

Reading Toni Morrison's *Home* From the Perspective of Medical Relationship Ethics*

JIN Cheng-xu

National University of Defense Technology, Changsha, China

As the first black women Nobel laureate, Toni Morrison has drawn great attention with her fascinating and deep-thinking novels. Her 10th novel *Home* vividly shows the racial suffering and the post-war trauma of black veteran Frank, who has drawn critical attention from various perspectives. However, there is hardly any scholarly focus on another major character Cee, whose experience of medical and racial discrimination actually constitutes another important clue throughout the whole story. Therefore, this paper intends to analyze *Home* from the perspective of ethical relationship ethics, including doctor-patient relationship, doctor-society relationship, patient-society relationship, and patient-family relationship. The analysis indicates that *Home* not only reveals the history of medical racial discrimination and human experiment ethics problems under the rapid development of medical technology in the 1950s, but also inspire readers' thinking on the ethical problems and ethical dilemmas in the contemporary world.

Keywords: Toni Morrison, medical relationship ethics, *Home*

Introduction

Home is the 10th novel by Toni Morrison, the famous black female writer and the winner of the 1993 Nobel Literature Award. It tells a story of the returning of home of an African-American Korean War veteran, Frank Money, and his sister, Cee Money. The book was written in 2012, the year in which Obama was re-elected in the US presidential election, and also, for the first time, black turnout exceeded white turnout, demonstrating the polarization of a "black and white" election, which can be described as the culmination of black nationalism in American politics.

However, 1950s was a rather dark time for the black in the American history. It was years of "violent racism" when "they were killing black people right and left" (Morrison & Giovanni, 2020, p. 135). So one of Morrison's aim to write *Home* was to remind people of the black old days and warn them not to forget the history even if we have already reached a bright future, though it turned out later these years that the fight for racial equality still had a long way to go.

Also, 2012 was still in the golden age of the proliferation of 9/11 literature and post-9/11 literature, with many American writers writing about 9/11 to express their hopes for human peace or to reflect on and question the policies of the US. After 9/11, the US made it a collective trauma and collective memory for not only Americans, but also all human beings, leaving the world in the shadow of terrorism. Correspondingly, the racial discrimination suffered by black people in the 1950s was also a collective trauma and collective memory, but

* **Acknowledgements:** This paper is funded by key project of China National Social Science Fund (Project Number: 19AWW007). JIN Cheng-xu, MA, Undergraduate School, National University of Defense Technology, Changsha, China.

unlike 9/11, such a collective memory seems to have been buried and forgotten in the traces of history. Therefore, facing with the “collective forgetting”, Morrison with her writing of *Home* boldly challenged the traditional memory of American history, trying to “take the fluff and the veil and the flowers away from the 50s” and remind people of the “dark” memories behind the so-called “Golden Age”. As Morrison herself said, what was really going on was the Korean War, McCarthyism, LSD experiments, and Tuskegee Syphilis studies, and there was “a lot of medical apartheid, the license of preying on black women, the syphilis trials on Black men” (Furman & Martin, 2014, p. 141).

However, although Morrison underscored her emphasis on the medical apartheid in the 1950s, hardly did any researches focus on the medical experimentation that Cee suffered in the book. According to findings and studies about Toni Morrison's *Home*, they can be classified into various categories. First, some scholars put great emphasis on the theme of the work itself, including the trauma and redemption, seek and return of home, gender inequality, racial discrimination, and so on. They investigated the work from different perspectives like new-historicism, post-colonialism, narratology, feminism, and so on. Second, some researchers used interdisciplinary methods and theories from the view of identity theory, trauma theory and concept of safe space, feminism narratology. Third, some other researchers compared Morrison's *Home* with her previous works like *A Mercy*, *Sula*, and others to analyze the differences and similarities between Morrison's different works.

Among all these studies and researches, few of them focused on the phenomenon of medical experimentation in *Home*, and the research of medical ethics and human experimentation remained rather blank. But still, there are several inspiring studies. Shuwen Tan (2018) investigated medical phenomena as a metaphor for politics, as the expulsion, apartheid, and forcing blacks to wars showed the dominant hegemony of western medicine in white society and the marginalization of non-western medicine such as traditional African medicine, as well as the cultural aggression and racial discrimination behind this phenomenon. Gan and Robin (2020) discovered the hidden problems of power and justice in the 1950s by referring to concepts like doctor-patient relationship, illness narrative, medical ethics and empathy, and also introduced the African American folk medicine compared with the dehumanized western medical system. However, none of these two researchers regarded the work from the perspective of medical relationship ethics. Medical ethics is a discipline that applies the theories and methods of general ethics to study the moral issues of the relationship between human beings, human beings and society, and human beings and nature in the field of medicine, especially the handling of the relationship between patients, families, doctors, hospitals, and society, whose most fundamental value lies in humanistic care and humane sentiments. Therefore, in medical ethics, exploring the relationship between the various subjects is a major focus of research.

Based on medical relationship ethics, this article will explore the medical ethical phenomena of human experimentation in *Home* from the perspectives of doctor-patient relationship, doctor-society relationship, patient-society relationship, and patient-family relationship, and to analyse the reasons why Cee fell victim to the tragic fate of medical experimentation in *Home*.

Doctor-Patient Relationship

First, the essence of Dr. Beau's medical experiments on Cee was deceptive experimentation.

Deceptive experiments are unethical human experiments conducted on subjects using deceptive means in order to achieve the purpose of the experiment, in violation of the most basic principle of informed consent in medical ethics (Peng, 2004).

In *Home*, Cee went to the doctor's for a job as a maid, nurse, and helper, as Thelma, Sarah, and Mrs. Scott informed her. And in the first encounter, Dr. Beau said himself that her duties "were primarily cleaning instruments and equipment, tidying and keeping a schedule of patients' names, time of appointments and so on" (Morrison, 2012, p. 64), and never really mentioned the extra human experiments that he would do on her body and she "knew little about what had happened to her" even after she was saved by Frank out of the doctor's (Morrison, 2012, p. 121). Dr. Beau concealed his intention that to use Cee as a gynecological human subject to further his studies on wombs, not to mention the purpose, methods, expected benefits, potential dangers of the experiments she would be subjected to, which nowadays are regarded as the necessary information that participants have to know in joining the experiments. Dr. Beau violated the principle of informed consent and trampled on Cee's most basic dignity as a human being in an absolutely deceptive act.

Second, the relationship between Dr. Beau and Cee was an activity-passivity relationship. According to Szasz and Hollander (1956), activity-passivity relationship is a kind of client-facilitator relationship in which professionals are active, having full control over the decision making and clients are passive. They noted that this kind of model was most suitable in medical emergencies when clients had no consciousness and the doctors needed to intervene actively.

However, in *Home*, the "medical emergencies" were artificially created by Dr. Beau as he "stuck Cee with a needle to put her to sleep" and then did whatever he wanted on her body as if she was his belonging. And Cee, on the other hand, accepted what Dr. Beau did to her blindly and unconditionally and even felt happy and self-worthy about it as she firmly believed that these would do good to the medical industry. Such control and submission allowed Dr. Beau and Cee to develop an unhealthy and unethical one-sided activity-passivity client-facilitator relationship which later devastated the health of Cee and brought her physical and mental trauma alike, violating the principle of respect in medical ethics and ignoring Cee's independence and dignity.

Third, the doctor-patient relationship showed a tendency of consumerisation and materialization. In many cases, volunteers actively participate in medical experiments simply in order to be cured, to be paid, or to receive certain benefits. For instance, in the notorious Tuskegee Syphilis Studies, the US Department of Public Health offered free medical examinations, free treatment for "syphilis", and free funeral insurance to attract black men in Macon County Alabama to join its "treatment programme" (Alsan & Wanamaker, 2018). In this way, the health of the participants is materialized like they are some products that can be bought by money and once doctors pay for them, they can easily destroy the health of the subjects without any mental burden or guilt and take it for granted, while completely ignoring the subject's personal wishes. Such consumerisation and materialization of client-facilitator relationship deeply violates the principles of beneficence and justice in medical ethics.

In *Home*, Cee unknowingly sold her body to Dr. Beau in exchange for things, clothes, shelter, and other materials needed to survive, and Dr. Beau commodified and materialized Cee's body, exploiting and oppressing her inhumanely, ultimately causing serious damage to Cee's health—"Cee's loss of weight, her fatigue, and how long her periods were lasting", all the "blood and pain", her "feather-like" body that kept bleeding, near death, and that she would never have a baby (Morrison, 2012, p. 113)—these were all about the consumerisation and materialization of the body and health.

Fourth, Dr. Beau's human experiment on Cee showed technicalization of human experimentation. Technicalization means that doctors and professionals treat human experimentation only as a means of improving medical technique, thus completely ignoring the personal feelings of the subject. They weakened the whole

human body into an organ, or even cells and totally ignored the ideological and personal emotions, demonstrating a phenomenon and tendency to separate the patient from the disease. In 1840s, James Marion Sims, the father of gynecology, carried out a series of experiments on 11 black women slaves and repeated over and over again until the surgery finally succeeded (Sartin, 2004). According to the statistics, he performed 30 surgeries on one single slave in four years and all of them were without anesthetic. He technicalized the human experimentation callously and achieved fruitful results like the invention of "Sims position", "Sims speculum", and other more than 70 kinds of medical instruments in exploitation of the medical value of black women (Wall, 2006). Similarly, Dr. Beau used Cee's body to experiment all his medical visions and satisfy his need in and eagerness on the exploration and examination of womb, which violated the principle of respect in medical ethics, and raised concerns about medical techniques and medical ethics.

Doctor-Society Relationship

First, the socialization of medical services provided a path for Dr. Beau to earn a good reputation. As a discipline that deals with patients' diseases to promote their recovery, medical science has the characteristics of scientificity, practicality, serviceability, and sociality, and is a technical discipline that serves people and society. Human experimentation is a direct service to society and the general public, for its results, when successful and proven, will be applied to the clinic for promotion and popularization.

According to the book, Dr. Beau helped many poor people, especially women and girls, and "was extremely careful with his patients, finicky about observing their privacy". "When all of his dedicated help didn't help and a patient got much worse he sent her to a charity hospital in the city". When patients died in spite of his care, "he donated money for funeral expenses" (Morrison, 2012, p. 64). All these descriptions portrayed an image of kind and respectable doctor and thus he had a good reputation around the neighbourhood, as he was regarded as "nice person" (Morrison, 2012, p. 57), "very gentlemanly" (Morrison, 2012, p. 61), "young ... and friendlier than most" (Morrison, 2012, p. 62). And even Cee herself, though suffering human experiments from him, grew admiration for him. These showed that Dr. Beau used the new and useful medical findings to help other white women as a result of the socialization of medical services, which provided him with a great reputation.

Second, Dr. Beau has a rather high social status in the neighbourhood. Doctor is a profession revered by society, just as health is the most basic physical aspiration of concern to all human beings. In society, the health care system is greatly valued by the people, and the government provides greater protection for both medical development and medical personnel. This has created a high social status and a glorious professional image for doctors, which gives them a stronger and authorized voice in society, especially in the medical profession, and allows them to be easily sought after and praised by society, which in turn can have some influence on social trends and social discourse.

In the case of *Home*, Dr. Beau had a high social status in the neighbourhood and was highly respected by people around, which enabled him to control the unfavorable words towards him. In the communication between Cee and Sarah, Sarah mentioned that "some quit", "just one was fired", and she "never find out what the matter was" (Morrison, 2012, p. 62), which intimated that these working maids suffered the same as Cee did but were all easily handled like they had vanished into air, and caused no impact on Dr. Beau's reputation or his further exploitation on other black women. In this way, it is clearly that the society is the support and accomplice of Dr. Beau's unethical sin.

Patient-Society Relationship

First, black women could not control their own body, for they are both black and female. As black, they lacked of chances of education and basic material livings. And as female, they lacked of ability to think independently and make decision on their own.

If Cee could read and write, she would recognize the meaning of the books she found on Dr. Beau's bookshelf: *Out of the Night*, *The Passing of the Great Race*, and *Heredity, Race and Society*, all of which were books about "eugenics", demonstrating Dr. Beau's interest in genetics and eugenics, and his tendency in racial discrimination, and would understand what kind of dangerous situation she was in. However, till end she did not know what Dr. Beau was doing, and what was sarcastic was that Cee "promised herself she would find time to read about and understand 'eugenics'" and thought that "this was a good, safe place" (Morrison, 2012, p. 65).

If Cee could think and question, she would find out the strange evidences happened around her from the first time she went to the doctor's. Why Mrs. Scott said that "he is a scientist and conducts very important experiments" and "he's no Dr. Frankenstein" (Morrison, 2012, p. 60)? Why Dr. Beau cared about her sexual experience and history of pregnancy and born so much? Why he warned her to "be prepared for the reality of medicine: sometimes blood, sometimes pain" (Morrison, 2012, p. 64)? Why he helped so many poor people, especially women and girls? Why the previous maids all chose to leave the doctor's for no reason? These were all evidences that Dr. Beau was some kind of weird and crazy Dr. Frankenstein despite his good appearance and reputation.

So Cee was written as a typical black woman who lacked education and knowledge and could not think independently. In contrast, Mrs. Scott was a typical white woman in the 1950s, who received good education yet could not achieve self-value through work, as she "spent much of her time painting flowers in watercolour or watching television shows" and "never left the house" (Morrison, 2012, p. 65). By comparing the differences between them, we can see the hint of feminism, as Cee and Mrs. Scott could correspond to the main participants of the third wave and second wave of feminism. Yet in this background when the two women were put together, it highlighted Cee's vulnerability not only as a woman, but also as a black.

Second, the social background of 1950s was white supremacy and racism. From Lotus to Dr. Beau's, Cee tried hard to seek a safe home which can protect her from the dangerous and unfriendly environment. However, wherever she escaped, the large American social environment remained white supremacy, and she as a black woman was always at the lowest status could hardly change it. When in Lotus, Cee was regarded as the "gutter child" by Lenore, and was treated bad in Lenore's house as she "slept with parents on the floor", had "water instead of milk over the shredded wheat as breakfast", and "had stripes and welts on legs" (Morrison, 2012, pp. 44-45). These showed that she had never been accepted by her own family since young and the discrimination was rather fierce, which led to her making up her mind that never went back. When she came to the doctor's, Cee's room at Dr. Beau's house was "spotless, narrow, and without windows" (Morrison, 2012, p. 62), and downstairs, not far from the doctor's office, which was a metaphor of hospital and gaol, for it was small and sealed like a cell for prisoner, clean and cold like a ward for patient, and cold and underground like a morgue. And this environment description set a gloomy and ominous mood for Cee's coming sufferings. So wherever she went, she was always in the environment where black females are marginalized.

Another specific evidence was that in the 1950s, people of ethnic minorities could not buy house due to the policy of racial apartheid, as was written in *Home* that there were restrictions that "no part of said property hereby

conveyed shall ever be used or occupied by any Hebrew or by any person of the Ethiopian, Malay or Asiatic race excepting only employees in domestic service" (Morrison, 2012, p. 73). This policy based on the white's fear of minorities, and was deeply rooted in the racial discrimination and white supremacy.

Therefore, it is precisely the social background racial discrimination and white supremacy that led to black women's survival difficulties and ethical tragedies. The policies that banned the black from school and education and prevented them from house in city were also the natural causes of their personal inabilities and life tragedies.

Patient-Family Relationship

First, Cee's illness awoke the empathy between the families, and led to the restoration of their family. Generally, patients suffered from illness often endured stigma and would be regarded as unreliable or weak, which can be disruptive to the family's previously harmonious and intact ethical order. The burden of the disease on the family can leave the families with ethical dilemma: Should they pay a high price for the patient's treatment, or should they leave their modest savings to plan for their own future? Is it better to be by the patient's side every day, or to avoid the responsibility of caring for the patient as a relative? It is a matter of balance and choice between illness and future, responsibilities and duties, work and family (Tian, 2017). Therefore, the relationship between patient and family is one of the most important aspects of medical ethics.

However, in *Home*, things turned out to be different. The illness of Cee did not lead to the break of the family ethic; rather, Morrison showed how Frank regained his sense of responsibility and love for family and managed to restore the family ethical relationship in face of Cee's suffering of human experimentation. Confronted with a greater inter-racial mutilation, the siblings were shaped in a mould of black and they worked together to overcome the difficult time, in which way rebuilding the broken family ethical relationship.

Second, Cee's suffering from medical experimentation was also the chance and occasion for her and Frank to finally return to their original family, the black community of Lotus. After Frank brought Cee back to Lotus, local black women saved Cee with African American folk medicine to erase the bad effect of the dehumanized western medical system that happened on Cee. They accepted the siblings, especially Cee, who had been stigmatized by a white doctor, and mended them both physically and mentally. In this way, Morrison portrayed a group of black women who was diligent, peaceful, straightforward, and full of local wisdom compared with the callous, wry white doctor with two faces. Furthermore, she stressed the harmonious ethnic in black community and African American culture and pushed readers to reflect on the western system of medical ethics.

Conclusion

In conclusion, this article explores the medical ethical phenomena of human experimentation in *Home* from the perspectives of doctor-patient relationship, doctor-society relationship, patient-society relationship, and patient-family relationship. According to the research, Dr. Beau's medical experiments on Cee were deceptive experimentation with a characteristic of technicalization, and their relationship was an activity-passivity relationship which showed a tendency of consumerisation and materialization. The socialization of medical services provided a path for Dr. Beau to earn a good reputation and ensured him with a rather high social status in the neighbourhood. On the other hand, this society with severe racial discrimination and white supremacy proposed policies that prohibited the black from education and real estate in the city caused their personal inabilities and life tragedies and led to Cee's survival difficulties and ethical tragedies. However, Cee's illness awoke the empathy between the families, and led to the restoration of their family and her suffering from medical

experimentation was also the chance and occasion for her and Frank to finally return to their original family, the black community of Lotus.

References

- Alsan, M., & Wanamaker, M. (2018). Tuskegee and the health of black men. *The Quarterly Journal of Economics*, 133(1), 407-455.
- Davidhizar, R. (1987). The "responsible" client-facilitator relationship. *Hospital Topics*, 65(2), 35-39.
- Furman, J., & Martin, L. (2014). *Toni Morrison's fiction: Revised and expanded edition*. Columbia: University of South Carolina Press.
- Gan, Z. L., & Robin, C.-H. T. (2020). Entanglement of racism and medical ethics: Cee's illness and healing in Toni Morrison's *Home*. *Forum for World Literature Studies*, 12(2), 230-251.
- Morrison, T. (2012). *Home*. New York: Penguin Random House LLC.
- Morrison, T., & Giovanni, N. (2020). *Toni Morrison: The Last Interview: and Other Conversations* (The Last Interview Series). London: Melville House Publishing.
- Peng, J. C. (2004). Classification of the human experiment and ethics analysis. *Journal of Jinggangshan Medical College*, 11(4), 72-73.
- Sartin, J. S. (2004). J. Marion Sims, the father of gynecology: Hero or villain? *Southern Medical Journal*, 97(5), 500-505.
- Szasz, T., & Hollander, M. (1956). A contribution to the philosophy of medicine: The basic models of the doctor-patient relationship. *AMA Arch Intern Med*, 97(5), 585-592.
- Tan, S. W. (2018). A medical interpretation of the leaving and return in *Home*. *Journal of Hunan University of Science and Engineering*, 39(8), 65-67.
- Tian, M. (2017). Health care system, clinical medication and the ethics dilemma of patients: Problems and enlightenment of the "Wei Zexi Event". *Social Sciences in Yunnan*, 37(2), 144-151.
- Wall, L. L. (2006). The medical ethics of Dr. J Marion Sims: A fresh look at the historical record. *Journal of Medical Ethics*, 32(6), 346-350.