

Introduction Undoing and Unfolding Temporal Modes of Transplantation

Alexandra Vieux Frankel

York University
frankela@york.ca

Kelly Fritsch

Carleton University
kellyfritsch@cunet.carleton.ca

Suze Berkhout

University of Toronto
Suze.Berkhout@uhn.ca

Abstract

Transplant medicine is frequently hailed as a pinnacle of biomedical achievement. Curative imaginaries in the field often situate transplant as a cure and a return to health, producing bifurcated temporalities of before and after transplant and proposing futures that erase disability and disabled bodies. This Special Section centers the frictions in transplant temporalities, offering examinations of how transplant troubles the binaries of life and death, self and other, and illness and health through attending to frictions of futures and cure in transplant medicine. We question how new technologies perpetuate, exacerbate, and complicate the promises of curative imaginaries in transplant medicine; interrogate tropes and technologies of transplant as destination; trace practices of inequitable access to transplantation and livable futures; foreground transplant's looping, haunting temporalities; and introduce more-than-human lessons and the necessity of imagining collective futures. Developed with attention arts-based and

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experimental ways of knowing transplant through a feminist STS and critical disability studies ethos, this Special Section invites the undoing and unfolding of conventional, harmful logics of transplantation.

Keywords

transplant medicine, curative imaginaries, temporality, haunting, multimodality

Blue Morph, the butterfly on the cover of this issue, is a quilted collage of disposable textiles: hospital gowns, moving blankets, and failed paintings. Butterflies often appear as symbols of hope and change. But this one's gesture toward utopic futures contrasts with the disposability and messiness of the materials that compose it. *Blue Morph* is a butterfly in profile. The back of the wing in the foreground shows a patchwork of panels in shades of gray, punctuated with circles of brown, ochre, and crimson. The interior of the second wing is a mix of sky blues and sea greens made with sweeping gestural marks over the familiar patterns of hospital gowns. Part of artist and lung-transplant recipient Dominic Quaglioizzi's series *Transformations*, *Blue Morph* reflects on experiences of lung transplantation. In an artist's talk in November 2023 at Toronto General Hospital, the site of one of North America's largest transplant medicine programs, Quaglioizzi described his transplantation as "trading diseases": the cystic fibrosis that he was born with for diabetes, kidney dysfunction stemming from immunosuppressant use, and the slow debility of long-term rejection. This trade is the cost of the hope that what comes after transplant will be better. Like the other butterflies in *Transformations*, *Blue Morph* materializes archives of physical and emotional labor in the "doing" of transplantation: cataloging difficult transitions between states of illness, between homes, and between what could have been and what transpired. The transformation these butterflies offer is not a triumphant overcoming of illness but rather a reflection on the way that the movement toward uncertain futures is a "messy, gross, bloody process." (Quaglioizzi, 2023, n.p.).

Transplant medicine is frequently hailed as a pinnacle of biomedical achievement. The technological, biomedical, and pharmaceutical innovations that support transplant medicine often intervene in terminal illness trajectories. For heart, kidney, lung, and liver transplant recipients in particular, this intervention extends lives—so much so that "rebirth" and "the gift of life" circulate as tropes in the field. Narratives of transplantation in public media and institutional discourses frame transplantation as miraculous—the second chance that returns the transplant recipient from a state of terminal illness to a state of health. These narratives hinge on curative imaginaries that propose that bodies need and ought to be fixed and pathologies eradicated. And while desiring livability is a recognizable pull, curative imaginaries also propose futures that erase disability and disabled bodies (Kafer 2013), such that cure also "operates in relationship to violence" (Clare 2017, 28).

The contours of this curative imaginary are often part of the taken-for-granted aspects of the daily routines and practices of biomedicine and are not easily captured for analysis or critical reflection. These include issues relating to wait-listing and adherence to complex post-transplant regimens as well as challenges with long-term survivorship and the threat of graft failure. These issues and challenges reveal transplant medicine as a site of deep ambivalence and tension with respect to futurity and the possibility of having an “afterward” to transplant (Heinemann 2020). As the contours of dominant transplant narratives suggest, transplant imaginaries voice the triumphs of biomedical technologies and expertise while failing to make space for painful embodied and psychic experiences of transplantation (Sharp 2013). Thus, new ways of generating knowledge about the challenges and frictions within transplantation are needed (Abbey et al. 2011)—from notions of risk relating to who is a “good” transplant candidate, to the liminality of being wait-listed, to the challenges of long-term survivorship and graft rejection, futurity is an unstable horizon, while cure is simultaneously elusive and at hand.

Frictional Experimentations in Feminist STS

This Special Section came together through the Frictions of Futurity and Cure in Transplant Medicine research project, which mobilizes sensory ethnography, arts-based research methods, research creation, and artists residencies. The Frictions project received funding from an experimental and interdisciplinary research grant. Rooted in feminist science and technology studies (STS) and critical disability studies, the project aimed to generate arts-based ways of knowing and articulating transplant differently—beyond neatly bifurcated before and after that eradicate disability—and to use this knowledge to make tangible recommendations for improving psychosocial supports for transplant recipients and their loved ones. It is fitting that this Special Section is likewise interdisciplinary and experimental. Contributors are filmmakers, artists, anthropologists, philosophers, STS scholars, critical disability studies scholars, and psychiatrists. Contributions examine issues of equity in transplant (Hudson; Stack Whitney; Tanio and Malik) and their intersections with structural and historic violence (McCormack), and how transplant technologies rely on and yet also trouble transplant medicine’s claim to linear temporalities (Berkhout et al.; Heinemann; Shildrick). Experimentation manifests in contributors’ attention to multimodality. Photography (McCormack) and film (Tanio and Malik) provide sensory repertoires that accompany scholarly reflection on the materialities of storytelling and subject formation. Hudson’s *Perspectives* piece blends genres. Simultaneously personal reflection and critical research, she draws attention to the arbitrary quality of genre distinctions in qualitative research. Further, Berkhout et al.’s Canadian-UK collaboration takes up artistic and audiovisual renderings of co-contributors’ transplant experience to articulate the complexities and loops of friction-laden transplant futures across time and space.

Frictions are at the center of this Special Section. Friction slows things down, generates heat, and sparks fires, producing opportunities to trace unstable interconnections (Tsing 2004). The analytic of friction draws attention to contradictions and erasures that curative imaginaries provoke. The contributions to this Special Section dwell in the temporal implications of these frictions. Transplant is an important and well-established site for investigating frictions as transplant upsets taken-for-granted Cartesian dualisms of life and death, self and other, inside and outside. For example, Jean-Luc Nancy's (2008) meditation on his own heart transplant further troubles these binaries. He refuses to see his transplanted heart as a stranger and instead names as strangers the dormant bacteria and viruses that would threaten him in the immunosuppressed state that transplant precipitated. Anthropologists, similarly, have highlighted the ways in which transplant has reconfigured numerous relations—for example, between self and other (Crawley 1998); contours of life and death (Lock 2002); the concurrent associations of organ transplantation with altruism and the development of new forms of bioviolence (Moniruzzaman 2019; Sharp 2006); and between bodies, the state, and capitalism (Scheper-Hughes 2003). These are some themes and topics that stand in relation to a longer history of feminist theorizing of transplantation.¹

We frame the undoing of Cartesian dualisms presented in this Special Section via the frictions Quagliozi's *Blue Morph* foregrounds. The messes that the textiles and artist's talk allude to are anathema to the clean and orderly bifurcation of the before and after of transplantation that curative imaginaries produce. Outside of this neatly ordered temporality, messes become indicative of matter out of place—impurity and pollution that threatens the reproduction of order (Douglas [1966] 2000). The act of “rendering something impure” is part and parcel of “historical processes of domination” (Lugones 1994, 468, 473). Embracing this messiness, therefore, becomes an important way to critique the clean linearities of curative temporalities. Maria Lugones's meditation on *mestizaje* (mixing) and curdling highlights the radical potential of messy undoings and unfoldings: emulsions like mayonnaise, when they split, do not break into their component ingredients, but rather coalesce around one another in different ways. Much like Kim Q. Hall's (2014) metaphysics of composting, which signals simultaneous processes of composition and decomposition, curdling foregrounds reconfigurations of matter that refuse fixity and purity. Quagliozi's “resuscitation” of disregarded and disposable materials invokes the becomings of Hall's metaphysics of composting while simultaneously rejecting ideologies of purity and cure. In the context of transplantation, such refusals are necessary to holding transplant as a life-saving intervention that also engenders physical and psychic harms and challenges. These meditations on curdling and compost offer important insights into the significance of messiness in transplant imaginaries and their temporalities.

The articles that follow trace the frictions of temporality and cure in transplant across multiple disciplines and theoretical turns, curdling and congealing around feminist STS in multiple ways. The result is a tentacular (Haraway 2016) accounting of transplant futures rather than a genealogical scholarly intervention. These different tentacles are implicated and entangled in one another. In this way, the collection engages in Kathleen Stewart's development of Eve Sedgwick's concept of weak theory: "theory that becomes unstuck from its own line of thought to follow the object it encounters or becomes undone by its attention to things that don't just add up but take on a life of their own as problems for thought" (Stewart 2008, 72). Weak theory does not pronounce definitive conclusions but follows threads, connections, and disjunctures. This diversity imbues the collection with an unconventional quality that is strangely appropriate for innovative and experimental investigations central to transplant medicine yet works contra to these logics by generating openings for imagining transplantation otherwise. These articles coalesce, curdle, and congeal around feminist STS. The articles in this issue challenge the biomedical systems of power that shape and produce transplant futurities—from multiple directions. By following the sparks that frictional encounters generate, these articles explore the limits of Cartesian dualisms and reveal their co-constitution, opening conversations across multiple disciplines instead of concluding them with definitive answers.

Although the contributions in this Special Section are wide-ranging, the authors and their research are based in Canada, the United Kingdom, and the United States, where transplant is highly regulated through institutions and structures that frequently reproduce inequitable and oppressive logics (Davies 2006). While this geography is likely an artifact of the editors' and authors' institutions and networks, and to some degree the density and distribution of research-driven multi-organ transplant programs, it highlights the necessity of examining relationships between colonialism and transplantation. The medical gaze that defined the emergence of modern medicine (Foucault 1994) also operates a technology of colonial surveillance and domination (Browne 2015; Fanon 1965; Widmer 2013). This is, in part, the work of the medical gaze that not only produces homogenized and abstracted individuals (Foucault 1994) but also isolates bodies' component parts via biopsies and blood tests. Where Lochlann Jain (2013) describes such procedures and technologies as "flattening" embodied experiences into discrete data points, Monir Moniruzzaman (2019) shows how late-capitalist biotechnologies produce the possibility of dividing living bodies into commodifiable parts. And while some of the transplant literature that engages the Global South is focused on the commodification and traffic in organs (Alnour et al. 2022; Nahavandi 2016; Vora 2015), this Special Section attends to the ways in which bifurcated logics structure a larger transplant episteme. Lugones (1994) might describe these processes as constituting logics of separation and unity. Although Lugones writes on a different scale, her analysis implicitly critiques the presumption of whole and neatly divisible bodies that biomedical practices

produce—an analysis that resonates with critiques of medical models of disability that “defin[e] disability as a property of the individual body that requires medical intervention” (Siebers 2008, 26). Shifting the scale from an individual experience to instead engage with ongoing collective and historical oppressions highlights the necessity of engaging transplant care in tandem with broader histories of ongoing colonial dispossession (see McCormack, this issue). Present-day structural inequities in access to medical care and quality of medical care harbor these violent colonial histories that frame Black, Indigenous, and people of color as undeserving of care, and cast structural violence as errors in individual choice (Ehlers and Krupar 2020). At the same time, we must also critique the echoes of those logics in the linearity of curative imaginaries.

Non-linear temporalities draw attention to the how logics of cure also unfold outside the clinic, voicing “those embodied stories of living with the dead, crossing borders, and how care—even that deemed ‘lifesaving’—may be violent” (McCormack et al. 2023). Cure and harm reflect forms of bifurcation belied by loops, recursivity, and hauntings while demanding a different kind of orientation to futurity (Ehlers 2023). Yet, dominant transplant imaginaries, with their prioritization of technological advancement, still generate scarce, narrow space for imagining and materializing just and equitable care. This Special Section intervenes in and widens that narrow space through its investigations of the limits of Cartesian dualisms in transplant and speaks to the temporalities of connection and finding ways of resisting the individualizing technologies and effects of biomedicine. Deleuzian assemblages (Shildrick) and afterlives of slavery and colonialism (McCormack) emerge as theoretical ways into connection, while Tanio and Malik offer methodological ones in their reflection on filmmaking workshops for child transplant recipients transitioning to adulthood. These articles trouble how health is used as a “temporal destination” (Berkhout et al.; see also Heinemann) and contest it through crip technoscientific approaches that center the agencies of sick and disabled people, and through a multispecies lens that articulates transplant as potential collective care (Stack Whitney). In all these ways, the works in this Special Section share a concern for the “politics of habitability” (Langwick 2018) wherein the medical interventions necessary to ensuring life also cause harms that endanger it (Hudson). Here, immunosuppressant medication emerges again and again as a pivotal friction in the promises of transplant as cure: immunosuppressants simultaneously prevent rejection of donor organs and make transplant recipients more vulnerable. The contributions to this Special Section thereby speak to broader questions and imperatives of imagining and materializing futures that include illness, disability, and complex intimacies with death (McCormack).

Generative Tensions with/in Transplant’s Bifurcated Logics

Problematizing transplant as destination is key to more just transplant futures.

Laura Heinemann’s article “‘Back Then,’ ‘Around Here,’ and ‘Down the Road’:

Proximity, Recursivity, and the Present Future in Transplantation” demonstrates the imbrication of space and time in transplant afterwards, showing how the afterward of transplant comprises repeated hospital visits. Heinemann returns to, and reflects on, her ethnographic notes written between 2007 and 2009. In this return, Heinemann argues that spatiotemporal repetitions structure the afterwards of transplant with biomedical care regimes in ways that make demands not only on self, body, and kin (broadly conceived) but also on movements through time and space. Biweekly required blood tests necessitate hours-long drives and access to a vehicle that can withstand the distance, gravel roads, and dust of traveling from rural locations to urban transplant centers. Transplant afterwards, for Heinemann’s interlocutors, did not take a straight road to a destination of health but rather took the form of a Möbius loop, a traveling back and forth. As one of her interlocutors so astutely put it, transplant is something that is “lived around”, not transcended or relegated to a distant past.

Suze Berkhout, Kelly Fritsch, Brian Keeley, and Bibo Keeley’s article “Troubling Transplant Temporality through Crip Technoscience and a Sensory Aesthetics of Time, Machine, and Health” examines how the bridge metaphor commonly used to describe transplant technologies makes claims on possible futures for those awaiting transplantation. Through a close reading of clinical literature with a crip technoscience and feminist STS lens, Berkhout et al. show how the bridge metaphor imagines a linear journey from one point to another, with transplant as the destination. They juxtapose these imaginaries with the film *Breathe* that Keeley and Keeley collaboratively created following Brian’s emergency heart transplant. *Breathe* troubles the linearity of the bridge metaphor with dreamlike and phantasmagoric imagery that moves between seascapes, wooded areas, and a masked creature—part human, part bird—that embraces a tree, all punctuated with the sound of a telemetry monitor, a beating heart, a whispering voice asking, “Can you hear me?” *Breathe* centers sensory experience that is written out of transplant as destination precisely because transplant as destination fails to account for what both Quagliozi and Heinemann might call the emotional and physical labor of transplant afterwards.

Margrit Shildrick’s and Kaitlin Stack Whitney’s original research contributions invite readers to reimagine futures as collective ones. Shildrick’s article “The Temporalities and Spatialities of Death, Dying, and Heart Donation” interrogates and deconstructs the binaries of life and death, and self and other in heart transplant. Shildrick shows how the technologies that extend the functioning of the heart problematize conceptualizations of health. In this way, she echoes Margaret Lock’s (2002) work on the entanglement of transplantation with the designation of brain death. Shildrick, however, locates her analysis in Deleuzian assemblages that foreground how bodies are entangled in one another, and as such, live on in one another. It is in this context that she examines the phenomenon of chimerism in heart transplant—a phenomenon characterized by

the circulation of the DNA of the transplant recipient and donor. Chimerism, like living on in another's body or with another's body, transforms the categories of life/death, self/other, inside/outside, making clear the collectivity and relationality of the other-within, rather than individual phenomena.

Stack Whitney brings a posthuman and multispecies approach to transplant by turning to termites in "Thinking with Termites about Fractious Futures for Fecal Microbiota Transplantation in the United States." Termites engage in their own forms of fecal microbiota transplantation (FMT), as their different life stages require different gut microbes. Stack Whitney emphasizes that termite relationships with gut microbes are "opportunistic mutualisms" that constitute transgenerational links and "remake environments and relations" (this issue). She contrasts these mutualisms and connections with efforts to standardize FMT in the United States. Recent regulatory approaches depart from transplant paradigms that connect bodies to regimes of biovalue (Ehlers and Krupar 2020; Waldby 2002) and turn feces into biological products. Drawing from anthropologies of microbes (Helmreich 2009; Paxson 2012; Wolf-Meyer 2017), Stack Whitney shows that attempts to regulate unruly microbes and identify so-called healthy donors reveal restrictive screening processes that equate health with individual choices, such as adhering to a Mediterranean diet. This shift away from transplant paradigms might then be read in a similar vein as Lugones's discussion of separation as a technology of control. Biocultures and FMT as transplantation generate radically different futures. Where a termite FMT offers futures in which termites, often rendered undesirable, become ambivalent kin and important for opening space to imagine and materialize transplant as "interdependence and collective care" (this issue), medical models produce uniform imaginaries of health. Here again, curative imaginaries emerge and create futures that are for the "healthy."

The two multimodal contributions to this Special Section discuss transplant futures as ones of uncertainty. McCormack's photo essay "Memories of Futures: The Temporalities of Organ Transplantation" expands on the theme of haunting in transplant temporalities from her earlier work. She writes that this is the first essay in which she examines her own experiences of transplantation in contrast to examinations of transplantation in literature and other media (see McCormack 2021a, 2021b). Using haunting as way into present absences, McCormack's piece shows double-exposed photos that cast her as an apparition, which in turn serves as a way into discussing multiple absent presences: the absent presence of her organ donor as well as of family and other kin. Refracting themes from Shildrick and Stack Whitney, McCormack asks, "What kinships are forged through living body parts from dead people and what body politics might be imagined when the dead are materially present and absent?" (this issue). McCormack's own ghostly figure in the photos troubles the forms of domination enacted through the medical gaze. Simultaneously there and not, the figures are crisp but also

somehow a blur; these hauntings cannot be pinned down. McCormack describes the photos as revealing “a way of living with death intimately” (this issue). Building on Ruha Benjamin’s (2019) engagement with afterlives of slavery and contemporary police brutality, haunting becomes a way of coming into “kinship with the dead in the context of illness and disability” (McCormack, this issue).

Nadine Tanio and Sarah Malik’s film and essay “Flowing and Flown: Transition and the Crafting of Possible Futures” show how the afterward of transplantation overlaps and coalesces with life cycle transitions. Malik, who received a heart transplant at age three and a kidney and second heart transplant at age seventeen, is part of the first generation of paediatric heart transplant recipients to survive in adulthood. Tanio and Malik met at a transplant “transition clinic” as Malik moved into adult health care. Tanio, an educational researcher, invited Malik to participate in a visual storytelling film project to collaboratively communicate the complexities of growing up as a transplant recipient. Their essay brings together a slice of dialogue between them alongside critical reflexive accounts of the roles of knowledge production in subject formation and the very materialities of storytelling. Echoing the recursive quality of transplant temporalities that Heinemann elaborates, Tanio and Malik’s work reveals discordant and mismatching imaginations of futures that emerge through the process of re-visiting the film years after its completion.

The final piece in the Special Section, the Perspectives piece, “Living with the Pharmakon: A Call for Futurity” by Stephanie Hudson, invites an interrogation of accessibility to solid organ transplantation and how access to transplant futures is configured in biomedicine. The frictions in Stacey Ann Langwick’s (2018) politics of habitability echo loudly here. Writing as someone with a bipolar diagnosis, Hudson explains that long-term lithium use to manage the diagnosis results in irreversible kidney damage, positioning people who take lithium as potential transplant recipients. Yet people with bipolar diagnoses are often screened out of eligibility for transplant over concerns about capacity to maintain adherence to pharmaceutical regimes and worries about “potential interactions between immunosuppressant and psychoactive drugs” (Hudson). Hudson’s piece, therefore, offers critical insight into the inequities produced in transplant medicine, including racial and economic disparities, and mental health diagnoses, in particular. The trajectory that lithium produces is not dissimilar from how author and two-time heart transplant recipient, the late Amy Silverstein, describes immunosuppressant drug regimes. In an op-ed published in the *New York Times* (2023; also discussed in Berkhout et al., this issue), Silverstein writes that while her second transplanted heart was still healthy, it was the cancer caused by immunosuppressant drugs necessary to prevent rejection that would end her life, demonstrating frictional entanglements of self and other, and life and death.

The pieces in this section, as experiments, invite a dwelling-with rather than a logic of closure and finalization. We invite readers into an undoing of conventional

logics through these accounts of transplantation and temporalities that unfold as loops and hauntings. Simultaneously, the undoing and unfolding are part of a politics that calls for equity in, and access to, transplant futures. Just as the articles here describe connection—with human and nonhuman kin and ghosts—they also complicate discrete renderings of time as past, present, and future. Each is implicated in the other in a curdled fashion, making important messes of medicine’s linear temporalities and curative imaginaries.

Note

¹ While this Special Section is focused on curative imaginaries within transplantation, other social imaginaries structure the field in different ways, depending on the intersections of tissues, bodies, and problematics. Lisa Guntram (2022), for instance, explores social imaginaries surrounding reproductive liberty, medical prospects, and female embodiment in relation to uterine transplantation.

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Author Bios

Alexandra Vieux Frankel is a PhD Candidate in Social Anthropology and Dahdaleh Global Health Graduate Scholar at York University in Toronto. With a focus in medical anthropology and feminist STS, her research examines water quality, related illnesses, and industrial legacies in the North American Great Lakes region.

Kelly Fritsch is an Associate Professor in the Department of Sociology and Anthropology at Carleton University in Ottawa, Canada. As a crip theorist and critical disability studies scholar, her research examines ableist social relations, the neoliberal biopolitics of disability, and anti-assimilationist crip culture and politics.

Suze Berkhout is an Associate Professor in the Department of Psychiatry at the University of Toronto, and a Clinician-Investigator in the University Health Network's Centre for Mental Health based out of Toronto General Hospital. She has expertise in feminist philosophy and qualitative research experience that draws on ethnographic and narrative frames, including using visual arts to explore unspoken aspects of biomedical experience.