

Anonymous Grafts and the (Un-)Making of Relatedness: Ideas of Donor-Recipient Relations in Cyprus, Germany and Sweden

KATRIN AMELANG

Abstract

Organ transplantation creates relations between persons (donors and recipients), but also filters this connection by producing de-personalized organs in an anonymous exchange. This article deals with grafts (transplants) as mediator of social connections. Differing ideas of the socializing effects emanating from organ transfer are comparatively explored on the basis of empirical material from Cyprus, Sweden and Germany. While Greek Cypriot respondents embraced the idea of donor-recipient relations more easily, German and Swedish respondents rather challenged it. As will be shown, this contrast presents two narrative modes of making sense of grafts and its binding effects. The article argues that the two modes address locally different cultural rationales as well as transplant medicine's ambivalent rationale of dealing with the socializing effects of (de-)personalised 'gifts'.

Keywords: Organ transplantation, organ donation, Cyprus, Germany, Sweden, donor-recipient relation, anonymity

Transplantation medicine creates human bodies as a site and source of medical intervention: Organs are extracted from one body, are in most cases transported over long distances, and are inserted in another, matched body, in which they have to be integrated as foreign body parts. In this respect, transplantation medicine establishes relations between bodies – by describing them as similar (e.g. regarding blood group, body size or tissue-type) and by transferring material substances. But organ transplantation also creates relations between persons – in most cases anonymous relations between dead donors or their relatives and recipients. The following article investigates the socializing effects emanating from organ transplantation by exploring how transplanted persons interpret the kinds of social connections that emerge from transferring vital body parts: Who, according to these views, is connected by organ transfer and what is creating the connection? What kind of social relation is established and what binding effects do grafts (organ transplants) have for recipients?

Asking how people think of themselves and their bodies as linked and affiliated

to others as a result of organ transplantation evokes cultural understandings and concepts of bodies as well as concepts of being an individual and of social relatedness. In Western cosmology the individual is thought of as a unique and autonomous entity, which is intimately linked to but at the same time easily distinguishable from other individuals. And it is clearly demarcated against abstract entities like society or a persons' environment. However, anthropological research reveals that these presumptions that are so deeply embedded in Western cultural common sense and that serve to stabilize the individual are culturally highly contingent. Contesting the universalising assumption of the person as an autonomous, free-standing individual, Strathern (1997) shows that Melanesian concepts of personhood are based on the idea of intimate interactions and material entanglements with other persons and things. There, the as 'dividual' thought person is clearly not the 'individual' of Western cosmology (Deleuze, 1992; Sahlins, 1996; Overing and Passes, 2000). Transplantation medicine intervenes into individual bodies but equally challenges this 'dividuality' in material as well as ideal dimensions. The transfer of organs thus serves as a probe into concepts of relatedness between individual persons (donor-recipient-relations) and between individual persons and society (social relations). Based on empirical research in three European localities the following article reconstructs concepts of donor-recipient relationships as social forms which reflect cultural concepts of how social relationships are imagined and associated obligations are managed.

The article's argument is based on comparative team research that took place in the EU project 'Challenges of Biomedicine: Socio-Cultural Contexts, European Governance, and Bioethics' (2004-2007).¹ The analysis draws on data from ethnographic interviews and focus group discussions, which were conducted in the Greek-Cypriot part of Cyprus (9), the German capital Berlin (11) and the southern-Swedish university town Lund (7).² Among the 27 participants were 18 persons who had received transplants, five relatives of organ recipients, one of whom donated a kidney to her husband, and four persons

1 Project details at: http://cordis.europa.eu/project/rcn/73927_en.html. Participant researchers of the anthropological team within the interdisciplinary project were Katrin Amelang and Stefan Beck in Germany, Costas Constantinou and Violetta Anastasiadou-Christophidou in Cyprus, and Anna Johannson and Susanne Lundin in Sweden.

2 The respective local data was collected by Costas Constantinou (Cyprus), Anna Johannson (Sweden) and me (Germany) in 2005. I thank my dear colleagues for the permission to use their material in this article and for our vibrant collaborative analysis and discussions during the project. It was Stefan who brought us all together. His sad death provided an occasion to revisit unpublished project material and to remember his sharing with us his intellectual curiosity for Cyprus and the cultural embeddedness of biomedical practices.

on the waiting list for an organ.³ Although not representative in the strong sense, the exploratory results of comparison reveal a striking contrast between Cypriot respondents and respondents from northern Europe with respect to ideas of social relatedness and dependencies resulting from the transfer of organs. While the assumption that a donor-recipient relationship is established by means of organ exchange was predominantly challenged by German and Swedish respondents, Cypriot respondents embraced the idea of donor-recipient relations more easily. To understand this difference in the ways how people describe and manipulate connectedness resulting from organ transfer is what the following article is all about.

In order to unpack issues of donor-recipient (dis-)entanglements in organ donation, I will comparatively analyse the variety of imagined donor-recipient relations in Germany, Sweden and Cyprus the backdrop of divergent social and cultural rationales. For a better understanding of the context, I will start by shortly outlining how the anthropological research literature situates the practice of organ transplantation socio-culturally. Then the (Greek) Cypriot material will be introduced to show local ideas of donor-recipient entanglement and invented relatedness. Afterwards the previously mentioned differing and opposite ideas of a disentanglement or denial of possible donor-recipient relations in the Swedish and German material will be explored. Finally, the findings will be discussed with respect to the costs resulting from the two different narrative strategies and rationales for dealing with the binding effects of grafts.

Situating Organ Transplantation as Cultural Practice

In the last 20 years transplantation medicine's basic rationale of how to define meaningful life and death has been equally put into question by anthropologists regarding the neutrality of its application in different cultural settings. Drawing on research literature I will show that transplantation medicine does not simply use available organs but makes grafts by transforming persons and bodies in a specific way, and by framing transplanted organs as gifts.

3 Participants were recruited via public flyers, key persons and the snowball system, hospitals, and patient associations, and were selected to be preferably diverse and balanced regarding criteria such as gender, age, education and religion. Regarding the latter, less variety existed: Swedish participants were mostly Protestant and all Cypriot respondents were Greek Cypriots and Christian Orthodox. The variety in the kinds of transplants – in Lund (heart, lung), in Nicosia (kidney, bone marrow), in Berlin (heart, kidney, liver) – did depend on the local transplant centres. All participants survived at least two years after receiving a transplant.

Making Anonymous Grafts – Transplantation Medicine as a Process of Depersonalisation

One focus of anthropological interest has been the particular view of the body organ transplantation is based on, namely the idea of a mechanistic and ‘replaceable’ body that is composed of ‘spare parts’ (Fox and Swazey, 1992). This understanding of the body is as much informed by the Cartesian legacy of separating mindful self from body (cf. Scheper-Hughes and Lock, 1987) as by the diagnosis of brain death preceding every post-mortem organ donation. Yet, given the ambiguous status of grafts, which symbolises simultaneously live-saving objects and life-donating persons, clear-cut distinctions between body and person remain challenging. Organ recipients and relatives of brain-dead organ donors might have difficulties in dealing with the particular segmentation of body and person when trying to solve the integration of their subjective body perception within the objectified view of body (cf. e.g. Kalitzkus, 2003a). Also the popular idea of dead donors ‘living on’ disagrees with the depersonalized conception of donor bodies and rather contradicts the Cartesian dualism by allowing some essence of the individual to survive in some form (Sharp, 1995, p. 364). Moreover, Lock’s study of the concept of brain death in Japan and North America shows both the negotiation of the re-definition of death within medicine as well as the different irritations with ambiguous entities like ‘living cadavers’ resulting from this specific location of a person’s death in the brain (Lock, 2002). Whereas Hogle points to the many efforts and ambivalences of separating body and person in organ procurement in Germany and partly the US when closely examining how dying bodies are technically and socially translated into ‘therapeutic tools’ (1999, p. 4), i.e. life-extending grafts. Both studies reveal the various actors, general infrastructures and specific local contexts that enable the liaison between organ donors and recipients in the first place.

What is important for the perspective of this article is an understanding of the making of disembodied grafts as process of objectification or depersonalisation. Persons are converted into brain-dead bodies and sets of organs that are depersonalised, object-like entities, which are dissolved from their former histories (cf. Hogle, 1999; Hauser-Schäublin *et al.*, 2001; Lock, 2002). While transplantation medicine creates connections between donors and recipients, it also filters this connection in a particular way by producing purified organs as standardised, anonymous entities. As abstracted a graft after these strategic purifications might be, in the end it is relocated into a new body and thus has to be re-embodied and re-personalized. Against this background I am interested in the graft as a mediator of social connections. The procedural efforts of purifying the organ can be interpreted as disentanglement of the organ’s personalised side and of the organ’s past position within the donor’s network of relations. The subsequent question is how research participants manage the relations ascribed to the organ, more specifically how they (dis)entangle the organs’ social relations.

Framing Donated Grafts – Organ Transplantation as Gift-Exchange

Another focus of anthropological critique has been the public representation of organ replacement. The technical relocation of body parts is, on a legal and social level, framed as a specific kind of transaction, namely donation, and thus it is marked as a non-commercial, altruistic act of giving. Questionable is not only the rhetoric of altruism and solidarity as legitimisation for the collective usage of individual bodies (e.g. Strathern, 1997; Sharp, 2001) but also the wrapping of organs as ‘gift-of-life’ and the implicit assumptions and moral implications inherent to the gift-metaphor (Ohnuki-Thierney, 1994; Fox & Swazey, 1992). Drawing on Mauss’ (1990) classical notion of ‘gift-exchange’ and its linkage to social relations and mutual obligations (of giving, receiving, reciprocating), several anthropologists note that local ideas and practices of reciprocal gift-exchange relations are impeded by the rule of anonymity. The anonymously donated graft ‘lacks the most critical element of gift-giving and exchange: social relationship’ (Ohnuki-Thierney, 1994, p. 241, accentuation in original). Giving and receiving generate social bonds of mutual interdependence, and the act of giving creates a (gift) debt and accordingly the obligation to reciprocate (giving in turn) (Mauss, 1990). Since anonymity prevents not only personal relationship but also possibilities of reciprocity, organ exchange is rather viewed as ‘incomplete exchange’ (Kalitzkus, 2003b). These critical observations on organ donation as gift-exchange shift the focus from social relations per se to the obligations resulting from these relations. Yet, there have also been critical comments questioning whether, in the transaction that is constructed as donation and intermingles gift, commodity, altruism and money, the interpretative focus on reciprocity is not once more concealing ‘what is missing’ (Strathern, 2012).

Invented Relatedness and Donor-Recipient Entanglements (Cyprus)

Before outlining Cypriot respondent’s views, some local specifics have to be kept in mind regarding the different local transplantation situation which is mirrored in the recruitment of persons and points of references respondents draw when discussing transplantation medicine. Besides local variation in size of population and thus absolute numbers of transplantation, differences concern the mode of donation. Swedish and German respondents mainly refer to deceased donors of solid organs, which is, despite current increases in living donation of kidneys and part-livers, the main form of donation. Cypriot respondents, in contrast, more often refer to living donation of kidneys and

bone marrow.⁴ Questions of a graft's binding effects arise differently depending on whether one firstly has a living or deceased donor in mind when approaching the issue. Yet, this difference presents in addition distinctive local preferences of living or deceased donors, which are based on local ideas of social relatedness and dependencies resulting from organ transfer. In other words, Cypriot respondents prefer living donors, whereas Swedish and German respondents favour deceased donors – as will be shown – exactly because of their contrasting ideas of donor-recipient relations and obligations.

Imagined Relatedness – Binding Substance?

That there is a relationship between donors and recipients appeared to be common sense among Cypriot respondents. All of them spoke about a special bond grounded on feelings of closeness. The question was rather how to classify this specific relation. Several Cypriot respondents picture an intimate, kinship-like connection between donor and recipient. Kinship relations function as reference point to designate the donor's specific status and articulate intimate relatedness. Moreover, kinship-vocabulary provides a tool to express the different nuances of imagined donor-recipient relations. For example, when the donor is imagined by one respondent as a cousin, familial relatedness is clearly marked as one of second-degree. But what exactly is creating the intimate connection? Is it, as the reference to kinship suggests, the shared bodily substance?⁵

Asked what actually binds donors and recipients together, a 50-year old dialysis patient from Cyprus inquiringly says from the perspective of a donor: 'What else from giving a part from my body, would I need anything else?' Depending on interpretation, either the bodily part, or the act of giving it, is emphasized in his statement. Imagined donor-recipient relations are thus created biologically and socially. In several Cypriot accounts, intimate feelings of connectedness are associated with both substance and the act of exchange. What a recipient is given is not simply a graft in the sense of technical object or mere body part, but as one Cypriot respondent put it 'life' and thus 'something inestimable'. It is because of this, continues the 25-year old, that '[f]or your whole life, you will be indebted to this person.' What connects, in his and other Cypriot respondents' opinion, is the life-generating capacity of the graft and hence the

4 Except kidney transplantation, which is often based on living donation, transplantation of other solid organs is rare in Cyprus: In 2014 there were 22 transplants from living donors and nine transplants from five deceased donors (<http://cyprus-mail.com/2015/10/16/cyprus-tops-living-donor-list/>). In contrast, bone marrow donation is much more present in public discourse, and the Cypriot Bone Marrow registry is, with 100,000 registered volunteers, one of the most successful bone marrow registries internationally (Beck, 2004, 2011).

5 Despite its extension to 'elective affinity' or 'social family members' kinship is, in the 'Euro-American' context, still prominently based on shared bodily substance (blood, genes).

effects of the substance exchanged, less the substance itself. Similarly and with respect to kidney transplantation, Constantinou (2010, p. 3) shows that a graft is understood in Cyprus as an enormous gift, because it allows the recipient to return to normal life and to become a social person again.⁶ The immeasurability of 'life' has consequences for the ways respondents conceptualize the donor-recipient relation and above all its associated implications.

Negotiations of Anonymous Intimacy

If one follows Mauss (1990), the bond between the two gift-exchanging parties does not result from the gift itself, but from the relation of the one receiving to the one giving. This emphasis on the exchange relation resonates with the difference Cypriot respondents draw between giving and receiving when discussing the kind of relation anonymous but intimately entangled donors and recipients might have. Most of them grant 'their' donor rather than the recipient an exceptional position in terms of relatedness. Conversely, a donor can 'choose' which closeness of relationship he or she desires, whereas a recipient cannot – because s/he may feel or is expected to establish a long-standing relation of exchange in order to reciprocate. Cypriot respondents thus point to the different positions donor and recipients have within the exchange relation.

Many of them frequently expressed from the perspective of recipient the wish to meet the donor or the donor family and have a good relation with them. Interestingly, the Cypriot bone marrow donors whom Stefan Beck spoke to expressed a similar desire: They, too, wanted to know about 'their recipients' and struggled with the 'unfamiliar type of relationship' established by organ transfer (Beck, 2011, p. 108). He suggests that this relationship, which 'is characterized by an anonymous intimacy and an existential entanglement with strangers', does not only include ambivalences but also 'the potential to engender new visions of the social, the self and the biological' (ibid.). Beck based his optimistic view of 'alternative social ties that lies below or beyond the "ethnic social"' (ibid., p. 113) on bicomunal donor-drives, in which Cypriots from both parts of the divided island demonstrate humanitarian action and altruistic behaviour by their willingness to register and eventually become a bone marrow donor exchanging bodily substance with the 'other side'.

Shades of Indebtedness and Fractured Reciprocity

Nonetheless, the Cypriot material from our project indicates that in face of the 'Cyprus problem' the balancing of reciprocity in imagined donor-recipient relations can become

⁶ The quality of post-transplantation life (did one really restore one's former self) influences how the relationship is articulated and feelings of indebtedness are expressed (Constantinou, 2010, p. 117).

a delicate issue. While all (Greek) Cypriot respondents would unhesitatingly donate a graft to a Turkish or Turkish Cypriot person, they expressed far more reluctance regarding the thought of receiving a graft from a Turkish Cypriot and especially from a Turk. This hesitation with respect to receiving was based less on a fear of physiological 'pollution' with the critical 'other', but the perceived outcome of receiving a graft in terms of the position one has within the exchange-relation. If, as outlined above, emerging relationships and feelings of affinity between donors and recipients are assumed, one would have to picture a long-standing, intimate relationship with a Turk – which would be contrary to what many Greek Cypriots would wish or dream of. On the one hand, the hesitation might be seen as articulated prejudice and stereotypes based on a political conflict. On the other hand, the distinction between giving and receiving shows, according to Beck and Constantinou (2006), that Cypriot respondents are quite aware of what Pierre Bourdieu (1997) labelled 'legitimate domination' resulting from giving, or 'inescapable submission' following receiving. Likewise, these constellations which define different positions and dependencies of the two parties involved in the exchange-relation can be found in the preference of relatives to strangers as donors some respondents expressed.

The reason given for this preference is, according to a 55-year old respondent, who received a kidney from his wife, 'the Cypriot attitude'. Explaining what he meant by that, he said one feels less obligated when the donor is a family member: 'If it is your brother, then it is your brother; will blood turn into water?' Earlier he had noted that 'In Cyprus we have not learned saying "okay, we found an organ from an accident", it sounds like they are afraid.' In this logic, what Cypriots are afraid of are anonymous intimate relations and prevented reciprocity. Constantinou (2010) explores the expectations and obligations of family members and strangers with respect to organ donation as gift-exchange in more detail. Because family members are viewed to be in a constellation of constant exchange and interdependence, gifts given within the family do not create any obligation to reciprocate. Since, reversely, strangers are not considered by Cypriot respondents to be obligated to donate, their giving is praised as precious, exceptional or even 'sacrifice'. For this reason Cypriot respondents or recipients feel more indebted and obligated towards an unfamiliar donor or the unknown donor relatives (Constantinou, 2010, pp. 110-113).

The rule of anonymity in transplantation law precisely aims at preventing the potential exploitation resulting from the wish to reciprocate the immeasurable. Yet, as has been shown, for Cypriot respondents there are no gifts without expectation to return; for them the intimacies entered with organ transfer cannot be separated from issues of reciprocity. Because the donor cannot be identified, for Cypriot respondents both, the wish to meet the imagined intimate, just like possibilities of reciprocity, fail.

In a way, one could say Cypriot respondents refuse to forget the silent bond created by the act of exchanging bodily substance; what their statements do not conceal but address are the binding effects of grafts.

Denied Relatedness and Disentanglements (Sweden, Germany)

Only a Romantic Thought

The assumption that a special bond between donors and recipients is deriving from organ transfer was predominantly challenged by Swedish and German respondents. The issue at stake was if there actually is or can be a relationship. ‘Actually, there is no relation, of course. But it’s an object that you receive’, notes for example, a Swedish respondent in her sixties who has no personal experience with transplantation medicine. The objection of the interviewer, that this object is still part of another person, is immediately corrected by her: It ‘is not’ but ‘used to be’. As the interviewer thereupon reminds her of her earlier view that organ donation is a way for the donor to prolong his or her life, she puts the issue straight: ‘That’s also a romantic thought. It’s not a realistic thought. [...] just like you prolong your life through children – those are the same kinds of romantic thoughts.’

A 57-year-old German liver recipient knows that her donor was a 42-year-old man.⁷ Asked how she would describe her relation to him, she says: ‘Odd question. My relation...? I have no relation to him at all. I don’t’. Despite shortly wondering if it is better to know anything about the donor or not, she emphasizes: ‘I’m not superstitious, I like the organ, and I regard it as mine. I’m glad to have it because he [the donor] couldn’t use it anymore, anyway.’ In both statements the graft is dissociated from the donor as person without any problems and thus viewed as object. While the donor of the German liver recipient is present to a certain extent, the relation to him is at the utmost describable as a matter-of-factly and de-emotionalized thought. The graft is not only detached from the donor but rendered dispensable from the dead donor’s perspective. The graft becomes an independent object of personal usage; its ownership is shifted or reassigned with the transfer into another body.

The two selected reactions are typical among Swedish and German respondents, transplanted and non-transplanted alike. Grafts are viewed as object-like entities

7 She learned this information from her patient file, which had been left unattended while she was waiting to be transported. As she reported this story in the focus group, a short discussion arose between two participants if this ‘opportunity’ was a mistake and a violation of anonymity or a ‘coincidence’ that had been arranged to let the recipient know at least about the donor’s sex and age. In Sweden organ recipients can learn about the sex and age of the donor if they wish to do so. Not all of the Swedish organ recipients have used this possibility, since this kind of knowledge was mostly considered irrelevant.

independent from persons and possible binding effects these bodily substances and their histories might create are negated. In order to untie the organ from the donor and his or her history and thus to disentangle donor and recipient, Swedish and German respondents most often employed 'rationality' to legitimise the presentation of individual (normative) standpoints as factually 'true'. To be more precise, they differentiated between 'romantic', 'superstitious' or 'implausible' thinking on the one hand, and 'realistic' or 'rational' thinking on the other hand. In doing so they emphasized that a donor-recipient relation is, if anything, only imagined and thus unreal. Within this 'rational' argumentation the circumstance that the donor is dead and anonymous was an important point of reference.

Too Much Emotion

Coexisting with the de-emotionalized claims were nonetheless more contemplative statements about the binding effects of grafts. A 47-year-old Turkish migrant, who has lived in Berlin since the 1970s and received a liver transplant in 1996, started his argument like so many: 'No, there is no relationship, no relationship at all. You can never forget. You know, you owe your life to someone, but that's it. There is nothing else. How could there be anything else? You won't find out!' The phrase of owing one's life to another person introduces a strong ground for a social relation and points to the notion of indebtedness. Yet, the indicated bond is cut off in the light of anonymous donation. That this cut is controvertible is evident in his continuation: 'You wouldn't want to bother with it too much yourself, and destroy [yourself] because it's also connected with a lot of sorrows on the other side. And you don't necessarily want to know all about their [donor relatives'] sorrow.' Implicitly referring to the 'troubling paradox of organ transplantation' (Hogle, 2003, p. 62) – the death of the donor as precondition for one's own survival – the negation of donor-recipient relations becomes in this account a product of denial or non-bothering. The object-like graft is connected to donor relatives' unspecified sorrows, i.e. their material and social loss of the donor as a person. This kind of bothering is viewed as bearing the risk to be unbearable and even destructive. To cut the social ties of the graft and disentangle with the donor or donor relatives can hence be interpreted as a strategy to prevent unsolvable pondering – as the above quoted respondent put it: '[Y]ou'd rather hide your head in the sand, and won't hear of it.'

The death of the donor indirectly links recipients and donor relatives. Anonymity becomes in this context a welcomed rule because it obstructs a relationship that is conceptualized by most Swedish and German respondents as a complicated connection of sorrows. While organ recipients repeatedly acknowledged their gratitude towards the donor and donor relatives, more unease resonated in their statements about ideas of contacting donor relatives. Like a Swedish respondent, who underwent lung

transplantation, many think there would be ‘too much emotion involved’ if recipients and donor relatives would know about each other. ‘And’, the respondent added, ‘I guess it could mess things up.’ What exactly it is that could be messed up is left open. This kind of vagueness and circumnavigation around the issue of the donor’s death or the relation between recipients and donor relatives can frequently be found. Yet usually, these lingering thoughts of the binding effects of grafts were discarded by recipients as unsolvable burden and not very long-lasting. In face of the demanding treatment regime following organ replacement (Amelang *et al.*, 2011), such pondering or inquisitiveness about the donor was, maybe understandingly, outweighed by a pragmatic approach of getting on with life.

Some Sort of Connection?

Beyond the pragmatic untying of donor-recipient relations, there exists – at least in the verbalized footnotes and side comments – another level that rather tends to entangle than disentangle donors and recipients. One Swedish respondent in his fifties, who ‘feel[s] some sort of connection’ to his donor, knows that the heart transplant he received nine years earlier is from a Finnish donor. On the one hand, he laughingly betted his ‘Finnish heart’ enables him to learn Finnish, implying in a joke the neighbourly bias of Finnish as an extraordinary odd and complicated language as well as the non-seriousness of his claim. On the other hand, he spoke about his wife’s cousin being married to a Finn, his travelling around Finland and checking out passers-by on the streets, wondering how that person looked like who had ‘my heart’,⁸ and his lightening a candle for his donor in a Finnish church. Regardless of this preoccupation with the donor as person, he immediately classified the created donor image as a fictive image. At another point, he referred to an organ recipient who had told him that her donor appeared to her during the night wanting his heart back, but states that her story is solely a fantasy: ‘It’s in your brain. It’s nowhere else [...] It’s a lot of imagination’.

But what is wrong with imagination? Do the described imaginary practices not exactly address the ‘nameless relations’ (Konrad, 2005) transplantation medicine creates? Besides rationalizing donor-recipient relationships by declaring (and devaluing) them as imaginary exercise, the usage of jokes and someone else’s stories were typical instruments that Swedish and German respondents used to present ‘irrational’ thoughts on possible donor-recipient relations. These jokes and stories allow distancing oneself from one’s

8 Like several organ recipients in all three localities, he speaks of ‘my heart’, rather than the donor’s heart. While the graft is dissociated from the donor, it is clearly repersonalized by the recipient. What is suggested here are the limits of objectifying and rationalizing body parts when it comes to the perception of ones’ own body (see also Sanner, 2003).

statement and can be read as narrative strategies.⁹ They function as contrastive examples to underline one's own position as rational, but at the same time allow expressing dissenting thoughts and hidden insecurities on the topic. Even if marked as 'unreal' these imagined donor-recipient bonds are grounded on ideas of relatedness.

Shades and Ambivalences of Gratitude

While German and Swedish respondents repeatedly acknowledged their gratefulness towards the donor or the donor relatives, issues of indebtedness were granted less importance. For many of them anonymity and the death of the donor diminish issues of relatedness as well as of indebtedness. Since the donor is unknown and dead, consent to donate is assumed,¹⁰ and organs are for him/her rendered 'useless', the death of the donor seems to neutralize feelings of indebtedness. Even those few Swedish and German respondents who regretted not knowing who was the donor, out of curiosity, said they would 'rationally' accept the secrecy. Like other respondents they evaluated anonymity positively because knowing who the donor is would support establishing a relation with the donor and would therefore increase feelings of debt as well. Accordingly, the organ from a living donor was more often viewed by German and Swedish respondents as grounds for a complicated relation, as the recipient would be more indebted to a living donor – regardless if it would be an anonymous or a family-related donor.

Although reciprocity was ruled out due to the principle of anonymity, there are some hints in the Swedish and German material that can be interpreted as signs of gratitude or forms of doing some kind of abstract reciprocity. For example, some viewed the pragmatic getting-on-with-life as obligation or means to show respect to the donor. This included taking good care of the organ, i.e. living a healthy life, in order to demonstrate that the precious graft is highly valued and served its purpose. Here expectations of society that transplantation medicine restores health and normality loom large and leave little room for organ recipients' possible deviant experiences of post-transplantation life. Besides addressing societal norms and the level of individual and society, some respondents mentioned their engagement in the promotion of organ donation or their

9 Olivia Wiebel-Fanderl analysed the narrated experiences of persons with heart transplants in Germany with special attention to the function of specific narrative forms and patterns: Jokes are used as 'intelligent weapon[s]' to deal with everyday experiences, personal conflicts and especially external, curious questions after transplantation (2003, pp. 306-310).

10 This point was especially made by respondents in Germany, where legislation is based on the consent model: the donor (or the donor's family) has actively opted-in. In many countries there is the presumed consent model (opt-out system), which means that unless the deceased has refused during their lifetime to become a donor then consent will be assumed. Even though according to Swedish and Cypriot law the donor families' wish will not be overruled, the consent legislation might make a difference for organ recipients with respect to solving feelings of indebtedness towards a donor who had opted-in.

going back to work, paying taxes again, referring to symbolic forms of reciprocating the donation or the healthcare system one had profited from. A more institutionalized version of showing gratefulness, that organ recipients in many countries are encouraged to do, is the possibility of writing a thank-you letter to the donor's family, which then is forwarded by the transplant centre and organ procurement agency. Not all recipients knew about this possibility or did eventually use it. Ambivalent attitudes towards such a letter concerned not only the above mentioned risk of increasing donor relatives' sorrows but the challenge to write about an emotional issue in an anonymised form (letters are checked for personal information, which then is blackened) and in a context where feelings of relatedness and indebtedness are silenced or rendered unproblematic. Here, if not before, it becomes clear that the at once depersonalized making of grafts and the framing of grafts as gifts create a tension for organ recipients regardless of their opinion of anonymity.

Conclusion – Two Modes of Narration and What to Make of It

The exploration of how people from three European localities describe connectedness resulting from organ transfer shows how meaning is given to organ exchange in different ways with respect to ideas of donor-recipient relations and its social implications. Confronted with the same problem – how to make sense of anonymous grafts and its potential binding effects – respondents from Cyprus, Germany and Sweden drew locally different conclusions concerning the question of what is at stake. While Cypriot respondents struggled with the questions how to best classify the perceived intimate donor-recipient relation and how to negotiate obligations associated with the relatedness of donors and recipients. In contrast, Swedish and German respondents struggled with the question if a donor-recipient relation is actually possible and with the untying of suggested notions of connectedness. How can one make sense of this contrast?

Anthropology has been teaching us that an answer using cultural stereotypes, i.e. of a 'level-headed' approach by Northern Europeans and a far more 'emotional' approach by Cypriots, would only invigorate them rather than be explanatory. Even though Swedish and German respondents employ 'rationality' as important means of denying or unmaking donor-recipient relations, this indicates by no means that Cypriot respondents' arguments are less 'rational'. In fact, both groups argue rational – with respect to their cultural background and with respect to the vocabulary of organ donation. Both local argumentations follow the ambivalent rationales of transplantation medicine: The altruistic and anonymous framing of organ exchange entails both entanglements and disentanglements, invented and denied donor-recipient relationships, associated

and dissolved reciprocities. Cypriot, German and Swedish respondents' ways to deal with their social meanings of grafts reflect these ambivalences – albeit within their local contexts respectively.

Anonymity spells out differently in the small society of the Republic of Cyprus (800,000 inhabitants, excluding the North) and the larger societies of Sweden and Germany (9.8 m and 81.3 m inhabitants). The reasons for this are not so much unequal population figures but the varying sociocultural constellations in which forms of (anonymous) solidarity are practised, experienced and framed. In the historically specific welfare states of Sweden and Germany, people are used to being part of anonymous communities of solidarity, anonymous social relations and dependencies of the state when it comes to the provision of welfare and particularly healthcare. Whereas in view of the comparatively relatively weak Cypriot welfare system, many people rather avoid being dependent on the welfare system and first and foremost rely on their families and wider kinship-networks when it comes to the provision of social needs. Extended families (Argyrou, 1996) can be viewed to be the most dominant and stable form of solidarity in Cyprus. Moreover, as Constantinou (2010) has convincingly shown, the rule of anonymity in organ donation unfolds in Cyprus in a gift-exchange society where a graft cannot be a free gift but is a matter of negotiating multiple reciprocities and hence relationships. The examination of donor-recipient relationships tells us thus about how people think about themselves and their bodies as related through organ exchange and more generally about how social relationships are locally conceptualized.

Swedish and German respondents invented donor-recipient relations more likely in stories of other people than in their own personal experiences, where relatedness was denied. Yet, entanglement hazards had to be continuously disentangled by means of narrative strategies that attempt to keep individuals and things separate. In contrast, Cypriot respondents immediately understood donor-recipient relations as exchange-relation balancing connectedness and sameness. For them obstacles of anonymity were two-fold – with respect to feelings towards their imagined intimate 'counterpart', and with respect to impeded possibilities of reciprocity. As different as the two rationales may be, a central moment in both is a certain horror of how to articulate what is at stake when discussing donor-recipient relations: on the one hand a horror of anonymity (Cyprus), on the other hand a horror of irrationality (Sweden, Germany).

The de-personalisation of the donor within the procedures of transplantation medicine emphasizes the abstract relation of individual and society: donation does not follow distribution lines of personal relation, but a collective distribution system of generalized solidarity (Hauser-Schäublin *et al.*, 2001, p. 227). While this form of

abstractions is rather appreciated than regretted by Swedish and German respondents, it is bemoaned by Cypriot respondents as painful, wrongful and unfair. Although the outlined mode of 'Cypriot' entanglements might not challenge the distinctiveness of the 'individual' in Euro-American cosmology completely, it contests the way relations among 'individuals' are in transplantation medicine thought of, namely, not as free-standing but invariably attached. The examined contrast of how 'individuals' are conceptualized when thinking about the socializing effects of anonymous grafts presents two different attempts of broaching an inherent dilemma of transplantation medicine, namely how to articulate the inexplicabilities of what a graft as 'given life' is and which impact it has. Swedish and German respondents make an effort to sidestep entrapments of this dilemma, which Cypriots rather allow. What is shared, regardless of the used narrative strategy, is a lack of appropriate vocabulary to describe and narrate one's experiences.

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