Cannibal Or Commodity Fetish: Body As Material Interaction

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This paper seeks to address the call to bridge the dichotomous divide between subject and object within consumer research. Adopting an embodied perspective and drawing on our empirical research, we highlight the paradoxical meanings surrounding the fetishization of the body as a commoditized object as well as a kernel of personal history. We explore the extent to which participants are willing to overcome the depersonalizing transformation to their embodied self, as they negotiate the meanings surrounding the progressive objectification of the body, inherent in the practice of organ transplantation. Our analysis suggests the difficulty in delineating where the embodied subject ends (donor as self) and the commoditized object (donor as cadaver) begins. As such, the boundaries that mark the agentic capability of the embodied donor as commodity/intentional subject are mutable, indeterminate and intersubjectively emergent. We therefore seek to create a dialogue among consumer scholars to reconsider the body as the 'material interaction' between consuming subjects and material objects. Only in so doing, can we begin to advance the discipline beyond its essentialist roots.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/14165/volumes/v36/NA-36

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ABSTRACT
This paper seeks to address the call to bridge the dichotomous divide between subject and object within consumer research. Adopting an embodied perspective and drawing on our empirical research, we highlight the paradoxical meanings surrounding the fetishization of the body as a commoditized object as well as a kernel of personal history. We explore the extent to which participants are willing to overcome the depersonalizing transformation to their embodied self, as they negotiate the meanings surrounding the progressive objectification of the body, inherent in the practice of organ transplantation. Our analysis suggests the difficulty in delineating where the embodied subject ends (donor as self) and the commoditized object (donor as cadaver) begins. As such, the boundaries that mark the agentic capability of the embodied donor as commodity/intentional subject are mutable, indeterminate and intersubjectively emergent. We therefore seek to create a dialogue among consumer scholars to reconsider the body as the ‘material interaction’ between consuming subjects and material objects. Only in so doing, can we begin to advance the discipline beyond its essentialist roots.

‘Transplanted organs become one of many examples of objects rendered culturally significant by new medical technology. Their cultural value lies in their economic and their social worth; they are rare commodities in part because they are personalized objects’ - Sharp, 1995: pp. 378

INTRODUCTION
This paper seeks to address the need to transcend the subject-object dualistic legacy of Cartesianism within consumer research. Increasingly, consumer researchers are called to reflexively elucidate the relationships between subjects (consumers) and objects (commodities) and how the ensuing cultural meanings are mediated within marketplace cultures (Borgerson, 2005; Arnould and Thompson, 2005; Elliot and Wattanasuwann, 1998; Wallendorf and Arnold, 1988). Accordingly we are responding to recent calls for consumer researchers to bridge the dichotomous divide between consuming subjects and commodity object, by reflecting on:

‘...the radical indeterminacy of both ‘subject’ and ‘object’...which begin from the assumption of an emergent ontology with bodies, objects and meaning entangled, co-constituted, fragile and often ambivalent.’ (Bettany, 2007: 45)

This call is reflective of a shift in consumer research, away from the ‘essential characteristics of consumption objects’ (Bettany, 2007: 42) towards the agentic primacy of the consuming subject, as exemplified recently by CCT (Arnould and Thompson, 2005). By privileging either the subject or the object, consumer researchers have yet to appreciate the purposive (intentional) communion between the consumer and the material world (Merleau-Ponty, 1945/2002; Dant, 2006; Joy and Venkatesh, 1994; Heidegger, 1927/1962; Borgerson, 2005; Miller, 1987; Latour, 1987), and have therefore reinforced the legacy of Cartesian philosophy (Thompson et. al. 1989; Arnold and Fischer, 1994). In other words, by endorsing the binary opposition between subject/object, consumer researchers have overlooked the concept of intentionality\(^1\)--which is considered to be at the root of agency (Borgerson, 2005). This paper will therefore adopt an embodied perspective, drawing from the phenomenology of Merleau-Ponty (1945/2002) and Heidegger (1927/1962) to address the intentional comportment (Merleau-Ponty, 1945/2002), which connects consumers to material culture. As Dant (2006) suggests, it is through embodiment that the commodified capital of objects emerges. In the light of this, Dant (2006) defines ‘material interaction’ as:

‘...the meeting of the materiality of peoples’ bodies, including the mind and imagination that are part of those bodies, with the materiality of objects, including the qualities and capacities that has been designed and built in by the combined and collective actions of a series of other people.’ (Dant, 2006: 300)

This is important because it helps us to realize the dialectical connection between subject and object (Merleau-Ponty, 1945/2002; Borgerson, 2005)—which is mutable and indeterminate (Bettany, 2007). As such, we can begin to appreciate that agency is necessarily co-determined through the intersubjective network of embodied beings. We propose to situate our analysis within the context of cadaveric organ donation, by establishing the body (cadaver) as the point of ‘material interaction’ (Dant, 2006) between different stakeholders within the transplant community,\(^2\) who contest what the body is, the extent to which the body can be considered a constituent of selfhood and how its boundaries should be defined (Seale et. al., 2006). The decision to become an organ donor is therefore embedded within a nexus of competing narratives, through which the body is thematized as a battleground where the battle concerning its agentic capability (i.e. are bodies intentional or inert) is fought. The body therefore occupies an ambiguous position within the discourse of organ transplantation, as it is at once a commoditized object and a biographical marker of the self (Sharp, 2005). Through empirical research, this paper presents accounts of the negotiated meanings of potential donors, as they attempt to relate their embodied experience to the progressive objectification of the body, inherent in the medical practice of organ transplantation. We begin our analysis by considering pertinent themes within the literature, namely: (1) the body as enfleshment of the world, (2) the body in plenum and (3) the objectification of the body.

THEMES FROM THE LITERATURE

The Body as Enfleshment of the World: Towards the Dissolution of the Subject-Object Dualism
Within consumer research, the body has often been conceptualized as an inert object. Its status as a kernel of existence and locus of knowledge is subordinated to the superiority of the mind (Burkitt, 1999; Joy and Venkatesh, 1994). The body has therefore assumed

\(^1\)Intentionality is a concept first introduced by Franz Brentano (1837-1917) to explicate the relationship between the subject and the object. To say that the subject is intentional is to say that it is always directed towards or refers to some objects.

\(^2\)The intersubjective connection between donors, recipients, donor/recipient families, medical professionals and marketers
a liminal presence in the discipline, where it has long been eclipsed by the hegemonic legacy of Cartesianism (Joy and Venkatesh, 1994; Thompson et al., 1989) and rendered docile under the panoptic gaze of the ‘inscriptive perspective’ (e.g. Thompson and Hirschman, 1995; Grosz, 1994). More recently, consumer researchers have begun to acknowledge the ‘lived experience’ of consumers as essentially ‘incarnated’ (Patterson and Elliot, 2002; Lai et al., 2008; Joy and Sherry, 2003). In order to fully embrace the consumers as ‘incarnated beings’, researchers are called to re-instate the body as the conduit of intentionality by ‘re-establishing the roots of the mind in its body, and its world’ (Merleau-Ponty, 1963:3 in Grosz, 1994). As Merleau-Ponty (1945/2002) suggests, the body is not merely a corporeality (being a body), which is purposefully orientated towards the world it inhabits. Consequently we both have and are bodies (Turner, 1996). From a Merleau-Pontyan perspective, objects (materiality) are constructed (designed) as the enshlement of consumer culture, which are then embodied by the consuming subjects who, in so doing, consecutively shape the process of material civilization (Merleau-Ponty, 1968; Lai et al., 2008; Dant, 2006). We will now move on to consider the body as the conduit of intentionality, with reference to Merleau-Ponty’s and Heidegger’s ideas on embodiment.

The Body in Plenum: The Existential Conceptualization of the Body as a Conduit of Intentionality

While Heidegger has very little to say about the body, on closer reading it becomes apparent that his hermeneutic account of Dasein is essentially embodied (Heidegger, 1927/1962). In the German language Dasein literally means Being-there (Macquarrie, 1972). As the body is our anchorage of being-in-the-world, Being-there necessarily implies that Dasein is an embodied being (Macquarrie, 1968). In Being and Time, Heidegger (1927/1962) criticized the prevailing Western thinking that tends to regard Being in terms of thinghood (Macquarrie, 1972). The Cartesian dualistic substance of Mind/Body is one such example. Similarly, Merleau-Ponty (1945/2002) is vehemently opposed to the reduction of the embodied subject to a passive res extensa (1945/2002: 381), in which it is rendered as a thing-in-itself (Sartre, 1943/1956). To regard embodied beings as passive objects is to engage in an ‘act of depersonalization’ (Heidegger, 1927/1962: 73) that withdraws from the person, his right to dignity, mystery and humanity (Marcel, 1949 in Macquarrie, 1972: 176). For Heidegger, Dasein is embodied through and through—where man comports himself towards his Being as a ‘holistic fusion of body, soul and spirit’ (1927/1962: 73). By taking up the issue of Being, Dasein is responsible for who he is and what he may become. Here, the parallels between Heidegger’s concept of Dasein and Merleau-Ponty’s ‘body-subject’ begin to emerge.

As a body-subject, Dasein projects into future possibilities as ahead-of-itself (Heidegger, 1927/1962: 279). Such projection into future trajectory is what Heidegger called transcendence (Dreyfus and Rubin, 1999: 300). Thus, as a transcendental being, Dasein-as-embodied has an intentional comportment towards the world (space) and his project (time), through which he plays an active part in the meaning-making process. Accordingly, through our embodied experience, we creatively fuse our life-narratives with meanings, drawing from the possibilities open to us in our purposeful communion with the world.

Our embodied existence is therefore a dynamic process, which suggests ‘being in a plenum’ (Merleau-Ponty, 1945/2002: 525)—i.e. to exist is to always be in action. The precursor to existence, then, is our embodied transcendence. To exist is to ‘perform’ life—I do therefore I am. It is in ‘doing’ that we attain concreteness and fullness of existence (Macquarrie, 1972). Inverting the cogito, it is because ‘I can that I am’ (Merleau-Ponty, 1945/2002: 446), and thus ‘I am therefore I think’ (Macquarrie, 1972; Crab, 1998). Merleau-Ponty and Heidegger have therefore reversed Descartes’ claim to the certainty of existence by relocating it’s locus from the dispassionate ‘I think’ to the embodied ‘I can’.

Death therefore represents the transformation from ‘I can’ into ‘I no longer can’ (Leder, 1990). The silent sphinx of the cadaver heralds the annulment of intentionality (Bauman, 1992). Thus, the omnipresence of death reveals to Dasein his underlying nullity, where he can no longer ‘perform’ life (I can’t therefore I’m not). For Heidegger (1927/1962) then, nonbeing is in the fibre of our very being. As Merleau-Ponty argues, we as intentional beings are betrothed to the world through which we are held responsible for our ‘commitment’ to exist.

“I can no longer pretend to be a nihilation (néant), and choose myself continually out of nothing at all. If it is through subjectivity that nothingness appears in the world, it can equally be said that it is through the world that nothingness comes into being. … We are always in a plenum, in being, just as a face, even in repose, even in death, is always doomed to express something.” (Merleau-Ponty, 1945/2002: 525)

In short, our dialogical engagement with the world means that we, as embodied beings are not simply inert entities lying around, indifferent to our surrounding. In Heideggerian terms, we are never simply present-at-hand (1927/1962: 67). A synthesis between the ideas of Merleau-Ponty and Heidegger thus portray Dasein as chiasmatically conjoint to his world as one flesh—i.e. the flesh of the body is also the flesh of the world (Merleau-Ponty, 1968; Lai et al., 2008; Dant, 2006)—thereby rendering the traditional subject-object dualism obsolete. If the body-as-subject defies objectification, to what extent can body parts be commoditized as social gifts within the discourse of cadaveric organ donation? To what extent does the tension between the subject-object status of the body (cadaver) mediate the material interactions between different members of the transplant community?

The Objectification of the Body within the Discourse of Cadaveric Organ Donation

As organ transplantation becomes increasingly routinized, concerns have been raised with regards to the slippery slope of body commodification (Scheper-Hughes, 2001; Hogle, 1995; Lock, 2002; Belk, 1990). This is not surprising as organ donation inevitably entails the fragmentation of the embodied self. As the body is isolated into interchangeable components, it can then be commoditized as a form of merchandise (Helman, 1988; Seale et al., 2006). Thus, by objectifying the body, organ donation becomes conceivable as it is stripped of its emotive and social value, i.e. an object devoid of personhood. This reflects the Cartesian conception of the mind/body dualism, which reinforces the inert quality of the body.

Within the medical context, the body is further reified through the clinical gaze (Foucault, 1973) and various medical rites (e.g. pathological examination). Medical professionals are required to engage in what William Hunter called ‘necessary inhumanity’ or clinical detachment (Armstrong, 1987; Lock, 2002; Richardson,
1987; Lynch, 1990) in order to achieve medical objectivity. This clinical gaze transforms the cadaveric donor into a ‘thing-in-itself’—an assemblage of body parts (Lynch, 1990; Helman, 1988). Thus organ transplant procedures have been described as a form of late modern cannibalism (Schepers-Hughes, 2001), where organs are ‘extracted’, ‘salvaged’ and ‘replaced’ (Robbins, 1996), mirroring the taking of functioning parts from a machine (e.g. cannibalizing car parts) to repair another that is broken (Youngner, 1996; Richardson, 1996; Fox and Swazey, 1992). As Heidegger (1927/1962) feared, such medical construction has reduced the body into an undignified object of biology—a corporeal thing. As the integrity of the embodied self is violated, the status of body parts as the locus of the self becomes a matter of social dispute (Seale et al., 2006). In breaching bodily boundaries, transplantation has given birth to hybrids that threaten to undermine the western conception of the coherent self (Helman, 1988; Hallam et al., 1999). In other words, the leaky bodies of organ transplantation violate the ‘taken-for-granted’ modernist western assumptions about the ‘bounded body’, where ‘being whole’ is defined in terms of corporeal solidity, immutability and impermeability by others (Hallam et al., 1999; Douglas, 1902/1966). Furthermore, upon receiving an organ, transplant recipients often undergo transformative experience that alter their sense of self (Sharp, 1995)—which they fetishize with lingering animism (Lock, 2002; de Brosses, 1760/1970). Such anthropomorphism of the body thus reflects broader societal concerns over the reconfiguration of body boundaries (Douglas, 1902/1966; Hallam et al., 1999).

Belk (1990) contends that body parts and organs can retain their sacredness by being given and received as gifts (see also Titmuss, 1972). Hoge and Lock (2002), however, are perturbed by the gift exchange of organs, arguing that such ritualistic practice of gift-giving merely conceals the progressive objectification of the body and obscure the darker side of organ transplantation (Youngner, 1996; Richardson, 1996). By normalizing the ‘gift-of-life’ discourse, potential donors are promised a ressurrective appeal to become technologically ‘immortalized’. Thus, donors can “live on” literally in the body of organ recipients (Sharp, 1995) and symbolically in the collective memory of society (Lock, 2002); while remaining oblivious of the cultural production that transforms donor cadavers into routine cyborgs (Hoge, 1995). Marx (1867/1976) called this the fetishization of commodity, where consumers are removed from the production process through the medium of commodity. Hence, through the promotional rhetoric of the ‘gift-of-life’, the body becomes commoditized as social object (Helman, 1988; Seale et al., 2006; Kopytoff, 1986). Such objectification of the body violates the integrity of the embodied self, ‘causing tension between the status of body parts as ‘self’ (subject) or not self (object)’ (Seale et al., 2006: 26).

For the potential donors, the body continues to carry a personalized imprint of the self (Sharp, 1995). Biographical narratives are told through and with the bodies. As such, the ‘biographical body’ is also a historical body-engraved with the epiphanies of life, where personal triumphs and tragedy are chronicled. It is through their ‘historical body’ that potential donors are able to experience a sense of continuity, which unites the past, the present and the future (Thompson, 1997; Giddens, 1991; Mick and Buhl, 1992) as their ongoing existential project (Thompson and Hirschman, 1998; Merleau-Ponty, 1945/2002). Hence, the body is a conduit of intentionality that perpetually compacts towards its potentiality-for-being (Heidegger, 1927/1962) and cannot be easily depersonalized.

Having reviewed the premises and paradoxical meanings underlying the fetishization of the body as a commoditized object-in-itself as well as an animistic site of lingering subjectivity, we now present the methodology of this empirical study.

METHODOLOGY

In recognition of the need to transcend the Cartesian legacy of subject-object dualism, we have adopted the philosophical perspective of hermeneutic-phenomenology (Arnold and Fischer, 1994; Thompson et al., 1994) to inform our interpretive inquiry of cadaveric organ donation. Hermeneutic philosophy emphasizes the ontological status of Being (Heidegger, 1927/1962), in which the interpreter (researcher as subject) enters into a dialogical relationship with the interpreting-object (participants as co-author) to arrive at a mutual understanding of new possibilities of what it means to be human (embodied subjects). Hence both the researcher and the participants are embodied beings, who are intersubjectively comported towards each other (Merleau-Ponty, 1945/2002) in a ‘continuous state of coming into understanding’ (Arnold and Fischer, 1994: 59). Through the collaborative approach of active interviewing (Holstein and Gubrium, 1995), the researcher (first author) engaged the participants in a shared narratological dialogue (Thompson, 1997). Multiple active interviews, of approximately 4 hours each, were conducted with 14 British female potential organ donors, aged 21-30, who harbour ambivalent perceptions towards organ donation—generating extremely ‘rich’ and complex data.

Hermeneut-phenomenology also insists that researchers must first understand the pre-objective ‘lived experience’ of the participants (emic perspective) prior to the construction of knowledge (Merleau-Ponty, 1945/2002; Thompson et al., 1994). Hence the construction of knowledge necessarily emerges as a fusion of horizon (Gadamer, 1989) between the participants and the researcher (Holstein and Gubrium, 1995; Thompson, 1997). Thus, in this study, this fusion of horizon occurred when the participants’ perspectives slipped into the perspectives of the researcher (first author) and vice versa (Merleau-Ponty, 1945/2002; Langer, 1989), mutually enriching and expanding horizons of understanding of all involved. The interpretation of data presented in this paper is therefore the concretized form of understanding (Gadamer, 1989) derived from this fusion. In this way, the subject-object dichotomy is bridged (Arnold and Fischer, 1994)

THEMATIC ANALYSIS AND DISCUSSION

Our findings reveal that participants have predominantly depicted organ donation as involving the disintegration of the body. The ‘fragmented’ and ‘leaky’ body emerge as overriding representations in participants’ narratives, which collide with their embodied experience for ‘being whole’ (Lock, 2002). The ‘fragmented body’ also implies the transgression of body boundaries, where participants fear the ‘cannibalistic’ repercussions of merging with the bodies of anonymous others (Kopytoff, 1986; Sharp, 1995; Dant, 2006). In our thematic analysis, we explore various perspctival standpoints from which participants negotiate the situated meanings surrounding the mortal body. In doing so, we begin to illustrate how they attempt to make sense of the depersonalizing transformation of their embodied self and thus, reconcile the competing narratives surrounding the transgression of corporeal boundaries that underlie the practice of cadaveric organ transplantation.

Being Whole/Being Fragmented: Negotiating the Progressive Objectification of the Disintegrated Body

In their pre-objective description (emic perspective), participants have predominantly depicted cadaveric organ donation as involving the fragmentation of the body. For example, the body is portrayed as being ‘scattered about’, ‘cut up in little pieces’, ‘hacked up’, ‘butchered’ and ‘chopped up’. It is therefore not surprising that transplant surgeons and/or doctors are often depicted as ‘psychotic’, ‘crude’, ‘monstrous’ and ‘horrendous’. Mean-
while, organ transplantation, as a practice, is deemed ‘barbaric’, ‘crude’, ‘gruesome’ and ‘intrusive’. Estelle’s description below is an archetypal portrayal of organ donation:

“I see it in a crude sense. I am just like ‘oh they just take an organ out of someone and plonked it in someone else’s.’ It is just in a horrible, disrespectful way that is just pictured in my head. And they just make it sound like really nice but unpersonal type thing. … Like if someone’s had their like organs donated they’ll be all hacked up. … it’ll be taken out of them and that’s just horrible because they’ll be cut up for no reason. They don’t have…like time to pass away peacefully or time for the family to say goodbye. It is more like, they are just the donor. They are not a person that’s kindly giving you something. It is just like, ‘right, another one.’ Seems quite horrible. … it’s not a person any more, we’ll just get out the organs because we need them and they (the donors) don’t matter.” (Estelle, Age 21, Interview 1)

Like all the participants, Estelle sketched a somewhat ‘crude’ representation of organ transplantation, which she perceives to be a de-humanizing procedure that routinizes body mutilation. Here, the transplant professionals are demonized through the ‘othering process’, as the ‘they’—who ‘just take organs’ from an anonymous pool of donors and ‘plonked’ them into the collective bodies of transplant recipients (someone else). Donor-cadavers are ‘hacked up’ or ‘cut up for no reason’ in order to fulfill ‘greater’ social needs. Therefore, emphasis is placed on the utilitarian concern of organ shortages, while the potential donor as a person pales into insignificance. As a result, donor-cadavers are transformed into routine cyborgs (Hogle, 1995), that can be replaced like interchangeable spare-parts that are merely present-at-hand (they are not a person that’s kindly giving you something. It is just like, ‘right, another one’). No longer able to project into the potentiality-of-being, the cadaver donors thus lose their intentionality as embodied beings (they are just donors). Drawing from her embodied standpoint, Estelle argues that the practice of transplantation has crudely neglected the social significance of the donor, whose body continues to express an orientation to the ‘Being who has just lost his life’ (Heidegger, 1927/1962: 282). For her, the body continues to be the locus of personhood, whose ‘subjectivity’ is co-defined through the interpersonal network in which it is located. As a point of intersubjective interaction, the body must therefore be left in peace to allow the bereaved to say their final goodbye. While the appeal for organ donation has been ‘gift-wrapped’ to make it ‘sounds nice’, such an intuitive appeal stands in contradiction to Estelle’s pre-objective understanding of organ transplantation, which she considers to be ‘disrespectful’ and ‘horrible’. Similarly, in her narrative below, Kierra provides a macabre depiction of cadaveric organ donation as involving the practice of clinical detachment, which she deems as the ultimate sign of disrespect to the donors and their families.

“I know one of my friends is studying to be a doctor. And he just tells me about cadavers, is that the right word? …Anyway, he tells me about the story about cutting people up and …they don’t seem to… it is not really a personal thing to them. It’s like the body is a piece of meat and they fix it and sew it up, you know. It is like, the body is on the cutting board you know, (they) open you up gradually, sew it up and fix it and change it and do what you need to do. And that’s how I think of it. But for me, I think of body in terms of people and I think life is very important. Well, the medical students see them as… although they know they are people… the doctors would have to detach themselves, haven’t they, I think… ‘there are some people here who donated themselves for our benefit and aren’t we lucky and we must respect these people and appreciate it’… I don’t think I can walk into a room with a dead person and laugh and take pictures and drink coffee really. And I think of that and I think of people laughing around cadavers and not thinking about them as people. It is kind of. …it is a natural… it is somebody. …they may be dead but still you know. …very significant… that person is dead.” (Kierra, Age 24, Interview 1)

Kierra is cognizant of the term cadaver being a discursive construction specific to medicine (Youngner, 1996). For her, the medical concept of the disembodied cadaver clashes with her pre-objective understanding of the deceased person in her lifeworld. As a medical construction, the cadaver is a pathological specimen of objective science (Foucault, 1973; Williams and Calnan, 1996). Sequestered to the private realm of the operating theatre (Walter, 1996), the cadaver undergoes the rite of dehumanization, where it lies submissively on the ‘cutting board’ (operating table) like a ‘piece of meat’, ready to be ‘sewn’, ‘fixed’, ‘opened up’ and ‘changed’ by the clinically detached professional. As Heidegger (1927/1962) has forewarned, such acts of depersonalization (it is not really a personal thing to them) have denied embodied subjects their last shreds of dignity (Lynch, 1990). Despite acknowledging that such ‘necessary inhumanity’ (William Hunter circa 1780 in Richardson, 1987) is essential to achieve medical objectivity, (doctors would have to detach themselves), Kierra insists that the body continues to be a significant embodiment of the deceased donor whose life is ‘very important’. As such, the fragmentation of the body into medical objects is unthinkable for the majority of the participants. Not only does it disrupt the intersubjective bond between the deceased and the bereaved, it also signifies the disintegration of the embodied self, as Carmen explains below:

“Because of just how important I am to me and my body. The body is to me how I was made up here, so it’s almost like you are shattered (laugh) when you are scattered about. Erm… so that’s why… cause you can’t keep a hold of it. You can’t keep track of everything.” (Carmen, Age 23, Interview 2)

For Carmen, the integrity of the body represents ‘how she is made up’. Transplantation involves the breakup of the intact body, as it is ‘shattered’ to pieces before being dispersed (scattered about) into the bodies of anonymous others. As such, she fears the ‘loss of control’ over the management of her body. For Carmen, this powerlessness to exercise control over the ‘scattered body’ will ‘shatter’ the concreteness of her Being, and thus herald the collapse of her identity project. Carmen then reflects on what it means for her to ‘be whole’:

“You want to be whole; everything is working in conjunction to each other. You as a person, you know, you have got nothing missing, you have got nothing wanting. … You know I want to feel at home where I am. … and whole where I am. My own perceptions of being whole in everything, being yours in its right place even if it is not working, you know, you are not needing it… because without it (the body) we wouldn’t be here.” (Carmen, Age 23, Interview 2, our emphasis)

In this narrative, Carmen suggests that being whole affords her a permanent sense of corporeal familiarity (everything is in its right place)–which she can then weave around her as a protective cocoon (Giddens, 1991) to help her ‘feel at home’ in the world (Heidegger,
1927/1962). Such a refuge furnishes her ontological security (Giddens, 1991) and facilitates her ongoing project of the self. It is therefore important for Carmen to maintain the integrity of the body despite the cessation of its biological life. In existential terms, it is through the body that she is able to ‘be-in-the-world’ (Heidegger, 1927/1962). As Carmen insists, “without the body, we wouldn’t be here”. This implies that ‘being-a-body’ is to be ‘somewhere in the world’ (Heidegger, 1927/1962; Macquarrie, 1972)—that is to be in the continuity in terms of time and space. As such, a disembodied existence is inconceivable for participants; as the body represents the concreteness that anchors their lived experience and thereby supports the fullness of their existence (Macquarrie, 1972; Bauman, 1992). As a kernel of existence, the body is in perpetual transcendence and must continue to “emerge or stand out from nothing” (Macquarrie, 1972: 62). This is expressed below by Willa:

“Nothingness is frightening, you know, it’s a void. It…erm…it’s out of…it’s beyond my perception and therefore because I…because it’s beyond my imagination I suppose that makes me afraid of it. Like some general sort of existence that I suppose. Some general being part of time and space…Erm…because we are…we’re sort of Earth-bound aren’t we? We are physically rooted to the ground in a sense…erm…Sort of constrained (by the) body. Gravity keeps us…keeps us down on the Earth and…erm…we’re as rooted really as…almost as a tree is rooted into the earth. I mean we’re rooted on Earth because of…erm…because of gravity and so on. I’m…I’m…I’m scared of (cosmic) space…that’s…beyond my imagination…Because…because to me the idea of being unearthed, sort of ungrounded…it takes me out of life as I…as I know it, and it moves too far towards concepts I don’t understand ……so the thought of…the thought of being in a spaceship or some rocket thing and looking down on Earth, I think my sanity would go immediately” (Willa, Age 31, Interview 2, our emphasis).

For Willa, to exist is to be part of the space-time continuum, anchored by her body. Drawing from her embodied experience of ‘being earth-bound’, Willa describes her incarnated existence as analogous to a tree taking roots in the soil of the earth. In contrast, Willa equates nothingness to being in the void of cosmic space, which she claims to be ‘beyond her imagination’. As perception is intentional (i.e. the perceiving subject is comported towards an object in the world), nothingness is imperceptible to her as her (and our) imagination cannot stretch beyond what she has no experience of (Merleau-Ponty, 1945/2002; Bauman, 1992). Being adrift in the abyss of the cosmos creates in her an empty vacuousness, akin to Sartre’s ‘Nausea’ (1938). Her perception cannot entertain the ‘idea of being ungrounded’, as it defies the familiarity of her embodied senses that ‘takes her out of life as she knows it’. For Willa, nothingness is therefore a boundless void that offers no refuge to her perceptual need for groundedness (Bauman, 1992). As she loses the concreteness for being-in-the-world (Macquarrie, 1972), she also loses the ‘wholeness’ for Being (my sanity would go immediately) and thus the ‘liquidation’ of her (and our) self (Heidegger, 1927/1962). For the participants then, ‘Being-in-the-world’ entails having and being a ‘bounded’ body, through which they are able to project ahead-of-themselves towards the possibilities-for-Being (Heidegger, 1927/1962). The body is therefore permeated with intentionality as it is always in a plenum, incessantly ‘performing’ the act of living (Merleau-Ponty, 1945/2002). From an embodied standpoint, then, we can begin to appreciate our female participants’ apprehension concerning the objectification of the body through cadaveric organ donation, as this implies being in a stasis where they are no longer capable of meaningful transcendence. We will now move on to consider this.

**Cannibalistic/Transcendental Potential of Organ Donation: On Merging With Anonymous Other**

As participants contemplate the intercorporeal exchange of organs, their narratives take on a sinister undertone as they problematize the ‘ressurrecious’ promise to ‘live on’ in the body of anonymous transplant recipients. The merging and breaching of body boundaries evokes considerable anxiety among the participants as it violates the ‘taken-for-granted’ assumptions about the ‘bounded body’. In other words, organ transplantation thematizes the ‘leaky body’—a marginal construct, permeated with dangerous intent, as Carmen describes below:

“I think that’s WRONG. It’s eerie and not right…” “No, I don’t want to do that.” “Erm…You know, I don’t actually want to live on forever more and erm… I want me to be me, special as I am. Erm… And it… just it sounds like almost like something out of a horror film if you feel that parts of you is going to live on in other people. I think that’s a bad way to go. It doesn’t sit easy with me. Cause it’s adulterating. It is like you are not pure anymore because it would be somebody else as well. So I think you are truly you when you are you, not bits of you and bits of somebody else”. (Carmen, Age 22, Interview 2).

For Carmen, the idea of being technologically immortalized is met with a strong sense of repulsion. By situating her interpretive position within the genre of horror films, Carmen implies that the ‘ressurrecious’ potential of organ transplantation is verging on the realms of the ‘supernatural’. Her narrative can therefore be read as a cautionary tale (Thompson, 2004) that forewarns of the ‘menacing’ ramifications ingrained in the promise of technological transcendence. For Carmen, the breaching of bodily boundaries is ‘adulterating’ (Douglas, 1902/1966), as it threatens to defile the ‘purity’ of the embodied self. The practice of transplantation has therefore created a new class of hybrids, whose ambiguous coupling throws us into ‘radical doubt’ as to what the body is (Shilling, 1993; Hogle, 1995; Ohnuki-Tierney, 1994) and what constitutes our selfhood (Shilling, 1993, Seale et. al, 2006). To consolidate her sense of individuality (I want me to be me, special as I am), Carmen expresses a strong resistance to such hybridity, arguing that ‘you are truly you when you are you, not bits of you and bits of somebody else’. Such violations to the ‘bounded body’ have therefore provoked a sense of unease among our participants, insinuating that organ donation is saturated with cannibalistic potential (Schepers-Hughes, 2001).

For the participants, transplanted organs are fetishized objects, enlivened with animistic qualities (Sharp, 1995; Lock, 2002). This has created room for participants to ‘give voice’ to the ‘knowing body’ (Merleau-Ponty, 1945/2002), thereby substantiating it as an agentic field of resistance. Such anthropomorphism of the body is pervasive among the participants, best captured in the narrative constructed by Chloe below:

“I don’t know…probably something just like a mental image more than anything else. With everything the doctors seem to be able to do now, you would be able to survive rejection. But there’s…the organ itself would always be…you can…almost see the heart itself going, “No, I don’t belong in here”, and sort of…erm…you having to take drugs to stop rejection, it’s almost like the organ going, ‘No, I don’t belong in here. Let me out’.” Erm…which is why they, you know, they sort of give drugs to sort of…I don’t know, calm the organ, to pacify it, to
make it sleepy, so it isn’t permanently sort of going “Let me out! Let me out! I don’t belong in here!” Probably like a joke, saying, you know, that … in obviously donating an organ, you know, you’ll know that you’re helping somebody else walk around with your heart. This is in my imagination just … you just know it was that person down there has got what was once yours. There’s probably a selfish element …. like me, you know, it’s like, “That’s mine! You shouldn’t have it. Put it back, it’s only borrowed”. Despite the facts that you don’t … you’re not going to need it again.” (Chloe, Age 24, Interview 2)

In her narrative, Chloe forewarns of the peril that may befall the transplant recipient when the barricade of the bounded body is breached (Sharp, 1995; Hallam et. al, 1999). Specifically, she portrays the heart as bewildered and rebellious, seemingly taking on a life of its own, as it struggles to liberate itself from the fleshly casing of a foreign body. Like Chloe, most participants in this study depict the heart as the strongest site of defiance, as it is culturally considered to be the seat of personhood and emotion (Manning-Stephen, 1997; Haddow, 2000; Belk, 1988). The ‘imagined biography’ (Kopytoff, 1986) constructed around the heart is therefore richly elaborated (Sharp, 1995).

By constructing a social biography of the transplanted heart, Chloe envisages the alienation of the self, which is manifested through the biological (natural) rejection of foreign body parts (in this case the heart). In order to avoid being discounted as ‘irrational’, Chloe draws on the scientific discourse of immunosuppressive rejection to ‘legalize’ her embodied standpoint. As Chloe observes, it is on the corporeal frontiers that the battle of power and control commence between biomedicine (a cultural invention) and the biological body. Immunosuppressant drugs such as cyclosporine are weapons wielded by medical professionals to pacify the willful organs to subordinate them to the power of science. And in so doing, fulfilling the modernist project that upholds the superiority of culture (science) to overcome the limitations of the ‘natural’ body (Bauman, 1992; Hirschman, 1990; Shilling, 1993). Chloe indicates that such medical infringement of the body has also blurred the boundaries that have culturally marked the ownership of our body (Sharp, 1995). Disputes therefore arise as to who (i.e. donor or recipient) should be accorded the rightful control over the transplanted organs. In her narrative, Chloe vehemently maintains that seldhood is an incarnated phenomenon, emphasising the body’s ‘natural’ defences to protect its borders from the invasion of alien objects. In other words, the ‘knowing body’ has ‘declared’ its ‘natural’ allegiance to its owner (donor), who should therefore retain their rightful dominion over their organs. Not surprisingly then, organ donation is imbued with vampirish tendencies where the transfer of personalized organs is tantamount to the transference of the donor’s agentic life-force. Further illustrating this, Cyd states:

“T’ve heard stories about people that say they have flashbacks that aren’t their memories or that they feel things or that they like certain foods now because they have someone else’s body parts and things, and it just doesn’t seem right that we should take on somebody else’s that’s not ours. It’s…yeah..(laugh) Yeah, I don’t know really… I don’t know, because I’ve seen things on telly before where people have never met and they don’t know anything about the other person’s life but yet they’ve got a memory of their wife or something…I don’t know, I think perhaps your body and your body parts take on more than we really think and so then to transfer it, maybe you do take a little piece of that soul with you…If that really is true, then for that person that might not be a great experience either to have like parts of you in…because they might not always be good bits, maybe there would be bad bits too…. Yeah. They could pass on your demons or something..(laugh)" (Cyd, Age 22, Interview 2)

Cyd suggests that the body is saturated with the donor’s personal history, which becomes embodied as ‘memories’. Such ‘embodied memories’ are sedimented within their corporeal schema (Merleau-Ponty, 1945/2002). Thus, by donating their organs, they may also transfer their ‘embodied memories’ onto recipients’, and hence modify their corporeal schema. This transference of ‘embodied memories’ is euphemized as ‘passing on her demons’. As Cyd implies, her ‘embodied demons’ may transform the recipients’ experience of being-in-the-world (say they have flashbacks that aren’t their memories or that they feel things or that they like certain foods) and thus alter their personal history. For Cyd, the transplanted organs are more than just inert biological objects. Rather, they are intentional objects that have the potential to inhabit the social agency of the organ recipient.

In their narratives, participants often make intertextual reference to the genre of thriller and horror films. Posed as a counter-narrative, these films provide cultural commentaries, warning the dangers of violating body boundaries. Participants tend to sensitize various urban myths represented in these films, such as the horror of identity swap (Face/Off, All About My Mother), seeing ghosts (The Eye), the tyranny of gifts (Fox and Swazey, 1992), where the donor family stalks transplant recipients to seek reciprocation to their grief (21 Grams). This is exemplified below by Estelle:

“Carrie (friend) told me this film she watched (The Eye) and I am just picturing that. It is really scary. She had a… I think it is a retina transplant …. And she looked into the mirror, and she sees the donor’s ghost reflected in the mirror. Like she sees her eyes…that other person’s reflection. That’s why it was freaking me out there. It’s just the whole idea of….someone else’s identity mixed up with yours because….Oh! Have you seen Face/Off the film? It’s like really unrealistic, because it’s just like the different actors playing the different characters but…this guy has…erm…got this criminal arrested, but he has been given or he’s been knocked out and his face has been stolen, so the criminal lives the life of him and he the cop. And….that’d be awful..Just … just the idea that you’re assumed to be someone else.” (Estelle, Age 21, Interview 1)

CONCLUSION

In their narratives, participants imply that the decision to become an organ donor relies on individuals being willing to overcome the depersonalized transformation of the body to embrace the redemptive spirit of the ‘gift’. Hence, participants are actively engaged in a reflexive negotiation, to establish the parameters to which their embodied self can be objectified, fragmented and reincorporated as medicalized objects (Hogle, 1995; Youngner, 1996). Thus, while the idea of breaking up the body seems abhorrent to our participants, this does not mean they reject cadaveric organ donation outright. Instead, as it thematizes competing narratives surrounding the mortal body, it feeds their confusion, and thus their ambivalence surrounding becoming an organ donor.

Specifically, our participants perceive body parts as permeated with ‘imagined social agency’ (Miller, 2002 in Borgerson, 2005), which have the potential to (1) hinder the agency of the organ
recipient whose embodied self becomes cannibalized, and/or (2) annul the embodied intentionality of the donors whose embodied self becomes ‘literally’ devoured by the recipient. The ‘ressurective’ appeal of the ‘gift-of-life’ is therefore rife with ideological contradictions (Sharp, 1995); as participants are presented with the transcendental promise to ‘extend their biographies’ while simultaneously being confronted with its cannibalistic potential. As Lock (2002) argues, the fetishism of the body is doubly at work. On the one hand, the promotional discourse of organ donation has concealed the progressive objectification of the body through the fetishization of the ‘gift’ (Richardson, 1996; Youngner, 1996). For the potential donors, however, the body is infused with animistic quality that mystifies it as a fetishized object akin to religious relics (Sharp, 1995, Lock, 2002; de Brosses, 1760/1970).

Embedded within this nexus of competing narratives, the body therefore occupies an ambiguous position within the discourse of organ transplantation, as it is at once a commoditized cadaver and the vessel of personal history (Sharp, 1995). It is therefore difficult to establish where the embodied subject ends and the commoditized object begins. Consequently, the boundary that distinguishes the embodied/disembodied constituent of selfhood is indeterminate, mutable and emergent (Dant, 2006; Bettany, 2007), as its locality is co-defined through the intersubjective network that makes up the transplant community. As such, the ‘agentic capability’ attributed to the body is negotiated through the ‘material interaction’ between members of the transplant community. In summary, organ donation has thrown into confusion what the body is, how it should be treated and to what extent the body can be considered as the kernel of existence. The corpse, though lifeless, continues to express an orientation to life and is imbued with social and personal significance.

Accordingly this paper therefore seeks to create a dialogue among consumer scholars to reconsider the relationships between consuming subjects and material objects. Only in so doing, can we begin to advance the discipline beyond its essentialist roots. We propose mortal embodiment as a promising area of study that enables us to recognize that material civilization is cultivated through the bodily utilization of cultural objects-molded in the enshlement of consumers’ experience of being-in-the-world. We leave you with the thoughts of Merleau-Ponty -

“The body is our general medium for having a world. Sometimes, it is restricted to the action necessary for the conservation of life, and accordingly posts around us a biological world...Sometimes, finally, the meaning aimed at cannot be achieved by the body’s natural means; it must then build itself an instrument, and it projects thereby around itself a cultural world” (Merleau-Ponty, 1945/2002: 169).

REFERENCES


