rationale in this social and biopolitical context seems to be successful and acceptable only if the population can find the prevision truthful, trustworthy and reliable; or rather, if the population can be *persuaded* to find reliability in such previsions. *Minority Report* engages with the power of images and how 'digital manipulation can destabilise visual images permitting their abuse for ideological reasons' (Friedman 2003). The 'digital manipulation' and unceasing visual stimuli constitute the language of power that narrates and constructs the world in which Anderton lives. The virtuality of broadcasted images, holograms, screened versions of the real are so rooted in the mundane experience of men and women that they are easily accepted as unquestionable narratives about reality, current and future. What we call 'speculation' becomes, in the context of the film, to be treated as the result of a transparent and genuine gaze upon reality, regardless the fact that this reality has not happened yet.

By following Anderton in his joint escape with Agatha, the audience is presented with different expressions of temporalities other than the present blurring into each other: the future that the Precogs foresee is indeed not the only one the people in the District of Columbia are confronted with. Temporal planes alternate, before the audience's and the characters' eyes, in a twisted and post-modern expression of meta-narrative, brushed with sf tropes. In holograms, recorded footage, but also in targeted and tailored advertisements

that address their audience by name, the characters themselves become subjected to the projections of possible versions of their own future life. What is shown, projected, or broadcasted is both treated *as* real and *made* real.

Alongside the force-feeding of images suffered by the prisoners held in the glaring tubes in the Hall of Containment,[19] the film offers another angle to understand the concretisation of a controlled form of future through visual fictional narratives of the un-happened. The film approaches the merging of temporalities and their narrativization, from a consumerism-centred angle: publicity. The ubiquitous nature of ever-running holographic advertisements interact with each citizen and offer to their eyes countless possible futures in which they consume the promoted product or in which they are persuaded to pursue a suggested future. The consumer becomes aligned to the murderer-to-be held in the Hall of Containment, infused with the narrative of their alleged past/future/un-happened life.

Undergoing a *total management* of their temporalities, the citizens represented in *Minority Report* have their present persistently under surveillance (security cameras and eye scanning devices are an integral part of everyday existence) and their unknown future liable to either convict them to life-long exile, or to be shaped by intensified forms of consumerism. The logic of force-fed and ubiquitous publicity incites the actualisation of a specific future while, consequently, annihilating a different one. All hologram advertisements crowding the living space of Washington, DC's citizens are projections of possible futures that interpellate them

[19] The concept of force-feeding of images and fictional visual narratives also happen in Bay's film *The Island* (2005; already briefly discussed earlier in the thesis), which, according to Baker, is a 'self-conscious critique of spectacle cinema within the formal apparatus of spectacle cinema' (Baker 2016) is at play. The simulacrum in which the clones live is created and made stronger by the continuous reproduction of images, which are obtrusively placed before the clones' eyes to be assimilated and believed, and to further strengthen their (artificial and deceived) identity. In *The Unit* too, the ideological rationale of the state of biomedical control reaches the residents, among other ways, via force-feeding. In this case, as extensively discussed in Chapter Four, the 'feeding' is literal and implies the physical ingestion of food.

as satisfied consumers-to-be.[20] Considered in the context of a late capitalism centred on 'financial speculation' (Ingham 53), these actions taken 'in advance' and influenced by a forecasting gaze into the future join the bigger picture of a preventatively-oriented reality.

Cogs of the system II: surrogate hand and eyes/John Anderton

The film opens with the Precogs' foresight and Precrime's *modus operandi* presented as mediated, interpreted, and translated into action by Anderton. The detective interacts with the three seers' visions projected on a glassy screen, 'sift[ing] through the chaos of these dreamscapes in order to locate the scene of the crime' (Huiskamp 392). He is the principal responsible for getting to the object to pre-emptively remove, the 'risky element', in time. Or rather, *before time*. He is the hand of the system and, until the moment in which he finds himself turned into a target of it, he fully believes in its reliability and efficiency. Anderton performs an act of investigative imaging diagnosis, a *surgical* scrutiny of images aimed at localising a disease in its inception and potential spread through the social body. In *Minorty Report*, the diagnostic image of the future enables what I define a 'risk-ectomy' of the dangerous and potentially lethal element that would or will undermine the well-being of the citizenry, affect the biological and organic life of society, and *infect*, as a diseased organ, the social body.[21]

This 'imaging diagnosis' takes place in a room with transparent walls overlooking the Precogs' pool. By observing Anderton in action, the audience gradually understands the

[20] See Baker's chapter on *Minority Report* '"Can You See?" Spielberg's Screen Adaptation of Philip K. Dick's "The Minority Report" (Baker 2009), especially pp. 220-221.

[21] *Minority Report* is not about the spread of an infectious disease and its escalating consequences on a global scale; however, the idea of the future diseases understood as threats to the biological and social life of the citizens, echo narratives of virus 'invasion' and divulgation, where the fear of the future becomes the infectious and spreading element in the present. A critical read on narratives about pandemics and epidemics is Priscilla Wald's *Contagious: Cultures, Carriers, and the Outbreak Narrative* (2008).

functioning of the system and the way the identities of the victims-to-be and the murderers-to-be are transferred from the Precogs' chaotic cerebral world to the unmistakable understanding of the Precrime institution, through the eyes of Anderton himself and of selected witnesses. Two wooden balls crafted and engraved, one with the name of the victim and the other with that of the perpetrator, roll down a spiral plastic tube and end up being read by the detective. At the same time, the images of the Precogs' visions are projected on a transparent curved screen placed in the room above the triangular white pool.

The way Anderton extrapolates information is enclosed in a stylised sequence of rapid shots and elegant sleek movements of both the camera and the detective. With Schubert's 'Unfinished Symphony' played in the background, he makes images slide on the transparent screen; he rotates, freezes, rewinds, enlarges, and pushes them away from his visual focus. He interprets a dissected stream of future consciousness emanated by Agatha, Dashiell, and Arthur's prophetic minds as digital clips of future events that provide, simultaneously, a form of 'evidence before time' and an a-legal justification for a pre-emptive policing intervention.

The use of the term *a-legal* here refers to the absence of any transparent form of legislation dealing with the problematic dichotomy of crime and punishment, especially because in this fictional case the crime appears only in the shape of an incorporeal sequence of images *arguably* showing future events to come. Gerard Huiskamp points out that it is a situation with 'no trial' since 'the judicial system treats the offenses in the precogs' previsualizations' as unquestionable tautologies (392). 'What the Precogs say is going to happen, happens' (Spielberg). It is in this way that Anderton reports the Supreme Court's decision to consider

the previsions as 'metaphysical conclusion[s]' (Spielberg) to be accepted.[22] Here Anderton appears, as Vest points out, 'a man fully in command of both the theory and the rhetoric of Precrime's legal perfection' (121). The punishment for the future crime is, on the other hand, real and indiscriminate, apparently unrelated to the type of murder allegedly to-be-committed. There is no differentiation in the gravity of the crimes; and there is no attempt to understand or judge the events by taking into consideration collateral and contingent facts. Disguised as a legitimate intervention for the safety of the state, the actions of Anderton and of the other agents in the Precrime division are an exercise of sovereign power of which they are, however, just the hands and 'surrogate eyes' that see and believe what they have been told.

Anderton is the one looking for symptoms and information to locate the deadly element responsible for a fatal wound in the social body. His role subtly mirrors that of a doctor scrutinizing a collection of bio-data hidden in 'pictures' (x-rays, charts from lab test analysis) of bodies under treatment. He becomes the one deciding the therapy to follow. By interacting with the curved screen where the Precogs' visions are projected, the detective collects visual pieces of information that give the names engraved on the spheres useful context, and enable the agents to intervene in time. However, the impression of a perfect and smoothly operating machine that is drastically reducing murderous crimes in the District of Columbia, suddenly cracks. When the name outlined by the laser on the wooden ball happens to be Anderton's, then the hand of the system has to turn against himself. It is in that moment that the belief in the infallibility of the Precrime strategy starts wavering in him. He *becomes* the element to pre-emptively extract and eliminate from the social body before its potential lethal agency can strike.

[22] About the legal discourse in the film, see Cynthia Bond's article 'Law As Cinematic Apparatus: Image, Textuality, and Representational Anxiety in Spielberg's *Minority Report*' (2006-2007).

Not just a character on the run who unfolds the conspiracy and power games infecting the Precrime department, Anderton is also subjected to the surgical preventative *emptying*: from being the subject operating the Precrime security strategy he turns into the object of that very practice, losing agency as a Precrime officer. Similarly to the non-clones in *Never Let Me Go*, he experiences the emptying process as a way to react to the threat against the well-being of the body of the state. Emptied of his role, he nonetheless gains agency as an individual gradually freeing himself from the unquestioned logic of Precrime. We see a shifting point of view of the narrative from an insider and pro-Precrime perspective to a doubtful and antagonistic one. Being unexpectedly accused, Anderton has to escape the Precrime police and elude the network of CCTV and mechanic eyes scanning the identities of all citizens throughout the District.

If, when he starts running away from his ex-fellow agents, the storyline meets the genre expectations of an action movie, defying credibility and mimicking videogames' interfaces and tropes, Anderton's decision to act upon his own body and efface his traceable identity turns the story into a narrative more straightforwardly concerned with biological and organic management. This turn in the plot ignites an even more direct speculation upon the medical key to reading the film. The biological management of the state finds application, from a general point of view, in the practice of saving one citizen's life by pre-emptively annihilating that of another; however, if society is to be seen as a body internally mutilated to save the whole by sacrificing part of it, what Anderton allows to be performed on his body is a symbolic and metonymic expression of this biopolitical intervention. I will expand on Anderton's surgery and the risk-ectomy performed upon himself later on in the chapter.

'Is it now?' – deprivation of time

Anderton's questioning and rejecting the prevision about himself gradually leads him away from accepting the rationale and ideology of Precrime. Nonetheless, his desertion puts him in a closer and more challenging confrontation with the diverse representations of time and its instrumentalisations. I will argue that the film uses Anderton and Agatha's interaction to display the ideological strength of pre-emptive foresight, and also to highlight the precogs' condition as medicalised prisoners caught up in a net of future narratives.

The Precogs' confinement and passivity make possible the extrapolation and use of the images emanated by their minds. They live in a state of ante-temporality, since the only time they experience is the future but, paradoxically, they only exist *before* it, and of *anti*-temporality, because for the safety and well-being of the body of the state, they are deprived of their present. Moreover, we see how they are deprived of their future too, notwithstanding their entire existence being centred on it. They do not experience linear time-progression in their biological and psychological state; in their chronic a-temporal state, they see, feel and hear scraps of a future they do not belong to but which, nonetheless, they contribute to creating. Their medically and socially managed condition causes not just a deprivation of freedom and of rights upon their biological health state, but also upon their temporal existence. They have been robbed of *time* so that time can be handled, used, and modified outside of them.

Once Anderton has taken Agatha away from the pool, thus breaking the structure of the foreseeing triad, she sits in the car next to him and asks, under her shallow breathing, 'is it now?' (Spielberg).[23] What she tentatively whispers, with her forehead pressed on the car

[23] See figure 7.

window and her eyes browsing the people and other vehicles passing quickly before her, is surprisingly naïve and yet extremely revealing about her being. Her face, in an extreme close-up that shows her eyes, active and susceptible to all the new visual suggestions, fills the screen. The camera lingers on her while Anderton is speaking, and the reflection of the world outside creates a subtle but perceivable layer of running images. The confusion Agatha experiences while looking at this unusual version of reality is the same as the viewer's. We cannot distinguish the silhouettes and shapes sliding distorted and blurred on the transparent surface of the car window, becoming almost like a television or cinema screen.

This version of the 'now' is confused and difficult – if not impossible – to fully grasp. Although Anderton answers Agatha with 'yes, this is all happening now', the fact that something has affected the chronological continuum is subtly implied. In the previous scene – set in the Precrime Headquarters – Danny Witwer, the detective in charge of arresting the perpetrator-to-be/Anderton, makes a statement on Agatha's temporal condition: 'She's already part of [Anderton's] future' (Spielberg). Agatha seems to be prevented from fully joining the present since what she is experiencing *now* is just a pre-enactment of an already predicted future. However, challenging this view is her craving for the possibility to know, live, and value the present; this shines through her exhausted foreseeing eyes that the camera captures in detailed shots, and becomes explicit in her words 'I'm tired of the future'.

She is the medium through which the future is accessed, and nonetheless struggles to re-appropriate herself within the present, and to confer the present with more credibility and value. In doing so, she shows the flaws of a system that relies on a constructed and fictionalised knowledge of the future. The 'now' has always been unknown to her, or rather,

it has always been kept from her. Her temporal condition has been achieved and maintained through the drugs she is constantly given, but also because of the biotechnological intervention carried on in an a-legal biopolitical regime. In such a regime we see how a system of panoptic surveillance, the application of neuroscience to control individuals' cerebral activity, the protection of a selected portion of the population, and a biomedical interest in the well-being of the collective social body, blur into a dystopian fantasy. When Anderton breaks away from the system, questioning its ideology, and takes Agatha away from the pool and from her future-projected existence, the ante-tempus and pre-emptive features of the Precogs are momentarily nullified and the pre-emptive scrutinizing gaze suspended. The system cracks, but the picture of the future still remains glowing before everyone's eye, and the gaze appears difficult to be deflected.

As if in a response to the unblinking and narrow-minded look into the alleged future, when Agatha is free from the securing environment of the Precrime Headquarters she openly confronts Anderton, who is obsessed with the prevision of the murder he is supposed to commit. She asks him to look at what the present offers him instead – namely the option to choose his course of action. However, as I already suggested, she still cannot relate successfully to the present. In fact, differently from the almost religious veneration reserved for her previsions, she experiences rejection when she refers to the present. When reiterating as a mantra the sentence 'You can choose', she asks Anderton to believe that the present offers more possibilities than a suggested visual narrative of the future. She is demanding to be listened to even if (or especially because) she is *not* forecasting the future.

As a twisted embodiment of the cursed prophet Cassandra from Greek mythology,[24] Agatha is able to see something in the present that others, too absorbed by their blind faith in a

[24] See John Roberts *Oxford Dictionary of the Classical World* (2007).

forecasted future, do not. And, like Cassandra, she is condemned to be unheeded. More than asking Anderton, she seems to be imploring him: this moment is captured in the extreme close-up of the two characters' heads, facing opposite directions and entwined in a mirroring embrace. In between the two profiles, one looking into the future (Anderton's) and one looking away from it (Agatha's), is the present.[25] Anderton does not want to consider the 'now' whilst Agatha does not know the 'now', but understands its importance and wants to look at it.

This scene hints at the unreliability of a trans-temporal gaze, and at its limits. The cinematic cut on their embrace echoes the iconographic head with two opposing faces of Roman deity Janus who, at the same time, reaches with his gaze both past and future. This suggests that both Anderton and Agatha, though in different ways, are on the margins of a moving temporality.[26] Like the Roman god, they stand on the gate separating past and future time and, in a sense cannot move. This symbolic shot encloses the chronicity of the ante-tempus patienthood condition by representing its inner temporal tension. Anderton is caught between the logic of a future that he wants to both join and flee, and the logic of the present in the Precrime world; this present appears to be in need of alterations influenced by the knowledge of the future, but also to be kept controllable, in an unchanged and static way. Agatha, on the other hand, embodies the powerless knowledge of an alleged vision of the future, but also the desire to live in the present, avoiding the imprisonment of chronic time.

[25] See figure 8.
[26] See John Roberts (2007).

Part 2

Medicalising military pre-emption

Regardless of the science-fiction guise of *Minority Report*, the discourse of prevention, dependent on the study of images and on fictionalised speculations upon the future, can be contextualised in relation to a tendency developing out of post 9/11 anxiety about terrorist attacks on the homeland. As critics have already extensively remarked, the references to George W. Bush's doctrine of 'the war on terror' and the National Security Strategy (*NSS*) documents on preventative military attacks issued in 2003 and 2006, regarding anti-terrorist manoeuvres to defend US homeland, are eerily evident.[27] However, regardless the heavily militarised language of the film, and its explicit message responding to the idea of the 'rise of prevention' as a 'global phenomenon', as Nichols calls it (12), speculation and fictionalisation of the narratives of threat exceed the boundaries of warfare and social security domains.

In *Minority Report* and its metaphorical representation of the consequences of pre-emptive treatments upon the collective social body, I would suggest that it is something akin to the *fiction of medicine* that the Precogs' minds project and what Anderton deciphers and reads. The concept of medical futurology finds its application in the explicit use of images of the diseased part of the social body that need to be cured. However, the film seems to suggest that these diseased parts do not require healing, but rather exportation (into quarantine) and hence a form of quasi-elimination. The images, in that 'imaging diagnosis' introduced

[27] As Nichols has pointed out in *Eve of Distruction* (2011), mechanisms of securitisation hinting at pre-emptive strikes were already in discussion among Western countries even before the release of The Bush Doctrine. For further references to *Minority Report* and its engagement with the 'War on Terror' rationale see Friedman (2003); Rountree (2004); Huiskamp (2006); Vest (2007); Weber (2007); and Baker (2015).

earlier in the chapter, are revealing and diagnostic, attentively scrutinized with the intent to extrapolate information and arrange a course of action.

At the first stage of a pre-emptive surgical intervention, the Precrime agents follow the directions offered by the imaging diagnosis (of the future) to track down the morbid object. Before the morbid entity can become effectively dangerous, it is extracted. The latter is the second stage of the intervention. In this way, the social body is turned into a patient of a medical intervention that is pre-emptively treated, a patient-before-time. This society of pre-emption becomes an expression of ante-tempus patienthood, with features that recall the dispensable individuals of *The Unit*, the genetically modified inhabitants of the un-ageing world of *The End Specialist*, and the biologically exploited non-clones of *Never Let Me Go*.

Organ/Risk-ectomy

Before moving to the analysis of the scene that epitomises the cinematic risk-ectomy performed upon the social body in a *mise-en-abyme* of the film, I will briefly address my understanding of 'risk-ectomy' as a form of 'risk removal', with its conceptual and linguistic connections to medical discourse.

Risk removal is associated with those preventative forms of surgery that have become possible after DNA testing has provided a new way to look at hereditariness and illness predisposition, and has translated their potential occurrence into reliable statistical probabilities (but, probabilities, nonetheless).[28] One of the most common pre-emptive interventions, for example, is prophylactic mastectomy. As Tasha N. Dubriwny reports, the

[28] See Sara Wainberg's and Janice Husted's article in *Cancer Epidemiology, Biomarkers & Prevention* 'Utilization of Screening and Preventive Surgery Among Unaffected Carriers of a BRCA1 or BRCA2 Gene Mutation' (2004), and Vardit Kram, Tamar Peretz, and Michal Sagi's article in *Familial Cancer* 'Acceptance of preventive surgeries by Israeli women who had undergone BRCA testing' (2006).

proliferation of these operations has increased in the last few years, especially thanks to 'the development and increasing use of genetic testing for BRCA1 and BRCA2 gene mutations and the completion of numerous studies arguing for the efficacy' (34) of such pre-emptive surgery of removal. In her study, Dubriwny investigates the media sensation around Hollywood personality Christina Applegate and her choice to undergo the procedure. The narrative associated with this procedure, according to Dubriwny, tells the story of a 'compulsory choice based on postfeminist expectations about femininity, sexuality, and reproduction' (34). The critic then proceeds with an analysis of the feminist and postfeminist approach to these medical procedures. What is also suggested by this trend is the instrumentalisation of persuasive narratives where celebrities' experiences (such as Angelina Jolie's of pre-emptive mastectomy and hysterectomy[29]) contribute, despite themselves, to fostering the fictional aura around the diagnosis and intervention *before time*. Mastectomies and hysterectomies are *risk-ectomies* before being 'organ-ectomies', where the risky element (breasts/*mastos* and womb/*hystera*) is presented as holding a high chance of developing cancer. With the logic of the genetic probabilities, a bi-parted future – or indeed two different futures – is envisaged and turned into a narrative for the woman in question.

In one of these two futures the risky element develops into the diseased one, cancer spreads its roots, and the eventuality of death becomes close to actuality. With this narrative of the future, with this fictional (as not existing yet) scenario, the a-symptomatic risky element becomes, *before time*, the diseased one. The illness is ante-temporally constructed, and pre-emptively fought before it is real (meaning actual and manifested). Illness, in a provoking reading of this medical practice, is artificially constructed, as is the guilty nature of the perpetrators-to-be in *Minority Report*. The intervention of removal appears to be necessary

[29] See 'The Angelina Jolie effect: how high celebrity profile can have a major impact on provision of cancer related services' (Evans, D Gareth et al. 2014).

on the basis of a well-constructed and evidence-supported fictional narrative.[30] The paragraphs below take a closer look at the filmic representation of risk-ectomy, associating the character of Howard Marks, a murderer-to-be pre-emptively stopped by the Precrime agents, with a sick-to-be organ about to be extracted from the social body.

Performing risk-ectomies in fiction

The first ten minutes of the film follow the tracking down and capture of Howards Marks, a risky element for the social body. With the recognisable visual rhetoric of an action movie displaying the disruptive raid of a military team into a private residence, the first prevented murder could not be more distant from the iconography of medical procedures. However, a parallelism between the invasive intervention of Anderton and his team and a surgical procedure nonetheless gradually forms.

The opening of *Minority Report* introduces the type of narrative proper of the Precogs' foresight: a confused mixture of images, silhouettes, close-ups, an alternation of slow and fast pace, and of flash-backward and flash-forward. This scene, especially the trope of the gaze and its symbolic manifestations and visual provocations, has been the object of critical studies since shortly after the film release, and several critics have unveiled insightful interpretations for it.[31] In my reading I instead focus on the information that this sequence of images offers Anderton (and the audience too) and on its means of fictionalising, in a

[30] The 'guilty nature' suggests a further exploration of the narrative, and a possible parallel to problematise between the genetic predisposition of an organ to develop into a sick one, and of an individual to turn into a criminal).

[31] See Baker (*Contemporary Masculinities* 2015), Cornea (2007), Weber (2007), Vest (2007), and Rountree (2004) among others.

cinematic guise and with specific expressions of editing techniques, what stands for criminal evidence and what can justify a pre-emptive intervention.[32]

From the prevision, the detective gathers the identity of a murderer-to-be, in this case a man named Howard Marks who has just discovered his wife's affair; his two future victims, Sarah Marks (his wife) and Donald Dubin (the wife's lover); and lastly the location (the master bedroom of the Marks' household) and time of this foretold crime of passion. Once the vision is generated by the Precogs is projected on the transparent screen of the Precrime Headquarters and scrutinised by Anderton to obtain enough information and start the pre-emptive operation.

For the following minutes the filmic narrative splits into two: the main one follows the agents reaching for the crime scene before the crime is committed, and the other one keeps the cinematic eye on the Precrime Headquarters. With what looks like the invasion of a normal-looking and quiet suburb by futuristic military forces, the Precrime security strategy, guided by visual suggestions from the future, takes over the normality of an unaware present reality. As if reaching the middle of a hostile battlefield in a warzone, the agents jump off from an army helicopter and visually contaminate the quiet landscape of an ordinary playground in Georgetown, which lacks any futuristic features. The appearance of the team's equipment shows an extremely advanced technology standing at odds with the reality in which such technology operates: the visual language used here presents this operation as an intervention to either help or, conversely, invade with force and impose control.

[32] As Nichols points out, the pre-emptive approach requires 'concrete evidence of the imminent attack' (4); this evidence is the visual narrative extracted from the Precogs' minds and interpreted by Anderton.

However, the actual location of the pre-emptive extraction – of the thwarting of the murder – dismisses the features of ordinary provinciality in favour of a more aseptic and depersonalised environment: the setting is recognisable as an ordinary bedroom only for a few seconds. The narrow focus on the centre of it discards all redundant elements from the visual scope. The room assumes the characteristic of a confined and limited place, almost symbolic in its minimalist nature, with a dominant double chromatism. The white of the walls, sheets, ceiling, curtains, and of the impenetrable light coming from the outside through the windows, together with the black de-personalising uniforms of the robot-like Precrime agents, constitute a visual pastiche of medical and military intervention sites.

The room is fully illuminated, over-exposed. Everything is ready to be operated upon, as if on a surgical table. Marks' wife's infidelity is on outrageous display for him, and what he is about to do is visible (*known* in advance) for the foreseeing eye of Precrime. Then, shattering the window ceiling and falling into the turmoil of violence about to be committed, the Precrime agents perform an invasive form of surgery. In the extreme clarity of an 'operating' room, this intervention 'sections' (breaks in) layers of tissue to reach the core of the disease and extract the morbid and deathly element – namely the organ identified as a dangerous 'time bomb' about to explode.

The murderer-to-be's extraction is introduced, in anticipation, by the sequence in which Anderton, bursting into the room before the team, grabs Marks' arm and pushes the hand holding the scissors away from the victims-to-be. At the centre of the screen stands the windowpane, seen from the outside. Marks' arm is forced to exit, a hole is created in the transparent sheet, and the sharp fragments generated by the impact are hurled everywhere. This dynamic confrontation is the first stage of the process that makes Marks the element to extract. With the risky element's removal, the social body is emptied of a threat and pre-

emptively freed from a corrupting source of (physical and social) decay. With the crack in the window, the way for the man's deportation is now figuratively opened, and what comes next is just the final and accomplishing stage of the surgery/police intervention.

After the 'body' is torn apart with an open wound, the 'risky-element' is dragged out of the room. His forced exit is tracked step by step by the eye of the camera, which follows the resisting movements of the puzzled man through the circular frame of the 'haloing device' held by one of the agents. This device is a circular item, an 'electronic headband that incapacitates [the subject] physically while securing his unconscious' (Weber 486). Induced into a coma-like state, Marks becomes a manageable entity, easily transportable to the Hall of Containment and kept in a monitored semi-conscious state. His being under the surveillance of the state's operating eye is made explicit by the way this sequence of shots, and Marks' position in it, is arranged. In the middle of the screen, a viewfinder in the form of the electronic headband held by the gloved hand of an anonymous agent, frames the selected target, the still innocent enemy. Marks is shown while gradually taking over the murderer's identity and disappearing behind the bedroom door. In the arms of the agents, with the narrating eye of the camera capturing him from a low-angle perspective and showing his helplessness, Marks cannot leave the circular frame.[33]

For just a few moments, the capture is still virtual, unaccomplished. However, untouched by the device, Howard is already enduring its controlling means. His fate appears suspended between in-action and action-to-be, caught in the paradoxical temporality that is proper of the pre-emptive intervention triggered by the influence of an abstract, intangible future. This is reflected, on a larger scale, by the treatment of the murderers-to-be in the Hall of Containment: no (physical) action is taken upon them, it is their forecast future behaviour

[33] See figure 9.

that becomes their punishment and the means of control used upon them. They are taken out of the present and induced to become one with the prevision of a future that has not happened and that now, with the murderer secured in a comatose state, has no possibility of happening.

The fictionalised versions of the future enable the present to be kept under control. The prevision of the Precogs appears as a series of images that present, in credible terms, the risk as an already happened event, only in a moment in time yet to come. This is a narrative that blurs the line between potentiality and actuality and that portrays the future as a dangerous temporal space that needs to be discovered beforehand and utterly changed. In Marks' case the narrative seems extremely easy to interpret and understand: the quasi-cinematic storytelling of the prevision features an easily blameable individual whose future actions are shown as unmistakably detrimental. However, when the certainty about the righteousness of the pre-emptive intervention vacillates, we can see how this 'fictionalisation of the future' is more than (or other from) an explanatory discourse, which prompts and justifies the pre-emptive action. It reveals itself as a means of control.

Cracks running through that solid certainty of the system soon manifest in the storyline. This happens when Anderton, accused of future murder by a Precogs' prevision, has to face doubt towards the Precrime's dogmatic prevision and see the façade of a 'just' and unquestionable policing system crumbing before his eyes. The film thus puts a further element on the table, and critically describes, without taking an open and univocal stance, the pre-emptive myth and the struggle to both reject and embrace it. With the flaws of Precrime gradually rising to the surface, the conceptual and visual parallelism with medicine finds another way to problematise outcomes and consequences of the interventions *before*

time. The analogy is critically enriched by looking at the casualties and collateral damages that affect the pre-emptively treated social body, torn between present and future.

A medical and biotechnological symbolism is scattered throughout the film. In particular, we see it in the visual language adapted to portray both the Precogs's condition as exploited beings cerebrally and physically managed and the murderers-to-be as semi-comatose prisoners in the Hall of Containment. Marks, the risky element to be extracted from the social body, is the 'guilty casualty' of the proactive mission of the Precrime agents. In an interesting twist of roles, Marks embodies two subjectivities connected to the medical world: he is, in fact, both the element to be taken out of the body of an ill-to-be patient (namely, the social body about to be *affected* by murder), and a patient himself.

The scene of the interrupted murder in the bedroom makes this shift in roles clear and symbolic. From representing a perilous death-bringer about to fulfil his alleged destiny, Marks is thrown into a position of undisputed submission when he is immobilised by the Precrime agents on the bed. A dynamic of subjectification is on display: the agents act on Marks to pre-emptively protect the well-being of the community, but they also act upon his social and organic persona, to prevent his own *diagnosed future* from happening. This preventative and invasive intervention gives him a new status as a subject: he ceases to be a citizen and assumes a new medicalised subjectivity of ante-tempus patient. Again, the whiteness of the room recalls a medicalised space with now, in this alternative reading of the scene, Marks as the object to operate upon. The Precrime agents perform an operation of biological management, of *eye*dentification[34] through an iris-scan device, of physical

[34] This spelling of 'eyedentification' appears in police's identification devices and screens in lieu of 'identification'. The scan of irises is in fact the main means of recognition, happening in an obsessive daily routine throughout the District (in trains, public buildings, shops, residences) of the police.

deportation, and they affect, through the application of the 'haloing device', his cerebral activity.

As a 'guilty' casualty of the pre-emptive attack, Marks embodies the physical and social consequences of applying, to the present, a narrative of the future. Marks' subjectivity as a citizen is halted and put into a frozen condition, his biological subjectivity is made chronically unchanging, and his role of damaging element of the social body is eventually nullified before its dangerousness actualises. The wristwatch Anderton looks at when the murder is averted shows the paradoxical and obvious evidence of the absence of any form of murder taking place in that room. The watch-face indicates the time of the predicted murder and the goal of the mission is indeed to prove that time wrong. In this way, the innocence of the individual that ends up being extracted from the social body is paradoxically made unquestionable.

Marks' case does not address just the issue of pre-emptive action aimed at bettering a situation 'before time', but also the creation of a veiled, but powerful, narrative of guilt. The 'crime of passion', a murder driven by the jealousy and frustration of a betrayed husband, is portrayed as inevitable, and it is, in its recognisable and clichéd features, the perfect advertising commercial that strengthens the idea of culpability and justifies the 'extraction' of the person/organ in question. However, the fact that the murderer-to-be is stopped and captured by police forces, but not traditionally imprisoned, complicates the otherwise straightforward narrative.

Risk-ectomies, risk-disposal, emptiness

In the world of *Minority Report* the future is scrutinised and emptied, as it is the present. However, the form of 'removal' operating in the two temporal dimensions is different: if what is taken away from the future is the negative outcome of a risky element, then what is removed from the present is an as-yet unrealised potential, a normal state that has not yet degenerated, but for which the possibility of degeneration has already been diagnosed. The risk-ectomy affects what has not gone wrong yet, making the fictionalised narrative of the future, which functions as a justification for the pre-emptive intervention, a fictitious one. Two questions arise from this: first, how can pre-emptive intervention re-write the future? Second, in which ways can the (social, political, biological) body undergoing the intervention be considered preventatively *emptied*? What does this body lose? A reading of the film in medical and biopolitical terms suggests that the pre-emptive intervention disturbs a 'condition of health'. In such a condition, health represents the *absence of the disease*: by attacking the potential disease, the disease is given body and existence and health is, paradoxically, affected. As such, the future is re-written on terms of a post-healthy status: free from disease but also preventatively altered. What appears to be in the process of materialising is a post-healthy status which represents an alternative, or indeed a substitute, for the healed status.

In fictionalising the process of emptying of the 'body' and creating a post-healthy condition, *Minority Report* offers an implied narrative for the concept of 'discarded' elements generated as a consequence of pre-emptive practices and also for their disposal. Two emblematic representations of this, despite their diverse role in the storyline, are the murderers-to-be, extracted from the social world and made to disappear (but not killed), and Anderton's removed eyes.

What happens to these 'diseased' or 'potentially problematic' organs is not a form of elimination, but not a form of 'cure' either. In 'storing' the murderers-to-be in the Hall of Containment, a procedure takes place which is aimed at making a version of the future actual, existing and chronic, while confining it in a secluded location outside of the social world. No programs of rehabilitation for the convicted criminal, or of a possible chance for future rehabilitation are envisaged. The priority of the Precrime system is to obtain a situation of *managed stillness*, while advertising safeguarding and pre-emptive protection. In Holmqvist's *The Unit*, the same biopolitical drive to obtain and maintain social and biological stillness affects the facility's inmates. *The Unit* and *Minority Report* are connected both by their focus on the management of chronicity and on the way in which those who are removed from society are not erased, but contain in a form of stasis, that maintains and intensifies their construction as socially problematic or risky elements. In the limbo zone of the Hall of Containment, the subjectivity of the murderer is repeatedly played before the once-citizens' eyes and minds, and the reiteration of a diagnosis that is proven both wrong and right is eternally executed. The risky element is given space and means to keep existing, perhaps as a harmless living memento. The (vision of the) future that triggers fear and the need to act is used, exploited, and whilst prevented from taking place, eternalised.

The same form of 'risk retention' is displayed by Anderton's eye-ectomy and the subsequent issue of how or whether to dispose of the exported element. The detective turns into an ante-tempus patient himself and, undergoing surgery, briefly becomes a *mise en abyme* of the underlying discourse of the film, which indirectly questions the dispensable (biological) waste generated by the pre-emptive intervention. The scene of this particular surgery is a narrative device that sheds a light on the actual emptying of the human body. This surgery parodies a conventional medical procedure but, nonetheless, appears like a distorted

mirroring of an operation performed in a conventional medicalised context. The eye removal (eye-ectomy) is to prevent Anderton, escaping from the Precrime agents, from being recognised. With the surgical removal he affects his health, wounds his body, annuls his ability to see, and takes on the role of a patient who, however, does not need the medical intervention for a present condition. His intention is to alter that present condition in order to act and react against a possible future menace.

To enable the pre-emptive intervention to succeed, a violent attack to the healthy body is required. The voluntary transition from health to disability represents Anderton rejecting his complicity with the Precrime system, and the loss of his active role as 'hand' and 'eye' of the system itself. However, the eyes that are a threat for his persona are not eliminated but *dislocated*. Justified by a humorous line about the connection between him and his mother that the eyes represent,[35] the biological waste of his surgery proves itself valuable when the disembodied eyes are used as an instrumentalised residual of the self. Effectively, his retina is still the key to access rooms and information in the Precrime Headquarters, and therefore also to the Precogs' pool where he can reach Agatha.

After the metaphorical organ-ectomy of Howard Marks, a literal medical procedure brings the diverse applications of risk-ectomy full circle. Anderton's experience displays a Precrime detective who turns into an emptied ante-tempus patient, whereof the sacrifice of a part of the self (the eyes and their ability to see and believe) has ensured the safety of the whole self. In the last part of the chapter, with an initial focus on multiple performances of 'imaging diagnosis' in the film, on the setting of the eye-ectomy, and on the ostentatious presence throughout the cinematic narrative of blinding lights that 'obscure' with too much visibility, I

[35] Anderton tells the ex-surgeon about to perform the operation that he wants to keep the eyes because '[his] mother gave them to [him]' (Spielberg).

am going to unravel and bring to a conclusion this idea of deceitful sight and deceiving narratives in relation to pre-emption.

The illusion of sight – b(l)inding narratives

What the scene of the eye-ectomy presents is a tarnished version of a pristine clinical environment. It seems to be a visual and narratological response to the language of medicine already indirectly used by Anderton himself, when interacting with and interpreting the Precogs' dreams. That spectacular process of imaging diagnosis overlaps in meaning, execution, and visual tropes with an actual medical procedure. There, what is dealt with are abstract projections of the biological matter, under risk, of the social body. Instead of dissecting biological human material, Anderton dissects, with special gloves, a visual representation of time, extracts of a temporal reality yet-to-manifest, where biological human material is threatened in its safety by murderous attacks.

In the setting where the imaging diagnosis takes place, everything is transparent, and a facilitated and omniscient legibility is suggested by the futuristic architecture of sleek steel and glass. However, it is not only the expected sf combination of glass and shining and translucent material that obtrusively presents the trope of transparency. We should look past the panoptic structure clearly existing in *Minority Report*'s world and in its rationale of unending surveillance. It is in fact the abundance of *light* and different forms of altered and distorted transparency that constitute a recurrent motif (of meaning and structure) throughout the film, and that contributes to strengthening the conceptual association between social, biological, and medical diagnosis. Light and transparency give the viewer (either external or internal to the cinematic narrative) the illusion of being able to see;

however, at the same time, such arguable 'aids' for improving visibility affect the perception and the authenticity of the object of sight itself.

The transparency almost obsessively exhibited in the film enables the viewer to see *beyond* layers of matter but also allows transparent layers of matter to be the support for further material to gaze at and scrutinise. However, the transparency of the screen causes visual interference with what stands beyond the surface, thus producing a different outcome for the act of looking. Opacity, plenitude of images and projected information merge with the illusion of inexistence proper to a transparent (*invisible*) surface.

I have already mentioned how the campaign in favour of the pre-emptive strategy is broadcast on the linings of urban infrastructures, and the fact that commercial advertisements cleverly targeted *ad personam* to customers-to-be are like holograms crowding a virtual and immaterial space. These images constitute narratives for the eyes to see, register, understand, and believe; and they shade, superimpose, conceal, and blur into each other. But, these images stay virtual and fictional nonetheless, and challenge the viewer to recognise their virtuality and fictionality in a process that, nevertheless, appears like a successful visual and psychological persuasion.

This overlapping of images and surfaces upon which pictures are projected is also evident in the setting of Anderton's surgery. Here, the screen is divided by lines and spatial planes. A black and white film is projected on the room's walls, whose texture and pattern merge with the content of the cinematic images; semi-transparent linings and see-through sliding doors constitute the interior of the pseudo-medical studio. Moreover, thin curtains that keep floating towards the inside of the room represent an element of disturbance – or an obstacle – for sight. Everything is brightly lit and almost glaring, but the ability to *see* distinctly is

constantly challenged, if not impeded. The fact that Anderton is made temporarily blind in the process turns him into the perfect explicit representation, beyond the metaphor, of the blinded individual surrounded by misleading visibility.

As such, this scene stages the conceptual proximity between medical practice and illusory power of the eye to perceive what is true. The person about to perform the removal procedure is an ex-doctor known to Anderton as a morbid individual previously convicted for sadistic behaviour. In his diseased-looking countenance he mocks the stereotypical emblem of health and the idea that medical procedure leads to a healthy state, and appears undisturbed by the visual interferences filling up the room. He moves through the setting, shaded by the floating beige fabric of the curtains, in a halo of yellowish light – visual echo of Marks' bedroom – that embraces, or rather *contaminates*,[36] everything. Each outline and silhouette is blurred and slightly confused, the ability to see is challenged and yet constantly stimulated by never-ending projections of images. These are visible on and through walls (like the screening of the old black and white film or the real-time show of criminals on the run featuring the image of Anderton himself) and they generate a blending of narratives and temporalities interfering with clarity of vision and with the ability to fully understand what is being seen or passively assimilated by the eyes.

If the legibility of what appears on the screen is to be questioned, then the power of sight and, consequently, *foresight*, becomes object of further problematisation. If visibility is disturbed, if it is not *clear* but leading to a confused interpretation of what the eyes see, then confidence and trust granted to a gaze into the future appears to be more problematic than expected. The (bio)policing interventions in *Minorty Report* are triggered exclusively by

[36] The discourse of contamination here returns, in the virtual guise already explained in note 21. It is a contamination of the implications of a distorted way of seeing, either the future or (ideological) deceptive structures of the present.

a scrutiny of the present – or by a *medical* scrutiny upon the social body – through the constant surveillance and eye-scanning of the population, and by glimpses of the future. In light of the deceiving nature of ostentatious visibility, these interventions appear as just a further step in a deceitful process.

The barrier of light

The film is pervaded by light and glaring halos: at different moments in the narrative, whether the setting of the scene is the interior of a suburban upper-class house with no futuristic features, like that of Marks, or the filthy flat where Anderton undergoes the surgical operation, or even the a-temporal space where the Precogs are kept floating in the milky water, light functions as a means to create blurriness and it does not improve visibility. Bright lighting, halos, and beams of light produce a boundary between what is touched – enveloped – by the light itself and what is not. In the opening scene of the film, the sequence in which Anderton and the other agents burst into Marks' bedroom, the light coming from the windows fills (*blinds*) the setting. It is impossible to both detect the source of this light and to extend the gaze beyond it. Light, as a concrete and recurrent component of the film's *mise-en-scène*, is used in the cinematic language to create enclosure and impenetrability, but also alienation and displacement.

Even when opposed to darkness, as in the case of the spotlights set in the walls of the room where the Precogs are kept, light is not necessarily an aid for clear visibility. These multiple sources of light disturb the view and foster the unsettling feeling of artificiality and detachment proper to the Precrime facility and rationale. Another example sees Agatha's figure blurring into the halo of light invading Anderton's son's room. While the Precog is talking to the detective and his wife, towards the end of the film, a close-up framing her pale

face in the white rectangle of the screen creates a visual association with the first shot the audience has of her, floating in the milky water of the pool at the Precrime headquarters, and delivering her chaotic fragmented dreams. In the boy's room it is difficult to gauge the reliability of her telling. The meaning of her words is concealed by the deceiving guise of a genuine flux of consciousness (or *un*consciousness) and the engagement with her speech becomes, for the listener, a continuous re-evaluation of content expectations. She is, in fact, giving an account of images and visual knowledge about Anderton's late son, kidnapped and probably killed years before and still painfully mourned by his parents. She shares with the couple extracts from their son's life (and potential future life) in a sort of comforting fantasy with quasi-religious undertones. She then proceeds with weaving the moving and distressing story of his growing up, thus entering the realm of the future, but a future that has been arrested and destroyed, in its possibility of turning into actuality, *before time*.

The destabilising effect of these visions resides in the fact that they do not belong to the domain of future previsions of deathly events that the Precogs usually produce. Agatha is dealing with *alternative strands of history*, with a possible future that did not happen and with a present that exceeds the linear understanding of time and asks to accept a metaphysical dimension. Notwithstanding the unexpected turn the film narrative takes at this point, and the surreal aura permeating this scene, Agatha's words are taken as trustworthy by the parents, who respond with silent emotional engagement. In a brightly lit room where time seems to have been opened up, unfolded to understanding, and where an alternative (and impossible) future is emotionally assumed as real, the persuasive power of fictionalisation shines through Agatha's storytelling.

In the white environment of the bedroom, momentarily estranged from the world outside by the bright wall of light encircling the *mise-en-scène* (recalling Howard Marks' room, or the

Precrime president's office, where a bright window facing the outside is an impenetrable white barrier to sight) there is no doubt or suspicion. The Precog's words are treated as a reliable tool for knowledge, soaring through temporal planes, apparently transparent, relatable, and intelligible. In such a 'clear' environment, the viewers are easily persuaded in believing what they are shown (or what they are told). However, as all the other representations of light suggest, light itself, is more an obstacle to clarity than a means to enhance it. When, at the end of the film, Anderton seems to have found relief from his life's struggles in regaining familial stability with his wife and an expected baby, the viewer is forced to reconsider Agatha's words in retrospect and disclose their ambiguity. It becomes possible to assume that the alternative life she was describing for Anderton's son was actually merging with a forecast of the future.

The facilitated visibility emphasises how everything is on display or easily read, but also recognised, 'eyedentified' and therefore possibly controllable. In this context of dangerous legibility, the excessive light alludes to the false assumption of being able to see through the transparent matter-of-fact reality proposed by 'reading devices' (either mechanical or human, in the form of the Precogs) and thus of grasping a truth that will justify an invasive biopolitical action. If we extend the preventative discourse to its medical application, then the film appears to be making a critical contribution to the discourse of ante-tempus diagnosis and intervention. What is questioned, in the light of an arguably impaired vision, is the ability to *see the future*; and also to reproduce the future in fictionalised narratives delivered in the present. The expression of the future that the gaze of medical futurology aims to guarantee is treated as an intelligible narrative assumed to be real and suitable for drastic alteration. However, if the fictional feature of this narrative is recognised, a re-consideration of the reasons behind the pre-emptive interventions and their consequences upon the biology of the individual appears necessary.

The film implies that innocence and guilt have blended into the same double-faced coin, and that the way to separate them resides in an ambiguous logic of anticipated temporality and exercise of sovereign power. In a discourse of pre-emptive medicalisation, health and disease seem to be associated by the same logic. I argue that pre-emptive intervention discussed in this chapter leads to a suspension in the understanding of health and disease as separate concepts. The film shows a twisted and reversed timeline generated by a forecasting gaze and speculation; when health and disease are placed on the unstable ground of such a timeline they become the two expressions of the same condition: 'health' is the veil prematurely or pre-emptively lifted to reveal 'disease'.

Health regained and fostered illusion

The risk-ectomy performed on the social body generates a surplus of (human) material that has to be disposed of as quickly as possible to avoid any 'biohazard' and '*social*-hazard' complications. However, as already advanced, what we see is a partial elimination of the risky material, and a subsequent restored connection with the system. The murderers-to-be are kept in the Hall of Containment; and Anderton, who mutilates his body (allows the body be mutilated) with the removal of his eyes as metonymy of his recognisable identity, keeps the extracted organs with him. If Anderton's case only displays a partial re-implantation, since the extracted eyes only have use twice[37] after the removal and then we are not given further information about them, the reintroduction of the potential murderer into society happening at the end of the film is a complete socio-biological re-implantation.

[37] Lara, Anderton's wife, uses the eye to access the Hall of Containment and release her husband. She uses it to pass through the eye-scanning device, as Anderton had done before.

In the last minutes of *Minority Report*, Anderton's summative voice-over tells the aftermath of the Precrime experiment's interruption and about the unconditional release of all those kept in the Hall of Containment. As visual background to his explanatory words, the camera shows the Headquarters rooms. The *mise-en-scène* is resonant with immobility and disquieting emptiness, recalling an abandoned laboratory with sophisticated technology now disused. The camera then moves to another indoor setting showing Anderton's newly rediscovered familial peace with his wife and a soon-to-be-born child. The Precrime Headquarters, responsible for the pre-emptive depletion of the state from risky elements, is now nothing but an empty glassy shell. The situation in the social world, epitomised by Anderton's perfect happy ending, seems conversely to be restored. Anderton's life is complete (full) again and, on a larger scale, the citizenry is too, as it is given back its 'innocent' members.

With the figure of Anderton's pregnant wife, the depiction of maternity assumes the most straightforward and recognisable shape, after having more implicitly featured in the film storyline from its beginning. It is indeed the womb-like milky pool of the Precogs that opens the narrative, and the notion of their in-utero contamination and metamorphosis, which had prevented them being fully born and experiencing the present time, soon becomes known to the viewer. With the family portrait hinting at a future birth the storyline seems to be making use of maternity and of the concept of procreation as a positive symbol of movement, exit from chronic stasis and control. A symbol of freedom, perhaps. However, if we think back at Agatha's words about the Anderton's family and their child who was not kidnapped as a 6 year-old but instead allowed to grow, this 'picture perfect' shot might represent something different. This could be the beginning of a story whose unfolding will retrace a path already foreseen. This path can indeed be seen as initiated by a vision of the future, by its narrativised shape, and thus, by its persuasive, although involuntary, means.

Nevertheless, the narrative lets a suffused curtain fall upon our understanding of the scene, letting the familial happy ending trope prevail. Moreover, with the release of the unjustly convicted criminals-to-be the dystopian tale seems to have found a content resolution. But, if as Baker points out, 'the [dystopian] text ends at the point of possibility' (110) then the waste material, implanted back in the social body, becomes the key to unfold and dissect this perfect picture and to question the position of the narrative toward pre-emption. If we specifically think about the treatment suffered by the prisoners in the Hall of Containment, then their release assumes darker tones: in those tubes, their subconscious was force-fed with images meant to affect and alter their subjectivity as individuals and induce them to accept the role the state had assigned – namely, that of dangerous murderers. A conclusion to be drawn is that, even if they were not criminals, a form of violent psychological conditioning is likely to have changed their persona. The released people are not the same of those extracted from society beforehand.

Do we read this release of once-citizens as just another way to manage and dispose of criminals? If previously, about Marks' case, I argued that with his removal as an innocent being the innocence – the healthy condition – of the state would somehow be affected, then the re-implantation of now legally recognised 'innocent' prisoners should restore social health. However, with the extraction and pre-emptive labelling of individuals as murderers, the disruption of their lives, of their time and progression has affected social health in an *artificial* and irreversible way. The disease has been given shape and the role of enemy *before time* has been constructed: this has thus triggered a haunting narrative of guilt so rooted in people's consciousness (and especially in that of the perpetrators-to-be) that is almost impossible to re-write it with just an apparently easily-taken 'step-backwards' move. The outcomes of pre-emption are here shown under a bleaker light, where what appears to

be a clear and desirable denouement to the emotional narrative is just a further layer of transparent illusion for the deceived eye.

Figure 2. Witnesses telling how Precrime has 'saved their lives' appear projected on the wall. This image and the following are from *Minority Report* (Spielberg 2002).

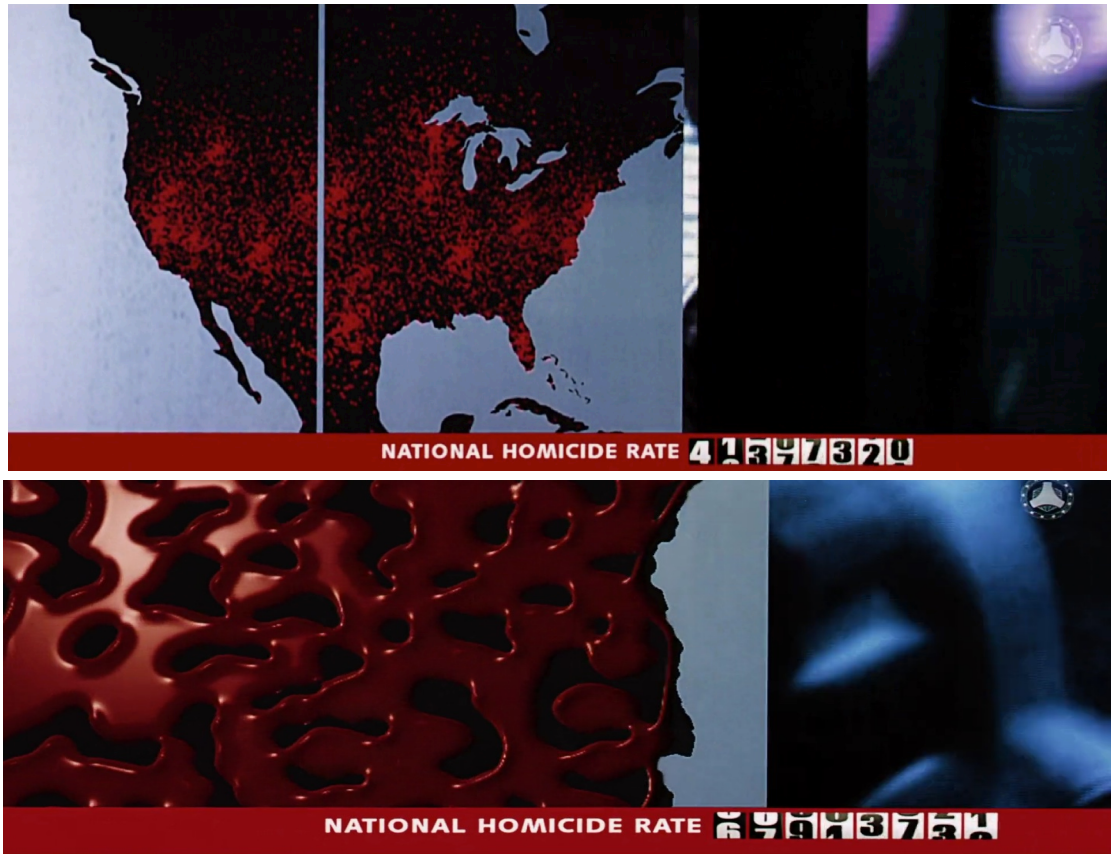

Figure 3. Two consecutive screenshots; the first shows, on the map of the United States, the 'epidemics' of violent murders to be prevented by Precrime. The second focuses on the proliferation of the symbolic blood spreading across US territory and echoing an infected, diseased body.

Figure 4. The iconographic, mystic, and public face of the Precogs.

Figure 5. The mysterious runner, the hint of a criminal threat under control but still present, and the overwhelming propaganda for Precrime.

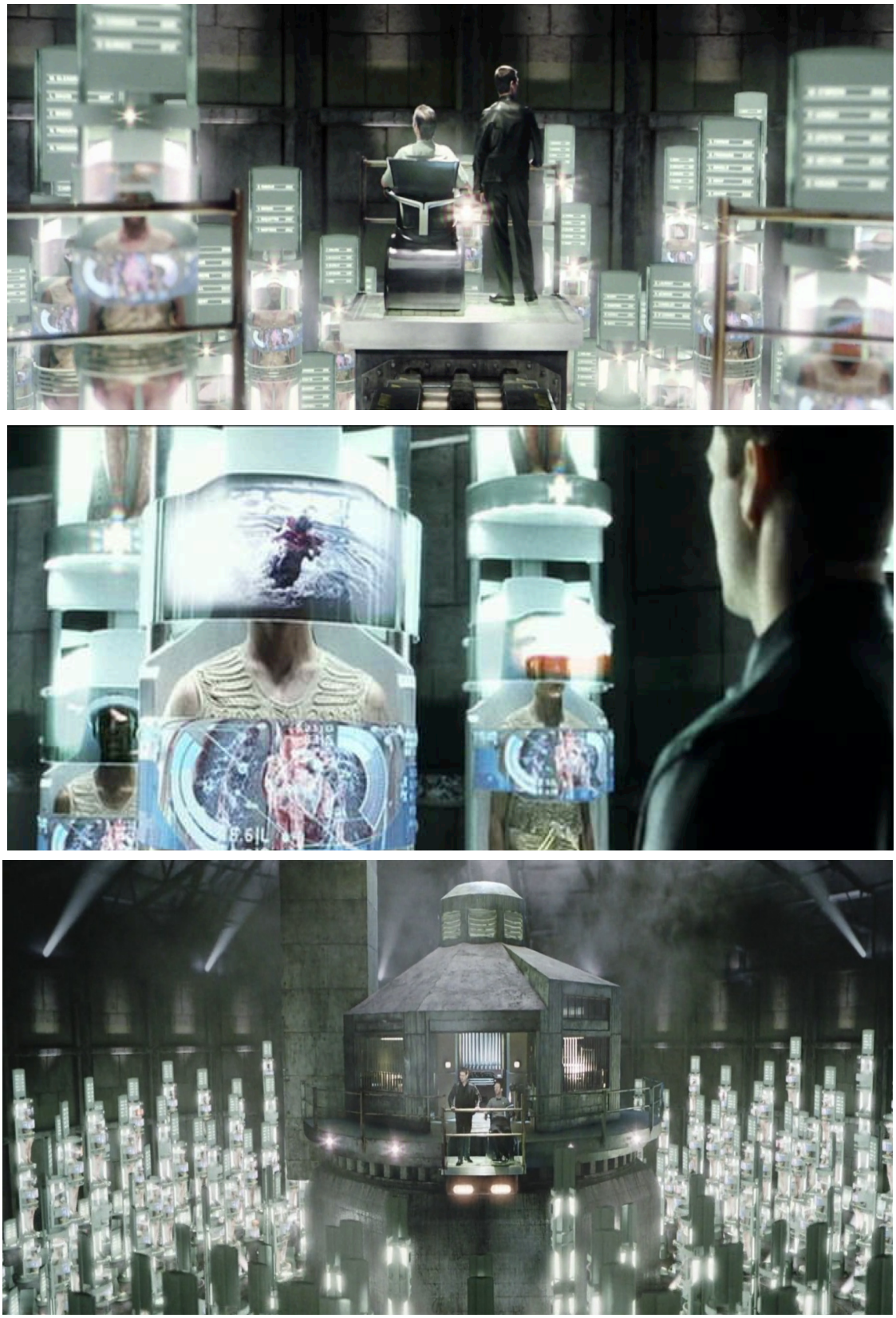

Figure 6. Details of the ‘narrative of guilt’ projected on the transparent tubes, and a panoramic view of the Hall of Containment.

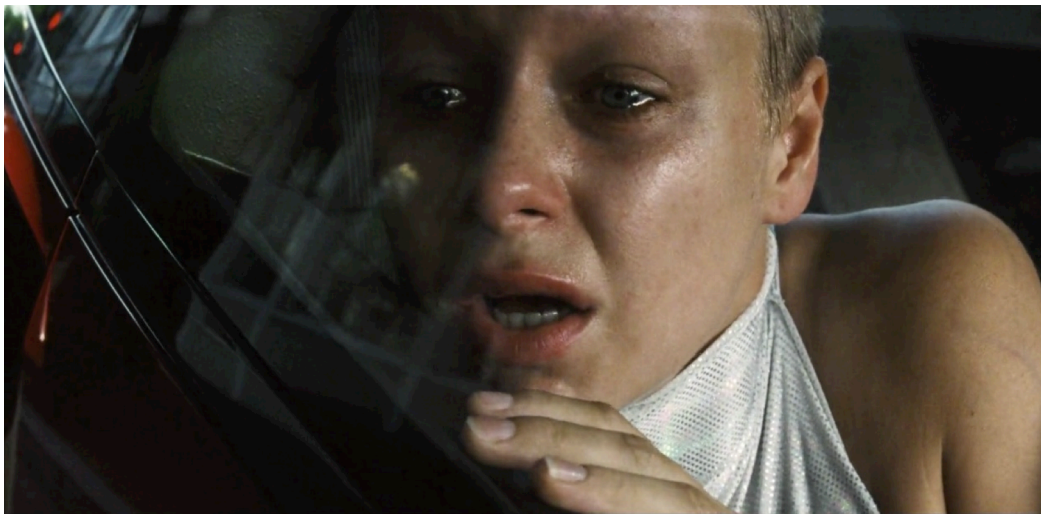

Figure 7. Agatha (Samantha Morton) watches ‘the now’ from Anderton’s car.

Figure 8. Shot representing Agatha and Anderton (Tom Cruise) echoing the iconography of Roman deity Janus.

Figure 9. Sequence of shots showing Howard Marks captured by the Precrime agents and 'framed' by the haloing device.

7. CONCLUSION

Ante-tempus, timely

This thesis has presented a new fictional trope to enable us to read, understand, problematise and challenge a new medical subjectivity developing in contemporary Western societies: the ante-tempus patient. From a counter-reading of an NHS leaflet to an examination of Spielberg's *Minority Report* in relation to its spectacular social *risk-ectomy*, I have analysed a series of speculative medical narratives of the new millennium and their differing presentations of medically and biopolitically managed societies, in which prevention has become a hegemonic paradigm. My investigation has explored these novels and films as 'before time' (or speculative) fictional diagnoses of contemporary society as well as dramatisations of the preventative drive in non-fictional social contexts. Central to this investigation has been an increasingly complex understanding of *ante-tempus patienthood*, as it appears in various forms: from the genetic monitoring and rewriting of individuals, to the chronic health-management of individuals in societies where technology has allowed them to turn the medical gaze upon themselves, to the exploitation of socially 'unproductive' individuals for the sake of the 'greater social good', to the attempt to altogether prevent futures from manifesting – including the inevitable event of death. This has also meant tracing *ante-tempus* patienthood from the level of its varied effects on the individual through to its socio-political consequences.

In a conceptual expansion of Rose's 'somatic individual', the ante-tempus patient seeps out of the fictional realm of novels and films, to confront and merge with the medicalised

individuals that sociologists and anthropologists have been theorising in the past decades.[1] This subjectivity moves beyond the disciplined Foucauldian subject: it is in the name of a speculative *future* that the body of the subject is shaped and disciplined in the present. Both as a literary construct and as a way of characterising social reality, the ante-tempus patient embodies a paradigm that expands the subjectivity of an individual self-consciously immersed in a net of medical treatment (Rose's somatic subjectivity), through the futurological focus on prediction, prevention and the rewriting of the present according to the demands of a projected future. This process has broader social and political implications, as medicine is recast as a form of biopolitical management – a tendency that has only intensified since Foucault first theorised it.[2] The ante-tempus patient really takes shape, as the novels themselves hint, in the societies in which the distinctions between medical treatment, social control and governance have been erased by mass-medicalisation becoming a tool of power.

The medical gaze, the disciplined body, and the search for 'health' become invested with a new light when the concept of 'future', as the biopolitical and social management of the social body, starts affecting the understanding of medicine. If the Hippocratic Oath still ideally confers to medicine the responsibility to preserve the absolute interest of the individual patient, what we observe through the lens of the management of healthcare by Western governments in our contemporary neoliberal societies is how the health of the individual has been substituted by a more abstract idea of 'social health'. This idea is to be actualised by preventative measures carried out by the state at the level of populations, frequently resorting to the discourse of crisis to justify social interventions ostensibly aimed at managing diseases in advance, before they manifest themselves. Cazdyn has also revealingly and provocatively explored this tendency, terming the permanent state of health

[1] See Illich (1975), Conrad (1975; 2007), Rose (2001), Carel (2014; 2016) among others.
[2] See *The Birth of The Clinic* (1963) and *Discipline and Punish* (1975).

management – and of crisis management more generally – 'the new chronic'.[3] The diagnosis of a-symptomatic illness becomes the desirable present outcome that paradoxically prevents the full achievement of health; health – that is, moving beyond this chronic medically managed state – appears to be something reserved for, and postponed to, the future.

As Cazdyn's analysis reveals, then, new chronic forms of preventative management affect our understanding of temporality – echoing broader socio-political analyses of neoliberal govermentality. Cazdyn writes that:

> this current drive for management and preemption … [has] a reactionary dimension that effectively colonizes the future by naturalizing and eternalizing the brutal logic of the present. This baleful dimension is most effectively revealed when we analyze how the logic of "chronic time" works today in different cultural-political realms. (6)

He continues: 'the new chronic extends the present into the future, burying in the process the force of the terminal, making it seem as if the present will never end' (Cazdyn 6-7). The possibility of exploiting the relation between the *present* and the *future* in the context of biological management has likewise been problematised throughout this thesis, as well as the idea of a present frozen in anticipation of the future and instrumentalised by apparatuses of power. We have seen this in the un-ageing 'postmortals' of Magary's novel; in the space-out-of-time that the unit represents, with its 'Winter garden' and eternal, sterile yet ever-blossoming spring; in the futureless 'non-clones' of *Never Let Me Go*, living in their foggy a-temporal England; in the pre-emptive incarceration of would-be murderers in *Minority Report*, which almost literally echoes Cazdyn's description of chronic management

[3] See *The Already Dead* (2012), especially Part 1, 'The New Chronic.'

colonising the future and burying the 'terminal'. The preventative approach, then, despite the promise and real beneficial outcomes of prophylactic treatments, is also a way in which medical power is instrumentalised by, and expanded into, the biopolitical to become a means by which the present can be managed and disciplined.

The ante-tempus patient looks toward the diseased future self and extends her or his reach to it. Whether this gesture towards the future self is voluntary, coerced, or falsely (or truly) spontaneous is another key question that has driven this study. If the oppressive societies of the dystopian narratives I have chosen to look at may suggest coercion as the straightforward answer, the response of the 'oppressed' subjects to their contingent world and its narratives suggests something more complex. The susceptibility of these novels' characters to narratives of the 'yet-to-happen' makes the participation of the subjects coerced, but also somehow voluntary. Their agency is affected, but does not disappear completely. The neoliberal subject is both deprived of agency and given a new agency, shaped by a speculative knowledge of the future, as ante-tempus patient. In the words of Wendy Brown, this is when 'civil liberties are easily set aside in the pursuit of a national moral project or whenever private autonomy is judged imperiled by issues of security' (Brown 704), but also when the biopolitical subject, acting under the script of medical futurology, embraces the hyper-production of speculative narratives and of spectacular images of the future.

The spectacle of the future

In our hyper-medicalised societies, the individual has not only become dependent upon medicine, but has become a co-producer of medical discourse and its forms of monitoring and management: the co-producer of a spectacle of future illnesses and health. The

biomarking and self-diagnosis allowed by rapidly developing technological tools, such as i-products or nanotechnological implants, and the potential expansion of DIYbio groups, simulate a reversal whereby the individual is apparently able to govern over or biologically manage their body.[4] An advert for the new Apple Watch exemplifies this scenario: this watch, we are told 'is not just something you wear. It's an essential part of who you are' – essential because, beyond its personalised style and customisable features, it monitors your heart rate, which 'can help you be more conscious of your health and well-being'.[5] Here we see how, within the 'hypercommodified global mediasphere' (Cazdyn 69) of contemporary societies, the individual engages with both the commodification and future-oriented character of contemporary medicine, in part through medical self-management, which is both customisable and personalised and yet dictates a rigid pattern to follow.

In the fictional narratives I have considered in the thesis, the question of the agency of the characters is likewise complex and fraught. These are not narratives of straightforward oppression; rather, they bring to the surface the 'patient' aspect of their characters in every sense of that term. These subjects are in the metaphorical *waiting room* I talked about in relation to *Never Let Me Go*, surrounded by leaflets portraying the diseased future (of the individual self or the social self). In this place, they receive and interact with narratives of a future they both fear and yet are drawn to; they become addressees, listeners, readers, and viewers. In the ante-tempus phenomenological state, *before* the preventative act comes the act of representing the future. The future becomes a story told as an unchallenged forecast, or the intriguing denouement of a narrative triggered by 'what if' questions, or a worrying speculation that paints the worst case scenario, or a premonition, a cautionary tale of the un-happened seeking to show not just a virtual possibility but a virtual actuality yet to come.

[4] Quantified Self movement or the DIYbio groups (see article by Ana Delgado 'DIYbio: Making things and making futures' (2013). See also Byles' 'Health-care chips could get under your skin' (2006).

[5] See Apple products website: http://www.apple.com/watch/.

This 'patient' cooperation is based on deferred promises of benefit, which, crucially, open a gap between the present and future self. Who does the chronic management benefit, when it includes the exploitation of patients in the name of something that has not happened yet? The narratives I have analysed resist explaining this fully, but instead create a gap between the self who undergoes the consequences of the preventative action and the future self that is, or rather will be, saved or safeguarded by that very action. The ante-tempus patients of the novels often remain the present self who foresees the benefit but cannot experience it, since it is deferred to a future self who never arrives.

If, in *The Unit,* those who will benefit from the preventative medical intervention are not seen, but instead are heard of and living outside the time and space of the units and their residents (indeed, they are unseen by the reader), in *Never Let Me Go*, they are pushed further away, so that even their existence is challenged. The beneficiaries, the future *selves*, become a fantasy, a virtual tale of perfection that works as a persuasive tool. Thus 'health' is, for these characters, an artificial construct, the spectacle of an untouchable reality.

Ishiguro uses the device of sf estrangement generated by the familiar and unfamiliar figure of the non-clones, the grey curtain of fog and empty countryside beyond which a faceless regime of state and private healthcare may be hiding behind the mask of a 'normal' person, to create a textual space for the reader to interpret and also to hint at how much the discourse of health management conceals. The fact that Ishiguro never allows us to fully understand the compliance of the non-clones, or their passive acceptance of the separation between them and the normal, vindicates my reading of these characters as ante-tempus patients, who cannot be healed, but remain stuck in the waiting room, patiently bound up in narratives foretelling a health that never arrives but, nonetheless, exists elsewhere.

My study of these novels has thus mapped a progressive abstraction of health, medicine, and biological individual benefit from reality, and has found its ultimate representation in *Minority Report*'s society of 'forecasting' spectacle. In Spielberg's film, illness of the social body – in the form of murderous crime – is translated into an ideological discourse, and is disembodied into a virtual narrative. We see this in the staged *risk-ectomy* of would-be criminals, who become the protagonists and antagonists of the visual evidence that, literally, frames them. With the punishment of the not-yet-criminal, or with the treatment of a disease that is yet to manifest, the spectacle takes the place of the real in the biopolitical management of temporalities. In the present, the power apparatus deals with the unexpected made expected, echoing Cazdyn's argument that '[b]y manufacturing crises, reality culture effectively attempts to preempt them – for crises are precisely those events that cannot be contained, reproduced, or commodified' (69). The crisis thus assumes the virtual features of an ideological discourse, a spectacle of the future meant to create fear and fascination.

This recalls the form of spectacularisation of fear that happens through the narrativisation of potential danger into convincing storytelling. Baudrillard in *Screened Out* (2002) talks about how the haunting spectres of crises, like 'AIDS, terrorism, economic collapse, electronic viruses' (6) oscillating between speculated fear and actuality,

> become concerns not just for the police, medicine, science and the experts, but for the entire collective imagination, this is because there is more to them than mere episodic events in an irrational world. They embody the entire logic of our system, and are merely, so to speak, the points at which that logic crystalizes spectacularly.

> Their power is a power of irradiation and their effect, through media, within the imagination, is itself a viral one. (6)

Underneath the preventative drive lies a spectacularisation of the future by projecting it into the spectacle and concreteness of the (body of the) present. We can recall Guy Debord's words on the society of the spectacle and recognise the proximity of his reading of the ideological 'illusion' and 'social hallucination' with the ante-tempus phenomenology developing in the fictional societies I have analysed in this thesis:

> The spectacle is the epitome of ideology because in its plenitude it exposes and manifests the essence of all ideological systems: the impoverishment, enslavement and negation of real life. […] Imprisoned in a flattened universe bounded by the *screen* of the spectacle, behind which his own life has been exiled, the spectator's consciousness no longer knows anyone but the *fictitious interlocutors* who subject him to a one-way monologue about their commodities and the politics of their commodities. The spectacle as a whole is his "mirror sign," presenting illusory escapes from a universal autism.[6]

If the spectacle is the 'negation of real life' for Debord, in the ante-tempus patienthood paradigm it translates into the negation of present life and the simultaneous construction of another one made of representations, before time, of the future. And this becomes *real*. Here, people become alienated from the present, and in the name of this image/fiction of the future they allow all modes of power and control to manage their lives and we see how the apparatus of health management has taken on more power by, in a sense, colonising the future. The spectacle of modern well-being and medicine in hypercommodified Western

[6] See Guy Debord's *The Society of the Spectacle* (2014) in the online edition at http://www.bopsecrets.org/SI/debord/9.htm

societies is reproduced in the fictional tales approached in this thesis; they have offered means and ground to see and explore how the spectacle of a necessity to act ahead of time, and yet staying somehow separated and secluded from this *time ahead,* is presented to different and yet converging expressions of human and social consciousness.

… and the future of the ante-tempus patient?

In conclusion, then, we have seen how the ante-tempus patient, despite the intrinsic connection with the future, does not, in the allegorical terms of this thesis, have a future of its own - but, is there something or someone that could exist after this paradigm, evolve from it, or replace it? It is possible that one answer to this question lies in whether we can reduce the focus upon the future already displayed and spectacularised (from which the ante-tempus patient persona derives), to enable the development and movement of the ante-tempus patient out of their chronic present. Put differently, what if it is possible to stop looking at the future and let individual subjectivities develop in a present that is no more the prison of the 'chronic now' but is instead the moment in which possibilities can actualise?

In order to address this question, I would like to end this thesis as I began it – with an NHS information leaflet. This leaflet is aimed at patients, who have already been given a diagnosis of a chronic or terminal condition – Multiple Sclerosis, say, or Alzheimer's Disease or lung cancer – and thus who face a future which is already mapped out for them. To go quickly, we might say that this patient is defined by a future *ante-tempus*: a future event unveiled before time and accepted to be true. Hypothetically, this patient could be affected by this temporal imposition in two ways as they could either maintain some ante-tempus characteristics, or dismiss the ante-tempus paradigm. Effectively, if they are treated, their treatment could improve medical knowledge and thus contribute, as I have argued in this

thesis, to the creation of health for others whilst never achieving it for themselves. If not treated, they will be leaving the role of ante-tempus patient before achieving health, and before meeting the actualisation of the last diagnosis. I would call them, for now, *ex-ante tempus*.

If this thought-experiment is in need of further analysis[7] it nonetheless offers a possible alternative to the ante-tempus patient and, in the metaphorical and metonymical essence of this subjectivity, also further reflections about the relation between the individual, society, governing bodies, our understanding of how to manage our own time, and the future. *Ex-ante tempus patient* is not just the nomenclature for something (or someone) that *was* and now *is not* anymore. 'Ex' means out of a moment in time that is stuck in the present, that exists and is managed under the shade cast by a version of the future. 'Ex' also marks a movement that, in the chronic patient, defies the chronic meantime, alluding, perhaps at the movement leading out of the *waiting room*. This movement could lead to different directions: a return to the observing place to see the spectacle of health that, nonetheless, cannot do anything for the terminal patients anymore; an engagement with other spectacles weaving new lifestyles under wellness and well-being discourses, that capture the imagination in a different way; or indeed a turn away from the spectacle.

In medical narratives addressed to terminal patients in the form of advisory leaflets, alongside a suggestion to plan ahead the technicalities and legal issues of approaching death, there can also be found recommendations to try not to think about the future, to concentrate on the here-and-now, to enjoy life on a day-to-day-basis. Patients are thus encouraged to take the exact opposite approach to the one documented in this thesis. It

[7] Research on palliative and end-of-life care. Interesting to consider will be *Phenomenology of Illness* (Carel 2016), and *The Roots of Bioethics: Health, Progress, Technology, Death* (Callahan 2012). Moreover, further research on NHS narratives and on practices of 'mindfulness' and theory behind them will be needed.

seems that the only patient who is allowed to exist purely in the present and let the future take care of itself is the one who knows they have no 'future'. Why, we might wonder, is such information only ever proffered to patients for whom the future is more or less determined? What if this freedom to accept the contingency of the future were extended to all patients? Could it point towards a different mode of medical being-in-time which is not constantly mortgaged to a future?

Finally, then, the last question that I would put forward is whether this pattern can only work with patients who have a terminal medical diagnosis, or, in other words, whether only the dying can leave the chronic time. Is there another form of knowledge that we can consider as powerful as the one presenting the patient with the forecasted image of their death, occurring at some point? Powerful enough that it can eventually erase the dependence upon the spectacle of the future? Perhaps, in this speculation, it would be better not to talk about 'forms of knowledge' but of chosen pictures of the future assumed to be truthful and unchanging. A fixed 'spectacle', according to this argument, thus translates into real death. However, this means that, somehow, it could translate into real life. Hence, we could provokingly advance that whilst living the real life generated by a fixed spectacle, the spectacle itself will be gradually dismissed by the eye, consciousness, and imagination of the individuals.

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