

ETHICAL EXPLORATIONS IN HAN KANG'S 'THE VEGETARIAN': A MEDICAL PERSPECTIVE"

Mei Ling Huang

School of Foreign Languages, Sichuan Normal University, Chengdu, Sichuan, 610000, China

Abstract: Han Kang's novel "The Vegetarian" offers a profound exploration of life, suffering, and ethical dilemmas in modern society. Influenced by her father's Buddhist novels, Han Kang delves into the ordinary human experience, addressing not only the challenges faced by women under patriarchy but also broader ethical quandaries. The novel comprises three interconnected novellas, each revealing the story of Yeong-hye, a vegetarian who becomes the subject of ethical scrutiny, ultimately labeled clinically mad. Yeong-hye's journey unfolds as she confronts domestic and societal violence triggered by her disturbing dreams. While existing critiques of "The Vegetarian" have primarily focused on plot-driven narratives and explored themes like feminism, ecocriticism, and posthumanism, they tend to revolve around binary oppositions prevalent in patriarchal societies. This paper seeks to broaden the critical perspective by introducing a medical dimension, examining the interactions between medical ethics, family dynamics, and societal structures. By considering the medical field in conjunction with historical ethics, particularly in the context of Yeong-hye's transformation from vegetarianism to identifying with vegetal nature, we aim to offer a more comprehensive understanding of the novel.

Keywords: Han Kang, The Vegetarian, ethical dilemmas, medical ethics, patriarchal society

Introduction

The 2016 Man Booker International Prize for fiction was awarded to *The Vegetarian* by Han Kang, a woman writer from South Korea. This is the first time for Asian literature to win the prize. Influenced by the Buddhist novels by his father, Han Kang has constructed a deep perception of life, death and suffering of the ordinary. As a female writer, Han Kang does not only focus on the living conditions of women under the patriarchy, but also cares about the ethical dilemmas that humanity is confronted with in modern society. The novel *The Vegetarian* consists of three linked novellas: *The Vegetarian*, *Mongolian Mark*, *Flaming Trees*, telling a story that a vegetarian named Yeong-hye is ethically accused in the society until identified as a madman clinically in the end. The narrative is dedicated to the plots of the protagonist Yeong-hye rising up against domestic violence and social violence aroused by her recent dreams.

The primary concern of critics on *The Vegetarian* has been the overt narrative centered on plot development. The theoretical vision is mainly limited to the themes like feminism, ecocriticism and posthumanism, which in essence converges on the binary opposition of the patriarchal society such as male/female, animal/plant as well as human/nature. In this way, the investigation has been constricted to the minimum field— family and the maximum

field— society. Though Ginevra Read (2017), a specialist registrar in medical psychotherapy, has analyzed *The Vegetarian* from a medical perspective, his criticism is a pure clinical field in which he thinks becoming vegetarian is the prodromal seed of an all-encompassing psychosis taking Yeong-hye on a journey from being vegetarian to believing that she is vegetal in nature. There still lacks such concerns of interaction between the medical field and the other two fields as the historical ethics especially the medical one cannot be highlighted[1-3].

1. Medical Narrative and Ethical Literary Criticism

The interaction of literature and medicine can serve as a bridge between science and humanities. Medical humanity provides a strong driving force for human beings to explore humanities and broaden cognitive boundaries. Since the seventies of the last century, the medical humanity movement has introduced literature in the medicine field and narrative medicine has come into being from then on. Rita Charon (2001), a professor of internal medicine at Columbia University, first proposes the concept of “narrative medicine” and makes the claim that “the effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others” (p.1898). Since then, narrative medicine has been developing into a paradigm that complements traditional biomedical models to guide clinical medical practice and education. In the meantime, medical narrative begins to come into the sight of literary critics providing cultural and social contexts created by both doctors and patients, in which the two sides can exchange their distinct experiences, enhance mutual understanding, and promote the cognition of medicine and disease. (Zhang, 2011, p. 9) The study of literature is just the study of humanities, nothing more than birth, death, illness and old age. Almost every scene of these four cannot escape from the participation of medicine, so fictional literary works contain abundant evidence of medical narrative, including not only disease narrative, but also relationship narrative between patients and patients' families, medical staff, and ethical narrative related to medical ethics, bioethics and so on[4-6].

However, the current medical narrative from the perspective of literary criticism is still limited to illness narrative. The main reason lies in the complexity of medical narrative texts, which include not only written medical records, electronic health report, but also oral narrative dictated by patients, patients' families and doctors. The oral parts are often hard to be effectively recorded and analyzed from the perspective of literary criticism. Actually, the technical texts related to the biomedicine are inclined to be separated from the ethical elections in the literature thus be ignored by critics. There exists a wild gap between the medical narrative and the ethical analysis in the literary criticism. Hunter K. M. (1996) claims that “while ethics must be open to discussion and interpretation by patients, families, and society, it is nevertheless substantively and epistemologically an inextricable part of a physician’s clinical practice”(p. 303). Greenhalgh T. (1999) proposed that there are stories within stories within medical narrative. This in turn integrates four separate secondary texts: the experiential text, the narrative text, the physical or perceptual text, and the instrumental text. The experiential text involves the meaning the patient assigns to the various symptoms, deliberations, and lay consultations in the run up to the clinical encounter. The narrative text is what the doctor interprets to be “the problem” from the story the patient tells-the traditional medical history. The physical or perceptual text refers to what the doctor gleans from a physical examination of the patient. The instrumental text—what the blood tests and X- rays. (Greenhalgh, 1999, p. 325)

It is not difficult to find that Greenhalgh categorizes medical texts according to their distinct subjective producers. In a clinical practice, the experiential text is produced by the patient, the narrative one by the doctor, the physical or perceptual one by the body of the patient, the instrumental text—what the blood tests and x rays by the medical

device. Actually, in this categorization the text from the families of the patient is ignored especially important in the psychological clinics. If added, the narrative from the patient's families should be classified as the experiential text. The highlight of the subjectivity of the medical narrative is a symbol of a "turn to ethics" in literary studies. Ansgar Nünning points that it is pointless to belabour the old oppositions between form and content, between formalism and contextualism, or between formalist approaches like narratology and approaches that are mainly concerned with the manifest content of literary works like ethical criticism. Anyone who is genuinely interested in getting to grips with the complex ways in which narratives in general and narrative fiction in particular is engaged in the ongoing cultural conversation about, and dissemination of, moral norms and ethical values, should rather avail her- or himself of the benefits that both narratology and ethical literary criticism afford. (Nünning, 2015, pp. 34-35) It is natural to see medical narrative from the perspective of ethical literary criticism[7-13].

Ethical literary criticism holds the position that literature is the product of morality within a certain historical period and one's brain text determines his or her ethics including moral values, ethical elections and their humanity. Ethical literary criticism is aimed at interpreting literary texts, claiming that almost all literary texts are the records of human beings' moral experiences and contain ethical structures or ethical lines. (Nie, 2021, p.189) Ethical literary criticism distinguishes the form of literature from literature itself confronted with the dispute that whether oral literature exists as a special kind of literature. Nie Z. Z. (2017) proposes that oral literature is in fact an oral form of certain literature, that is, retelling some already existed stories though human's vocal organ(p. 28). which also provides a strong material basis and tool support for narrative analysis, and narrative becomes visualized. Nie points out that literature must be based on texts in material form, and written texts, electronic texts and brain texts are the three main forms of current texts (Nie, 2017, p. 26). Ethical-related concepts such as ethical dilemmas and ethical dilemmas in literary ethics also provide effective explanatory perspectives for topics such as bioethics and medical ethics in medical narratives. This paper aims to break through the shackles of gender and other binary oppositions in the patriarchal society, use the relevant theories of literary ethics to see through the medical narrative in the novel, and interpret the key elements such as vegetarianism, dreams, and madness in the text from the perspective of clinical medicine, so as to explore the medical ethical values of the novel.

2. Incoordinate Experiential Text and Family Ethics

In the narrative of psychological illness, the subject of narrative shifts from the patients to their family members. The absence of the narrative subject brings huge obstruction to the diagnosis and treatment of the psychological illness. On the one hand, the patients suffering from mental illness are usually regarded as unreliable narrators, and their every word may be considered as obscure nonsense, which definitely cannot constitute a rational and objective description of their illness. On the other hand, although illness itself already refers to the abnormality of body, mental illness is even treated as the abnormality of illness. Thus, psychopaths are isolated from the normal medical system and accordingly the narrative subject of the experiential text, the primary source of medical narrative, is naturally transferred to the family members of the patients, especially the close relatives. But the benefits that the close relatives represent are not definitely equivalent to the patients. Actually there are a lot of chances that the family members hold the principle of benefit maximization of their own and make the false medical narrative damaging the patients' legal rights[14-19].

The experiential text of a woman psychopath within the marital relationship is provided by her husband to the maximum extent, who is the first one to detect the "abnormality" of the woman and naturally serves the first one to narrate her madness. All kinds of text are formed on the basis of concepts. There is no exception for brain text

which consists of brain concepts. Brain concept is an inclusive term of all kinds of concepts including specific entities as well as abstract thoughts, which, by the different sources, can be divided into objective concepts and abstractive concepts (Nie, 2017, p.26). In the first part *The Vegetarian*, the husband's objective concepts of "dream" is transcoded into such abstract concepts as "phantom" and "idolum" rather than some reflection of the wife's psychological states. According to the husband's experiences, vegetarianism is some means that people resort to for health and longevity, or for improving their allergic constitution, or for protect the environment , or for some religious reasons (p. 12).

These dislocated brain concepts of the husband form his inappropriate brain text towards the abnormal condition of Yeong-hye. Brain text determines thinking and behavioral patterns that not only communicate and spread information, but also decide man's ideas, thoughts, judgments, choices, actions and emotions (Nie, 2017, p.26). After discovering the "abnormal" behaviors of Yeong-hye throwing away the family's meat and starting a vegetarian diet, the husband avoided taking his wife to the doctor, even though he suspected that the wife was suffering from neurasthenia or even paranoia. Instead, he consoled himself with the fact that his wife had no family history of mental illness. Besides, he just resorted to complaining to his parents-in-law and ister-in-law Inhye over the phone about the fact that Yeong-hye suddenly became a vegetarian and did not make meat for him anymore, He deliberately concealed the fact that Yeong-hye was suffering from nightmares and insomnia continuously. Then at the family dinner, the husband in league with his parents-in-law to pressured Yeong-hye to eat meat. All of the husband's behaviors are directed his wrong cognition of dream, vegetarianism and mental illness. For the sake, Yeong-hye missed the best time to get diagnosed and treated from the medical system.

Yeong-hye's personal narrative of her illness merely appears in the first part, where her voice can only be heard by her husband. The primary experiential text receives even less attention and response than it deserves. In the husband's cognition, it is impossible for people to throw away all the flesh because of merely a dream. Under the guidance of the above misplaced brain concepts, the husband ignored Yeong-hye's narrative of the nightmares for many times, and did not associate those dreams with his wife's abnormality because of his impatience. Young-hye's own narrative for her illness only appears in the first part, *The Vegetarian* and disappears without a trace in the latter two parts when the medical system intervenes. Undoubtedly, these dreams are not only the key to explaining the cause of Yinghui's abnormality, but also the key to determining the diagnosis and treatment methods clinically for the doctor. Young-hye's own experiential text should have played an almost decisive role in the doctor's concluding a reasonable narrative text. In the second part *Mongolian Mark* and the last one *Flaming Trees*, Yeong-hye's narrative thoroughly shifts from the first-person to the third-person and her narrative subject identity of experiential text is completely ceded to the Others like her husband, sister and brother-in-law[20-23]. The loss of narrative subject identity for experiential text mirrors the power inequality between the sexes in the family of Korean society at that time, and behind it is the serious imbalance of the family ethical structure. Ethical literary criticism holds a basic position that literature is produced in different historical periods and is circumscribed with particular ethical contexts; thus a premise for literary interpretation is to understand literature based on the ethical environment and the ethical context of its particular historical period (Nie, 2021, p. 191). South Korea's patriarchal system has a long history and the deep belief of male superiority offers men an absolute dominant position in the family. Female are subordinate to the father at home when unmarried, to the husband when married, and to the son after widowed. Women are always in a subordinate position in the family-centered

society. The traditional family ethics discipline women to take men as the center of family serving them all the time. The novel *The Vegetarian* is set in such an ethical environment.

As the eldest child in the original family, In-hye has the duty also the right to help her mother who works hard all the day cook some soup for her father's hangover relief. In this way, In-hye can suffer less from her father's stick parenting. However, her younger sister, Yeong-hye, with a relatively stubborn personality is not so lucky that has been beaten and scolded by her father until her eighteen years old. After leaving her original family, Yeong-hye was chosen by her husband to take on the role of an ordinary housewife in her own core family. According to her husband, a perfect spouse in marriage is not a delicate and elegant female but a silent and modest one with simple and steady temperament. "She gets up at six o'clock every morning and prepares a table of soup, rice, and fish for me. Besides, the side business she had been doing also supports the family more or less" (p. 45). Yeong-hye rarely asked her husband for something and never complained just silently satisfying all the husband's requests. Everything goes well until she insisted a vegetarian diet and stopped cooking for a meat-eater. The wife's ethical identity shifts from an ordinary housewife to an insubordinate spouse, then the husband could no longer tolerate her 'applying for a divorce on the grounds that Yeong-hye has been mentally ill. Ethics requires identity to be consistent with moral behaviors, that is, one's identity and behaviors in a certain field domain should be in accordance with its moral norms. Ethical conflicts happen when one's ethical identity is contrary to the mainstream ethical norms (Nie, 2014, p. 264). It can be seen that in Korean society at that time, female's ethical identity is dependent on the part of husband. Once they tried to have their own independent ethical personality and identity, they would be excluded from the family ethical structure.

Spouse selection is the epitome of ethical selection in which ethical conflicts are gradually emerging with gender reversal serving as a significant factor in spouse selection. Tired from the traditional marriage pattern, "masculinity" in women has become a trait that attracts men, and the "femininity" in men is also easy to arouse women's desire for protection. Yeong-hye wins the favor of her husband because of her plain characteristics such as having great strength, good appetite and silent disposition. All of these features are obviously part of masculinity in the traditional gender framework indicating that the husband's criteria for choosing a mate are contrary to the perfect wife as a delicate and elegant female. In the final part *Flaming Trees*, the author uses In-hye's internalized perspective to show readers the environment in which traditional gender structure in Korean society was greatly impacted at that time. Compared with Yeong-hye, In-hye is good-looking and amiable with big eyes and sweet voice. Besides, she has a career that can support the life of a family. She encountered the man in her store for the first time when he had not shaved for several days and was as skinny as a sorghum stalk, carrying a heavy bag, missing lunch time, and looking so exhausted. Just at that time In-hye was determined to make efforts to let him relax (p. 134). It was precisely the "femininity" of the artist that won the empathy of the In-hye, who finally chose to get married with the exhausted man. It can be seen that masculinity and femininity are not clearly distinguished.

The husband did not send Yeong-hye to the hospital for treatment because of social prejudice for mental illness. In the husband's brain text, the object concept of "mental illness" corresponds to something shameful and unspeakable. At the dinner party with colleagues, the husband interrupted Yeong-hye to divert the topic in the name of gastrointestinal diseases when the senior managing director's wife asked Yeong-hye why she converted to vegetarianism. It shows that although mental illness and gastrointestinal disease equally belong to disease, gastrointestinal disease is a "normal" one while mental illness is difficult to be talked in the public. As Susan

Sontag writes in *Illness as Metaphor and AIDS and Its Metaphors*, “Any disease that is looked on as something mysterious and terrifying, even if it is not contagious at all in fact, can be perceived as morally contagious” (p. 13). Although disease is defined as the illness affecting body disorder, there is still an internal differentiation among diseases in which mental illness is classified into a normally affected one.

Psychiatric illness has been suffering from inevitable marginalization and stigma in a long history.

3. Inverted Narrative Texts and Medical Ethics

What exactly is insanity? How to define rationality and insanity? There has not yet been a clear answer. However, human never give up to make efforts to dig out the truth and insanity has experienced a diachronic interpretation. Through an archaeological study of rationality and insanity in *Madness and Civilization*, Foucault reveals that madness is not a concept of essentialism, but a product of cultural construction. As a signifier, madness has a variety of signified in different historical periods. “During the Renaissance, the content of the signifier madness is a mystical revelation; in classical period it refers to sin; in the 19th century it shift to sickness” (Wang, 2018, p.19). There is a cult of rationality during the Enlightenment period in which insanity comes to the opposite side of rationality, the Other to be gazed at from the perspective of philosophy, and a disease to be destroyed in the field of medicine. In short, madness becomes an object of hostility and exclusion in a civilized society, and “insanity” is also marginalized as a heterogeneous Other by “rationality”. Yeong-hye's mother told Yeong-hye the fact in despair, “If you don't eat meat now, the whole world will eat you”(p. 48). Derrida perceives “madness” in the theoretical framework of deconstructivism and opposes the Western metaphysical critical tradition of understanding rationality and insanity. Unlike Foucault moving in and out of the text, Derrida is faithful to the text and language itself, applying the approach of linguistics. He argues that rationality and insanity are neither heterogeneous nor in an antagonistic relationship of duality opposition. “Insanity is a roundabout delay of rationality while rationality is the differential element of insanity” (Wang, 2018, p. 38). From the angle of convert narrative, rationality and insanity play with each other. There are such words as “organized” and “calm” in the depiction of “mad” Yeong-hye, while “normal people” make some crazy actions to get the plot out of control.

To date, there is still a lack of objective diagnostic criteria for psychiatric disorders in medicine. Instead, the psychiatric diagnosis still relies on the doctor's subjective observation and interpretation of the patient's symptoms, that is, narrative text. Narrative text is the doctor's interpretation of the patient's symptoms based on the patient's or the families' experiential text. Therefore, medical text depends on the attending psychiatrist's own medical knowledge base and previous clinical experience. The attending physician for Yeong-hye's “madness” is a male doctor in his thirties “with a magnificent physique, full of confidence in both pace and expression”(p. 143). His diagnosis oriented to Yeong-hye's symptoms was “anorexia nervosa”. In terms of anorexia, the doctor gave an explanation that “the patient feeling himself or herself overweight, even if the fact is that he or she is so emaciated. Most of the causes for this psychology illness are from the patient's mother”(p. 144). He believes that Yeong-hye's condition is special— both in schizophrenia and anorexia”. However, as for whether the diagnosis is consistent with Yeong-hye's symptoms, the doctor said, “Although we are sure that she is not in a severe schizophrenia, the progression of the disease is truly beyond our expectation... But we do not know the reason why the patient Yeong-hye refuses to take food. Even if the drug has been used, there is no any effect” (p. 144). In the brain text of the attending psychiatrist of Yeong-hye, the cause of a female's anorexia should be related to her mother and the drug aimed at the symptom is the only resolution. The doctor gave the medical narrative with the guidance of his own brain text of the disease anorexia and did not ever listen to Yeong-hye's own narrative

for her psychological disorder. But the fact is that Yeong-hye has neither body anxiety nor conflicts with her mother. On the contrary, Yeong-hye's father had maltreated her by beating and scolding since her childhood. In spite of the domestic violence, the brutal torture of animals that father ever abused a dog in front of her killing the dog in a ruthless way and cooking dog meat for has left a huge psychological trauma on Yeong-hye. The vital information for digging out the root of Yeong-hye's mental illness is just contained in her own dream narrative in the first part, which comes into a kind of soliloquy drawing little attention from the both part of the family and the hospital. The attending psychiatrist drawn such a narrative text in the absence of the patient's self-report for her symptoms and causes of the mental disorder that the clinical diagnosis obviously lacks enough reliability and validity.

Validity is not only a diagnostic concept of psychiatric clinical practice, but also a constructed term full of socio-political culture and moral implications. "Because the delimitation of 'mental disorder and illness' not only involves the prevention and treatment of mental illness and the establishment and improvement of mental health service system, but also relates to a person's human dignity, freedom, social rights and status in the sense of ethics, culture and politics" (Xiao, 2014, p.762). The brother-in-law seduced Yeong-hye in the name of artistic creation having the knowledge of Yeong-hye's suffering some mental illness. Though both Yeong-hye and the brother-in-law were taken away by the ambulance staff because of their unethical affair, their results of the ethical farce are totally different. The brother-in-law, who dominated the violation of ethical taboos, was diagnosed by the hospital as mentally sound and put in a detention center, and "finally was released after months of litigation and pointless self-defense" (p. 141). However, Yeong-hye had been sent into an isolation ward and never came out since then. Two crucial liberal laws symbolizing human rights in the West were incorporated into the criminal law, but these two principles only apply to those who do not suffer from mental disorders. If you violated the law for the sake of mental illness, you may be detained in a mental hospital until you are deemed not to pose a certain threat to others. The time in the hospital may be much longer than a mentally sane offender who has had a similar act of violence being held in prison. In fact, even if you are not violent, you may be detained in this way. (Tony, 2015, p. 163) Although the law stipulates that people with mental illness are not legally liable for their crimes, they may be held in psychiatric hospitals for much longer than in prison. The first principle of the medical ethics for the mentally ill is the isolation from all the ethical traditions including legislation and social evaluation. In this case, Yeong-hye as a housewife is more liable to be labeled as a mad one then isolated from the society than the brother-in-law, a male with a decent job and social status. It follows then that medical ethics is strongly associated with the gender ethics, legislation ethics and the other norms related to one's economic status and cultural identity in the society.

The protagonist is diagnosed with "mental disorder but actually not", as the narrative begins with her brother-in-law leading the ethical taboo tragedy and ends with Yeong-hye being imprisoned in a psychiatric hospital. "The so-called 'diagnosing mental disorder but actually not' usually follows as the isolation treatment of people who actually should not be admitted to a psychiatric hospital. As long as one is clinically confirmed to be mentally ill, he or she will lose the basic human freedom" (Zhao, 2015, p. 364). In the first part *The Vegetarian*, a significant reason why Yeong-hye's husband was reluctant to take her to see the doctor is that he also saw Yeong-hye's shadow in himself. When he looked at the window of the underground in the darkness, the face of Yeong-hye appeared which gave him a big shock. He was aware that if Yeong-hye is "abnormal", he may be even worse. Yeong-hye's husband avoids taking Yeong-hye for active medical treatment just because it is hard to distinguish

insanity from rationality for him. In the next part *Mongolian Mark*, the brother-in-law narrates that Yeong-hye has nothing different from normal people except that she is much thinner because of keeping on a vegetarian diet. Besides, during the period she lived in the sister's house after the family party in which she attempted to self-harm confronted from the pressure from her parents, Yeong-hye often helped take care of the nephew with a calm and peaceful looking on the face, and even was able to work. In the last part *Flaming Trees*, in the eyes of the sister In-hye, Yeong-hye was able to clearly express her thoughts that the hospital was comfortable and she wanted to be hospitalized. Before being sent to the hospital, Yeong-hye behaved just as an average person with smart eyes, organized speech and calm looking. Except for reduced food intake, decreased weight and emaciated body, she was almost no different from normal people. All of the above shows that there is a lack of evidence as for Yeong-hye's symptoms of madness before she was sent to the psychiatric hospital.

The event of "diagnosing mental disorder but actually not" violates patients' right of informed consent and refused to health, showing some problems of "diagnosing mental disorder but actually not" and mandatory admission process and psychiatric judicial authentication, and also have some ethical problems. Yeong-hye agreed to enter the hospital in the case of not knowing the diagnosis, treatment, prognosis and other medical information. This obviously violates Yeong-hye's right of informed consent as a patient, which is not conform to the basic medical ethics principle of maximizing the interests of patients. Although agency consent execution is forcefully defended by medical ethics in the field of mental health, ethical risks are inevitable. The ethical risks of executing agency consent in mental health field mainly include paternalism, paramountcy and despotism. As Yeong-hye's sole guardian, her sister In-hye said that the real reason she sent Yeong-hye to the hospital for treatment was that she couldn't forgive what Yeong-hye had done. "She couldn't bear the thoughts of which Yeong-hye reminded her when seeing each other. In fact, she hated her sister from the bottom of the heart for her indulging her spirit across boundaries and not taking on the duty as a sister" (p. 146). It can be seen that the pre-hospital care is not in line with the principle of maximizing the interests of the patient himself but of the patient's close relatives, which also indirectly weakens the due rights of patients.

4. Absent Physical, Perceptual or Instrumental Text & Bioethics

Mental disorder belongs to the category of psychological or cognitive diseases, of which the biomedical model has been in the stage of tentative exploring since the nineteenth century. It is difficult to get diagnosis from a physical examination report or other electronic texts issued by instruments, such as X-ray information. In this situation, the perceptual or instrument text is absent from the medical narrative of patients with mental disorders for a long time. The medical intervention of mental illness is mainly aimed at prolonging the patient's life as far as possible by technical means even at the expense of its quality. The kind of therapeutic schedule leads to worse and worse condition of the patients. After Yeong-hye was admitted to the mental hospital, the nurse first carefully checked every item she was carrying, for fear that there left something like a rope or pin with which she could self-harm or commit suicide. The middle-aged male attending doctor with confidence and a professional smile responded to the patients surrounding him, treating the patients as they were children. Faced with the aggravation of Yeong-hye's condition that she refused to take food, the doctor resorted to gastric tubes to force food into her stomach without her permission. Confronted with the resistance of Yeong-hye to the compulsory treatment, the nursing workers pressed Yeong-hye against the bed and tied her hands and feet. Although the purpose of the medical system is to prolong the life of patients, the use of compulsory treatment violates many rights such as human freedom and informed consent, seriously damaging the dignity of the patients and ruining their quality of

life. This also indirectly accelerates Yeong-hye's making the choice to give up her own life. Thus it can be seen that bioethics is a fundamental issue in the clinical practice within the field of psychosis, which deserves much more attention from both the medical system and the ethics.

Mankind is evolved from animals but holds the position superior to animals, while human creates God but is subject to God. Between bestiality and divinity as between Scylla and Charybdis, how does humanity distinguish itself and construct its own uniqueness? Zhu Guangqian perceives humanity in the view of the imitation theory of the ancient Greek and gives his answer to the questions above: "Humanity is the nature of human beings, the trait as well as attribute that are common to human beings and differentiate them from other animals. It is not only distinct from divinity and bestiality, but also opposed to inhuman nature and anti-human nature" (Zhu, 1979, p. 39). Humanity is the state of being a person rather than a god, an animal or a machine. It can be seen that human nature is the unity of the two opposites, bestiality and divinity. "Bestiality is dominated by food and sex, the overall content of Bestiality. Divinity does not involve food and sex any longer exemplifying the virtues of renunciation, asceticism, and restraint" (Engels, 1972, p. 110). In the history of human civilization, mankind underwent two important processes: natural selection and ethical selection. Natural selection allowed human beings to evolve from apes physically, whereas ethical selection distinguishes them from animals spiritually. In an ethical sense, mankind is the outcome of the Sphinx factor, which can be seen as the combination of the human and animal factors (p. 2015). From the biological point, human beings fall into the category of animal as mankind has evolved from apes. In this way, humanity cannot be separated from bestiality, that is, man can never completely get rid of bestiality. Otherwise, human would get rid of the property of humanity and zoom into the circle of god or machine.

The point is that to what extent human can get rid of bestiality and go close to divinity. In the novel *The Vegetarian*, Yeong-hye's father, husband, and brother-in-law take advantage of their superior positions in physical strength, social status, and right of speech to seduce Yeong-hye and press their values on her, the weaker side. Their purpose is clear to assert their authority, maintain the established order, and satisfy their desires. It is a ruthless infliction of violence as well as an epitome of bestiality within the human nature. On the other hand, it is human that has created god, so man is a kind of being that has self-consciousness. Therefore, from the spiritual perspective, divinity should be governed within the category of humanity. Divinity has served as the self-perfection that human beings assiduously pursue from ancient times to the present. It is close to the feature of a plant of which the core idea is death cannot be a concern. Yeong-hye pursues the life style of a tree, getting rid of the desire for food and sex and being not afraid of death in the face of violence from the family, the society even the whole society. Her equanimity and braveness is the manifestation of divinity in human beings. Aristotle points that "a being that is unfit for the life of the city-state in terms of its nature is either a beast inferior to man or a god superior to man" (Chen, 2019, p. 137). It is clear that Yeong-hye belongs to the latter. From declining to eat meat to not taking any food, from few words to complete silence, Yeong-hye is gradually retreating from the unity of "human being".

On the spectrum of humanity, bestiality and divinity are placed at the two ends, and humanity is becoming in different ways between the two ends. In ethical literary criticism, Sphinx factor is applied to measure humanity which is believed to consist of both human factor and animal factor. "Normally, the human factor is superior to the animal factor, and hence the former can take control of the latter, which explains why a man could become a person with ethical consciousness" (Nie, 2015, p. 96). In the process of Yeong-hye's becoming-plant, the

expansion of her desires as an animal gradually recedes while her humanity part gradually approaches from the animal end to the divinity end. As for the desire for food, Yeong-hye first hated the meat-eating diet after dreaming of the experience of eating dog meat in her childhood and then refused to take food anymore because of the compulsory intervention of the medical system. As for the desire for sex, Yeong-hye was not willing to have sex with the husband when he just gave vent to his sexual desire leaving alone the wife's feelings. Even in the ethical farce with the brother-in-law, Yeong-hye just wanted to get some blooming flowers painted on her body but not to violate ethical taboo. It can be seen that there is no ethical selection in the brain text of Yeong-hye as a plant. The desires for food and sex are not only animal instincts, but also the overall embodiment of bestiality. The nightmares of the protagonists reflect their bestiality in the past, in which they can realize that the root of violence lies in the infinite expansion of human animal desires.

The virtual dream narrative is a real reflection of the dynamic variation of Sphinx factor. Those nightmares consist of the initial reason for Yeong-hye attempting to return to ethical chaos, the very beginning of human's ethical environment. In her first dream, there were hundreds of bloody pieces of meat hanging in the warehouse where Yeong-hye ate a piece of meat that fell on the ground and saw her own eyes in a pool of blood. The first dream indicates her desire of eating meat in the past. In the second dream, she witnessed a case of murder, but she could not remember whether she killed someone else or she was killed by someone else. In the third dream, she saw a beast with its eyes and skull rushing towards her, which also has a covert inter-textual relationship with her husband's dream when falling asleep in the hospital bed, in which he killed someone as a butcher killed a live fish. The dream was so impressive that he woke up with fear and checked Yeong-hye sleeping next to him. The two dreams reflect the desire of violence inflicted on the animals and other people. All these dreams mirror the subconsciousness deeply hidden in the characters' mind indicating people's ethical struggles silently. In order to satisfy the desires as animal, human beings abuse animals, harm their compatriots, and destroy the ecology. In this process, the human factor gradually is overwhelmed by the animal factor.

Becoming is a dynamic process that requires time to participate in when human factor and animal factor "play" with each other. Plants are not the manifestation of all divinity, plants also have certain violent genes, animals are not completely animalistic, and sometimes there is an outpouring of divinity. The husband witnessed Yeong-hye killing a bird in the hospital- "I unfolded my wife's clutching hands, and a bird that suffocated fell on the bench. It was a dark green and rusty-eyed bird that had lost a lot of feathers, and she had the mark of the predator's teeth" (p. 52). This detail is easily missed in the context of plot development, because it does not fit Yeong-hye's psychology of rebelling against patriarchy. But in the implicit narrative, this detail is a piece of strong evidence of the dynamic continuation of divinity and bestiality in the process of becoming. Becoming a plant does not represent a complete loss of bestiality. The game of divinity and bestiality at both ends of the spectrum is the tension of human nature.

In front of the same issue, people can be divided into several parts in accordance with their morality, that is the ethical norms by which they can make selections. H. T. Engelhardt points that there is a hope for a standard content-full morality in modern society, which is not only procedural but also restrictive to the moral strangers belonging to the different moral communities. (Engelhardt, 2006, p.1) This obsessiveness leads to a dilemma of post-modern philosophy that the ideal morality is hard to achieve. In the novel, the dreams stimulate Yeong-hye to fight against the violence factor, which means that she is getting rid of the moral friends including her husband, her parents sharing the same ethical norms as the most of the society. Thus, Yeong-hye betrays the base camp of

the original ethics becoming a moral stranger. The medical system including psychiatric hospital is a powerful institution supporting the morality against Yeong-hye's ethics. With physical, perceptual or instrumental text absent from the medical narrative for mental illness, medical care personnel serve as the spokesmen of the ethics. As for bioethics, the consensus is that everyone is mortal and most people experience pain before the death. Human beings have never infinite resources to delay the death and avoid the pain. Confronted with such a dilemma, Yeong-hye chooses to save her personal dignity while the medical system selects to prolong the patient's life regardless of her life quality. It is hard for Yeong-hye alone to confront the whole medical system having the right to enforce compulsory means to the patients with mental illness. In last, Yeong-hye has to give up her life to keep her ethics independent and intact.

The ethical journey is zigzag for common people diverging from the shared morality and getting back on track. In this journey, one makes countless choices at last constructing his overall ethical selection, which marks the uniqueness as an individual. The ethical selection of the sister In-hye is a representative showing the twists and turns among the journey. In the last part *Flaming Trees*, the author leads the readers to keep track of the complex human nature through the internal focalization on In-hye—reflecting on ethics in series of ethical dilemmas. The sister In-hye is the only one who cares most about Yeong-hye in the narrative. Even though In-hye broke up with the family and suffered from the criticism from the neighbors even the strangers in the same bus when she get off at the stop of mental hospital due to the scandal of Yeong-hye and her husband, she still chose to take care of Yeong-hye as her guardian as the parents gave up the identity. During the visits to Yeong-hye from time to time, In-hye began to recollect her past and rethink about her life and “she suddenly felt as if she had never lived in the world” (p. 166). All the time in her past, she took on the duty as a daughter, a wife and a mother and tried her utmost to insist all of the ethical identities. For this sake, she bore the domestic violence from the father and the cold violence from the husband. Facing every ethical choice, she made the decision to abide by the shared morality playing the role of a moral friend in this ethical community. She recalled that she once attempted to commit suicide a few years ago and finally gave up the attempt reminding of her son. She reflecting on herself “as a daughter, sister, wife, mother, shopkeeper, even as a pedestrian in the subway, she tried to play her role as best as she could” (p. 142). In-hye finally understands that she has not been able to live her true self because she is bound by the society. Seeing sister thinner and thinner, In-hye first held resentment towards Yeong-hye because of her steeping over the moral line, then entertained worry for her not taking food, and in the end she understood the great pain of Yeong-hye in the society. Thus, In-hye consented to freeing Yeong-hye to become a plant forever. The sister decided not to bind Yeong-hye within the shared ethics of the society and let her become a complete moral stranger. In-hye is the embodiment of the author's empathy. The author does not let the society completely misunderstand Yeong-hye. The process of her sister's understanding of Yeong-hye is also the journey of her understanding of herself. The boundaries eventually become blurred between "masculinity" and "femininity", between "divinity" and "bestiality", between "rationality" and "insanity". The individuality of humanity and social factor finally reach reconciliation to some degree.

5. Conclusion

In an interview, Han Kang once said that the theme of my writing, to be in a large scale, is indeed what humanity is, and now I am constantly thinking about this theme. She also claimed that she asks herself the question above every time she writes a novel. “When I wrote my third novel, *The Vegetarian*, I ponder over whether people can completely get rid of violence and whether they can survive in a state free of violence” (Han, 2018). It can be seen

that humanity with complex contents has always been at the center of the concern of the novel *The Vegetarian*. The medical narrative breaks the plot shackles of logocentrism and breaks through the critical perspective of binary opposition, and finds that there is a space for multiple interpretations behind the plot development of "The Vegetarian" centered on female resistance under violence. Medical narrative breaks the paradigm of traditional literary linear narrative, coincides with subversive implicit narrative, looks at gender, dreams and madness from a clinical perspective, dissolves the binary opposition in the main plot, and restores the medical ethical oppression of Yinghui from a meat eater to a vegetarian through unequal empirical texts, inverted narrative texts and missing perceptual instrument texts. It can be seen that medical narrative not only enters a new narrative field, but also challenges logocentrism as a new narrative view, so that the medical ethical value of the text can be released. Through the interpretation of the medical narrative of *The Vegetarian* from the perspective of ethical literary criticism, we can also draw inspiration for the narrative medicine and medical education as following. First, the narrators of experiential texts should be diversified and multilateral, which can resist the patriarchy's authority of interpreting experiential text. Second, respect the identity of patients as the subject in narrative medicine, and oppose the absolute right of medical staff to interpret physical or perceptual text. Last but not least, medical ethics should not only be oriented towards prolonging the life of patients, but take improving the quality of life of patients as the ultimate goal.

References

- Charon, R. (2005). *Narrative medicine: a model for empathy, reflection, profession, and trust*. *The journal of the American Medical Association*, 286(15), 1897-1902.
- Chen, S. Y. (2019). *The divine and brutish nature of Achilles*. *Foreign Literature*, (4), 137-144.
- Engelhardt, H. T. (2006). *The foundations of bioethics* (R. P. Fan, Trans.). Peking University Press. [4] Engels, V. F. (1972). *Der Ursprung der Familie, des Privateigentums und des Staats*. People's Publishing House.
- Fang, Z. H., Luo, G. Q. (2022). *A study on the ethical risk and its countermeasures of executing agency consent in mental health field*. *Medicine & Philosophy*, 43(7), 26-31.
- Grenhalgh, T. (1999). *Narrative based medicine in an evidence based world*, *British Medical Journal*, 318(7179), 323-325.
- Han, K. (2021). *The vegetarian* (J. T. Hu, Trans.). Sichuan Literature and Art Publishing House. [8] Hope, T. (2015). *Very short introduction: medical ethics* (J. H. Wu, F. Li, et al., Trans.). Yilin Publishing House.
- Hunter, K. M. (1996). *Narrative, literature, and the clinical exercise of practical reason*. *Journal of Medicine and Philosophy*, 21(3), 303-320.
- Lin, H. S. (2007). *On the introduction and Repetition of humanity*. *New Science*, (2), 67-69.

- Nie, Z. Z. (2010). *Ethical literary criticism: basic theories and terms*. *Foreign Literature Studies*, 32(01), 12-22.
- Nie, Z. Z. (2013). *Ethical literary criticism: oral literature and brain text*. *Foreign Literature Studies*, 06(002), 8-11.
- Nie, Z. Z. (2014). *Introduction to ethical literary criticism*, Peking University Press.
- Nie, Z. Z. (2015). *Towards an ethical literary criticism*. *Arcadia*, 50(1), 83-101.
- Nie, Z. Z. (2017). *The forming mechanism of brain text and brain concept in theory of ethical literary criticism*. *Foreign Literature Studies*, 05(003), 26-34.
- Nie, Z. Z. (2021). *Ethical literary criticism: a basic theory*. *Forum for World Literature Studies*, 13(2), 189.
- Nünning, A. (2015). *Narratology and ethical criticism: strange bed-fellows or natural allies?* *Forum for World Literature Studies*, 7(1), 34-35.
- Sontag, S. (2003). *Illness as metaphor and AIDS and its metaphors* (W. Cheng, Trans.). Shanghai Translation Publishing House.
- Wang, M. A. (2018). *The limits of Michel Foucault*. Henan University Press.
- Xiao, W. (2014). *New horizons of philosophy and psychiatry research*. *Chinese Medical Ethics*, 27(6), 762-766.
- Zhao, L. (2015). *Ethical and legal issues in the compulsory medical service of mental patient from "Diagnosing mental disorder but actually not"*. *Chinese Medical Ethics*, 28(3), 364-368.
- Zhang, X. J. (2011). *Narrative medicine: a new perspective on medical humanities*. *Medicine and Philosophy*, 32(9), 8-10.
- Zhu, G. Q. (1979). *On humanity, humanism, human interest and common beauty*. *Literature & Art Studies*, 03, 39-42.