The Time that Remains: Organ Donation, Temporal Duration, and Bildung in Kazuo Ishiguro’s Never Let Me Go

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I half-closed my eyes and imagined that this was the spot where everything I’d lost since my childhood had washed up, and I was now standing in front of it, and if I waited long enough, a tiny figure on the horizon would appear across the field, and gradually get larger until I could see Tommy, and he’d wave, maybe even call. The fantasy never got beyond that—I didn’t let it—and though the tears rolled down my cheeks, I wasn’t sobbing or out of control. I just waited for a bit, then turned back to the car, to drive off wherever I was supposed to be.

*Never Let Me Go*, 288

So ends Kathy H.’s narrative in Kazuo Ishiguro’s *Never Let Me Go*, a novel that follows the lives of several young students who have been cloned for the express purpose of donating their organs to “normal” humans. But if the tears streaming down Kathy’s cheeks seem to end her tale on a note of pathos, we must also pause to observe what exactly is causing Kathy’s grief. Kathy’s tears are not for herself or her impending death. Instead, she weeps for the friends that she has “lost” and the privileged life they once lived, a life that now exists only “in [her] head.” Kathy refuses to consider that her role as a living, breathing organ farm is a cause for emotional distress and even goes so far as to find comfort in the demands of her job. She braces herself after her emotional outburst, insisting that she was never “out
of control,” and then calmly drives off to wherever, according to her occupation, she is “supposed to be.”

This essay examines the conjunction between affective indifference, vocational proficiency, and quality of life that we see emerging within *Never Let Me Go*. What is the role of affect with respect to organ transplantation? How and why does Kathy’s profession enable her to “control” her affect? And how does the “quality” of one’s life become mediated through affective and vocational categories? In order to answer these questions, I will be placing Ishiguro’s eccentric *Bildungsroman* into dialogue with biomedical studies that deal with patients’ quality of life. These studies aim to quantify the impact that certain physiological impairments have upon the subjective well-being of the patient under consideration. To this end, quality of life studies utilize preference-based psychometric tools such as questionnaires and tests that measure psychological abilities and attitudes, and then compare those states to a normal, fully functioning human being. The rationale behind such studies is that scientific advances have made ends-oriented criteria such as survival rate and life expectancy somewhat obsolete, and that renewed focus needs to be directed at how dangerous and costly surgeries change patients’ day-to-day lives. In shifting away from ends-oriented criteria and towards subjective psychometrics, quality of life studies propose that a patient’s quality of life must be determined in relation to his or her affective preferences, and that these affective preferences in turn present an index that can chart a patient’s distance from full health.

My purpose in bringing together quality of life studies and the *Bildungsroman* genre is to see under what sociocultural conditions affect, vocation, and quality of life can become legible. As a coming-of-age narrative that integrates its protagonist into a national community, the *Bildungsroman* form is ideally suited to investigating how wider social structures become legible to people within that community. The self-education that the protagonist undergoes in these tales depends upon being able to situate oneself within a given community, and this community in turn respects the singularity of the protagonist and allows that person’s individual talents to reach their full capacity. In *Never Let Me Go*, the inner cultivation and socialization of Kathy and her fellow students takes place within the realm of affective labor: caring, nursing, and mediating interpersonal relationships constitute the primary activities in and through which they define themselves and their position within the larger community. It therefore allows us to investigate the ways in which vocational categories channel affect
into certain privileged directions, and regulate the relationship between affect and quality of life.

When taken in conjunction, quality of life studies and *Never Let Me Go* reveal a new mode of *Bildung* that has arisen in response to biomedical breakthroughs in the field of organ transplantation, one that also informs the psychometric tools being used in quality of life studies. This present-day mode of *Bildung* has three defining features that can be found in both quality of life studies and in Ishiguro’s novel: first, we find that the body functions as a concrete measure of time within both projects and not as an inherent component of the self; second, each project encourages an affective indifference within individual subjects to their own bodies; and third, both quality of life studies and *Never Let Me Go* suggest that organ transplantation produces what I will be calling an ontological “indifference” between bodies. The mode of *Bildung* that is produced when these three factors overlap is precisely what enables highly individual affective states to be calculated within a quantifiable metric. It is also what manages to keep Kathy’s tears under “control” in the novel’s final moments, what enables her to subordinate her own physical well-being to vocational demands, and what prevents her from dreading her own death. In short, this *Bildung* transforms subjective affect into the transpersonal terms of vocational proficiency and development.

On Psychometrics, Quality of Life, and Humanistic Care

*Never Let Me Go* takes place in an alternative England of the 1990s where human clones have been mass-produced for the purposes of organ harvesting. The narrative centers around the life of one particular clone, Kathy H., and her experiences at Hailsham, an exclusive boarding school eerily reminiscent of upper-class institutions such as Eton College. (Though Hailsham, unlike its more famous counterparts, is co-educational.) At first glance, Hailsham seems an odd choice of childhood home for the clones: the premium that the school’s staff places on creative production and individualist expression stands in stark contrast to the instrumentalist logic of cloning humans for spare organs. Over the course of the novel, Kathy gradually discovers that the poems, pictures, and sculptures produced at Hailsham have been used by the school’s headmistress, Miss Emily, and her associate—known only as “Madame”—as evidence that clones do, in fact, possess souls of their own. By the time Kathy discovers the truth about her child-
hood education, public opinion, as recounted by Miss Emily to Kathy, has already swung wildly against the clones, and Miss Emily sees the experiment that she tried to carry out at Hailsham as an utter failure.

But Kathy’s own story of her childhood provides a counternarrative that balances Miss Emily’s pessimistic view against a more nuanced, though still highly nostalgic, analysis of the role that Hailsham played in the cloned students’ lives. For Kathy, Hailsham supplied an idyllic environment in which personal relationships could flourish in a way not possible in other childhood centers. Her lifelong attachment to Ruth and Tommy, her two closest friends from Hailsham, and the love triangle between the three that slowly matures throughout the novel demonstrate, to Kathy, the ineradicable positive memories with which Hailsham has endowed her. Though Kathy, Ruth, and Tommy’s relationship is often undermined by in-fighting, secrets, and jealousy, Kathy’s adult occupation as a “carer”—a clone whose job it is to nurse clones back to health after organ donations—allows her to reconnect with Ruth and Tommy later in life and to reconcile their differences. In the last months of his life, Kathy and Tommy finally declare their love for each other, and the two spend a brief period as lovers before Tommy dies during his fourth and final donation. Kathy’s closing thoughts on Tommy’s death and the lateness of their relationship are tinged with regret, but she insists that her memories of Hailsham leave her with “something no one can take away” (287).

The novel opens with an elliptical discussion of Kathy’s responsibilities as a “carer” that bandies around such murky terms as “donor,” “completion,” and of course “carer.” At no point during this opening monologue does Kathy give her audience any firm sense of what exactly these labels designate or how her profession relates to them. As far as the reader can tell, Kathy’s routine activities—“comfort[ing]” donors, “listen[ing] to what they have to say,” etc.—are primarily aimed at keeping her donors “calm,” though why they would be “agitated” is not explained at the moment (3). The euphemisms and indirection instead defer the full implications of these phrases until much later in the novel and allow the reader, like the students themselves, gradually to become acclimated to the system of cloning and organ harvesting indicated by these terms. This evasive narration, which only peripherally registers the morally and politically contentious nature of the issues, attains the status of a formative principle over the course of the novel: despite her knowledge of Miss Emily and Madame’s impassioned struggle to change the public’s perception of clones, Kathy’s attention fixates on the much more mundane flirtations,
social maneuverings, and artistic accomplishments that form the substance of the clones’ lives. Having undergone a childhood of relative privilege at an institution eerily similar to exclusive British boarding schools, Kathy recounts the premium placed on artistic production and creativity at Hailsham, her turbulent friendships with Ruth and Tommy, her and Tommy’s own romantic relationship, and her deep insecurities about her strong sexual urges. What we do not find in Kathy’s narrative, though, is any consideration of wider sociopolitical debates about cloning and organ harvesting. Even in those moments in which Kathy and Tommy speculate on the connection between Hailsham’s aesthetic endeavors and their own future as organ donors, their discussion revolves around the impact that these circumstances have on their personal activities—for instance, whether artistic output is important, or if “real” love can lead to a deferral of donations (28, 175). For Kathy, the ethical and political issues facing organ harvesting are simply not as pressing as her own everyday concerns.

Any study of Ishiguro’s novel that seeks to extract a timely analysis of present-day scientific and cultural trends must first account for why Ishiguro avoids confronting these trends directly. In this respect, Madame’s final speech to Tommy and Kathy provides perhaps the single most succinct summation of Ishiguro’s project. When asked by Kathy about an incident in Kathy’s childhood during which Madame tearfully watched Kathy dancing to a Judy Bridgewater recording of the song “Never Let Me Go,” Madame responds that she imagined Kathy “holding to her breast the old kind world, one that she knew in her heart could not remain, and she was holding and pleading, never to let her go” (272). Madame opposes this “old kind world” to “a new world rapidly coming” that is “scientific” and “efficient,” with “more cures for the old sicknesses,” but also “a harsh, cruel world” (272). The new, “cruel” world that Madame laments is explicitly scientific and ends-driven in focus, bent on prolonging life and deferring death, but this rationalistic world also records the prolonged lifespan that it provides in an empty, non-affective register (“harsh, cruel”). In contrast, the “old kind world” that the students inhabit at Hailsham contains an abundance of social, creative, and intellectual pursuits through which the students become affectively invested in their day-to-day existence. It is a world in which the students can become “sensitive and intelligent as any ordinary human being” through the influence of a “humane, cultivated environment” (261).

The comparison Madame makes between cold, rational science and affective humanism is far from a new idea, having been voiced
repeatedly as a charge against the technocratic administration of science and as a plea for the continued relevance of humanistic culture, but two points need to be made. First, Hailsham quite obviously embodies the old, affect-laden world that Madame (and Kathy, in her nostalgic reminiscences) desperately desires to possess as long as humanly possible. By centering her narrative on this rapidly-passing world, Kathy refuses to acknowledge that her impending death has greater priority over her emotions than friendship, say, or cherished memories. Even after Kathy has “lost Ruth, then lost Tommy . . . [and] Hailsham too,” she retains her affective investment in each of these objects and continues to try and determine in her own mind the quality that should be assigned to her experiences, despite their depressing conclusion (286).

The second point leads to the methodological focus of this essay: namely, what Ishiguro’s novel can tell us about “quality of life” as a biomedical concept, and how this scientific concept affects wider discourses of socialization and professionalization. If Madame makes a seemingly definitive distinction between an “old kind world” judged by affective standards and a “harsh, cruel world” dictated by rational effectiveness, her retrospective assessment of the rapidly fading “old world” is pervasively mediated through the present-day scientific culture that she loathes. By not letting the students know that their work is “pointless,” the women “shelter” them from “cruel” science and “fool” them in thinking that their art matters (268, italics in the original). We therefore find Miss Emily and Madame tacitly accepting ratio-scientific understandings of purposiveness, meaning, and fatalistic teleology while trying to separate creative production from ratio-scientific dictates. But even within this sheltered community, the students rely on “purpose” and “meaning” to provide them with a sense of self-worth and a direction for their affective investments. As Ruth explains, “I was pretty much ready when I became a donor. It felt right. After all, it’s what we’re supposed to be doing, isn’t it?” (227). Despite the fact that Hailsham represents an “old kind world” protected from rational management, Ruth channels her feelings into her role as donor and justifies them by appealing to her ultimate “purpose” in life. By reintroducing an objective purpose into the clones’ lives and affiliating it with their emotions, Ishiguro suggests that Miss Emily and Madame’s utopian fantasy of an insular and affectively-determined “quality of life” is nevertheless open to contamination by the evaluative standards of ratiocinative management.
If humanist and scientific “worlds” are forever mingling in Kathy’s narrative, a new possibility for judging the quality of the clones’ lives emerges in the overlap. What if quality of life could be freed from its exclusive association with humanistic individualism? Could this “quality” be calculated in an objective measurement? This is precisely the logic behind quality of life studies that seek to extend scientific precision into the affective realm. Quality of life studies first emerged in the mid-1990s in response to two interrelated trends within the biomedical community: on the one hand, recent breakthroughs in biomedical research and technology had vastly increased the success rate of many vital and previously life-threatening procedures, most notably organ transplantation; on the other hand, and partly as a reaction to heightened success rates, a certain dissatisfaction had emerged among medical practitioners with the limitations that success rate and survival rate place on assessing the relative benefit of medical procedures. Quality of life studies rectify the ends-oriented bias of survival rates by shifting the debate over costly surgeries and the allocation of scarce materials such as organs away from whether or not a given procedure is feasible and toward the relative difference that it will make in the quality of the individual’s life. Through the use of questionnaires and tests that ask a participant to rank his or her current health state on a numerical scale, practitioners quantify the current quality of life being experienced by patients. When compared to the quality of life values determined by Shaw et al. in the early 2000s, the resulting answers enable medical practitioners to pinpoint how drastically a given condition is adversely affecting patients.

For example, kidney transplants are currently determined on a scale of severity, with those patients whose kidneys are in the worst shape receiving organs before those with less severe conditions. However, quality of life studies have shown that the change in quality of life pre- and post-operation for kidney transplant patients is very minor compared with other organ transplants. This difference can be explained both by the use of dialysis among kidney patients, which allows them to undertake most of their everyday activities with minimal discomfort, and the high incidence of diabetes among kidney patients, which is manageable but provokes lifelong medical attention. The incidence of diabetes, coupled with the fact that kidney patients continue to witness a stratification over two years after transplantation—that is, kidney patients who were in a worse physical condition prior to transplantation continue to possess limited physical capacities as compared to healthier kidney transplant patients—has led some researchers to
hypothesize that the overall quality of life of the patient pool might increase if organs were allocated to those in a fitter physical state at the time of the transplant.\textsuperscript{9} Such a situation could potentially reduce medical costs over the long run by preventing diabetes and the need for dialysis among a sizeable portion of kidney patients.\textsuperscript{10}

While \textit{Never Let Me Go} and quality of life studies share the view of an affective register that is conditioned, manipulable, and calculable with respect to biomedical technologies and ratiocinative management, Ishiguro’s novel poses a distinct problem for quality of life studies in its insistence on the tenuousness of converting affective states into external material embodiments that would be objectively legible. Miss Emily and Madame propose that such a conversion is in fact \textit{the} point of the students’ artwork. For them, Hailsham’s art-intensive curriculum was designed to demonstrate the clones’ affect-laden “inner selves” (254). Likewise, Tommy hypothesizes that art may reveal whether students are in love: “[T]here has to be a way to judge if they’re really telling the truth. That they aren’t just saying they’re in love, just to defer their donations. You see how difficult it could be to decide? . . . [Madame] can find the art that they’ve done over years and years. She can see if they go. If they’re a match” (175–76). Though differing as to the specifics behind what art reveals (“souls” or “love”), Miss Emily, Madame, and Tommy assume that art can translate affect into a material object. But the minor differences between these characters suggest the difficulty of pinning down affective states with any degree of precision within a given material structure (especially one as subjectively tinted as artistic production) and raises a number of questions that will haunt the novel: Does art represent specific and definable affective states like “love”? Or does it demonstrate the existence of a humanistic “soul” that generates highly individualized affective expressions? And how can these affective states be determined within the singularity of artworks?

\textbf{Legibility, Professionalized \textit{Bildung}, and the Time of the Body}

\textit{Never Let Me Go} responds to the crisis of legibility suggested by the questions above by shifting the topic of discussion from idealized artworks to the professional care and management of human beings themselves. In contrast to artworks, whose radical singularity and more flexible codes of meaning trouble strict interpretations of their affective content, Kathy’s “donors” possess a limited range of emotional behav-
ior—stretching from “calm” to “agitated”—that allows Kathy to make
general statements about her relationship to her “donors” and about
her own vocational techniques. It is these very normative states that
quality of life studies designate, calculate, and assess through preference-
based psychometric instruments such as tests and questionnaires. For
example, by asking participants whether they would rather spend an
allotted period of time in a state of reduced physical capacity or a
shorter amount of time in a state of “full” health, preference-based
psychometrics utilize what is known as a “time trade-off” technique
in order to quantify the difference between certain medical conditions
on the basis of participants’ affective responses to those states. This pro-
cedure yields what is called a “quality-adjusted life year” (QALY), a
number between 0 (death) and 1 (“full” health) that designates the
difference between an individual’s reduced quality of life and that of
a fully functional individual. The resulting scales provide a normative
standard of quality of life that judges how bearable a given condition
is from the point of view of an individual. For example, if a patient
answers with a “2” to every question on the EQ-5D questionnaire—the
primary measurement used to calculate QALYs—his or her quality of
life will be compared to the preference weights determined by Shaw
et al.’s original study of quality of life values, and the practitioner will
thereby conclude whether surgery would make a noticeable change
in the patient’s quality of life. See Appendix A for a copy of the
EQ-5D Questionnaire.

Of course, such a preference-based psychometric model assumes
both that the questions are culturally legible to all participants and that
each person’s answers conforms to normative notions of “full” health
and predictable affective responses to reduced health. (One potential
problem case: would someone disabled from birth, and who identifies
on the basis of that disability with a given lifestyle and social group
[e.g. the deaf or blind], possess the same normative ideal of “full”
health as those without that particular disability?) It is in this regard
that we must account for how current scientific advances have altered
how we define what cultivated selfhood means; equally, we need to
account for how notions of cultivated selfhood reinforce the logic be-
hind, and explain potential blind spots in, preference-based metrics.
Indeed, in order for affective states to be legible within a normative
framework of quantifiable criteria, psychometric participants must be
able to identify their own individualized affective states as experiences
common to a larger community of which they are a part.

*Bildungsromans* like Ishiguro’s novel dramatize the circumstances
that produce communality. The *Bildungsroman* emerged as a narra-
ative form during the German Enlightenment in response to apparent paradoxes within liberal bourgeois ideology, namely the seemingly insuperable contradiction between communitarian social forms—seen as the guarantors of morality and social stability—and the ideal of the autonomous individual subject. For its early practitioners, such as Johann Wolfgang von Goethe and Wilhelm von Humbolt, the Bildungsroman resolved this troubling problematic by representing selfhood as an achieved condition that must be cultivated within the dominant social structures of eighteenth-century Germany. Significantly, the classical Bildungsroman placed self-cultivation on a temporal scale that stretched from unsocialized youth to the harmonious attainment of cultivated selfhood and proper socialization within adulthood. Its protagonists’ subjective states are therefore united within objective social structures precisely to the degree that those individuals undertake a spiritual journey of trials and maturation that conclude in an enlightened adulthood; it is this enlightened adulthood that reveals to the protagonist both the truest mode of his freedom and his purpose within the larger community as the expression of that freedom.

While sharing the same ideal relation between self-cultivation and normative socialization, the form of Bildung operative within present-day biomedical discourse is unique in that the body no longer functions as an inherent component of the cultivated self. As we see in Ishiguro’s novel, the students’ “purpose,” their mode of harmonizing their subjective selves with the national community, is in fact to renounce their bodies as the very means by which they enter into a meaningful rapport with the larger community. Witness Miss Lucy: “Your lives are set out for you. You’ll become adults, then before you’re old, before you’re even middle-aged, you’ll start to donate your vital organs. That’s what each of you was created to do... You were brought into this world for a purpose, and your futures, all of them, have been decided” (81). This speech implicitly invokes several of the distinctive features whose layering forms the Bildungsroman: the hero’s progression to adulthood (“You’ll become adults”), a specially ordained vocation within society (the students’ “purpose”), and the simultaneity of adulthood and vocational attainment (the students will donate their organs when they reach adulthood). As with classical examples of the Bildungsroman, the Hailsham students fulfill a certain role that is seen as being instrumental to national development. Similarly, in keeping with Franco Moretti’s contention that Bildung was gradually reoriented, over the course of the nineteenth century, toward professional vocation, Ishiguro aligns the students’ educative development
with well-defined professional roles, namely the euphemistic “carer” and “donor” occupations. In this manner, Ishiguro creates a tight correlation between the students’ education at Hailsham, their progression to adulthood, their mature adoption of key vocational positions, and their instrumental service to the national community.

All the same, the traditional trajectory of the Bildungsroman is displaced by the specific nature of the work in which the students participate. Whereas the traditional Bildungsroman traces the hero’s journey to adulthood and integration within the nation, adulthood for the clones consists of dismemberment and premature death. We find here a decided split between the physical time of the body’s organs—their continued “healthy” functioning within another body—the professional-oriented Bildung of the clones (as organ donors), and the needs of “normals” for organs to prolong their lives. Time, in this formulation, is no longer a single homogenous phenomenon that all bodies pass through equally, as Benjamin describes modern time, but is rather segmented vis-à-vis both different bodies and within the body itself. By detaching an organ from a clone and inserting it into a “normal” body in the interest of extending that person’s life, the organ becomes a concrete measure of time that is being withdrawn from the clones’ “full” adult lives and given instead to selected “normals” whose lives would otherwise end. Such a situation is total anathema to the classical Bildungsroman of the German Enlightenment: by dismembering the students at adulthood, Ishiguro seems to be reinforcing their exclusion from the national community, not their participation within it. But, for the clones of Ishiguro’s tale, physical adulthood merely indicates that their organs contain an optimum amount of time. In contrast to organ recipients, whose failing organs no longer possess sufficient time, the students’ organs contain the abundant time of “full” adulthood that is direly needed by “normals.” The difference in temporal duration between healthy organs and failing organs here drives the students’ occupation; however and equally so, the difference between the time of Bildung (the students’ vocational maturity) and their physical bodies (their physical maturity) enables them to achieve the former at the expense of the latter.

It is this uncoupling between the cultivated self of Bildung and the body that enables psychometric preference-based measurements to work as quantifiable measures of affective states. In particular, preference-based metrics exploit the dual levels of temporality found within prevalent narratives of Bildung: on the one hand, Bildungsromans narrate the time of the protagonist’s journey from unformed individu-
ality to cultivated selfhood; on the other hand, these tales also pair self-cultivation with the body’s physical progression from youth to adulthood. Quality of life studies translate both the medical condition affecting an organ and the affective response to that condition into a common register of temporal progression: QALYs. However, the body’s physical well-being is taken into account only to the extent that it impacts the patient’s affective experience of the time period under consideration. For example, the EQ-5D questionnaire never asks if the organ is operating at optimum capacity or not, but it does measure indicators of vocational competence (vocational attributes such as mobility and performance constitute three of the five categories on the EQ-5D questionnaire). This concern with vocational aptitude suggests that the “full” time correspondent with perfect health is, in fact, the time of professional achievement—in other words, the time of Bildung. The EQ-5D questionnaire makes its subjective measures legible within an objective standard precisely by casting its questions within a normative narrative of professional development inherited from the Bildungsroman genre. To speak of “usual activities” and “self-care,” as the EQ-5D does, presupposes that an individual can fit him- or herself within a normative progression of “work” or “study” that understands these activities as regular occurrences within “normal” time—that is, time in which one is healthy enough to pursue the self-cultivation of Bildung through professional work. Any deviation from this habitual progression of steady professional aptitude is therefore marked as a truncated time (< 1.0 QALY) that inadequately allows for the attainment of cultivated selfhood within one’s vocation.16

For this reason, QALY studies of organ donation treat the body as a concrete manifestation of temporal duration that is potentially detachable from the body. Since the proper unit of measurement is not success rate or life expectancy, but rather an affective selfhood moving towards vocational Bildung, the body serves as a material support to the Bildung-trajectory that can only alter QALYs through interventionist surgeries. Condition-specific valuations are treated on a completely different scale that has no overlap with quality of life assessment. Thus, a heart transplant for a construction worker could increase that individual’s QALY from 0.50 to 0.90 on account of the increased mobility and strength provided by that surgery. The important point to note here is that the body functions merely as a manipulable tool through which one can prolong the affect-based QALY for a given patient, and therefore the body’s temporal duration, how long it can survive and perform its routine activities, is subordinated to a vocation-
based measurement of the affective state of the patient. Somewhat paradoxically, the “full” temporality of Bildung, though utilizing the body for the routine activities of professionalization, circumvents the body’s physical processes within quality of life studies. Instead, the body is translated into a temporal category, QALYs, that can disavow its reliance upon the body at the same time as it depends completely upon the body as the vehicle for work and the material foundation for affective states.

The special prominence given to organ donations within quality of life studies—many of the most influential texts in this field have been authored about organ donations—is a direct result of this paradoxical reliance upon and indifference to the body. No longer an essential and inalienable self-possession, the body can undergo any number of substitutions and alterations as long as it continues to provide a “full,” healthy temporal abundance for the achievement of Bildung. Ishiguro’s novel is of immediate relevance in this regard, as it hyperbolically reflects this indifference to the body in its use of the term “completion.” Literally designating the clones’ deaths, the term also implies the final accomplishment of one’s role in society, thus combining both the fulfillment of time-as-Bildung and its end in death. The sole anxiety that Tommy expresses about his eventual “completion” is that it will not actually be a definitive conclusion that ends both his life and purpose: “You’ll have heard the same talk. How maybe, after the fourth donation, even if you’re technically completed, you’re still conscious in some sort of way; how you find there are more donations, plenty of them, on the other side of that line” (279). Tommy here voices a fear that time will not cease at the moment of supposed Bildung but will instead continue on within the body—that, in effect, the time of Bildung will be subordinated to and completely determined by the body’s physical existence. In order to avoid this monstrous living-on in his dismembered body, Tommy must absolutely separate his vocational progression as a “donor” from the body’s physical existence, even though his body’s organs provide a concrete measure whereby he can track his progression to Bildung. In a direct inversion of organ recipients, who require a view of the body that accepts allocated body parts from other individuals’ bodies as a means to prolonging their own self-cultivation, Tommy accomplishes his vocational “purpose” through the forcible removal of organs that are both essential, and paradoxically, inessential to his path to Bildung: essential insofar as his goal is to grow and donate those organs, but inessential in that they can and must be removed without destroying his conception of self and purpose.
Significantly, Tommy’s vocational ethic and the process of organ transplantation operate according to the same underlying principle of indifference with regard to the body. In both cases, the body’s organs are what I will be calling “indifferent” from the self—that is, strictly speaking, neither the same (they have been harvested from another body or placed into another body) nor different (they are now part of one’s own body whether or not that has been the case in the past or will be in the future). To understand the way in which contemporary notions of Bildung depend upon this studied indifference, we must now turn to the governing mode of labor present within Never Let Me Go, affective labor, and interrogate how this form of labor allows for a self indifferent to the body and how affective labor in its turn produces that very indifference.

Substitutive Bodies, Affective Labor, and the Creation of “Indifference”

Affect is the foundational component that distinguishes quality of life studies from ends-oriented measurements such as survival rate and life expectancy. Mediated through a normative register of vocational proficiency, affective preferences establish an objectively measurable scale (in the form of Shaw et al.’s EQ-5D valuations) that can translate subjective states into a calculable, comparative metric. But why has this tight association between affect and vocation emerged in quality of life studies? Furthermore, what is the specific relation between affect and the body within these studies? And how do affective reactions to the body impact patients’ conceptions of their own bodies? In order to confront these questions, it is helpful to look at some of the specificities of affective labor within Never Let Me Go, as well as how affective labor has contributed to quality of life studies’ assumptions about what is meant by “vocation.”

When viewed in this light, affect fulfills two key roles with respect to organ transplantation: first, it blurs distinctions between bodies by encouraging emotional investment in other bodies; second, it encourages indifference to one’s own body by identifying one’s self with disembodied affective states rather than with a physical body. These two characteristics are vital to explaining how affective labor can subordinate the body to vocational achievement, as we have seen in Never Let Me Go.

The paradoxical status of affect can be immediately seen in the specific terms around which the EQ-5D orients its psychometric mea-
measurements. For example, with the sole exception of one question that asks the participant to indicate his or her level of anxiety, every field on the questionnaire contains an implicit or explicit reference to the patient’s body. Although the use of vocational indices such as “usual activities,” “mobility,” and “self-care” subordinate this body to the self-cultivating activity of Bildung, choices such as “I have extreme pain or discomfort” and “I am unable to wash or dress myself” point out the bodily circumstances that are inducing this negative affect to accumulate within the patient. Preference-based metrics like the EQ-5D disentangle any essential correspondence between one’s physical body and the trajectory through which one works towards the attainment of Bildung, but the body nevertheless intrudes as a site of potential anxiety and unease for the patient under consideration. While quality of life studies concern themselves with rectifying this unease through surgical interventions, the inherent and insurmountable problem facing these psychometric studies is that, relying as the subject does on the body for a certain temporal duration, he or she is also exposed to the negative feelings that ailments generate. It is these affects, rather than the body itself, that are perceived as impinging upon the pursuit of Bildung. The issue is not that one cannot dress oneself or experience full mobility; the issue is that, according to a normative scale of vocational proficiency, one should be able to perform these functions, and the ensuing gap between what one can do and what one should be able to do induces a certain amount of negative affect. The primary focus of quality of life studies is therefore not the body itself but instead the differential activity that the body is producing within an individual’s affect. Quality of life studies allocate organ transplantation and other expensive biomedical procedures as corrective tools to reduce this differential activity as close to zero—and the affective normativity this value represents—as possible.

In the context of Shaw et al.’s psychometric valuations, the gradual reduction of difference between affective states constitutes the primary criterion informing QALY measurements. As we saw earlier, participants in this study were asked whether they would rather spend a given amount of time in a state of reduced health or a truncated amount of time in a state of “full” health, until finally they were no longer able to choose between the alternatives.18 When neither alternative seems preferable, patients are said to reach a “point of indifference.” Significantly, Shaw et al. presuppose in this study that an affective indifference to certain bodily states—one does not prefer either condition—indicates an ontological difference between the two proposed
options (i.e., they are taken to be equivalent and assigned a numerical QALY value). In one sense, this layering of two distinct forms of indifference, affective and ontological, rehearses the same disregard for the body that is present in Never Let Me Go. Just as Tommy and the other clones seem to care more about their professions than their lives, quality of life valuations identify the point at which, affectively, the body simply does not matter any more. But the real novelty of Shaw et al.’s methodology is the way in which it lays bare the active processes whereby affect is translated into the zone of the body. Because their tests are premised on locating a point of indifference, patients are asked to conceive of a situation in which differing bodily states would not matter to them affectively. In order for the method to succeed, a patient must acknowledge that there is some scenario in which he would not care one way or the other about his bodily state. In this case, a patient must agree beforehand that he or she is in fact indifferent to his or her body under certain circumstances, which then allows quality of life studies to determine that point of indifference. Within this context, every affective relationship with the body is always already one of indifference, since this is the very datum being elicited through the time trade-off technique. In doing so, quality of life studies propose that indifference to the body is the normative standard for affective relations with the body. To return once again to the example of organ transplantation, the affective self, ontologically speaking, demonstrates an indifference to the body—those organs being neither the same (they come from another body) nor different (they function as part of one’s own body)—but this ontological indifference absolutely depends upon the affective work of making an individual indifferent to his or her own body.

Never Let Me Go provides us with a case study that meticulously traces the behaviors that generate overlapping ontological and affective indifferences. Several critics, including Bruce Robbins, Martin Puchner, and Lisa Fluet, have seized on the professional manipulation of affect that Kathy’s work as a “carer” entails. Indeed, Kathy’s work as a “carer” makes possible the social legibility and effectiveness of affective states—their ability to be recognized as common collective possessions, if you will—by conditioning individual affect into a state of indifference to the body. The few asides that Kathy makes about her work indicate that her main occupation consists in regulating the negative feelings that trouble donors and transforming them into malleable indifference. Thus, we see her “speaking up on behalf of [her] donor” in order to avoid “feeling frustration and blaming [herself] when
things go wrong” and bragging that “hardly any of them have been classified as ‘agitated’” (208, 3). Eliminating affect serves two mutually supportive purposes vis-à-vis the cloned characters. First, it engages Kathy in a form of labor in which immaterial emotions are the sole product. Even though Kathy’s job may at times seem eerily close to nursing, her nurturing of donors only concerns their emotions, how “agitated” they are, and not the physical well-being of their bodies (which are going to die regardless). Second, it encourages the same disregard for donors’ bodies within the donors themselves. Indeed, we find in this passage that any and all feelings associated with the body persist as negative affect within Kathy’s and her patients’ psyches: Kathy feels “frustration” when her donors “complete,” and the donors themselves become “agitated” about their bodily health. Kathy’s view of the body, then, is one in which the body is an object best treated with profound indifference, avoiding any possible affective investment in its “agitated” physical processes. The drastic extent to which Kathy clings to this perspective becomes apparent in her shameful feelings about her sexual urges. Even though the students are permitted, even encouraged, to have frequent sex amongst themselves, Kathy fears that her sexual desires make her a deviant: “Sometimes it just comes over me and for an hour or two it’s scary . . . I don’t know what it is, and afterwards, when it’s passed over, it’s just scary” (181). Since these instinctive urges come from her body, Kathy encodes them as negative feelings that are threatening to her subjective self (they “come over her” without her own subjective consent, almost as if from outside her own person). Inevitably, Kathy’s impulse is to transform these urges into a negative affect, fear.

Positive affect, in contrast, is oriented by Ishiguro into outlets like “love” and “souls” that promote a disembodied identification with another. Throughout *Never Let Me Go*, affective attachments encourage the students to reconcile themselves to material circumstances that they cannot control and deflect their energies into disembodied projects. Perhaps the most blatant example of this preference is the students’ concern with the emotional ties demanded by sex. Tommy voices the fear that “a couple might believe that they are really in love, but it’s only a sex thing,” and that this might somehow prevent the couple from receiving their mythic “deferral” from donations (175). Similarly, Madame proposes that art serves as a medium to “display [the students’] souls” rather than as a material product in its own right (254). In each of these cases, Ishiguro divorces the positive affect surrounding “love” and “souls” from their material supports as a means of legiti-
mizing that affect as benevolent. After all, according to Tommy and Madame, a person can only “really” be in love or possess a soul if those phenomena can exceed the physical reality of the body and be translated into another medium (in this case, art). This suggests that positive emotions disidentify an individual with his or her body and produce a growing concern with another’s bodily state. Tommy levels this exact accusation squarely at Kathy when he warns that her job is “wearing [her] out”; the fact that Kathy herself does not recognize this fact implies that her indifference to her own body has reached such an extreme that her concern with others’ bodies has replaced care for her own (282). In this respect, the affective indifference to one’s own body that Kathy regulates through her “carer” profession not only allows for the conception of the body as a substitutable object but demands the substitution of another body for one’s own as the basis for producing positive affect. Kathy’s vocation transfers affective care from her own body and channels it into attentive care for the well-being of other bodies; or, to put it another way, her affect crosses the lines between discrete bodies and forms an investment in bodies not her own.

The consequences of this investment in other bodies emerge most emphatically during the students’ numerous discussions about the existence and ontological condition of “possibles.” Kathy explains the students’ obsessions with “possibles” as a desire to “glimpse” into the “future”: they “believed that when you saw the person you were copied from, you’d get some insight into who you were deep down, and maybe too, you’d see something of what life held in store” (140). In case there is any doubt about what this “insight” into the future entails, Ishiguro emphasizes, in addition to their physical resemblance, the similarity between Ruth’s (thwarted) vocational aspirations—her “dream future” of working in an office—and her “possible’s” career as “a woman working in a nice glass-fronted office” (142). Certainly this vision carries overtones of biological determinism: Kathy, Ruth, and their friends assume that Ruth’s genetic makeup could influence the choice of her career path. What is most important about this scene is the way in which biological determinism paradoxically enables Ruth to devalue her own body. By seeking in her “possible” confirmation of her own vocational aspirations, Ruth assumes that her body contains the seeds of her predestined Bildung encoded in its DNA. Since different bodies can possess the same DNA in this alternative England of the 1990s, the students’ belief that they can see their future in the body of a “possible” implies that they refuse to clearly differentiate between their own bodies and other bodies. Ruth’s status as a donor
may prevent her from ever becoming a white-collar worker, but through her affective identification with her “possible,” she can participate in that body’s path to Bildung.21

The students’ roles as organ donors clearly reinforces this ideological formulation—after all, their mode of Bildung assumes an indifference to their own bodies and an investment in the future lives of their organs’ recipients. However, the sociocultural structure generating their inability to demarcate self from other stems just as much from the peculiarities endemic to affective labor as from organ donation proper. As we saw in Kathy’s simultaneous indifference to her own body and investment in others’ bodies within her day-to-day professional life, so too, we find here a substitution of affective weight from Ruth’s body to that of her “possible.” This activity performs two vital and interrelated functions for the cloned students: first, students’ “possibles” provide them with corrective tools that transform their truncated lives into “full,” normative paths to professionalization; second, this doubled body allows the students to vicariously participate in a process of Bildung that is not their own. In other words, the students’ own Bildung, that mode of cultivation proper to their own selves, is here represented as concretely inhering in other bodies. The restriction of the clones’ professional options—donor or clone—prevents them from actually undertaking self-cultivating vocations, but their identification with “possibles” shows that they affectively experience the trajectory of those “possibles’” Bildung process. Indeed, this ability to see one’s Bildung as concretely inhering in other bodies constitutes the imaginative crux of quality of life studies: organs must represent concrete manifestations of time available to one’s own pursuit of Bildung, and therefore a patient must be able to identify the path of his or her Bildung with the temporal body of another individual. In this regard, affective indifference to one’s body—a disregard encapsulated in Kathy’s masochist professional drive—and ontological indifference—the refusal to see one’s body as fully the same as or different from one’s self—overlap in producing the sociocultural conditions necessary to this unique mode of Bildung.

And yet, Ishiguro provides the reader with numerous intimations of the tenuous purchase that this doubled indifference maintains. Kathy, in a quite self-satisfied vein, informs the reader that she has been able to choose her donors for the last six years, presumably as a reward for her valued skills. She justifies the privilege that this honor bestows upon her by claiming that “there’s no way [she] could have gone on for as long as [she has] if [she’d ever] stopped feeling
for her donors every step of the way” (4). Kathy here engages in a complex negotiation of difference and indifference: on the one hand, she insists on the ontological indifference between the donors that she cares for (all of her donors are always deserving of her affective attention), but on the other hand she deliberately chooses these specific donors, thus differentiating them as a particularized group (Hailsham students). We see similar moments of identity-construction scattered all over the narrative: the students’ various cliques, Hailsham vs. non-Hailsham students, donors vs. carers, and, of course, “normals” vs. clones. Though Kathy prizes her indifference to the specific body under her care, her ability to universally “care” for donors, Ishiguro nevertheless points out that this “care” is premised upon a disavowed differentiation prior to the moment of affective labor. In contrast, Kathy’s frequent sexual encounters with other students demonstrate a much more ecumenical, albeit troubling, instance of indifference. As Kathy confesses to Ruth, there are times when her sexual urges become so pressing that she wants “to do it with virtually anyone” (231). In this case, Kathy’s sexual urges represent a radical indifference to the material specificity of the body in question: any body (so long as it is male) will function equally well. The key point to keep in mind, however, is that this indifference vis-à-vis specific bodies is not an affective indifference—Kathy is very affectively involved with sex, both in regard to the urges that it elicits in her and with respect to how it reflects upon her social status—it is instead a refusal to express a preference between competing options/bodies.

The wider significance of this extreme indifference can be seen if we turn to the calculation of QALY values one last time. QALY values are determined by locating a point of indifference between two possible alternatives, but Shaw et al., in keeping with standard practice, throw out any respondents who assigned all health states the same value. In other words, while a single isolated point of indifference generates the equivalences necessary for cost-unit analyses, complete affective indifference to any and all differences disrupts the very system that it was first invoked to substantiate. Both QALY values and Kathy’s noted indifference to her lovers reveals that the indifference which drives the pursuit of Bildung under conditions of affective labor only functions when there is a strict correspondence between one single instance of affective indifference and a presumed ontological indifference. To put it more bluntly, having no preference for two competing objects means there is no distinction between these options. Kathy’s blanket indifference to her lovers halts this blurring
of affective and ontological indifference through its complete refusal to distinguish among any bodies.

At the same time, though, Kathy ultimately directs her affections at Tommy and effectively ends this disturbing mode of indifference. In contrast, in the figure of Madame, Ishiguro manages to decouple affective and ontological indifference in a way that Kathy is never able quite to achieve. As Kathy continues to pointedly remind the reader, Madame experiences a highly negative affective reaction to the students, visibly stiffening in their presence “as if a pair of large spiders was set to crawl towards her” (248). Despite this aversion, however, Madame ceaselessly works to prove that the students do in fact have “souls,” that they are, in all meaningful ways, not any different from “normals.” In the words of Alain Badiou, Madame possesses “an indifference that tolerates differences”—that is, she acknowledges the very real differences between herself and the students, but she disregards those differences in favor of a universal dispensation of humanity (99). In this respect, Madame represents the limit case to quality of life studies that predicate themselves on a coincidence of affective and ontological indifference. As opposed to quality of life studies’ construction of the body as a mere concrete measure of time, Madame exhibits extreme affective reactions even to bodies that are viewed as “indifferent” from her. In doing so, Madame suggests the potential co-presence of affective Bildung and the body itself, of an ontological indifference to the body that still retains an affective connection to the body—in short, of a humanity that is still more human than posthuman, and will not let go of that humanness.

Conclusion

In placing quality of life studies together with Never Let Me Go, I have sought to demonstrate what Ishiguro’s novel can tell us about “quality of life” as a biomedical concept, as well as how this scientific concept pertains to the wider discourses of socialization and professionalization that are found in the novel. Rather than viewing humanistic and scientific productions as anathema to each other, or as connected only on a thematic level, through their mutual concerns with certain types of content (organ donation, cloning, etc.), this essay has shown that scientific studies and humanistic narratives share the same formal structures of knowledge. By analyzing such disparate objects as quality of life studies and Bildungsromans together, we can
further illuminate the workings of the one via the different perspective of the other. Given their overt concern with processes of socialization and cultural legibility, Bildungsromans like Ishiguro’s Never Let Me Go provide insight into how our subjective affect can be translated into objective measurements. As Ishiguro’s novel repeatedly emphasizes, the path to Bildung, or one’s journey toward professional development, represents the normative standard by means of which we can identify our affect with that of others. In addition, Never Let Me Go also suggests that the growing sector of affective labor may encourage a disidentification with one’s own body in favor of identifications with others’ bodies—a key prerequisite for the social imaginary underlying organ transplantation, as well as a fundamental characteristic of the affective “point of indifference” utilized by quality of life studies.

Similarly, quality of life studies enable us to better understand certain trends within present-day fiction that would otherwise remain opaque. The “points of indifference” used to calculate QALY values indicate that, for the cultivated self of present-day Bildungsromans, the body is not an essential and inalienable personal possession, but instead an object whose normative relation to the affective self is one of indifference. Even more important, the use of a temporal marker, QALYs, to designate emotional well-being shows us why the protagonists of these Bildungsromans can be so indifferent to their bodies: those bodies are only concrete measures of the time available for the pursuit of Bildung. For this reason, quality of life studies provide us with a valuable insight into the otherwise perverse and masochistic neglect of the body that protagonists like Ishiguro’s display. Indeed, in a novel filled with expressions of indifference—toward friends, toward lovers, toward death—the indifference with which Kathy and her fellow students regard their own bodies is perhaps the most fundamental of all, the indifference which motivates their self-images and which makes possible their vocational aspirations.
Appendix A: EQ-5D Health Questionnaire

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

<table>
<thead>
<tr>
<th>Mobility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have no problems in walking about</td>
<td>□</td>
</tr>
<tr>
<td>I have some problems in walking about</td>
<td>□</td>
</tr>
<tr>
<td>I am confined to bed</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have no problems with self-care</td>
<td>□</td>
</tr>
<tr>
<td>I have some problems washing or dressing myself</td>
<td>□</td>
</tr>
<tr>
<td>I am unable to wash or dress myself</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Usual Activities (e.g. work, study, housework, family or leisure activities)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have no problems with performing my usual activities</td>
<td>□</td>
</tr>
<tr>
<td>I have some problems with performing my usual activities</td>
<td>□</td>
</tr>
<tr>
<td>I am unable to perform my usual activities</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain/Discomfort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have no pain or discomfort</td>
<td>□</td>
</tr>
<tr>
<td>I have moderate pain or discomfort</td>
<td>□</td>
</tr>
<tr>
<td>I have extreme pain or discomfort</td>
<td>□</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Anxiety/Depression</th>
<th></th>
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<tbody>
<tr>
<td>I am not anxious or depressed</td>
<td>□</td>
</tr>
<tr>
<td>I am moderately anxious or depressed</td>
<td>□</td>
</tr>
<tr>
<td>I am extremely anxious or depressed</td>
<td>□</td>
</tr>
</tbody>
</table>
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.
Because all replies are anonymous, it will help us to understand your answers better if we have a little background data from everyone, as covered in the following questions.

1. Have you experienced serious illness? Yes No
   - in you yourself
   - in your family
   - in caring for others

2. What is your age in years?

3. Are you: Male Female

4. Are you:
   - a current smoker
   - an ex-smoker
   - a never smoker

5. Do you now, or did you ever, work in health or social services? Yes No
   If so, in what capacity?

6. Which of the following best describes your main activity?
   - employed (including self employment)
   - retired
   - keeping house
   - student
   - seeking work
   - other (please specify)

7. What is the highest level of education you have completed?
   - some high school or less
   - high school graduate or GED
   - vocational college or some college
   - college degree
   - professional or graduate degree

8. If you know your zip code, please write it here

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NOTES

I would like to thank Wright Pinson and Irene Fuerer for their invaluable assistance in introducing me to the field of quality of life studies, and Jay Clayton for his insightful comments on earlier versions of this essay.

1. Ishiguro, *Never Let Me Go*, 286–87. Future references to this novel will be in parentheses in the text.

2. Most of the criticism pertaining to the boarding school novel revolves around colonized cultures’ reactions to this staple British institution and feminist revisionist readings of these novels. See for example Zabus, “Of Female Husbands and Boarding School Girls”; Corley, “Jane Austen’s ‘Real, Honest, Old-Fashioned Boarding-School’”; and Vicinus, “Distance and Desire.” The recent success of the Harry Potter series has also sparked a revival of critical interest in the boarding school genre. In this respect, see Smith, “Reading Harry Potter’s Schooldays”; Steege, “Harry Potter, Tom Brown, and the British School Story”; and Pugh and Wallace, “Heteronormative Heroism and Queering the School Story in J.K. Rowling’s Harry Potter Series.”

3. Fuchner questions whether this concern for the mundane in the face of “the brutal facts covering these characters’ lives,” as well as the flat matter-of-fact tone of Kathy’s narration, suggests that Kathy is “somehow deficient, perhaps in a way one might expect from a manufactured creature” (35–36).

4. I put “real” love in quotes because, as Fluet points out, the spiraling discourse of authenticity/inauthenticity within the novel blurs any real qualitative distinction that can be made between these terms, especially in regard to authentic “interiority and affective complexity” (280).

5. The first preference weights for quality of life studies were set by the U.K.’s EuroQol Group in 1995 (Doran et al., “A Social Tariff for EuroQol”). Shaw et al. recalculated those preference weights for a US population in their 2005 study “US Valuation of the EQ-5D Health States.” A number of other countries, including Germany, Japan, and Spain, have also determined their own population-based preference weights as a means of accommodating the tool to differences in nationality.

6. Both of these points are raised by Pinson et al. in “Health-Related Quality of Life After Different Types of Solid Organ Transplantation.”

7. See Shaw et al.

8. “Quality of Life After Transplantation,” 601; after surgery, the average change in Karnofsky Performance Status—a metric indicating the functional aptitudes of patients on a scale of 0 to 100—for kidney patients is less than 10, whereas for other organ transplants the average difference is anywhere from 40 to 50.

9. For example, as Austin et al. explain, changes to liver allocation policy that deemphasized waiting time and stressed disease severity enabled a modest postintervention decline in death, in large part because patients with hepatocellular carcinoma moved further up the list and received transplants before the disease was able to progress. (Although this only occurred after a initial increase in mortality, likely on account of those patients who died when hepatocellular carcinoma sufferers were moved up the list in front of them.) See Austin et al., “Model for End-Stage Liver Disease.”

10. Quality of life studies are intimately connected with the economic management of biomedical procedures, most often being utilized within cost-unit analyses (CUAs) to determine the relative cost effectiveness of surgeries. While this to some extent may seem to invite cynical references to the capitalistic management of health care, it is important to note that these CUAs are also used to determine how to allocate scarce resources such as organs.
11. Although this paper is concerned more directly with how the time trade-off approach does work under optimal conditions and what the sociocultural implications are for this methodological assessment of quality of life, several studies have questioned whether these metrics do in fact accurately model human beings’ decision-making process. Kahneman and Tversky, for example, have shown that human information processors cannot adequately computate the complex probabilities involved in making a choice regarding risk (“Choice, Values, and Frames”), while Anderson has suggested that human mental processes do not correspond to the rational-choice decision making required by economic analysis (Contributions to Information Integration Theory).

12. The term “quality-adjusted life year” was first used by Zeckhauser and Shepard in “Where Now for Saving Lives?” The pair employed the phrase to designate a health outcome that combined lifespan with subjective measurements of quality of life. Since the mid-1990s, QALYs have been used extensively in order to determine the cost effectiveness of expensive surgical procedures, particularly when faced with scarce resources. (As a representative example from this period, see Gold et al., Cost-Effectiveness in Health and Medicine.) The time trade-off technique outlined above has been the preferred model through which to calculate QALY values because, as Kaplan explains, “it is conceptually equivalent to a QALY” (i.e. both the time trade-off technique and QALYs seek to determine a subjective measurement based on affective preferences). See Kaplan, “Profile Versus Utility Based Measures of Outcome for Clinical Trials.”

13. Traditionally, the Bildungsroman has been seen as a primarily nineteenth-century genre, although important qualifications to this view have emerged in recent years (Castle, The Modernist Bildungsroman; Esty, “Virgins of Empire” and “Virginia Woolf’s Colony and the Adolescence of Modernist Fiction”; Slaughter, Human Rights, Inc.).

14. I differ, however, with Moretti’s view of the genre as collapsing in the years leading up to World War I.

15. See Benjamin, “Theses on the Philosophy of History.”

16. The fact that Pinson et al. identify education as the single most important indicator of a patient’s quality of life post-transplant only serves to tighten the associated between the vocational trajectory of Bildung and quality of life (“Health-Related Quality of Life”).

17. Pinson et al.’s “Health-Related Quality of Life” is perhaps the most well-known application of quality of life standards to organ transplantation, but also noteworthy are Feurer et al., “Incorporating Quality of Life and Patient Satisfaction Measures into a Transplant Program,” and Russell et al., “The Validity of EQ-5D US Preference Weights in Liver Transplant Candidates and Recipients.”

18. Shaw et al., “US Valuation of the EQ-5D Health States.”

19. For Robbins, the conscious cultivation of “an impersonal coldness” enables those characters to discard “the usual standards of proximity-first” ethics that go along with deep affective expressions; Fluet, on the other hand, notes how the im-material nature of Kathy’s affective labor allows that labor to “vanish into someone else’s labor” and thereby form a professionalized “we” that takes precedence over “levels of authentic individuality” (Robbins 294; Fluet 284).

20. See Ngai, Ugly Feelings, especially 332-54, for a reading of tolerant indifference that equates it with malleability and political quiescence.

21. Of course, the students cannot enjoy the careers of their “possibles” in any way except affectively. As Black notes, the students are led to believe that they participate in an economy of “egalitarian circulation” when in fact theirs is one of brute “extraction” (796).

22. See Shaw et al., 205. Studies such as the Measurement and Valuation of Health (MVH), undertaken by Dolan et al. in the United Kingdom, also utilized this standard. See Dolan et al., “A Social Tariff for EuroQol.”
23. For a cogent summary of the various models used to determine QALY scores for CUAs, including the time trade-off technique, see Staquet, Hays, and Fayers, *Quality of Life Assessment in Clinical Trials*.

24. Interestingly, Badiou’s hostility to identitarian differences aligns his philosophy with Rebecca Walkowitz’s work on Ishiguro. Walkowitz, in a move reminiscent of Badiou, condemns the discourse of “mutual inaccessibility that readers trained in multiculturalism . . . often bring to Ishiguro’s texts” and posits as an alternative “the agency and open antagonism of treason” (110). With respect to Madame, this “treason” indicates her refusal to abide by the ethical distinctions separating humanity from inhuman clones, even though her affective reaction testifies to her indoctrination in those same ethical codes.

**BIBLIOGRAPHY**


