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## **Shedding the Cocoon: a ‘Mortal Embodiment’ Perspective of Organ Donation in Supporting and Enhancing Life**

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# Shedding the Cocoon: A “Mortal Embodiment” Perspective of Organ Donation in Supporting and Enhancing Life

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## ABSTRACT

This paper explores how potential female donors in the UK negotiate their ambivalent perceptions of cadaveric organ donation from a ‘mortal embodiment’ perspective. Specifically, we explore how the decision to dispossess body parts in the event of death challenges the notion of the body as the marker and annihilation of self under the contours of late modernity. Using a hermeneutic approach, multiple active interviews have been conducted with potential female donors, aged 21-30 who claim to harbour ambivalent perceptions towards organ donation. Through our ‘rich and thick data’ we reveal how potential donors actively rework socio-cultural constructs of the body by enacting various interpretive repertoires to make sense of their embodied self. We propose that the current organ donation promotional message of the “gift-of-life” should take into account the embodied self as an ongoing project of transitions and transformation that transcend biological death. Our paper therefore supports the research programs proposed by scholars of ‘Consumer Culture Theory’ and contributes to the recent call for ‘Transformative Consumer Research’.

## INTRODUCTION

*“Then, at the time of death, we shed this cocoon and are once again as free as the butterfly.”*

-Elizabeth Kubler-Ross (1991), *On Life After Death*

The field of consumer research has reached its prime of life and increasingly academics are prompted to reflexively consider their roles in “*enhancing consumer welfare*”. The increasing interdependence between social agents within the discourse of consumption has led to an introspection to delve more deeply into the understanding of “*transformative consumer research*” (Mick 2006). This is exemplified by the recent establishment of the ACR Transformative Consumer Research task force where there is a call for

*“investigations that are framed by a fundamental problem or opportunity, and that strive to respect, uphold, and improve life in relation to the myriad conditions, demands, potentialities and effects of consumption.”* (Mick 2006: 2)

The task force identified organ donation as being one of the most pressing research agendas within “*transformative consumer research*”. In this paper, we reveal that the decision to become an organ donor is grounded within the broader sociocultural world that provides potential donors with a framework of meanings to negotiate their ambivalent perceptions towards cadaveric organ donation—further illuminating organ donation as a decision involving social interdependency.

This is reflected in the dominance of the “gift-of-life” discourse so prevalent within the promotional messages aiming to appeal to organ donors (Fox and Swazey 1992; Ohnuki-Tierney 1994). The meanings encoded within the “gift-of-life” discourse have intrinsically adopted a Judeo-Christian ideal of altruism, where potential donors are encouraged to donate the “gift-of-life” in the collective goal for common humanity (Ohnuki-Tierney

1994). Yet, the latest UK statistics indicate that while 90% of the population have expressed a willingness to donate their organs after their death, only 20% are registered on the NHS Organ Donor Register (BMA May 2004; UK Transplant 2004). Despite its altruistic connotation, Moloney and Walker (2002) argue that such hypothetical support expressed by potential donors tends to reflect the normative dimension of organ donation and fails to appreciate the existential tensions evoked by having to dispossess the embodied self through the act of organ donation (Robbins 1996).

Therefore to derive deeper understanding in encouraging organ donation, “*transformative consumer research*” needs to recognize potential donors as active interpretive agents, who are “*not simply consumers who are duped by medical ideology*” (Williams and Calnan 1996: 1632). There is a need to understand how potential donors’ interpretation processes unfold within their lifeworld. Our paper therefore supports the recent development of *Consumer Culture Theory* or *CCT* (Arnould and Thompson 2005)—*CCT* scholars contend that consumers are “*embodied interpretive agents*” who actively negotiate their consumption experience in the fashioning of their identity projects (Arnould and Thompson 2005; Thompson and Hirschman 1998; Patterson and Elliot 2002).

Despite the increasing interest in exploring the theory of ‘embodiment’ (e.g. Joy and Venkatesh 1994; Thompson and Hirschman 1998), the notion of “mortal embodiment” remains a relatively uncharted terrain within consumer research. The imminence of death becomes a constant threat, which reveals the ultimate futility of embodied projects within consumerist societies (Shilling 1993). Within the context of organ donation, potential donors are confronted with having to contemplate the meanings of *embodying mortality* and to consider dispossessing their embodied self in the event of death. The notion of embodied self poses a significant challenge for the altruistic ‘gift-of-life’ discourse—where transplantable body parts are regarded as disembodied “social gifts” devoid of identity (Lock 2002; Ohnuki-Tierney 1994).

This paper seeks to contribute to the exploration of organ donation from a ‘mortal embodiment’ perspective—specifically how the embodiment of mortality shapes ambivalence surrounding cadaveric organ donation among young British female potential donors. In so doing, it offers an alternative critical appraisal of the “gift-of-life” discourse ingrained within the marketing of organ donation.

## LITERATURE REVIEW

We will critically review the literature concerning the existential contradictions of dispossessing the mortal body under the conditions of what Giddens (1991) calls late modernity. Specifically we will highlight how the decision to become a cadaveric organ donor is situated within the existential contradictions of *finitude* and *the continuity of self-identity*—which arise as a consequence of embodying mortality.

### Dispossessing the Mortal Body in Late Modernity

Organ donation involves the decision of potential donors having to contemplate dispossessing their “*mortal body*” (Haddow 2000). This decision is rendered increasingly problematic in the

condition of late modernity<sup>1</sup>—a post-traditional order in which modern trends have become radicalized (Williams and Bendelow 1998; Giddens 1991). The encroachment of modern technology within the consumerist landscape presents individuals with the possibility of exerting control over corporeal determinism (Bordo 1993) and to transform physical capital into symbolic capital (Shilling 1993; Bourdieu 1973). As a result, under the contours of late modernity, the body becomes increasingly malleable (Shilling 1993), plastic (Bordo 1993) and bionic (Synnott 1993). In other words, late modernity renders the body as the site for consumers to construct their self-identities. As Shilling (1993: 1-3) observes:

*“The body becomes increasingly central to the modern person’s sense of self-identity...with the decline of religious frameworks which constructed and sustained existential and ontological certainties residing outside the individual, and the massive rise of the body in consumer culture as a bearer of symbolic value, there is a tendency for people in high modernity to place ever more importance on the body as constitutive of the self.”*

Concurring, Belk’s theory of the extended self (1988, 1990)—where the body is conceived as the self or possession of the self—significantly challenges the biomedical notion of the body as machine—a metaphor which informs the “gift-of-life” discourse (Robbins 1996).

Additionally, Belk (1988; 1990) maintains that the centrality of body organs to the individual’s perceptions of self is related to *cathexis* (investment of emotional energy). Individuals in late modernity are increasingly involved in the *cathexis* of their body through various body projects (Thompson and Hirschman 1998; Shilling 1993), where the body becomes “a project to be worked at and accomplished as part of an individual’s self identity” (Shilling 1993:5).

Bauman (1992) argues that individuals engage in body projects—such as diet and exercise—as a strategy against mortality. He adds that “the more people prioritize issues relating to the self, the more they invest in their bodies, the more difficult it becomes for them to face up to and cope with their own demise” (Bauman 1992 in Williams and Bendelow 1998: 88).

### **The existential contradictions pertaining to the finitude and continuation of self-identity**

As the self is increasingly embodied in late modernity, individuals are also becoming painfully subjected to “existential contradictions”—the contradictory relation of human beings to nature, as finite creatures who are part of the organic world, yet set off against it (Giddens 1991:55). According to Mick and Buhl (1992) existential concerns are represented by life themes, commonly born out of one’s sociocultural background and transformational experiences (e.g. death). Death becomes the ultimate betrayal of embodied projects—where the struggle between the “time-binding mind” and the “time-bound fleshy casing” (Bauman 1992) represent the ambivalence of embodying mortality. The paradox of embodying

corporeality lies with the obdurate fact that our material existence will one day come to an end (Seale 1998).

*“The body is the ‘natural enemy’ of survival and the only uncontrived enemy. A paradox indeed—and the seat of perhaps the deepest and most hopeless of ambivalences: in the struggle aimed at the survival of the body, the would-be survivors meet the selfsame body as the arch-enemy.” (Bauman 1992: 36)*

Consequently, organ donation requires potential donors to reflexively reorder the narratives of their self-identity (biography) around their ever-changing embodied self (Seale 1998; Thompson and Hirschman 1998). If the body is the marker of the self, it is not surprising that dispossessing body parts through organ donation conjures up ‘existential questions’<sup>2</sup> of finitude and the continuity of self-identity (Giddens 1991; Lock 2002) for potential donors.

Since one cannot “experience” death and live to talk about it (Bauman 1992), death is as Kierkegaard (1941) points out a “subjective death.” Subjective death is “an absolute uncertainty” (Shilling 1993: 184), which, by its very nature is difficult to conceive, as it is non-being (Tillich 1952). Thus, while biological death is a clinical certainty, “subjective death” raises questions about the persistence of the embodied self (Giddens 1991).

Giddens (1991) maintains that the subjective nature of death leaves room for the production of imaginary discourse (Lock 2002), where social constructions of the afterlife offer the possibility for individuals to transcend time and space. Lock contends that

*“the departure of the soul, person, or spirit is socially constructed and depends on the conception of the relationship between the physical body and the soul or person.” (2002: 197)*

Davies (1997) argues that this uncertainty and the fear of death have pushed humanity to generate a belief in an immortal soul, currently a dominant belief<sup>3</sup> in Britain (Walter 1996; Davies 1997). This belief affirms the self as essentially indestructible (Tillich 1952). However, at the same time it evokes existential questions regarding the embodied status of the soul (Lock 2002). Additionally, Walter (2001) has found that the idea of reincarnation is being increasingly entertained in an emerging post-Christian West. The Western idea of reincarnation is appealing because it facilitates the continuity of the self beyond biological death through an infinite cycle of life trajectories (Lock 2002; Walter 2001).

Organ donation lies at the uneasy intersection between the materialist, rationalized view of death—“when you are dead, you are dead”—and the more ambiguous transcendental view of the afterlife. While it perhaps offer potential donors the chance to transcend biological death—through the symbolic resurrection of “living on” in the donor recipient’s body—(Lock 2002; Sharp 1995)—it leaves

<sup>2</sup>Existential questions “concern basic parameters of human life” (Giddens 1991: 55).

<sup>3</sup>However, it is important to note that most people do not hold fixed or coherent beliefs about the afterlife and are often weaving different ideas about it to fit into the circumstances of different contexts, life stage and experiences (Davies 1997; Walter 1996). The subjective nature of death means that afterlife beliefs are often a speculation and an expression of hope (Walter 1996; 2001) rather than a firm belief (though to a lesser extent among populations who hold firm religious beliefs).

<sup>1</sup>We concur with Giddens (1991), where he refutes that we have moved into the epoch of postmodernity where we witness the collapse of grand-narratives (Lyotard 1979). Grand narratives such as the self and various social institutions (e.g. medical, religion) have not become redundant; rather they have become increasingly reflexive and radicalized under the contours of late modernity.

many unanswered questions about the status of the (dis)embodied 'self'.

Our review of the literature stresses the centrality of understanding the "human dimension" (Belk 1990) of organ donation through 'mortal embodiment'. This perspective posits that the "gift-of-life" discourse needs to recognize the

*"shifting sand of sentiment regarding the proper disposal of bodies after death; a multi-layered concoction of religious, quasi-religious and superstitious beliefs that contradict the mind/body dichotomy and assert that the body is more than simply the sum of its physical parts...(These) confirm the importance of recognizing the embodiment of social, cultural and spiritual values."* (Robbins 1996:191) [emphasis in original]

## METHODOLOGY

In recognition of the polysemic meanings surrounding organ donation as being embedded within the human and cultural context (O'Connell 1996), we have adopted a hermeneutic-phenomenological approach (Thompson *et al.* 1994). This approach enabled us to become immersed in our participants' field of perception (Daymon and Holloway 2002) and to understand the contextualization of potential donors' embodied perceptions (Thompson *et al.* 1994)—since their backgrounds provide participants with a frame of reference to actively construct a personalized narrative using symbolic metaphors<sup>4</sup> about their body and more specifically about organ donation (e.g. the gift-of-life message).

Accordingly, we adopted an active interviewing technique (Holstein and Gubrium 1995), enabling us to move beyond participants' superficial views of organ donation. The tenet of the active interview presumes participants to be active narrators who, together with the researcher, explore possible interpretive repertoires and experiential narratives—thereby enabling the participants to move beyond the minimalist level of interpretations (Holstein and Gubrium 1995). This has proven to be a particularly useful method to explore topics that are not casually topical, but socially relevant such as organ donation.

Multiple active interviews, of approximately 4 hours each, were conducted with 14 female potential organ donors, aged 21-30, who harbour ambivalent perceptions towards organ donation—generating extremely 'rich' and complex data. Participants were recruited using snowball sampling (Miles and Huberman 1994). All the interviews were audiotaped, transcribed verbatim, and analysed using the NVivo software. *Intratext* analysis was conducted, where individual transcripts were analysed in their entirety to gain a sense of the whole (Giorgi 1989 in Thompson 1997). Emerging themes are isolated as meaning units (Giorgi 1985) for further analysis against the participants' biographical particulars and sociocultural constructs of the body. We then conducted an *intertext* analysis, where we looked for contradictions across different interviews and the literature (Thompson 1997). NVivo eased the interaction between these interpretive cycles, enabling us to explore the countervailing meanings concerning organ donation, in a more holistic manner.

## FINDINGS AND ANALYSIS

Our analysis reveals the emergence of multiple interpretive

repertoires, which expose the limitations of the Cartesian philosophy underpinning the "gift-of-life" message. This has been analyzed in greater depth elsewhere. Participants' narratives are marked by ambivalence and tensions which transgress the boundaries between the (1) Body As the Embodiment and Disembodiment of Self (2) Life and Death (3) Human and Non-Human (4) Nature and Culture and (5) Self and Other. In this paper we concentrate on the first theme (1) how the decision to dispossess the body in the event of death challenges the notion of the body as the marker and annihilation of self-identity—illustrated through the 'rich and thick' narratives of 6 participants.<sup>5</sup>

### Willingness to Dispossess the Lived Body

In this study, participants seem to assume a strong body-self integrity which they identify as an impediment to organ donation. Participants foster relationship(s) with the lived bodies through the *cathexis* of body projects (Belk 1988; Shilling 1993). By enacting culturally familiar symbolic metaphors, participants illustrate how they form relationships with their bodies and how the notion of the embodied self has shaped their ambivalence towards organ donation as Estelle explains below:

*"I just think it depends on how you see your body. If you are like, the body is just a shell, no part of me, then will be no problem at all being like, "oh I'll give them parts." That's absolutely fine. I am not that one-sided. I am more mixed. And like obviously, if you are a person who is like, "no, my body is my temple. It has looked after me really well." Then I can fully understand why obviously you wouldn't want to give your parts to someone else. I think people find it harder to answer that question just because we don't fully talk about death and don't fully understand about death."* (Estelle, Age 21)

Here, Estelle locates her ambivalence as a potential donor within two opposing interpretive repertoires drawing on cultural metaphors such as *the body as a shell* and *the body as temple* (Belk 1988) to reinforce the centrality of the personhood ingrained within the mortal body. Estelle's narrative demonstrates that organ donation is imaginable from a disembodied perspective where it is devoid of the self (Lock 2002; Sharp 1995).

Late modernity presents participants with a vista of lifestyle choices to fashion their embodied self (Thompson and Hirschman 1998; Shilling 1993). For example participants are actively engaged in *self-care regimes* (dieting and exercising), *preventative health regime* (complementary medicine), *performance arts, sports* as well as *clothing*. Body projects enable them to participate in the world (Csordas 1994) and provide them with a meaning of life. As Sophie explains:

*"Cause I feel that my body is me. So I express myself through everything I do with my body isn't it? At the end of the day, this is my body. This is how I am. This is what I am. And life and*

<sup>4</sup>Symbolic metaphors are exemplary images or events that convey a nexus of assumptions, concerns, values and meanings that systematically emerge throughout the interview dialogue (Thompson *et al.* 1994)

<sup>5</sup>In order to present a thick analysis of participants' narratives, we have selected 6 participants whose account of embodiment and organ donation represent the theme of this paper—i.e. how the relationships they foster with their lived body impinge on their perceptions of the (dis)embodied nature of the afterlife. Participants have identified this theme to be salient in their ambivalence towards organ donation. Due to space limitations, we have decided to present the narratives of 6 participants to reflect the richness and depth of the data in fulfillment of the hermeneutic approach we adopted (Thompson 1997).

everything. But this is my body. This is me... This is my body, I don't want anybody that I don't want, invading my body." (Sophie, Age 23)

The recurrent view among most of the participants who engage in body projects, is the perception of 'if you look after the body, it will look after you'- thereby engendering the partnership between them and their bodies. As a result, this investment becomes an obstacle for them to confront the prospect of mortality—supporting the work of Williams and Bendelow (1998). Consequently organ donation comes to be perceived as a threat of disembodiment of the self as portrayed by Carmen's narrative below:

"Definitely, again, it (the body) is your possession. The more you use it, the more you value it, the more prize possession it becomes, the less you want it harmed, or taken apart, or damaged or illness to come to you. So it could very much be connected with me not yet having an organ donation card because it is my body that I am **maintaining, engineering and living in.**" (Carmen, Age 21) [emphasis added]

Carmen's narrative illustrates the way in which she resists the "gift-of-life" discourse, by actively weaving-into a personalized narrative—the contrasting symbolic metaphor of the *Body as Machine* and the *Body as Possessions* (Belk 1988). Carmen describes how her body has become her prized possession (*Body as Self*) through the cathexis of Body Projects. Organ donation "harms" and "damages" her prized body, and thus we can begin to understand why it becomes difficult for her to let go of her lived body—which she has mastered like a machine. Similarly, Sophie's life project has come to be intimately integrated with body projects:

"Well because obviously I am worried about fat and stuff. I have to like, get rid of all that. I have tried to make an effort with my body. I have tried to look after it. And I tried to **maintain** it as well as it can be. I feel like... because I have done that throughout my whole life, whatever age I decided to go. That you know... at the end of it, that is what I have done. That is my achievement to keep my body or go on as well as possible or whatever. And then to have it taken away, I wouldn't be happy. Yeah I would be kind of upset if they take my bits away... I have always wanted to be the way I want it to be and I don't want people to invade it. All that. And I think that has a big impact on what I do when I die. Even when I am dead... sounds really stupid but I still want my body to be me when I die. And I know it is going to disappear or whatever but I still, when I die, I want my body to stay as me." (Sophie, Age 23) [emphasis added]

Sophie's relationship with her embodied self is engendered by vigilantly working to 'maintain' and 'keep' her body the way she 'wants it to be.' She perceives organ donation as not only invading her body, but invading her 'self'. When contemplating the eventual disintegration of her body, Sophie is adamant that her body should be buried as a 'whole' as body integrity symbolizes the continuity of her embodied self—"I want my body to stay as me."

However, the control over the body does not always foster a close relationship between the body and the self. For participants who have developed an eating disorder, embodying the anorexic self binds them to the body in an ambivalent relationship as Neve's narrative demonstrates:

"Logically when you think about it, it seems reasonable to me that... because of the way I viewed my body and the way I really

kind of hate it, surely I'd want to get rid of it. And I'd be like... cut it up. Have what you want. But because it is so important to me and because it affects my life so much, that's why I am still really tied to it.... My body is like my worst enemy but at the same time, I am pretty close to it cause it does affect my life in a really strong way" (Neve, Age 21) [our emphasis].

Neve views her body as an enemy (she refers to her body as "it"), with her mind holding a privileged position over it. Yet having to exercise unprecedented control over her body has meant that such a bond, albeit negative, remains difficult for Neve to relinquish. This echoes Bordo's (1993) observation of anorexic women where their ability to exert total mastery over their body becomes a symbol of accomplishment and independence and therefore a source of pride. While Neve perceives her existence as being chained to her 'unruly' flesh, Cyd—a recovered bulimic perceives the ability to control her body as an ally (friend) in the most difficult time of her life. The body, thus, becomes instrumental for Cyd to make sense of her self-identity. For Cyd, the body is at once an object and an extended-self (friend). Cyd describes:

"I wasn't happy with my body weight and my body, and how I look and stuff. And I think at that time in your life (adolescence), you don't feel in control of a lot of things. And so it starts with, "oh well. I can use this to lose a bit of weight." And then it turns into, "this is something I can control." .... Most aspect of my life is through this thing... it's erm... it became like a friend. It's like a thing... that's your thing. I'm not really sure why... I think it's... that's why. Because it was something I can control and what's going on around me were... my parents didn't have a lot of money and we moved and gone through that big upheaval of going to the States and... it was all really chaotic... Because in a lot of sense, yes, the body is the enemy because you are trying to get rid of certain part of it that you don't like. Yeah. So it is the control aspect of it and the fact that you got control of it, that's the thing that become like a friend... I want to end my life whole. And I think that's a big thing for me as well. I don't want anybody to take anything from me. I would like to die as I am and then, whatever happens, happen after that... I don't know what I really think (of organ donation). I think part of it might have to do with the fact that I saw that I have worked hard... for my body and the weight it is now and looked after it in the last few years. So I want it all (low tone). It is MINE (laugh)." (Cyd, Age 21)

Cyd insists that her body should remain intact in the event of death as her body has not only become an embodied project, but is also a friend to her in life. Therefore dispossessing her organs is tantamount to dispossessing a friend.

Although not all participants in this study engage in body projects, organ donation unsettles the existential questions regarding the *finitude* and *perceived continuity of the embodied self* (Thompson and Hirschman 1998; Giddens 1991). Organ donation requires participants to reorient their self-narratives by projecting into the future trajectory (Turley 1997) and construct imaginary discourse concerning the nature of (dis)embodiment in the afterlife (Lock 2002). This will now be discussed.

#### **Finitude and Perceived Continuity of the Embodied Self**

The subjective nature of death (Kierkegaard 1941) enables participants to explore and elaborate on various imaginary repertoires concerning the *finitude* and *perceived continuity of self-*

identity. Thus the ethereal realm becomes the site of constant negotiation between embodiment and disembodiment. Contemplating this, Carmen maintains:

*“But when it comes to giving away your parts or saying you would after you die, it is a little difficult for people to, well for me to kind of like comprehend... Because of the view that when you die, you leave your body behind and your soul goes to heaven...erm or hell... Well it is difficult because I still see people... OK my vision of heaven still has people in the same embodiment as they were on the earth. But the actual... but the body doesn't disappear. It must stay on this earth and be dealt with in whatever way it is chosen to be dealt with. I didn't list organs to be taken out the day before being buried or burnt. There is a danger of, “do we need it?” Because on the one hand, it is left behind, on the other, “what do you have to live in, you know in the next life?” Or are we like reincarnated and come back as something else or in another body? No idea and if it is unknown, it is hard to make a decision.” (Carmen, Age 21)*

Here Carmen is expressing the difficulties in comprehending the persistence of the embodied self in the afterlife. Carmen's speculations to remain embodied in the afterlife is not surprising as her body is a vehicle for her to experience the world while alive (Csordas 1994)—thus it becomes difficult to imagine a disembodied existence despite the “evidence” that our material existence is subjected to biological disintegration. Organ donation compels the participants to make a decision away from the locus of death (Horton 1991). Consequently, the ‘subjective’ nature of death (Tillich 1952) produces the interpretive repertoires where participants juggle between the *materialist* view (Walter 1996), which perceives the ultimate finitude for the embodied self, and the *transcendence* view—as Estelle's narrative illustrates:

*“See that's the hang-up. Because when you die, is there a thereafter? Which there probably isn't? Erm...it doesn't matter anyway. But it is just the fact that because you have to make the decision when you are still needing the parts, I think that's the hardest thing. It's like, obviously, when you pass away, you don't need them. They are just objects that are no good being still in this body of yours. But when you are like, “oh my heart is actually beating now,” it is hard to think about giving it away because you are still picturing it as something that's needed for yourself type thing. Do you see what I mean? You can't picture it as being something you could give away. You think you need it forever which you don't.” (Estelle, Age 21)*

Organ donation is conceivable from a materialist point of view as the embodied self is diminished—so at the point of death, donated organs can be objectified as merely biological entities (*just objects that are no good*). Estelle denotes that one's existence is reliant on one's embodied senses—therefore to reflect on the possibility of dispossessing her still-beating heart is symbolic to the annihilation of the self, forever engulfed in the void of nothingness. Estelle's anxiety of nothingness ensues in her speculation of the possibility of transcendence where retaining specific organs which embody her ‘self’ may ensure her continual existence in the ‘afterlife’ as she explains:

*“And I just think the whole idea of there being nothing...the whole idea of nothingness is horrible. Because it is just like you are...you are no more. We are in a world where there is*

*everything everywhere. There is like now... (your) senses rely on it... Erm... Cause I don't really think there is a next life... not anymore... remember I said I did when I was younger. It will just be the one, the organs that mean the most to me that I'll have the most hang-ups about. I will still be a bit eerie if other parts of me are taken. But I don't think I would need the other parts as much as the ones (that's important to me). I won't be me anymore would I, if I pass away? So it is really confusing. That's why it is so hard because you are having to talk about a condition that you are only in when you are in it.” (Estelle, Age 21)*

Estelle's narrative supports Belk's (1988) theory of extended self which argue that not all body parts are equally central to the self. Like Estelle, Kierra argues that the heart acquires cultural currency as a symbol of the ‘self’ (Manning Stevens 1997). Kierra postulates that the symbolic meanings attached to specific organs are culturally constructed. Therefore retaining the heart becomes symbolic to preserving the essence of the self.

*“So you know... and you are dead, so in the afterlife, you may not need bits that don't... don't know... it all becomes... it all kind of become a bit silly. It does. I can hear myself and thinking, “God, what are you saying, woman?” ...but yeah, I know that I need everything to function now and I know that I need my eyes just as much as I need the toes for balancing or whatever. And one (organ) is slightly more important than the other. I guess it is in terms of identity and... because you know, culture kind of states that these organs are associated with identity and personality, which is internalized by you as the member of society. I think... you know, heart, you associate with identity, and heart that you associate with soul... but then that's stupid because you can't live without your liver you know. And it always... I don't know... I don't know what to say really.” (Kierra, Age 24)*

Preserving organs perceived to embody the self is also essential for Kierra to attain a form of closure and resolution, thereby releasing the soul from the cocoon of the body. Kierra witnessed the passing of her Grandmother in which the discolourization of her body was perceived as the releasing of her soul (*she wasn't there anymore*). Kierra has also had a spiritual encounter where she saw butterflies landing on the portrait of her deceased Grandfather, where the vicar at the funeral told her that the butterflies were her Grandfather's soul taking flight. These experiences enable Kierra to weave together the ideas of the transmigration of the soul and reincarnation—supporting the work of Walter (1996, 2001) and Kubler-Ross (1991)—where the soul is perceived to go through stages like the metamorphosis of a butterfly. Kierra continues:

*“I think being a donor, that doesn't have a final resolution at the end of someone's life... You don't have a kind of release or closure, or you are out of this world, it is always like you are in a kind of limbo, if you know what I mean... if there was an afterlife, whether my spirit will be whole without my heart. Whereas if it was a kidney or something, yeah, have it. No question asked. But brain and heart and eyes and things I feel very closely to my personal being, I am not sure of it. You know my Granddad kind of disappeared into butterflies and things. I want to get to that stage. And if I give it to somebody else, does it mean I will get there or not... So, I think, in order to get there, you need to go through certain stages like erm... your body is the only part left of you, isn't it? Your dead body... you may wander off and be a little ghost somewhere, looking like*

you, and leave your body, like I felt with my Gran (Grandmother) maybe. She wasn't there anymore. Maybe she is herself, somewhere else. But then if someone took her heart, would she still be there? Would she still be Gran? Would my Gran be living in the body of somebody else?.... I'd be happy to know that the heart had gone and saved somebody. That's great. But I'd be worried that my Gran wouldn't be where she needed to be. I am not quite sure how I'd feel about it. I don't think I ever will be. I'll be happy that she saves someone but worry for her that she wouldn't be wherever she needs to be with all her bits (Laugh)." (Kierra, Age 24)

Kierra's narrative helps us to better understand her perceptions towards organ donation. For her the way in which the dead body is treated—such as the removal of organs—may interfere with the transmigration of the soul, subjecting it to a state of limbo. For Kierra, then, donating her organs threatens the coherent narrative (Giddens 1991) of her 'self' in the afterlife.

Kierra's thoughts are similar to those of the other participants, who believe that the body needs to be whole in order for it to be reunited with the soul. Accordingly the marring of the case/vessel (Belk 1990) through organ donation prevents the soul re-entering the body to create a united 'self'. Explaining the need for her body to be 'whole' in life and death, Neve states:

*"I don't want my body to be tampered with in any way. It is just kind of like....I know people when you die, like, the soul is released from your body, cause in that sense, the soul is literally just like.....sorry the body in that way is like just a case for your soul to live in. But at the same time ....cause I really believe obviously in the spirits like I say before and ghosts and stuff and the afterlife.....it is almost like if my body is not in the ground completely whole and it is been tampered with, then I won't be able to come back like even if it is in the spirit world. I will be missing...say...it is a head or a liver or stuff like that.....say if I am in heaven or my spirit is in heaven, I won't be me and I would be missing if I don't go into the ground as a whole."* (Neve, Age 21)

For participants, the journey of the soul is far from a linear progression, but a circular transition occupying the liminal space of birth and death. For example, Carmen maintains:

*"Unless organs of the body have been taken and put into another body to continue to give life.....It did extend life; you hear stories where people do finally get (an organ)...they have been waiting a long time, and they finally get an organ through. And then, they are over the moon and then they say, 'unfortunately somebody has to die because of it'. But it is all about the circle of life, and one life being lost so another can be given. And sometimes they....It doesn't have anything to do with organ donation but... you heard sometimes when one dies...you might know somebody who has died, and then you know somebody who has given birth. And it is kind of like, one life has gone away and another life has entered the earth. So it is all about the circle of life again, going back to the very beginning of circle of life."* (Carmen, Age 21).

Carmen's personalized view of reincarnation (the circle of life) spiritualizes her view of birth and death, which influences her perceptions of organ donation. Transplantation enables the body to complete what she calls the 'circle of life'—where, when one life is lost, another begins. Walter (2001) found similar thinking in his

research on reincarnation. Carmen's construction of the 'circle of life' is derived from her idealized embodied project (Thompson and Hirschman 1998) as revolving around her wish to become a mother in the future. As a woman, her body is the giver of life, a gift that presents life with a purpose—to nurture, to teach and to continue the circle of life. So, for Carmen, by imagining the body as a giver of life, organ donation becomes conceivable:

*"I would say one great life is one great circle of people being born and dying and there are many little life circles within it.... I always have it in me to be like maternal.... I just feel that, that is like the greatest gift that we could give.... Because I would like to love, to nurture, to teach... continuing the life circle."* (Carmen, Age 21)

The "gift-of-life" discourse inherently views body-self as a Western epistemology of dualism (Scheper-Hughes and Lock 1987) where disembodiment of the self in the event of death is embedded in the "gift-of-life" message. The circle-of-life embraces a holistic view of body-self (Scheper-Hughes and Lock 1987) where the embodied narratives of the self persist in an infinite circle of death and rebirth (Walter 2001). When asked if the circle of life would appeal to her as a means of promoting organ donation, Carmen agrees that by normalizing the notion between life and death, as part of existence, would help her to consider becoming an organ donor. As she explains:

*"It puts more of a positive shine to it because if things look positive and harmless, people will be more willing to accept. If there is an element of danger and unknown and uncertainty, they might shy away from it. Because it is also about change, quite a lot of people are against change, fear of change. Whereas the circle of life suggests no change, it is rather moving. This is normal, this is life."* (Carmen, Student, Age 21)

## CONCLUSION AND IMPLICATIONS

Through the construction of personalized narratives pertaining to their sense of 'mortal embodiment', the young female potential donors in our study have shed light on the 'human dimension' involved in beginning to understand the complexities and ambivalence surrounding the perceptions of cadaveric organ donation.

Although we acknowledge the need highlighted by the 'transformative consumer research' task force to focus on the upstream or 'push factors' pertaining to organ donation (Mick 2006), our research concurs with current research (e.g. Lock 2002; Haddow 2000; Fox and Swazey 1992; Williams and Calnan 1996) in recognizing that potential donors are active consumers who creatively "rework and reinterpret media and advertising ideals and ideological inducements" (Scott 1994). In other words, we posit that potential donors retain the ability to appropriate and even resist such cultural inducements (e.g. presumed consent). Our paper therefore supports the CCT tenet in conceiving potential donors as interpretive agents who creatively employ interpretive strategies to decode marketplace ideologies (Arnould and Thompson 2005).

Participants in this research, for example, express their awareness of the "gift-of-life" discourse, in which they have been familiarized through the normalization of shared cultural meanings. The "gift-of-life" discourse draws its hegemonic (dominant) position by representing the Western epistemology of Cartesian philosophy, which views the body as a disembodied machine. At the same time, the "gift-of-life" discourse has been 'romanticized' by infusing

intertextual meanings of Judeo-Christian ideals of altruism to emphasize the survival of the social body. This reflects Johnson's (1999) view that embodied metaphors form the fabric of our moral understanding and experience. It also supports Moloney and Walker's (2002) assertion that the hypothetical support expressed by potential donors tends to reflect this normative dimension of organ donation. Therefore, articulating countervailing discourses involves potential donors having to actively negotiate their positions against the social grain of morality. Participants offer polysemic meanings surrounding organ donation by appropriating other countervailing discourses.

By creatively drawing on culturally available symbolic metaphors of the body (e.g. body as machine, temple), our participants occupy a range of interpretive repertoires (Holstein and Gubrium 1995)—for example (1) *body as self—body as machine* (2) *transcendence-materialist*—to reveal the existential anxiety underlying the nature of embodying mortality. As such, the sociocultural context provides a frame of reference for participants to fashion their embodied projects—further acknowledging the CCT tenet of consumer as weaver of cultural and symbolic resources in forging their identity projects (Arnould and Thompson 2005).

Additionally, late modernity's preoccupation with the body (e.g. through investment in body projects) is increasingly bound to the construction of self-identity and has evoked the existential tension between *finitude* and *perceived continuity* in the afterlife—which causes them to experience ambivalence about donating their organs. Organ donation catapults the embodied self within the liminal transitions between life and death and therefore raises questions of whether the nature of embodiment is essentially 'time-bound' (Bauman 1992). This occurs because, for them, their body is the essence of their 'self' and thus symbolic to them in life and death. Indeed, as sentient beings whose very sense of existence is embodied (Csordas 1994), the notion of inhabiting a disembodied metaphysics in the netherworld conjures up significant anxiety—it is difficult for them to donate their organs and retain their sense of 'self.' The 'mortal embodiment' perspective has thus provided some valuable insights to explore organ donation—by acknowledging the existential concerns held by potential donors, such research is 'transformative'.

What, then, are the implications for the "gift-of-life" promotional campaign? This campaign is rooted in the Cartesian philosophy of 'man as machine'—where body and self are disembodied. Our findings reveal that, while the "gift-of-life" message still has some relevance to this group—since it forms part of the western dominant social paradigm—its meaning is being reworked by these women to embrace a more embodied perspective. Consequently the "gift-of-life" message, for this audience, needs to extend beyond the altruistic life theme of saving the lives of the transplant recipient (Lock 2002) and to address the existential anxiety concerning the persistence of the embodied self—perhaps by embracing a holistic view of embodiment (e.g. circle-of-life) through spiritual transcendence? Hence, the integrity of the embodied self becomes integral to their decision to become an organ donor. Attempts to connect with this group's wider life themes and life projects (which are embodied) would enable the "gift-of-life" message to bear connotative meanings (Mick and Buhl 1992)—helping it to become more relevant to potential, ambivalent female donors in the future.

Finally, by exploring the issue of organ donation from a 'mortal embodiment' perspective, our research has contributed to the disposition aspect of the consumption cycle (an area recognized by CCT scholars to be under-researched). Our paper indicates that identity transitions do not traverse across a linear temporality of life stages (Schouten 1991; Van Gennep 1961). Instead the embodied

self is an ongoing metamorphosis of transitions and transformation in an endless 'circle of life'. Future research may explore the implications of 'mortal embodiment' on identity transition through immersion into the lifeworld of transplant recipients upon acquisition and possession of an organ.

In conclusion, the 'mortal embodiment' perspective enables us to provide insights into potential donors' lifeworld—thereby illuminating organ donation as a 'real world' consumption and social phenomenon (Deighton 2005 in Mick 2006). In so doing, we are able to provide implications for the 'gift-of-life' campaign to appeal to potential donors, whose embodied self negates their obligation as citizens to enhance the health of society. As citizens of the world, we urge future researchers to emerge from their cocoon in advancing the metamorphosis of consumption discourse towards the spirit of 'transformative consumer research'. We leave you with the thoughtful reflection from David Mick (2006).

*"There is much contentment and joy, and many marvels and triumphs in our world. Consumer behaviors particularly have the capacity to support and enhance life... On the whole, there are many affirmative consumer behaviors and related dimensions of life that consumer researchers could not only derive deeper understanding of, but also share the insights with the people who would most benefit from them."*

## REFERENCES

- Arnould, E.J. and Thompson, C.J. (2005), "Consumer Culture Theory (CCT): Twenty Years of Research", *Journal of Consumer Research*, March 2005 Vol. 31, pp. 868-882.
- Bauman, Z. (1992), *Mortality, Immortality and Other Life Strategies*, Stanford, Stanford University Press.
- Belk, R.W. (1988), "Possessions and the Extended Self", *Journal of Consumer Research*, Vol. 15 No.2, pp.139-168.
- Belk, R.W. (1990), "Me and Thee Versus Mine and Thine: How Perceptions of the Body Influence Organ Donation and Transplantation". In: *Organ Donation and Transplantation: Psychological and Behavioral Factors*. (Eds.) Shanteau, J. and Harris, R.J. (Washington, DC), American Psychological Association, pp.139-149.
- Bordo, S. (1993), *Unbearable Weight: Feminism, Western Culture and The Body*, Berkeley, University of Chicago Press.
- Bourdieu, P. (1973), "Cultural Reproduction and Social Reproduction". In: *Knowledge, Education and Social Change*. (Ed.) R. Brown (London), Tavistock.
- British Medical Association, (2004), *Human Tissue and Organs—Shortages*, available online at <http://www.bma.org.uk/>
- Csordas, T.J. (ed.), (1994), *Embodiment and Experience: The Existential Ground of Culture and Self*, Cambridge, Cambridge University Press.
- Davies, J.D. (1997), *Death, Ritual and Belief*, London, Continuum.
- Daymon, C. and Holloway, I. (2002), *Qualitative Research Methods in Public Relations and Marketing Communications*, London, Routledge.
- Fox, R.C. and Swazey, J.P. (1992), *Spare Parts: Organ Replacement in American Society*, New York and Oxford, Oxford University Press.
- Giddens, A. (1991), *Modernity and Self-Identity: Self and Society in the Late Modern Age*, Cambridge, Polity Press.
- Giorgi, A. (1985), *Phenomenology and Psychology Research*, Pittsburgh, Duquesne University Press.

- Haddow, G. (2000), "Organ Transplantation and (Dis)Embodiment", *Edinburgh Working Papers in Sociology*, No.18, Edinburgh, University of Edinburgh.
- Holstein, J.A. and Gubrium, J.F. (1995), *The Active Interview*, Thousand Oaks, Sage.
- Horton, R.L. (1991), "Marketing the Concept of Becoming A Potential Organ Donor", *Journal of Health Care Marketing*, Vol. 11 (2), pp. 36-46.
- Johnson, M.L. (1999), "Embodied Reason". In: *Perspectives on Embodiment: The Intersections of Nature and Culture*. (Eds.) Weiss, G. and Haber, H.F. (New York and London), Routledge, pp. 81-102.
- Joy, A. and Venkatesh, A. (1994), "Postmodernism, Feminism and the Body: The Visible and the Invisible in Consumer Research", *International Journal of Research in Marketing*, September 1994 Vol. 11, pp. 333-357.
- Kierkegaard, S. (1941), *Concluding Unscientific Postscript*, Princeton NJ, Princeton University Press.
- Kubler-Ross, E. (1991), *On Life After Death*, Berkeley, Celestial Arts.
- Lock, M. (2002), *Twice Dead: Organ Transplants and the Reinvention of Death*, Berkeley, University of California Press.
- Manning Stevens, S. (1997), "Sacred Heart and Secular Brain". In: *The Body in Parts: Fantasies of Corporeality in Early Modern Europe*. (Eds.) Hillman, D. and Mazzio, C. (New York and London), Routledge, pp. 263-284.
- Mick, D. (2006), "Meaning and Matter Through Transformative Consumer Research", *2005 Presidential Address at the North American Conference of the Association for Consumer Research*, available online at <http://www.acrwebsite.org/fop/index.asp?itemID=311>.
- Mick, D.G. and Buhl, C. (1992), "A Meaning-based Model of Advertising Experiences", *Journal of Consumer Research*, December 1992 Vol. 19, pp. 317-338.
- Miles, M.B. and Huberman, A.M. (1994), *Qualitative Data Analysis: A Sourcebook of New Methods*, Thousand Oaks, CA: Sage.
- Moloney, G. and Walker, I. (2002), "Talking about Transplant: Social Representations and the Dialectical, Dilemmatic Nature of Organ Donation and Transplantation", *British Journal of Social Psychology*, Vol. 41, pp. 299-320.
- O'Connell, L.J. (1996), "The Realities of Organ Transplantation". In: *Organ Transplantation: Meanings and Realities*. (Eds.) Fox, R.C., O'Connell, L.J. and Youngner, S.J. (Madison), The University of Wisconsin Press, pp.19-31.
- Ohnuki-Tierney, E. (1994), "Brain Death and Organ Transplantation: Cultural Bases of Medical Technology", *Current Anthropology*, Vol. 35, pp. 233-254.
- Patterson, M. and Elliot, R. (2002), "Negotiating Masculinities: Advertising and the Inversion of the Male Gaze", *Consumption, Markets and Culture*, Vol. 5 No.3, pp. 231-246.
- Robbins, M. (1996), "The Donation of Organs for Transplantation: the Donor Families". In: *Contemporary Issues in the Sociology of Death, Dying and Disposal*. (Eds.) Howarth, G. and Jupp, P.C. (Basingstoke), MacMillan, pp. 179-192.
- Scheper-Hughes, N. and Lock, M. (1987), "The Mindful Body: A Prolegomenon To Work in Medical Anthropology", *Medical Anthropology Quarterly*, Vol.1, pp. 6-41.
- Schouten, J.W. (1991), "Selves in Transition: Symbolic Consumption in Personal Rites of Passage and Identity Reconstruction", *Journal of Consumer Research*, Vol. 17 (March), pp. 412-425.
- Scott, L.M. (1994), "The Bridge from Text to Mind: Adapting Reader Response Theory to Consumer Research", *Journal of Consumer Research*, Vol. 17 (September), pp.461-480.
- Seale, C. (1998), *Constructing Death: The Sociology of Dying and Bereavement*, Cambridge, Cambridge University Press.
- Sharp, L.A. (1995), "Organ Transplantation as a Transformative Experience: Anthropological Insights into the Restructuring of the Self", *Medical Anthropology Quarterly*, Vol. 9 No.3, pp. 357-389.
- Shilling, C. (1993), *The Body and Social Theory*, London, Sage.
- Synnott, A. (1993), *The Body Social: Symbolism, Self and Society*, London and New York, Routledge.
- Thompson, C.J. (1997), "Interpreting Consumers: A Hermeneutical Framework for Deriving Marketing Insights From The Text of Consumers' Consumption Stories", *Journal of Marketing Research*, Vol. XXXIV, pp. 438-455.
- Thompson, C.J. and Hirschman, E.C. (1998), "An Existential Analysis of the Embodied Self in Postmodern Consumer Culture", *Consumption, Markets and Culture*, Vol. 2 No. 4, pp. 337-465.
- Thompson, C.J., Pollio, H.R. and Locander, W.B (1994), "The Spoken and the Unspoken: A Hermeneutic Approach to Understanding the Cultural Viewpoints That Underlie Consumers' Expressed Meanings", *Journal of Consumer Research*, Vol.21, pp. 432-452.
- Tillich, P. (1952), *The Courage To Be*, New Haven and London, Yale University Press.
- Turley, D. (1997), "A Postcard from The Very Edge: Mortality and Marketing". In: *Consumer Research: Postcard From The Edge*. (Eds.) Brown, S. and Turley, D. (London and New York), Routledge, pp. 350-377.
- UK Transplant (2004), *Organ Donation: The Gift of Life Organ Donor Leaflet*, National Health Service.
- Van Gennep, A. (1960), *The Rites of Passage*, trans. M.B. Vizedom and G.L. Caffee, Chicago: University of Chicago Press.
- Walter, T. (1996), *The Eclipse of Eternity: A Sociology of the Afterlife*, Basingstoke, MacMillan.
- Walter, T. (2001), "Reincarnation, Modernity and Identity", *Sociology*, Vol. 35 No.1, pp. 21-38.
- Williams, S.J. and Bendelow, G. (1998), *The Lived Body: Sociological Themes, Embodied Issues*, London and New York, Routledge.
- Williams, S.J. and Calnan, M. (1996), "The 'Limits' of Medicalization? Modern Medicine and the Lay Populace in 'Late' Modernity", *Social Science and Medicine*, Vol. 42 (12), pp.1609-1620.