Embodying Mortality: Exploring Women's Perceptions of Mortal Embodiment in Shaping Ambivalence Towards Cadaveric Organ Donation

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[to cite]:

[url]:
http://www.acrwebsite.org/volumes/13701/eacr/vol7/E-07

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ABSTRACT
This paper explores how the notion of “mortal embodiment” shapes perceptions of cadaveric organ donation among potential female donors in the UK. We seek to contribute to the growing literature on embodiment and mortality within consumer research. Using a phenomenological approach, multiple active interviews have been conducted with 6 potential female donors, aged 21-30 who claim to harbour ambivalent perceptions towards organ donation. Our research aims to understand how their experience of embodying mortality shapes the way they negotiate, appropriate and resist the meanings of the “gift-of-life” inherent in the promotion of organ donation. We focus on how informants’ contemplation of embodying the dying process has evoked many deeply held existential concerns pertaining to the cyborgic revolution of death and the appropriateness of transplant technology in prolonging life. By enacting various interpretive positions, our informants constructed a personalize narrative to illustrate that the decision to consider cadaveric organ donation is highly complex and laden with ambivalence.

INTRODUCTION
“The urgent need for organs for transplant has forced society to make fundamental changes in its conception of life and death and even what it means to be a person.” (Thukral and Cummins, 1987: 159)

The decision to become an organ donor is situated within the shifting meanings of life and death—which transgress the boundaries between being embodied and disembodied, the individual and community as well as nature and culture (Ohnuki-Tierney 1994). Traditionally, members of a community were encouraged to become organ donors through the altruistic discourse of the “gift-of-life”. Such discourse is not value-free: rather it is imbued with cultural assumptions appropriated by the medical profession to naturalize and justify the support for organ donation (Sharp 1995). By conceptualizing the ‘disembodiment’ of one’s personhood upon death and by emphasizing the contribution for the social body (Sharp 1995), organ donation becomes conceivable (Lock 2002). In the UK, studies have shown that 90% of the population indicate a willingness to donate their organs after their death. However only 20% are registered on the NHS Organ Donor Register (BMA, May 2004). The hypothetical support potential donors show towards organ donation suggest that the idea of transplantation evokes “many deeply personal, socially complex, and culturally ambiguous aspects of our humanity that superficial acceptance is simply impossible for the vast majority of those who seriously reflect upon it.” (O’ Connell 1996: 20, 29)

This paper seeks to explore how the notion of “mortal embodiment” shapes perceptions of cadaveric organ donation among potential female ambivalent-donors in the UK. Through empirical research with these potential female donors, we seek to understand how their experience of embodying mortality shapes the way they negotiate, appropriate and resist the meanings of the “gift-of-life” inherent in the promotion of organ donation. The decision to become a cadaveric organ donor relies on individuals being able to come to terms with their “mortal body” and its meanings (Haddow 2000). The body is the means by which individuals can participate in the cultural world (Csordas 1994). In death, however, it occupies an ambivalent position as the body “sets the material limits of our experience and ultimately dictates that our lives must end” (Seale 1998:11). The “mortal body” presents the ultimate paradox as the source of life as well as death (Bauman 1992). Elsewhere Belk (1988; 1990) has set the agenda for an embodied approach within the context of organ donation in his theorization of the extended self.

This paper expands on Belk’s embodied approach. Existing studies on embodiment, for example Patterson and Elliot (2002), Goulding and Follett (2002), Thompson and Hirschman (1998; 1995) and Joy and Venkatesh (1994), have focused on the ‘lived body’ while theorization of the ‘mortal body’ is relatively unexplored. Similarly the literature on mortality within consumer research, for example Bonsu and Belk (2003), Gentry et al. (1995), Young and Wallendorf (1989), Turley (1997) and Hirschman (1990), has not sufficiently explored the body as the locus of experience, instead focussing on death-related consumption and possessions. This paper therefore seeks to contribute to the growing literature on embodiment and mortality within consumer research.

LITERATURE REVIEW
A critical review of the literature pertaining to the assumptions attached to promoting organ donation as the “gift-of-life” will be presented. We will then briefly review the literature debating the role transplantation plays in the mastery over mortal embodiment and finally the cultural resistance to the ‘medicalized body’.

The Assumptions Attached to the Promotion of the “gift-of-life”

The dominance of the gift-of-life discourse has “remained intrinsic in the dynamics and meaning of transplantation” (Fox and Swazey 1992:31). The notion of the “gift-of-life” is derived from a long tradition of Judeo-Christian influence on Western culture (Ohnuki-Tierney 1994, Seale 1998). Inherent within this is the message about the nature of personhood, community and moral obligations to one another in the name of common humanity (Ohnuki-Tierney 1994). The marketing of the “gift-of-life” discourse is encoded at two levels of meanings.

On the one hand, Robbins (1996) argues that the “gift-of-life” metaphor is appropriated to conform to the rational and scientific biomedical explanatory model of illness. Thus, to conceive the body as gift, is to conceive the body and the self as being separated in the event of death, a body devoid of identity (Lock 2002). By conceptualizing the ‘disembodiment’ of one’s personhood upon death and by emphasizing the contribution for the social body (Sharp 1995), organ donation becomes thinkable (Haddow 2000; Belk 1990; Richardson 1996).

On another level of meaning, in order to appeal to bereaved next-of-kin, the “gift-of-life” metaphor implies the possibility of transcending bodily mortality through transplant technology, where the remains of the deceased would ‘live on’ in the body of the
Transplantation also relocates the body from the realms of the individual to that of society. Consequently, the body becomes the property of society in the event of death. The ecosystem metaphor, for example, envisages organ donation as eliminating waste through gifting (Belk 1990). Thus, “the body is part of the larger biomass and should therefore be at the disposal of wider public good” (Robbins 1996: 190). However, despite the attractiveness of the “gift-of-life” discourse, this notion has failed to appreciate the complexities of organ donation and instead reinforces the imperialism of the Western biomedical system over the body (Ohnuki-Tierney 1994).

Transplantation as Mastery over Mortal Embodiment

Armstrong (1987) argues that the internal organs of the physical body are increasingly being scrutinized to locate the cause of death. The medicalization of the body means that death has come to be defined biologically, with cultural definitions of death becoming marginalized. The medical professionals have become the ‘new masters of death’ and biomedical technology their weapon (Williams and Bendelow 1998:89). Transplant technology is one of many weapons the medical profession uses to postpone death (Johnson and Roberts 1997), and ultimately the conquest of nature that resides within the visceral dimension of the “mortal body” (Ohnuki-Tierney 1994).

Death occupies an ambivalent position within the field of organ transplant. In most cases, transplantable organs are taken from cadavers who suffer from brain stem death (BSD).¹ These machine-ventilated cadavers are occasionally referred to as heart-beating cadavers or neomorts (Youngner 1990). The neomort is therefore born out of the cyborgic revolution of death whose, very identity problematizes the boundaries between human and machine. The neomort becomes the site of the ambivalent and lingering self, yet at the same time, being promoted as a “routine cyborg” to sustain the survival of the social body (Hogle 1995).

Brain stem death pre-supposes the brain as the master of the body, the seed of consciousness and rationality. Western culture deems consciousness and rationality as the essence of humanness, a view consistent with Cartesian philosophy (Jones 2002; Ohnuki-Tierney 1994). Thus, the body is seen to be useless when consciousness ceases, hence taking the ‘functioning’ parts of the body does not constitute diminishing the person who once resided in the body, for he is no more (Hallows et al. 1999; Burkitt 1999).

Cultural Resistance to the Medicalized Body

The futility of overcoming death in these modernist projects has incited criticism. Biomedical technology is seen to have social ramifications resulting in the emergence of countervailing discourses surrounding transplant (Helman 1988; Lock 2002). Transplantation, according to Helman (1988:15), implies the fragmentation of embodiment, where the body is reconceptualized as a “machine” (Johnson 1987), where exhausted “parts” or “pieces” of the body can be replaced by available “spares” and where its emotional and social property fall into oblivion (Lock 2002). Helman (1988) illustrates his argument with the embodiment of Dr. Frankenstein’s monster, who symbolizes the destructive potential of science, animated to life as a collage of dead bodies (society), who is later rejected by his creator and by society.

Research consistently documents the resistance by potential donors and donor’s families in accepting the diagnosis of BSD (Fulton et al. 1977; Moloney and Walker 2002; Richardson 1996). Most appear unable to come to terms with the lifelike appearance of the cadaver (Moloney and Walker 2002; Fulton et al. 1977). This is not surprising, since “…the point at which life ends, at which the living individual becomes the dead individual, at which the body becomes the corpse, has never been straightforward.” (Hallam et al. 1999: 64)

The dead body has been an object of great moral concern and social meaning (Murray 1996:11). It does not only signify the person who once was but is also the site where people express their sentiments of love and loss (Haddow 2000:14). Here biological death does not signify social death (Mulkay and Ernst 1991). The cultural meaning of death extends beyond the confinement of biological demise. Thus, the body of the deceased continues to have social significance and is often celebrated through mortuary rituals (Boddington 1998; Ohnuki-Tierney 1994). Consequently, the “mortal body” can be perceived as not just a sum of its physical parts (Robbins 1996) but also “the self” (Turner 1996; Belk 1990), and can therefore be considered as sacred (Belk 1988; 1990). The existence of multiple meanings attributed to the “mortal body” means that donating one’s organs can be read from various interpretive positions. Belk (1990) contends that only by approaching organ donation from an embodied perspective can researchers understand the ‘human dimensions’ involved. Belk also suggests that a phenomenological approach is an appropriate starting point to research organ donation.

METHODOLOGY

The aim of our study is to explore young women’s construction of self-narratives and hence their emic perspectives pertaining to “mortal embodiment” within the context of organ donation. As we sought to explore the converging and sometimes contradictory meanings surrounding organ donation, it was deemed that a phenomenological approach is more appropriate (O’Connell 1996; Belk 1990).

We adopted the active interviewing technique (Holstein and Gubrium 1995), a form of interpretive practice involving informants and the interviewer as a process of ongoing accomplishment. This is a particularly useful technique to explore areas such as organ donation, which are not casually topical, but socially relevant (Holstein and Gubrium 1995). Multiple interviews have been conducted with 6 white British female, aged 21-30. As informants would be expected to discuss the way they relate to their bodies, it was deemed more appropriate to interview female informants as the interviewer (first author) is also female. Informants were purposively selected based on their claim of harbouring ambivalent perceptions towards organ donation, i.e. the experience of simultaneously pleasant and unpleasant feelings for the subject (O’Donohoe 2001).

The aim of the initial interview was to explore the key sources of ambivalence pertaining to organ donation and to understand how it fits into informants’ sense of “mortal embodiment”. This stage is largely conversational with minimal questioning from the interviewer to draw out the emic perspectives of the informants in an uninterrupted way. The interviews were audio-taped and transcribed verbatim. The transcripts were then sent to the informants for verification along with 3 promotional leaflets and a donor card distributed by UK Transplant. Key summaries of the transcript for

¹Brain Stem Death should not be confused with Persistent Vegetative State (PVS). BSD refers to the irreversible damage of the brain stem and PVS refers to injury to the higher brain while the brain stem remains intact.
each informant were produced and were then presented to them in the follow up interviews, thereby enabling the interviewer to ascertain data validity.

Subsequent interviews with these informants were conducted based on the emerging themes arising from the initial interviews. The interviewer became more active in stimulating narratives by encouraging informants to challenge alternative points of view and to negotiate their perspectives (Holstein and Gubrium 1995). Promotional materials from the “gift-of-life” campaign were also used as stimuli to encourage the process of negotiations. The transcripts from all interviews were analysed using the NVivo software enabling finely detailed and interactive analysis of the data.

**FINDINGS AND DISCUSSION**

The analysis uncovers the emergence of four broad themes which reveal the limitations of promoting organ donation as the “gift-of-life”. The emerging themes demonstrate that perceptions of organ donation are engraved along the passage of life trajectories (Lock 2002)—(1) from embodying the lived body through body project to (2) embodying the (liminal state of the) dying process, (3) embodying the dead body, to finally the (4) (dis)embodiment of the afterlife.

We first deal briefly with how our informants feel about the “gift-of-life” discourse. However, due to limitations of space, this paper concentrates on the second theme—informants’ perceptions of embodying the process of dying—and in particular (1) resisting transplant technology in prolonging life and (2) the finality of death. Due to the richness and complexity of the data, we will concentrate our discussions based on the narratives of four informants.

**Limitations of the “Gift-of-Life” Discourse**

Almost all informants support the “gift-of-life” theme inherent within the context of organ donation (Fox and Swazy 1992). This is mainly articulated in a ‘common sense’ and ‘distant manner’ (Moloney and Walker 2002) reflecting the hypothetical support they show towards organ donation. However, when informants were asked to reflect on their decision on a personal level, their intention to donate was quickly dented, as illustrated below:

“Again, me a few years back would have thought, “Ooooh... No”. You know, let other people do it, it is very important but let other people do it, not me. But now, I think, well you know, isn’t life the best gift that you can give, you know? Gosh...and now I am saying all of these, and then I will probably say to myself, ‘Right OK, let’s go and get a donation card’. And then there will still be a part of me going, “Oh, well, now am I sure?”’(Laugh). And I’d loved to be able to explain to you why.” (Carmen, Student, Age 21) [emphasis added]

Carmen’s response is typical of most responses in this study. Most informants agree that organ donation serves an altruistic purpose, yet their ambivalence quickly surfaces when considering alternative discourses. This is often introduced into the interview via conjunctions such as “but then”, “and then”, “but”. The simultaneous presence of countervailing discourses against the “gift-of-life” appears to lead to their feelings of ambivalence. The dominance of the “gift-of-life” discourse has also resulted in our informants feeling “guilty”, “hypocritical” and “selfish” when they justify their reluctance to become an organ donor, especially when they and their next-of-kin could benefit from the “gift-of-life” should the need arise:

“(On the) one side I am a bit hypocritical I suppose cause on the one side, if say my brother or my mum needed liver transplant say, I would like, really want them to find one. But then, I don’t want it to be donated by a person without knowing what it involves.” (Megan, Recent Graduate, Age 22) [emphasis added]

Most informants do not reject the “gift-of-life” discourse per se; rather they seek to negotiate the meaning of other countervailing discourses and to incorporate them into their sense of embodiment. Informant’s hypothetical support indicates that they are “not simply consumers who are duped by medical ideology” (Williams and Calnan 1996: 1612) and may not always decode the meanings of the “gift-of-life” as intended by the promoter (Hall 1981). Therefore becoming an organ donor is a highly complex decision and laced with ambivalence (Calnan and Williams 1996). Thus, the willingness to donate cannot be reduced to monolithic interpretations (O’Connell 1996), rather it can be understood from various interpretive positions which we will now turn to.

**Resisting Transplant Technology in Prolonging Life (The Case of Chloe)**

The medicalization of the body raises the hope of pushing back the frontier of death, thus increasing the appreciation for the sanctity of life (Illich 1976), which most informants in this study uphold—as exemplified by Megan below:

“I think it is really good. I think they should do a lot with modern technology. And like my cousin, she had like a mechanical valve in her heart and she had a pig’s one as well. She probably would have died if they hadn’t done that... It’s like that’s the whole point isn’t it, having to stay alive.” (Megan, Recent Graduate, Age 22)

Ironically, at the same time, changes in medical technology have also undermined the universal claim for the sanctity of life (Singer 1994; Baudrillard 1993). Singer (1994) argues that we are going through a transition period in our attitudes to the sanctity of human life, which has led to uncertainty and fragmentation. Recent debates surrounding euthanasia, suicide and abortion are all indicative of the complex meanings surrounding the sanctity of life.

Informants’ perceptions regarding the sanctity of life appear to be grounded in their life themes (Mick and Buhl 1992)—informed by their sociocultural and transformational experiences (e.g. Megan’s previous family medical history). Similarly, Chloe articulates her perceptions of organ donation as being an inappropriate means of prolonging life. Her perceptions are informed by what she perceives as her Christian beliefs:

“At the moment I am really not sure (about organ donation). I would be inclined to say that I don’t really believe in it a hell of a lot because…. I think that obviously we were made to survive for so long, and by just keep tampering and putting somebody’s organs there to somebody else. You (are) just sort of prolonging something that wasn’t really... you know... you weren’t designed to live until however old, you know some people live till now…. Obviously with a small child it is a lot more difficult. I mean people will go, “how can you say that? It is a small child. They hardly live their life”. But being as I am, religious... you know you are born with how you are born. You must be born with some kind of reasons as to why you have this heart defects or anything else that will require this transplant.” (Chloe, Receptionist, Age 24) [emphasis added]

Despite her acknowledgement that organ donation is a “gift-of-life”, especially in the case of a child recipient, for Chloe, the
body is God’s creation and in His design has pre-determined the life expectancy of the body. Therefore it is up to the body to exhaust itself. By prolonging life through transplantation, she believes one crosses over to the realm of the “unnatural”. Therefore, transplant technology epitomizes the ultimate interference of man, hence culture against nature:

“The medical side has gone a bit too far. It starts meddling in things that it shouldn’t really be meddling in. It is not up to us to decide who lives and who dies, I realize that. It was like I was saying earlier, like some operations succeed some don’t. It is just up to the body itself to decide whether it has enough, whether things fit in or stays on a bit longer.” (Chloe, Receptionist, Age 24)

Articulating her understanding of Darwinian evolutionary theory (Darwin 1963), Chloe agrees that transplant technology has a place in man’s “survival of the fittest”. She believes that God has permitted man the freedom to evolve in the quest for survival. However she criticizes man’s quest to conquer the natural order of the world, arguing this is rooted in selfishness, which manifests itself in recent developments such as face transplantation and organ cloning. She believes that such developments are man attempting to ‘play God’ and this is self-destructive. In the extract below, Chloe explains her resistance by weaving a personalize narrative, drawing from an amalgam of her Christian beliefs and the theory of evolution:

“I do think that God makes things and they sort of evolved and changed to sort of help them survive for longer… I think organ donation has a place in the evolution of humans. Basically with regards to the evolving….we can try things, if they work, you know, wonderful! Organ donation is one of the things they tried and it seems to have worked. I think man (has) just forgotten how things started and they are starting to ignore other things, and starting to get very selfish. It seemed to be engrossed on…a lot of them see it as making things better…..I think that it is a sign of things going too far. Like the new transplant thing now, it is the thing about doing face transplant. That really freaks me out. That is really playing God. The whole thing just freaks me out. Again man being selfish, although realizing they can do all these things, it is going to lead in the end to self-destruction….I think it will come to a point where humans will just end up destroying the world for everybody and that will be the Judgement Day that they talk about.” (Chloe, Receptionist, Age 24)

Chloe further criticizes the ecosystem metaphor (Belk 1990). Though misguided, she feels uneasy with the way organs are being ‘recycled like glass’. Chloe’s personalized interpretations of the ecosystem metaphor have compounded her ambivalence towards organ donation. She does not perceive a strong body-self integrity, but feels that an organ’s lifespan is pre-determined by the divinity of God’s design and should not be “forced” to exceed its life expectancy. Unlike informants who engage in body projects, Chloe embraces mortality instead of fleeing from it:

“And it also gets to a point where you get the same organ being sort of recycled like glass or something like that. You know, it was originally donated to somebody who then perhaps may die earlier than expected due to totally different circumstances. And they’d said, ‘yes, you can have my organ donated’….Well, you are forcing this organ to do a hell of a lot more really than it was originally designed to do. You know, perhaps it was designed to sort of survive for about 80 years, and … by this point (in the new owner’s body) it could have done about 160 years worth of work which it doesn’t really want to do.” (Chloe, Receptionist, Age 24)

Despite acknowledging the success of transplant technology in giving life, Chloe explains her conviction that organ donation is not part of the divine plan. She justifies this by explaining that in order to avoid rejection, the life of an organ recipient is enslaved to the transplanted organ(s):

“A lot of the problems now, is that they can’t find one to match, or to match the blood group or a lot of other things. In which case, even if it is done, the body can still reject this organ that they put in, which means it would be a waste anyway. They could spend the rest of their life on some kind of machine or something to keep the organs working for them…they are sort of like a slave to the kidney.” (Chloe, Receptionist, Age 24)

Chloe adds that such enslavement also extends to the entire family in the regime of prolonging the lifespan of the transplanted organ:

“And you are prolonging the pain of the person who (this) is happening to. I mean, (be)cause they must be able to see that, although it is bringing joy to the other people because you are …staying a little bit longer, it is also bringing them…Everyday they just know, “is that going to be the day or when is it (rejection) going to happen?” (Chloe, Receptionist, Age 24)

Chloe has actively appropriated common medical knowledge (immunosuppressive rejection) into her personalize narrative to negotiate her way out of committing to becoming an organ donor (Hirschman and Thompson 1997). In criticizing the promotional material (documentary) from UK Transplant, Chloe maintains that the documentary:

“…is very one-sided….it is all propaganda. It leaves me with more questions than answers. They haven’t told you whether anybody who has a transplant earlier on and what they are like now, whether they are on some kind of medication. The ‘gift-of-life’ slogan is a good slogan for what they are promoting but I wouldn’t say it is strictly true. It is all so peaches.” (Chloe, Receptionist, Age 24)

The finality of death and the right to life

Although none of the informants were aware of BSD, the anxiety about the finality of death persists. This is most prevalent in their narratives pertaining to the vegetative body. The use of a life support system means that dying is a process rather than an ‘instant’ occurrence (Fulton, Fulton and Simmons 1977). The dying process hence involves the decision of ‘turning off’ the life support machine which has caused anxiety among some of our informants:

“When you are dead you don’t really need it (the organs) I suppose. But as long as you really are dead, that’s the thing that worries me; it is the life support machine thing that worries me about organ donation…if it was me on life support machine and I was about to come round in like 5 minutes and they switch the machine off… not very nice really would it? It is a bit scary to be honest. It just makes you wonder, if they (next-of-kin) haven’t decide to donate organs, would they (transplant surgeon) be that keen to switch the machine off.” (Megan, Recent Graduate, Age 22)
Megan’s ambivalence towards organ donation does not reside within the concept itself; rather she questions the point at which the finality of death occurs. Such anxiety is informed largely through mediated experience—i.e. experience of events that are spatially and temporally distant from the practical everyday life (Elliott and Wattanasuwan 1998). Cultural meanings of death are circulated through the media depicting stories such as being buried alive, the sentient corpse, recovery from coma and out of body experiences (Richardson 1996). All these contribute to confusion on what constitutes the ‘moment of death’. These alternative representations of death also lead our informants to question the credibility of death diagnosed by the medical professionals:

“Or if there is a glimmer of hope, obviously from the things I have seen on the media, but as an example yeah, if someone can’t breathe on their own, and the life support machine is off then obviously they are going to die. But then it comes back again (to the question)...are the doctors definitely sure that they are dead (laugh).” (Imogen, Administrator, Age 28)

As mentioned above, the medicalization of death gives rise to the emergence of ‘natural death’ (Illich 1976)—a death which comes under medical care and finds us in good health and in old age—thereby supporting the sanctity of life. Switching off the machine is perceived as diminishing one’s right to life:

“I think that.... erm... everyone has a right to life. And people... and obviously I am saying this... if someone is in a coma, but there is a chance of them coming around, then obviously we should wait.” (Imogen, Administrator, Age 28)

The informants’ perceptions about the quality of life for those on the ventilator is dependent on whether or not the vegetative identity is perceived to be embodied, i.e. can they be considered a living person? For informants in this study, there is general agreement that the vegetative identity should be classified as a living person whose life should be maintained, and therefore it is not justifiable to retrieve organs from these individuals:

“Unless they are actually dead dead, I don’t think that any organs should be taken. They are still alive. Even if they get brain damage, they are still alive; maybe they wouldn’t thank you for it. But they are still classed as alive so I wouldn’t think that anything should be taken, unless the family has made a decision to turn off the life support. I don’t think they should be touched.” (Imogen, Administrator, Age 28)

The informants’ lack of knowledge about BSD has also resulted in them questioning the feasibility of transplant from a non-heartbeating-cadaver:

“...if I don’t need it (the heart) anymore, then, yeah why not give somebody else a chance of life with your heart. But see, when I think of that, I come back to the feeling that I have of, the heart has to be pumping for them to be transplanted. So how do they manage to do that? Do they actually let you die? Did your heart actually stop? Do they actually let your heart stop so you’re completely dead or do they like rip it out?” (Imogen, Administrator, Age 28)

Imogen confuses the traditional diagnosis of death (cardio-pulmonary) with BSD. This raises the question of whether the vitality of life is perceived to be located in the brain (Lock 2002). Is death the death of the brain stem? Or is death the death of the whole body? Imogen is not sure whether or not the heart would still be pumping for a while after death. She tries to assign meaning to the detached pumping heart. On the one hand she constructs the detached heart as merely a biological machine, devoid of emotion and personhood, with the pumping as biological reflexes, which separate biological death from the death of the self:

“I guess your heart is going to carry on pumping for a bit after you are dead anyway isn’t it? If that was the case, then that is fair enough. Yeah, if that was the case, and I would know that at a certain point that I would definitely be dead, but then my heart would still be beating, then that would be OK (to donate). So if my heart is still beating but I am dead, I am fine with it. As long as it is proven and tested, then yeah.” (Imogen, Administrator, Age 28)

On the other hand, she constructs the pumping heart as the embodiment of life and rejects the biological machine metaphor. Here she negotiates back and forth between what constitutes biological death and the death of the self. She is also trying to understand if the death of the self is necessarily embodied in the heart. Does life cease at the moment the heart is taken out? Or does life cease when the heart stops pumping?

“But then surely if your heart is beating anyway, why would you be dead? Do you know what I mean? If it is still beating, you are not going to be dead are you; you are still going to be alive. I don’t know what the circumstances are or what criteria (there) are for somebody to be pronounced dead. ...I don’t know (he)cause when you see it on... on the telly (laugh), you know you see the monitor come up don’t you. And when they die, obviously the straight line comes along, well surely that would mean that the heart stop pumping. But can they do something then to get the heart back up and going ready for transplant? I don’t know actually. I guess yeah. But then if that is the case, then can they sort of... I guess sort of restart it can’t they? But then if you are dead and they can resuscitate your heart, why can’t they resuscitate you? (Laugh)” (Imogen, Administrator, Age 28)

The deliberate limited coverage of BSD in Western media and promotional materials (Lock 2002) has not impeded informants from questioning the definition of death. Instead, our findings indicate that the effort to play down BSD has left room for the production of imaginative discourse (Lock 2002: 192) and compounded the confusion surrounding death.

CONCLUSION AND IMPLICATIONS

The narratives constructed by young female potential donors in this study have illustrated that the meanings attributed to organ donation are multiple and complex (O’Connell 1996). By enacting various interpretive positions, our informants negotiate their ambivalent perceptions about organ donation by weaving them into a personalized narrative (Hirschman and Thompson 1997). This enables them to address the various paradoxes presented by the ‘mortal body’ (Bauman 1992) within the context of transplantation. Organ donation relies on individuals being able to come to terms with the consequences of embodying the ‘mortal body’ and ultimately to consider giving it up as a social gift. While most of our informants qualify the “gift-of-life” discourse in an almost intuitive and distant manner, there exist simultaneously, alternative discourses which lay bare many deeply held existential concerns. The
decision to donate lies in the shifting definitions between life and death. It transgresses the boundaries between ‘natural death’ and ‘technological death’. Despite the effort to ‘normalize’ the “gift-of-life” discourse via mainstream media and marketing campaigns (Johnson 1990), reservations concerning the finality of death and the social ramifications of transplant technology remain persistent in the perceptions of our informants. By appropriating common understanding of medical knowledge (such as immunosuppressive rejection), our informants have demonstrated that they are far from passive negotiators of media messages.

As active consumers of cultural discourses, our informants show that a one-sided prescriptive representation of organ donation predicated on the “gift-of-life” discourse will not be sufficient to encourage ambivalent potential donors to agree to organ donation. This is because it fails to address the concerns potential donors have on a personal level and to appreciate the complexity engendered in the decision of organ donation.

Supporting Keman and Domzal’s (1997) proposition for an open-ended form of marketing communication messages, we therefore argue for an interactive dialogue between the promoter (UK Transplant) and potential donors. The Meaning-Based model proposed by Mick and Buhl (1992) provides a comprehensive framework to encourage interaction between UK Transplant and potential donors. Further research is needed to identify relevant life themes that influence potential donors’ connotations when interpreting marketing messages pertaining to organ donation. There is also a need to consider potential donor’s ability to form intersubjective reading from multiple media sources such as soap-operas, documentaries, medical dramas, etc. By representing the existential concerns potential donors express about organ transplant through mediated storylines in an open-ended way (as in soap-operas/drama/films-especially family-oriented programme such as Emmerdale), our informants suggest that this may initiate discussion among family members. This should be followed by an invitation to encourage potential donors to find out more information about organ donation (such as websites and helplines). This may also help potential donors to construct a more “informed” and “accurate” narrative on organ donation—thereby reducing the uncertainty that contributes to their ambivalence. There is, therefore, a necessity for an integrated marketing communication approach for potential donors to form personalized meanings regarding organ donation (Williams and Calnan 1996). Ethnographic research is needed to explore potential donor’s interaction with different media sources and their effectiveness in encouraging reflexivity and in representing credibility. Ethnographic research will also be useful in identifying various situational factors during the viewing process (e.g. the social dimension of media viewing).

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