

Entanglement of Racism and Medical Ethics: Cee's Illness and Healing in Toni Morrison's *Home*

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Abstract Toni Morrison's *Home* is not only a hopeful story of racial and war trauma as well as its healing but also a realistic mirror to the ethical problems of modern medicine in America. This paper intends to revisit the scenes of Cee's illness and healing in the light of interdisciplinary medical humanities by focusing on the unethical routes and unexpected consequences of medical progress, on the human exploitation and bio-politics inherent in medical knowledge production and medical power so as to discover the hidden racial violence and ethical problems that Morrison intends to reveal behind the veil of 1950s America. The contrast between Cee's healing under biomedicine and folk medicine illustrates Morrison's implicit criticism towards the dehumanized medical system and brutal medical racism in America, as well as her hope for humane and genuine healing in African American folk medicine. This paper will help readers understand African American's distrust in hospitals and the implication of the choice of different healing methods. It will also help readers become more aware of the link between medicine and literature and inspire them to reflect on the predicament of modern medicine in a multi-cultural world.

Key words Cee's illness; medical humanities; medical ethics; folk medicine; holistic healing

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Introduction

As the 1993 Nobel laureate of literature, Toni Morrison, “who in novels characterized by visionary force and poetic import, gives life to an essential aspect of American reality” (Grimes A1), has dedicated eleven novels to the world, covering African American experience from the period of burgeoning slavery to present society with themes involving or transcending racial barriers. *Home* (2012) is her 10th novel, a best book of the year 2012, which is a story of a black veteran Frank Money who has suffered from a psychiatric ailment after returning from the Korean War. He travels to the South to rescue his dying sister Cee from a white doctor in Atlanta and brings her back to their hometown Lotus, where they both recover from their traumas and rebuild their home with the community women’s help. The “scarily quiet” story is said to “pack all the thundering themes Morrison has explored before” (Charles C1). However, the traumatic effect of war and brotherly responsibilities represented by the black male protagonist distinguishes *Home* from most of Morrison’s other novels which mainly center on women and race issues. Thus, *Home* is read almost unanimously as a “trauma fiction” of Frank with an “evident sign of recovery” (Ibarrola 114; Ramírez, “Hurt” 127) for “the trauma of racism, war, and post-memory is at the heart” of the story (Visser 2), in which Morrison stresses again “love and duty can redeem a blighted past” (Kakutani, par.16).

Moreover, *Home* discloses some hidden ethical problems of medicine in the racial context, especially from Cee’s unnamed but life threatening illness which is a result of a white doctor’s medical abuse, and her healing process which embraces alternative forms of medicine. In Morrison’s own words, she intends to reveal the covert racial violence by taking readers to revision the “affluent society” of America in the 1950s so as to take “the fluff and the veil and the flowers away from the ’50s” (qtd. in Bollen), which was a time of the Korean war as well as “a lot of medical apartheid, the license of preying on black women, the syphilis trials on black man” (qtd. in Shea). However, most critics rivet their attention on Frank’s trauma and discuss the portrayal of his Post-Traumatic Stress Disorder

(PTSD) without paying sufficient attention to the implication of medical problems in Cee's experience. These problems constitute an important aspect of American reality that cannot be addressed solely in terms of trauma or racism or medicine but can be morally dissected and critiqued in the approach of medical humanities, which is not just an interdisciplinary instrumental approach, but also an intellectual practice of the humanities, "which enables and encourages fearless questioning of representations of caregivers and patients in all their varieties, challenges abuses of power and authority, and steadfastly refuses to accept the boundaries that science sets between biology and culture" (Jones et al. 5).

When seen from the inclusive perspectives of medial humanities aiming to deal with "the problems that cannot be adequately addressed within the boundaries set by traditional disciplines and/or methods" (Cole et al. 4), *Home* offers readers new scenes and sites that are important to our understandings of health and illness, which shows "the inescapable imbrication of biomedicine in social, political and institutional structures" (Whitehead and Woods 6). Therefore, this paper intends to revisit the primal scenes of Cee's illness and healing in the light of medical humanities by referring to some key concepts such as doctor-patient relationship, illness narrative, medical ethics and empathy while considering its cultural, historical and institutional setting so as to discover hinted problems with respect to power and justice in the 1950s America. While seeking to address the dehumanization of medicine, this paper focuses on the unethical routes and unexpected consequences of medical progress, on the human exploitation, biopolitics and problems inherent in medical knowledge production and medical power in order to contribute to the goals of medical humanities, which includes the "respect for individuals", "protection of the vulnerable" and "the pursuit of justice and health in the broadest sense" (Cole et al.12). It will also inspire readers to study *Home* from a new perspective and become more aware of the link between racial oppression and medical practice, as well as the significance of the doctor-patient relationship and the implication of the choice of different healing methods.

Cee's Illness

The subject of illness is important to everyone for being ill is every human being's inescapable experience. As "the night-side of life, a more onerous citizenship" (Sontag 3), illness has become one of the core concerns of medical humanities, which is fundamentally and conceptually different from disease. "Disease" is a biophysical event; it refers to physical disorder or infirmity (Vellenga 326), or it is defined "in the narrow biological terms of the biomedical model" as "an alteration

in biological structure or functioning” (Kleinman 4). Whereas “illness” refers to “how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability” (Kleinman 3). It is the lived experience of the patient and his family, and “it is always culturally shaped” (Kleinman 5). In order to re-humanize biomedicine, George Engel advocates a broader biopsychosocial model in which disease is construed as “the embodiment of the symbolic network linking body, self and society” (qtd. in Kleinman 6) and argues against the reductionist approach adopted by the western biomedical model, in which disease is explained solely in terms of molecular biology and genetics. Therefore, when re-envisaging the primal scenes of Cee’s illness, we need to situate the symbolic network within her body, self and society from how she gets the disease in both external and internal aspects so as to embrace “new historical, cultural and historical perspective, as well as different questions and methodologies” (Whitehead and Woods 1).

When coming to Doctor Beau’s house to apply for being his helper, Cee has no idea what she is going to do and what is waiting for her. Mistaking her job for being like a nurse, she could not imagine that her body would be operated on experimentally. She believes in Dr. Beau without any apprehension when her friend Thelma introduced him to her as a “white doctor,” a “nice” man. At her first encounter with Dr. Beau, “a small man with lots of silver hair,” he sits “stiffly behind a wide, neat desk” (Morrison 64). The first question he asks her is “whether she had children or had been with a man” (64). He seems pleased to know that Cee has been married for a short while without being pregnant. Cee does not sense anything strange or ominous, only finding him “formal but welcoming” (64). Her “admiration for the doctor grew even more” (64) when she notices that Dr. Beau not only helps many poor people but also donates money for funeral expenses when “one or two died in spite of his care” (65), though it is implied later that Dr. Beau may have used these poor females for his medical research. She knows little about what happens to her for Dr. Beau sticks her with a needle to put her to sleep every time he experiments on her body (121). She even feels pleasant upon awakening from the anesthesia and believes the blood and pain that follows the examinations is a menstrual problem (122). When the housekeeper Sarah notices Cee’s loss of weight, her fatigue, and her lasting periods, Cee still does not consider herself ill nor refuse Dr. Beau’s continuing experiment on her. Consequently, Cee is dying for bleeding and a continuous high fever under Dr. Beau’s experiments and negligence, or even deliberation. Just like cancer, the disease that Cee has got is also life-threatening. Though Morrison’s narrative in this aspect is rather vague from which few clues

can be found as for when Cee gets the disease and what it is, one thing can be sure is that it is a result of “the value of the examination” (121). Cee’s illness is her lived experience when suffering the disease which may be a certain kind of acute infection of the wounds in her womb resulting from Dr. Beau’s experiment without being treated seriously by him.

Therefore, externally, Dr. Beau is the one who is responsible for Cee’s illness for it is he who carries out intrusive gynecological experiments on her womb ruthlessly without paying attention to her physical condition when Cee knows nothing about what he is doing to her body. Without informed consent, the medical experiment the doctor carried out on Cee ruins her body. However, it is considered natural owing to the medical racialism in America, which has a dark history of medical experimentation on minority groups without their consent, such as the “experimentation with syphilis that was going on with black men at Tuskegee who thought they were receiving health care” (Bollen). The Tuskegee Syphilis Study was carried out by the U.S. Public Health Service in 1932, which “promised free medical care to about six hundred sick, desperately poor sharecroppers in Macon County, Alabama” (Washington 122). However, they withheld the treatment from these black patients in order to study the progression of symptoms and disorders in them and autopsied them when they died “in order to trace precisely the ravages of the disease in their bodies” (Washington 122). Similar to these black men in the syphilis study, Cee is taken as an experimental object or a guinea pig for the purpose of medical research without being told the truth. In the impersonal and increasingly technological medicine and research practices that exploit the least-empowered members of society, we see signs of ethical lapses.

However, despite his unethical behavior, Dr. Beau may be justified by the experiment’s noble purpose of eugenics, which in America had been employed as a cover for white superiority “resulted in historical atrocities such as the involuntary sterilizations-‘Mississippi appendectomies’-happening as late as 1961” (Washington 190), as Dr. Beau’s wife claims that “[h]e is more than a doctor; he is a scientist and conducts very important experiments. His inventions help people. He’s no Dr. Frankenstein” (60). Although the goal of eugenics was “to improve the natural, physical, mental, and temperamental qualities of the human family” (Norrsgard 170), which sounded positive and was widely welcomed in the 1930s, it has a negative effect that “Eugenicists promulgated the weeding out of undesirable societal elements by discouraging or preventing the birth of children with ‘bad’ genetic profiles” (Washington 145). Eugenic scientists “constantly confused the concepts of biological hereditary fitness with those of class and race and African Americans

were roundly disparaged by eugenic theory” to be an inferior race (Washington 145). Therefore, Dr. Beau’s eugenic beliefs are linked to the forced sterilizations that many black women have undergone since the onset of slavery, practices which have persisted in recent years. As Dr. Beau’s eugenic intentions imply, Cee’s loss of reproductive abilities resulted from her damaged womb may be the purpose and not just the outcome of Dr. Beau’s medical experiments. His ethics reflects that medical racism and racist social structure are still prevailing in modern America.

On the other hand, Cee herself also accounts for her illness and the delayed treatment. Born alongside a road, she is considered by her step-grandmother Miss Lenore to be a “gutter child,” “prelude to a sinful, worthless life” (44). She is not only neglected by her parents who “worked from before sunrise until dark” (43) but also abused by Miss Lenore both physically and verbally. Gradually she “had agreed with the label and believed herself worthless” (95). Although Frank tries his best to protect her, which weakens her instead because “having a smart, tough brother close at hand to take care of and protect you—you are slow to develop your own brain muscle” (48). As a result of the lack of family nourishment and maternal counsels, as well as her brother’s overprotection, Cee is too naïve, ignorant and numbed to protect herself no matter physically or mentally. She believes that she is the doctor’s assistant no matter what she is asked to do and what he does to her. Even though her body displays some symptoms of abnormality after Dr. Beau’s experiments on her, she is never aware that something is wrong with her body. When she sees the paramount eugenic books of *Out of the Night*, *The Passing of the Great Race* and *Heredity, Race and Society* on the shelf of Dr. Beau’s office, she does not get any hint from the book titles about Dr. Beau’s eugenic research purpose. Instead, she mistakes *Out of the Night* written by a famous American geneticist and proponent of eugenics Hermann Muller for a book about mystery and feels shameful about her own small and useless schooling. Ironically, she promises to find time to “read about and understand ‘eugenics’” and reassures herself that “this was a good, safe place” (65) without any doubt. Her low self-esteem, numbness and lack of medical and historical knowledge renders her an easy victim to the doctor’s medical experiment. Just as what Manuela López Ramírez argues, Cee is the vulnerable, innocent maiden in the hands of the Gothic scientist-villain Dr. Beau, which “epitomizes the racial oppression of the U.S. Public Health System, as well as the self-loathing and low self-esteem the racist society instills in black individuals (“Gothic” 119).

Doctor-Patient Relationship

As one of the foundations of contemporary medical ethics, the doctor-patient

relationship is the core element of health care and the practice of medicine. It has received “philosophical, sociological, and literary attention since Hippocrates,” and is the central subject in the modern medical literature (Good S26). Since both parties’ beliefs, expectations, and values, including what a patient does, what a doctor says, and how each party interprets the other will certainly influence the process of medical care (Pescosolido 1096), a harmonious and effective relationship between the two parties is critical in the medical process for it will enhance the accuracy of the diagnosis, increase the patient’s knowledge about the disease and appropriate treatment. However, with the advancement of modern biomedicine and medical technology, more and more patients and doctors complain about the estranged or even hostile relationship between them. Therefore, the relationship becomes an important research subject for medical humanities, which emphasizes that “the doctor-patient relationship is always evolving, and that learning about its various historical configurations can help us understand the responsibilities and needs of physicians and their patients” (Cole et al. 38) and aims to reconstruct an ideal kind of doctor-patient relationship to address challenges in the modern world.

In the case of Cee, Dr. Beau seems to be a kind doctor who “helped many poor people” and “was extremely careful with his patients” (Morrison 64), but he does not care Cee’s body condition at all. Without caring for Cee, he is not a qualified doctor who obeys the medical ethics for “[o]ne of the essential qualities of the clinician is interest in humanity, for the secret of care of the patient is in caring for the patient” (Peabody 882). The doctor-patient relationship is usually developed when a doctor tends to a patient’s medical needs via check-up, diagnosis, and treatment in an agreeable manner. However, without tending to her medical needs, Dr. Beau just takes Cee as an object of his experimentation instead of a person or patient. As a doctor, he has special authority over matters of health, life, and death, which gives him a particular status. However, he misuses his authority which is not based on supposed charismatic qualities but on medical expertise to manipulate his patient at will. Every time when he experiments with his own medical inventions on Cee’s body for his gynecological research, he gives her a shot to make her sleep. He was like a slaveholder who rules Cee’s body and life, taking advantage of her benightedness and lack of self-regard. He violates the code of medical ethics, according to which the trust-based relationship between a patient and a doctor gives rise to the doctor’s ethical responsibility to place the patient’s welfare above the doctor’s own self-interest. Instead, he just cares about his own medical research based on the deprivation of Cee’s healthiness. He only cares about himself and his experiments, and he does not mind sacrificing the black girl to his scientific

endeavours.

There is also of a small amount of possibility that Dr. Beau is a doctor of low quality in this case in which he cannot diagnose Cee's disease and does not know how to cure it as "the knowledge of diseases is the doctor's compass; the success of the cure depends on an exact knowledge of the disease" (Foucault 8). Or Dr. Beau does not offer any promises or act of help for he considers Cee's case incurable and just gives up any hope, which, according to Edmund D Pellegrino, also violates medical morality for "[t]he promise of help shapes the nature of every healing act and defines the requirements for successful healing, even when cure is not possible (Pellegrino 74).

No matter Dr. Beau intentionally mistreats Cee's disease or not, without his diagnosis and labeling, Cee's disease is not named, rendering it out of the domain of biomedicine. The white doctor's neglect, incompetence or deliberate non-treatment of the black patient may be one of the reasons for African Americans' distrust of biomedicine and their preference for some other alternative medicine. Or it is because of the systemic racism in American healthcare systems that African Americans mistrust allopathy and shift to alternative healing (Tkacikova 7). Some African Americans even consider the hospital a hell-like place where bodies of the poor patients are sold to the medical school. That is why Reverend Locke tells Frank when he has just escaped from the mental hospital: "You lucky, Mr. Money. They sell a lot of bodies out of there. ' [...] 'To the medical school. ' [...] 'Doctors need to work on the dead poor so they can help the live rich'" (12).

On the side of the patient, Cee is too gullible, obedient and simple to be aware of the peril she is in. She never refuses to be narcotized to sleep every time when she is experimented on. She always considers herself a helper of the doctor instead of a patient for she does not know her womb is damaged during the experiments owing to her blind faith in the doctor and her own numbness and carelessness, though she is losing weight, feeling fatigue and her periods are lasting long. She must have sufficient confidence in the competence of Dr. Beau for she admires him and would do anything as he requires. Owing to her race, gender, self-debasement and her insufficient medical knowledge, she is a particularly vulnerable patient having a heightened reliance on the physician's competence, skills, and good will. But Dr. Beau is not worthy of her complete trust. He neither cares for her illness by asking her for her symptoms and feelings nor gives her any promises of help. As a result, she does not have the chance to describe her symptoms to him and she does not consider herself a patient even when she is on the verge of death. Meanwhile, she neither feels the need nor expresses her expectations to be cured, owing to

which she fails to “provide the source of the professional morality of those who profess to heal” (Pellegrino 74). The absence of narratives of illness invalidates the doctor-patient ethical relationship between them.

In the view of medial humanities, narratives of illness are important for they are the sources of “narrative medicine” as Rita Charon advocates (3). Usually, during consults doctors will ask about the patient’s symptoms and give diagnosis and recommend what would be the best treatment from their point of view according to the patients’ narratives of illness. The patient’s telling of illness and suffering as well as the doctor’s attentive listening to the narrative is not only essential in treating trauma survivors but also in ordinary general medicine. Health professionals should be able to listen to patients’ narratives of illness, “to understand what they mean, to attain rich and accurate interpretations of these stories, and to grasp the plights of patients in all their complexity” (Charon 3). The absence of narratives of illness between Dr. Beau and Cee indicates the impossibility of cure when Cee is in the hands of the delinquent Dr. Beau for “the healing process begins when patients tell of symptoms or even fears of illness—first to themselves, then to loved ones, and finally to health professionals” (Charon 65).

Although the doctor-patient relationship is a two-way relationship, and both sides are responsible for the absence of narratives of illness in the case of Cee, the doctor owes a much greater responsibility for he is the one who dominates the relationship. Cee does not know what is wrong with her body or what to do, and she feels incapable of helping herself in this situation. Thus, it is the doctor’s responsibility to take initiative steps toward the consults or treatment. Moreover, according to Engle’s biopsychosocial model,

[t]he psychobiological unity of man requires that the physician accept the responsibility to evaluate whatever problems the patient presents and recommend a course of action, including referral to other helping professions. Hence the physician’s basic professional knowledge and skills must span the social, psychological, and biological, for his decisions and actions on the patient’s behalf involve all three. (33)

However, Dr. Beau just chooses to ignore Cee’s problems, though her symptoms are so obvious that even frightens the house-keeper Sarah, who feels the hazard and writes to Cee’s only relative Frank, asking him to come to save her. When Frank arrives at Dr. Beau’s house, he sees Cee “lay still and small in her white uniform” (111) in her small room just opposite the doctor’s office. When Frank carries

motionless Cee away, Dr. Beau only casts him a look of anger-shaded relief for Cee in his eyes is only an employee that could be easily replaced or a patient easily abandoned.

Thus, it is apprehensible that Dr. Beau is criticized as a “maniacal doctor” (Montgomery 320) or a “scientist-villain”, “autocratic Gothic villain” (Ramirez, “Gothic” 119; 127) or a “[f]austian scientist” (Ramirez, “Hansel” 152). When criticizing medical racism in *Home*, Ramírez compared Dr. Beau to Dr. James Marion Sims by asserting that both doctors share the racialized context of their research. She argues that “they systematically used ‘violent’ control over black women’s sexual or reproductive activity in the medical field. Both doctors ‘acquired’ black females, who became silent medical subjects on whom to experiment at will” (“Gothic” 123). Tkacikova even says that “[t]he scientific advancements of the modern age are built upon a foundation of medical abuse and experimentation on African-Americans” (1) based on her reading of Harriet Washington’s *Medical Apartheid* (2006), and implied the similarities between Dr. Beau and Dr. Sims whose “inconceivably horrific abuse of female slaves” was left out by historians (5).

Dr. Sims was the father of modern gynecology and a pioneering medical doctor in the field of women’s medicine. He is said to have gynecologically experimented and operated on powerless and unconsenting sick black female slaves without administering any anesthesia just because their masters permitted him (Cooper 108). In this sense, Dr. Sims and Dr. Beau should be condemned for their similar unethical behavior, as Tkacikova and Ramirez point out in their articles. Dr. Sims seems even worse for he did not narcotize his patients when operating them. However, according to Lewis Wall’s research, Sims’s modern critics have ignored “the controversies that surrounded the introduction of anesthesia into surgical practice in the middle of the 19th century, and have consistently misrepresented the historical record in their attacks on Sims” (346). He has found the evidence that suggests that “Sims’s original patients were willing participants in his surgical attempts to cure their affliction- a condition for which no other viable therapy existed at that time” (Wall 346).

Therefore, it is not easy for us to “make fair assessments of the medical ethics of past practitioners from a distant vantage point in a society that has moved in a different direction, developed different values, and has wrestled-often unsuccessfully-with ethical issues of sex, race, gender, and class that were not perceived as problematic by those who lived during an earlier period of history” (Wall 349). Taking the historical factors into consideration, Dr. Sims may be cleared but Dr. Beau still should be blamed for his experiment is not aimed at curing Cee

but ruining her womb and depriving her of the chance of having babies, which even makes her dying for the good of the white's eugenics without her informed consent.

Empathy

Another important and conflicting issue in doctor-patient relationship is the significance of empathy, which is defined in Oxford English Dictionary as “the ability to understand and appreciate another person’s feelings, experience, etc.”. It is generally considered vital to ensure the quality of an intimate relationship. It will enable the doctor to understand the symptomatic experiences and needs of the patient. However, patients often complain about doctors’ lack of empathy and their detached objectivity in modern medicine as a result of the instrumental stance of biomedicine which entails a loss of consideration for the person of the patient (Davis 33). According to Joseph E. Davis, the deep-rooted image of a biomedical physician is “a kind of applied scientist, guided by objective diagnostic criteria and deploying an armament of specific technical interventions against nature’s ‘real’ diseases” (1). Owing to such an image involving depersonalization as what Foucault emphasized when he coined the term “medical gaze” to denote the objective reduction of the patient’s body when the doctor observes him in order to diagnose the disease (14), and a technological focus, patient’s dissatisfaction and alienation is generated. That is why Charon stresses the importance of narrative medicine when she notices that “doctors often lack the human capacities to recognize the plights of their patients, to extend empathy toward those who suffer, and to join honestly and courageously with patients in their struggles toward recovery, with chronic illness, or in facing death” (3).

However, some hold that the appropriateness of empathy in one’s dealings with others is highly dependent on the circumstances. For instance, for Tania Singer, empathy is “a precursor to compassion, but too much of it can lead to antisocial behaviour” (qtd. in Solon). She insists that clinicians or caregivers must be objective to the emotions of others and avoid over-investing their own emotions for the patient. Otherwise, they will feel overwhelmed and burn out. In order to avoid the negative effects, she suggests us to transform empathy into compassion, a feeling of pity or a warm, caring emotion that does not involve feeling.

Some other oppositional views also exist. For example, Paul Bloom is strongly against empathy, particularly misapplication of empathy by holding that empathy is a motivator of inequality and immorality in society in his book *Against Empathy*. He worries that empathy will be biased and used for cruelty and exploitation. In his view, “empathy is not everything” and “empathy is like cholesterol, with a good

type and a bad type” (Bloom 12). Thus, he advocates the combination of empathy plus reason.

So, when facing a suffering patient, whether doctors should be full of empathy or not is still a controversial issue in medical humanities. To this tricky question, Morrison’s standpoint will be found when the scenes of Cee’s healing are revisited. It seems that Morrison opposes the distanced objectivity of biomedicine by way of Dr. Beau’s aloofness and nonfeasance while embracing the community women’s love of mean with the contrast between the maltreatment that Cee receives at Dr. Beau’s clinic and her holistic healing under the community women’s mutual efforts at her hometown.

At Dr. Beau’s clinic, Cee’s healing is impossible or does not even begin when she knows nothing and tells nothing while the doctor cares nothing about her health. When Cee is having a fever, bleeding and dying, lying on the floor of her small room, Dr. Beau still sits in his office busy with his own business without showing any empathy towards her suffering. He may hold a medical gaze at Cee when experimenting, but his gaze is not for finding the truth of the disease but for his own research purpose, as what Deirdre Cooper Owens has pointed out in her book *Medical Bondage* that “[t]he white medical gaze on black women’s lives and bodies...and white men’s continued use of black women in gynecology were all grounded in ideas about black subjugation and white control” (Owens 121). He must falsely believe in the myth of black females’ “medical superbodies” that Owens coined to describe the myriad ways in which white society and medical men thought of, wrote about, and treated black women in the medical experiment:

The hypocrisy of medical and scientific racism allowed doctors to write about black women’s supposed bravery and silence in the face of life-threatening and painful operations while also describing how they were restrained physically. The reality is that medical men, based on their experiences with black patients, did not believe that black people did not experience any pain. Instead, they believed black people experienced pain that was not as severe as white people’s pain. In their writings, nonetheless, they nullified black people’s sufferings as a part of the human experience. (112)

Therefore, he chooses to ignore Cee’s suffering instead of showing any empathy. He even feels troublesome because of Cee’s vulnerability and her illness. That explains why he seems to be relieved instead of be angry when Frank takes her away and why he does not try to stop him.

However, in Cee's hometown, when she is carried back by Frank, she does not need to tell the community women what she feels before her healing begins immediately after Miss Ethel examines her. Similar to her former experience in Dr. Beau's clinic, narrative of illness is also missing, but these country women just know how to treat her in the way of their folk medicine for they have had enough experience and know what herbs might help. They "handled sickness as though it were an affront, an illegal, invading braggart who needed whipping" (Morrison 121), and their attitude towards Cee seems quite different from the dehumanized medical Gaze, which is also different from the empathy that Charon advocates. They "didn't waste their time or the patient's with sympathy and they met the tears of the suffering with resigned contempt" (Morrison 121). When Cee tells them that she has worked for a doctor, they show their scorn toward the medical industry directly with their "eye rolling and tooth sucking" (121). They even deride Cee for her innocence in believing a white doctor and her self-abasement for accepting any treatment:

"Men know a slop jar when they see one."

"You ain't a mule to be pulling some evil doctor's wagon."

"You a privy or a woman?"

"Who told you you was trash?" (122)

Does the bitterly sarcastic berating from the community women who practice folk medicine mean that they do not hold empathy towards Cee's suffering either? This question should be dealt with in the context of African American culture. According to Tkacikova, "[t]o 'love mean' suggests a kind of compassion that is followed by a lesson, and the women who loved Cee mean teach her the lesson that heals her both physically and mentally, even though the methods employed may be questionable" (10). Therefore, the community women's verbal violence is a result of their love towards Cee, whose allowing herself to be trampled infuriates them. Their rebuke is to stir Cee's feelings out of her numbness so as to revive her to a state capable of assisting in her own healing. Instead of humiliating her, they intend to awaken Cee's self-esteem and self-love out of her self-depreciation. On the other hand, the seemingly unsympathetic and impersonal delivery of care is a self-protect device of African American women for they do not want to be immersed in the same tragic feeling. It does not mean that they do not have the ability to share Cee's feelings or experiences by imagining what it would be like to be in Cee's situation. Instead, they just know too much and they choose to scorn Cee's suffering in order to

resolve it. When Cee tries to defend herself by asking how she is supposed to know that Dr. Beau would exploit her, she gets the women's replies: "[M]isery don't call ahead. That's why you have to stay awake-otherwise it just walks on in your door" (122). They do not express overdoses of empathy toward Cee because they have known what Singer admonishes caregivers not to give too much empathy or it will overwhelm and burnout the caregivers who are frequently faced with trauma victims (Solon, par.5). At the same time, they may want to present a strong and determined image in front of Cee for her to learn from. These women's tactics of healing are utterly communal and interpersonal though devoid of effusive sympathy. They hold a special kind of empathy which is reserved but works well in Cee's case. Owing to these women's demanding love, Cee recovers from her illness both physically and spiritually. By highlighting the contrasting effect between dehumanized biomedical treatment and communal folk treatment with demanding love, Morrison appears to strongly advocate the latter while criticizing the former.

Genuine Healing with Folk Medicine

African Americans' preference for folk medicine does not exist exclusively in Morrison's fictional world. It is a trend of African Americans as a result of their distrust towards the western biomedical industry and their different perceptions of health. Their distrust of biomedicine does not originate from a cultural barrier but from the long term medical racism in America since the slavery era, which is set in a context of unbalanced power and tends to systematically disadvantage the African American. As mentioned in Paula Ross et al.'s article "Using Illness Narratives to Explore African American Perspectives of Racial Discrimination on Healthcare", racial and ethnic minorities are more likely to "perceive physician bias and a lack of cultural sensitivity when seeking treatment" and "have less trust in the health care system" (521), which may affect doctor-patient interactions and result in disparities in clinical care. J. Wasserman et al. also point out the serious ethical implications of distrust of medicine, "such as clinical research and organ donation, as well as effects on individual health behaviour, such as avoiding treatment or seeking ineffectual or even dangerous alternative treatment" (177). Consequently, owing to the distrust of biomedicine and the dehumanized doctor who uses Cee as a guinea pig in his barbaric eugenic experiments, Morrison provides dying Cee with a communal and close to nature treatment in order to save her. The alternative folk treatment is not ineffectual or dangerous but effective and miraculous, which heals Cee's body and soul together.

When the community women begin to treat Cee, the techniques they choose

are specific to Cee's condition. Though similar to western medicine in which illness, infection, and germs are considered as an invading army, these women who also "handled sickness as though it were an affront, an illegal, invading braggart who needed whipping" (121) are more active, flexible and open-minded. They first resort to blood-letting therapy to clear up any harmful substances in Cee's body. Then they ask Cee to drink herbal soup made by themselves to stop the infection and pack into her vagina some herbal medicine which will cause a burning sensation to repair her womb and vagina. Though bleeding and repairing is painful and the herbal soup is bitter, they succeed in persuading Cee to cooperate with them well. When the calamus root Miss Ethel used to depend on is not working, they take turns nursing Cee and "each has a different recipe for her cure" (Morrison 119). They even employ sunshine's recuperative power in the final stage of Cee's healing in which she has to be "spending at least one hour a day with her legs spread open to the blazing sun" for they believe that sunshine will "rid her of any remaining womb sickness" (124). Though Cee refuses at first for she feels embarrassed, Ethel encourages her "I'll be out there with you. The important thing is to get a permanent cure. The kind beyond human power" (124) and accompanies her until a genuine and complete healing is achieved.

Although folk medicine is "widely perceived as a repository of rejected knowledge, sustained by the ignorance and poverty of the lower classes and with little or no meaning in a world dominated by the principles of Western society" (Voeks 76), these women's treatment works magically well on Cee with their diverse food and medical preference. Different from biomedicine's concepts and methods that are "not altered significantly by time and place of treatment or by [the] personality of [the] physician" (Manning and Fabrega 291), the folk medicine system these women employ is an open system, "especially capable of adapting to novel environments or threats and of affording continuity of old functions while offering new ones to meet the needs of populations experiencing new pressures and opportunities" (Press 72). It may be more functional than Western biomedicine for the latter is a largely closed system, "based on precisely defined knowledge, technique, and procedures, all of which are discontinuous from ordinary social process" (Manning and Fabrega 290). These illiterate women's efficacy of healing does not come from school learning but from the legacy of African American folk medicine based on aggregate observation and experience. Their beliefs and practices are organized into a complex and coherent system of thought, action, and content. In this system, "any natural substances, in any of their multitudinous modes of use, may be used to achieve physical, mental, emotional, or spiritual healing objectives"

(O'Connor and Hufford 29). The herbs and other natural medicinal materials they used on Cee are not just for their physical actions and effects, but also “for metaphysical properties such as hot and cold or yin and yang qualities and effects; for spiritual qualities with which they are associated, such as purity, patience, inner strength, or calm; for effects they will have on the quality and function of the body’s vital energy; or for their capacity to absorb and carry away negative influences” (O'Connor and Hufford 29).

Then, why is Frank’s absence during Cee’s healing process what all these women agree upon? Does it mean that her brother’s coming near or taking care of her will impede Cee’s healing? Only when we understand the concept of transference of energies in folk medicine can we find the answer. According to O'Connor and Hufford, folk medicine often involves the employment of positive energies and the avoidance of negative, life-destroying energies in promoting healing. “Disease may result from imbalances in or the loss or theft of vital energy, but it may also be caused by the presence or intrusion of negative energies” (22). In the case of Cee whose womb is badly injured, the male must be considered a kind of negative energy. Thus, Cee needs to be healed as a woman in a space apart from any man, including her brother. While the community women are the healers possessing positive energy, who can transfer positive energy to Cee when their hands or bodies are used therapeutically on or near Cee’s body or their “positive energies and innate qualities” such as courage and vigor may be “imbibed with specific therapeutic substances and contribute in this nonpharmacologic way to the restoration or maintenance of health” (O'Connor and Hufford 23).

When Cee’s fever abates and her bodily injury is healing, the community women begin to attend to her emotional and psychological trauma. As mentioned before, they first scold her to stimulate her out of her numbness. Then “the women changed tactics and stop their berating” (Morrison 122). Instead, they bring their needlework such as embroidery and crocheting or even begin quilting. “Surrounded by their comings and goings, listening to their talk, their songs, following their instructions, Cee had nothing to do but pay them attention she had never given them before” (Morrison 122). These women try to boost Cee’s low self-esteem and encourage her to be self-reliant:

Look to yourself. You free. Nothing and nobody is obliged to save you but you. See your own land. You young and a woman and there’s serious limitation in both, but you a person too. Don’t let Lenore or some trifling boyfriend and certainly no devil doctor decide who you are. That’s slavery. Somewhere inside

you is that free person I'm talking about. Locate her and let her do some good in the world. (126)

Owing to these women's communal support, Cee is no longer the "stupid" girl "who trembled at the slightest touch of the real and vicious world" and who believes "whatever happened to her while drugged was a good idea, good because a white coat said so" (127). She becomes an independent, mature and self-reliant woman who "would never again need his [her brother's] hand over her eyes or his arms to stop her murmuring bones" (128). She also learns how to lead a meaningful and responsible life. Though she feels a little sad when she knows that she will never have babies owing to her injured womb, she can "know the truth, accept it, and keep on quilting" without being defeated (132). These women with "seen-it-all eyes" (128) cure her both physically and spiritually. Ethel's "demanding love" "soothed and strengthened her the most" (125). As Ramírez claims, "Morrison emphasizes the collective quality of the characters' healing process, which would not be possible without the specially supportive social network that the black community provides, giving African Americans the human connection and love that they need to rebuild their traumatized selves" ("Hurt" 131). Visser also highlights the "therapeutic, communal environment" of these women provided for Cee's healing when she suggests a rational reading of trauma in *Home* (9).

From such a community healing which "emphasizes the social context as a key component," and in which "people's solidarity and group sessions may support mental and physical health, acting as a health protection system" (Walker), another feature of African American folk medicine can be seen. Though Morrison does not describe the community women's healing procedure with sufficient details so that we cannot be certain whether they use homeopathy as what Tkacikova or Maxine L. Montgomery argues for in their articles or more loosely a kind of naturopathy, it can be certain that, like most folk medical systems, they define health in terms of some form of harmony or balance, using their folk medicine based on ancestral experience to emphasize the holistic healing with a harmony and balance between one's body and mind, and incorporate it a strong moral element underscoring "the interconnectedness of personal health with the community, the physical environment, and the cosmos, and integrate the experience of sickness and health within a comprehensive and meaningful view of the world" (O'Connor and Hufford 25). It is contrasting with the concept of cure in biomedicine which is based on a distinctive body of scientific knowledge and tries to tackle health problems or cure diseases by medical and pharmaceutical intervention. Fortunately, some

practitioners of biomedicine have been aware of the limits of the concept of cure in biomedicine, such as Edmund Daniel Pellegrino, who plays an important role in establishing bioethics in the 1980s and proposes that “genuine healing must be based on an authentic perception of the experience of illness in this person. It must aim at a repair of the particular assaults which illness makes on the humanity of the one who is ill” (74), intending to extend the treatment of one’s body into one’s humanity as well.

Nevertheless, according to Stephanie Mitchem, the gulf between western biomedicine and black folk medicine “cannot be simply addressed as allopathic vs. holistic or scientific vs. superstitious” (285). These community women’s resistance to western medicine and retention of folkways indicates “a clash of root metaphors” (285). In biomedicine, the disease is a physical problem, a perspective that notably excludes consideration of social or spiritual well-being, and its healing is controlled by trained doctors. Therefore, “Seeing healing power as property, subject to all the dynamics of a capitalist system, is one of the most significant root metaphors of Western medicine and one of the most damaging to women” (Brown 123). As a result, black women “were and often still are the first dispensers of extant folk cures”. They are “trusted parts of the communities of black people” when contrasted with the unreliable white medical establishment (Mitchem 284). The history of being excluded from western medicine blended with the cultural beliefs of black people provides an important context for understanding these black women’s folk medicine.

Conclusion

When Toni Morrison began to write *Home*, her younger son Slade was diagnosed with pancreatic cancer. When the book was half-completed, Slade died because of the cancer and his “recklessness” (Kachka, par. 1), for which Morrison could barely speak or write for a long time until she suddenly realized that Slade would not want to see her destructed by his death. In Morrison’s memory, Slade was crazy for Chinese medicine, a true example illustrating African American’s preference for alternative medicine. Morrison did not explain a lot to the public about Slade’s illness and his death, including why he was fascinated with Chinese medicine and whether it helped him, but her regrets and helplessness for not being able to save him can be strongly felt in *Home*. In the book dedicated to her son, she criticizes implicitly the dehumanized medical system as well as brutal medical racism in America, and rests her hope for a humane and genuine healing on African American folk medicine with the representation of Cee’s medical experience, holding a mirror

up to the present world.

By re-envisioning the primal scenes of Cee's illness and healing with a critical moral inquiry about medicine concerning power and justice, we can discover that Morrison dramatizes the abuses of American medical racism by means of Dr. Beau, and advocates African American folk medicine by means of her black ancestors' healing powers. She contrasts the racist doctor's hideous medical procedures without therapeutic objectives with the healing and boosting of Cee's body and self in which the community women engage. The doctor-patient relationship between Dr. Beau and Cee is undermined by racism in which the unethical white doctor has neither empathy nor responsibility and the submissive black patient does not know how to protect herself. Although both the doctor's effective treatment and the patient's cooperation are important, neither is a full picture of good health care. What we need is a richer and more humane balance between the two sides, as well as a holistic healing, just like what the country women and Cee have achieved. Cee's suffering also provides us insight into the history of medicine's development and the value of black women to gynecology.

Although the effectiveness of the community women's folk medicine may have been romanticized a little, its advantages are obvious when compared with Doctor Beau's devastating treatment for Cee. As an adaptable and holistic system, folk medicine is more humane and more effective sometimes, and more broadly accessible, which helps to explain why it remains vigorously active in the United States, especially among minority groups. A comparison of the two kinds of medicine in a cultural and racial context serves to highlight the cultural and racial aspects of both systems. Morrison's explicit inclination for folk medicine, implicit criticism towards biomedicine challenges the absolute primacy of the scientific and industrialized western medicine, which may encourage the re-humanization and justice of biomedicine and open the door for complementary approaches.

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