

**BLOODY GEOGRAPHIES:
RELATING, CONNECTING, GIVING AND CARING IN BLOOD
DONATION AND TRANSFUSION**

By

REBECCA HAZEL MORRIS

et al

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College of Life and Environmental Sciences
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Abstract

This thesis critically questions, through in-depth qualitative research, the senses of connection, giving, care, and relatedness felt by blood donors and recipients, given the institutional setting of therapeutic blood exchange in the UK. In it, I use a multi-sited auto-ethnographic approach to examine five blood donor-/recipient-participants' views on blood donation and transfusion. Specifically, I blend theoretical and empirical research to iterate between the meanings and realities associated with therapeutic blood exchange, exploring and examining the following things.

First, I explore how blood can be treated as material culture: what it is as both biological tissue and as social/cultural metaphor. Second, I examine how gift giving and caring feed into and out of blood exchange, and whether this fosters a sense of connectedness for the anonymous others at the end of the blood pack. Third, I roll out the theme of connectedness to look at (the geographies of) relatedness where I examine the changing nature of kinship and its evolution into the concept of relatedness. Here, I examine how both relating through 'things' and at different scales could perhaps more usefully describe the connection/relationship between donors and recipients...or not.

Finally, I draw this together, examining how the institutional framework of the National Blood Service can be said to either foster or not, the senses of connectedness and/or relatedness, gift giving and care between its donors and recipients.

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I hate the phrase 'in no particular order'...because there obviously is one! But as I come to say my thankyou's, I perhaps need to use it because I really mean it. And so, 'in no particular order...'

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CHAPTER ONE

BLOODY GEOGRAPHIES: INTRODUCTION

1.1 Introduction

Seven men in high visibility jackets walk towards me. They appear to be in a tunnel. It's dark. A piano plays in a minor key: haunting, but calming. The camera zooms in on a couple of pair of boots: they splash through a puddle. Then it focuses on just one man. He is laughing and joking. A small white text appears just to the bottom left of his face: "Severed artery. Monday 11:40am".

An elderly couple walk along a sea front. They support each other as they walk. The blue sky and white clouds are emphasised by the seagulls that fly overhead. The piano continues to play. The camera zooms into their feet and then back to their smiling faces as they huddle together, looking out to sea. A small white text appears to the bottom left of the screen: "Hip replacement. Wednesday 10am.".

A young family sit around their kitchen table: a dad looking at his daughter who is opposite me. They are smiling and joking. It's morning. The piano still plays. The camera zooms into the little girl who feeds her dad a toast soldier and a small white text appears below her face, just next to the hard-boiled egg on the table: "3rd degree burns. Sunday 8:17am."

Then there's a voice - a voiceover voice: "Give blood, and you could save someone's life today." The piano still plays, but this time I can hear the little girl laugh and the camera pans to her mum, who is standing at the kitchen counter: the walls behind it covered in the child's artwork. She smiles and the camera pans back out to the family scene again: more toast. The voice continues to talk: "Please don't leave it to someone else. Type your postcode into blood.co.uk."

A red logo: two intertwining hearts with oval shapes above each, one red; one white, appears on a blank white background. Underneath, written in red text, the same website as spoken a few seconds ago. A telephone number appears in the top left corner whilst a blue logo with the letters 'NHS' appears opposite it. Finally, smaller red text appears under the logo: "Do something amazing.". The piano stops playing. The end of its rendition of *The Blood Donor*, by Campbell.¹

¹ The source of this scene can be found at <http://www.blood.co.uk/pages/media.html> (Accessed 16th April 2008), alongside an explanation as to how it came about and the reference to the piano music.

Every human being on this planet, without exception, needs blood in order to survive and there is not yet a fully viable synthetic or artificial alternative to it when blood is either lost or malfunctioning.² As such, blood donation and transfusion practices have been put into place as a form of therapeutic/medicinal exchange for patients who require blood when either of these scenarios occurs (more details to follow in Chapter Two). You may have seen the adverts (like the one described above) on the television, or heard them on the radio, asking *you* to ‘save a life, give blood’.³ You may have given blood in response, or even received it. Whatever the circumstance, the need for donated blood is universal: such is the need for transfusion.

Nevertheless, blood is not only a bodily fluid with a biological function; it has taken many different meanings over time and space and has become imbued with implicit meaning and metaphor. It has been the cause of war and genocide and is a (post-)modern-day ticket to popular media sensation, family disputes and resolutions, and perceived/so-called social and cultural difference (see Chapters Four to Six).

² That said, scientists in Japan are carrying out clinical trials on an entirely synthetic red blood cell substitute after years of trying to develop alternative solutions to human blood donation. Other blood components are similarly at the testing stage. For more information, see <http://www.medicalnewstoday.com/articles/5527.ph> and <http://www.timesonline.co.uk/tol/news/world/article424283.ece> (both accessed 16 April 2009).

³ See footnote 1, above, for past and present advertising campaigns of which the slogans vary.

Such issues are not exclusive to the country in which this research has been carried out (the UK), and the (clinical) practices of blood exchange and the meanings and metaphors of blood do differ as they circumnavigate the globe. As such, these bloody issues (as well as blood itself) have a geography: in meaning as well as in practice. These meanings and practices are interesting and important if we are to understand what blood is and what it means to the people who either give it or receive it and what they then, in turn, think of each other. Deeper understandings of the geography of blood and its donors/recipients both when donated and when transfused are only implied in 'those' adverts, as taking away the anonymity of the blood pack and re-humanising the exchange, falls in direct contrast to the exact practices of blood donation/transfusion in this country. The fundamental difference between the adverts and the reality is that re-humanisation. Indeed...

After research with [the NBS] target audience of donors and potential donors, [they] found that although everyone liked something in the old [advertising] campaign [that which involved using celebrities' blood transfusion stories], there was room for improvement. [...] They [...] appreciated the celebrities' personal stories about how blood had saved lives in the past, but thought more could be done to explain the constant need for blood...⁴

If the National Blood Service of England and North Wales (NBS) feel that their best way to attract potential donors, is to put a face to a blood pack, then what imaginative geographies are at play in reality when this is

⁴ Taken from http://www.blood.co.uk/pages/media_popup.html accessed 16 April 2009.

not possible? And does it make a difference anyway? This is what this thesis is about.

The crux of this thesis therefore lies in the imaginative geographies of therapeutic blood exchange: what and how, if, when and why do people think the way they do about blood, and the invisible others at each 'end' of their donated/transfused blood packs? What's 'blood' got to do with it?

1.2 Motivations

I would be lying if I told you that that blood had always interested me as I'm not medically trained, a doctor, a haematologist or the like; nor am I a vampire. The truth is, that until I moved to Birmingham to study, I only ever really thought of it as 'the red stuff' that we need in our bodies to enable us to function. The rest was all rather peripheral, if not even absent in thought. In my second year at university however, I took one step closer to becoming that bit more interested, when I donated blood for the first time. Having never been heavy enough to donate, I went along to the donor suite with a friend to try. Feeling a little chuffed that I'd finally reached 'target weight', I donated my unit. Thinking, on the one hand, about calling my dad to tell him that I was finally able to follow in his donor footsteps, I was also thinking just how happy I was to be of service. I didn't really think anything more of it after that.

Two years after my initial donation, I returned to England after having spent a year in France as part of my degree and I took a course entitled *Geographies of Material Culture*. The course aim was to think about commodities as part of a chain and/or network using Donna Haraway's cyborg ontology⁵, and write up our thoughts using her idea of personal positionality and/or our situated knowledges.⁶ The course allowed us to question, understand, argue through, and make *personally* relevant, not only the everyday consumer/producer choices that we as people make, but also as academics, the masses of academic literature that is written about 'Geographies of Material Culture', as seen through our 'cyborg spectacles'.

During the course we, as groups, were assigned readings which we read, discussed and thought through. We did this in groups of varying sizes: small discussion groups or larger class gatherings. Towards the end of the module, our reading groups were asked to prepare and perform a presentation based on something that we thought needed further

⁵ Whilst the cyborg is now seen, ontologically, as us as people being 'nodes in networks', hybrids of 'nature' and 'culture', 'machine' and 'organism', linking us all together in an interconnected and inter-related web (Haraway, 1991:149), it is also the underlying foundation for this course. In short, we are never alone, and neither do we function, live, eat, breathe...without the aid of countless others. For a more detailed insight into the ontological foundations of this course and the use of cyborg ontology 'in practice', see: Cook *et al* (2007). This paper was co-written with this course in mind, and although it is partly pedagogic in discussion, it provides a direct link to cyborg ontology as used 'in class'.

⁶ Situated knowledge and positionality embrace the idea that knowledge can only ever be partial (situated) and somewhat personal (positioned). They acknowledge that any ideas, 'facts', projections are (human-) socially-constructed because of this and refute the claim of objectivity based on such ideas. See Haraway (1988) for a more detailed explanation.

explanation, either academic or otherwise. Our group chose to think about organ donation: bringing the cyborg back into the body. I loved thinking about this: it boggled my brain. How *are* we corporeally connected to people? How many people are really ‘out there’, helping us to live our lives? How many people do we help live theirs? What consequences do our actions have? Why does it matter? Are we bothered?!

I *was* bothered, because the course had stuck a nerve. I continued to think about my resulting consumer choices (notably never to eat chicken nuggets again!) after graduating, and whilst working as a lifeguard and swimming teacher, I was still harbouring not only those life choices, but also the bug that I had got from loving doing ‘that kind’ of academic work. So I took up Ian Cook’s invite to come back to do an MSc, and phase two started. It was 2005 when tangible ideas for my MSc thesis started germinating and I was still interested in the bodily connections that seemed to have been raised in our group presentation back in 2003. But there had already been research carried out on organs in this respect and that’s when blood came along.⁷ In 2005, I carried out an autoethnographic MSc research project on the journey of a blood pack from ‘vein to vein’/ donation to transfusion

⁷ My original insight into organ transplantation issues came from a couple of studies (see Davies & Burgess, 2004; Davies *et al*, 2003), where in-depth discussion with and between both ‘lay’ and ‘expert’ participants aimed to produce policy-relevant findings into issues such as xenotransplantation and kidney donation. Upon further exploration, numerous other studies came to light, addressing xeno-, kidney and other organ donation (eg Einsiedel, 2002, amongst numerous others) and so whilst I was still interested in ‘the organ gap’ and the issues surrounding it, I felt that there was not enough ‘gap’ to allow for my smaller-scale study.

(Morris, 2005). Along the way, I encountered, many ‘things’, people, ideas, literatures...which all eventually helped me produce a small thesis. On the face of it, I had upturned not only many different academic literatures which were all combined in this one journey but also uncovered and re-humanised the line: interviewing, meeting, observing and reflecting upon the *people* behind the blood pack too. Underneath of it therefore, I had opened a can of worms, creating more and more questions which warranted deeper reflection and interrogation, both personally and academically. This is what *this* thesis explores further.

1.3 Reading

In May 2006, six months into my PhD, I bought a book, entitled *Tissue Economies: Blood, Organs and Cells Lines in Late Capitalism*, in which I found one paragraph that justified why my research had to be done and (part-)defined the academic gap I was filling. Although, in their introduction, they mainly point towards larger debates about tissue donation on the whole, Cathy Waldby and Robert Mitchell (2006: 7-8) kindly summarise for me that:

[The]...proliferation of tissue fragments, and of medical and social technologies for their sourcing, storage, and distribution, has profound implications for health and embodiment, for civil identity and social order, and for delineating relations between the global and the local...Each new technology involves a reorganisation of the boundaries and elements of the

human body, the development of new kinds of "separable, exchangeable and reincorporable body parts" (Rabinow, 1999:95). What does it mean when the human body can be disaggregated into fragments that are derived from a particular person but are, strictly speaking, no longer constitutive of human identity?...Are they experienced as fragments of the donor's self after donation, or as detachable objects? Do donors and recipients feel that some enduring relationship is created between them in the act of tissue transfer?...At the level of social relations, how might the exchange of such fragments between persons, their donation or sale, their receipt and reincorporation, constitute relationships between them?"

I love this quote. I think you should too. Read it again. Digest it. It is important because, theoretically-/academically-speaking, it sets my own personal agenda and I'm about to describe how.

Academically, as mentioned, my ideas are based upon a few themes that I uncovered along my journey from that Final-Year-Course Module to the early stages of my PhD Journey. These have evolved along the way: some becoming more important; some less, and some have been added/shaped from a broader research context during this PhD. Specifically the reviews of the main empirical themes will be found: first in section 1.3.3 - and will be worked through in more detail in Chapter Four; and second in section 1.3.4, which will be worked through in more detail in Chapter Five. It is important to outline these literatures here so that, a) the later chapters can be allowed to address the more specific issues that these literatures raise alongside of 'doing' the research and b) the path to the wider aims and objectives of this (complex) research project is made more clear.

1.3.1 *Geographies of Material Culture*

As became apparent during my undergraduate studies, the literatures on Materiality and (specifically) Geographies of Material Culture pointed me towards how blood could be understood: in which contexts/spaces/places and why. Everyday understandings of the *things* we take for granted raise important questions not only of what we know (or don't know) about those things, but also of the hidden others, the imagined connections that we may or may not acknowledge that we have with those involved in the production/consumption/'social life' (Appadurai, 1986) of that 'thing' (Crang, 2005).

Arguably, by looking at the things that surround us and facilitate our everyday lives, we can also gain better understandings of both how we shape the world around us through those things, and what and how those things better reflect our understandings of the world (*ibid*). Additionally, it can be argued that looking more closely into the materiality of what 'things' are, can also better help us understand what these things are and mean to the people that consume and/or produce them.

Born from the Berkeley School of cultural geography in the 1920s, Geography and Material Culture studies have fluctuated between periods of materiality and non-materiality. Centring first on how 'things'/determinants

in the physical environment linked to ‘human social behaviour’ (Mitchell, 2000:17), the materiality of such determinants was seen as a reflection of broader cultural and social trends of the time. By the 1980s and ‘90s, material culture studies had become more concerned with the broader social *representations* of such material studies, as opposed to their actual materiality. Critiqued for becoming ‘too consumption-based’ (Gregson, 1995) along with concerns over such ‘de-materialisation’ (See Valentine, 2001) it has taken until now for areas of cultural geography to call for a shift in what to study, and how (see Cook & Tolia-Kelly, forthcoming). Indeed, as Cook & Tolia-Kelly (*ibid*: 8) underline:

While these material culture geographies have, arguably, made considerable headway within and beyond the discipline [...] a number of limitations have also been pointed out. [...] It is fair to say that the things studied are usually tangible, solid, stable, touchable, everyday, popular, harmless, small, human-oriented things, commodities which means that things which are (in part) intangible, liquid, gaseous, unstable, on fire, diluted, ephemeral, dangerous, massive, miniscule, illegal, for birds, not commodified, and so on tend also to be neglected.

And so to blood: an ‘(in part) tangible’, ‘liquid’ ‘thing’, that moves around in physical yet essentially untouchable liquid form, anonymous from the point of donation until the point of transfusion. Bringing together past and present ways of treating ‘things’, from material, objectification/subjectification to representation, this study will explore particular ideas about blood and those behind the anonymous packs: what it

is and means to those who give it and receive it. Thus framed in the discourses of blood donation and transfusion it will also be addressed in light of the remaining themes that follow.

1.3.2 *Qualitative Health Research*

Stemming from both my MSc research and aforementioned Material Culture studies, a much wider debate on methodological approach/*how* to study blood, opens up. Couched in its institutional home, the NHS, blood is thus part of a wider, health-related discourse where donation and transfusion issues are usually treated and studied. In this light, it is important to outline what previous studies on blood donation and/or transfusion have to offer, as well as the larger area of qualitative health research in which such studies could possibly be said to lie/be party to.

Most literature on blood donation and/or transfusion, can be found in specialist medical, haematology and transfusion journals.⁸ Whilst there are also smatterings of studies carried out outside of these areas (For example: O'Neill, 2003; Waldby *et al*, 2004; valentine, 2005; Titmuss, 1997; Reddy, 2007; Simpson, 2004; Smith, 1997), they are few and far

⁸ Various literature journal searches carried out on the ISI Web of Knowledge proved this, as searching using the terms 'blood donation and/or transfusion' tended to pull out mostly references from these kinds of medical/clinical journals. Whilst too numerous to list here, it was clear from this search that the proliferation of medical/clinical journal articles are greater than those in the social science journals.

between, and contain a mixture of methodological approaches, methodological tools and analysis.

By approach, the majority of these studies are quantitative, covering topics such as: models of risk and perceived risk of blood donation and transfusion (Moxey, *et al*, 2005; Lee, *et al*, 2003; Ferguson, *et al*, 2004; Lowe & Ferguson, 2003); psychometric reports on donor behaviour/motivations (Ferguson & Chandler, 2005; Boulware, *et al*, 2002); and the future supply of blood and blood products given donor behaviour and/or 'typology' (which includes studies into ethnic minority donation issues) (Currie, 2004; Ferguson, *et al*, 2004; Nilsson- Sojka, & Sojka, 2003; see also www.wellcome.ac.uk 'First Blood' Accessed: 18/04/2006).

What qualitative studies that do exist, however are more donor-orientated in focus. Such studies address ideas of bio-identity (Waldby, *et al*, 2004; valentine, 2005) (See Chapter Four/Five); donor-motivation and the concept of voluntarism ; donor retention/repeat donation issues (Suárez, 2004) and blood donation with respect to genetic bio-banking (Busby, 2004). Notably few studies have included both donors *and* recipients, despite studies such as Waldby *et al*, (2004); valentine, (2005); Copeman, (2005) adding to this literature.

Yet, despite such qualitative studies, and the increasing range of methodological approaches and tools being used, there still remains a lack

of in-depth, ethnographic explorations of the everyday experiences and thoughts of those who either give or receive blood and what it means to them as people. Indeed, Cathy Waldby (2002: 239) points out that ‘for donors and patients, human tissues are not impersonal’ (*ibid.*), thus highlighting the importance of in-depth studies by which human tissues – and indeed health studies on the whole, can be further understood.

Looking more holistically, therefore, at qualitative health research, it can be highlighted that as a relatively recent ‘trend’, only coming into light in the 1980s, qualitative health research is nevertheless important to both the public and those in academia. In order to position *this* research as a study partly dealing with health-related issues, it is therefore important to understand the greater nature of health-related research (given that the majority of published papers are of a quantitative nature) so that this, as a qualitative piece of work, has a valid place.

Primarily associated with quantitative methods, health research has historically only found relevance in such approaches. Nevertheless, the increasing call for qualification and further understanding has led to ‘...a diverse collection of approaches to inquiry intended to generate knowledge actually grounded in human experience.’ (Sandelowski, 2004:1368).

As such:

Thousands of reports of qualitative health studies are now available concerning a range of topics of importance to researchers and practitioners in nursing, medicine, public health, and other consumers of health research. These topics include (a) the personal and cultural constructions of disease, prevention, treatment, and risk; (b) living with and managing the physical, psychological, and social effects of an array of diseases and their treatments; (c) decision making around and experiences with beginning- and end-of-life, and assistive and life-extending, technological interventions; and (d) contextual (e.g., historical, cultural, discursive) factors favouring and militating against access to quality care, the promotion of good health, the prevention of disease, and the reduction in health disparities. (*ibid*)

Such ‘a diverse collection of approaches’ therefore open up wider methodological debates. First, by outlining the *ways* in which such approaches are undertaken: methodological tools. And second, by questioning the relevance of the ‘findings’ generated from using such tools: arguing for simultaneous academic, public and policy-relevant material.

Methodologically, such studies use various different tools in order to achieve their goals. Specifically in-depth interviews (See Waldby *et al*, 2004; Blaxter, 2000; Baer, 1997); life-story collections (Cutchin, 1999); ethnography (mentioned in Cutchin, 1999 & Sandelowski 2004), and focus groups, including deliberative mapping (See Burgess, 2005; Davies & Burgess, 2004 & <http://www.deliberative-mapping.org/> accessed December 2005) are used to qualify findings.

Once ‘generated’, findings thus need to be disseminated and defended by approach. Thus, studies in qualitative health research have, first, flagged the importance of academic epistemological positions/paradigms as key to

understanding the need, aims and methodologies of qualitative research (Burgess, 2005; Chapple & Rogers, 1998). Second, by engaging with relevant social theory, the roles of ‘researcher’ and ‘researched’ can be defined and understood. Consequently, ‘framing ideas...[so] audiences can question our knowledge claims and empirical findings appropriately’, can produce transparency and initiate further understanding (Burgess, 2005:277: Blaxter, 2000; Chapple & Rogers, 1998:559). Finally, the suggestion that there should be a relevance to theory in empirical research - so to greater enhance the relevance of such research, has resulted in more studies aimed at linking theory and empirics (Avis, 2003).

It is thus clear that qualitative approaches to research in health-related issues is more commonly accepted than previously, and certainly the growing incidence in qualitative research on blood-related issues is also evident. What will thus follow in this thesis, is not only co-joined academic and empirical discussion of my ‘findings’, but it is also a methodologically-attuned study, carried out in a particular way and conveyed in a particular writing style and presentation. Presenting both donor and recipient views on the following theoretical themes, it will thus convey not only its ‘findings’ but also ascribe/hold account of such findings to a specific, and necessary, qualitative approach.

1.3.3 *Geographies of Gift Giving and Care/Caring*

The bodily and imagined connections that had increasingly become a part of the MSc story: discovering, notably, the potential recipients of the pack, pointed me towards important literatures stemming from the literatures encountered in the Material Cultures Course, and on caring and gift giving. As the start of this thesis, therefore, such literatures are important contextual bases into which later, key, themes can be interwoven.

Gift giving is the first of these themes. There are various forms and functions of gift giving, underlining some of the ideas about what gifts are and what implications this has on society. Indeed whether gifts take the form of monetary donations to charity; objects given as presents, or even unquantified acts or deeds which add to the quality of someone's life, the action of giving itself is said to be just as important as what is given - as such acts can be seen as a universal social indicator and a reflection of social life in general (Titmuss, 1997). Shaped by and embodying 'moral, social, psychological, religious, legal and aesthetic ideas...[gift exchange] may [thus] reflect, sustain, strengthen or loosen the cultural bonds of the group' (Titmuss, 1999: 384): reflecting upon and influencing the fellowship of a community, on either a micro or macro scale, illustrating social dynamics of inclusion and/or exclusion (Titmuss, 1997; Silk, 2004),

spiritual practice (Simpson, 2004) and the fostering of active citizenship (Milligan & Fyfe, 2005).

Motivations to give gifts are questioned and explored as part of a larger argument aimed at determining and reflecting the nature of gift-giving and thus the nature of society and community (Titmuss, 1997). Such studies call into question not only the nature of the gift relationship, specifying the role of (or indeed the existence of) altruism and what this implies for community and belonging (Singer, 1993; Waldby *et al*, 2004; Titmuss, 1997; 1999; Nilsson Sojka *et al*, 2003; Simpson, 2004, valentine, 2005; Oakley & Ashton, 1997; Martlew, 1997), but also highlight problematic effects this may or can have on recipients who have no choice but to receive their 'gift'.

Specifically, studies in blood donation: question the drivers and nature of this type of gift donation (coined as being 'a part of the self' or simply 'life'); liken but separate the giving of blood from 'other charitable donations'; and explore whether/or to what extent 'community' shapes the notion to give, even questioning which comes first (Titmuss, 1977) (See Chapter Four).

Linked closely to the 'gift relationship' is the notion of caring. Encompassing many views on what it is and how it changes in specific contexts, the academic topic of care is broad. Past and present debates on 'care' and 'caring' cover a range of perspectives, in many disciplines, and

explore their ever-changing definitions: from broad, universal definitions of ‘caring about’ to much more local, familial definitions of ‘caring for’ (see Barnett, 2005; Silk, 1998; Johnsten *et al*, 2005; Smith, 1998 and Chapter Four).

Such definitions give rise to the changing nature of care on both spatial and personal scales. Geographically speaking therefore, and bearing these definitions in mind, debates about care have arisen in the both the discipline of Geography as a whole as well as the sub-discipline of Health Geography. Taking the latter, ‘care’ is defined in a couple of ways. Firstly, as ‘formal’, where care is administered to those with health problems ‘through the interventions of medical treatment of staff, usually in specific institutions or community settings’ (Parr, 2003: 213). Secondly, as ‘informal’: where care exits its health-related spaces and places and into, for example, the home or other ‘therapeutic landscapes’ (See Milligan, 2000; Wiles, 2003 for further information) have been of particular interest.⁹

Imperative to this study, are also larger-scale geographical notions of ‘care’, specifically pointing scholars towards the issue of caring at a distance. Fundamental to the argument, is firstly the notion of *scales* of caring: comparing or even combining ‘global’ with ‘local’ (see Barnett, 2005; Smith

⁹ In fact, in a ‘themed section of *Social & Cultural Geography* we [the authors] are particularly interested in the spaces, practices and experiences that emerge through and within relations of care’ (Conradson, 2003; 451-452). (See *Social and Cultural Geography* 4(4), (December 2003). For articles).

1998; Silk 1998) and secondly the *type(s)* of care/*nature* of that care that are/is performed at such scales, asking how people care at a distance, where and why. Important, are questions of whether care is an extension of familial care patterns (Smith, 1998); whether this care takes the form of charitable gifts/donations (i.e. what these care patterns imply in action); and whether these acts be on a local, proximate, and/or global, distanced scale (*ibid*).

Particularly, therefore, this thesis will use the concepts of care and gift giving to inform, critique and pave the way for new ways in which care and gift giving can be conceptualised when giving or receiving blood. It will then use these themes to feed into how and why people view themselves and others and how such exchanges (and their institutional settings) foster (or not) the bodily, and/or imagined connections as highlighted previously.

1.3.4 *Geographies of Relatedness*

And so rolling out the above themes, brings me to the final theoretical concept: (Geographies of) Relatedness. Debates in this area are topically (i.e. by Discipline) and spatially quite diverse, with many of their underpinnings arising in anthropology and geopolitics (see Nash, 2002; 2005 for details and Chapter Five). The key issues zoom from a macro to a micro scale and use both geographical notions of nationhood, identity and belonging together with/in juxtaposition to anthropological notions of kinship (read family) and

relatedness (*ibid*). They mix together, question and explore the ideas of belonging/nationhood/kinship by studying how these ideas are enacted, practiced and conceptualised both historically and in the present.

Firstly, by looking historically at global and then local forms kinship (and thus identity), from ‘race’ and ‘ethnicity’ to smaller scales of ‘belonging’ in kinship circles, they explore the ways in which these forms of belonging are conceptualised and what they are then called (what is ‘nationhood’, family/kinship/‘relatedness’...?). Then, they unpick *how* these concepts come about: by addressing the practices and materialities of relatedness (through ‘things’, means, rites and so on – See Franklin & McKinnon, 2001 for anthropological studies in this area).

Secondly, given both past and present perspectives, these themes are reconfigured. ‘Relatedness’ as a more holistic term and thus the Geographies of Relatedness, therefore suggest new paths that can be explored with regards to identity and relating at both global and local scales (via new ideas of nationhood and belonging, (new) kinship rites and DNA testing – see Nash, 2003; 2004; 2005; 2006; 2007).

Finally, there comes a call for the reconceptualisation of what relatedness actually is (how to embrace all of the above to include new technologies, post-modern/present and popular issues that are pertinent in everyday lives - such as medical technological advancement and thus DNA

debates (Carsten, 2000; Hutchinson, 2000) as well as an acknowledgment of how best to *carry out* such studies: calls for more ethnographic or more in-depth studies to be undertaken, in order to better understand such concepts from the ground up (Wade, 2002). In essence, (new) Geographies of Relatedness bring space and place back to the fore, acknowledging that scales of relatedness are just as important as the definitions of relatedness and thus cannot be ignored. Indeed, as Nash (2005:459) states: 'Interests in complex assemblages index a culturally embedded interest in making kin and other connections'.

So what's blood (donation and transfusion) got to do with that? We can take blood out of people's bodies and split it up, into component form, and then transfuse it back into other people's bodies. We've been doing it for quite a while. This is *not* a natural process. It is socially and culturally accepted as a form of therapeutic treatment for those whose blood is either lost or is not functioning properly. And what does this do for and to those whose blood it is? Do they suddenly become brothers and sisters or fathers and mothers (of a sort) to these people? Who do *they* think they are now? The donation and transfusion of blood blurs the ties that have bound us for so long yet again. Blood, as the one thing that was seen as given, naturalised but simultaneously criticised as determinant of blood-related identity/kinship (see Chapter Two and, later, Chapter Five for how and why

this is the case) is now not quite so clear-cut. How *are* we actually ‘related’ to someone? If it’s by blood, then what kind of blood. Whose blood? In what circumstances? Metaphorically, as euphemism for ‘reproduction’ or ‘nationality’? Or materially, like a ritualistic blood brotherhood/sisterhood? How does donation and transfusion mess with this? If at all. Indeed, the fundamentals of this PhD hinge on the very geographical existence of blood donors and recipients and the places and spaces (imagined or otherwise) in which these individuals view their ‘bloody relatedness’, or not.

1.4 Research Aim(s)

Pulling these themes together is complex and messy and as such, I did not have an initial set of exclusive research aims and objectives to adhere to. I did however, come across the quote below, which neatly sums up why this research is important. It sets the scene (and maybe the agenda) for that which follows. Framed in a specific term of reference, ‘bioidentity’, it asks a number of questions that in part form the main aim of this entire thesis (which will be discussed shortly):

Bioidentity describes our common-sense understanding of our bodies as ‘ours’, as both supporting and being included in our social and subjective identities...our sense of self is always in dynamic tension with the ambiguity of our body boundaries, their constant traversal by food, body fluids, microorganisms, air, and by our exchanges with other embodied selves. Relations between our bodies and the world are never stably demarcated, but

rather in a state of constant flux and exchange, a state that complicates any simple equation between body and self.

[...] How are we to understand the status of detachable bodily fragments like blood, ova or organs? As parts of our bodies do they retain a trace of our identity after donation, or do they become impersonal things? In the case of therapeutic tissues, those transferred from one person to another to preserve health or life, what is the relationship, if any, between the one who gives and the patient who receives tissues? These kinds of questions have become quite contentious, as the biomedical ability to detach, circulate and transplant such fragments outstrips the legal and ethical ability to frame these phenomena in workable ways.

[...] ...no study of blood donation or transfusion that we located focused on blood and what we have termed 'bioidentity' or the constellation of questions that it suggests. What are the effects of blood donation, loss and transfusion on this sense of embodied identity? Does the transfer of blood constitute a gift of self in Mauss' sense? Do donors continue to have a sense of right over their blood; do they continue to identify it as theirs? Do recipients feel a sense of obligation or gratitude to their unknown donor? Do recipients feel that they simply incorporate donated blood so that it becomes self, or does it retain its status as someone else's? How do recipients imagine their donors, their 'strangers' if at all? These kinds of questions are not addressed in the existing literature. (Waldby *et al* 2004: 1462 & 1464)

This thesis will therefore not just address this 'constellation' of questions as they stand, but will also do it by gathering together three specific concepts. It will treat them as mutually-informative concepts which are both complex and individual, although never too far away from simple and shared.

As such, the main aim of this research is: **to critically question, through in depth qualitative research, the senses of connection, giving, care, and relatedness felt by blood donors and recipients, given the institutional setting of therapeutic blood exchange in the UK.**

Each chapter will therefore address a specific part of this aim, building towards a complete picture, presented in the final chapter. These chapters will do this in the following ways...

The next chapter, Chapter Two, will address what blood is, providing a *foundation* for that which is central to this thesis. It will explore blood from the 'biological' to the 'social' to tease out its complex physical and metaphorical importance. Specifically, I will explore what blood is as a biological tissue: how it works; how it is constituted; its typology; and then what happens when it doesn't 'work'. Looking specifically, therefore, at Sickle Cell Anaemia, given that both recipients in this study suffer from it, I will illustrate what it is and means; how it is inherited; and how it is treated. I will then move towards blood becoming more 'socialised', exploring how intervention from the National Blood Service - responsible for blood's safe donation, processing, testing, as well as responsible for donor recruitment, marketing and advertising - renders it as both a medicinal substance and a therapeutic process. Then, I will address the more 'social' meanings of blood, such as how blood is used in metaphor: where, when, how and use this as a springboard for addressing the empirical questions tackled with research participants. Finally, Chapter Two will address how blood is viewed in this thesis: outlining how all of the above sections weave together to form a backdrop for the blood that will be discussed in both theory and practice in the later chapters.

Chapter Three will move on to explain the approach I adopted in order to tackle the main aim. Here, I provide a methodological framework through which I introduce how, where, when and with whom I conducted this research. Specifically, I explain how an in-depth autoethnographic approach, is (and has been) the best way in which to carry out this research. Describing the tools I have used within this approach, I thus illustrate the gateway through which the main aim has been tackled. In particular, I introduce you to those who (co-)created this work: two sufferers of Sickle Cell Anaemia, for whom blood has helped facilitate and maintain their lives and thus for whom bloody connections can be more deeply explored; three donors for whom giving blood is considered important for many reasons; and me, who is (and became) as much a participant as I am the driving force behind the initial research. Importantly, I will underline that the choosing of regular donors and once-regular recipients as these participants, is because of the need for in-depth discussion about their relatively extensive experiences with blood donation/transfusion. Finally, this chapter will discuss the various products of such a winding methodology: its iterative and evolutionary nature highlighted by surprise hiccoughs and unexpected friendships, thus providing the platform on which the next two chapters rest.

Chapter Four, as the first of two empirical chapters, will thus delve into the empirical ‘data’ for this research. Using both the literature as outlined in Section 1.3.3 as well as participant input, I will critically examine the concepts of care, gift giving and connectedness in blood donation and transfusion. I will do this by iterating between participant/empirical material and academic material, thus highlighting the similarities and differences between the two. Specifically, I will firstly contextualise each concept, thus framing participants’ answers as being a product of lives lived outside as well as inside the spaces and places of blood donation and/or transfusion. I will explore: the empirical and theoretical drivers of donation in general, and how these affect society. Then I will move towards the concept of blood donation, detailing what kind of gift blood is: how and by what nature; the problems associated with the/this gift relationship; what these are; and how and why they are important. Finally, this section will look at possible implications the gift relationship can have on blood itself and the institutions that facilitate its exchange.

Moving onto the next part of the main aim, and as part-connected to the concept of gift exchange, this chapter will also examine what kinds of care are at play when giving and/or receiving blood. Similar to the above section, I outline general concepts of care such as how is care defined: in general; in Geography; and with specific reference to scales of caring. Then I will use this to outline how care is enacted and mediated: how time and

space make a difference and specifically what part the role of anonymity plays in defining and influencing care in blood exchange. Finally, I will use these contextual findings and apply them to blood donation and transfusion, pulling them together in the next section.

Finally, therefore, this chapter will examine how/if blood donation/transfusion fosters a sense of connectedness with the anonymous others at the end of the blood pack. Hinging on the previous sections, it will in-part outline how and if connectedness is fostered when giving and/or receiving blood. Specifically I will explore: how connectedness is defined (when, where, how, with whom). I will then examine how gift giving and caring feed into and out of this process asking why, if, where, when and how participants feel connected to others: how these connections are made up and in which contexts. And finally, I will explore the role anonymity/proximity (given the institutional setting) play in this and why.

Chapter Five will then expand on this theme of connectedness. Using both the literature as outlined in Section 1.3.4 as well as participant input, it will critically explore and examine how/if blood donation/transfusion fosters a sense of relatedness with the anonymous others at the end of the blood pack. As a foundation for empirical/participant context, I will primarily explore how relatedness is defined, establishing its difference from

‘connectedness’. Then, I will examine how it has been defined in larger academic circles, starting with its more traditional connotations/definitions and moving towards more recent definitions. As such, towards the end, I examine whether this project ‘fits’ into the Geographies of Relatedness, with a view to suggesting how further research could explore this further. Firstly, therefore, I will explore kinship as a primary means of relating: how this is defined, enacted, practiced, mediated, constituted and will ask where, when, how, and with whom. As a reflection of both academic and empirical debates, I will then detail how this has changed/ if it is changing, with a view to moving on to the more recent topic of ‘relatedness’ (in Geography). Academically, I will outline how this term can be compared/contrasted/used instead of ‘kinship’ and specify its definition by looking at how it can also be enacted, practiced, mediated, and constituted. In particular, I will examine the Geographies of Relatedness, within which I examine if and how blood donation and transfusion ‘fit’ as a possible new form of relatedness, or not. Ultimately, this chapter will address the question of whether blood transfusion and donation offer a new sense of relatedness to its donors and recipients, and vice-versa, and thus what kind of importance blood holds in such senses, given its tangible movement between anonymous others.

Finally, whilst remaining mindful of the intricacies of each chapter, this thesis will pull all empirical and theoretical strands together, addressing the larger aim of this research. Here, it will make a methodological note about an evolutionary, iterative process which took shape as not only themes came and went but also as participants became more open and co-constructive in the process itself. Ending with a meeting in which participants came together to discuss otherwise one-on-one issues, it address the differences that time and space make to not only this study, but also the blood exchanges that founded it. Bringing all methodological, theoretical and empirical issues back into focus, it makes a wider point about the initial aim of the research: accepting that although ideas are contextual, partial and individual, that they are also not always too far away from being simple and shared. By way of conclusion, it thus also revisits the beginning of this chapter and the advert described at its start. Explaining that the methods and ‘logic’ behind such adverts have been rolled out, in-depth, in this study, it also summarises that the greater concepts of giving, caring, connectedness and relatedness are perhaps juxtaposed and at a tension when thinking about those ‘real’ others at the end of the blood pack.

And so, with the main research aim presented, it is thus to how I researched it that I now turn.

CHAPTER TWO: WHAT IS BLOOD?

2.1 Introduction

As the central component of this thesis, this chapter thus focuses on blood: what it is; what it does; what happens when it ‘doesn’t; what ‘we’ can do with it; what it means. It details what blood is in its ‘biological’ form as well as what it has come to mean ‘socially/culturally’ and although I will make such distinctions here, in reality, these distinctions are more of a reflection of wider medical and popular discourse about what is, essentially, the same ‘thing’.

First, I will therefore explore the ‘biological’ side of blood: its form and functions; its grouping, how it is inherited and its (global) geography. Second, I will look at blood as disease vector, focussing more specifically on the congenital blood condition Sickle Cell Anaemia (as all my participant recipients suffer from this): what this is; how it is inherited and how it is treated. Third, I will look at how and when blood has medicinal purposes: how it works, in and of itself, when treating a condition such as Sickle Cell Anaemia. Fourth, I will begin to unravel a more ‘social’ aspect to blood, examining how blood acquires its medicinal qualities from and through a wider process of intervention: blood thus becoming more therapeutic. I will

introduce and expand upon the institutional setting of blood as therapy by detailing the workings of the National Blood Service: its function and thus its practices of blood donation, processing, testing and transfusion. And finally, I will move towards a wholly 'social' side of blood, expanding on blood as metaphor and euphemism for 'cultural' and personal ideas of belonging and identity. Setting the scene for the final empirical chapter, this section will thus introduce how blood can be understood in multiple ways, both in and out of this thesis.

Importantly, some/most of the detail in this chapter is a summary of the science as it is understood in the field, by NBS staff, phlebotomists, and other health care professionals. It therefore comes from my own participant observations (notes made whilst 'in the field'), personal experiences, interaction and discussion with (recipient) participants and those around them, plus other sources (e.g. NBS publications, academic literatures/studies).

2.2 Blood as tissue

The average human body contains a volume of around eight to ten pints of blood (around 4-5 litres). In brief, it is an essential connective tissue that performs a multitude of functions in order to keep the human body

alive. More specifically, it transports around and provides the body with: oxygen, hormones, nutrients and waste and it helps fight infection.

Produced in the bone marrow (which is soft tissue in the bones) blood circulates around the body (by virtue of the cardio-pulmonary system), via arteries and veins, and through the heart in around 20 to 30 seconds. This system works in the following way. As we inhale, blood 'picks up' inhaled oxygen (a process known as oxygenation) ready to be transported and used. This now oxygenated blood is transported/pumped *out* of the heart, via arteries, around the body. During this time, the blood's cells exchange oxygen to the major organs and brain. Blood is thus de-oxygenated and is transported back *into* the heart, via veins, and then back into the lungs where carbon-dioxide (a waste-product of this exchange) is exhaled. The body inhales again, the lungs take in oxygen again and the process re-starts.

The next section will detail what blood is composed of and thus which of these components perform the above-mentioned functions. It will also detail blood grouping: compatibility; how it is inherited and its global geography.

2.2.1 Components

There are four main components to 'whole' blood, each carrying out a specific function. First, plasma. As the substance in which blood components are suspended, plasma constitutes around 40% of blood's volume and is composed mainly of water but also of dissolved salts and proteins. Second, white cells (or leukocytes). There are several sub-types of white cell but essentially, they perform two specific functions and combine together to perform the complex job of immunity and infection control. The first type of white blood cell engulfs, breaks down and thus eliminates harmful bacteria cells. The second type fights antigens ('foreign' proteins/viruses which attack the body) by producing antibodies (a protein that is produced in response to a specific antigen) which remain on the blood cells, recognising future antigens thus enabling the body to build up immunity to help prevent against further attack – see below for further details on antibodies and antigens. Additionally, white cells are the only blood cells to contain a nucleus at the heart of their cellular structure. It is within cells' nuclei that deoxyribonucleic acid (DNA) can be found (see section 2.2.2.2 and later chapters for the significance of this). Third, platelets. These are small, sticky cells which both minimise and prevent (further) blood loss during bleeding. Their function is to contain blood within the body, by plugging fissures/bleeds by clumping together/clotting at the site. Finally, red blood cells (or erythrocytes). These cells carry oxygen

around the body and are flat, round discs that constitute around 40% of whole blood volume. They travel around the body by curling up/squeezing through veins and arteries, supplying the major organs and brain with the oxygen they need to function correctly. They are made up of haemoglobin, a substance consisting of an iron core and four attached, surrounding globins. When haemoglobin is oxygenated, it takes its characteristic red colour: hence why whole blood is red. On average, red blood cells have a 120-day lifespan, although the bone marrow will produce new cells every day in order to replenish those that are dying - as it also does for the other cells, when needed. Extra red cells are thus produced, for example, when oxygen levels are depleted; white cells when the body is fighting infection and platelets when the body bleeds.¹⁰

The importance of illustrating what blood actually is, what each component does and thus how it can be used, will be explained in more depth (and in different contexts) as this thesis continues. Specifically, certain blood components will be fully explained in section 2.3 as red blood cells become central. But identifying specific blood component characteristics is also imperative to understanding what we need to know about blood grouping/typology. In turn, this not only allows us to explore what and how we understand about both the local/familial significance of

¹⁰ Information found at: <http://www.merck.com/mmhe/sec14/ch169/ch169b.html> and www.blood.co.uk (accessed September 2009).

blood but also what and how we now understand about the global geographies of blood too.

2.2.2 *Grouping/Typology*

Blood is not just a complex assemblage of cells, each performing a function. It also comes in various types, which warrant specific distinction so that any potential recipient survives a transfusion. Indeed, blood can be lethal to a patient if it is not cross-matched (that is to say matched (donor)-type-for-(recipient)-type) first. Typically, blood's type is determined by a number of indicators. Firstly, by what type of antigen is present/covering the red cells: A, O, B or AB and secondly, by either the presence or absence of a second antigen: the rhesus antigen (Rh antigen).¹¹

Each red blood cell is covered in antigens and by distinguishing which ones are present, blood type can be identified. So, for example, the blood group of someone with both O-antigens and the rhesus antigen present on their blood cells, will be O-rhesus-positive or O-positive (O+ve); those with A antigens covering their red cells, but an absence of the rhesus antigen will be A-rhesus-negative or A-negative (A-ve).

¹¹ Please note the deliberate capitalisation and non-capitalisation of 'Rh' and 'rhesus'. This is deliberate as common notation dictates it is treated thus.

2.2.2.1 Compatibility/cross-matching

It is incredibly important for blood groups to be identified in this way, as blood compatibility (cross-matching) is crucial should a person need to receive it (or give it). Of particular importance, and further to the above explanation of how blood types come about, is to understand which blood types are compatible. Because blood types are based on the presence or absence of antigens, and given that antigens cause the blood to respond defensively, antibodies are thus also present in blood. Figure 2.1, below, illustrates blood compatibility, based on which antibodies are produced in response to, firstly the rhesus antigen, as rhesus-negative blood and rhesus-positive blood cannot be mixed, and secondly the O, A, B or AB antigens present in certain blood types.

Figure 2.1: Who can give/receive blood to/from who/m

		Recipient							
		O+ve	O-ve	A+ve	A-ve	B+ve	B-ve	AB+ve	AB-ve
Donor	O+ve	✓		✓		✓		✓	
	O-ve	✓	✓	✓	✓	✓	✓	✓	✓
	A+ve			✓				✓	
	A-ve			✓	✓			✓	✓
	B+ve					✓		✓	
	B-ve					✓	✓	✓	✓
	AB+ve							✓	
	AB-ve							✓	✓

(Source: NBS, Spring 2003:8. Reproduced with kind permission, NHSBT/NBS)

In simple terms: Rh-negative patients can only receive Rh-negative blood; Rh-positive patients can receive either. O-ve is the universal donor and AB+ve is the universal recipient.

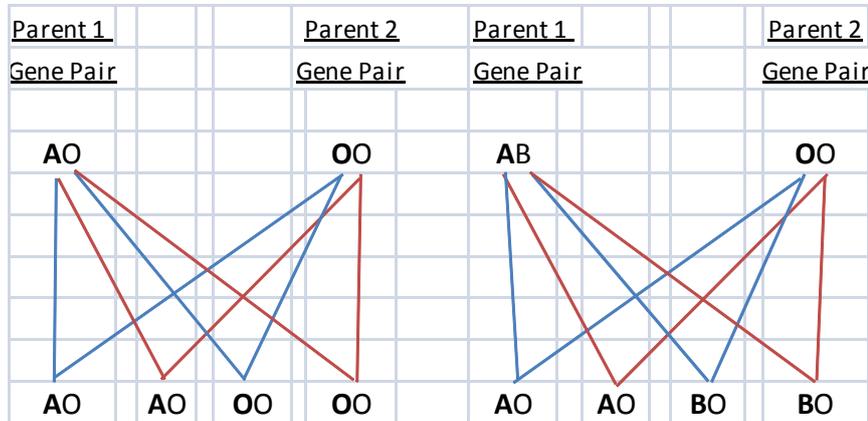
2.2.2.2 Blood group inheritance

But what determines our blood group in the first place? At the heart of this is the understanding of genetic inheritance. Genes, which are made up of multiple strands (in helix-shape formation) of DNA, determine many of our (notably physical) characteristics. DNA is unique to us as individuals. Where blood groups are concerned, ‘everyone’s ABO blood group is

controlled by one pair of genes. These may be AA, AB, AO, BO, BB or OO.’ (NBS, Summer 2003:14). We all inherit one pair of the above ABO genes: one from each parent. Blood groups are determined by which genes are either present and/or dominant, over those which are either absent and/or recessive. O-group genes are recessive, whereas A and B genes are co-dominant.

Figure 2.2 charts possible blood group inheritance for offspring where parents are blood groups A and O but where their gene pairs are different (AB and OO cf. AO and OO) (NBS, Summer 2003:14). Essentially, whilst these diagrams map both two possible offspring blood type outcomes, they also illustrate the fundamentals of how general genetic ‘traits’ are also inherited/passed from parent-to-offspring (see later sections where this becomes apparent). (Note that letters typed in bold denote the actual blood group type of that individual – or the prospective type for offspring line)

Figure 2.2: How blood groups are inherited



(Source: NBS, Summer 2003:14. Reproduced with kind permission NHSBT/NBS)

It is thus often confusing to work out blood group inheritance given that parental gene pairing may not be known and given that there are so many permutations. Below, Figure 2.3 illustrates all possible combinations of parental groupings and the possible resultant blood groups for their offspring. (*ibid*).

Figure 2.3: Possible offspring blood type given parental blood types

Parent 1		AB	AB	AB	AB	A	A	B	O	O	O
Parent 2		AB	A	B	O	A	B	B	A	B	O
Offspring	O					♥	♥	♥	♥	♥	♥
	A	♥	♥	♥	♥	♥	♥		♥		
	B	♥	♥	♥	♥		♥	♥		♥	
	AB	♥	♥	♥			♥				

(Source: NBS, Summer 2003:14. Reproduced with kind permission NHSBT/NBS)

2.2.2.3 Global geography of blood

Blood groups are not only restricted to familial patterns of inheritance, however. On a national as well as a global scale, blood groups also have a geography and although people do migrate around the globe, it can still be seen that different blood groups are unevenly concentrated around the world and its nations.

Nationally speaking, especially in the North of England, Group O is the most common type of blood, where the figure hits around 44%. In Central and South America, Group O is also the most common. The South of England, however, has a higher concentration of A-type blood although the total percentage of the UK population with A-type blood is around 42%. Central and Eastern Europe as well as Japan also have higher concentrations of Group A. Group B blood is quite rare in the UK, as only 10% of the population are of this type. It is, however, most common in China and other parts of Asia, where around 25% of these populations are of this blood type. AB is the most rare group, with only 4% of the UK population belonging to this group. That said, 'In Japan, China and Pakistan, around 10% of the population boast this rarest of blood groups.' (NBS, Spring 2003:9) (See NBS, Spring 2003 and http://www.blood.co.uk/pages/all_about.html /

<http://www.blood.co.uk/pages/e14diduk.html> for more details - accessed May 2009).

It has been pertinent to look at what blood is, does, how it functions, how it is categorised: how blood types are determined, cross-matched, inherited and where they are nationally and globally distributed. It allows blood to be posited as a biological 'entity', which is partially at the heart of the human body's existence. But what happens when blood does not 'do' what it should be doing? The next section will examine blood as disease vector: when blood congenitally mutates into one of the many known inherited blood disorders, Sickle Cell Anaemia.

2.3 Blood as disease vector: Sickle Cell Anaemia

Whilst there are many different types of congenital blood conditions, which may cause need for blood transfusions, the two recipients that you will hear from in this study both suffer from Sickle Cell Anaemia (SCA). There are several forms of SCA, and various strains of such forms, but I will concentrate on SCA SS-type and Sickle Trait as these are what are most pertinent in the context of my research. Specifically, I will outline what SCA is, why it occurs, and how it is treated.

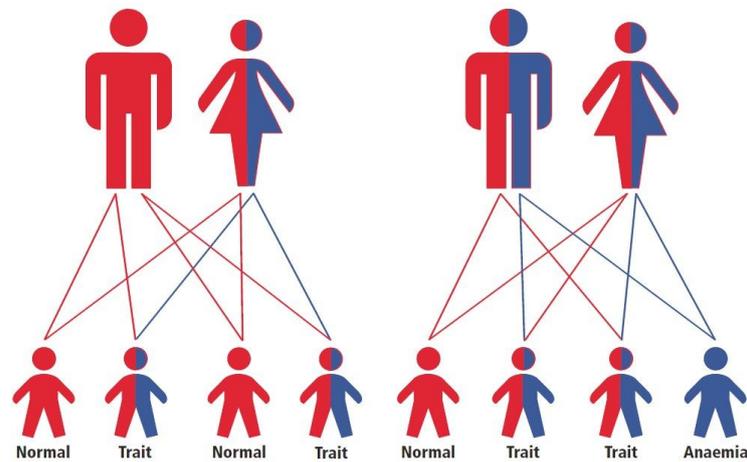
Sickle Cell Anaemia is a congenital blood-borne condition, almost exclusive to people of Afro-Caribbean descent, and occurs when blood's red cells are produced sickle-shaped (like crescent moons) as opposed to round and flat (like doughnuts). Those suffering from the varying forms of the condition experience different signs and symptoms. This is mainly due to the percentage of sickle-red cells their body produces and as such, SCA can be experienced in varying severities.

Originally, sickle cells were a genetic 'mutation' defence to the malaria parasite and although not absolute, the sickling of a proportion of the blood's red cells (known as Sickle Trait) did offer some protection to the disease. There are several reasons for this as there are four types of fatal malaria strains, each flourishing in slightly different environments. In essence, though, sickle cells provide this part-defence as a result of, firstly, the structure of the sickle-shaped cell providing an uninhabitable environment for the malarial virus to flourish and/or secondly, the life-span of the sickle-cell being different to that of a normally-shaped red cell. In contrast to the regular 120-day red blood cell life-span, sickle cells only have a life-span of around 10-20 days. As viruses enter the blood stream, they are thus usually given time to attach to the blood cells and flow around, establishing in the body. When cells die early, this chance can be reduced. Thus, when the malarial virus enters the system and attacks the blood cells, instead of being allowed to establish itself as normal, the sickle cells die and

are flushed out of the body system in enough time for the virus to pose little threat. The two forms of SCA I will cover in the next couple of paragraphs are important in understanding not only how SCA is inherited, but also how it is experienced (Buford, 2004).

Firstly, Sickle Trait occurs where only a proportion (around half) of the red cells are produced sickle-shaped. It does not present the individual with any obvious symptoms but it does mean that they are a carrier of the condition and thus at odds to pass it on via reproduction. It is also 'responsible' for causing full Sickle Cell Anaemia (SS-form) as in order to inherit SCA (SS form), both parents have to carry the sickle trait. Figure 2.4, below illustrates the genetic inheritance cross-table for SCA. Red denotes 'normal' blood cells whilst blue denotes sickled blood cells. Working similarly to blood group inheritance, SCA is thus inherited as follows.

Figure 2.4: Sickle Cell Anaemia Inheritance



“Left diagram: If one parent has sickle cell trait, and the other does not then none of the children will have Sickle Cell Anaemia. But there is a one-in-two chance that any child will have the sickle cell trait. Right diagram: If both parents have the sickle trait, they have a one-in-four chance of having a child with Sickle Cell Anaemia and a one-in-two chance of having a child unaffected by Sickle Cell Anaemia but who will carry the trait. They also have a one-in-four chance of having a child [with no sickle cells].” (Source: NBS, Winter, 2004:10. Used with kind permission NHSBT/NBS, 2009)

Secondly therefore, full Sickle Cell Anaemia occurs when *all* of the red cells are produced sickle-shaped. Many different signs and symptoms of the condition can be experienced by self-dubbed ‘Sicklers’, thus having different implications for side-effects and treatment. Firstly, owing to the short life-span of sickle cells, the body will suffer from a lack of oxygen (carried by/in the red cells/haemoglobin) and thus become anaemic. In sufferers, this can cause severe fatigue and breathlessness. Secondly, sickle cells are both fixed in shaped and sticky. This means that they are unable to pass easily

through veins and capillaries (like 'normal' cells which roll up to pass through blood vessels) and can clot when they come together. Not only does clotting add to the body's lack of supplied oxygen (because cells are not reaching the major organs) but it also induces a sickle-cell 'crisis', for which symptoms vary from severe pain, thrombosis, stroke (a blood clot in the brain) to joint problems, and sometimes blindness. Crises are unpredictable and vary in severity: some occurring every so often; others regularly; some requiring hospital treatment; others not so.

Treatment for SCA can thus take many different approaches. On the one hand, pain can be managed by taking painkilling drugs, orally, and crises averted (where and if possible). On the other hand, crisis can hit and require emergency treatment: emergency blood transfusions; intravenous drugs or whatever is needed (this is dependent on the type and severity of crisis). And it is thus to blood's medicinal 'nature' (that is to say, what blood offers as a *substance*, aimed at treating illness or disease) that I now turn.

2.4 Blood as medicine

In general terms, blood not only has medicinal qualities (i.e. as a *substance*, administered to those who need it) for those suffering with SCA as it is also transfused to many patients for a number of reasons and in a number of scenarios.

Firstly, blood is used, by way of transfusion, to replace any lost blood following massive trauma. In this case, transfused blood often replaces that which *has already* been lost and can be transfused to patients in either whole or component form in an emergency situation (i.e. in A&E). Roughly 8% of all transfused blood in the UK is given this way.¹² Secondly, blood can be used to replace that which *will* be lost during a medical/surgical procedure. Indeed, the vast majority of all transfused blood (around 23%) is used in this way (i.e. in general surgery). Finally, blood can be used to bolster or ‘normalise’ blood that is malfunctioning. In such cases, blood can be transfused either in an emergency situation or at regular and monitored situations. Treatment such as this, as will be covered in this thesis, is often used in haematology (blood diseases), is required long-term and uses around 9% of the UK’s blood supply every year.

Treatment for sufferers of SCA is thus a part of the 9% blood supply. It can be both remedial, or on-going/part-preventative. In certain cases (where physicians have deemed it necessary) red blood cells are transfused on a regular basis in a hospital ward or specialist transfusion ward. This action is often aimed at preventing further crisis and especially stroke, but is not viable for all and is not always a long-term solution owing to it having serious side-effects (see later chapters for why this is often the case). As

¹² This statistic, along with the few that follow are taken from the NBS website, page: <http://www.blood.co.uk/pages/e18used.html> (accessed May 2009).

such, not all Sicklers are given (regular) blood transfusions, but those who are, see blood transfusions work in two ways. Firstly, they allow the ratio of sickle-shaped red cells to 'normally'-shaped red cells to be reduced. In turn, this helps either avert or lessen the chances of crises by reducing the chances of blood clots forming. Secondly, they increase normal red cell count (thus increasing the oxygenating cells; reducing the anaemia) so that oxygen flow to the major organs is increased and thus the body is able to function more effectively.

There are side effects, however, to long-term treatments, especially regular blood transfusions. Aside from major internal organ damage, which can be caused through repeated crises (resulting in a lack of oxygen to major organs and thus potentially organ failure) Sicklers can often experience other side effects from regular blood transfusions. Firstly, blood can react to the constant influx of 'foreign' blood cells, transfused into the body. Although blood is cross-matched, there are still many other antigens apart from those belonging to the major groups (OAB and Rh) which are present on the red cells. Over time, the immune system creates more antibodies in response to such antigens, thus making it more specific to cross-match. Should patients need more specific cross-matches, it is possible for the NBS to screen for extra antigens and label packs specifically. Inevitably, however, this only decreases the chance of successful cross-matching as the match becomes more and more specific. Secondly, regular blood recipients can experience

elevated iron counts in the blood. This can be fatal if not treated as excess iron levels can lead to major organ failure. Iron is the mineral core at the centre of the haemoglobin complex and whereas the surrounding alpha and beta globins break down easily, the iron core does not. Thus, many patients suffering from SCA, who receive regular transfusions will experience high iron counts but low haemoglobin counts. Owing to the potentially fatal side-effects of excess iron levels, treatment by a process known as chelation (pronounced collation) therapy is administered. Chelation is a needle-infused drug treatment, infused into the body over a twelve-hour period, helping to disperse and break down excess iron.¹³ It is a lengthy and time-consuming process which requires dedication as it is necessary to chelate five times a week.

Despite such side effects, however, it is nevertheless vital that blood is readily available as a medicine, ready to be administered as and when it is needed. The next section will detail how blood can be seen as not only a *substance*, administered as medicine for those who need it, but how it can be viewed through a therapeutic lens: as something that has remedial properties which, importantly, is part of a larger *process* of rehabilitation and disease treatment.

¹³ For an excellent web video, explaining the dangers of increased iron levels caused by regular blood transfusions and a mini-documentary on how chelation therapy works; how it impacts on the everyday see <http://www.webchats.net/webchat.php?ID=308> (accessed May 2009).

2.5 Blood as Therapy

The collection, processing, testing and distribution of blood as medicine can never be viewed either independently or in an ‘as is’ state. Indeed, for blood to become a ‘medicine’ it first needs intervention. As such, it therefore also has to be viewed as part of a much wider, therapeutic *process* where it is changed and manipulated, institutionalised, prior to, during and even after its transfusion. This section will thus explore the world of (institutionalised) blood donation and transfusion, detailing its historical beginnings, its current practices and the potential implications this may start to have for the wider meanings of what blood (exchange) is and does in today’s society.

2.5.1 *The National Blood Service (NBS) of England and North Wales*

The National Blood Service (part of the NHS Blood and Transplant or NHSBT)¹⁴ of England and North Wales was first established in 1945. It is charged with collecting, processing, testing and distributing thousands of human-donated blood packs every day in order that the NHS can provide

¹⁴ See <http://www.nhsbt.nhs.uk/> for details of NHS Blood and Transplant and www.blood.co.uk for details of the National Blood Service. (Accessed 2/4/09)

blood to their in-need patients. This section will outline what the NBS is: what it does and how it does it. As such, I will explain the processes and finer points of blood donation, testing, processing and transfusion, highlighting the implications this may have for and on its 'service users'.

The NBS requires 9,000 units of donated blood every day in order to keep the nation's hospitals stocked and supplied (*ibid* see footnote 14). This means that daily, it requires 9,000 people to walk in through its doors and donate blood. The responsibility of the NBS is great. In the first instance, it is responsible for attracting donors. Then it is responsible for both assessing their eligibility (and thus for assessing the risk donors may or may not pose to potential recipients) and then its task is to retain them. Once 'eligible', the NBS is responsible for ensuring donors are 'healthy' so that they do not put themselves at risk by donating. Prior to transfusion, the NBS is also responsible for processing and testing donated blood: should testing prove positive, it is charged with informing donors that they could be infected with one out of 5 diseases (see Section 2.5.1.2 for details). At the end of the 'blood pack journey', and ultimately, the NBS is then responsible for co-ordinating and distributing safe, processed blood and blood components to hospitals nation-wide. Finally, the NBS also has the responsibility of being able to trace any one blood pack at any point along the journey, which it does via a live bar-code-led database.

Ultimately, therefore, the NBS is responsible for and aims to: ‘save and improve patients' lives [by] deliver[ing] world-class services, building ever stronger partnerships with donors and the healthcare community’¹⁵ and it does this in the following ways...¹⁶

2.5.1.1 Blood Donation

Currently, only 6% of the eligible population of England and Wales give blood. Those who do, though, have to be over the age of 17 years, be above 7 stones, 12 pounds in weight (nine-and-a-half stones for apheresis, or platelet-alone donation) and ‘fit’ the criteria of the NBS. These criteria are assessed in the form of a questionnaire (the donor health-check questionnaire, or DHQ: see Appendix 1) which has to be answered by all donors prior to donation. Composed of around thirty questions, the DHQ is an ever-evolving set of tick-boxes aimed at assessing the eligibility of potential and returning donors. Arguably a study in and of itself, its questions are aimed at assessing donor lifestyle, sexual preferences, medical history and travel habits. Not only does it ascertain whether donors are

¹⁵ This sentence is a cojoined statement comprising both the NBS’s core purpose and mission statement. It can be found at: <http://www.blood.co.uk/pages/f22about.html> (accessed May 2009)

¹⁶ The following sections will detail basic blood donation, processing and testing practices as carried out by the NBS. For a more detailed account of what this entails, please refer to Morris, 2005; NBS, Spring 2002:11; NBS, Winter, 2003:7; NBS, Summer 2004:8&9 and later chapters detailing participant observation notes.

healthy and pose no risk to themselves, but it also ‘risk assesses’ them on behalf of those who could potentially receive their blood. Although blood is tested post-donation, the NBS is mindful that disease-spread prevention is often a better and safer option and as such has made decisions over time to eliminate certain donors from the potential pool before they even reach the donor suite. Most recently (in April/May 2004) after the BSE (and thus vCJD) outbreak and following consultation with a government advisory panel, the NBS took the decision to eliminate an estimated 52,000 donors from its pool by asking anyone who has received blood since January 1980 not to give blood. The numbers, I’m sure will continue to rise and until a blood test for vCJD is available, blood recipients post-1980 will continue to be unable to donate.¹⁷ Perhaps more controversially, especially given the advances in blood testing, the NBS also asks practising homosexual men not to give blood either, due to the perceived increased risk of HIV contamination. This debate continues to rage, not only because the NBS tests for HIV, but also because, it is argued, gay men potentially pose neither no more nor no less risk of contracting or transmitting HIV than any

¹⁷ This decision was taken after the death of a patient in 2003 from vCJD. It was ascertained that the patient had received blood prior to their death and when traced back, it was discovered that one of the donors had also contracted the disease. It was not known whether the blood transfusion was linked to the contraction of vCJD via that donor blood, as both donor and recipient could have contracted it through eating BSE infected meat. Nevertheless, the NBS stated that: ‘As there is no blood test to detect vCJD, it was felt that, for the time being we needed to ask donors who have received blood to stop giving. This will exclude a group of people who have, potentially, a slightly higher chance of having been exposed to vCJD than those who have not received blood.’ (NBS, Spring 2004:5). For more detailed discussions (aimed at hospital circulation) see also NBS, Winter 2003/2004:2&3 and subsequent NBS publications, all of which can be linked from the NBS website at: <http://www.blood.co.uk/pages/f24pubs.html> (accessed May 2009).

other 'group' of people.¹⁸ A potential geographical study in and of itself, possibly charting ever-increasing national and international geo-political issues and the globalised nature of contemporary society, the DHQ thus serves as a primary filter for potential donors and relies on the honesty of those answering its questions to maintain the nation's blood supply.

Once donors are given the all clear as far as the DHQ is concerned (and this is assessed by trained staff at the donation suites), donors are then required to provide a drop of blood to assess haemoglobin levels. One drop of blood is dropped into a test tube containing either green (for men) or blue (for women) liquid, and given 15 seconds to sink. Should it float, the donor is considered to be anaemic and therefore unable to give. Should it sink, they pass, and are able to donate. There are two types of blood donation hereafter: whole blood and platelet (or apheresis) donation. Whole blood donation can take place at any site, be it a mobile van, temporary village hall or permanent donor suite/centre; whilst apheresis donation can only take place at permanent centres.

¹⁸ I spoke to an NBS worker, formerly in testing, during my MSc study about this topic. As far as can be gathered, the NBS took this decision at a time when *practising* homosexual men were considered a risk to the donor pool. A combination of factors, including people giving blood for a free HIV test (as declaring HIV testing to health insurers/assurers could result, at that time, in no insurance/assurance and given that the NBS provides a confidential and non-declarational HIV test and result) caused the NBS to simply eliminate them from the pool all together. The same policy is also applicable to anyone who has ever received money for drugs or sex, and anyone who has ever injected drugs.

Apheresis donation is a lengthy process in comparison to whole blood donation (usually taking up to one-and-a-half-hours) and involves the simultaneous extraction of whole blood from one vein and, via a small centrifuge positioned at the bed-side separating the red blood cells and plasma from the platelets, the re-transfusion of the red cells and plasma back into another vein. Platelets are thus collected in packs suspended at the side of the donor. Because the red cells are transfused back into the donor, apheresis donation can occur up to twice a month. Extracting platelets from whole blood packs is labour and cost-intensive, requiring special equipment at processing stage and multiple donor packs to fulfil just one transfusable platelet pack. In order to maximise on platelet extraction, apheresis donation is encouraged (now that it is viable) as not only is it more efficient than processing multiple packs post-whole-blood donation but also because it can be donated every two weeks by the same donor. Whole blood transfusion, on the other hand, can only take place every sixteen weeks as the time lag gives the body time to replace the cells that are donated so that the donor does not become anaemic.

Whole blood donation, in comparison to apheresis donation, takes a maximum of 15 minutes (as the needle cannot stay in for any longer) and requires the donor to donate 470ml (not the usually-perceived pint, which is 568ml) of whole blood. All donor carers are trained in phlebotomy (blood extraction) and after having assessed donor eligibility, are responsible for

preparing donation packs, taking bloods for testing and successfully labelling both packs and test-tubes (discussed in a moment). Labels are attached according to a given and individual barcode which is printed off prior to donation onto sticky labels and stuck onto corresponding packs and tubes. Depending on what type of blood components are needed, and whether a donor is eligible to donate certain components (i.e. donors who have taken aspirin will not be bled into a pack suitable for platelet processing as aspirin thins the blood by depleting platelets), one of two packs will be used as a donation pack. One set of packs contains enough bags for complete component extraction (i.e. red cells, platelets and plasma) whilst the other contains bags for only red cell and plasma extraction. Once donation packs are labelled, a donor nurse will check donor name and date of birth against the donor in front of them and the records they are given prior to donation, and insert the needle into the largest vein they can find in the inner arm. The needle is secured into place and donation commences.

During the first stages of donation, blood is filtered into a small oval-shaped plastic pack so to eliminate skin cells and unwanted bacteria on the skin. Then, blood is filtered into three separate test tubes which are colour-coded and used for testing (details to follow). Once the tubes are filled, the final phase of donation commences and the main donation pack starts to fill. Blood is once more filtered at this point through a small, diamond-shaped, plastic filter to eliminate the white blood cells (or leucocytes: a process

known as leucodepletion) as these can prove fatal and harmful if transfused to a vulnerable patient whose immune system is low. The blood pack is agitated and weighed during donation, so to monitor flow rate and reduce clotting- although main donation packs do contain a small amount of anti-coagulant so to prevent clotting in the bag anyway. When the process is over, the needle is removed into a small plastic sharps box, pre-attached to the donation pack, and all that remains is for the donor to relax ready for tea and biscuits whilst the pack goes off to be processed.

2.5.1.2 Blood processing and testing

Once blood has been donated/collected in its special packs, it is sent off to one of the multiple processing/testing centres in the UK. There are currently around 10 processing centres in England, although many are closing imminently as the NHSBT target for 2009-12 is to have only three processing and testing centres operating in the UK (NHSBT, 2009).¹⁹ These centres (will) fulfil *all* blood donation processing and testing operations and (will) operate out of ‘...Filton, near Bristol, and refurbished facilities on existing sites at Manchester and Colindale’, (*ibid*, np). Both testing and

¹⁹ Taken from an NHS press release and found at:

http://www.organdonation.nhs.uk/ukt/newsroom/news_releases/printTemplate.jsp?releaseId=163 (accessed May 2009). A further link is provided to the *full* strategic document, (NHSBT, March 2009) provided by NHSBT and can be found at: http://www.nhsbt.nhs.uk/downloads/board_papers/mar09/strategic_plan_09_13.pdf (accessed May 2009).

processing happen simultaneously and over a 48-hour period. Ultimately, all blood packs will undergo the same treatment once they reach a processing and testing centre, although depending on the type of pack used at donation, not all blood will be split into its three main components.

Firstly, donated blood will enter a processing centre and added onto the NBS computer system (PULSE) via its barcode. At each stage of processing, the bar-coded pack will be 'wanded' into/onto the system, thus charting both the location and the timing of processing. Blood will then, secondly, be sent off for high-revolution spinning in large centrifuges. This separates the blood into its component layers: red cells at the bottom; plasma at the top. If the pack is to be used for platelets, it will be spun slightly slower so to allow the platelet layer to also form in between the red and plasma layers. Thirdly, the centrifuged packs will then be pressed out/separated into their component forms. This is also done by machine, which pushes plasma out of a top tube, into another pack; red cells out of the bottom, into another pack, and (where applicable) leaves the platelet or buffy coat layer in the original pack. (Note: not all packs are used for platelet collection and as such, the red cell layer will remain in the original donation pack if appropriate). It is at this point, that platelet collection packs are re-spun to further separate the platelets and eliminate any other cells. Once spun, these packs are joined at both their top and bottom to three other packs so to create one whole transfusable platelet pack. Finally, and once

blood is separated, it is then stored in its component forms: red cells are kept for up to 30 days in large fridges at 5 degrees centigrade; plasma is deep-frozen at -40 degrees centigrade and can be stored for up to 2 years; and platelet packs are kept at 22 degrees centigrade, on rocking shelves, for up to 5 days.

As blood is being processed, the three vials/test-tubes of blood collected and bar-coded during donation are tested in the NBS testing centres. All blood is tested for: HIV; HTLV (akin to the HIV virus); Syphilis; and Hepatitis B and C. Testing is carried out via machines designed to detect foreign proteins (antigens) in the blood. Should a test return a positive result, the blood will be re-tested using another kit (because certain blood samples contain antigens which will always return positive tests when tested with certain kits, even though their blood is not harmful) and then either withdrawn and the donor informed, or otherwise flagged as containing an extra antigen and re-tested.

It may come as shock that when the National Blood Service of England and Wales was originally set up, blood was not tested. Until patients started showing signs of illness, it was relatively unknown that blood was a vector for certain diseases. It wasn't until 1985 that blood was tested for the HIV viral antibody (Martlew, 1997). Prior to that, the NBS had tested for Syphilis (1970) and Hepatitis B (1971) and to date, they still continue to test for the

above plus the other aforementioned proteins (HTLV, and Hepatitis C (Martlew, 1997: 45). Risk-conscious and budget-conscious societies now have to assess and limit the blood they use in therapy, and the material property of blood is always under scrutiny for what it *may* contain that could *potentially* harm the person who will receive it.

Additionally, blood can be collected and processed ‘to order’, meaning that the NHSBT/NBS are also conscious of meeting supply and demand targets, which inevitably will impact upon costing and thus taxes. It is reported that, at the moment, a pack of red cells will cost a hospital around £133 (NHSBT 2009).²⁰ This figure is projected to decline with the updated processing and testing system, facilitated by its three new/updated main processing centres in England.

2.5.1.3 *Blood Transfusion*

Post-processing and testing, blood is ordered by and delivered to hospitals around the country. As most blood is ordered per patient, paperwork for each individual is raised, detailing individual patient number, which is used to correspond with relevant packs. In this way, a patient’s specific blood pack(s) will be checked off against their records upon point of

²⁰ Found at: http://www.nhsbt.nhs.uk/downloads/board_papers/mar09/strategic_plan_09_13.pdf (accessed May 2009)

collection, so to ensure they receive the correct blood in the correct place at the correct time. This information is then retained and re-used when the patient is ready to receive their transfusion. Receiving a combined figure of 2.1million blood packs in order to meet patients' needs, hospital staff then transfuse blood in its component forms to its (pre-)destined recipients (<http://www.blood.co.uk/pages/e14diduk.html> accessed September, 2009).

No longer containing anything which could link it back to the donor it once came from (mainly owing to the DNA-containing white cells being filtered out), blood is only cross-matched by type (and possibly extra antigens should it be required). Once cross-matched (unless in an emergency situation whereby O-ve blood will be used until a cross-match can be obtained) blood is transfused in one of two ways: either emergency-style or pre-planned - as used in general surgery, and/or when used in treating illness and disease. Essentially, however, these forms are the same in practice, with blood being pumped into a vein over a relatively long period of time (that is, in comparison to how long it takes to donate it) thus making regular blood transfusion a time-consuming process.

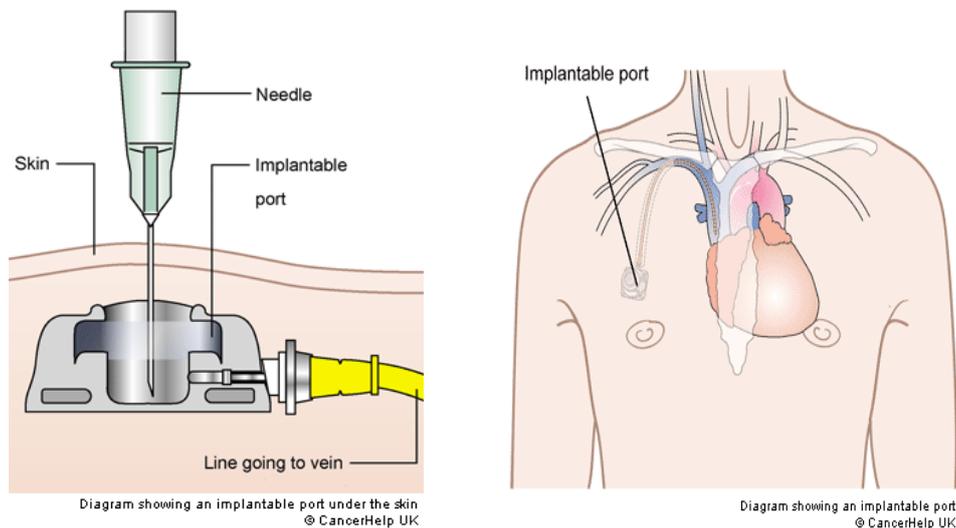
Beginning at arrival at the hospital or transfusion ward (or specialist transfusion unit, as is the case in Birmingham, where Sicklers are referred to and transfused in the Sickle Cell and Thalassaemia Centre (SCAT Centre), patients must register to notify staff of their presence. After registration,

patients enter the transfusion ward where their paperwork either awaits them or is generated. It is the job of the attending nursing staff to ensure that the patient is who they say they are and administer them with a wristband detailing: name and date-of-birth and patient/hospital identification number (that which was administered at blood collection). Staff are then responsible for cross-checking all patient identification against blood prescription information and once verified, matching the relevant blood packs identically to the relevant patient. The transfusion process is then ready to start.

There are two most notable ways in which blood is transfused to regular patients. Firstly, via vascuport or port-a-cath²¹ (see Figure 2.5).

²¹ Port-a-caths are also used to infuse intravenous drugs, such as those administered for cancer treatment.

Figure 2.5: Vascuport/port-a-cath close-up and in-situ



(Used with kind permission: taken from CancerHelp UK, the patient information website of Cancer Research UK: www.cancerhelp.org.uk)

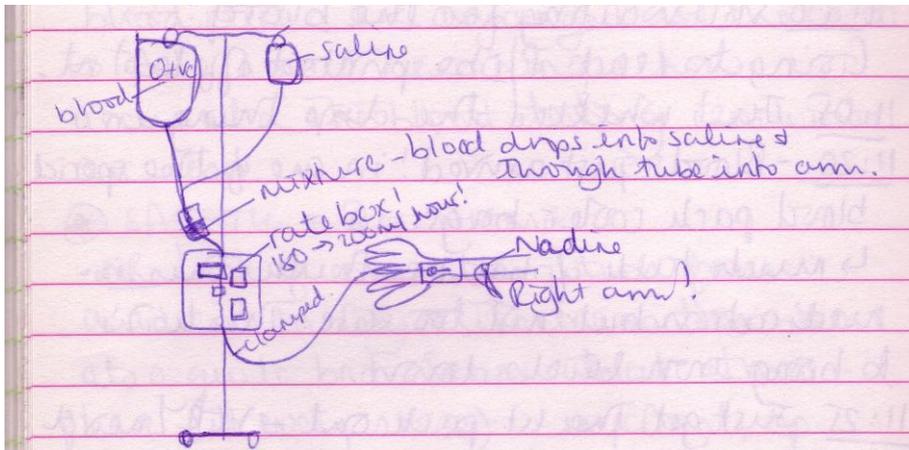
Ports are semi-permanent devices, which are inserted, via operation, into the chest of a recipient. Around the size of a twenty-pence-piece, the hub itself consists of a small chamber into which a needle is inserted. Attached to this chamber is a tiny tube (known as a central line) which is fed into a direct vein into the heart. They sit just below the skin so that the needle can be easily inserted and thus blood readily and quickly transfused. Vascuports can last up to around 5 years but can become infected thus meaning that they have to be removed.

In cases where ports are not fitted, blood can be transfused into a suitable vein via a cannula. This device consists of a small plastic hub

centred on the top of the skin, under which a needle is connected. The needle is inserted into an available vein and the blood tube attached to the hub at the top. Canulation can be a tricky process. Much like with blood donation, a desirable vein is large and presents itself well towards the top of the skin. Unlike blood donation, however, veins can be located and used anywhere in the body, as opposed to in the inner elbow. Once a vein is located and the cannula inserted, the device is secured into place with a plaster, designed to wrap around the hub thus securing both it and the needle in place. Once the cannula is secured, blood is ready to be transfused.

When preparing the blood pack(s), checks are once more made against patient wristband: name; date of birth; identification number and then against patient blood pack: identification number and blood type. These checks are completed prior to every transfused pack before the lines are connected and the pump activated.

Figure 2.6: Blood drip



(Taken from my participant observation notes, December 2007)

The blood pack is now hung from one side of a drip post (see Figure 2.6) a saline bag (used to eliminate or reduce clotting) on the other. The bottom tube/line of the blood pack (left on from processing) and the bottom tube/line of the saline bag are both brought together and attached/fed into a small bottle. Into this bottle, drip both the blood and the saline, which mix together ready to go into the patient. A line/tube comes out of the bottom of this bottle of bloody saline solution and is fed into the top of a pump machine, coming out of the other end. This electronic pump machine is attached to the middle of the metal drip pole and a flashing red digital display illuminates to indicate the rate of transfusion. The tube that comes out of the bottom of this pump is attached into the hub on the cannula and

as the pump starts to work, the blood is transfused into the patient. During transfusions, staff must record patient observations every 15 minutes or so: heart rate, blood pressure, temperature. Once all the blood is transfused (roughly two hours per pack), a patient has their cannula removed and they are ok to go, thus marking the end of the blood pack journey.

But is this all there is to the 'end' of the blood pack journey? A 'biological' liquid tissue, used as medicine by virtue of a complex therapeutic process, with a clinical end...? A hop, skip and maybe a jump from a re-oxygenated patient? My introduction to this thesis started with a description of one of the give-blood advertisements, and was followed by not only a description of how blood is important to this thesis, personally and academically but also how it is important to human beings, in both a biological, clinical, medicinal and therapeutic sense.

The past section has thus underlined that there is more to blood than just biological functionality: that in order for it to become something lifesaving, it has to follow a series of interventions, essentially socialising it as an entity, and uncovering a wealth of other processes and people behind those scenes. It starts with a donor and finishes with a patient. Or maybe it is the other way around. Importantly, though, it is at this juncture that blood (donation and transfusion) offers the key to its importance as part of a

wider discussion as to where these things meet and cross and change: its 'social life'. It is thus at this juncture that the 'social' and indeed 'cultural' significance of blood can be highlighted, in order that the sentiments behind the give blood campaigns can be both understood and explored further. Evidently, blood is more than just medicine and therapy: it has wider social and cultural significance too. Indeed, although blood, here, has been described separately as medicine and as therapy, in reality these differences are somewhat artificial.

Essentially, the distinctions I have drawn overlap considerably, with blood being both a 'biological' substance, administered to patients who are ill as well as something that is part of a much larger process involving more of the 'social', that is to say human intervention and hidden others. What else and how else is blood seen, talked about, viewed?

2.6 Blood as Identity ma(r)ker

As blood is donated, processed, tested and transfused by, for and to people, it becomes increasingly more about *patients* and thus *people's* lives. In this light, this next section will further the social side of blood, explicitly asking what blood is and *means* in everyday life, to such *people*. On some level or scale, most common phrases associated with blood connote some sense of identity, belonging or community. Here, I am primarily interested in

outlining and *introducing* the ways in which ‘blood’ is used metaphorically: as a euphemism for: nationhood; ‘race’; community; family; kinship; ‘biological inheritance’...and how this, in turn shapes what we actually mean when we use the word ‘blood’. I will return to such discussions in Chapter Five, when I tease out the finer points included in these topics.

It is not only in recent times that blood has been used metaphorically. Indeed, practices and sayings associated with blood are not new. Now commonplace, and despite advancements in (specifically DNA) technology and biology, they have essentially retained and are still proving to uphold their original meanings.

2.6.1 *Blood and larger scales of belonging: nationhood, ‘race’...*

Commonly used to identify and symbolise certain types of belonging on a large scale, long, often political, struggles have been dominated by (metaphorical) discourses of blood (this will be further explored and contextualised in Chapter Five). Specifically, patri-lineal or matri-lineal ‘criteria’ (birth-rites) have often been used to establish nationhood or nationality and thus division through inclusion/exclusion. Indeed, the French *Loi du sang* (Blood law: nationality accredited through parental/ancestral nationality) is just one example of the ways in which ‘blood’ is used as euphemism and political tool for citizenship and thus

political and legal inclusion into a State and/or Nation (See Forbes & Kelly, 1995). At the root of this law is the understanding that ancestral (patri- and matri-lineal) roots are determined by birth-rite/procreation and used as euphemism for citizenship status. Arguably how far back this lineage goes, however, and what effects ancestral migration has upon this law still renders its basis problematic (*ibid*).

Similarly, the ‘One Drop Rule’ in the U.S.A. has also proved problematic. This ‘rule’ again posits ‘blood’, as euphemism for ancestral lineage, but more importantly, as the central determinant of ‘race’²² and thus political (dis)advantage. Here, despite skin colour, the phrase ‘one drop of blood can make you black’ is again metaphorical for blood as ‘descent’ or ‘kinship’ lines, to determine (notably socially-constructed) identity-forming categories such as ‘race’ (see Wright, 1997; 65-84 for specific historical cases in the USA). Based on certain ‘blood quantum’ (that is to say, proportion of ‘black blood’ to ‘white blood’, calculated by parental and further ancestral ‘blood’/‘race’), racial category criteria were shifted depending on the proportion of ‘black ancestral blood’ (Wright, 1997).

Whilst this will be discussed in more detail in Chapter Five, the idea that ‘blood’, was a metaphorical measure for inheritance whilst also

²² That is to say, ‘race’ as a biologically-determined category and sub-species/variant of homo sapiens and *not* as a culturally-specific or culturally-determined category. Again, Chapter Five provides a more detailed discussion of the finer points of this term.

providing a quantitative measure for 'racial' heritage was specifically used to ascertain 'non-whiteness' as opposed to 'whiteness' and thus used to afford privilege to certain US citizens in the early 19th Century (Wright, 1997).

2.6.2 *Blood and smaller scales of belonging: 'Blood brotherhood'*

Used less perniciously, blood in more symbolic, although specifically tangible, amounts is still used to afford 'citizenship' rites or belonging to a person within communities. Here, the emphasis is less on blood quantum or birth/procreation blood mixing, but more on the actual sharing/exchange/mixing of blood. Commonly known as blood brotherhood, this act is an entirely social/cultural exchange of blood, used to symbolise a deep and everlasting bond between one person and another or inclusion/initiation of one person into a community (e.g. Evans-Pritchard, 1933).

Bio-scientific recognition that blood is not only life-saving, but also potentially lethal if 'corrupted' (as disease vector) or malfunctioning, has perhaps been the sole reason why many of us would no longer dream of exchanging blood in a ritualistic setting: becoming 'blood brothers or sisters'. A metaphorical mile away from modern and therapeutic blood exchange, blood brotherhood exchanges are carried out by both parties by creating a small incision in the skin and either swallowing blood directly from each

others' incisions or by dropping blood onto a piece of meat or a bean and eating it (Evans-Pritchard, 1933; White, 1994). This material and tangible exchange of bodily fluid can often form ever-lasting bonds between peoples. Tales of explorers and early anthropological researchers have recorded the significance of ritualistic blood letting in the creation of bonds between male tribal figures, highly respected visitors and trusted 'outsiders' (See Evans-Pritchard, 1933 for a fascinating account of this). Blood letting in these contexts never underplays the bloody contracts that are established thereafter. Recordings of the bonding that goes with blood letting often underline the importance of identity within the group, and although it is not always clear the exact nature of the bond (whether it be kinship, political or otherwise – see White, 1994 for details) it is nevertheless in this way that a social contract is established, mediated by the indigenous group (itself usually highly politicised and gendered) but with the high-ranking men taking care of 'business' (Evans-Pritchard, 1933).²³

2.6.3 *Blood and familial/domestic scales of belonging: 'kinship'*

The question as to the exact meaning of blood brotherhood brings into focus further meanings associated with blood and indeed brotherhood. As

²³ Note that Evans-Pritchard (1933) points out that accounts of blood exchange rituals are 'scanty' (p.369), thus being the reason for many other references of this nature. Indeed, he talks of other rituals which he knows to take place, but does not offer up as detailed an explanation as that of the Zande people.

with previous sections, this notion will be more closely discussed in Chapter Five but it nevertheless raises important issues pertaining to blood and ‘relating’. Common sayings such as: ‘blood relatives’; ‘blood is thicker than water’; ‘it’s in the blood’; and ‘blood lines’ (amongst others) are all important in understanding everyday domestic and familial attachments, bringing the scale of metaphorical blood meaning right down to the familial and indeed the genetic.

In the first instance, ‘Blood relatives’ are thus those with whom we are said to have a common procreational and/or genetic bond. Usually via procreation, blood relatives are said to be those to whom we are ‘biologically’ related, and are at the foundation of our ancestral lines. Here, blood is used as a metaphor for how we are related to those our families, our kinship groups and although there are more modern interpretations and reinforcements of this, notably in that DNA can be tested for in the blood, the historical usage of this saying pertains much more towards procreation and inheritance.

Closely following this, the saying ‘blood is thicker than water’ is often used to reinforce a ‘blood relative’ relationship in family/friendship disputes. With ‘water’ denoting a person or relationship that is outside of the kin or family and ‘blood’ denoting a family member, should the disputing factions

break off their relationship together, the third party will side with the person to whom they are 'biologically' tied.

In the final instance, something referred to as 'in the blood' is often connotative of something (a trait, a characteristic) being present in one person, also being evident in a family member. Again, used as a euphemism for inherited features/traits, 'blood' signifies something which is pre- and biologically-determined at birth and thus connected, in more recent times, to genetic inheritance and thus its seemingly fixed nature.

2.7 Understandings of 'blood' in this thesis: Concluding thoughts

I have explored the various ways in which blood can be treated in this thesis, ranging from it being a purely biological liquid tissue to it being a socially and culturally complex, idiomatic term. I have illustrated how differences in exchange practices render it different in such contexts: whether it be medicinal, or ritualistic.

Firstly, I have explored blood as a life-giving/facilitating connective liquid tissue, which carries out specific biological functions. I have explained its component-form-makeup and thus how it carries out such functions. Defined by type (O, A,B, and AB; Rh-positive or Rh-negative), I have also explained how we inherit our blood types (be it on a local and/or a global

scale) and further underlined how and why this is important, given that blood compatibility/cross-matching is the key to successful blood transfusion.

With this in mind I have, secondly, explored blood as potential disease vector, where blood can be lethal, harming the body if left untreated. In particular, I have explored the inherited blood-borne condition of Sickle Cell Anaemia, explaining what it is and how it is passed on via genetic inheritance. I have further highlighted the implications this can have for sufferers of SCA, 'Sicklers', and outlined what possible treatments are available to them.

Thirdly, I have used the example of Sicklers and their treatment practices to introduce blood as medicine. Here, blood is treated as a substance, which can be clinically administered to ill patients. In and of itself, blood is thus treated as something which can help restore the body back to fully-functional, although in administering blood as medicine, I have also highlighted its potential long-term side-effects and thus further treatments.

Fourthly, I have taken blood as medicine and placed it into context, thus looking at it through a therapeutic lens. Here, blood is not purely a substance acting in and on its own and as such, I have highlighted the series of interventions (donation, processing, testing and transfusion) which

collectively form the process which facilitates the administration of blood as medicine. In turn, I have pulled and teased out the more 'social' side of blood as therapy, highlighting and focussing on the National Blood Service where blood is managed and 'sold' as a product with therapeutic end-value. Essentially implicit to this, therefore, are the countless 'others' acting behind the blood pack: those imaginatively highlighted by the NBS adverts; those who walk into the donor suites to donate; those who work in the processing and testing labs and those who we find in transfusion wards up and down the country. Blood as therapy opens up the entire social life of blood (packs), leading to questions of what, how, why, if...people view blood (and the invisible others) when they either give it or receive it in this institutionalised setting.

Finally, having moved from purely the 'biological', through the institutional and now into the 'social', I have thus explored blood as identity marker/maker. I have questioned what blood is and means both socially and culturally, in 'everyday talk', and how these meanings change over time and space: in which contexts. I have highlighted that the social/cultural understandings of what blood is and does are perhaps more complex and more specific to senses of belonging: be it on a micro and/or macro scale. Common idiomatic phrases have been explained with reference to rhetorics of identity and belonging to a particular 'nation', 'race', 'family'. Additionally, I have also highlighted another form of blood exchange by comparison, used

purely in social/cultural settings, as performative of symbolic rites of belonging and cultural inclusion.

Essentially, however, these understandings do not act alone nor are they independent of time and space. Indeed, it is the combination of such notions of blood that this thesis aims to explore. Whilst blood and its practices/meanings have been separated here, they are perhaps not so separate in reality. Or are they? What happens when we ask people who give and receive blood to think about blood: its meanings, its character, its exchanges, its social life? What then, about the countless others that are subsumed in its meanings and in the process? Do people think and feel differently about blood as medicine/therapy when asked about its wider meanings? Do such meanings cross/intertwine/weave it and out of each other? Or is blood just blood? Whatever that means? These are tricky, complex and potentially personal questions to ask and answer, and the following chapter will tell the story of how, where, when and with whom I went about doing this.

CHAPTER THREE:

A METHODOLOGY THAT 'FITS'

"...the research process is a narrative of experience rather than just a linear narrative of technical methods. " (Troman, 2002:114).

3.1 Introduction

In October 2006, I set off out into 'the field'. Armed with my literature review, I knew more about, at least, the theoretical themes I wanted to explore further, but...I also knew that in order to get even 'into' these themes, I'd need to speak to people in depth. Researching complex, inter-linking themes is tricky, and depth was needed to fully explore these themes in and of themselves as well as how they fitted together. Importantly also, is context, and in order to understand how such themes – and indeed the bloody experiences that I am interested in - are framed, a deep and thorough insight into as many of these different contexts is needed. This almost certainly cuts numbers, leaning towards methodologies that fit and, with this, quality/depth over quantity.

As such, and certainly following the knowledge I'd gained during my MSc experience, I turned to ethnography again. It drew me towards it as

perhaps the only and 'right' way to go about exploring this mass of swirling literature, empirical questions and potential new people. I also quickly became aware that these themes, people, literatures were even more complicated and tricky than I'd first envisaged. That in order for me to understand where people were really coming from, to at least try and grasp their reasons for how, why, where, when etc, I would have to experience it with them. Ethnography seemed the only way to do this.

What follows is therefore not only an explanation and defense of my methodological approach, but also a narration of a process that is/was in-depth, iterative and cyclical and thus a process that gave way to a certain writing approach. As such, it will employ a style that will continue for the remaining chapters, expressing and thinking through research that is complex, non-linear and non-compartmentalised. Chopping and changing between theoretical and empirical discussion, it will reflect and highlight the issues that are and became important throughout the journey with reference to both academic studies and my own experiences.

This is incredibly important in both its presentation and content, as it explains how and why I managed to get what I shall discuss, content-wise, in the remaining four chapters. Essentially, therefore, this chapter will

detail: first what this methodological approach is and why it was used; second, how I went about doing this (specifically, the methodological tools that I used); third, where I carried this research out; fourth, interspersed amongst all this, with whom I co-created this study; and finally, how my participants and I shaped what came out of it and what I subsequently did with what we had done together.

3.2 Me – as research participant and researcher

Aside from being someone interested in 'bloody connections', I also entered this research from a very specific position. Indeed the underlying reasons for most of my theoretical themes are based on my experiences as a blood donor; made more specific following my MSc journey and those that contributed to it.

Becoming a blood donor was always something that I wanted to do, as my dad had done it for as long as I can remember. Like him, I'm A+ve and as a self-confessed 'Dad's Girl' have always felt and enjoyed that I was following in his footsteps when I started donating. Even so, though blood donation (along with other kinds of tissue donation) was always important and I was actively encouraged to do it, it was treated rather of matter-of-factly in my family circle: just something important that you do when you

are asked and can. As a result, I've always seen it as 'just giving blood' and although I appreciate that blood is something important, that it can only be replaced like-for-like, I don't really associate it with being anything more than just 'blood': in both a metaphorical and a physical sense. It wasn't until and after meeting with a 'recipient-Sickler' during my MSc, however (and you will hear about her in more detail later), that I realised the complexity and importance of blood donation and transfusion and the processes and *people* which lie behind it. Blood now, is more about what I have subsequently learned about it and the endeavours behind its 'production' and 'consumption'. All the more, my determination to continue donating the stuff was furthered after putting a face, a conversation, an understanding, to even just a virtual pack, via meeting an actual recipient. As such, my fascination with this as an anonymous and complex process, with both a beginning and now an end, continued.

I used to always go alone to give blood as my family do not live nearby and the friends who used to donate with me no longer live nearby either. I didn't mind this, though. In fact, I quite enjoyed the experience: chatting with virtual strangers, getting to know people whilst doing my bit. I love that aspect of the donation experience: having a laugh with the staff and other donors. I think people think I'm a bit strange in that respect: that I talk to anyone and everyone. My Nan does it too; she says I must get it from her. A

sociable person, although fundamentally very shy, I generally like 'people' ('the public' I'm not always keen on; 'people', though, I like!): finding out about them and what makes them tick. Although I still enjoy my own company, I nevertheless enjoy spending my time 'doing stuff' with others, and find it easy to share my time with them as such.

As a person, I tend to be led by my heart, rather than my head and always do what I enjoy doing rather than doing something that others or I feel that I 'should' be doing. I'd say that I have a strong sense of gut instinct, and use this to follow my hunches: acting on them and only sometimes, occasionally, following logic or rationality. By consequence, I'm relatively similar in a research capacity, and coupled with my chatty and sociable personality, I tend towards most things qualitative: believing strongly in following my nose, that there are always reasons why, and that context is ever-important if opinions are to be (in)formed. As such, I find myself more and more involved in what I'm doing: becoming part of the furniture and usually picking up and being picked up by new friends along the way.

Friends are important to me and given that my family live a couple of hours up the M6, my friends are like my surrogate family. Their time, thoughts and opinions matter to me a great deal which, in turn, also means that I'm particularly sensitive as to how people are treated in the research

process. I therefore value participant input and output as much as what they say and the time they give. My nosey nature and inquisitive mind, often find me in some interesting places and spaces, armed with complicated questions and even more complicated answers! I tend to find it hard to distinguish between Becky The Researcher and Becky The Participant (Observer), as sometimes the line between work and play blurs, or stretches outwards. Often unsure of whether some of these attributes are a help or a hindrance, I nevertheless believe that they could be both and that all clouds have silver linings.

I'm always inclined to think that this project evolved and chose me, rather than the other way around and what came and comes next I think is a product of both my own personality as a researcher and participant as well as who I am 'outside the academy'.

3.3 'What?' The approach: ethnography and autoethnography

Given not only my overall research aims and objectives, but also that I am placing myself firmly embedded in this research process, acknowledging that I too come into this research with a particular 'bias', knowledge-base and background, a particular approach to constructing knowledge is

suggested. Being a research participant, however, is not an unequivocal choice.

As it became increasingly apparent during the first stages of empirical research, my themes warranted much more time, depth and space than I had originally envisaged. In order for me to ask questions and dig deeper, I felt that I also had to start sharing. I was in a unique position to be able to relate to people, in that I had experience of at least one side of the blood exchange process. It also became more obvious, however, that I was not in a position to comment about the other side, and so I had to share: both my experiences and my knowledge gaps. In return, what I got was a more holistic and entirely different experience of what and with whom I was studying.

I was familiar with ethnography and autoethnography from past research, although ironically, it did not seem obvious from the beginning that it was also the way forward this time round. Carolyn Ellis states that (auto)ethnography 'chooses you' rather than the other way around (Ellis, 2004;26). I'm inclined to agree. This is partly because it often slides into view as being the only way 'how to' and also because it is seen more as an *approach* to undertaking research which flexes and fits where needed, rather

than it being a prescriptive or 'how to' methodology with a specific set of methodological tools (*ibid*). Indeed, as Law (2004:102 & 18-19) points out:

Judgements about method need [...] to be made in ways that are specific and local. [...] [E]thnography lets us see the relative messiness of practice. It looks behind the official accounts of method (which are often clean and reassuring) to try to understand the often ragged ways in which knowledge is produced in research. Importantly, it doesn't necessarily distinguish very cleanly between science, medicine, social science, or any other versions of inquiry.

That said, ethnography is essentially always about experiencing a 'culture' (ethnos) and then telling others about it (-graphy) (O'Byrne, 2007; Ellis & Bochner, 2000; Ellis, 2004). Traditionally at least, ethnography is thus about immersion into/participation of another 'culture' and/whilst 'observing it'. Paradoxically, therefore, whilst partially becoming 'part of the furniture', a researching ethnographer never really becomes an old armchair; rather they become a park bench, on which people pop by and sit for a while. Still being 'an other', they nevertheless become an accepted, regular, 'other'.

Whilst on the one hand, this paradox can be said to be inhibitive, it can nevertheless be argued that the beauty of ethnography lies in its ability to accept and recognize the partiality of the 'participant observer'. Indeed, as stories were increasingly narrated by more self-aware participant

researchers/observers, the addition of the 'self' to the research afforded ethnography the privilege of embracing, allowing, and being compatible with, the researcher as 'self' and indeed their 'biases'.

As such, and as will become apparent in this research, I, myself, will be vocal and present within the pages of the text. Approaching this research as a donor, I am more than perhaps the 'ordinary' participant observer. I am imbued in the process, from a personal, experiential point of view. Described as autoethnography, the approach relates to the self, 'autos', and posits the researcher well within the research itself. As such, participant observer researchers critically reflect upon and become integral to the research process, analysis, writing and outcome. Perhaps a 'step up' from the slightly more distanced ethnography, the more personal autoethnography can be described as: 'research, writing, story, and method that connect the *autobiographical* [emphasis added] and personal to the cultural, social and political', (Ellis, 2004; xix).

As with ethnography, autoethnography explicitly makes aware a researcher's positionality in relation to a study and its content. In turn, this can often reflect upon and highly influence: how s/he sees the study rationale; how s/he treats participants; how s/he reacts 'in the field'; what

kind of emotions and relationships are expressed and how 'they' (i.e. all voices) go about writing the findings up. As a process, therefore, it can be reflected in not only the content of what is 'written up' but also *how* that writing is presented.

As such, in this thesis, you will hear from many people and events will be unfolded more like a story, mirroring an inter-personal journey through thoughts and minds. Often, you will hear from Becky The Participant and her friends/fellow participants, experiencing more chatty, deeply empirical text sections aimed at pulling you into the process to enjoy the ride. Other times, you will hear from Becky The Researcher, who will tell you about the finer and more academic arguments relating to content. Beware, however, these two personas are not particularly distinguishable because, as I've already argued, they often and regularly conflate. Given this, it is important to point out the politics of this kind of writing, specifically in that autoethnography can be used to accommodate writing as a process, not just as an end product (Richardson, 2000). In essence, therefore, what autoethnography affords is a way to combine, accommodate and reflect a complex, interpersonal narrative of an essentially academic *and* personal journey which could not be related otherwise.

So how did I go about *doing* this ethnography? Once I was decided on the general approach, to whom I was going to talk (notably recipients and donors although I will discuss this more later), I hit a blank. Who *was* I going to speak to and in what way was I going to go about 'researching' them?! How did I gain access to donors and recipients? In fact, how many again...? Given that I was pulling themes out of my MSc and given that the recipient I'd talked to, Nadine, had such a huge impact on my determination to keep donating blood as well as on a couple of my theoretical themes, I decided that perhaps I should approach her again to pick up where we'd left off. I decided that a phased approach would work best: Nadine would be my 'Phase One: Pilot Stage'; the other stages would be rolled out thereafter (see Figure 3.1).

Figure 3.1: Initial/Planned Empirical Phases

Phase	Content	Timings
<u>One</u>	Meet Nadine	Dec '06-Feb '07
	Interview her	
	Review process	
	Enrol possible recruits, if pertinent...?	
	Review Phase: can this be done with just Nadine?	
<u>Two</u>	Continue with empirical research	Feb - Oct '07
	If a) with Nadine, continue	
	If b) with more, continue with interviews	
	Continue recruiting	
	Review Phase	
	Finish empirical stage	
<u>Three</u>	Analysis of data	Oct - Dec '07
	Transcription, coding...	

Plan in hand, I thus entered Phase One and waited to see what happened...

3.4 Nadine

I first met Nadine on 20th June 2005 in Victoria Square, Birmingham City Centre during my Masters research. It was the International Thankyou Donor Day and it changed the course of things to come.²⁴ As a Sickle Cell Anaemia sufferer, Nadine was the first person I’d ever met who received blood on a regular basis. Every six weeks, in fact, to help her to carry out her day-to-day life as ‘normally’ as possible. She was studying at Oxford University when I met her, and when I invited her to participate in my MSc project, little did I know that she would become so integral to the next four years’ worth of my study/life. Meeting her made me realise that there are both donors *and* recipients in the world, and that as a donor, people like Nadine are the reason why I, myself also give. She became my ‘proxy’ recipient and although our blood would never meet (as her blood group is O-positive; mine A-positive, and therefore not compatible), the anonymity of blood transfusion, to a tiny extent was punctuated by our meeting. She never really left my thoughts, post-MSc, and my four-monthly call-up letters

²⁴ Organised by the NBS, the Thankyou Donor Day is an opportunity for blood recipients to display their reasons for receiving blood, whilst offering their thanks to donors. Victoria Square was amassed with A1-sized placards on stands, each displaying a photograph of a recipient and a small caption explaining who these photographed recipients were and why they needed blood. I met Nadine as she sat on the edge of the fountain in the square and subsequently had my photo taken with her next to her board. Ironically, the person who took the photo was Lorrie, although I didn’t remember that until Lorrie herself pointed it out to me later on into this research. The photo can be found towards the end of my MSc Thesis.

from the NBS are not only a reminder that I'm eligible to donate again, but are also a reminder of her, and others like her.

As such, and during my many decisions about who I would ask to participate, who I *could* ask to participate and how many I would ask to participate in this PhD, it seemed increasingly more obvious, logical and practical that Nadine should probably be the first port of call. My initial research ideas, questions, themes were changing quickly and often, and when conversations kept returning to the unanswered questions left over from my MSc research, it seemed 'right' (I'd hazard the word 'natural') to involve Nadine at the start of this project, especially owing to her being the end of the last. So I contacted her, and we met up again at New Street Station. It was the 13th December 2006 and the start of the rolling ball that is this research.

Nadine, physically-speaking, is quite small. About my height. So around 5'4" or 5'5". She's black (her words), wears glasses, smiles quite a lot and had (at the time) long black and blonde woven plaits as her hair. It's about shoulder-length, maybe a bit longer but it's braided a bit at the front and then fades out of the braids about an inch into her hairline. Will that do? It should for now.

Sure enough, she's there on the 13th December, waiting for me in her white coat. I'd joked about carrying a paper and wearing a carnation in my buttonhole so we'd recognise each other again, but we clocked each other straight away anyway. She hadn't changed much since I'd last seen her in 2005 and she beamed at me. I beamed back and I was quite taken aback when she gave me a really big hug, telling me that it was so nice to see me again. I replied similarly. And I meant it. I thanked her for meeting me and we wandered over to *Starbucks* along New Street, chatting all the way.

Nadine is really easy to talk to. She's frank and open and honest, thinks deeply about what you ask her, tries her best to answer as best she can and she laughs a lot. Her laughter is very infectious and I find myself smiling to even think about it. In fact, it's one of the things that I remember the most about Nadine as since I've seen her more and more and having had to sit through our endless hours of recorded chat, transcribing our conversations, it's the one thing that kept me going through transcription hell. But every now and again, she goes very quiet and does this funny squirmy thing. I thought it was an uneasy squirm, but I grew to realise that it was kind of in-between of unease and thoughtfulness. Her mouth kind of tightens and moves to one side of her face. She averts her eyes: left or right and then down, and brings her shoulders to the front of her body a bit. She kind of shrinks and shrugs down a bit when she does it. I learn quickly that

this cue is for me to also squirm and hastily carry on, sometimes coming out with the most ridiculous comments that I cringe about when I transcribe them. It's a good job that the laughter makes up for the cringing!

I never actually asked Nadine where she was born. It never seemed appropriate or relevant, but I know that prior to leaving home to go to university, she lived with her parents in Handsworth Wood, Birmingham. Both her parents are preachers at the Birmingham Pentecostal City Mission Church and so Nadine is a Christian. As such, although not vocationally she tells me, she studied Theology at Oxford, and her answers, thoughts and comments are quite often laced with her most recent studies and critical arguments from them.

Like all of my participants, I like Nadine. We relaxed quite quickly and easily into each other's company and as such, I found that interviewing her often became less nervy and more like a catch-up session with an old friend. I can't tell you how much I appreciated this and how much I enjoyed it. Meeting her was one of the best research moments ever and being invited to her 21st birthday party and subsequent gatherings since means a lot to the friendship that has grown out of them. A true golden nugget.

3.5 'How?' Tools of my methodological trade: Serial Interviews, Participant Observation and Focus Groups

In truth, the 'how' and 'with whom' of this thesis happened simultaneously. Essentially, this is part of a much wider methodological argument and were it not for having to present this linearly, it would have been much more methodologically attuned to present this together, mirroring the ever-evolving nature of an unfolding process. Nevertheless, the initial 'how' of doing this PhD did come slightly before the other 'whos' (i.e. those that followed Nadine) and indeed had I decided to just study with Nadine (which I will discuss later), the how would have remained essentially the same anyway. And so, I would ask you to bear in mind that how I went about conducting this research changed and evolved at the same time as I was continually enrolling new participants. Guided and aided by both a methodology that was constantly feeding back to me (almost having a life of its own, and thus pointing me towards a 'best fit' way of doing), as well as by the participants I was interacting with, I was able to enrol new participants as I went along. The 'how' simply facilitated this further. Whilst there is an evident chronology to events, it is within this chronology that both methods and participants were gained and lost. This section will discuss such methods: what and why they were used, both separately and together.

Going into the pilot phase, I was specifically aware of the tangle of literature and continually-shifting focus of my research. I was questioning how I could do justice to the autoethnographic approach, creating a vivid and thorough insight into my participants' lives and their relationship with blood. How was I going to gain any sort of insight into who they were and where and how they 'functioned' if I didn't see them and hear from them in both their 'regular haunts' as well as those specifically related to their 'bloody' experiences? This was especially difficult given that they were probably, possibly going to be geographically and personally distanced from each other too: they weren't a community 'in-place'. Whilst these questions were methodological, they were also practical.

3.5.1 *Interviewing*

It became very clear, very quickly that it was not possible to cover very much ground in one meeting with Nadine. I had neither context, nor did I understand her real thoughts, even for just one theme. I was also aware that ethnography uses a combination of methods, but most notably interviewing and participant observation and whilst I will discuss both of these methods (along with another, Focus Groups) what I was not aware of at that time was

the eventual and distinctive emphasis on/relative importance of the former over the latter. As such, the autoethnography that was evolving was pointing me towards a particular combination of working methods, which I adapted as time went by.

This sub-section will thus focus on one-on-one in-depth interviews, explaining how I have been able to create 'conversational pictures' of participants' worlds via interviewing, and thus ultimately represent their voices, through verbatim quotes. I will address group-based interviews, or focus groups later on in the chapter. Additionally, this section will outline the two main approaches to interviewing that have been used in this study. The first, on a broad scale: serial interviewing/interview series; the second, on a more specific scale: conversation interviews.

As perhaps the most common way to represent participants' voices, and thus their stories/lives, the interview is usually seen as a perfect way '...to explain how people act and what they believe: [to] understand how they picture the world' (Dickson-Swift, 2007:330). Additionally, given the nature of ethnography, O'Reilly (2005:115) adds that: 'A good ethnographer will take any opportunity to listen and to ask questions of individuals and

groups whilst participating and observing'. Interviewing can thus be seen as also a perfect compliment to participant observation as:

For ethnographers, interviewing, and listening go on all the time. There may not be a clear distinction between doing participant observation and conducting an interview. [...] Discussions go on all the time and in a variety of contexts. However, it could also be that the ethnographer finds it useful or necessary to take people aside and try to talk to them in a more predetermined way. (*ibid*:155)

'Conventional' ethnography thus steered me towards using a combination of both participant observation (discussed in section 3.5.2) and interviewing (Crang & Cook, 2007) but it became clear that the latter of these tools was to be my main mode of inquiry: interviewing, in series and via conversation.

I often gave thought to how my questions sounded, and what type of interviews I was conducting but in truth, I was doing what was appropriate and what I'd read about: what I needed to do to answer and research the themes I'd refined and was continuing to refine as they emerged and evolved. I was interviewing my participants in the only way that 'fitted'. Indeed, As Carolyn Ellis (2004) states, in her discussion on ethnographic methodology and in particular on methodological tools such as interviewing, there are not only many ways in which to approach work, but also many ways in which to approach the interview as methodological tool. Indeed, it is not always

possible to set up a methodology and then follow it, thus implying that as research questions and foci change and become adapted, then so too will the methodological tools and subsequent interactions within them. As such, and as with most methodological tools, interviews also therefore vary in form and function. Certainly where this thesis is concerned, interviews are used not to add weight to participant observation notes but instead, are used as the main mode of enquiry, *themselves* enhanced by participant observation notes.

3.5.1.1 Serial Interviews/Interview Series

After my first meeting with Nadine, it was clear that there was not nearly enough time, in even one or two hours, to visit and fully explore my themes and gain wider context. I therefore had to spread the time out. Again, using Nadine as a 'pilot', I was very fortunate that she was so willing to spend so much time with me, discussing my questions and involving me in both her thoughts and her world. Time spent with Nadine usually involved food and chat, but it was always also based on the assumption that there were questions to be asked/answered. This gave rise to a few issues that led to my decision to carry out a series of interviews, rather than just

one, and thus pointed towards the following features as setting interview series/serial interviews apart from one-off interviews.

First, serial interviews allow previous issues to be re-visited (Crang & Cook, 2007). This was certainly the case for me, as it became quickly apparent that some topics needed expansion and/or clarification. As a product of this they are, second, aimed at depth of research as opposed to breadth, having the ability to scratch beneath the surface of what one-off interviews may initially uncover, allowing to thus: 'get at the taken-for-granted aspects of a person's life history and everyday life through [...] getting to know... [them] very well.' (Crang & Cook 2007:73). Third, as topics are re-visited, and participants become more familiar, greater rapport and trust is often created, whereby reciprocation and thus iteration are key. Finally, as Crang & Cook (2007) and Hoffman (2007) outline, it is through this type of iteration that a richer, more collaborative environment can be created, whereby co-construction and co-learning can become a highlight, and whereby conversation about the often taken-for-granted can be encouraged.²⁵ Similarly, sharing transcripts and discussing their content can also provide in-depth conversation and thus cyclical, iterative, more thorough insights.

²⁵ I will return to this issue later on in the chapter when I discuss power relations, control and the researcher-researched relationship.

Certainly as time progressed and as I *did* start to build up a good rapport and trust, the format of my serial interviews moved away from being me asking questions, and participants answering them. Each time we met, these interviews became more like coffee or dinner with a friend and whilst I had specific themes to explore and some questions that I wanted to ask, themes and answers and life and laughter started to intertwine yet further. It became hard to 'fight' the urge to keep strictly to 'business' and although 'business' was dealt with, talk and questions were reciprocated and I/we entered into conversation. Serial interviews were thus also conversational in format.

3.5.1.2 *Conversation interviews*

I was often unsure of when I should start and stop my Dictaphone during meetings, as 'interviews' more likely than not 'started' as soon as we had to wait in queues for lunch or dinner or coffee. A good few minutes of time were often taken up by catching up with the latest news, and whether this be tied in with my research themes or not, I was often greeted with phrases such as: 'Do you know what, Becky...? I've been thinking a lot about what we were talking about last time and...'. Quite often, if this did not fling my 'planned' interview into disarray, it certainly changed the tack, albeit

allowing me to gain extra insight into themes that were of obvious importance and therefore significance to different people.

Although any interview, not least the ethnographic interview, is never 'normalised', it does usually take a semi- or unstructured format (O'Reilly, 2005:116). As I experienced, instead of following a prescribed set of questions, as in the style of a questionnaire, the interview usually hung on either: a few sets of specific, open-ended questions to explore and think-through; a set of topics that I wanted to explore in more detail; or a combination of both. Conducted thus *as* a conversation, where broad topics could be broached, tangents created and explored, and interaction encouraged, conversation interviews are a perfect setting for reflexivity and iteration, thus allowing for greater depth and understanding (Hoffman, 2007; Ellis, 2004).²⁶

²⁶ In fact, this is exactly what happened with Nadine (and later, Amie). Despite my having several theoretical themes noted down, reviewed literature-wise and ready to go, I never envisaged that one particular theme would become so important to Nadine. You will hear about this later, but it became quite central to my understanding of her (then) present situation and (spatial) experience. It provided further context to both her life and her attitudes to blood, donation, transfusion and the other themes I will be discussing in this thesis. With Amie, as our interviews continued, she started to question more and more her original answers. These iterations provided a greater interrogation into *why* she thought what she did and whether this made a difference to how else she viewed the blood donation experience.

Nevertheless, whilst this aspect of conversation interviews can be considered an advantage, there are also several disadvantages to using them too. As noted above, rapport and trust can often lead to uncharted territory and topics out of the research 'remit' (Ellis, 2004). It can become increasingly imperative, therefore, to keep a grip on the reins of the research, as following every unnecessary tangent could be both time-consuming and time-wasting. Additionally, unpicking and possibly uncovering sensitive topics and disclosures could make participants (and researchers, themselves, in turn) feel uncomfortable, vulnerable and out of control (Ellis, 2004; Hoffman, 2007; Kvale, 1996).

Certainly during the three months of refining my approach, fine-tuning my interviewing techniques and allowing the project to evolve, I became more and more familiar with Nadine, and her with me. Increasingly, I became more confident that as I got to know people and when they seemed to trust me and afford me access, I would be able to learn more by and through experience. Although this did not happen with everyone, when it did, it did exactly what it needed to: contextualised the person that so far I'd only met during interviews.

3.5.2 *Participant Observation*

The nature of researching blood donors and recipients is such that the spaces in which they experience the one thing that I was interested in (as well as some of the places that were important to them), were neither always appropriate for, nor conducive to successful interviewing. As such, I had to employ another way of 'recording' who people were, what they did, and how they did it. I did talk to them (of course!), but not in the same way. Such occasions were more of an interactional experience, where I sometimes participated in activities, or other times simply sat around and watched what was happening.

Despite such occasions varying from person to person as well as spatially and temporally, I appreciated the time away from interviewing and loved spending time sharing experiences. I also frequently got the impression that it was my turn to be in the spotlight: having to often explain my presence to inquisitive others, whilst simultaneously drinking in both the larger and finer details. Mentally draining therefore, my times involved in 'activities' were always a combination of experiencing something new, whilst simultaneously trying to imagine that this was something familiar to whoever I was with. And then there was noting it all down. Additionally, therefore, such 'trips' were always coupled with 'on the job' mental notes and

followed up with copious written ones: detailing where, when, with whom, as well as vivid descriptions of places, feelings, atmospheres, looks, others. Without exception, with only my personal recollections for aid and despite my Dictaphone being safely tucked away and turned off, some of my memories of these types of research trips are, as such, the most vivid still.

Forming the other major part of my methodological toolkit, this so-called participant observation was my contextual base provided by, and in, specific spaces for some of the ways in which people conducted their lives. It was a perfect compliment to what I was hearing during interviews and a deeper insight into the life that I was hearing *about* therein.

Aimed at observing and record everything whilst with research participants: surroundings; atmosphere; events; thoughts; feelings; movements; conversation, this complimentary method of participant observation gives context to people, describes their surroundings, details what they do and say, and points the reader to life/lives that may otherwise be unknown or untold. It is about contextualising people by observing the places and spaces in which they conduct their lives, thus giving the reader the impression of being there, doing the research alongside those involved (Crang, & Cook, 2007; Ellis, 2004; Bennett, 2002a; O'Reilly, 2005).

Traditionally, researchers would travel to, possibly far off, distant lands, embed themselves as much as is possible (an arguably impossible task) into their 'host community', observe and record their 'findings' and then write it all up for others to read about upon their return. As simple as this may sound, however, it is a long, complex and tiring process, albeit one which is rewarding if carried out to the fullest of its potential (Crang & Cook, 2007; Bennett, 2002a). Its 'outcome'/'value' is also highly dependent on the type of ethnographic setting, the spaces/places of the research, the times spent in such places and, as always, there are certain advantages and disadvantages of conducting participant observation all of which encompass spatial; temporal and ethical issues.

Certainly one of the main advantages of conducting participant observation, is the depth of insight and context gained into a particular community or life. It can be especially advantageous in giving deep accounts of groups or peoples who are otherwise relatively 'unknown'; under-represented; marginalised, and so on. This sense of context can thus benefit the reader: affording them a sense of involvement and deeper understanding. Additionally, as time spent with participants is increased, acceptance and possibly more access can be gained, thus giving rise to increased rapport, trust, friendship and the cyclical benefits that can come from this (similar to those indicated in the interview section – 3.5.1/3.5.1.1).

Much as such a cycle of trust can produce great advantages, it can also, nevertheless, give rise to certain unwanted/unwarranted and tricky disadvantages. Initial issues regarding access and immersion, specifically getting into a position where participant observation can even take place, can prove tricky to begin with. Given that participant observation is partly dependent on the relative inclusion into the spaces and places of those whose lives are under study, it is argued that initial access into such 'spaces' is firstly dependent on both personal and collective say so (Pugsey, 2002; Bennett, 2002a). As O'Reilly (2005) and Troman (2002) also agree, access is not always granted by everyone and has to be carefully negotiated when groups of people are involved.

Secondary disadvantages, experienced after access is negotiated, can sprout when 'immersed' and participant observation is underway. Firstly, it is argued that participant observation can only provide a particular spatial snapshot of 'daily' (or weekly, or monthly...) life for participants. Questionable, therefore, is whether such observation represents what is 'normal'/'typical' or 'true' by participants' standards and its representative substance can be therefore critiqued, (Ellis, 2004; Bennett & Shurmer-Smith, 2002). Indeed, as Bennett (2002a:143) argues: 'people behave differently in different settings according to where they are, who they are with and their agendas'. Secondly, therefore, the embedded nature of any

researcher can also be questioned. Arguably an oxymoron in and of itself, participant observation is largely critiqued for presenting any researcher with the task of simultaneously embedding themselves into a host community, whilst still remaining relatively detached, observing all the while.

In turn, questions of both 'truth' and 'objectivity' can thus be raised, as when observing, it is ultimately and often only one person recording and re-presenting information (Bhatti, 2002).²⁷ Thus, given that these notes are partial and situated, they can possibly be classed as biased and open to interpretation. As such, when the issue of 'bias' usually rears its head, it is quite often parried away with acknowledgement of its existence in the methodological approach (as indeed it will be here, owing to the autoethnographic style) and by possibly employing other methods (such as adding interview quotes) to help counter this (Bennett, 2002a; O'Reilly, 2005). Indeed, the argument that the qualitative nature of ethnography in the first place, and therefore its 'non-representation of the 'norm'/whole/objective population' is enough to counteract the critique of 'non-representation' or 'real truth' in the research findings.

²⁷ Although this is not always the case, as other forms of textual material may be used eg. Participants could be asked to write research journals (See Cook, in Crang & Cook, 2007:78-79.); participants could also be asked to co-write notes or comment on participant observation notes in final drafts (see Cook, 1998; Crang & Cook, 2007 for examples and discussion).

Despite its criticisms, however, conducting participant observation, has been a very necessary and essential tool, working in tandem with my main method. For me, it was never about gaining total 'knowledge' of entire lives, as when participants are geographically mobile, and form part of a wider 'community' (in this case either a 'community' that receives or gives blood, and as such, a community that may never meet with each other) participant observation served to give context to them as individuals rather than to them solely as people interacting with others within the same 'community under study'. The essential and necessary task of gaining even a short insight into an otherwise unknown world, and recording it as a reminder *of* that world, was vital for both my own understanding of certain experiences and lives, as well as a contextual base for readers, for whom most of their understandings will come from verbatim quotes later on. Without it, however, I would never have been able to even hazard a guess at who people were, with whom they socialised and more importantly, how they acted out of the other definitively research-based context: my interviews.

Coupled with, in this case, those serial interviews, participant observation thus served to provide an insight into important places, spaces, institutional settings, procedures, and daily, weekly, monthly 'rituals' or

settings for those whose lives were relatively unknown at the start. My inclusion into those experiences served to both enrich what I was hearing as well as enrich the relationships that were fostered through the journey.

3.5.3 *Focus Groups*

Always sticking out like a slightly sore thumb, but nonetheless quite central to the geographical argument of this thesis, the idea of the focus group (later referred to as 'One Big Meet') did not come up until very late into the empirical stage. That said, and though the final chapter will address its finer details and 'outcomes', it is nevertheless important to outline its nature here. As the project took its own shape and character, I listened to not only my gut instinct, but also the data I had 'collected': what people were telling me. The product of hearing similar things from participants and realising that the crux of the thesis was in an imagined spatial interaction juxtaposed with anonymity, it started to appear more and more necessary to try and bring people together, right at the end of the research, to see what that did to the questioned connections with/between the (up until now) imagined others we had all been talking about. Given that at this time I was no longer definitively just the 'researcher' of the group (I was also a participant) and in discussing themes one-to-one, I thought it was only right to give my

participants a chance to talk to each other about their thoughts and issues too.

Much like the interviews, I had a list of themes I wanted to explore further as a group. These themes had been born specifically out of preceding (notably personally separate) interviews, and like those too, I felt it only right to stick to a similar format: keeping things conversational. I invited everyone in the study to my house, but as I was running out of time, I was unable to afford the luxury of waiting until all of us could come together. So I had to settle for just three people and myself. A little disappointed that not everyone could attend, I was perhaps more worried that I would be missing something vital and that the group dynamic would not be the same, but this choice was not my own given that time and money were simultaneously running out.

As we sat down around my crowded kitchen table, I heard jokes about my spider chart of themes that I wanted to cover and laughed out loud when Nadine thought it was a 'meet and greet' gathering as opposed to a 'business' meeting. Indeed, I was very lucky that her misinterpretation went without issue and that our three hour group chat was rich with both conversational interludes, topical discussion and the fostering of good relations between participants. Although ultimately controlling the reins, I was also acutely a

part of the overall interaction and so I allowed and encouraged discussion between others as well as interjected with comments and questions.

Many of the main academic points relating to focus groups have been covered in the previous section on interviews (such as their basic qualitative function), however, there are issues that are pertinent to them specifically: their uses (why, where, when); collectivity; group dynamics; and practicalities.

Focus groups are increasingly popular ways in which to gain collective insight into a research topic/topics (Bennett, 2002b). Davies *et al*, (2003) and Burgess *et al* (2007) discuss both the early and more recent uses of focus groups, describing how they can be used in both one-off situations as well as in series in order to gain popular insight and opinion into (possibly) public issues such as organ transplantation/xenotransplantation (For a holistic description of this methodology, see Burgess *et al*, 2007). Whilst particularly useful at gaining insight into community interaction when discussing such topics, they are also useful for observing group dynamics within these situations, too (Bennett, 2002b).

The collective nature of focus groups, is thus an issue that warrants consideration both in their preparation and in their conduct. Where

pertinent, careful consideration has to be given to the number and the 'type' of participants involved, as group dynamics can greatly affect the running of a group.²⁸ Group dynamics is thus one of the main considerations of conducting focus groups as opposed to individual interviews. In the first instance whether participants already know each other is a major factor in how a group will interact (*ibid*). Familiarity can often breed more open chat, but could equally breed hesitance if the topic is one that would never otherwise be discussed or is sensitive/personal. If participants do not know each other, there are other considerations that need to be thought about: will personalities clash, and if so what will that imply/result in? What happens if certain individuals are silent and feel intimidated? How are they then included? Such considerations are imperative although can contribute to discussion later on.

Whilst some of these issues can be unavoidable, there are some that can be diluted, if not eliminated with careful planning and contingency. The practicality of conducting focus groups is thus something that crosses both streams. In the first instance, it can fast-become a nightmare to organise a time and place where all participants can gather. Indeed, when participants are pre-determined, and possibly geographically distanced, this can

²⁸ In situations such as my own study, however, this 'luxury' was not afforded as the participants were already pre-determined.

become problematic. In the second instance, *where* a focus group is conducted must be considered. Does the topic of the focus group have a particular geographical locale at its heart? If so, would it make any difference to hold it in this place, if possible? Safety issues and personal preference could well dictate this path, and could possibly change both the group dynamic and/or the ensuing discussion. Certainly, in the 'formal' setting of my own focus group, in which topics were discussed and recorded, the geographical locale was based on practicality. Given the circumstances, this was the only and feasible way in which to conduct it. Either way, it was a great success, on more than one level, and it served to mark the 'formal' end of the rollercoaster journey through my empirical stage.

And so, by the end of my empirical journey I had spent a total of 75 hours with my five participants: sometimes interviewing them, sometimes experiencing things with them, observing them. From that, over 600 hours of transcription were generated, producing around 163,000 words of transcripts to sift through. Whilst these hours were split, with me transcribing and part-analysing as I went along, I also generated a further 50,000 words of participant observation notes and copious others that accompanied them in my research diary. In all, conversation series

interviews and research trips generated around 250,000 words of 'raw data' which I then re-visited during my analysis stage prior to commencing writing.

In the end, the research process took a drastically different shape to that which I'd originally planned. Figure 3.2 outlines the actual phases of this research as occurred as a product of the research process, detailing each interview series and their time-span (taken from my electronic research-diary notes).

3.6 Lorrie

As the person with whom I spent eight of my contact hours, I thus had the least amount of time with Lorrie. Pronounced Law-ri, she was the second participant, although the first donor (except myself), that I enrolled and I met her through Nadine. She was a bit older than Nadine: 26 when I met her, to Nadine's 20 and when I asked her how they knew each other, she replied that they'd known each other forever. Attending the same church as Nadine, Lorrie is also a Christian, but she's quite different to Nadine in many ways and during our first e-mail exchanges, I remember thinking just how much so this was. Lorrie is much more, how do I say it...?...matter of fact...? than Nadine. Possibly because I met her during her short lunch hour (made even shorter by the fact that I'd just been fined for trying to buy a train ticket when I arrived in the station at New Street, as opposed to waiting in a very long queue at University station and missing my train, and thus my meeting, entirely) but also possibly because it's just a part of her personality, Lorrie is direct and to the point. Downstairs, in what was fast-becoming my participant meeting place haunt, *Starbucks* on New Street, I met Lorrie for the first time on March 23rd 2007. She was much more quiet, less chatty than Nadine, but this was not a bad thing as she seemed as

though she simply wanted to hear what I was doing, find out what she would then need to do, and then do it, in quite a no-nonsense way. She was more than happy to help in any way she could, although I wasn't too sure that she understood how much of her time I and my project would need/want.

Lorrie is the type of person that doesn't mince her words. I like this. I wish I could be more like it. She chats when the need be, thinks things through, but does so quite quickly, considers her answers, and then simply leaves it there. There seems like there's no going back, or at least not much going back. Additionally, and on more than one occasion, Lorrie managed to drift out of conversation, on a completely random note and comment on something completely out of the blue: "Is that a grey hair?" she asks, one day as we're stuffing our faces full of some delicious lunch we've just bought in town. I glower at her. "Yeah, thanks for that one Lorrie!! And yes it is.". She laughs. I smile and we continue. She's nodding now. She said that she was struck by the amount of 'mm-ing' she seems to do whilst chatting. She'd noticed it when I'd e-mailed our transcripts back to her for comments. We laugh as she points at herself, nodding furiously instead of 'mm-ing' we both giggle when she relapses after five minutes.

I ask her how she's doing, considering that I hadn't seen her for a while and considering that since then, she'd grown a bump. Amidst her need to find curtains, Lorrie seems excited about her imminent baby arrival and her new role as a Mum. I'd be losing her for a while, so to concentrate on this, and as such, I don't get to spend as much time with her as I'd have liked, but in the time then, and indeed since, I learned that Lorrie is quite a rare person! Her blood type is AB-positive and so her donation trips are valuable. She was disappointed that she wasn't able to donate for such a long time, owing to her pregnancy and her trips abroad on Missionary work and to visit her Caribbean family, but Lorrie nevertheless came along to our (later) group trips anyway and I've since grown to appreciate her frankness, sincerity and a good base for acceptance as a friend too. Her no-nonsense approach to my questions still see her believing that blood is 'just blood' and although important, will probably always remain as such.

Lorrie also does a fantastic dance imitation of Michael Jackson. A comment I've added as an ode to not only her own random blurtings but also the total surprise (and awe, coupled with laughter) that I'm sure was etched on the faces of myself and others, when she 'performed' in the middle of the dancefloor out of the blue!

3.7 Who: Participants and recruitment

Phase One had felt like a truly awesome three months 'in the field': meeting Nadine again, enjoying the relative success of her interview series and few participant observation 'trips', and meeting and enrolling Lorrie. It was thus not only after but during this phase that I found myself constantly questioning, critiquing, analysing what I was thinking, hearing, feeling and I'd already decided that I couldn't do this with just Nadine as I was uneasy about how to defend conducting a whole PhD on just one person (were there any precedents? Was it the 'right' thing to do? Did she have the time?! No, it was definitely not the way forward....). I was clear that I needed 'more': notably more donor input and other recipient perspective/s, and so I decided that I would conduct my in-depth study with six people: three donors, three recipients. I was adamant that there was a symmetry to donor and recipient participants. Additionally, four felt too few; eight too many. I could reasonably, given the time-scale, conduct two series at a time. Or even one every six weeks until 'the end'. Timing was imperative and time finite, so this strategy would allow for timing mishaps and would allow me to analyse as I went along. (Again, I'll discuss this further later on as a growing and important part of my data construction and analysis). So it was decided. One year (ish), six participants. Done!

Having decided upon my numbers and the symmetry between recipients and donors, I was then faced with exactly who else. Given the good rapport with Nadine, initially, it seemed pertinent and strategic to 'fan out' from her. Before Lorrie came along, I had been giving much thought to the practicalities of such 'fanning out', and hopefully expected that maybe I would be able to go with Nadine to her six-weekly transfusion sessions and become a 'familiar face'. Here, I would chat to those around her, they'd ask me what I was doing there, and then I'd conveniently enrol them once they told me how great my project sounded. The blissfully naïve optimism makes that whole sentence totally *hilarious* to me now although at the time this 'fanning out'/'snowball' effect seemed the best and most plausible option, especially given that ethnography is all about getting to know people and those in their lives. Needless to say it didn't work out like that. I had previously invited Nadine to the Donor Centre in Birmingham City Centre and she, in turn, invited me to go with her to the transfusion centre (Sickle Cell and Thalassaemia Centre, or SCAT Centre) to witness a transfusion first-hand. Upon my arrival at the SCAT centre, however, it soon became apparent, that this was not only the most depressing place in the world, with its dreary and drab décor, but that there were only a few people there. What's more, these people were *really* ill. No way, was I going to mosey on up to them, give a nudge, ask how they were and enrol them. It was just not

the right thing to do. From a recruitment point-of-view, it was a total no-go situation. So that was my recipient pool out then; I'd have to recruit them otherwise. I'd already spoken to Nadine about my intentions to perhaps enrol people she might think would be able and willing to talk to me: did she know any other recipients or any donors...? She did and that's when Lorrie came along. I let Nadine tell Lorrie about what we chatted about during interviews: set the scene, so that if she didn't want to partake, she wouldn't feel too pressured about saying no to my face. As it happened, e-mails exchanges flew and Lorrie came on board.

Whist 'finishing off' with Nadine, and part way into Lorrie's series, I was thinking about who next. I had seen the snowball melt when I went to the SCAT centre and Nadine had already asked and helped enrol Lorrie, so I had to re-think my strategy. I stepped back and decided that if Nadine had been enrolled from going back to my Masters, then Glen would be perfect for the job. As a former donor carer supervisor in the Donor Centre on New Street, Birmingham, he was also the donor I interviewed for my MSc. Similar to Nadine, some of his quotes needed expansion so I contacted him and we met. Then it kind of ran downhill. Fast! I got the impression from Glen that I was digging a little too deeply into what he wanted to talk about and after a few unanswered phonecalls, I came to the conclusion that Glen treated this as part of his working life, so I'd only ever get the working-life Glen. Deep

down, I knew that perhaps it really wasn't for him, and so whilst I was upset at losing him, and with the prospect of finding participants in and through him diminishing yet further, I understood. The crux of my ethnography lay not in 'representation', in a numerical sense: I could never achieve that anyway, but in the acknowledgment of the partiality of autoethnographic research and the quality of my questions, my findings and the type of people I was in touch with. It became all the more obvious that the process warranted the input of people who were willing and able to commit to more than one meeting; people who were willing to 'let me in'; and people who were happy to include me into their worlds, to reflect in-depth on their lives as blood donors and recipients, whilst entertaining my complex and inter-linking themes and questions.

During the time spent waiting for Glen to reply and in the hope that he was just stalling whilst his home life straightened out, I got in touch with my contact at the NBS, Jayne. At that time, she was the communications officer at the NBS in Birmingham and her predecessor, Lindsay had helped me find Nadine, so I thought she may be able to help me find a recipient too. I met with her in town, and she said that she had someone in mind. A little while later, Becky, a Sickle Cell Anaemia sufferer and thus blood recipient came along.

It wasn't until a while later, whilst I was still interviewing a now very pregnant Lorrie for the last time, and still in the middle of Becky's interviews, that Becky mentioned her cousin, Tanya to me. On a number of occasions, she said 'you know Bec, I've never even thought about these things before! You need to talk to my cousin Tanya, she always thinks deep into things, she'd be good at this'. Becky, it seemed, 'got it', understanding what my approach was all about. I asked if Becky would be ok to talk with Tanya (in rather the same way that Nadine had introduced Lorrie) and eventually, Tanya was also introduced. But I left her on the back-burner for a while, as I needed to get Becky's interviews finished and continue with my agony that was deciding how to recruit more donors. This warranted time and patience. I was getting panicky. I needed to get the final donors involved now.

It was September. Lorrie had just had her baby so any follow-up with her would have to wait, and I needed to complete all interviews with three more people before the end of the year. But who? So far, snowballing had been slow, and my NBS contacts had punctuated this strategy, but when Glen dropped out, I lost a thread. How could I fully 'justify' who I 'chose' next, when the snowballs I was rolling with my existing participants were continually being melted? When I knew I had to cast the recruitment net out further, I wrestled with demographics, socio-economics and all those things

A Methodology that 'Fits'

that people usually talk about when they do a recruitment drive. But again, I'd lost sight of that this thing is really about, as well as the fact that I wasn't looking for representation. This thesis is also about blood: what it means, what happens when it is exchanged; those imagined and potential connections. It was by coincidence that all of my recipients were O+ve: something I'd learned off Nadine during my MSc and off Becky after enrolling her. So then the best way to recruit would be to find anyone with the same blood type as my recipients. A step closer to imagining more potential connections and thus increasing the humanitarian side of the anonymous exchange. What a blessing: O+ve being the most common blood type, could only make my quest for these donors all the more easy. Surely? But who? From where? This, again, would have to be justified in a viva, but again, it didn't really matter as they could be anyone as long as they were O+ve and a regular donor. So I e-mailed, or at least attempted to e-mail, the whole university staff. Again, I naively thought that I could ask someone in the know, with the power, to send out my little call for assistance to every staff member at the University of Birmingham. Why staff? Well, because I didn't want students. Too many people, and staff was potentially more accessible. This wasn't so simple. To cut a long story short, and after our School Manager rode gallantly in on his white horse, my e-mail was sent round to all the other school managers in the University, for them to cascade

down to their staff. Brilliant! That was the academics covered then. So what about the other support, corporate service staff then? They were more tricky, and eventually, after nearly having lobbed my laptop, my USB pen-drive and the University telephone directory through the window, I had e-mailed all the PAs to all the managers of all the corporate services departments with my request. It was up to them to cascade it down their lines now. I'd done my bit; now they were holding the reins.

And so I waited, but not for long. In total, around 20 people replied to me. Some were out immediately, as they were the wrong blood group²⁹ or because they gave blood for health reasons (i.e. screening for illness indicators), but in the end, I whittled it down to four possibles. I met with or e-mailed them all, to outline my intentions, and I plumped for one academic man, Simon, and one woman in corporate services, Amie, who both seemed the most interesting, interested and chatty.

²⁹ I had a surprising number of O-ves e-mail back offering their assistance. I was intrigued that the NBS seemed to tell them where their blood went more, mainly because it is the universal donor blood and also very rare. It came across as though they are treated slightly differently, with one woman telling me that the NBS informed her that her blood went to a mother and baby ward one Christmas. Interesting, but not right for this, as regular recipients never receive any other blood group than their own. This is partly because their blood is pre cross-matched and also because they often need extra screening due to extra antibodies that often form on their cells over time.

In all, recruitment spanned the entire year of my empirical stage, mainly owing to specific timing and 'data treatment' issues (which has been shown in Figure 3.2 and which I will discuss in more detail in Section 3.11.3). Nevertheless, the general aim was to 'snowball' participants into my study, where both present participants and previous contacts are used to steadily build up a network of research participants. Sometimes these participants are active (like my five donors/recipients) and sometimes these people are less active, but hold the key to accessing other areas. These so-called gatekeepers play an important role in gaining access to organisations, potential participants, information, and so on (Cloke *et al*, 2004). And it was through one of these gatekeepers that I was introduced to Becky.

3.8 Becky

I knew Becky had Sickle Cell Anaemia as Jayne at the NBS had told me. What I didn't know was just what this meant. Unlike Nadine, Becky doesn't receive regular blood transfusions for her treatment of Sickle Cell Anaemia. Because of this, her life is very different to Nadine's and her experiences related to her illness have affected both her and her family enormously.

I first met Becky at her part-time workplace, Organisation for Sickle Cell Anaemia Research (and Thalassaemia Support), Sandwell (OSCAR Sandwell). It was raining. It always does when I go there. When I eventually found the door, tried to open it, realised it was locked, knocked and then got buzzed in, I found myself in a very quiet space, in which someone was cleaning. Asking if anyone knew where I could find Rebecca Solomon, I felt a bit intimidated and nervous. Becky came out, from somewhere behind the scenes, laid back as ever, smiled and shook my hand. She took me through to a high-ceilinged room with a really big window and asked if I wanted a drink. A water would be fine, I said, and we got chatting.

It was the first thing, other than her age (which was 24), that Becky talked about: Sickle-Cell Anaemia, type SS (the full strain). I found out that mainly because of her illness, that she only worked part-time for OSCAR Sandwell, in the communications department: mainly administration and events organisation. She is also the secretary for the self-help group too. I was shocked to hear that she is only the second 'sickler' to be employed by OSCAR Sandwell. Her life seems dominated by her illness (did I mention she was diabetic, too?!) and it's no wonder, as not only does *she* suffer, but so too does her boyfriend, her Mum and her cousin. She has also lost many people (both close and otherwise) to various strains of Sickle Cell Anaemia or

Thalassaemia (another condition which can require blood transfusion as treatment).

All considered, Becky is a really laid-back, no-frills kind of person. What you see is what you get. She tells me that she doesn't bother with make-up or weaving her hair, because it's still her beneath it all. Her hair, is thus usually tied back in a small pony-tail, slightly frizzy, and her dark skin is flawless. She moans at how much weight she put on after a trip to hospital for a full exchange transfusion, but seems happy nevertheless that she didn't have to endure invasive surgery and the scars to prove it. She is a really welcoming, open and honest person who invited me into her home, introduced me to her family, and made me feel welcome. Her family is really extensive but geographically it's very close. Born and bred in Wolverhampton, both Becky and subsequent generations live in Moxley, not too far for them to be able to pop round with speciality dishes such as rice and peas. Caribbean in origin, Becky's family mean a great deal to her, and her Caribbean roots and subsequent taste for Caribbean food always sees her carrying a bottle of hot pepper sauce with her, just in case!

As we both walk around the perimeter fence of Handsworth Wood Park, one day in May 2008, Becky and I are not only determined to complete the full 10 kilometre walk in aid of Sickle Cell and Thalassaemia research,

but we also remark, drooling each time we pass them, at the numerous food stalls that are being set up, offering traditional West Indian and Caribbean dishes for sale. 10km better off, we both sit down for a minute to recover. Her family are concerned she's overdone it. She seems fine as she gets on the bouncy-bungee machine, to hoots of laughter from her niece and nephew. It's at times like this that I'm sure Becky likes to forget the reason as to why she's at these fundraisers, but as it became increasingly clear to me, crisis is not far away, and is a constant cloud, threatening to rain on anyone's parade at any given moment. It is easy to see why Becky is so laid back about what she does and takes whatever opportunity she can to enjoy her stronger times.

Becky is also O+ve and to her, receiving blood is not something she likes to think about or experience too often. Her treatment of SCA is not via regular blood transfusions, and so her daily life is spent counting and coping with numerous drugs that are offered to reduce pain and crisis. Often remarking that I'm a little strange in the way that I think, Becky nevertheless is open to questions and thinks about them. My initiation into 'black slang' came from her explanation of the use of the term 'what's up blood?' as meaning 'how are you?' and I will never forgetting her asking whether I was sure my Mum 'ain't black...?' after us comparing notes about

being threatened with the Children's home when we left any food behind after tea!

3.9 'Where?' Multi-sited Autoethnography

As the project continued to evolve: with participants coming and going, tools being continually refined, rapport increasing and more 'access' gained, I found that I was having to move around. A lot!

I had already established that it wasn't going to be possible or particularly necessary to 'observe' people in the sense that I wanted to know what a 'day in the life of...' looked like, so I knew I wasn't going to be in the same place every time I met with my participants. In addition, I knew that the 'bloody spaces' of their lives were specific, although not necessarily central, due to both the time and contexts of their times spent in these spaces as well as the institutionalisation of blood exchange itself. In addition, it is also the other contextual bases, outside of the donor suite/transfusion ward, that also have as much impact on how participants will consider my questions about blood and the other theoretical themes as those associated with blood. In fact, I'd say that their home, family and the rest of their lived experiences probably have more to do with how they will respond to my themes and questions than any other.

So how did I choose where to go? The answer is that I didn't always choose; instead, I went wherever I was invited and/or possible. It is not really appropriate to invite yourself to someone's house for tea, on the off-chance that you can glean a bit of 'insight', pan for some research gold, because they might not want you there, and neither may they see why that setting is of so much importance to your study. They may or may not understand what ethnography is all about, and it takes time to 'initiate' someone into what in-depth research is all about. You need trust and rapport and those things take time and a mutual understanding/respect. Until that magical time arrives, you just have to get on with it and take what you can, when you can. That said, I did really want to visit the places that linked participants with their blood, if possible, as I was curious as to whether being in a specific, blood-related place and/or space mattered, given that it was impossible to physically prove and/or connect donor to recipient (and vice-versa) outside.

I was lucky enough to get my 'wish' at being able to visit a real blood transfusion ward, and my time spent getting there and in there with Nadine was both eye-opening and massively important. I remember what it felt like to see Nadine in pain during cannulation and sleepy during transfusion, but these memories were nothing compared to the feeling I experienced upon the arrival of the blood packs, which had been ordered in and sent straight from

the blood fridges at the processing and testing centre in Vincent Drive (the former Birmingham labs that I had visited during my MSc research). It utterly freaked me out! For me, seeing the arrival and preparation of Nadine's blood packs, taken out of an NBS cool-bag all neat and clipped off, was a very surreal moment. This was it! The end of the line and the start of a better month for my friend who was so tired and fed up. For all of one moment, I wondered what it would have felt like to be the same blood type as Nadine: the possibility existing that the blood I was looking at once belonged to me. Although it was only one moment in time, it made my tummy squirm and me feel very funny. It made me appreciate, that much more, the journey of the donated blood pack. Suddenly, the reality of its medicinal, therapeutic and revitalising value suddenly became all the more real.

I only visited the ward with Nadine that once, and have never been back to see anyone else be transfused, but I have since visited people in other places: OSCAR Fundraising Days with Becky; Birmingham City Pentecostal Mission Church with both Nadine and Lorrie; the Donor Suite at New Street with Nadine (and later in a group with Lorrie and Amie also); Amie's house...with Amie! And other places where people felt that I might like to see and experience with them: a cafe, a website in cyberspace: Greece. Moving about, conducting either interviews or simply partaking

and/or observing was imperative to gaining more understanding and insight. Without allowing for the multiplicity of places and spaces that exist in others' lives, I would not have been able to, more holistically, contextualise both these people and their thoughts, feelings, insights and couple those things with what I was hearing about blood.

So-called because of its spatially-diverse nature, I was thus conducting a multi-sited or multi-locale (auto)ethnography. Perhaps more apparent from the start, it certainly proved the case that the nature of the study: its participants and the blood which was central to it, warranted this approach. In essence, multi-sited ethnography celebrates the mobility of everyday life, acknowledging that people's experiences differ and change depending on where they are and what they are doing. It highlights and allows for not only the possible nomadic nature of ethnographic research but also the 'myth' of 'the field' as a bounded, physical or even geographically distinctive concept within this research (Katz, 1994).

Whilst some ethnographic research can identify specific places and spaces of its 'field', other types of research in ethnography and autoethnography cannot make the same claims. Examples such as Cook (as detailed in Crang & Cook, 2007:viii) and Schepers-Hughes (2004) illustrate,

respectively, how 'connecting the everyday lives of people working along a commodity chain between the Jamaican production and UK production of papaya' and following the hidden paths of organ-trafficking and those involved in its practices, both necessitated a multi-locale approach. Necessarily, they both had to change locales in order to gain an in-depth understanding of the spaces which were pertinent to the 'things' and/or people that they were following and thus the lives and contexts in which associated (spoken) thoughts and practices were therefore produced (Marcus, 1995).

Nevertheless, and despite its apparent necessity, one of the main critiques of multi-sited ethnography is in its ephemeral nature. Perhaps only ever experiencing a short time in one place, a limited space of another, and possibly even none of another, it is also critiqued as being rather 'hit-and-run': that the approach detracts from the experience; doesn't allow full grounding or an in-depth sense of really knowing what's going on, (Geertz, 1998). This is because the nature of certain types of ethnography assume geographical stability; somewhere where research is almost contained (Gille, 2001): a village (Ellis, 1986; See also Ellis, 2004 for in-depth discussion of this.); a 'community'; a workplace (Fuller, 1999), for example.

The counter-argument, however, is that people *do* move around. That, coupled with a study's focus, (in this case, blood) it is often necessary to 'follow the argument where it goes' (Burgess, 2005)/'follow the thing' (Cook, 1998; Scheper-Hughes, 2004) as, where and when it is necessary. Indeed it can be argued that things and people are actively or even passively mobile: that the many different spaces in which they exist, is tantamount to the geographical nature of ethnography and thus the strength it can afford to creating a more in-depth picture of those central to it. Different spaces and places differently influence what people think and feel. It may change who they are at different times: something that only a multi-locale approach can acknowledge and embrace.

That said, however, it is necessary to understand 'the field' as it appears within the context of a particular study. It is not necessarily therefore, a bounded space or time. As Katz (1994) argues: the field is always around us/researchers are always in the field. Indeed, it is often confusing for an ethnographer to know when they are 'in' and 'out' of the field and can often be especially confusing when participation happens outside of 'organised' (i.e. interview, participant observation meetings) time and space (*ibid*). Arguably, this type of interaction happens as a result of creating rapport and establishing possible friendships and as these mature and grow, the 'field' can become ever-wider.

3.10 Simon

Simon is the only male participant I have in my study. He is also the oldest. At 65 (when I met him), I'd say that he is probably the wisest too! It also struck me when I first met him, that he is also very tall! I think I have a thing for being drawn to tall academics (given that all of my supervisors tower above me) as he is also one of 'those'. I can never quite work out whether Simon is retired or not, as our meetings were usually interspersed with his trips to Corfu where he has a house on Democracy Street and a new boat that he bought off e-bay. I think he's semi-retired, as I know he's still on the staff list at the University of Birmingham in the Public Policy department, and as such, he has a real intellectual interest in not only what I am doing and asking, but the way in which I am doing it. His deep thinking and wide reading has made for some really interesting insights, even though I was usually left feeling that I needed to know a bit more! Educated at Cambridge University, Simon also knows about anthropology because he studied it there. This puts him finely attuned to the ethnographic endeavour, albeit one that is slightly different and 'less (post)modern' than mine.

Simon is one of the chattiest people I have ever met. He's like the older, male, academic version of me: loquacious! I immediately liked him and I was gutted when my Dictaphone ran out of battery power only 45 minutes into the first of our marathon conversations. If we're not chatting about my research (obviously), then we are usually putting the world to rights about rude people, teenage attitude or laughing about 'effing' at people whilst driving.

When I first met him, I was struck by not only his height, but also that he was carrying a fold-up bicycle in his hand, complete with a well-worn panier. Simon loves to cycle. And he does it all over the place with his skipper-esque cap on. He always wears a tweed-looking suit and some colourful high-necked waistcoat too. Around his neck, he tells me, are his talisman objects which he carries about as an ode to his love of gadgets (yet another thing we have in common). He tells me that the things he never leaves the house without are: his gold swizzle-stick (for fizzing champagne!); his folding chopsticks; his little battered wooden owl and his sailing whistle. I take my time to look at these things and ask him to elaborate. He tells me that the owl in particular is very dear to him as it is very well-travelled and incredibly good at sailing. You what? He continues...and it becomes more and more apparent that Simon is in love with the sea. In 1966 he sailed

across the Atlantic in a small boat.³⁰ I nearly dropped dead when he told me this. Well, my eyes nearly popped out, anyway. He reaches for his bag when I ask him to tell me more and pulls out his *Macbook*. Open it goes and we're surfing the net from the comfort of two enormous old-fashioned armchairs we managed to nab in Starbucks on Colmore Row in Birmingham City Centre. Flickr³¹ pops onto the screen and he wheels thorough some of his old photos of his time across the Atlantic and his sandy-beached, blue-skied destination. I am in awe. Not only am I gobsmacked at his sailing prowess, but also that a man ten years older than my dad knows how to use a computer, surf the internet, and knows the difference between upload and download! He navigates to his blog,³² and shows me the new boat he's bought: ready to do up and sail again in Corfu. Simon also loves Greece. He has a long and complicated family history, which you will hear about later in Chapter Five, and his love affair (his words) with Greece is partly familial/domestic. His constant reference to not only the countryside he so much enjoys, but also to a 'rich culture' are apparent in his chat about what's going on in the place where he has his second home.

³⁰ See Appendix 2 for Simon's elaboration of this point, made as he was commenting on the first draft of this thesis, as part of his 'right to reply'.

³¹ www.flickr.com is the *Facebook* for all photographers. It's not only an on-line photo album, but is similar to a blog, in that others can comment and see what is published online.

³² www.democracystreet.blogspot.com

During interviews Simon often wanders, metaphorically, away on tangents: discussing, linking and weaving the things and places that he loves into our conversations, and we often find ourselves talking about God-knows-what an hour down the line: 'What was your question again...?!'. We buy each other coffee, the odd pastry, and we generally meet in somewhere that can supply us with both. I have probably spent as much time with Simon as I have with the others, but in only a handful of places by comparison. I think this is important in the sense that I have never really physically entered the spaces of Simon's life, but for me, Simon's world has been entered by virtue of his love of photography and blogging. I feel like I've been to these places, virtually, even if I've not been physically.

Simon, like Nadine and Becky is also O+ve. Never really knowing what he really thinks of blood³³ and what it is, I am always reminded that Simon is an academic and as such, his thoughts are often laced with his studies and readings. They infiltrate not only his chat about himself and his pursuits, but also his thoughts and comments on, and about, this thesis. As such, a simple enough question about blood, will often send Simon off into a tangle of thoughts and out-loud thinking, as although he recognises its

³³ Although see Appendix 2 for Simon's e-mail about the importance of blood to his wife and daughter. Sent to me as part of his right-to-reply, and notably something that I had, indeed omitted.

multi-faceted 'nature', he ultimately, also returns to its comparisons with his love and respect of the sea.

3.11 Shaping the process; 'treating' the outcomes: control, power relations, co-learning/ co-construction, 'data' analysis and representation

Notably a combination of everything that precedes this section, it is nevertheless important to note the more specific issues that arose during the 'doing' of this research, all of which shaped it both methodologically and thus empirically. A methodologically significant part of this thesis, this section thus highlights the surprising number of uncontrollable/unaccounted hiccoughs and events that I've experienced. Such issues are based upon how much control I both felt, and indeed had, during these times and what this in turn implied for what is to come. Importantly, these issues highlight the unique nature of this autoethnographic journey and bring to light what control is and means both in and out of 'the field': both in specific times and places as well as on the whole.

This section will therefore detail the intertwining issues of control both in and out of 'the field'. Specifically, it will explore friendship, rapport, trust, co-construction, co-learning, 'data' analysis and representation and discuss

what each of these things brought to, and helped shaped, both an ever-evolving methodology and its eventual outcomes.

3.11.1 *Control outside the field: recruitment hiccoughs and issues*

I was already aware that certain parts of recruitment and snowballing were out of my control, as enrolment relied as much on my inclusion into others' lives (and thus a combined effort of giving and taking) as it did luck and chance. I have already explained how recruitment was driven and what happened during this time, but the journey to recruiting all of my five participants was made all the more uncomfortable and worrying because of the additional lack of control I tended to feel when dealing with other, more unforeseen and unavoidable happenings.

Certainly my 'gatekeepers' were not intentionally inhibiting enrolment, but the nature of, certainly, the spaces of transfusion I was privy to (or indeed not, as it turned out) were not conducive to forward-planning and/or effective snowballing. As a result, whilst certain participants had let me into certain spaces, the bud was metaphorically nipped as soon as I realised just what kind of spaces they were. Revising my plans was thus based on increasing my flexibility and allowing for people to drop out; places and spaces to be opened up or closed down and reducing the urge to control

everything. In short, I had to adapt myself and my project quickly and accordingly, allow and accept that people are simply people, negotiate carefully and time things right.

It was towards the latter stages of my empirical 'year' that brought home the lack of control I, and indeed anyone, really had whilst recruiting. Losing Tanya as a participant before having had the chance to meet her perhaps provided me with the biggest reality-check, as her inability to participate was not only something that *I* was unable to control, but also something that she was unable to control either. The truth about Sickle Cell Anaemia, in its worst form, came crashing down on me when I heard what Becky had previously mentioned about SCA and Tanya. It is something that I have never since forgotten. Some sicklers, I have since learned, are *really* ill. And I just didn't realise how bad it got. Crises happen at any time and they are not to be helped. I felt totally and utterly helpless when seeing and hearing about Becky, Nadine and Tanya's crises and sacrificing my research interviews for their recuperation always left me with an 'ethical hangover'.³⁴ One the one hand these (crises and possibly emergency-style transfusions) were something that I needed to understand, from a research point of view, but more so, this was something that neither I nor they wanted and the

³⁴ Quoted from Dickson-Swift *et al* (2007), who superbly describe this as a feeling of both a simultaneous guilt and pleasure at a particular (notably difficult/tumultuous) research outcome/happening.

research wasn't the main focus when hospitalisation was involved. This could kill them. This was real life, and I wanted to be there for them as a friend not just a research gold digger.³⁵ Controlling my research suddenly came second to wishing I could control friends' illnesses, crises and general well-being and hearing and appreciating Tanya's suffering one day as I sat in a hospital ward with a previously critically ill Nadine, was tantamount to the lack of control I really felt.

In the end, I had to review my symmetry as my meeting with Tanya never got off the ground. She rang me to say sorry that she was in hospital (!) and that she would still like to help out if she could. I would have loved to hear her views, but it wasn't possible for either of us. Sacrificing the symmetry was the only option because it just wasn't possible to get it and time had run out. More importantly, it was more ethical to say thank you for what she was willing to offer, when she could offer it, and be with her (or the others) (or without them) when times were really hard. So I had to be

³⁵ In fact, after her 'empirical stage', I did visit Nadine on a number of occasions when she was in hospital. After virtually all of her life 'on blood', Nadine's physicians decided that her regular transfusions be stopped. This implied that she could crisis at any time, notably very seriously in the first twelve months or so, due to the body having to accustom itself to the lack of transfused blood. Within the first few months, she indeed did crisis. Lorrie texted me to tell me that Nadine was in hospital, and so I went to visit her. As a friend. This was the most awful experience ever. I'm not familiar with hospitals and no longer was I there as Rebecca Morris, Doctoral Researcher. I was there, watching my friend suffer: looking very ill, tired and scarily not herself. I was even more shocked to hear that I had been so close to losing her: having heard that hospital staff had kept her on the critical/intensive care unit the night before. The reality of both the illness and the practicalities of research came zooming into focus. And then quickly out as another ethical hangover kicked in. This was out of my control and that was just the way it was. More importantly, she was alive: the research paled in comparison.

prepared, and I had to be flexible. And I had to be prepared to *be* flexible. It was intensely frustrating and worrying at the time, but it's the nature of this type of research.

I often thought I was on my own in feeling a lack of control during recruitment, but I soon learned that it is not uncommon for researchers to feel either a loss, or even an absence of control at various points during their research, especially at these times. Recruitment, and certainly other issues pertaining to access, for an ethnography, are certainly two of those points. Ethical hangovers are also not uncommon, although it is often whilst in the field that these are discussed (see next section for more detailed discussion).

Access to 'the field' can prove difficult, initially and can be heavily reliant on gatekeepers or spokespeople to green flag a researcher's way in. Troman (2002), in his educational ethnography, discusses how even though he was a teacher prior to undertaking his PhD, access into his schools was often difficult, with teachers talking on behalf of pupils and being suspicious of his intentions. Once inside the field, however, although easier, it was nevertheless still tricky for him to gain access: teachers were the gatekeepers to the rest of the school and its pupils and it was them whom he needed to gain trust from first. This is not uncommon, and for many researchers,

being 'in the field' does not automatically pave the way towards recruiting others.

3.11.2 *Control inside the field: (interview) power relations, friendship, rapport.*

Even when I had 'entered' 'the field', however, my lack of control was still often a worry. Certainly most of my time was spent negotiating my questions: broaching, re-visiting and refining topics, but it was during interviewing that I found it often difficult, or at least testing, to negotiate power relations and keep on track. For the most part, I didn't mind this too much, as I was keen to relinquish some of the reins so not to destroy conversation and so to fully explore certain important topics, that were specific to individuals and possibly slightly aside from my remit (although often closely akin to it). For the other part, however, I was aware that time was tight and that often sitting through hours of (often really interesting) chat was pushing me further away from finding out about my bloody geographies. And so, I tried to keep hold of at least one side of the reins, working hard to tie any tangent back into the conversation or question that had initiated it. This was often tricky, as questions and links were often hazy, confusing and obscure, but when 'answers' weren't as forthcoming as

they perhaps had been with others or were simply much more matter-of-fact, I did not try and push it any further, repeating to myself that even a silence can speak much louder than words, sometimes.

Arranging subsequent meetings was also something that I only had partial control over. Given that my invitations were often hinged on the creation of a good rapport and trust, it was on relatively rare occasions that I was cheeky enough to invite myself along to places. Instead, I often hinted, as part of questioning, about important (blood-related or otherwise) places and spaces, as such places punctuated conversations: me asking what a place looked or felt like, often following a reaction from a participant which warranted my probing. In turn, these questions sometimes ended with an invitation, or if not, at least ended in a fuller description. Again, though, this was not something that I was able to control, and so whilst I was able to arrange (mostly) interviews on a semi-regular basis, they were often either arranged as, when and where was possible: be that due to illness, absence or availability, or as and when people were happy to invite me along to experience a place with them. This was certainly the case with the focus group, later on, and as time became ever-shorter, I had to draw the line somewhere and settle for what was possible.

Again, I thought I was alone when I listened back to my interviews, hearing my stock-phrase mumblings in order to pull conversation back onto track, but as Hoffman (2007) discusses, in her paper on power (relations) inside the interview moment, control can continuously shift as both interviewer-interviewee relationships change, rapport grows and possible friendships are established. Whilst it is of course in the control of the researcher what topics are on the agenda, ultimately the participant holds the key to whether they ignore or embrace that agenda or not. Indeed as Kleinman & Copp (1993: 3) point out: '[s]cientists are supposed to be the experts: they control the research process. But qualitative researchers know that the success of our work depends on participants.' In this sense, and as conversation continues, the researcher can either choose to relinquish a little of the control and allow the participant to co-construct, discuss what they also feel is important and/or feed back or otherwise s/he can pull the reins in tighter and keep to a stricter thread.

During research 'meetings', however, are not the only times where control is an issue. Especially where meetings are multiple and need arrangement, the researcher has ultimate power in requesting formal times, places and settings. Yet it is, however, also down to a participant to co-operate. Pre-arranged meetings, initiated by the researcher and agreed with the participant, place one party as more active than the other, but as this

relationship changes, and in order for the researcher to gain a more holistic view of life in someone else's 'shoes', meeting by invitation can shift this balance again. In this respect, ultimate control lies with the participant: their willingness and comfort at including the researcher into other aspects of their personal lives.

It is also during research gaps that such control can also be taken off a researcher. As will be exemplified in this study alone, lack of control over illness, pregnancy and unwillingness to commit are also considerations that need to be highlighted. Indeed, it is in these circumstances that researchers probably have to remind themselves that people are simply people and, as such, 'stuff' happens!

Finally, it is important to highlight the lack of control a researcher may experience when participants meet. Focus groups (as will be discussed later) provide another dynamic to the research process and can take many twists and turns in terms of power relations and control. Whilst this will be discussed in more detail later on, I wish to highlight one further aspect of the shifting balance of power whilst still within the field: that of interaction. What participants decide to do outside of the research 'field' is something that a researcher cannot (and probably does not want to) control. Importantly, they cannot control participant decisions to meet up with other

participants outside the research arena. As will be empirically exemplified shortly, when participants create rapport with not only the researcher, but also with each other, this can lead to situations that the researcher may or may not want to be involved in. Ultimately, the reins have to be tightened, slackened or let go of at various points 'in the field'.

What *was* possible in the end, therefore proved to be something that went far beyond my initial wishes. The product of a year's worth of building relationships and serial meetings came to a methodological head in the beginning phases of my third year and the focus group which you will hear about later on was the beginning, as opposed to the end, of yet another journey. This time, however, the journey starts with four friends, who all meet every few months to visit number 65 New Street, followed by dinner and drinks.

The fostering of friendships is one of the most treasured parts of my research and is something that extends far beyond the pages of this thesis, but it has been facilitated by everything that precedes this section: interviews, participant observations, and has resulted in what follows: co-learning and co-construction (as well as continued meeting on a personal level). I must admit that, although I did often wonder whether my questions were verging on the bizarre and when I stopped to bash my fist against my

own head whilst transcribing when one of our conversations trailed off into something totally unrelated, I did stop and think about whether I was crossing some boundary or other and I worry (as I write now) about what reactions will be when people read this and feed back. Nevertheless, I have always been able to recognise what I needed to include within these (relatively) few pages and the rest is either committed to memory or will otherwise be recounted orally at some stage or another. Or maybe not. Ever. I suppose it goes without saying that it was due to the fostering of good relations, both professional and personal that I was able to not only ask and answer what I did during interviews, but also to maintain a good level of friendship thereafter. Indeed, part of this thesis hinged on it. I didn't expect it but I recognise it now and remain grateful for its happenings.

Whilst it is generally considered a 'pro' for depth and richness in the research, the fostering of friendships can also, sometimes, bring with it complex and sometimes uncomfortable realities. By gaining depth and rapport, losing an aspect of the ('detached') professional researcher can often be experienced (see Dickson-Swift *et al*, 2007; Fuller, 1999; Pugsey, 2002). Whilst I would argue that 'the researcher' and 'the non-researcher' are generally intertwined in the same person anyway and although one persona

may be more apparent than the other in the research situation, they are nevertheless both present at all times. That said, situations such as this can still cause unease and worry (Bhatti, 2002).³⁶ Fuller (1999) discusses in detail his feelings of both personal and ethical discomfort when his research community became a circle of friends. He notes that not only did it cause him to question his role as 'researcher' and potentially compromise certain aspects of his research, but that it also sometimes left him feeling as though any turn in the tale (be it for the worse or for the better) was leaving him with, as Dickson-Swift *et al* (2007:343) put it, an 'ethical hangover'. They clarify: 'researchers often get quite excited about the data that they are gathering but, at the same time, they grapple with feeling a little uncomfortable about what they are being told...' (*ibid*). This idea of feeling simultaneously excited and guilty from celebrating certain turns of events, from a research point of view, can often be caused due to the negative impacts such effects can have on participants who may have become, from a personal point of view, more like friends.

Nevertheless, the creation of increased rapport and friendships can often be highly productive and simply the 'right' thing to do in autoethnography: as 'it is both sociological good sense and an ethical

³⁶ As both this chapter and the thesis unfold, this point will be both clarified and exemplified both empirically and theoretically.

obligation to disclose our biases' (Norum, 2000: 320; and see also Hoffman, 2007). Despite many researchers feeling that they are somehow crossing/blurring the boundaries between researcher and researched, it is generally considered an ethical choice to comfort; listen and empathise. Indeed Ellis (2004) clearly reiterates that this is part and parcel of doing autoethnographic research and Dickson-Swift *et al* (2007) state that reciprocation and friendship can be seen as acts of 'giving back' to participants. Needless to say, however, when conducting in-depth research, and when rapport, trust and friendships are established, it is often difficult to retract 'from the field'; hard to know when research starts and stops, and can often lead to encounters and relationships that will never be forgotten (Dickson-Swift *et al*, 2007; Katz, 1994).

3.11.3 *Data 'collection': co-construction, co-learning; analysis, transcription, coding...*

As has been the case in previous sections, the iterations that were born out of my methodological approach and tools, gave rise to not only an evolution of techniques and rapport, but also an evolution of the subsequent 'data': its construction and its outcomes. A product of increased rapport and thus trust, what actually came out of my meetings was constantly open to interpretation, questioning, refining and learning. Increasingly often, I found

myself going back over previous interviews: asking for explanation and/or clarification. Indeed, as became obvious after my first meeting with Nadine, I had to both listen back to and transcribe (time-permitting) my interviews as I went along so that I could really get to grips with what was being said. Transcription thus took time, as not only were interviews long and detailed, but they often threw up further questions. I was adamant that I transcribe everything, and by myself so to really get to know and understand the data and thus my participants. Every pause, cough, squirm was transcribed, and proved invaluable for not only representation but also for allowing myself – and possibly those reading the quotes later, to re-visit that time, place, feeling. Re-visiting topics was something that had to happen for many reasons: the most pertinent being that I did not always understand the finer nuances of conversation, some of which I completely missed in the process of on-the-job thinking, and so was thankful at being given a second chance. Other reasons, however, were more because of the enrolment and unfolding of other (theoretical) themes. In this case, participants often came back to previous answers or thoughts that they had given me beforehand, linking ideas across interviews and perhaps revising their answers. I was particularly aware that as answers were revisited, and options explored, that there were increasing questions directed at me in return, and so I too had to enter into more discussion and even expose myself as the non-expert. In

such instances (and there were many!) we often both went away from interviews/meetings with mutual tasks: things to think about or research further, and when we came back, we used our findings to greater interrogate our now mutual topics of conversation.

I really loved this aspect of the process, as quite often it gave participants a sense of iteration and we learned together, co-constructing opinions, arguments, thoughts and thus what is to come in the later chapters. I sometimes felt uneasy that in creating spaces of co-learning and co-construction, that I was changing the ways in which people thought, and I challenged myself about whether or not I was leading people away from their original contributions. That said, I believe that opinions are informed thoughts, and as I learned more and more about the finer points of receiving blood and SCA, I came to realise that if this type of iteration was producing different thoughts and feelings about my own views on blood donation and transfusion, then surely it shouldn't come as a shock or be expressly bad if it were happening to those who were helping me either.

Thus, as perhaps one of the most important aspects of this research, the co-learning and subsequent data co-construction has provided me, us, with a more refined and incredibly thought-through set of 'answers'. That said, this does not make them any more or less complex and tricky as some

questions still hang, and I'm sure will remain, in the air until the time comes again for them to be re-opened. My attempts at interpretation and representation are thus aided by the co-constructive nature of the interview series as well as the clarification of transcripts as and when I'd managed to type them all up.

Further analysis also aided in this need for clarification: coding of interview themes took the form of many iterations and notes in the margin. Here, I outlined main themes, as talked about in interviews. Then, I colour-coded the themes per chapter structure. Hereafter, I went back through each theme, sectioning them off into main sub-sections and sub-sub-sections, using the numerical notation that subsequently formed my empirical chapter headings. Finally, I whittled themes down to a few gem-like quotes, using them as evidence and example of the thematic progression and narrative structure that are used to base my main arguments and thus conclusions.

Attempts to further accommodate 'representation' have also been addressed, aside the primary use of verbatim quotes, (only partially edited) by asking participants to feed back on my manuscript: offering further insights, clarifications and so on where necessary.

As such, I accredit my thesis as an '*et al*' piece of work, constructed and 'written' by myself and five others. Their comments (thus far) can be found in Appendix 2, as I feel that they are as important to this research and to me as the words that I, myself have written. Although I ultimately choose how I represent them in both their verbatim quotes and in how I describe them, I nevertheless owe those quotes and the ways in which they allowed me to see themselves both in and out of a research context, to their constant perseverance with my complicated questions; their own thoughtful answers and their willingness to let me learn with them.

As a product of the research process, and the things that have helped shaped this (as outlined above) namely the familiarity that often breeds whilst undertaking participant observation and conducting interviews, the co-construction and co-learning aspect of research can be both a conscious and/or unconscious decision. As previous sections have highlighted, co-construction and co-learning come from and at various times and in various space/places during research. This section aims to use these pre-cursors to briefly discuss the further issues connected with co-construction and co-learning. As such, I will firstly look at the conscious decision to involve others in the learning and research process, by virtue of epistemological

positions and thus methodological approach of the researcher, and secondly, I will look at the unconscious 'decision' to create this type of research environment by addressing the organic and (inter-)personal (including emotional, empathetic, friend-forming...) nature of ethnographic research and the reflexive nature of the process.

By very nature, autoethnography posits a researcher well into the depths of a study. This means that there will already be an element of co-construction to the research, as reflexivity will influence and inform interaction between researcher and participants. The degree to which these participants will ultimately help co-construct the final product will change at each stage of the process, with researchers actively making decisions about whether or not, or to what extent participants will input. In the beginning stages, participants can hold vital keys towards recruitment, maybe acting as gatekeepers, thus co-constructing the nuts and bolts (i.e. participation) of the research. 'In the field', co-construction can take other forms, such as both the researcher and participant conversing, giving rise to extra themes to explore, or, as in the case of conversation interviews, both feeding back to questions/comments and/or asking their own questions and reciprocating (O'Reilly, 2005; Ellis, 2004). It is at the discretion of the researcher as to what level of co-construction they choose to give to participants, either allowing them to converse with and reflect collectively on topics, or whether

they choose to keep to the chosen research theme path, thus limiting possible emergent themes. In such former cases, not only is the research co-constructed, but it is also a cycle of co-learning. The conscious decision to explore and reflect upon a topic/question *with* a participant can often affect the learning curve as both parties may have to go away, research and come back (especially in the case of serial interviewing), ready to ‘teach’ each other what they have both ‘learned’ in the interim period (Hoffman, 2007; Dickson-Swift *et al*, 2007). This is especially the case when hierarchies of ‘power’ (which is discussed in another section) are eroded, as both parties may enter into the relationship ‘expert’ in their own ‘field’. This conscious decision to collaborate and construct ‘data’ with participants can be highly fruitful in terms of the research, giving greater depth to topic understanding, but it can also lead to the unexpected and to the creation of friendships (Dickson-Swift *et al*, 2007; Liamputtong and Ezzy, 2005; Ceglowski, 2000).

3.12 Amie

“As you got from my e-mail, my name’s Amie Coffey and I moved to Birmingham about a year ago and unfortunately since I’ve been in Birmingham, I’ve only given blood twice, erm, due to the fact that I’ve always lived quite far away and working full time it’s just a nightmare just trying to

get the time to give blood, but...the reason I started giving blood was erm...I started when I was just, just gone sixteen, as soon as they'd allow me erm, my father actually had a heart transplant in 1980 [...] He was the thirteenth man in Britain to even have a heart transplant [...] and so if he hadn't have had the heart transplant I'd never have been here". OH MY GODDDDD! These were the first things that Amie said to me when we met. No wonder she was so keen to meet, when I outlined my research to her in our initial e-mails. I didn't really know what to say after this, (a near-miracle) so I just let her continue. When I could gather my thoughts, it soon became pretty clear that Amie is one of the most organised, clear-thinking, happy, positive, proactive people I have *ever* met. She is a dream to interview and a lovely person to know.

I'd usually like to give an idea of what people look like, but with Amie, I don't really feel it's all that important as it's how she conducts herself, how embracing and friendly she is that shines through the most. She does have brown, shoulder-length hair, though and is around 5'6" ish, and smiles a lot. That's it. Sorry. Amie and I usually met in The Guild at university, in *Subway* over lunch. This was because she usually met me inside work lunch time and so that we could make our meetings regular, we kept it simple. I thought that this would detract from me getting to know her, but it didn't. In fact, it worked really well as it kept us focused and on the ball. Amie (at the

time) worked in personal relations for a company (IXC) that are based on, but only affiliated to, the University of Birmingham. She was part of a small team of people, who I did get the opportunity to meet later on, and it's easy to see why they hired her. The thing that I remember the most about Amie is her incredible ability to remember my convoluted questions, think about and answer them, returning every now again to re-define or change what she'd thought, and then remind *me* where I was up to. It was incredible. She never missed a beat. Her zest for life and blatant enthusiasm is infectious, and when she told me one day that she likes to keep positive because others feed off that and be positive back, I was quickly drawn to her as an inspiration to accomplish my goals. In fact, to even set some in the first place!

Amie also speaks in metaphor. I love it! She is so good at analogy that her ability to communicate her ideas is refreshing to me, as someone who constantly gets lost in my own meandering head and thoughts. I often felt that I was getting somewhere when Amie was around. In fact, Amie seemed to get somewhere, too, in the few months that we spent chatting. Her fascination with her dad's transplant and our subsequent discussions about blood saw Amie undertake another personal quest to find out more. The more times we met, the more work she seemed to have done to find things to do with her dad: TV clips, newsreel, paper cuttings...and she was so enthused about it. She got so into this and the research, that she quickly

embraced not only the research-side of my project but also the friendship that we'd established too. Our subsequent trip to the donor suite together, was not only prompted by her, but so too was the suggestion to invite 'the others'. Being invited to and attending her wedding was tantamount to the importance of our rapport. It was indeed through her that I saw Lorrie turn into Michael Jackson! We're still yet to fix a date for 'lasagne at her house', with the 'other halves' in tow!

I don't really know what else to say about Amie as most of her personality, thoughts and endeavours will come through in the later chapters. She, like Simon, is also an O+ve donor and her thoughts on what blood is I will leave for the later chapters. She is one of those people that I will never forget, and hope to learn more from, both in relation to my academic thoughts, and my personal actions.

3.13 Concluding thoughts...

This chapter has done several things. First, it has outlined and defended a methodological approach, detailing the hows, the whys, the wheres and the with whoms of this PhD. Secondly, it has also introduced you to my participants (myself included) presenting a small snippet of how

these people have resonated with me in both their empirical discussions and personal actions.

Specifically, however, this chapter has provided an insight into how I have gone about questioning (and answering) the themes, the 'things' and the aims and objectives you have already read about in the previous chapters, by describing an in-depth autoethnographic methodology that chose me and 'fitted' rather than a methodology that was chosen and that was 'prescribed'/pre-determined. It has pointed out that 'I' am, and have been, just as important in shaping the process as the five others that have been enrolled and subsequently participated.

It has also elaborated on the flexible and adaptive, evolutionary nature of this research, brought about by not only an ever-evolving set of methodological tools, where serial interviewing, participant observation and focus groups have been key, but also by the adaptation of these tools: changing as much as the locales in which they were practiced. In particular, it has highlighted that the adaptation of such tools came about thorough and because of a set of theoretical themes that are complex and intertwining. As such, it has detailed how such tools are imperative for allowing myself and others to create a depth of understanding necessary for researching intimate, complicated issues as well as those that would

otherwise have been taken for granted. In short, it has provided a depth and richness that single interviews simply cannot offer.

The multi-locale nature of this research, therefore, has been explained in terms of not only necessity, but also in terms of the participants and their bloody (and/or otherwise) experiences. Going where invited, where has been possible, and where appropriate (or not) has been key in questioning the geographies of experience: reflecting on how space and place matter. Acknowledging the potential 'hit and run' nature of this approach, I have highlighted that were it not for the role of serial meetings, that indeed I may not have been privy to even a half of the places I have visited, as participants have become friends: trust and rapport established and experiences shared.

By nature, therefore (and crediting the cyclical, iterative nature of such an approach and its tools) I have also signified the importance this increased establishment of friendship and rapport. This chapter has thus also underlined how important these things are in shaping not only the methodological approach created, but also the 'data' that was consequently generated. Spaces of co-learning and thus co-construction are outlined as the main outcome of such relationships.

Nevertheless, it has also highlighted the potential pitfalls associated with increased rapport and trust: giving credence to ethical hangovers and

blurred boundaries. Shaped and thus affected by (lack of) control at times, it has also been a journey of learning to live with what you're given and being slightly cheeky when you want/need a little more! On the plus-side, however, the beauty of co-construction and co-learning has been affected by/effecting and affected what is to come, changing perspectives, informing opinions and adding authors.

Ultimately, however, this chapter has presented a methodology that is not linear. Had it been possible, it would have been written much more chronologically, and therefore slightly more 'all over the place', in order to fully reflect the rather large, ever-evolving, continually-changing/growing snowball that, even now, has not melted. As important as what comes next, this slightly 'messy', iterative process is the very foundation for the verbatim quotes, the participant observation notes and the theoretical debates and challenges supplied in the rest of this thesis.

Indeed what is to follow are the two (only and) main empirical chapters, which a) work through relevant aspects of the literatures outlined in sections 1.3.3, 1.3.4 (and thus 1.4) whilst b) discussing the research findings in detail.

CHAPTER FOUR

UNSEEN OTHERS: GIVING, CARING, CONNECTING...?

4.1 Introduction

Through the research and analysis as described in the previous chapter, this is the first of the two empirical chapters exploring the findings from this research. Following the themes as raised in sections 1.3.3 and 1.4, this chapter will explore the concepts of gift-giving, connectedness and care and in light of blood donation and transfusion. Here, narrative construction shifts from a lone, personal journey to one in which I am learning with and through others. In it, I will therefore, also, relate what they are saying to what the previous academic literature sections are highlighting, and add to this what I have subsequently co-constructed with them as a way of jointly understanding the themes tackled.

First, I will look at gift-giving: exploring what it is and what its drivers are. Looking specifically at the role of altruism and other drivers of donation, I will present both academic arguments and empirical findings as to why people give blood. Next, I will question whether giving blood is actually akin to giving a gift. Supporting as well as challenging the literature, I will ask: whether blood should be called a gift; and what kind of gift it is, if so.

Furthermore, I will highlight: the problems associated with giving (blood) as a gift, especially tackling feelings of indebtedness; what happens to this so-called 'gift relationship' when it becomes commodified; and how giving blood compares with other types of donation.

Second, I will explore the related concept of care and caring in both theory and practice. Again, drawing from and feeding into academic debates, I will frame 'caring' in blood donation and transfusion practices. Specifically, I will explore, support and then challenge how care is defined in general as well as in geography, highlighting different scales of caring in both health geography and 'at a distance'. Teasing out these themes, I will then use them to inform and critique my own empirical research, outlining what, how and if blood donation and transfusion can offer to this literature.

Finally, I will take these two themes forward, using them as perhaps a springboard onto which I explore the theme of connectedness. I will therefore firstly define connectedness: asking what this is and how it is achieved. Then, through a blood donation/transfusion lens, I will explore the kinds of connections at play, examining how the institutional spaces and places of blood donation and transfusion frame (or not) possible connections between donors and recipients: physically, imaginatively.

Drawing these themes together, I will then use them to conclude how mutually-informative caring, giving and connectedness are and how (or not)

they are performed, enacted, mediated and experienced in the context of therapeutic blood exchange.

4.2 Gift Giving

The very nature of donating blood evokes some kind of idea about what kind of act it really is and thus what kind of thoughts are at play whilst doing it. I didn't always start my interviews with asking why people started giving blood, but somewhere along the line, it was addressed. It was slightly different for Nadine and Becky, though, as the fact that they had received blood was ever-important and I was keen to hear about it as much as possible, as it was something alien to me.

Hand-in-hand with their notions of caring and what this meant, I heard more and more about why people continued to give blood; what it meant to give it or receive it; what kind of donation it was; the problems associated with giving and receiving blood, including its possible commodification, and how it compared to giving other kinds of corporeal donations. I was surprised by some of the comments I heard, upset by others, mortified at one or two and educated by many. Informed by both the subsequent iterations and by the contextual bases covered whilst on participant observation trips, I was able to form part of an understanding of my participants' (and indeed my own) 'gift relationship' with blood.

This section will thus explore the finer aspects of giving and receiving blood, through a gift-giving lens. It will detail all of the above-mentioned issues, feeding into, backing up and casting further light onto an already reasonably well-informed literature. The crux of this section, however, will be in how it mutually-informs and interacts with the rest of the ‘story’, given that each theme evolves and co-depends/exists on those that both precede and follow it.

4.2.1 *Giving blood, why bother?!: the role of altruism and other drivers of donation*

Entering the field, with a partial view of what gift-giving entailed and meant, my head swarmed with what I had read for and written about during my literature review the year before – and as set out in the brief literature review in Chapter One. I was particularly conscious of Richard Titmuss’ famous study of ‘the gift relationship’, (1977 & 1999) in which he comprehensively constructs his own argument for what blood donation is all about. Specifically, he details his own ideas of a ‘donor typology’ and the reasons as to why such donors donate their blood. Cross-referenced/compared across two continents: Europe (specifically the countries of England and Wales) and North America, his study is paramount to questioning who gives blood, why and what this implies for both social

cohesion, community and both social and economic life. Importantly, it is argued, giving blood/gifts illustrates a choice that leads to and from the fundamentals of social and economic life, moulded by cultural and moral values, and set out in communities at any spatial scale (Titmuss, 1999). Since his study, there have been numerous, notably, quantitative studies into what motivates people to give blood, and whilst this is worth noting, I will not detail them all here. For this section I will, instead, highlight a few of the main cited reasons for what is said to motivate people to give blood, explaining what these mean and what they can imply for this study's thinking towards 'the gift relationship'.

Said to be 'the keystone' of the National Blood Service in the UK (Oakley & Ashton, 1997: 41), it is suggested that one of the main drivers of gift giving in general (and blood donation more specifically) is altruism.³⁷ Debated and contested as to whether it actually exists at all (Singer, 1993; Waldby *et al*, 2004; Titmuss, 1999; 1997; Nilsson Sojka *et al*, 2003; Simpson, 2004, valentine, 2005; Oakley & Ashton, 1997; Martlew, 1997; Silk, 2004: 233), altruism is said to be shaped by the organisation of society and its institutions (Titmuss, 1997; Silk 2004), influencing and encouraging 'compassion, for a stranger...without any notion of monetary gain' (Simpson,

³⁷ Note that the dictionary defines 'altruism' as being: 'Unselfish concern for the welfare of others; selflessness. *Zoology*. Instinctive cooperative behaviour that is detrimental to the individual but contributes to the survival of the species' (www.dictionary.com: accessed 31/05/06).

2004:843). Usually branded as a moral reflection (*ibid*), and therefore arguably partial and situated, altruism is also said to be the main driver of social cohesion (Titmuss, 1997: np) and imagined community, connectedness and ‘social contract’ (Simpson, 2004: 841). Additionally, a genuine desire to help (Titmuss, 1997; 1999: Singer, 1993); and a sense of community obligation and responsibility, (which are arguably also pertinent to any type of gift exchange) (Singer, 1993) are also important drivers of gift exchange and blood donation.

I wasn’t too surprised to hear that other people gave blood for the same, or at least similar, reasons to myself: Lorrie said it was just something important she wanted to do; Amie said mostly the same, with the added relish that if it hadn’t been for someone’s family offering to donate their recently bereaved daughter’s heart to her father, she wouldn’t be here; and Simon said that he really quite enjoyed the experience. But when I dug a bit deeper, the individual contexts starting weaving into and out of personal experiences, coupled with more elaborate ideas about what giving (blood) actually meant and why.

Much like the literature was suggesting, one cited reason for giving blood was a genuine want to help people:³⁸

Amie: I can't give away my heart right now because I need it myself, [...] and I've just, I've wanted to give to people ever since [I knew about my Dad and his heart transplant] and giving blood is one of the easiest ways...

Lorrie: I just thought it was an important thing to do because you know, that people need it basically...

I understood these views, as I, too perhaps feel a sense of something similar when I think about my reasons for giving blood. But I was particularly surprised at Lorrie's apparent lack of mention of Nadine. On the first occasion I met her, she didn't really mention her at all: I'd presumed this would be as good a reason as any to want to donate blood, given that they were so close and given that it was because of Nadine that Lorrie had

³⁸ Please note that I have my own 'key' for quotes. I shall explain it here:

... (ellipsis) in the middle of a sentence denotes a slight pause during speech. It is longer than a comma but shorter than a notable silence. An ellipsis at the beginning or end of a sentence denotes that the quote started mid-sentence and ends mid-sentence.

[...] (ellipsis in square brackets) denotes my editing. This is where I have cut words out so to make the quote flow a little better.

[laughs/laughter] denotes us laughing; not that the word 'laughter' was said!

[pause] written either in or after a quote denotes a sizeable pause where there is actual silence. These are often filled with squirmy moments or my babbling or me stuffing my mouth with food to avoid babbling. Where I have babbled, you may often see [...] after the [pause]!

[long pause] a pause longer than the above. Squirming/eating/babbling obligatory!

been recruited. I didn't press, but then later on, she mentioned Nadine as one of her reasons for donating too:

I think maybe Nadine had a thing to do with it in the sense that you know, I know that she's always needed blood transfusions and stuff...and I've always been aware of that and I always used to go and visit her every now and again when she was, when she was having her transfusions and things. So you know, we used to talk about, you know, blood then, so I think that probably made me want to, erm, donate as well.

Surprise one quashed, another one was just around the corner... Knowing that he had only taken up donating blood again in his thirties, upon his return to the UK after spending time in the U.S., Simon recollected his reason for donating blood, after having:

...treated someone rather badly: a girlfriend, and erm, it was a sort of like, I'd rather do this as a sort of way of assuaging my conscience...Erm, that's the vague memory of that, but I remember it was a sort of...to reduce my guilt by giving blood.

I was a little taken aback, as I'd never heard of anything like this as a reason for giving blood. I was also intrigued to hear that he quite liked the thought of having a free blood test/health check even though, overall, he *did* just like doing it, liked the act of volunteering: that he felt better and enjoyed the whole experience immensely.

In conjunction with the above reasons, and again, as the literature suggested, Amie, and partly Lorrie from her comments above, also felt that it was something that they *should* do: a responsibility:

Amie: I think...I should be doing it and there's this overall control in my brain that says I should be doing it...I should be giving this blood.

After hearing various reasons for why my donor-participants chose to give blood in the first place, little by little, small other stories, reasons for giving and what this meant, became contextualised and ever more apparent. Certainly for Lorrie, altruism, as my academic readings had argued, was something that I think played a part (although arguably not wholly) in her reasons for donating. Her comments touched very much on the anonymity of the blood donation experience as being conducive to:

...not necessarily, but you can *kind* of feel good about it? Because you know that you're not giving it to get glory from that person. You're just doing it because it's something that you wanna do, cos it's important to do it. So you're kind of cutting out that...that part about [...] 'oh thank you for the gift, oh it's so great, blah, blah, blah!'

I remember nodding furiously in agreement when Lorrie said this and retorted by explaining how deeply uneasy I feel about being thanked for giving blood (or giving anything, for that matter!). It made me think twice about what blood donation actually *is*: something that Amie also touched upon in our meetings later on.

4.2.2 *Blood as gift...*

I had always taken for granted that giving blood was akin, if not wholly performative of gift giving. Certainly the literature also supports this, given that, firstly, Titmuss entitled his book *The Gift Relationship* and discusses blood-donation-as-gift as a point of fact and secondly, that most of the literature treats it much the same. But gifts can and do take many forms, each having multiple values in and of themselves as well as multiple functions once given. This section thus aims to expand on whether and how blood can be seen as a gift. Questions such as: whether blood *is* a gift; what *kind* of gift it is; how this ‘gift relationship’ could be problematic; and how blood’s ‘nature’ as ‘gift’ could be compromised through its possible commodification are all addressed in the next few pages.

4.2.2.1 Blood as gift...?

I was more than expecting to continue plumping up the literature on gift giving: using giving blood as an example of a form thereof, and until I tackled the issue with Amie, that is certainly what I was hearing, for the most part. Three years ago, I wrote in my literature review:

The donation of corporeal matter or fluid is tantamount to the giving of non-tangible, non-quantifiable gifts (Titmuss, 1997f), gifts in their ‘purest form’ (Oakley & Ashton, 1997: 290): the gifts of life and thus time (Simpson, 2004:840; Copeman, 2005:474; NBS, Spring 2003:16). Through inter-

personal connection and mutual responsibility, the gift of blood, parallel with the gift of an organ, is said to be one of the most precious gifts of all (Titmuss, 1997a).

However, perhaps because of complacency and an overall trust of the literature, I took for granted the in-depth, individual-focused nature of this study. When my readings (especially the quote above) were challenged by Amie, when we discussed what giving blood was all about and what she perceived giving blood to be, I was reminded not to trust it too much and to celebrate that all-important challenge/critique of what I was reading:

...whenever I've given blood, that's all I've ever given it as: is a bag of blood [...] I wouldn't really see it as anything I wouldn't really see it as a gift or anything like that: I wouldn't...my brain automatically jumped out and thought 'is it like a gift?' and I thought no, I don't, personally, I don't see it as a gift. Maybe some people do, maybe the receivers do, and maybe my dad did, but personally, to me, it's just the red stuff.

[...] I suppose a gift's something that...that you receive without paying for it. So you can, you could say that there is a gift for the recipient because they received it and because it's like a gift from one person to another. But also, it's just a gift that I was born and that I had nice, healthy blood, that erm...that I wasn't anaemic and that, that I have a, a good blood count and...and I suppose it's just a gift because it, it's free and it reproduces itself and it's given to you without any effort. [...] It's like...it's like your body's gift to you I suppose. It is...[pause] and I suppose it's one of those, it's like an unexpected gift, though. None of us say 'oh, cheers for, cheers for my blood. I, I [laughing] cut myself last week and cheers for, cheers for replacing yourself!' so it's not, it's not really a gift that anyone recognises or...I suppose it would become a bit weird if you started being quite thankful for it: 'cheers!' [laughter] I had an ulcer that bled and 'oh cheers for healing, cheers for that!!

But as I continued with my line of questioning and, we re-visited our thoughts a little later on down the line, I was reminded of the iterations; the changes and the informed thoughts that were being created:

Erm, I think definitely blood is a gift in the sense to, to us as people but I think it's an expected one. Er, I think, but I don't, personally, I don't see, although after speaking to you it's changed, when I first spoke to you, I definitely remember saying to you and thinking about it afterwards, that no, I don't necessarily do think that, I never have seen it in the past that me going to give blood is actually giving a gift to anyone. I've never really thought about it in that way. And even when I think about it again, I suppose, I could say yes, I suppose it is a gift, but I still don't think of it...I think it's just, it's just...

And then:

But I suppose that the other thing that does stand out in my mind when you say that is the gift, the gift of life, you know that's what they talk about when they, when a child is born, they've had the gift of life, before they've...and I suppose it is a gift because it's an overall gift...and if, if in *any* way my blood is a gift, then it's only a part of one, because actually the time that, the time that people spend in...in doing whatever they have to do to get the blood from me, and get it to the next place and then get it to the recipient, that's, that all must be a gift as well, and yet I see that as their job because that's what they've set out to do, so it kind of, it kind of makes me think no it can't be. It can't be a gift.

Prior to meeting me, Amie had been to Ghana to 'build wells', experiencing helping those that she'd seen on *Blue Peter* first-hand. Since then she has also worked for a care agency as a paid care worker and volunteers for a locally-based kids' summer camp in Birmingham (PHAB camps). Likening her blood donor status to that as a paid care agency

worker and equating the work of those in the NBS likewise, Amie still came back around to re-affirming her initial reaction to the 'blood as gift?' question as 'no'. Like Lorrie's sense of responsibility, Amie still feels the same about giving blood, only for her, this extends out from her personal work experience, meaning that donating blood, for her, does not translate so easily/comfortably into the act of gift-giving.

As a result, multiple interviews down the line, and with a string of answers in which she changed her mind more than twice, the question of whether giving blood was and is the same as offering a gift was still slightly problematic for Amie. Although her initial reaction was to answer 'no', because giving blood is something that she sees as a job in and of itself: more like something that she *should* do because she can and she should; as well as it being an extension of another person's job within the NBS, she continued to change her mind until she was happy with her answer. The complexity of her past work experiences and trips abroad caused her to think more closely about what she was actually giving, and although she may once have thought of blood in a gift-giving sense, ultimately her thoughts came full circle: no, blood donation was not a form of gift giving.

4.2.2.2 A valuable gift: giving part of the self; the gift of life

That said, and although Amie is exclusive in her position questioning blood donation as a gift, she still, nevertheless shared certain common opinions with other participants in that, be they donor or recipient, they did see the *value* of giving blood (as a gift).³⁹

Nadine and Becky alike both agreed that blood was a ‘valuable’ and ‘special’ gift, although from a recipient point of view, Becky’s take on what kind of gift blood is were dissimilar to Nadine’s:

Me: do you think that blood’s a gift? When it’s given...Would you think of it in a gift sense?

Becky: Not in that circumstance cos I only get one bag but...if someone has [...] when people have had a really bad accident, and like they’ve been shot or something, then that’s no good then...but it is special cos that’s one thing that everyone’s got in common.

Compared to Nadine:

...I think it’s different cos it’s, it’s more important. Like...you know, cos this is kind of...life!

Becky was usually quite adamant that she didn’t want to receive too much blood. Bad experiences in hospital, coupled with the huge amounts of

³⁹ In fact all the others, when questioned, did not even seem to question the act of blood donation as tantamount to gift giving. I suppose, like me, they too took it for granted or as a given.

time she spends in there I think made her view blood in a different way to Nadine. Nadine's regular blood transfusions, that up until earlier this year were scheduled every six weeks, were a stark contrast to Becky's more emergency-style transfusions or exchanges that she encountered whilst in crisis. As such, and given both the spatial and temporal fragmentation of their transfusion experiences, I figure that Nadine's experience of blood transfusion made her think more closely about the blood she received. Being so regularly dependent on something caused her to have a different view of what blood donation and transfusion means. My probing questions, and being a deep thinker herself, possibly forced her to think about blood enough to detail her thoughts on gift-giving and blood more closely than Becky, who didn't really discuss it much more.

What Nadine articulated about blood and giving 'the gift of life', also implied what kind of importance she saw that as having from a donor point of view:

I suppose it's every time you, kind of, you give away a part of yourself.

And also I guess you know [...] like almost like erm...transcending oneself as well...in terms of you give something of yourself and that...that enables someone else to have like...life and, and it's just, like I would say you're living beyond yourself...

For Nadine, giving blood is like giving a part of the self too, and on the more than one occasion that she told me this, it was usually in the context

of how important she thought blood donation was as an indication of who bothers to give (and to whom) and the disappointment she felt that more people didn't do something so important, especially when (as she found out later, following a trip to the blood donor centre) it takes so little time and effort, and is free.

4.2.2.3 A free gift to, and from, the self

Incidentally, the echoing thoughts of Amie, Lorrie, Becky and (further thoughts from) Nadine, all touched upon the notion of blood as being something unpaid for: to and from the self. Lorrie was quite quick to mention that blood was something produced by and for our own bodies and that although her donation is of value and although it is similar to giving a part of ourselves, it is in this sense that she feels she:

...didn't actually pay for it, it didn't cost me nothing. And that's what it's like with blood. It doesn't cost us anything, you know what I mean? We didn't [...] give ourselves blood or...you know, buy it for ourselves, you know, we don't go to our blood bank and top ourselves up every day and...you know, again. So really, it's...even though it is *ours* to give... it's...you know, it's a free gift anyway. It's nothing you know, it's [pause] yeah. It's a free gift.

Similarly, Amie, when expanding on her point about blood not being seen as a gift, said that:

You personally, your body, it reproduces itself, you don't have to do anything, you don't take any special things, you just drink some water and there it is!

And Nadine furthered this by adding:

...it's almost like to me blood is such a little thing to give, it's not gonna cost you anything and you'll get it back!

Becky also pointed out that blood is given for free, and seemed astounded when I mentioned that hospitals have to pay for the blood that they order. And it is to the problematic 'nature' of giving gifts/blood and thus the context in which she said this that I now turn...

4.2.3 *The problems associated with giving gifts*

It is not uncommon for the 'gift relationship' to be(come) problematic, especially when dealing with giving 'a part of the self'. Again, I'd come across such issues during my literature review and so part-expected to hear about indebtedness and the commodification of perceived 'free' gifts, but it was the finer points of such arguments that really hit me hard during interviews: the added twists that I just wasn't prepared for, and the juxtaposed similarity that I heard in two opposing answers.

This section will thus highlight potential problems with the act of gift (blood) exchange and the potential spin-offs which could occur as a result of such problems (and/or vice-versa). Detailing two particular insights from one donor and one recipient, it also adds credence and additional detail, plus critique, to existing literatures on the same topic.

4.2.3.1 Indebtedness

I always thought that this was the type of thing you just read about. *I'd* been reading about it, but never really gave it much air time. Until I spoke to Nadine and Simon (in particular) who, inevitably, both had very different opinions on it and who both came at it from very different angles, and then Amie and Lorrie, who also gave it thought but not to the same extent, I'd not really thought too much of it. Indebtedness must be a really horrid thing to feel. I certainly hate to think that *anybody* feels indebted to me for giving blood. Why should they? It's my choice and I do enough selfish things to more than make up for *any* kind of high ground they may choose to put me on for giving a replaceable unit. Ugh! In fact, now I am forced to give it air time it makes me feel *more* than discomfort: it makes me feel squirmy and annoyed.

Indeed, as Simpson underlines: 'Concerns arise that the burden of indebtedness which such acts entail may in time prove catastrophic for the

very relationship on which the act of giving was premised' (2004: 841). Often, however, in the past, former blood recipients were able to avoid/counteract this possible catastrophe by donating blood back themselves. As of 2004, however, this practice was ceased for fear of passing on vCJD and the recipient-turned-donor pool was depleted by around 52,000 (NBS, Spring 2004: 4). As a result, the desire to feedback into the system was and still is taken on by family members, who volunteer to pay thanks back for the life of a loved one, by giving some of their blood back (NBS, Spring 2003: 16). We are perhaps fortunate in this country, that blood donation is voluntary and not forced, as it is in certain societies. Indian medical practice dictates that, for example, in order for a patient to receive blood, members of their immediate family must give blood either before or after their operation, as an act of debt repayment (Bray and Prabhakar, 2002). This forced donation, poses problems for how gift exchange is defined, and challenges the notion of altruism and thus the state of social responsibility (*ibid*). As Simpson illustrates (2004: 841, quoting Radin 1996): 'Of most concern, however, is the possibility that, once pressed into the service of society, the bodies within which 'gifts of life' originate will no longer act as the locus for extraordinarily powerful gestures of kindness, compassion, and commitment to the greater social good'.

I can understand the want to give back, especially if the recipient feels as though they owe donors their lives, but I can't say I agree with it! In a general sense, I know that 'people' would rather not be ill and thus not be in need of blood in the first place. It isn't something that they ask for and neither is it something that they should feel bad about. I'm sure I rely on people much more than I'd care to imagine and perhaps my feelings of indebtedness to my participants goes a quarter of the way to a similar feeling coming from Nadine.

In this respect, it was Nadine's comments, counteracted (almost answered) by Simon that caught my attention and took my breath. Much more specific by way of indebtedness, their answers struck me with awe. The similarity of their thoughts, only from a flip-side-of-the-coin perspective, were astounding. Indebtedness for both Simon and Nadine comes two-fold. Firstly is the issue of indebtedness in general: to whom it is felt and what this means to each of them, and secondly is the issue of thanks and repayment.

Nadine: ...but I think it's kind of [pause] it's kind of this feeling of indebtedness...to them [blood donors] because they're sustaining me. [...] So you know [...] it's almost like a dependency as well [...] as going on for like the rest of my life and never really being free...

This hit me hard when I first heard it, but Simon articulated and reflected upon this without ever having even met Nadine (and without me prompting

him to think about it) and/or hearing her thoughts. And so I'd say, quoting Simon, to Nadine that at least one donor feels that he has...

...no call on that blood...erm, and I have no call on the gratitude of the, of the recipient. *At all!* Erm, I'm glad that it may be useful in a very generalised way, but I don't feel any...you know?

and is of the opinion:...

...that the gift relationship could be, could be quite, er...punitive, you know you have sort of a great part of it, erm, and you put people in your debt. So gifts aren't always...erm...but I would also, don't feel as though I am owed anything either, because I think I do enough selfish things in the world and this is a tiny way of repaying, you know...?

I'd like to think that other donors feel this too: I know I certainly do. But then things took an added twist:

Nadine: I always thought about you know [pause] I was indebted, in a way, to white people in that way, [Me: Really?!] you know cos like I dunno I was kind of in a bit of a 'oh, what's the black man even done for me...?' Just in terms of, like you know, in education...my teachers are white...erm...the nurses at the hospital...they were white. Er...like, the people who *donate* blood...not all of them cos you have to tell ethnic minorities and not many of them do so...when I receive a bag of blood the presumption is, you know, a white person's done this for me. In a way [pause] I don't understand[?] like I dunno, it's kind of like, almost...a feeling of gratitude...to that but I think especially like in terms of, like the blood that, cos like you say, and this has what's kept me surviving...like in a way that isn't kind of like erm...[...] I dunno [...] Like [...] to be receiving like blood from like...erm...yeah from, from white people erm...as opposed to one's own race, you know, helping each other out.

And she added on a later date:

Yeah. I think it makes me see white people differently. Because...I dunno. It always feels [pause] I dunno, it's not to...it's...the danger [I believe she signals inverted commas here?] like, of glorifying a race and it not to get to that kind of stage, but there is this acknowledgement where a lot of the time, especially like you know in my younger years, I felt very much that this kind of indebtedness to you know, white people because it's almost like, the most important things you can ever give a person or that I feel, you know the most valuable thing...it's like they've been the ones who've given it. And that's visible *and* invisible, like education: all my teachers were white, you know the nurses who cared for me, all of them were white, and the blood donors, and even though, like I don't, I, I haven't met a donor, or I don't meet them, you know the chances are for me that they're probably white. If I did meet a donor and they were, like Asian, like I'd be very surprised. I would actually be like, woah! Erm, you know, and so...it's kind of...sorry what was the question?!

Me: Tolerance...I had to think of that myself!

Nadine: Tolerance. Erm...so yeah, so yeah it does kind of feel like that, er...you know, that those who sustain my life are, yeah how do I view other races? Yeah, so I think...er, yeah. In terms of my own race, you know it's always felt, well, what have they given to me, you know they're not my teachers, they haven't been the medical people caring for me, and they don't donate blood.

I can't even begin to tell you how I felt hearing this. Mortified, I seem to remember. But then again, in a couple of my meetings with Simon he reiterated a point that Nadine made, only countering her argument in a much more 'global'/general sense:

...you're not quite sure whether it [giving a small amount of blood] has any sort of effect, and it's probably far less than you probably ought to be giving if you could even begin to redress the balance you know if you're in a first-world country and how much we draw on the world. Erm, so I don't feel any sort of sense of being on a moral high ground.

[...] and it's always nice when people say 'oh thank you so much for all your gifts' when they sort of got us all together at the er, we had the dinner at the er, Hyatt Hotel and [...] it was quite nice for us all to come together [...] and there's a bloke with Sickle Cell disease who is presenting the thing and you know, he came and talked to us about how glad he was that this disease

had been helped by us. And er, he shook our hands and presented us with this glass bowl, which I don't know what the hell to do with! But erm, you know, I'd almost rather have had a little badge or something, which I could sort of wear, but instead I got this plate! And I dunno what to do with it you know?! I didn't quite feel that I could put it on e-bay, you know, or sell it or something, it's kind of, it was given to me. But [...] I just thought that, I thought it was very, er...good of him...I was picking up a little bit about [...] what it was about a black man saying thank you to about two hundred white people which could have been you know, me saying, 'hey, what's a black person thanking a lot of white people for?!' you know 'thank you for all the sugar, thank you for all the slave trade...' and you know, thank you for all of that. Like there was a bit of a sort of imbalance there.

And then on a later date:

...that was one of the main insights...for me that came from our discussion, was, was that actually I don't wish to burden the receiver with, with the knowledge that someone's donated. Because that's actually a bit invidious. So I, I think it clarified why the heck I wasn't interested in it. [...] I mean I don't...erm...I think I've come back to this point of thinking that we're slightly odd that the black bloke was thanking a crowd of people at the erm...Hyatt Hotel for their contribution to Sickle Cell Anaemia, because I wasn't quite sure that it was appropriate, er, but he was such a nice bloke and very, very graceful in his, in his expression of gratitude, sorry am I answering your question I'm rambling a bit!!

I am grateful to Simon for his 'ramblings' as he helped articulate some of the feelings that I was encountering too. It also helps to counteract Nadine's discomfort at receiving blood from 'white people'.⁴⁰ But hearing how 'race' came into again this was really interesting and since the NBS has been aiming to recruit more 'ethnic minorities', I wonder whether Nadine and Simon still feel as though the balance needs redressing...? That said, they

⁴⁰ See Appendix 2 for Nadine's comment/right-to-reply about my interpretation of this.

both *did* talk about redressing the balance in one way or another, offering their thoughts on what could and can possibly be done to ‘repay’ a kind of debt that may be felt/accrued during the act of blood transfusion.

Simon’s take was very much a general view on giving something back, and he reasoned this with thoughts on perhaps *why* ‘ethnic minorities’ don’t seem to give blood:

I just think seeing the constant advertising, seeing, you know, how I can, you know I could count on the fingers of one hand the number of times I seen anyone Black or Asian in the blood donor centre. [...]I have some thoughts about erm, why do some people not do this, or if that’s true that people don’t do this, you know, would people be more willing to do it: is it that the blood donor experience just feels very white? [...]

[...But] I wonder if there is something about ‘well, look, I given a lot to the rest of the world already’ [laughs] ‘and I’m not going to give my ruddy blood!’ you know?! [...]you know I belong to a class, and an ethnic group and a nationality that has really been at the top of the food chain for a very long time erm [pause] you know, white, middle-class, heterosexual, British...you know I had a pretty bloody privileged life. Erm...[pause] and I can see other people saying ‘oh, erm, well you know I’m already giving a lot of sweat to the system...’

Nadine, on the other hand, didn’t seem to be able to offer any kind of reason or possible explanation as to why certain people didn’t give blood. I know from a few conversations, that she thought that maybe it was just because people were inherently selfish, and that blood donation was not at the forefront of their minds, but her sense of indebtedness did prompt her to think about how she could possibly give back, and how she wasn’t sure that

she could equate this as a like-for-like exchange that she would perhaps prefer:

I was just thinking about the blood brothers, because it's like how you describe it: a drop to a drop, and it's almost like you're being given something but you're also giving something back so...you...there is this kind of...[B: exchange?] yeah, of equality, it's like although, so, you, you're raised to the status of, of them...by being accepted by them but you've also given something to them and...becoming a part of them, you know of being a part of that community, you, you're contributing to that community cos you're part of it, whereas in receiving blood, in like having transfusions, is very much one way. And it is this kind of, that kind of indebtedness again, and dependency and I know, I could never, I could never donate blood, so I can never give back in that way [...]

Having said this, Nadine *did* equate ways to which she could give back even if it was not like-for-like:

Firstly:

Like...it's like if like, the NHS called me up for anything, you know, an interview or whatever, you know, then I will do it. You know? I'll do it, you know..I'll just say yeah!

And secondly:

I was talking about this with [her tutor] this week, and you know, she was saying, like you know, kind of, just...*you* give something, like in the sense of like if they, if you know, like you know, having nurses and kind of feeling indebtedness cos they take care of you, but it's kind of, if, if they learn something from you, if they, if they, if they receive something by your presence, then it's like your debt is repaid. And I think...and I think that's kind of...very true. But I, I suppose in the case of transfusions, you can never really repay that debt, because there's never that proximity or interaction where...or relatability [*sic*] you know like, oh that person's really

nice and I've learned something about myself through the encounter with them.

For Nadine to give back, personally, therefore, she did feel as though she could perhaps give a little something back: whether that be to the organisations and institutions who help sustain her life, or to the people who are directly involved with her life by her just giving them her time and thoughts and presence.

Still a little vexed, however, Nadine did touch upon her family and community within her Church as (non)donors. She seemed particularly upset when mentioning that:

...it's kind of like you're dependent on your parents to give you life, but it's like once you've got it it's now you're dependent on someone else to sustain your life. So...it's kind of you have this erm, tension of you're parents gave you life but look at the life they gave you...[...] And that's something that my parents can't...can't give me, in the sense of...sustaining my life. I mean, I don't think my parents [...] donated blood unless they've been doing it in secret, I don't think they have, so it's like they don't even sustain me *possibly*...in that way. You know what I mean? It's, it's more like they support me on a very different, you know they support me financially to try and, you know, maybe do a post-grad or whatever, but, to sustain my life, you know...Although I don't know, cos I guess...they're very religious, and quite kind of...I dunno, God might sustain me and so all they can do is pray to God to sustain me, like, but I dunno in a way it kind of feels a bit frustrating as well, in a way, because...yeah, I would like to see them give blood, [...] Yeah, I would like to see them do it.

[...] Erm...that's the thing, cos even though I know I probably wouldn't get their blood, it's like, I dunno, I just can see myself looking at the drip and being like...still feeling like...you know...[...] that sustenance thing. Erm...you know, my parents have, have done this. And I think you know, in a way it feels more, precious and more valuable, but then, I guess especially in the case of parents, cos it's not just people who've brought me to this world, and all I've been given is suffering, but it's like ok you brought me to this world, and I have

suffering, but you're also giving me something to try and...counteract that. In a way.

The literature is quite clear about forced donation: give blood so that your family can get blood, and I always felt a little annoyed about it, but hearing Nadine say that she wished her parents donated blood to help her (and possibly them) repay some sort of debt back made me think twice. We got talking about payment and repayment and she likened her parents paying something back to the system to another way of paying back:

I'm not saying, oh, I receive blood so I should give blood, but it's a giving something back, you know it doesn't have to be er...you know the same...I dunno! In quantitative and qualitative measures, but it's, it's kind of you know it could be like-for-like in terms of quantity or it could be like-for-like in terms of quality but it doesn't have to be like-for-like in terms of being the same, exact thing but I just think, like, you know people in America, you know, people are always paid for giving blood and it must be like the taxes...that pay for it? Or is it the organisations? [...]Cos I was thinking if...if it was the taxes and the people then you know, if I was a person, if I was a person paying taxes, then the money that I would be paying blood donors, it would be like, in a way, giving something, you know, back to them. So sort of helping with the debt. You know what I mean? Although, like, although the qualitative measures of what's actually being given and taken could be very different.

After hearing this, I admit that I have thought twice about indebtedness and repayment, and although I still stick to the fact that I will never accept payment for giving blood, Nadine's want to thank, repay and her thoughts on tax contributions did make me think. But not for too long. Money for blood. No thanks!

4.2.3.2 The commodification of gifts: blood as commodity...?

That said, ‘producing’ blood does cost money. Whilst the NBS in the UK does not charge patients for the blood they receive, a not-for-profit exchange does occur within the National Health Service (NHS), costing hospitals around £133 for a pack of red blood cells and just over £200 for a pack of platelets (as previously referenced). Nadine’s comparison of tax money paying for her blood was perhaps not too far away from the truth, but it is argued that tax contributions are a forced payment for a/this potential gift, thus turning blood into a commodity (Martlew, 1997; Silk, 2004). Unlike organs, blood is not exchanged on the black market, and the ‘gift of life’ does not come at the price of someone profiteering from the exploited.⁴¹ In this sense, the organ trade is a very serious issue, raising fundamental questions about gift giving for profit, and brings into question institutional ‘norms’ such as the U.S. system of blood donation for money.⁴² The commodification of gifts is said to erode the notion of altruism and thus the fabric of society and moral/ethical values (Titmuss, 1997, 1999) and will further lead to the

⁴¹ For a fascinating ethnography of the organ trade, see Scheper-Hughes (2004)

⁴² It should also be noted that it is not just the U.S.A. which offers ‘rewards’ to those who donate. Other European countries offer supermarket vouchers and football game tickets in return for blood donations, (Morris, 2005).

bodies that give becoming ‘sites for the production and extraction of fungible commodities with market value’ (Simpson, 2004: 841.)⁴³

Additionally, blood is given anonymously, split into component form and then replenished. As such, the gift cannot be attributed to any one donor in particular, and is further depersonalised upon its separation (Copeman 2005). Spatial and temporal fragmentation lead the gift to be distributed and used over varying periods of time, thus servicing the many.⁴⁴ The fact then, that the blood is replenished, further complicates matters, as it could be seen as never really given (Copeman, 2005).

Simon had a very specific idea and thought process about blood as commodity and his passion for giving it for free was apparent in both his responses as to what kind of gift it is and by his passivity in not giving whilst residing in the U.S.:

[Giving blood] that’s a com-, that’s a gift to society, not an individual, and I would *hate*, really *hate* for it to become a commodity that was paid for. Even though I know this stuff is sold once it’s paid for...

⁴³ Worth mentioning here, but explored more fully a little later on, is the ongoing debate over ‘commons’ rights and property rights. The question of ‘whose cells/organs/blood is it anyway’ seems to be all the more pertinent when considering the commodification of body parts and subsequent commercialisation of any cell lines which arise as a result of bio-scientific research on human tissue. For a more detailed discussion, see Waldby & Mitchell (2006).

⁴⁴ This is said to be because blood components are stored in different spaces, at different temperatures, for different periods of time. Further to this, as many as four or five recipients can now benefit from one whole blood donation, due to its separation after donation (Morris, 2005).

[...] Or...more I think than some, some population through an agency. And now they've got it. It's in the bank now...so blood bank. I think, I think that's right: it's a deposit, in a bank, *for* society. Yeah, I ought to get tax relief for that!!!

Simon chuckled to himself, and me to myself when he said this, and as we both looked out of the window in *Coffee Republic*, I have no doubt that it was tinged with a real thought for what it does really mean to give blood and to receive something in return for it: something monetary.

My readings had led me to believe that paying for blood (and/or gifts) would erode the fabric of society and the gift exchange. I think this is right. Certainly for Simon who, hating the thought of being paid for giving blood (which, incidentally, is why he never had any interest in it when he lived in America), his guilt would have remained unabated and his gift to society unfulfilled:

It would actually be an instant turn-off. If you said, 'oh we've decided to pay you for this'. And indeed, I mean, I'm sure I have a price! You know, if you said we'd pay you ten-thousand pounds a pint, I'd think I'm sure I could do something with that...So I'm not morally pure, I do have a price, but... in general, you know and I'm sure if I...was really poor and [...] it was a way to get some money, 'ooh, sell my blood!' but...in general, I would *hate* to be paid...so it is terribly, I really value it, not just because I read Richard Titmuss' book about the gift relationship, because somewhere there there is this feeling that I *like* volunteering to give, and again, it goes back to the first time that I gave it, if I'd have been paid for it, it wouldn't have solved my conscience...

And following this, an analogy was made:

...[Giving blood] is not a gift between one individual and another individual. It is a...and, and if you don't believe in society, I can see that being quite...problematic. Whereas now what I actually realise is that this is my contribution to society. Like riding a bicycle instead of driving a car.

But despite Simon's belief in the gift relationship and his gift of blood to society, there is still a little something magpie-like about him! Although he does feel as though giving blood is a gift to a 'common-wealth' and although he never really feels that need or want or concern to know who it is going to, he does equate blood and its actions to giving donations of other kinds:

Simon: It, it's a bit like sometimes like giving money to a beggar, you feel good because it's a pretty small some of money...for a pretty large need. Erm, so that I'm more fascinated by...the process and the pleasure of having forty minutes, which is entirely free...feeling slightly morally good because I'm a blood donor...! And also, awful, you know thinking in a BoyScoutish way, thinking 'Gosh, I've got 85 [donations] now, ooh, I've got 85 now' and then people say 'ooh, look at this', when she's testing your blood before you go in, 'oh, you're 83 now!' and I'm thinking 'oh god, am I gonna make it up to 100?' and so on. And, and so thinking in almost like collecting Cornflakes badges, tokens.

Me: Like the Texaco stickers!

Simon: That's right, then we'll be able to cash in!! and think I'm, I'm, I've got a hundred there. There's just a bit of me that says sort of, if...erm, you know, we were all rounded up, to be arrested by some totalitarian state, you know, 'all of those who are blood donors will not be shot' and I'd say 'oh great! I won't be shot!' [laughs]. You know it's a little thing you might have on your CV, but it only ever sort of doesn't...occur to me, what, what erm...in any way it kind of...except in the most selfish way, that it ups; that it's worth putting on my CV as giving me a slight sort of caché: in that 'ooh, you are good, you're a blood donor' you know cos you get all of this publicity saying 'you did something *wonderful* today' and I think 'it didn't feel like that; it was, it was just quite enjoyable'.

And Simon is not alone in his comparison of giving blood to giving to other causes, so it is to a comparison outside of the literature that I will now explore.

4.2.4 *Likening blood donation to charitable donations: 'blood's just like...'*

I think it's natural to want to draw comparisons between giving blood and giving other things to other causes and both Simon and Amie articulated this in particular. Amie compared giving blood to giving her clothes or shoes away second-hand, where more so the blood *itself* was the object of analogy:

...but I think, I think the difference about shoes and blood [laughs] there are quite a few differences!!! [laughs] But, the fact is that, that everyone...has a lot of blood, and not necessarily everyone has a lot of shoes...so you, maybe not everyone in the world is in a position to give away their shoes, but nearly everyone has enough blood that they can give away. Or the majority of people have...I'm not sure, [...] But I wonder if you're able to give blood, and have hundreds of shoes, which you'd prefer to do...?! [laughs] I'd give my shoes away to be honest, I hoard shoes... [...] For me, though, it's... I don't give away my shoes, I normally throw them in the bin because I wear them til they're completely worn out, whereas my blood is not actually worn out by the time I give it away, and so...I actually try and save people from having the stink of my shoes [...] Whereas my blood it's like, yeah, it's fresh, it's nice, we like it, we'll have it!!

Likewise, Simon made the connection with giving blood itself to giving money to a charity bank:

I, I prefer to give to a charity which is a bank, because there is something, you know the idea of me giving a starving African villager money...after all that the West has taken out of Africa, is actually somewhat invidious. So a lot of charity is guilt money. I don't think of my blood in that way. Erm, and a lot of charity of course, isn't like that and I can maybe be a bit unfair.

Simon, additionally, however likened the *act* of giving blood to that of giving to charity:

My assumption is that it almost like goes into somewhere in almost a general pool and you know when you give money to charity, you know, it goes to that charity. But if, if there was some sort of general pool of money, that was for other people I'd probably [pause] I dunno, I suppose I was just trying to...I have no...kind of sense that I'm doing anybody else any particular good.

Likening blood and the act of giving blood to giving (money, clothes, shoes...) to charity was thus quite a popular analogy for both Simon and Amie who often used this to describe where they thought their blood went. The unknown sides of gift giving, such as what that gift will be used for, and who receives it is an even more complex and inter-weaving side of my blood exchange story. Yet before I go into more detail, about the possible connections that are made through the acts of donating and receiving blood, I want to think about what gift giving can induce or reflect, or both, within a general, societal structure as well as in an individual sense. Why do people bother in the first place? Why and how do they care?

4.3 Care and Caring

In the context of this research, this particular theme is generally pointed towards the blood donors, and whilst both Becky, and to a lesser extent, Nadine, had some ideas and some contextual bases for how care is defined, enacted and institutionalised, it was mostly from Simon, Amie and (to a lesser extent) Lorrie that the theme was more successfully rolled out.

Much fewer quotes have been harvested for this section owing to the beauty of ethnography coming into its own. Listening to stories, watching interactions and gaining small (inter-)personal insights provide contexts for lives lived both with and amongst others, as well as in the spaces and places of blood donation and transfusion. Anecdotal evidence coupled with summarised stories thus provide us with the means to at least contextualise how caring is considered by my participants. Specifically, I will address: how care is defined; the geography(ies) of care; caring at a distance and how blood donation/transfusion fit into these contexts, given its spatially and temporally-fragmented nature.

4.3.1 *Care defined*

I never got any specific sense of how my participants directly *defined* care, mainly because they never really articulated it in definite terms. But some of their thoughts and actions, coupled with how they viewed gift-giving, blood donation and so on, did point me towards perhaps what caring meant to them in both a general, as well as in a blood donation/transfusion, sense. Moreover, I used my readings as a guide (remaining aware that there were numerous definitions of ‘care’, which are all relevant in specific contexts) so that I could better understand how they viewed and enacted care, where, when and how.

Broadly speaking, the definition care/caring has two meanings: caring *for* and caring *about*. To care *for* something or somebody(ies) is generally taken to be defined as caring at close proximity: something which is ‘direct’ (Barnett, 2005:590), where one is ‘actively showing kindness [and] providing support for [people’s] emotional and physical needs and well-being, (Silk, 1998: 167) and something that we usually give to our ‘nearest and dearest’ (Johnsten *et al*, 2005: 327). Caring *about*, on the other hand, provides a more distanced, less intimate definition of caring. To care about is seen as a ‘humanitarian’ type of care, (Smith, 1998) where we are more inclined to be in empathy with somebody’s situation, or where ‘we experience a genuine

ethical and emotional engagement [with them], being troubled or concerned about their situation; [In turn,] we wish to do good or entertain charitable feelings' (Silk, 1998: 167).⁴⁵ This type of care can be and is often performed 'at a distance', to which I will return later.

Bearing such definitions in mind, it is therefore pertinent to define care in Geography, both from a 'health and place' perspective as well as from a spatial/scale perspective. In turn, this will introduce, and possibly inform, both the greater and finer details of what caring is about for my participants and help translate (or not) into whether, how, where, when they care when giving or receiving blood.

4.3.2 *Care in Geography*

Much like the broader definitions of care, the geographies of care also have their own 'definitions'. This section provides a context to the greater kinds of care at play in both the academic discipline of Geography as well as in the lives of my participants. It discusses: the 'formal' and 'informal' care and the spaces/places in which these care-types are usually associated; the changing nature of (Geographical) health care studies; the changing nature

⁴⁵ There are similar references I could have also given for these definitions of care. Barnett, (2005) for example, also gives a similar definition. To avoid repetition, I have detailed just one (quote) in the text, but note that this article is not the only one which details these definitions.

of general geographical thought on care and the finer points therein. It thus expands on how place and space matter (at different scales) when considering how we care for and about others. Empirically, the remainder of this section will add to this literature and tackle some of the more thorny issues of caring at a distance, challenging more traditional notions of what kind of care is being 'performed/enacted' and at what scale(s).

Geography aside, momentarily, general 'health care' (studies) is/(are) seen to posit care as being an either formal or informal provision, and 'traditionally...refers to the care of human health through the interventions of medical treatment of staff, usually in specific institutions or community settings' (Parr, 2003: 213). Formal caring is said to largely consist of the above-mentioned care practice, whilst informal caring, on the other hand, is often appropriated to those who, perhaps, are unrecognised in their caring role, and often takes care out of its health-related spaces and places and into, for example, the home or other 'therapeutic landscapes' (See Milligan, 2000; Wiles, 2003 for further information). It is this type of care that has recently been brought to the fore. Recognising *how* this type of care is given and what it entails, has given rise to the emotional and personal nature of caregiving, from both a wider geographical perspective and/or a slightly more narrow health-related perspective. Arguably intrinsically linked, they nevertheless upturn slightly different theoretical and empirical findings.

Larger geographical debates point out that ‘care and caring are activities that traditionally take the form of unmediated actions and interaction, very much tied to place as conventionally defined’ (Silk, 1998:166). Such ideas, however, have been challenged in more recent times, arguing that the geographies of care now take a broader look at care outside of such interactions, examining and questioning concepts within various spatial and social settings. Much the same, the Geographies of Health (Care) have also moved from its more traditional interests in the spatial distribution of access to health care and the nature of caregiving at both the macro and micro scales. As such, health geographers are now also interested in the definitions of care and caring, looking inwards as well as outwards, at human experiences of care from various perspectives (Parr, 2003). In her review article, Hester Parr (*ibid*) outlines the evolution of research carried out by such health geographers. She highlights that past themes have explored health-care-access inequalities, using quantitative methods to examine such inequalities; whilst more recent and present themes have developed such past studies, by bringing out issues such as political action; specific care practices and the relevant and changing definitions of care within these (different spatial) settings.

More specifically, the concept of ‘relations’ of care, as Conradson (2003a) points out, is important in understanding the geographies of caring. Care is not just something that ‘happens’ and neither is it always formalized;

rather it is a combination of moral values (Oakely & Ashton, 1997: 8) and an ‘ethics of encounter’ (Conradson, 2003a: 451), which both have broad implications on the spatial and social nature of care⁴⁶ (in that it need not be fixed nor have boundaries of affect/effect). As such, for geographers, caring is framed as a set of practices that ‘happen’ at various points in time and space, and are shaped by ‘the social context in which people live’ (Oakley & Ashton, 1997:8-9). In his chapter, ‘Who cares?’ Clive Barnett, (2005) summarises the various ‘philosophical and social-scientific issues that fall under the rubric of “care”’. (p.588). He discusses: the ways in which those ‘in need’ are ‘assessed’; [and] how this implicates a complex network and set of relations which are fundamental to social life (*ibid*: 588). Conradson (2003) furthers this argument by qualifying that it is through personal encounter and experience in specific places that care is promoted. Shifting encounters with people in certain spatial settings is the one thing that promotes us to care for people or not. In this respect, therefore, the partial, and sometimes shifting, nature of care and care practices are apparent. Johnsen, *et al* (2005) illustrate these shifting encounters of care, in their study of transitory caring of homeless people on soup-runs. Here it is argued that not only does

⁴⁶ Interestingly, though, one account of how we care takes the social out of the equation, replacing it with biological determinism: ‘Human beings are often selfish, but our biology does not force us to be so. It leads us, on the contrary, to care for our offspring, our wider kin, and, in certain circumstances, for larger groups too’ (Singer, 1993: 124).

the soup run articulate a transitory space of care, but also that care takes place not of our nearest and dearest, and neither for those in distant countries; rather, this type of care is appropriated for the ‘nearby other’ (p.327), thus at both a metaphorical and physical distance.

It was more the ‘formal’ and ‘informal’ nature of caring that struck me when talking to Becky and Amie. For Becky, her main concept of care revolves around her family and home life. As her boyfriend, mum and cousin all have sickle cell anaemia, she not only finds herself taking care of her own condition, but also cares, informally, for her family members. Having lost her dad at an early age to a sickle-cell related condition, she is all too aware of the hard work that is required to keep caring for those, like herself, who are suffering. Yet her experiences do not remain in her own domestic setting. Becky’s stories of her time spent in hospital don’t paint a pretty picture. Her experience of seeing and hearing people dying are enough to chill to the bone. Yet, she tells me of times spent writing for, reading to and caring (informally) for those around her on the hospital wards: when nurses aren’t able to be there, and she tells me that she often takes it upon herself to go over to people, chat with them and hold their hand, or even just sit by/with them if they don’t look too good.

I never witnessed Becky in hospital, and the part of ethnography that is so great on the one hand; providing in-depth and detailed context, can prove very difficult to achieve on the other. The geography of this research, as a multi-sited piece of work, often meant that I had to get what I was given, experience-wise, and so I didn't think it was right to try and invite myself along to hospital with Becky (or even Nadine, for that matter) unless I was invited or unless there was opportunity for me to go along. In this sense, I never really got a feel for what Becky was like in this institutional and 'formal' care setting, witnessing first-hand what it was like to see her 'in action', but from the way she talked about other people and how her comment that: 'no matter who you are or what colour you are, however horrible or disfigured you may look or...whatever, you're just a person to me. Just a person', it seems credible to me that even when she should be being cared for herself, she was also caring for others too. In this sense, being face-to-face with others in a setting where the intrinsic surroundings are geared toward 'formal' caring, Becky is able to demonstrate her very tangible definition of caring for and about other people in similar situations to herself. Indeed, her empathetic tendencies and the translation of her familial/domestic past and present situation into her contemporary surroundings, sees the promotion of Becky's care for others in a very tangible sense.

Similarly, Amie also told me of her time spent in ‘formal’ care settings, although from a very different viewpoint. For her, time spent as a paid agency worker saw the roles, compared to Becky, reversed. Her love of caring for others, sometimes fuelled by ‘that warm, fuzzy feeling inside’ and ‘because [she] loved the feeling [she] got from helping [...] the people that needed [her] help’, saw Amie extend her want to help into agency employment, caring for those in either elderly or children’s residential homes in Shrewsbury, providing a fresh face, support and help to those who needed it. Again, as with Becky, I was never able to see Amie in ‘care mode’, but the way in which she told me stories of those in the nursing homes, and the kids she encountered in the residential settings allowed me a glimpse into her want to turn her maternal instinct into something practical. And it is to the comparison/contrast of these two types of care that I now turn in both the literature and in continuing with Amie’s story.

4.3.2.1 Caring at a distance

Given the distinctions made in previous care sections: what care is and how and where it is ‘performed’, I was particularly struck by how, although such distinctions are increasingly open to debate, they are nevertheless not always suited to thinking about blood donation and transfusion.

In addition to previous definitions of what care is, Silk (2004: 231) also adds that ‘caring for’ is that which constitutes ‘*actions* [emphasis added] actors take with the intention of improving and relieving the plight of others in need’ (thus usually occurring in proximity with the ‘cared for’) and ‘caring about’ is ‘the *expression* [emphasis added] of sympathy and concern for the plight of others’ (thus assuming a geographical and/or emotional distance between both parties). Here, the crux of caring for and about is in action versus sentiment. By this definition, and by virtue of my donating blood, I therefore care *for* those to whom I anonymously give: I act rather than express. To those located goodness-knows where! But I also *feel* as though I do not know these others: that caring for them is not the same as caring for Nadine, who I know. So caring about *and* for, then...?

This is where the more recent concept of caring at a distance comes in. The fundamentals of caring at a distance are rooted in both the ‘ways usually associated with close proximity, but without face-to-face interaction or bodily contact’ (Smith 1998: 22), and usually by recognition and extension of familial care patterns (and thus as the product of the partiality of moral reflection). Yet despite this, they nevertheless acknowledge that *due* to this partiality, caring does not always neither come about through and in certain (often fixed) spaces and places be they formal or otherwise (Silk, 2004; Barnett, 2004). Nor does it come about through just one defined ‘state’.

So how is it that we are able to develop any kind of recognition of care sentiment to distant others, given this apparent distance? Barnett (2005) highlights the geographical concept of 'carescapes' to illustrate the complexity and indeed the geography of caring and those involved in it. Given that already: 'care relationships depend on the broader webs of social relationship and institutional structure [whether this be local or global] into which [...] partial relationships are embedded' (*ibid*, 592), he also explains that 'carescapes add an appreciation that care therefore involves the co-ordination of the different spaces and different times in and across which [...] talks and actors are distributed' (*ibid*: 595).

Smith (1998) uses the example of globalisation and global stretching to underline the difference and shift in caring patterns during modernity and post-modernity. The increase in globalisation and (world) media in post-modern times, he says, has shifted the type of care away from direct care of those 'dear' to us, to a care that can now be extended across boundaries, encompassing those whose 'similarity'/'plight' may be akin to our own: presenting us with opportunities to connect with them via media intervention. In a similar vein, Silk (1998) also highlights how the importance of the role of 'electronic networks play a significant role in *extending* the scope of beneficence beyond our 'nearest and dearest' to embrace distant others' (p.165), possibly by offering gifts and/or 'wiring' money, fundraising and so on. In this sense, new social relationships are

formed, changing the ways in which we care about and for those who we may not know and/or meet (p.169).

Barnett (2005: 599) extends this argument by including examples of increased transparency (or at least an increased awareness/interest) in global commerce, production and consumption, echoing Silk (2004: 230) that care is thus 'not solely localized, but extends to distant, different and unknown others by virtue of theoretical and practical cross-cultural connections'. In short, through recognition of our ties with others (be it via global trade, commodity exchange and so on), we are able to reconsider how we care about others whose lives are intertwined with ours (perhaps on a daily basis) by virtue of the hidden exchanges that our institutions, our heads of commerce, our local supermarkets and even charitable organisations increasingly practice.

And so to the problems in defining what is at play when caring at a distance, via carescapes or otherwise. Despite the acknowledgment that a care defined is not always so straight forward, and that the spaces are care can be transitory, temporally ephemeral and spatially diverse (informal and formal), it nonetheless does not make the task of determining what is happening any less difficult. As Barnett (2005: 599) summarises:

Both the experience and understanding of what counts as care and how well it is provided are shaped by both the social and technological organization of relations of caring. The notion of carescapes [...] moves us away from thinking about certain spaces as uniquely spaces of care in

contrast to others, and instead point out that care is always distributed across different times and spaces.

And so to how my participants effected their sense of caring at a distance.

Aside her 'formal' caring role, Amie also told me of her role in other forms of caring: both on a global and a local scale. Again, prior to me meeting her, she both: started working for PHAB Camps in Birmingham, on an annual basis; and went out to Ghana for six months to help 'give something back to the world'. I wasn't sure what she meant by this, or even if it was a link made in the same vein as Simon did when he talked about sugar and the slave trade, but she did explain the geography behind her caring in a more direct local and global sense:

I definitely do feel that I have to give something back to the world. Erm...I'm not sure if I mentioned Summer Camp, a charity that I worked for here in the UK? In the summer..., I worked there with children from, from Birmingham [...] and I've decided that on a long-term basis I'm gonna work actually here in the UK for a charity, which I do do and I have been doing that for the last 6 years, so I'd had that...I'd already had that erm...return if you like, that feel-good factor of it's ok, I know I help people locally, and it [going to Ghana and teaching for six months] was more a factor of I wanted to go and, I wanted to go and erm...build that well myself, I wanted to help those little black kids on the TV, to be honest. Erm, that's how I felt at the time [...] But yeah, that's, that's why the world, and to be honest...when I came back I had this feeling that I must keep up that as well, like I had about PHAB Camps, I must keep this up.

And so she does. As a part of her childhood, seeing those ‘little black kids’ on *Blue Peter* and wanting to help them, initially by ‘working hard’ for *Blue Peter* as a youngster and then as an adult by *being* there to help build the wells as opposed to just giving them money (‘because [she] think[s] the world has too much and too little of it, and doesn’t use it wisely’) was more important to Amie. So she turned her empathy and her distance caring into something more proximate and tangible, helping to care for those ‘off the TV’ by being there, ‘actually using [her] hands [which is] far better than any kind of monetary [...] gift’.

4.3.2.2 Blood donation and caring (at a distance)

As an extension of this, I started knitting Amie’s ethics of care (if you like) together in order to produce an idea of what giving blood actually meant in this way. And she was not the only one for whom I got a greater sense of this.

Certainly Amie’s going to Ghana after seeing the media pictures on *Blue Peter* is similar to knowing that blood recipients exist and then meeting one. The knowledge that you may not be helping the same people that you have spent time with (be it in Ghana or at a focus group meeting) shifts the pattern of care and the geography of that experience. However, anonymity still shrouds the blood exchange process which occurs in therapeutic blood

exchange and the care dynamics at play were illustrated by Amie, Simon and Lorrie in the following ways.

For Lorrie, caring for others was quite straight forward. Blood donation has no impact on whether she cares more or less for others mainly owing to it not being something that she does all the time and also because it's not something that 'is at the forefront of [her] mind'. Her rationality about the probability of bumping into someone who had received her blood was such that she doesn't feel the need to either connect or care more or less about them as the chances of either knowing or meeting a recipient of her blood are slim.

Simon was different again. His articulations centred much more on the institutionalisation of the blood donation and transfusion experience as a framing of why and how he cares or not:

What this questioning has been very interesting to me is because it sort of explains something to me that was troubling me about why I couldn't care about who it goes to. Cared sounds...the wrong word...but why it was of no interest to me. And what I now realise is that it is an active, an *active* concern that it should not be *my* concern. [pause] Who it goes to. Any more than if I give my heart...

And then later on in that discussion:

I mean I've learned something, which I never knew before we started this discussion, about what I thought was my indifference...and actually it's not indifference and I really, appreciate having got my head around that idea, that it, that it's actually about like a person being politically neutral in

government and they say I do care about what you're doing, as a politician, but it's not my job...to be thinking about that; my job is to implement...what you want.

Simon's reaction to this type of caring struck me quite a bit throughout our meetings. His want and adamant belief that his body be left to medical research after his death and his comments about it being so 'obvious' to give blood or body whenever possible, were slightly aside from what I was hearing earlier. His changing ideas of whether he 'cared' or not I think were a larger signal (to me, at least) that he *does* care for those who get the blood, as he acknowledged the need for its demand, but it also signalled a larger care for people, in general, to live and survive from its donation and transfusion. I thought it oddly ironic given his reasons for donating in the first place!

For Amie, whilst she does care that people get the blood that she donates, and she cares enough to do it because she thinks she should, she also finds herself in the middle of caring for people in general, at a distance and anonymously, and possibly feeling as though she is caring for someone in particular:

Amie: In the agency work it was much more like, much more...under my control I suppose. Because I was actually able to do it: this person needed this specific help and I was able to fulfil it. So I felt that in, in a way it's, it's an achievable, it was an achievable way that I *could* care for someone. Because you could see the result. [...]But I suppose from giving blood, you don't get any of that, there isn't really any er, other than a cup of tea and a biscuit, which I do like [laughs], there's no other real...no-one sort of pats you on the back and says

'hey, you've done really well there!' they just...suck it out of you and off you go! And that's...

Me: Do you think that the anonymity has a...plays a part in the, and the kind of proximity plays a difference in that? And the spatial proximity, you know? Maybe, I don't know?

Amie: In what sense? In the fact that I'm doing care with a...that I can share with another person?

Me: Yeah. Do you think that makes a difference? Do you think that makes a difference to...how you feel about it? Or not?

[pause]

Amie: Erm...yeah definitely. [pause] Definitely. Say if there was...say, someone lay on a bed, next to me and I knew that this blood that was coming from my arm was going into that person's arm, cos they needed it, I think that'd be a completely different feeling. I think it would be a, a, or, or it would be an increased feeling anyway. And, and you wouldn't even need a thank you then. I wouldn't, you wouldn't, you'd just know that you'd done it. I suppose in a way, sometimes it's the, it's the worry when you go to give blood that you've done all that and...and it's in the back of my head, not always, I wonder if that blood's gonna go anywhere...? if it's gonna be one of the ones that's not gonna be used and you just think well, all you can do is hope and hope it gets there but...but I suppose if...generally, you would feel like I was doing much more caring if the person was sat there and I could see it going through and it going into them.

And that is the crux for Amie. Proximity: another sense of connection in order to facilitate a deeper sense of feeling, care. But ideas of what caring is and entails is always mediated by place, space and time, and is dependent on the context and the potential interaction within and between such parameters. As Barnett, (2005: 598-99) summarises:

Caring for others is neither as immediate nor as direct as a simple distinction between caring-for and caring-about would seem to imply. Care requires an interactive context of deliberation in which people can decide what the appropriate response to expressions of needs should be, who is responsible, and what sort of action should be taken on and so on. [...]

Geographers have argued that responsibilities to care at a distance in fact arise from other sources. For example, the complexity of causal relationships that connect people living in different places through market transactions, supply chains, displaced pollution effects and the like, means that we are in fact all bound up with and implicated in the lives of all sorts of people living in all sorts of different places....we are morally obliged to care for distant others with whom we are likewise connected in relations of mutual benefit and dependence.

And so I will articulate, discuss and add to(gether) both of the above sections of gift giving and caring, by drawing on the above-mentioned ideas of those to whom we could be 'likewise connected', in my next theme of 'connectedness'.

4.4 Connectedness

This is where this part of the journey comes to a head. Separated from the next theme of relatedness, it is distinguished as being something that is fostered (as opposed to 'given' or 'formal', like traditional notions of relating - see Chapter Five) and that bleeds into (pun entirely intended) and out of the gift relationship and the care patterns that possibly extend from it or underlie it.

Forcing both donors and recipients to think about whether blood exchange fosters any kind of connection with an (anonymous) other or not, this section will thus aim to explore and examine the exclusive theme of

connectedness and blood donation/transfusion. It will detail: how connectedness in general is defined; how connectedness is defined within specific blood-related contexts; if and how people actually feel connected when giving or receiving blood; what this connection constitutes and is constituted of; how anonymity affects this; and how blood connectedness compares and contrasts to that when giving and/or receiving organs.

4.4.1 *Defining connectedness*

Making sense of what this thing was all about led, as the interviews evolved, into me needing to know what people actually thought about what ‘being connected’ was. I needed to know what ‘connectedness’ meant to people, not only so that I could contextualise their answers, but also so that I could compare their answers in relation to the earlier themes of caring and gift giving as well as the later theme of relatedness (see Chapter Five).

It was really only Amie and Becky that articulated what they thought connectedness actually meant, when discussing it as a *term* in and of itself. Interestingly, they both touched upon the notion that connectedness is not always an issue of physical proximity (despite Amie’s previous comments):

Amie: I think in order to be connected with people, you have to have heard about them in some kind of way. You don’t necessarily have to know them or their name or...what they look like, you just have to understand that they’re there [...]

Becky: Yeah, you don't have to be...close or with somebody to feel a connection with somebody. I don't think. I don't feel that way. Cos it's like...you can think of somebody and feel kind of like... in know you think that person's really special to you or something.

But then Amie also added that when she *did* meet someone...

I personally feel connected to everyone I meet. Anyone that I happen to come across and no matter what they look like or where they're from...and erm, and that's through...me wanting to learn about people and me wanting to react to what they say and do. Whereas if you...if you meet someone and you don't even, if you're not interested in making a connection with anyone, then I think you can have a very different experience with that person on your first meeting.

In addition, therefore, Amie also argued that the level of connection with a person was influenced by the experience of the encounter and that that same experience was influenced by how well she connected with them personally.

For the others, connectedness was much less about definition and more about the context that it was given when thinking about giving or receiving blood and it is to connectedness in this sense that I now turn my attention.

4.4.2 *Defining and examining connectedness through blood donation and/or transfusion*

It is through the lens of both imagined and actual connections that this part of the research pans out. This next section, will aim to look at how my participants made sense of both of these concepts in terms of: the *actual* processes of blood exchange and what this does to connectedness; blood itself and what kind of part this plays in the exchange process (whether it facilitates connectedness or not, conceptually or otherwise); how and to what extent blood exchange is seen as being a connection between and in particular bodies and what kind of institutional processes are at play, helping to frame how connectedness is facilitated and/or enacted.

The main components of the academic literature in this section come from a couple of key articles. Indeed, given that these themes are not addressed much in the literature (as stated in the introductory section of this chapter) academic backing for these topics are thus few and far between. As such, my main points echo most of the findings of Walby *et al* (2004), (although their study is framed by and related to ‘risk’ -as some participants suffered from Hepatitis C)...and are used as part-explanation for this section, and part-springboard for the remaining theme of relatedness, which is absent in their work.

4.4.2.1 The absence of thought

Overwhelmingly, and despite people answering my questions about connectedness, most people had simply never thought about blood donation/transfusion in this way before. Arguably the NBS goes part way to facilitating this, because of blood being anonymised (or at least only numerically coded by barcode) at both donation and transfusion, but it is also, especially for donors, not something that they have to and do think about every day, as it only represents something ‘they just do’ every sixteen weeks or so:

Amie: I suppose deep down, every time, I just hope that it’s just not one of those bags that goes to waste. You know I just think ‘oh I just hope this makes someone, that this gets somewhere’. Yeah, no, I hadn’t really thought about whether there is that connection [...] I suppose I’d never gone into the...the ins and outs of giving blood...I...I’ve always just thought that it was the right thing to do so I’ve done it. [...] When I’ve given blood, that’s all I’ve ever given it as: is a bag of blood, hoping that it has a home to go to.

Simon: ...but the interesting thing is, they take that nice little round bag of blood, all in this very clean plastic thing, snipped off, and it all gets sort of labelled and you get this like express delivery and it’s all very nice [...] and it’s going off to the blood bank [...] it’s a bit like you know that nice feeling when you get a cheque, and you put it in the bank and you can just...or, posting an envelope. In the letterbox, I can forget about it. But it’s nice that it’s sort of going on its way. And I don’t think about it much after that [...]

Lorrie: I think more about...what if it’s *not* gonna go to somebody...I don’t really think about *who* it’s going to cos it’s...it could, it could be anybody...really. And erm...I dunno, I know it doesn’t go to Nadine [laughs] cos we’re...[...] we’ve got different blood types, [giggles] but erm...yeah so...

Although even for Becky, as a recipient:

I remember, cos...as I said, when I was little and I'd just had blood and...I've never really...it's just been blood. Nobody thought, nothing behind it. Bag of blood. Get blood. That's it. Obviously you know it's not your own blood...but...you don't ever think past that. I've never...I don't know if anybody else does that gets it but...I've never thought past that [..]I've never actually thought about it, I've just took it. Whatever...

I think it is greatly telling that all of my donors, and Becky as a recipient, didn't really think about what happens to a blood pack after the NBS compartmentalise it and whisk it off to be processed and then transfused. So too, do I think it a little strange that Becky and Nadine didn't really go into much more detail at the offset.

I compare their answers to those which I'd imagine myself giving and I conclude the same as them. I can't quite put into words why I don't think about my blood once it's gone. I imagine it's because I don't see it again, and neither am I really bothered to whom it goes. I don't even have any real sense of bother that it should go to a person and not to a laboratory for testing and/or research as I give it with the understanding and consent that it now 'belongs' to the NBS.

I probed further, as I was interested in whether, beyond that initial reaction, there was any kind of feeling or thought about any connection that both donors and recipients may have given that I was now asking them to all think about it and what it could potentially mean.

4.4.2.2 Blood meeting blood: an obvious and physical connection...?

By *asking* people, therefore, *to* think about if there was a connection, it was almost given that people were of the opinion that there was a *physical* connection as far as the blood went, when it was transfused. Amie articulated:

I think when you...use the word connection, that makes me think well, well definitely, there is a connection there when you give blood; there has to be. But as far as that connection expands out, whether it's a, whether it goes out to other to being more than just that physical connection of blood on blood, I think that's a person's own personal thought.

Additionally, I was also hearing 'science' talk.⁴⁷ I wasn't expecting it and when Amie and then Simon both mentioned 'proof of' connection, I realised that my questions had been taken in a slightly different context. I was on the wavelength that 'connectedness' was to be taken in an imaginative way: a feeling, a thought. However, both Simon and Amie took it differently, initially:

Amie: Erm...if someone suggests that there is more than just a blood on blood connection: if someone suggested that me giving blood meant that I had some kind of erm...mental attachment to someone else...if someone suggested that, that...and they've proved it and they've got theories and suggested around it as to why this could be the case, that's that's the 'it' bit, the, the, the, whole external connection, not the actual physiological one...

Me: But you don't feel as though there's a connection?

⁴⁷ I use this term loosely and will illustrate/explain what I mean by this by using the quotes as detailed.

Amie: Not right now, no, and, and again, it's just because it's out of my mind and I've never thought about it and it, it doesn't disturb me but it sort of makes me...my brain just thinks, 'no, that's irrational, don't think like that: you've never thought that before and why are you even delving into that now?!' and, and until someone's proved it, then...don't even think about it.

And Simon re-iterated:

...so if someone came in her, and we could actually show there was a connection, I'd sort of say 'oh, that's nice!' Is it nice? I don't know...

So an element of 'proof' was suggested, before personal thoughts and feelings. I was eager to tread on this, but realised that it was already merging into another chapter. This theme will be discussed at the next stage, but is certainly worth pointing out now as a primary means to understanding bodily connections.

But what do these possible tangible bloody/bodily connections mean, if anything? Beyond knowing that blood is donated by a person and that it is transfused into another, what else 'happens'?

4.4.2.3 Being a 'fractured individual' or a 'cosmopolitan'...?!

Given that I'd asked people to think beyond their original answers, I wasn't surprised to hear out-loud ponderings on whether and how people

were *possibly* connected to each other via blood (especially given that Simon and Amie were originally surfing slightly different wavelengths to me).

Becky, Lorrie and Simon all said, at the beginning:

Becky: well, I wouldn't like to think I'm connected to somebody just because I've received their blood, yeah. Naah! [laughs] [...] No I don't think so. No, I don't want to be connected to somebody, through the blood just cos I was transfused that. No.

Lorrie: no, I just don't see that. I don't know, I don't...I don't feel that. And because it's such a tiny amount, I mean [...] Yeah! It's only really, really tiny, mm, and if I don't miss it when it's gone...

Simon: so...I mean...what you're making me think is...that there was an active disconnect between the act of giving blood and wanting to know who it goes to. That I actually don't think I should. Because I don't wish to develop that kind of relationship [...] I really...you know what I mean, it's...as far as I'm concerned, there is no...emotive...link...of that kind. And I could have far more of a link with a complete stranger or...at some event where something bad has happened and we've reconciled or something like that. But it doesn't happen through blood.

And when I asked the same of Amie, some time after her initial 'scientific' answer, and worded somewhat differently, she replied:

Me: what do you think when you give blood? Do you feel as though you're connected to someone, somewhere, somehow?

Amie: Erm...no!! [giggles]

Me: Why do you think it is?

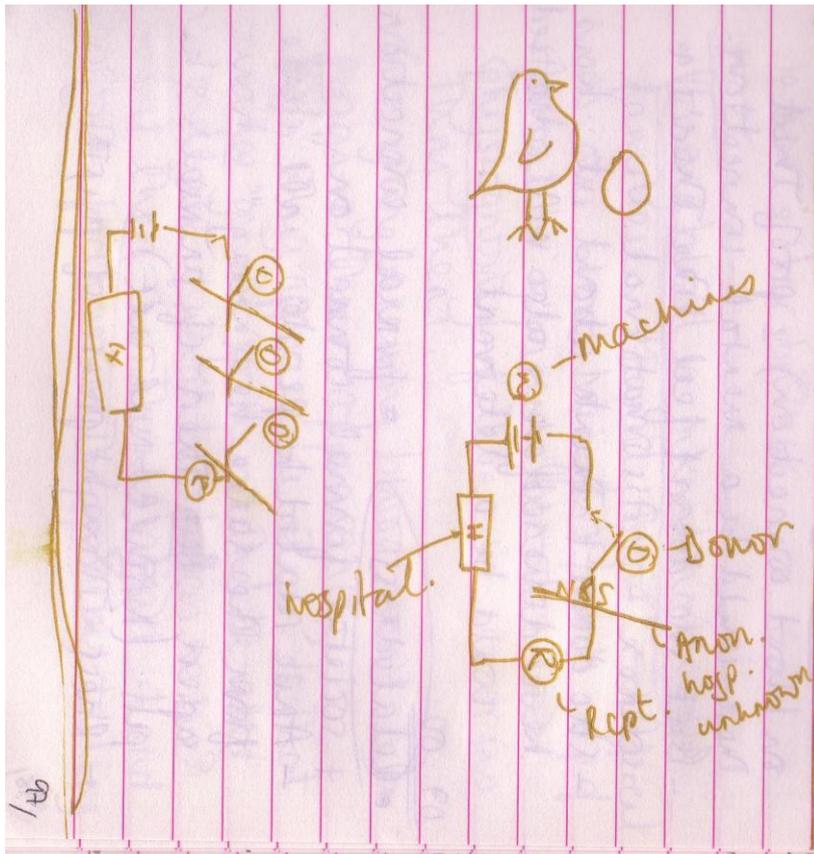
Amie: I suppose I think it's perhaps being scared of the unknown...erm, because if I do delve into that like we did last time, then my brain just goes a bit wild and I start to think well if that's the case then...then who are all the people that I could be connected to...?

And then it opened up. There was an obvious strand that although people were of the opinion that they were not connected to other people because they may either have given or received their blood, there was still an acknowledgment that there was that 'other, out there'. And suddenly it was as though the tangible, bloody connection, denied in thought psychologically, was suddenly a little too close for comfort.

Amie, Nadine and Becky all articulated on their feeling of not really wanting to think about who they were connected to, given that it was probably so many people who had either been given their blood or given blood to them. For Nadine, this was as much about indebtedness as it was about feeling connected. For Amie, it was all a bit too mind-boggling as she is the type of person who invests a lot of herself, time and energy into building relationships and maintaining them. For Becky, it was much more akin to her not really wanting to engage with others: her family circle being close-knit enough for her to not want to be involved in others' lives too much more.

But for Amie, this started to change as time went by. I'd got to her! On our third meeting, I asked her to think a bit more about why she didn't think she was connected to people through blood donation. Her answer took twists and turns, and involved a diagram:

Figure 4.1: Amie's circuit board: connections...?



(Taken from my Interview Notes, 6/12/07)

Key: (Taken from Amie's interview transcript) "It's a bit like a circuit. You've [...] got a circuit board here [...] and you've maybe got a switch [annotated as D/Donor on the diagram] [...] and then there's the hospital [as indicated by H and denotes the battery/cell packs]. [...] Maybe you've got the recipient here, so it could be like a lamp [as indicated by R/Recipient], and then they go to the hospital [...] and then maybe we've got the machines here [as indicated by M/four vertical lines: two short, two tall] and so [...] we've got a switch [...] and this is the donor, and without the donor this all can't work, and [...] this recipient can't walk out of here [...] unless the donor walks in...and I think that's the kind of connection in my head. [...] Even if all you know is that it's going into the circuit, you know it's going in, so maybe there is a connection even if you don't know where it's going to..."

Then, as she finished, she sat back, admiring her work and said:

So I retract what I've said before: I've changed my mind!⁴⁸ And being a donor, you *are* connected. And there is a connection, and from now on I will think of this when I think of the connection.

This was not my intention, and I asked her again whether she really thought that. She assured me it did, but it still warranted further investigation and so I turned to the hows and whys.

Although Amie was able to explain her way through her thoughts, offering analogies and diagrams, it was Nadine who was really the first to articulate the hows and whys of connectedness. Being a recipient, I anticipated that she (and Becky) would be able to explain this more than the donors. Conversations often flowed around me asking what it was like to receive blood and what that felt like. As someone having never received blood, I was particularly interested in what it was all about, above and beyond 'just being given blood'.

I was reminded that Nadine and Lorrie had both said that giving blood (and receiving it) was like being given life, a bit of yourself/someone else. Sitting in a restaurant in Oxford, munching on some very delicious fish cakes, Nadine looked pensive and then said:

⁴⁸ In her right-to-reply e-mail, Amie commented on the number of times she changed her mind. I actually quite liked it...I'd got to her! See Appendix 1 for this e-mail.

Yeah...I'm just thinking like,...cos if, if you gave blood and a person received that blood, and in a way...you could...you know, be a part of that person [...][Pause] I mean, because they'd be...more...[...] connected.

This was more like what I'd heard during my Masters. We'd often made jokes about taking on personal characteristics and Nadine being a bit funny every now and again, and simply laughed out loud, but Amie and Lorrie both had something to say about this too: quite to the contrary:

Lorrie: ...well definitely not for me, thinking about becoming a part of somebody else.

Amie: But I wouldn't necessarily be 'oh my goodness, there's a bit of me inside that person now'.

And then I got involved, one evening in another long conversation with Nadine:

Nadine: But do you feel like a fractured individual?

Me: No. [quite quick to respond] [laughs] I feel a bit kooky sometimes but no! No...

Nadine: And I don't, I don't feel like a cosmopolitan! [laughs] Ha, ha!! Maybe I should!!

And that kind of summed it up. But I didn't necessarily think that Nadine always thought like that, and neither did Becky. The settings and context of transfusion and donation had more to offer than just thinking

about being ‘cosmopolitan’ or ‘fractured’. The extra dimensions were also in the way in which these exchanges were institutionalised.

4.4.2.4 The unseen ‘other’: anonymity and blood exchange

I'd heard countless stories of how transfusions had either gone wrong or turned into something awful and I asked both Nadine and Becky about these experiences. When the geography of their stories changed, when they were remembering being on the transfusion wards feeling rubbish, did that not make them think differently? And about whom, anyway?

Becky: I try *not* to think about it because you'd be there thinking oh, who could this be from, some tramp and...some funny-looking person and...d'y'know, but...when you're better, when you're feeling alright, you don't really...you don't really mind. Only that one time, you know, when I went fat, I was really thinking something really bad went through the blood, summat, summat, someone bad had that...had give me that blood.

Nadine: : Erm...Yeah, no I do wonder...like, sometimes...I think yeah I think I did tell you about you know, that bag of blood I had once that looked like it had so much cholesterol in it...[B: Laughs...I chuckled so hard at that one!!!] [N laughs too] Oh my goodness!! Erm...[giggling]

And later on when we were discussing a time when she thought blood came from dead people...⁴⁹

Nadine: And it was just, it was just that...the thing is, in that moment, like, like literally it felt like I'd been raped or something. Like the

⁴⁹ See Appendix 2 for Nadine's comment/right-to-reply about my interpretation of this.

fact that I had transfusions, I felt, I felt so dirty, I felt so unclean. Yeah when she said that I felt, I felt, uhh, one of, yeah, if not *the* worst I've *ever* felt *about* myself. And the thing is, it's not just like, something that's on the outside that you can scrub and scrub, but it's just like, internal, like you can't mop[?] yourself over and...slit your wrists or something. D'y'know what I mean? It's like...it just felt like so like, pervasive...it was [pause] it was just *awful*.

So it was about framing the connection. Good and bad. Imagined and 'real' others. For Nadine and Becky, connections weren't usually or necessarily made every time they received blood, even though they were reminded of these connections in the hospital ward during transfusion. It's not a nice thought that something they depend on could also be providing them with a connection to so many anonymous others. But when things went wrong: when Nadine saw that bag of blood that looked like it contained fat and when Becky blew up to twice her normal size from having blood, there was always a spare thought for the unknown person behind the pack. It seems like the 'bad' connections forced some kind of recognition and/or reminder that the blood wasn't theirs in the first place, and a further reminder that they would never know from whom it came anyway.

Given that forced anonymity overarches this entire process anyway, I nevertheless heard, on countless occasions, what it may be like should that anonymity be eliminated. The NBS, via its television advertisements, aims to

partly re-humanise its recipients, often putting faces to recipients alongside a label as to why they needed blood. When I spoke to both my donors and recipients about this, however, it wasn't so clear as to whether lifting this 'veil' was such a good idea.

Amie and I were talking about forced connections, one day over a very messy *Subway* sandwich, and she'd drawn upon her earlier comments relating to giving blood in order to save a murderer. She re-used her scenario to articulate about the good that anonymous donations do:

Amie: putting it back into the case of donor and recipient of blood, the, the casualties of not, of, of actually releasing this information, knowing who the donors and recipients are, then potentially, you could then there could be dislike harboured in that, so that for example if I found out that the mother of the adopted child, the hypothetical mother we were just talking about, if she'd killed the father, jumps in a car, driven down the road, had a car crash, and needed blood, and I found out that my blood was being given to her, I don't think I wanna know that. I don't think I need to know that I'm aiding and abetting, if you like, that person to continue their life when they've ended another.

Simon also mentioned possible recipients, although his thoughts were slightly different from Amie's:

I don't know, you know and...erm, and it, it, it doesn't really have, you know, or you know if somebody came in and said your blood went to a murderer, or something like that, I really...you know what I mean, it's...as far as I'm concerned, there is no...emotive...link...of that kind.

For Nadine, however, whilst the anonymity is potentially a good thing, as she herself may not wish to know from whom she was receiving blood, she could see both potential problems and potential benefits from knowing who was giving/getting the blood:

I think people would only want to help people they wanted to help. And I think that if people knew who they were helping, I dunno, someone like me, they might not want to do it...I don't know...whereas if they knew they were helping, you know, maybe like, you know their niece or something, then they would. But then I think it's kind of having the anonymity means that it's kind of having the possibility so that it's the possibility that their bag of blood might be going...to the person that they want it to go to, rather than to, most likely to someone else. But it's that kind of possibility that kind of keeps them doing it, so it's almost like they're helping someone that they want to help. [pause] But they're not.

And so my questions turned to thinking about what would happen if people *could* meet each other: whether that would make a difference or not. Whether actually being there and being able to 'connect', in whichever way, would make a difference to the whole experience: to caring, to giving, like it did for me when I met Nadine. What about the real geography of it?

Amie was perhaps the person for whom this was the most important and the extent of this I will cover in the final chapter. Simon too mentioned physical proximity, and perhaps what both removing the anonymity *and* the space would do to the connectedness of the transfusion experience. For these two...

Amie: I think erm...I think...for, for me because, because that proximity isn't there, then you don't get that connection, like when I go to give blood I don't, I haven't thought about it, before, and I probably won't next time either: I won't sit there and think 'I wonder where this blood's going' [...]

Say if there was...say, someone lay on a bed, next to me and I knew that this blood that was coming from my arm was going into that person's arm, cos they needed it, I think that'd be a completely different feeling. I think it would be a, a, or, or it would be an increased feeling anyway [...] I suppose because...in the personality that I have, I always want to give as much of myself to them anyway, and do as much as I can...and so in a way, everyone I meet face-to-face actually gets to meet me and...and have me that way, as opposed to someone that just got my blood, they don't actually know anything about me or they're not able to have any kind of connection because it's sort of like saying 'I wonder who gave me this blood?', oh, it could be a green ogre for all they know. They don't know who gave it to them. [...] Because not only would they get to...have...to get my blood, but they would also get to meet me and that, that to me is the more important bit: that's the bit where they get to meet the real me. I'm no longer a green ogre, they get to meet Amie and then they know who Amie is and...and I think, I think I then...I then get that, that feedback...that good feeling even *more* so. I suppose it's the whole face-to-face thing.

Simon: I e-mailed you that photograph of the soldier giving blood, or the soldier overseeing the transmission of blood on the battlefield, and I think that must, I think that was a magnificent photograph, erm, and I've never had experience of my blood, you know if...my wife had needed blood or something like that or...a relative, then I guess I would then, very much, talk about that.

So, although the anonymity can and is a good thing, it does play a large part in whether or not connectedness is fostered during the blood donation and transfusion process. And this is the same for when blood is being processed and tested: the inter-linking part of the journey that involves neither donor nor recipient. Amie was the only one to really pick up on this final piece of institutional separation:

But if erm, what you're basically saying is that if we're going into a room and the blood goes off, I don't feel like there is a connection, it's like we said last week, if I was lying in a bed and there was someone else and you could see that person or maybe even if erm, maybe they don't even have to be in the room, maybe...you met them in a pub or...or you were shown a photograph [inaudible] what happened or your sample, and the doctor came in and your sample of blood's going to be going off to be tested for this, this and this because we think it's going to help this and...and yeah, you would feel like you have a connection, an involvement in that.

After conducting all my interviews, I thought I'd heard it all about connectedness and what each person thought. Then One Big Meet happened and Nadine had a little surprise up her sleeve.

As we all sit around my kitchen table, quite cramped and hot because the oven is on, we get round to talking about knowing your donors. Chatting away about quite the same issues as I've been covering here. Nadine hesitates, and Lorrie, Amie and I all look at her. As it happens, for her, the anonymity *was*, once taken out of the equation. I feel my eyes popping. 'What??!!' She recounts the tale of her being in hospital, her being seen to by firstly a lovely doctor, and secondly by a not-so-lovely doctor. She requires blood, and is told that one of her doctors was able and has donated a direct exchange of blood to her. My eyes finally pop! I can't believe this! Why hasn't she told me this before?! I ask her how that made her feel. She replies that she had hoped that it was the nice doctor who had donated blood, but that upon finding out it was the other, she felt that she had to kind of like him because of what he did. I think she sighed, and finished by adding that she

had to reconcile her feelings and be partly thankful for the anonymity she was afterwards afforded, should she ever find out that a potential murderer or rapist had given her blood. We munched slowly on my crumbly shortbread.⁵⁰

4.4.3 *The comparison between blood and organs*

As a slight aside, but nevertheless pertinent, I have chosen to put this section here because it helps contextualise blood exchange within a larger picture: that of tissue donation.

All of my participants mentioned organs at some point or another. I think it is ‘normal’ to compare the giving of blood to the giving of organs and throughout my interviews, I heard comparison after comparison of blood and organ donation. For everyone, organ donation was something much more fixed, whole, tangible and perhaps conducive to greater connections. Certainly for Amie, whose experiences and life begin with organ transplantation, it was certainly mentioned quite a lot. For her, connectedness was much more tangible when considering organs, as she had experienced jokes made about her father after his transfusion: family taunts of him being a ‘big girl’s blouse’ and that his feminine side was much

⁵⁰ See Appendix 2 for Nadine’s comment/right-to-reply about my interpretation of this.

more apparent, were perhaps more easily conceived owing to him being given a heart. But even then, she was speculative about there being some sort of connection, even though she did say that she thought he must have felt a connection with her and her family in the few years that he lived post-transplant. Nadine reflected similarly, in the respect that she recognised organ transplantation as being finite and living on in another person, and similarly, Lorrie was of the opinion that giving an organ was something more finite and permanent (as opposed to renewing like blood) thus possibly fostering a closer sense of connectivity between parties. For Simon and Amie, they were of the opinion that, unlike blood, an organ is a *something* that is attributed to and from only *two* individuals. The fact that blood is split into component form and often given in multiple unit amounts, the connection is not only lessened because it is mixed with multiple others' donations, but also because the cross-match is not as specific. Contextually, therefore, the giving and receiving of organs is seen as a point of comparison to giving blood, made more connective due the nature of the tissue: as finite and more personal.

And so bearing all this in mind, what can we say about connectedness, and how it interlinks with the concepts of gift giving and caring? What does this mean and how does it all come together?

4.5 Some concluding thoughts...

This chapter has detailed the ‘answers’ to some of the questions asked in the introductory quote. Using both academic and empirical sources, it has explored and given insight into the ways in which notably ‘unseen others’ (and as the project evolved, not so ‘unseen’ others) view each other: imaginatively or otherwise when thinking of the concepts of gift giving, caring and connectedness in the therapeutic exchange of blood.

In particular it has, first, examined the role of gift giving, altruism and other drivers of donation, arguing that such drivers are moulded by partial moral values and situated social lives which act at different temporal and spatial scales. Arguably having profound implications on social cohesion, imagined community, connections and social contract, it has specifically indicated how both Lorrie and Amie feel that they have a responsibility to give blood: something that they feel as important and worthwhile, and that although he initially gave blood as act of penance, subsequently enjoying the experience immensely, that Simon too feels as though his gift is to society.

This said, I have also explored what, if and how blood can be seen *as* a gift, highlighting that for Amie alone, it is not. Indeed, the responsibility she feels that she has for donating, eliminates the need to see blood as gift. Nevertheless, and notably for the recipients in my story, the academic ‘gimme’ of blood as gift has been exemplified in their expression of blood as

the gift of life or, at least, something special. In addition, the expression that it is a free gift, to and from the self, costing nothing to produce (from a corporeal viewpoint) and renewing itself thereafter, further highlighted the importance of donating it to those whose blood is either lost or not functioning correctly.

I have also, rather uncomfortably, expanded upon the literature's highlighting of problematic gift-giving. Looking in-depth at indebtedness, I have not only outlined how this can be seen as problematic in the instance at which the gift was first premised, but also outlined how it can produce enforced donation by way of 'give and (/or don't) get' for family members whose loved ones may not receive blood until some is given. Particularly, however, I have also outlined the thoughts of both Simon and Nadine, whose responses from 'opposing' sides of donation/transfusion provided an insight into not only personal indebtedness, but also indebtedness at a larger 'racial' scale, thus foregrounding greater debates of 'belonging' and 'race' yet to come.

Leading on from indebtedness, I have also outlined how (or if) blood could be repaid. Nadine offering her thoughts on her tax contributions as part-payment towards those who volunteer to donate and Simon refuting this idea (despite his flippant tax-return comment) by saying that he has no

call on the thanks of a recipient and that he would furthermore hate to be paid to donate.

Rolling out the comments made about tax contributions, I have also outlined the academic arguments for such contributions as seen as the commodification of blood donation. Complex, personal viewpoints, framed and made more complex by virtue of the cost-conscious, institutional setting and internal market-force at play within the NHS, shapes the argument as blood as commodity yet further, with Becky expressing her disbelief at hospitals having to pay for blood, especially when it is given and donated for free. Simon and Amie likening their blood to giving to charity, a commonwealth furthers their wish for donating blood as a charitable act rather than as something sold as a commodity.

Second, I have linked the notions of gift giving to larger debates of care and caring, again, outlining academic debates where I have fed out of and put into my own empirical findings. Explaining that care has been traditionally defined as ‘caring for’ and ‘caring about’, I have used these definitions to highlight the spatial nature of care: where the former is seen as something more proximate and the latter as more humanitarian. Additionally, the geographies of care have been explored, outlining that with each definition come historical notions of formal and informal care provision and thus institutional settings that match.

Nevertheless, newer geographies of care have been introduced, whereby care is acknowledged as being something much more complex: a combination of an ethics of encounter and moral values, thus linking it back to gift-giving and the spatially-diverse nature thereof.

Using such examples, I have particularly highlighted the types of ‘caring’ that has been apparent when talking to Amie and Becky, whose experiences in both ‘formal’ and ‘informal’ care settings has helped contextualise how and why they view caring as they do, and where. Trips to Ghana and then later her involvement with PHAB camps, has seen Amie put into practice her care for and about others, by virtue of wanting to ‘give back’ for a life she feels so lucky to have, following the death of her father post-heart-transplant. Trips to hospital and the subsequent people she helped therein, sees Becky wanting to help those in a similar state to herself, further echoed by her role as ‘informal’ carer to those in her domestic setting too: her family.

Extending out these familial care patterns and experiences, I then introduced the most important concept (for this thesis at least) of caring at a distance, where care has been redefined yet again. Here, it has been argued that caring at a distance is rooted in care usually associated with that given at close proximity, thus throwing the notions of caring for and caring about

into disarray. This type of care is said to be an extension of familial care patterns, but where place and space are unbounded and unfixed.

I have introduced the concept of carescapes where broader webs of social relations are created, mediated, enacted due to the institutional structures at play. Here, I have used examples of Amie's wish to help the 'kids on *Blue Peter*' and am suggesting that this is the type of care at play when giving blood, where anonymity and the institutional setting of both donation and transfusion does not allow us to care for any one person, in close proximity or otherwise. Indeed, I have pointed out that Lorrie cares no more or less about those who get her blood as the chance of meeting a recipient would be slim, given her blood type. And Simon, due to the enforced anonymity by virtue of the Data Protection Act and the NBS, does not feel that it is his job to know what happens to his blood, adding that it is not that he doesn't care, but rather that he trusts the NBS to deliver that particular service good and proper.

Finally, therefore, I have used these concepts of care and gift giving as contextual bases for exploring connectedness. Given that care and gift giving are mediated by social interaction, institutional settings, place, space and the partiality of social relations and community, and that they thus have important implications for society, I ask what connectedness is and does.

In particular, I have shown that for Amie and Becky, connectedness, in general, is the understanding that someone is 'out there' and that closeness or proximity is not necessarily a given. That said, it has also been shown that, for them, the level of encounter does affect connectedness.

Looking at this from a blood donation/transfusion viewpoint, overwhelmingly the idea of connectedness was not something that was ever given much thought prior to my asking. Partially, again, because of the institutional setup of this exchange, blood was seen as 'just blood' or as something to/from an anonymous other. Nevertheless, I have shown that with a little more persistence, that the connective form of blood came perhaps more down to its physical properties: in that there was an obvious and physical connection in terms of the blood itself as it was coming together and mixing in a recipient. In this sense, although there was no proven or 'scientific' connection, as blood traceability was not possible, participants were more open to thinking about whether there was '*someone* out there'.

Upon opening up, however, I have highlighted that certainly Nadine does not think of herself as 'cosmopolitan' even though she *could* be or hold a part of that person with/in her. In this sense, anonymity for both her and Becky (as well as the donors, to a lesser extent) was seen as less of a barrier to finding out who we could be connected to, but as more of a wanted veil so

not to ‘send people crazy’ or imagine possible ‘bad’ connections created by potentially receiving from or donating to a murderer or rapist.

Nevertheless, it was overwhelmingly so that people did not *feel* a connection, despite acknowledging the potential to one. Amie’s circuit board diagram went part-way to rolling this out further when thinking about the linkages between donors and recipients and how they are in need of each other so that the metaphorical light bulb could be lit at the end of the blood pack journey.

And so, with *potential* for physical connections, bad or good, and with the importance of care and gift giving networks rolled out, how else was blood donation and transfusion configured, imagined, enacted? How else are such *physical* (as well as other) connections played out in complex networks of existing? Indeed, intertwined with such questions are ideas of ‘community’ and ‘belonging’, and it such issues that the next chapter will address.

CHAPTER FIVE

WHO DO YOU THINK YOU ARE? BLOODY RELATIONS...?

5.1 Introduction

Developing the theme of connectedness as described in the previous chapter, this is the second of the two empirical chapters exploring the findings from this research. Following the themes as raised in sections 1.3.4 and 1.4, this chapter will explore the concept of ‘relatedness’, as an alternative form of ‘kin’, in light of blood donation and transfusion. As with the previous chapter, I will therefore relate what participants are saying to what the previous ‘academic’ literature sections have highlighted, part-adding to and part-challenging such literatures.

When my Grandma (on my Mum’s side) fell ill and had to receive blood the other year, I was really surprised to find out that she was B+ve. Blimey! They had to send *off* for *her* blood and as a result, she had to be transfused in one of the bigger hospitals in Manchester as opposed to Bolton, where she lives. I’m not sure why I was so surprised at finding out ‘Gram’s’ blood type. I have grown up knowing that she was born in Mauritius and although

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many people only comment on her accent as giving her away as being 'foreign', it's something I hardly remember to think about. Discovering her (rare) blood group was yet another reminder that she wasn't born here, and further made me think about her family blood history and what else this could have meant for me had my Granddad also been one of the rarer types. Funnily enough, though, it isn't my Grandma's blood type that had ever been of much consequence until that moment: she has glaucoma, a hereditary eye condition in which pressure behind the eye can build. Consequently, my Mum also has it. I've been tested: I've not got it. But nevertheless, what has been 'passed on' via our 'blood' is always flagged upon discovery, and seems to eclipse the rest of what counts for bloody information, such as type. So what happens when something *is* passed on? Although glaucoma is not directly related to or located in the blood itself, many similar illnesses are often perceived as being as such. Would I have felt differently if my Grandma had a blood-borne, blood-located disease: something hereditary that could possibly be passed down to me via her and my Granddad, and then via my parents? I'm sure I'd have probably known her blood type way before last year had this been the case.

She's ok now, my Gram. My mum and I think she just wasn't eating properly, so her iron levels fell. We're always on at her to eat spinach and more red meat, but she's quite stubborn and won't listen! Her anaemia drama only lasted for as long as it took to transfuse her and it seemed ironic

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that a member of my own family was receiving blood when I was studying the very system which facilitated her transfusion. As resident blood expert, (‘although you’re not going to be a ‘Medical Dr.’, Rebecca, isn’t that right...?’) I was consulted quite often, but for her and my family, it was something that only lasted a short period of time and has since remained relatively forgotten. It struck me, though, how different her and my family’s perception of blood transfusion and anaemia was in comparison to the people I was in close contact with during my research. How differently the cookie crumbled. For other people with other types of anaemia, transfusions are sometimes a way of life: a lifeline. Sometimes they’re a signal at just how bad it’s got.

My initiation into Sickle Cell Anaemia was primarily in the form of Nadine, who received regular transfusions at the time. How different her blood transfusion experiences are and were in comparison. When I met Becky, I was greeted with another story altogether. Sickle Cell Anaemia, it seemed, had so much more to it than just eating a bit more spinach and red meat! So why is all this important? This chapter explains why.

I often ask people, during my research, who they think they are. It works quite well, in that it allows me to ascertain whether they mention what they look like first, or whether they choose to talk about their personalities, or whether they talk in general about who they are, with and to others. I get to gauge what part of themselves they choose to describe who

Who do you think you are?

they are: to others, to me. The BBC produce a programme with the same title as my question, *Who Do You Think You Are: [insert celebrity name here]?*, and each episode focuses on one celebrity tracing their family tree back as far as time and resources allow. It's fascinating to see where they end up, how they end up there and what reactions they have to what and whom they find. It's funny who people end up related to: completely unknown others; those perhaps with nothing in common with them; or those with shady pasts. You can't choose your relatives (you can't can you?!) but so what anyway?

With possible roots in the previous chapter, this chapter aims to roll out the theme of connectedness yet further. Looking at blood through the lens of relatedness, it aims to highlight what it means to be 'related'. It will take, as its starting point the differences, if any, between being related and being connected. As such, it will illustrate how such differences contribute to a greater understanding of the dynamics of both what being 'related' means in general, and more specifically when giving and receiving blood. It will highlight the irony of the ways in which people with even an intimate knowledge of blood talk about it, their families, their inheritance – compared and contrasted to the sayings outlined in Chapter/Section 2.6.3. As such, the issues of what is and can be 'passed on in the blood' will zoom into focus as being the crux of the tangible and metaphorical meanings and movement

of blood itself.

Essentially, therefore, this chapter will address (with reference to not only the academic literature and my empirical findings, but also to popular media sources): how relatedness is defined; what studies in 'kinship' are and offer to this definition; how kinship is configured ('biologically', 'socially' and/or both); the continuing temporal and spatial re-configuration of kinship; 'relatedness' as a concept as well as in practice and the (new) geographies of relatedness.

This chapter will thus be an evolution of thought and as it progresses, will incorporate more and more empirical information as I add my own research into, around, on top of, outside of the academic literature and popular discourse. My assertion, is that relatedness not only changes over time and space, but that it also changes in substance: the materiality of relatedness thus comes into question. So new (geographies of) relatedness then...? Possibly.

5.2 What is 'relatedness'?

I was asked to lecture on 'relatedness' in Exeter in April 2008. I started my lecture by asking the students how and why they defined the word 'relatedness': what it means; what its connotations are; how it is achieved. I asked the same thing of my participants too.

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Only Amie and Becky really articulated what they thought the *word* ‘related’ meant to them and in both instances this came from previous discussions about connectedness. I was eager to ask what and if there was a difference between it and relatedness or between being connected and being related and I distinctively remember Amie smiling knowingly when I dropped the question about being ‘related’:

H-mm! [laughs] Interesting, ha ha!! [...] I think to be related to someone, [pause] is to have a formal connection. And with formal, maybe something that’s been established, so you know it’s there, and something that you acknowledge is there, or at least a part of you acknowledges is there and is accepted by society as being, as being erm, a formal connection that you can...that you can talk about and...refer to and people will accept that, that...is a relationship.

For Amie, it is thus more about something ‘formal’: a connection with a societal ‘backing’ if you like. For Becky, however, it is not something that involves choice. Being related is much less about personal acknowledgement and more about what you’re given:

Well, just that you...you can’t choose who you’re related to. And you can connect to anybody that you feel free to connect to, like me and [my boyfriend] connect but...I mean [...] it is different. Because you can’t choose the people that you’re related to that’s the only thing.

The dictionary says that to be related is to be ‘associated, connected...allied by nature, origin, kinship, marriage, etc’ (etc, how useful!) and that musically speaking, it means ‘belonging to a melodic or harmonic

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series, so as to be susceptible of close connection' (www.dictionary.com accessed 30th April 2008). I personally don't see why the musical term can't be applicable to the more general term, perhaps it's part of the 'etc'...? Nevertheless, it struck me that the dictionary did not tell us *how* these things are achieved: through what means, when, where, how..?

And so I turned to unpicking the terms of reference yet further with both my participants and with aid of the literature and the media. Popular accounts of relatedness and how they are presented to us via the press and television production teams are just as important in framing relatedness as the academic literatures from both anthropology and geography. And so to how, where, when relatedness is framed and presented by both.

5.3 Kinship

It was intriguing to hear that when I asked about what being related was and what the word meant, Becky had automatically turned to notions of family and what that meant to her. I didn't find it surprising, given the word 'related' is often connotative of family.

Of all my participants, Becky was perhaps the most vocal about her family and what it meant to her. She was quite clear that her family was at the centre of her world, in both a geographical and in a figurative way. I sit

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in her flat, one afternoon, looking around at the many photos she has dotted around her living room and figure that these must be her relatives. A couple of photos of herself sit on the window sill a couple of metres opposite me, and on the mantel piece to my left, are photos of very young kids with bushy 'afro' pigtails and cheeky smiles. When we do get around to talking about her family, I am surprised to hear exactly how extensive it is.

Growing up not far from where she lives now, in Wolverhampton, she had always lived in a small house with huge occupancy. With her mum and dad, her five brothers, three cousins, their kids and her, the Solomon household I'm told was never quiet and she was never lonely. She makes a joke about never needing friends or anyone else to go out and play with because they had their own cricket and football teams within the family. As she talks about it, she pulls from the mantel piece a very small, but very crowded collage of photos: each person individually cut out from another photo and stuck together as one. She points to each person, so naming all her brothers, her mum and dad. She points out who is who and that most of her brothers, bar one, are her half-brothers. She tells me that she thinks her 'full' brother sees her as special in that they both have the same mum and dad, but that her other brothers are just as special to her too, given that they all have the same mum. I ask about her nieces and nephews, as I presume the other photos to be of them. She says yes, and then names them all. I lose count and have a nightmare with the spellings but we smile about

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them, and I compare my tiny family with hers and say how different life is for us both: her living across the road from her family; me living two hours down the M6 away from mine. 'I love my family' says Becky, as we near the end of our conversation and I finish my *Ribena*, 'Yeah, I can't do without my family. And I just, I just love my family and yeah, that's it.'

When I asked Simon whether being related was different to be connected he also automatically answered from a kinship viewpoint:

Absolutely yeah. I mean because, because...erm because I came to love my father, who I didn't really know very well, he was my blood father, and still kind of learned a lot more about him since, erm, but much of who I am, and what I enormously value about my way of understanding the world came from my step-father [...]

Linking both his assertion that to be related is different to being connected, and that being related also had something to do with family, Simon immediately expanded on his incredibly complex family history and what kinship meant to him. I will further expand on this history later on, but for now, it is important to underline that although kinship studies are becoming more open to interpretation, there still remains, subconsciously or otherwise, something familial about what 'related' means. At the least, it is what my participants tended to fall upon when I asked them to explain their thoughts.

Certainly from an academic viewpoint, family, or kinship studies, have also been at the heart of what relatedness means and is. Peppering the discourse now, are mainly discussions on the study of 'kinship' and what this term is, means and how it is created (Wade, 2002; Carsten, 2000; Franklin & McKinnon, 2001).

Although kinship is 'simply not understood in all cultures to be the same thing' (Carsten, 2000:25), certainly Western and/or Euro-American thinking is dominated by the term as a whole and revolves around how humans feel they are related to one another, in a familial sense. It also has broader implications on how relationships are part of a deeper sense of belonging and how this sense can be enacted, mediated, practiced, experienced (Carsten, 2000; Franklin & McKinnon, 2001). It conjures up notions of what 'family' is on both a local/micro and a global/macro scale and asks us to consider where and how we 'belong' over differing temporal and spatial scales (Nash, 2005).

Hearing what Becky was saying about her extensive family and complex mixture of siblings, all 'tied' together through her mum, I began to hear more and more about why and how these ties were enforced. When I met some of her family it became apparent why she loved them so much and

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just what kind of relationships she had with them all. I saw a different side of her when she was with them. She tells me that she can be daft around them: more like herself. She says they bounce and feed off each other. It made me wonder why. What relationship is it that makes her feel that proximity? Is it only in that they were all brought up in such close proximity to each other? Is it in the 'bonds' that she has with them from her mum and late dad? What exactly does 'family' and 'being related' mean? Why is it that she 'just loves' her family, even though she isn't able to choose it? Why does her 'full' brother feel so much closer to her? How is this relationship defined: tangibly or otherwise...? Kinship studies thus also bring into question the *ways* in which kinship relationships are mediated. *How* are such kinship ties enacted, practiced, mediated, formed? Through what means: temporal, spatial, material?

Over time, therefore, the ideas of what kinship is: its configuration and re-configuration have been continually challenged and studied. The next few sections will further unpick how kinship has been (re)configured, outlining its complex 'nature', 'culture' and thus its increasingly fluid definition.

5.3.1 *'Biological' kinship*

As discussed in Chapter Two, most of the metaphorical meanings

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associating blood with 'kin' were brought up by my participants, although how such metaphors came about were foregrounded in my readings.

In particular, Euro-American thought/studies of kinship (historically at least), posit the so-called 'natural'/ 'biological' as the foundation for all things kin. Translated into 'facts of nature', biological kinship was separated into three distinctions. Firstly, 'Biological facts', 'which simply existed as part of the world' (Wade, 2002: 79). Secondly, social constructs about these facts e.g. lay knowledge of 'the biological' (*ibid*). Thirdly, symbolic notions of things taken to be biological fact, for example 'blood [as] shared through the central institution of sexual intercourse and shared blood constitute[ing] a relation of kinship' (*ibid*).

Thus it is argued that traditionally, 'sexual reproduction was a core symbol of kinship in a system which was defined by [...] nature [...] and [...] law [...] The sexual union of two unrelated partners in marriage provided the symbolic link between these two orders. It resulted in children connected to their parents through blood ties, or 'shared biogenetic substance', symbolising 'diffuse, enduring solidarity' (Carsten, 2000: 6-7). 'Blood ties' were thus those that 'bound' and the passageway of creating life and thus 'kin' was rooted reproduction and biological inheritance.⁵¹ 'Blood lines' created by reproduction were thus seemingly the 'underlying and unifying

⁵¹ Although notably, juxtaposed between the coming together of 'two strangers': a paradox in itself for those to whom 'blood ties' are at the heart of kinship. (See section 5.3.3 for discussion of 'hybrid kinship' – a term I have coined myself in order to distinguish/explain through empirical and theoretical concepts of kinship).

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connectedness of all things' (Nash, 2005: 450) and were often seen as the 'natural' form of being related. As Nash (2005:457) writes: '...ideas of passing on, mixing and/or sharing substance are both central to Euro-American understandings of reproduction or relatedness'.

Such definitions were never too far away from those offered by Becky and Amie either:

Becky: Cos we're all different people, I mean we're not the same, although we all come from the same blood...

I thought it ironic that Becky said this, despite her blood exchange, which essentially rendered her 'made up' entirely of other people's blood!

Similarly, though, and after the comments that Amie had made about what being 'related' to someone meant, and her laughing about formal connections, I dropped another one of my 'casual' questions in on one of her interviews:

Me: So how do you think then, erm, how do you think families constitute it, d'y'know? Do you think it works on the same level with them?

[Long Pause]

Amie: I think the difference with families, [pause] is because of that blood connection you have with them [starts to laugh]

A-ha! She carried on talking amidst laughing and me grinning at her. She articulated that family and blood were inextricably linked as 'your blood's

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made up of your parents' blood', as well as grandparents' blood and so on. In essence, therefore, both Becky and Amie acknowledged that although being related was as much about 'formal' connections or being born into a community that you just can't choose, it was also about/because of the 'blood connections' that were forged through parents via the act of procreation. But what else do such 'blood connections' mean?

5.3.1.1 DNA and (biological) kinship

Returning to the lecture, I chose to expand on more contemporary notions of 'biological' kinship and its constitution through a British media lens. Our television screens are choc-a-bloc with (hidden, biological) discourses on kinship and how it is configured. Take *Coronation Street* on ITV (April 2008). One of the most recent plot-lines centres around Michelle and her son Ryan. The issue is that Ryan may have been swapped at birth, thus not making Michelle his 'biological mother'. Suddenly 'blood' becomes very important: what's 'really in it', on a microscopic level: DNA.

Wade (2002) outlines the historical evolution of geneticism, genetic determinism and thus the importance of DNA in kinship studies. He argues that when geneticists confirmed what genes were and do, it quickly became the (passive) base onto which (the rather more 'active') 'nurture' was layered.

Biology was the ‘foundation’ onto which all else is built. This gave rise to an increase in genetic determinism whereby the gene was ‘fetishised’ (See also Haraway, 1997).

Geneticists therefore routinely added that genes also determined heredity, albeit that the gene (and its composition) was somewhat elusive in and of itself. In 1953, when the helix-shaped formation of the gene (DNA) was ‘discovered’⁵² (followed by the success of testing for it in 1975) it became clear that it was simply a code or set of instructions for phenotype. The terms ‘geno-‘ and ‘pheno-‘ type were thus used to distinguish the “genetic component of an organism, which was passed on, unchanged in itself, through sexual reproduction [(genotype)], and the physical expression of that genetic component as in the material body of the organism [(phenotype)].” (Wade, 2002: 72).

Yet, the fetishisation of the gene (and DNA) and its roots in ‘science fact’ nevertheless reinforced the idea that the root of biological kinship was

⁵² I invert the word ‘discovery’ in commas because the whole concept of ‘discovering’ something like DNA is contested in and of itself. Donna Haraway (1997) and Bruno Latour (1987), amongst others have contested that ‘science’ is often depicted as something for human beings to ‘discover’. That it is indeed fixed, immutable and ‘there’, waiting for us to find it. Multiple contestations centre around the ‘culture’ of science or the social construction of science, of which the above readings are able to discuss in more detail, pertinent to that particular topic.

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still linked to genetics, and thus still possibly seen as fixed, determined/deterministic, fixed and irrefutable.⁵³ Indeed:

Heredity came to mean genetic inheritance alone and genes were seen as quite strongly determinist. Genes fixed heredity at conception and their determinations worked in quite a direct and constant way throughout a person's life. (Wade, 2002: 79).

And so...not only could parents be biologically proven via DNA testing, but so too could certain genetic inheritances. DNA became something that could possibly give offspring their parents' physical characteristics, physiognomy or even hold the key to health traits of the present and potentially the future. Nevertheless, as Wade (2002:83) states:

Terms such as 'gene', 'DNA' and 'chromosome' are employed frequently, but people use them to refer to 'the general concept of the biological transmission of characteristics between generations'. In that sense, these concepts are of a piece with the older concept of 'blood'. People know that conception occurs through the fusion of egg and sperm and that 'blood' as such is not involved in the process, but Richards argues that in people's minds 'there are separate domains concerned with sexual intercourse and conception on the one hand, and with the transmission of inherited characteristics on the other.'

Additionally, Nash (2002:47) also points out that 'the genealogical language of biological inheritance often coexists with, and is challenged by,

⁵³ Although new kinship studies do outline that with the advancements of reproductive technologies, the gene can now, itself be seen as a mere starting point: something that can also be changed and manipulated via (human) intervention. Whilst this subject is important in the reconfiguration of modern kinship studies, it is not something that is raised in my own research and thus will remain as a footnote, complete with reference. See Carsten, (2000: 11-12); Strathern, (1992) .

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more complex genealogical imaginations'. As such, questions of how else identity and belonging are mapped out, practiced and experienced come increasingly to the fore.

My participants always implied that genes had something to do with kinship although it wasn't until later that it was mentioned and, much like the literature suggests, treated as something fixed and determined.

Amie commented a few times on being related to someone via seeking or seeing similar physiognomy traits down the family line, and likewise Becky, Lorrie and Nadine also made similar comments about knowing (or not) who your (biological) parents are through blood types, skin colour and so on.

As an extra dimension, however, for both Nadine and Becky was the mention of DNA and its links with their hereditary disease: Sickle Cell Anaemia. Inherently a part of their genetic makeup, sickle cell anaemia provided a very present, real and almost tangible link to their 'family' history, via the genetic makeup of their blood. On more than one occasion I heard Becky say that it was part of a 'core' and that she was further reminded of her link to mum and late dad through her suffering. For her, a sense of shared suffering is something she has in common with both her parents. For Nadine, on the other hand, this is not the case, as neither of her parents nor her brother suffer from the disease, although she is

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nevertheless acutely aware of her inheritance given that the rest of her immediate family all have ‘the trait’.⁵⁴ In such a sense, she feels apart from them: slightly isolated. I wondered whether knowing and talking to others that suffered made her feel slightly more connected; more ‘related’ to others in the same plight as her, whether they be a part of her ‘family’ or not...? Something I'd ask her later, I mentally noted to myself.

Still slightly surprised that Becky and Nadine had made an immediate jump from ‘related/family’ to their genetically inherited SCA, I was all the more struck by how it added an extra dimension to their individual senses of familial belonging. Whilst never particularly unpicked at a micro level, DNA was obviously something important and obviously something contained in blood. But this was not the only way in which they described how they were related and to whom.

5.3.2 ‘Social’ kinship

As I became increasingly aware just from my participants, being related was more than just being associated by ‘blood lines’ and DNA, however important these things still were. Certainly within the literature, the ‘biological’ is continually challenged (as mentioned) as being the foundation for relatedness and kin. Indeed, recent studies in kinship have been

⁵⁴ See Appendix 2 for Nadine’s comment/right-to-reply about my interpretation of this.

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concerned with how else we are and feel related, 'biology' aside.

Here, it is argued that kinship studies have also acknowledged other types of relations: social relations, or constructed kinship. In this sense, 'nurture' plays as much an important role as so-called 'nature', where kinship ties are forged through spatial proximity and a closeness formed through other senses of belonging (Carsten, 2000; Edwards & Strathern, 2000). Indeed, as Edwards (2000:28) points out:

...being biologically related to a person, does not axiomatically make them kin. A claim of belonging (to persons and places) can be made through upbringing as much as birth.

Particularly, 'relatives' are formed through how, where and with whom we grow up as well as the mutual inclusions into, for example, a community, a village. In such, and indeed other cases, it is through 'adoption' into such communities, whether this be through marriage or otherwise, that we also 'acquire' relatives/become kin (Carsten, 2000; Lambert, 2000; Bodenhorn, 2000). Arguably as important a part of kinship, identity and belonging as so-called 'nature', 'culture'/'nurture'/'social' kinship is responsible for mediating inclusivity and exclusivity as much as, if not more than, the 'natural' foundations onto which kinship can be said to operate.

Whilst Simon, Amie and Becky all had stories to tell about 'social'

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kinship, in the sense that their families were ‘complicated’, it was through shared stories from both Lorrie and Nadine that I heard a more ‘true’ meaning of what the term meant.

Growing up in a strong Christian community, both Lorrie and Nadine, as members of the Pentecostal City Mission, Birmingham, have known each other ‘forever’. Nadine actually invited me along to the Church Easter Convocation in 2007: a whole weekend dedicated to celebrating the death and resurrection of Jesus, mainly through prayer, worship and song, and I got a real sense as to why Lorrie and Nadine felt that they knew each other so well.

Quite a small building, warm, cosy, with a wooden-beamed ceiling and red carpet, the Church itself is welcoming. I entered the service whilst it was in full-sing (*sic*) and could hear the songs all the way up the road where I'd had to park. Notably (to me at least) the only white face in the congregation, I was never made to feel, nor did I particularly feel like an outsider, except perhaps in my more inhibited practices as a Christian. I remembered what it felt like to have belonged to a Church or at least a group within a Church where people held the same views, believed in the same values and worshipped the same god, but I'd since ‘fallen out’ with some of the people I was associated with, feeling that our beliefs were drifting, based on our different takes on the writings in The Bible. Whilst I no longer see

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those people (mostly owing to my moving away) I will never forget the sense of belonging or community that I used to feel when involved. Like an extended family. From watching and taking part in the dancing, singing and smiling, I saw this of both Lorrie and Nadine too. I'd spoken to Nadine about this and later on to Lorrie too, and they both told me that it was through the Church that they and their families knew each other, and that the person that Nadine calls 'Nanny' is in fact not only her Godmother, but Godmother to Lorrie's sister too. They both talked about her with great fondness and love, which spoke volumes to me about how they conceptualised (at least their Church) family and relatives:

Lorrie: Yeah, she's also my sister's godmother as well...[...] Yeah, yeah. Because she sort of looked after me and my brother when we were like...school age...from about 4 until we were about 11, 11 or 12. Her and her husband looked after us after school but then, when we were a bit older, my sister sort of came along, she's nine years younger than me, and erm, then she started going to the same school that [...] I went to, Nadine went to, my brother went to erm...and then...that's it really, we kind of all grew up!

Nadine: Because like my parents are now, they're both reverends, like in our Church and they're effectively like running our Church in Birmingham, because my Nan, who's not my Nan, she's, she's my godmother but she's like, she's been like a grandmother to me you know, here in Birmingham [...] and like her husband, who's like a granddad but like I call him my uncle, so like really weird, like my friends have big like: 'what, your Nan's married to your uncle?!' [Laughs] And I'm like, 'no, it's okay, like, yeah my Nan and granddad'. Yeah so...

I was particularly interested to also hear Nadine expand on the 'status' of her Nanny, compared and in conjunction with her 'real' grandparents:

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I think it's kind of hard because [pause] because my grandparents, my real grandparents, they're still alive, and so it's kind of I dunno, I find it quite difficult because...it's like they have the...almost the legitimate status of being...my grandparents. And so it's always like [pause] even though my nan's my nan and we call her Nan, it's like I know she's just my Godmother. And like, and I think there is that difference of erm, that difference from being my real grandmother. And it's even though my real grandparents didn't have, like weren't really there, and this woman essentially raised me and helped erm...[paues] I dunno it's like there's always this tension between pulling away and having a distance that's there and...yes there's feeling bound and tied and a duty and a responsibility and a, you know, love for this person as well.

And so, for Nadine, despite the proximity with her Nanny, who was always there for her when she was growing up and when she was ill, she still felt a little perturbed by the societal and 'biological' status that she should still accredit to her 'real' grandparents. Nevertheless, it was obvious that the ties that bound her to her Nanny were much more than procreational/ancestral and that although she did feel some kind of family loyalty towards her 'real' grandparents, the geographical reality and the proximity that she encounters with her Nanny are much more immediate to her concept of being related.

5.3.2.1 Adoption

I didn't directly ask about adoption but it came up a couple of times in conversation as being a reconstitution of family makeup, being related, and belonging. I think it's ironic that 'natural' historical notions of kinship are created through two totally 'unrelated' people reproducing, and then re-

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enforced through ‘biology’. Often (although not always) this relationship is consummated within a marriage: a legal/religious/both, socially-accepted contract that binds two people together and (traditionally) houses procreation. In these types of relationships, blood is obviously ‘combined’ in offspring, but why should this be seen as the foundation for family life and being related? What happens when people can’t procreate, but want to bring up children as part of their family?

I set a reading for the lecture follow-up seminar: it was a short article from *The Guardian* detailing a number of families and their take on what being a family is all about.⁵⁵ Each paragraph gave a snapshot of what each family thought about what relatedness was, given their ‘unconventional setup’. It helped highlight the stickiness of relatedness (in a kinship sense) in the era of new reproductive technologies, gay marriage, adoption where the ‘biological’ is either eclipsed by the ‘social’ or at least blurred. The critique is that kinship as a domestic setting is still usually the underpinning of relatedness and underpinning that, is still the notion of a ‘family’. Adoptive situations are often, as Peter Wade (2002) highlights, made to emulate a ‘normal’ family situation, with the emphasis on relations being

⁵⁵ Anon, (2005): ‘So much more than blood’ *The Guardian* (September 17th 2005) find online at: <http://lifeandhealth.guardian.co.uk/family/story/0,,1608053,00.html> (accessed April 2008).

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between parents and children, and it is not uncommon for children who are adopted out to resort back to the 'biological' idea(s) of constructed kinship by seeking out their 'biological' parents: their source of 'belonging' and identity. Yet to some, this 'biological connection' is unwanted thus suggesting that adoption (often simultaneously critiqued and praised) as being '- at least in some contexts - as superior to, and purer than reproductive kinship, because it does not originate in the pollution of sexual intercourse' and thus 'blood lines', (Carsten, 2000: 21).

Thinking along similar lines, both Amie and Becky expanded on 'blood' connections with reference to adoption and belonging. Still mostly linking blood with its metaphorical kinship meanings (i.e. linked to procreation and not as a form of direct exchange), Amie said:

If you're a child and you're born and you've found out you've got adoptive parents, and you found out, I dunno, that your mother was a murderer and killed your father, and that's why you're, that's why you're...adopted, I think that gives a completely different...I think then, in a way, you kind of want to...you want to break any connections that you have with that blood, that blood...stream. And you want to, you wanna be completely absorbed by your adoptive parents. But there still is that connection, and there always will be that connection there. And, and you always will be related because society tells us that's the way it's gonna be.

For Becky however, when thinking about her 'full' brother compared to her half-brothers and then adoption, it was much more a case of keeping a connection alive and thus not 'fitting' in if that connection wasn't known:

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Becky: I think...for him... [points to her 'full' brother] I'm the most valued person. Cos we share that. [points to parents] And for the rest...I know they love me cos I'm their very little sister! [laughs] so yeah. But for him, I know I'm special. He always tells me 'you my sister, you my full sister. You know I love you!', so yeah. I know for him it's...and for me, it means a lot to have a brother...from him [points to her dad].[...] You think strange you do Becky!!

Me: Well it just...I just find it interesting how people see their family. You know, some people get accepted into families without being blood relatives...

Becky: I wouldn't feel like, I wouldn't feel like I...if I was adopted or anything like that...I'd never feel at peace, at peace with myself. Never, ever. I don't think I would, anyway. Although family's what you make it really...cos some people have got family and they don't care about them.[...] Yeah, like if I was adopted, I'd never feel, I'd never feel like I belonged....anywhere. Yeah, I don't think I would.

And so, even for Becky and Amie, there is still a connection through procreation and the 'blood' that therefore links us to our families. The crux of that connection, however, lies within the framework of our spatial and temporal setting and how we feel that we belong, or not. Does 'society' impress that upon us anyway...? Interestingly, however, coming from Amie and Becky, these comments are framed by their own tangled familial settings, and I was interested that they should feel as they do, given their own webs of relations: step- and half-families having been so important in shaping their own lives. And it is to how such settings help re-configure 'kinship' that I now turn.

5.3.3 'Hybrid' Kinship

My next lecture slides pointed the students to some famous faces. They are (I'm sure...) household names: Jeremy Kyle; Rikki Lake; Montel Williams; Trisha Goddard and Jerry Springer. You may recognise some of them. I included them to further illustrate the dominance that blood and (more specifically) DNA have, in these specific contexts, in certain media representations of kinship.

Aside the more explicit reference to DNA and kinship in *Coronation Street* and its one-off (yet incredibly timely) story-line, our screens are also replete with '*DNA test: the live results!*' and '*I'm not your dad! DNA results*' shows, and their more implicit messages/sub-plots. In almost every programme linked with unveiling 'biological' relatives, there are also implicit suggestions about contemporary kinship idea(l)s. Why does DNA matter? When does it matter? *Does it matter?* What happens when it matters to those whose lives are interrupted, disrupted, destroyed, changed? Generally, guests are ushered off to the green room for counselling, but do they ever question why it really means and what these tests are really 'proving'?

I showed an eight minute video of The Jeremy Kyle Show to my audience.⁵⁶ In it, a 27 year-old woman was there to find out whether the man who'd brought her up to be 'his own', was 'really' her father or not. It

⁵⁶Found at: <http://www.youtube.com/watch?v=EdfFP1hkZAw> (accessed April 2008).

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turns out that her mother had had a fling with another man, fallen pregnant and made a three-way pact between aforementioned ‘father’ and the ‘fling-guy’ not to tell the daughter. In the wash, and after the death of her ‘father’, ‘fling-guy’ tells the girl that he’s her ‘real’ father. The rest is history, and as tears flow and the mother gets guilt-tripped on air, the DNA test then comes into play. Interestingly, though, although the daughter is there to find out her biological father’s identity (done via sibling DNA match) comments continue to turn to her ‘not bothering anyway’ about what the results revealed, and that no matter what, her sister will always be her sister and the man who she thought was her ‘father’ all along, will always presume that position. So a juxtaposition: why is it so important that she knows who she’s ‘biologically related’ to, if the social bonds of who she’s related to are more important in reality? What difference does ‘blood’ make and how does the juxtaposition get dealt with in reality?

I returned to Jeremy Kyle. I considered the video. Quite often, it seemed from the programme clip, we are akin to others wholly socially, through our experiences, through and over time and space and sometimes those ties are significant enough to create a ‘family’. Other times, biological ties create and confirm and reinforce our kin, our family, and finding out that we are (or are not) ‘biologically tied’ to someone can cause huge upheaval, whether it be personal or collective. And then there’s where these things meet in the middle. The girl in the video was clearly adamant that she

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find out who her 'real' father was, but the effect that would have on the relationship she could have with him and the effect that this would have on the relationship she had with her sister made no difference as to what the DNA tests 'proved'. So why bother? And what does this say about kinship/relatedness?

Despite kinship studies always nodding towards the importance of both 'biological' and the 'social' - albeit heavily seduced by one or the other at certain points in time - they nevertheless acknowledge that there are times and places where the two meet in the middle. As a socially-constructed and hybrid concept of how we 'relate' to others (Wade, 2005).

As kinship studies were furthered (specifically in anthropology), scholars were pointed both back to and towards an appreciation of relatedness as not just constitutive of *just* the 'biological' or 'social', but to something which encompasses both: 'the meeting place of nature and culture' and the blurred boundaries in between (Strathern, 1992:87). As Peter Wade (2002:93) summarises:

There are things seen as relatively fixed that are handed down through 'the blood' or 'in the genes', but [previous arguments indicate] that people also mix and match such elements with other elements, which may also be perceived as durable, but which are seen as developed through upbringing, through non-genetic biological links and through 'doing' or performance. People mix and match in changeable and contextual ways. They see both sets of elements as 'real'. They move between the biological and the social, the given and the developing, the permanent and the changeable, in ways

that blur the boundary between them...

Essentially, therefore, I will not repeat what has already been discussed, but instead draw upon the content of previous sections here in an effort to set up the concept of kinship as a hybrid concept, shaped and changed over time (and space). As an effort to simply introduce this concept here, this section will therefore then be rolled out in the remaining sections, where 'hybrid' kinship is perhaps seen as 'given': reconfigured and more fully explored through the combination of and the blurring of the boundaries of 'nature' and 'culture'. Specifically, I will address the issues of step- and half-families (more so empirically, as example, than academically) and then step into the Twenty-first Century where I will explore the concept of New Kinship; Relatedness; the materiality of relatedness and (New) Geographies of Relatedness.

Finally, tying this all together, I will posit my own research into the mix, allowing me to address 'blood' in a different respect to that perhaps previously mentioned. That kinship is more commonly accepted to be: performed; created; mediated; experienced and imagined will be at the heart of its possible bloody reconfiguration in different and hybrid ways.

5.3.3.1 Step-families and 'half-families'

I think Simon was perhaps the first to elaborate on the complex and

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incredibly hybrid 'nature' of his family background. Armed and ready with our coffees and pain-au-chocolats, we sit in *Coffee Republic* in Birmingham city centre facing outwards onto the street. Reasonably noisy although not quite as busy as *Starbucks*, we are chatting about gadgets and computers and Simon's *Macbook*. When we get round to my questions, I ask Simon about being 'related' and 'connected', and prior to him mentioning that they are quite different he explains that:

Well [...] the words that come to mind are blood relatives...but I don't...you know what I mean, I don't, because I don't, I have a step-father who was effectively my father, in terms of my upbringing, erm...although I came to love my biological father a great deal, but later in life, erm...

He tells me the sequence of events that lead to his 'biological' father becoming more important in his life, after his 'doing the right thing' in leaving his mother when Simon was younger. Married twice himself, Simon tells me the even more tangled web of family politics that surrounded his first (short) marriage, with his step-father effectively being 'ousted by blood' and thus not being invited along. His recollection of the conversation he had later with his step-father about how he had been hurt that he had not been invited to Simon's 'rather august' first wedding, looked like a relatively painful memory and one which Simon looked back on philosophically and perhaps with slight regret, given that his 'way of understanding the world came from his [step-father's] influences'. It was obvious that that particular conversation, in which his step-father effectively resigned himself to the fact

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that ‘blood will out’, was as poignant a moment for Simon as it was when his biological father told him that no matter what happens, that ‘his mother and [...] [him] made [him] and that [he] love[s] him very much’. Again, it seems, ‘blood/procreational/biological’ ties provide strong emotive links, further reinforcing that family and kin are complex webs of familial connections, despite the social, proximate and experiential ties that bonded him with his step-father for so long.

Yet Simon was not the only one to turn out ‘blood relative’ phrases. Amie and I were, again, eating half-foot-long *Subway* sandwiches one afternoon in December 2007. Following her laughing at my line of questioning and me grinning at her for making the comment about having ‘blood connections’ with families, she said:

Every time you say something it’s like...There is, there is that physical connection between them and erm, the phrase springs to mind that erm, people say ‘blood’s thicker than water’, for example, my Mum re-married, and so, and in the end divorced my step-father to be closer, to be back closer to my brother and I, who sort of like left the family home because of him. And everyone then said ‘oh, blood’s thicker than water’ and they used that analogy. That bit where we were her blood so she wanted, she decided that if she couldn’t have both then she’d have us instead.

In her case, she obviously never had a relationship with her step-father, but the analogy and, in this case, the importance of those ‘blood ties’ were more present than they were for Simon. The phrases ‘blood will out’ and ‘blood’s thicker than water’ here, signified the biological blood links that are forged

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through procreation, and that still remain present in family political conflicts. But that is not to say that Amie has no grasp of what ‘social’ kinship feels like. She was the only person who linked her notions of family to the animal world, and upon opening her thought process into those realms, she also re-visited her initial thoughts on what being ‘related’ really means:

I suppose you could put it into thinking about pets and how like...I’ve got two kittens at home and I do feel now in a way that we are related. We pull up at home and our, our cat comes running along to us and so I know that cat feels that we’re its owners and we feel like its owners so there is a...that is a relationship that we have between cats. So maybe me saying that I’m related everyone by being a human, that...I’ve just completely avoided my answer now!! [laughs] Scrap that bit!! Aerm...maybe relatedness is more about a thought process...? Than actually any kind of physiological thing because...I know you hear about people being, being related thinking about being related and they do feel related even though they’ve never actually met and they feel it. So it’s definitely not a proximity think a relationship is; the strength of a relationship probably is...is bound by the proximities, but to actually, erm, just to... [...] Yeah, just to be, to have a relationship, for it to be a relationship, I don’t think it matters if you haven’t met that person before.

So yet another change for Amie! Whilst she obviously feels related to her brother and her mother (and late father) through her ‘blood’, she also acknowledges that *feeling* related is perhaps just that: a state of mind and not just something that is bound by ‘biological’ ties and/or social contract between humans. Indeed it could be felt between species. In addition, she notes that because being ‘related’ could extend to being a thought process,

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that it is not necessarily geographically bounded and could even be anonymous.

Perhaps my most surprised example of 'hybrid' kinship came from Lorrie, and combined a feeling of relatedness with 'social' and 'biological' 'contract'. Three hours into One Big Meet, and Lorrie drops her bombshell about why she was of the opinion that relatedness was a complex mixture of 'nature' and 'nurture' (her words). Although acknowledging that DNA is very important in fostering 'relations', she also tells of her estranged brother. Not really thinking of him as her brother as they 'don't have the same blood', she wouldn't necessarily view him as such, personally. Should she meet him, however, she does think that she could see him as a brother, although this may be part of a larger personal and societal expectation.

This said, it is now important to elaborate on kinship as something complex and hybrid, moving on to yet broader and more recent notions of kinship and its reconfiguration. Alongside participants' notions of both 'biological' and 'social' kinship (that on many occasions these notions are confused, blurred, transcended by their further thoughts on what 'blood' is and means and does in these circumstances), it is now important to explore what new kinship studies have to offer and how geography has also embraced them.

5.4 Kinship reconfigured

The previous sections went some way to highlight the ever-changing and ever-complicated ‘nature’ of kinship, culminating in it being categorised as something more hybrid than simply ‘nature’ and/or ‘culture’ acting either alone or alongside each other. The foundation for the beliefs of my participants regarding being ‘related’ was also set highlighting, albeit somewhat implicitly at times, that this hybrid concept operates on many different social, temporal and geographical scales. As such, I move onto another branch of the kinship tree (or maybe even swinging into another tree entirely) considering new kinship studies, which move beyond that of solely the ‘natural’ and the ‘cultural’ (or both), to explicitly include the ‘material’ and the ‘geographical’. In essence, this section will not only illustrate what the new studies of kinship have to offer but will also culminate in what my own findings have to offer to the ‘new geographies of relatedness’ debates by, simply, adding all the previous stuff together and giving them a twist!

Firstly, I will outline some of the thinking inside new kinship studies: how kinship is being reconfigured. I will explain the use of the word ‘relatedness’ in this context as a more holistic concept of being ‘related’, both inside and outside of kinship circles. Secondly, I will consider how the materiality of these kinship studies have been re-negotiated, briefly outlining

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how kinship can be delivered, performed, experienced, negotiated...through things, and not just through 'biology' and/or 'culture'. Thirdly, I will address New Geographies of Relatedness, which ties all previous literature together and adds to it a spatial and temporal dimension. In this light, I will address more global sentiments of 'belonging' and identity as I tackle 'race' and the spatial dimension of DNA (tracing). Most importantly, however, I will tackle all of these sections with reference to my studies, which link, twist and thus change old notions of belonging/kin/relatedness and bring it back to blood, only this time, through *actual* blood and via therapy as a means of exchange rather than via procreation.

Bringing the argument back to blood is at the heart of this section, except in a material sense: where it is certainly and physically mixed and combined in other people but not via the 'conventional' methods of procreation and 'biology'. From a geographical viewpoint, this section will thus assess if relatedness can be reconfigured yet again: so *newer* geographies of relatedness...? Possibly.

5.4.1 '*Relatedness*' (re)introduced

Whilst the new studies of kinship form new horizons on which relations can be seen, the constant reference to 'family' and indeed 'kinship' itself need a) not be so prominent and b) require renegotiating (Carsten,

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2000; Nash, 2005). Indeed as Donna Haraway (1997:265) states:

I am sick to death of bonding through kinship and ‘the family’, and I long for models of solidarity and human unity and difference rooted in friendship, work, partially shared purposes, intractable collective pain, inescapable mortality, and persistent hope. It is time to theorize an ‘unfamiliar’ unconscious, a different primal scene, where everything does not stem from the dramas of identity and reproduction. Ties through blood – including blood recast in the coin of genes and information – have been bloody enough already. I believe that there will be no racial or sexual peace, no liveable nature, until we learn to produce humanity through something more and less than kinship.

Taking this forward, others too have started to address ‘being related’ in other ways than simply calling it ‘kinship’. Indeed, a new term was coined: relatedness. As Janet Carsten (2000:5) asserts: ‘ “Relatedness” makes possible comparisons between...ways of being related without relying on an arbitrary distinction between biology and culture, and without presupposing what constitutes kinship’. Echoed by Nash (2005: 459): ‘A focus on relatedness productively points to the ways in which naturalized categories work and are reworked in the doing of social relations and identities’. And so it opens up, into such re-workings: allowing for ‘boundaries between different forms of relatedness [to be exposed as] more malleable than assumed’ (Carsten, 2000: 15; see also Stafford, 2000).

It partly goes back to Amie’s definition of ‘related’ being perhaps somewhere between ‘formality’ and ‘feeling’. Whilst she often wanted to find ‘the/an answer’, to what she thought ‘relatedness’ or ‘connectedness’ was,

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she quite often challenged her own notions of what she thought initially, and thus what she then thought was 'right' or 'wrong'. Often, she then tried to plump for one definition or the other instead of maybe acknowledging that perhaps it can be both. I think 'relatedness' allows us to be both, in that it allows a bit of space to breathe and think and coincide and cross-over. Like a venn-diagram. This is what reconfiguring kinship studies and relatedness is all about. It's about challenging those 'norms', be they societal or otherwise. Most pertinent to this study, however, is one set of studies which explore the changing materiality of kinship and how, performatively or otherwise, such materials help review how others relate to each other.

5.4.1.1 The Materiality of relatedness (and/or kinship)

Whilst there are no empirical interludes in this small section, it is very important from a theoretical viewpoint, that the materiality of kinship/relatedness be flagged here. Indeed, many of the given examples of kinship ties are mediated by other material objects, rites and so on. Hutchinson (2000) uses the example of the Nuer tribe of Southern Sudan to exemplify that it is not only through blood; but also through money, guns and paper that kinship ties are formed and forged. Specifically, she articulates:

..unlike breath...and awareness...,two other cardinal principles of life, blood

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passes from person to person and from generation to generation, endowing social relations with a certain substance and fluidity. It is the gift of blood bestowed from parent to child on which the authority and respect of the older generation ultimately depend. Similarly, the perpetual expansion, fusion, and dissipation of kin groups is conceptualised in terms of blood's creation, transferral, and loss' (p.58).

In addition, she also links the sharing of cattle and food (especially milk) as ways in which relatedness is conveyed and practiced. The embodied nature of the ingestion of food and drink, which can then be passed from, for example, a mother to a child via milk, as well as prepared and shared with others, is paramount in creating kinship ties and forging important relationships. In addition, blood is also used as a symbolic rite of passage, whereby blood shed in ritual settings marks the passageway of 'joining' adulthood. Notably, it is through the mixture of blood itself and blood as passed on via procreation, as well as the social contracts that are created through the sharing of tangible substances that marks relatedness out.

One of the main aims of this thesis is thus to determine whether other kinds of blood exchange (be it via donation or transfusion) have a place in the new Geographies of relatedness, and if so, how. Notably of theoretical/analytical interest (although of not much anecdotal/empirical relevance) is Kath Weston's piece entitled 'Kinship, Controversy, and the Sharing of Substance: The Race/Class politics of Blood Transfusion'

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(Weston, 2001). Her unpicking and questioning of blood transfusion as ways of transcending socio-political boundaries such as 'race' (which I shall further detail/expand in section 5.4.2.1) and 'class' causes her to ask:

What can a historically informed consideration of blood transfusions, specifically, teach about the site-specific meanings that have allowed transfusions to substantiate 'brotherhood' in one instance, illicit sexuality in another, altruism in another, and yet another, an incitement to racial invective and homicide? Connection replaces kinship and transfers replace technology at the heart of the analysis. (p.154)

In her analysis, (which I shall further detail in section 5.4.3), she uses the example of blood as physical, tangible and material as a vector for possibly a new form of relatedness. Not only are contextual (historical and spatial) notions of 'old' kinship challenged but new ones created. Yet it is precisely the historical and spatial contexts which she further challenges and it is to, mostly, the latter that I now turn.

5.4.2 *New (and newer) Geographies of relatedness*

Starting with family and working out, or even starting with 'identity' and working in, is a tricky business. So too is ascertaining where people think they belong, and to whom; where and when, in which contexts. The geographies of relatedness are diverse, in that they 'are constituted through and practised in the process of establishing degrees of biological connection, delimiting difference, mapping human 'diversity' and defining personal,

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collective and human origins at different scales and with different effects.’ (Nash, 2005:449) (See also Franklin & McKinnon, 2001:9 for how this also ties in with the anthropological suggestion of scales of relatedness). Specifically, Nash (*ibid*: 449) also asserts that:

A focus on geographies of relatedness, I argue, highlights the ways blood ties or similarly naturalized connections move between and connect categories of relatedness with different sizes, extents and configurations across space, as well as different temporalities. It suggests an alertness to new global mappings of human relatedness and difference and combines a critical attention to ideas of the ‘nature’ of human reproduction as foundational, original or primal in the natural order of the social, to ideas of ‘place of origin’: personal, national, ethnic, racialized, universal in their familiar and emergent forms.

And so, pointed towards the exploration of such ‘connections’ across time and space, and coupled with great (topical) empirical diversity, I’m going to work from big to small: macro to micro, addressing larger scale issues of ‘relatedness’ such as human beings (as a whole); ‘race’, and then smaller scale issues of personal relatedness when giving or receiving blood. Boiling down, in some instances, to DNA and how that is viewed in the context of blood exchange, I will also weave this into and out of what ‘relatedness’ means, given what people think of it in a general and familial context.

5.4.2.1 'Race' and relatedness

I wasn't even going to touch the word and/concept of 'race' until it came up, as I am more than aware of the academic and (geo-)political minefield upon which I am stepping. But I suppose it was inevitable that in talking about blood and 'roots' and what blood is and means, 'race' had to appear somewhere along the line. Nadine started the proceedings by adding a 'racial' dimension to her gift giving experiences and it didn't stop there. And she wasn't the only one. I was more than surprised to hear *greater* scales of 'belonging' and 'relatedness' addressed when thinking about my questions about giving blood, and I'm not so sure why I was so surprised, given that people like Amie and Simon had studied anthropology, but the fact that it was even linked is and was enough to warrant further investigation and comment.

Treating the topic, relatively broadly, from both anthropological and geographical viewpoints, ideas of 'race', (belonging, identity...) can be described in many different contexts: at different times and in different places/spaces. Whilst I am not able to delve as far into this topic as indeed the literature extends, I am nevertheless able to highlight some of the main events that have punctuated studies in this area. In particular, how 'race' is both defined and used has evolved throughout history: sometimes referring to (ancestral) lineage; other time referring to physiognomy; other times

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referring to 'cultural' differences; mostly referring to these all (Wade, 2002; Jackson, 2000).

Initially treated as a 'biological fact'/fundamental difference in biological makeup, and differentiated by, for example, skin colour (as a manifestation of this biological difference) 'race' was thus seen as essentially a biological/purely scientific category. As a result, 'biological' (notably physiognomic) differences were attributed to individuals as a marker of 'racial difference' whereby the inevitable inclusion or segregation/exclusion was used politically (and perniciously). 'Race' thus signified social, hierarchical, political and geographical status, and was given credence based on its 'natural/biological' backing. Used thus as a political and/or geopolitical weapon, this shaped many views on how belonging, nationhood, national identity (as well as identity as a whole), were constructed. This 'biological' distinction was denied by many anthropologists, however, and acknowledged as a principle movement of imperialism, enforced naturalisation and power.

Catherine Nash, in her review of 'anti-racist' geographies, echoes this denial, elaborating that studies exploring colonialism and political (power) struggles often *culturally*, as opposed to 'biologically', shaped the ideas of race as a biological category, claiming that physiognomy was often the

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socially-enforced marker of ‘difference’ for those colonised and those colonising. Indeed, as she states:

The question of ‘where are you from?’ is frequently asked more insistently of those who are viewed as fundamentally foreign to the nation. How this question gets asked signals the effects of racialized models of national belonging. Being able to account for oneself in terms of ancestry and roots, a version of the self that seems increasingly normative and normalised, can be a matter of cultural capital for some and a coercive requirement for others. (2003:455).

Acknowledging, therefore the essentialist properties of ‘race’ and its uses over space and time, scholars increasingly critiqued and questioned the dominance of the ‘biological’ over the ‘cultural’, even questioning which came first. The recognition of, and study into, the performativity and thus the social construction of the body (and thus ‘racial’ categories) ‘race’ thus came to be seen as a fluid a concept as the kinship studies that were being studied alongside and in tandem with it. Indeed, with the argument for race as a *social* construct, a hybrid of ‘biology’ and ‘culture’, studies highlighted how important both were in creating a concept that was continually changing.

Indeed, the suggestions that neither the body nor ‘race’ are fixed were yet furthered by scholars, who as well as pointing towards the influences of both ‘culture’ and ‘environment’ also questioned the social construction of science (as discussed in kinship studies) as yet further constitutive of changing racial discourses. Certainly, biotechnology, ‘inter-racial’ human

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reproduction, migration and the increasing turn towards genetics (genealogy included) challenge the very idea of essentialist categories of 'race' (Nash, 2002; Haraway, 1997).

Nevertheless, as Wade (2002:1) critiques:

In a laudible, important and necessary way, scholars have tended to focus on questions of identity, politics and inequality when approaching race. In doing so, they have looked less thoroughly at ideas about human nature, 'blood', heredity, bodily substance, relatedness, biology and genes as they enter into discourse about race.

Notwithstanding the mixing of 'bodily fluids' to create new life, 'race' as essentially genetic and thus 'natural' was thus further questioned when studying the very things that Wade calls for. Consequently, the role of genetics and the process of genealogy, along with perhaps some of the aforementioned studies under the kinship banner, have gone part-way implicitly, if not explicitly in places, to address this.

In this light, the increasing importance of DNA and genealogical tracing potentially serves to essentialise 'race' in popular discourse yet again. Such genetic tracing works by supplying a small sample of blood (see Nash, 2004 for reference) for testing, thus 'proving' ancestral lineage. Arguably also serving to further truncate homo sapiens as a species into a small number of exclusive clans, and thus essentialising 'racial' categories anew, the

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further re-enforcement of biological, deterministic 'kin' ties can also prove problematic. Indeed as blood *itself* is now used for genetic testing and:

As genetics is commodified and consumed within popular genealogy, the globalized rhetoric of technoscience meets the intimacy of personal genealogies, identities and family relatedness. (Nash, 2004:2).

Indeed, how we view ourselves within larger, global, genetic, blood-based 'kin' circles takes blood to a new level: a level where its material properties are scrutinised under a seemingly deterministic and irrefutable testing criteria, despite blood types in and of themselves not recognising 'racial' categories'. Blood itself, at a micro-scale nevertheless, arguably becomes more and more 'to do' with 'race' in such discourses.

What you will find in this next section is therefore not only a small exploration of what my participants think of when talking about race, but also a complementary exploration of what this implies for their views on what has come before (specifically gift-giving, connectedness and kinship) and the more recent studies that have brought the material properties of blood back into the foreground.

Their answers and comments will not perhaps address in as much detail 'their everyday [life perceptions of] and [their] experience[s of] racial identity in relation to concepts of 'blood', 'genes', or 'the environment'; [or]

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about how they think they came to be as they are, what they owe to their parents in terms of ‘inheritance’ (however that is construed) and how they are connected to others perceived as ‘like’ or ‘different.’ as Wade, (2002:71) calls for. But perhaps it will go *part-way* to underscoring such ‘perceptions’ and ‘experiences’ from a blood exchange angle, with a view to how they frame possible connections (or not) with those at the end of their donated or transfused blood packs.

Whilst it was Nadine who really ‘went to town’ about ‘race’ and whether, implicitly or otherwise, she talked about it in certain ways without my prompting, she was nevertheless not alone. Everyone else also mentioned something about ‘race’ or mentioned something that linked to it one way or another and whilst it was not one of my more pressing questions, it was significant enough to explore a little further.

Generally, I heard (and implicated) the term ‘race’ when I asked about being ‘related’ in a global, historical, almost anthropological sense of the word:

Amie: erm...I’m related to them because we all...came from the same...beginning [/] And we all [long pause] we all...we don’t look alike but we all have the same...we all have the same human instincts.

Me: So you mean in a global sense?

Amie: Yeah, in a, in a global sense that, that everyone, that I’m related to everyone because everyone would be able to look at me and say...and they

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wouldn't think that I was an alien: they wouldn't think that I was not from this planet, they would know that there was such a thing as humans...

Becky: ...like me and [my boyfriend] connect, but...I mean well obviously we're related somewhere along the line, I know we are, but not...immediate family or anything like that so...

Lorrie: Because we all came from erm...we all came from the same place...everybody, as erm, as time goes by, you get, for want of a better word, mutations or things happen...

I was aware that on a broad, global, historical, evolutionary scale, that participants were articulating their wider sense of being related: Amie referring back to her previous studies; Becky linking her connection to the colour of both her skin and that of her boyfriend and Lorrie perhaps thinking more along the lines of both her Christian beliefs, coupled with other references to how we evolve as a species. These are complex notions of how we ultimately 'relate' to each other throughout history and over vast spaces during this history, and they have mixed connotations of what 'blood' is and does.

Simon was perhaps the only one who picked out the difference in 'where we all came from' and the differences between ecology and geography/migration and 'blood'. Certainly his own studies in anthropology allowed him to express to me that his love affair with the sea certainly had something to do with 'our beginnings' as a species. I read this to mean the reference to single-cell amoeba, dolphins, apes... and I wrestled with trying

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not to think of the *Guinness* advert, even though this helped me enormously.⁵⁷ He even refuted the very notion of ‘race’ as a ‘biological’ category for differences in human beings as ‘total poppycock’, stating that ‘there is only one race: the human race[...] and we are one species with enormous variations, just like dog species...’. He was also the most explicit about the combination and/or difference between ‘race’ as ‘biological’ beginning and ‘race’ as mass-migration of people over space and time. Indeed, his love of Greece and all-things Greek came over on more than one occasion as an embellishment to his argument about ‘racial’ identities and the futility of using ‘blood’ as *symbolic* reiteration of nationhood, national identity and the incitement of much racial hatred as a result:

Simon: I do remember we had a very good lecturer and I’ve forgotten his name, because through the fossil evidence, are human origins, but they didn’t really cover all the stuff that we now know about being able to trace things back through DNA. Where, whether people are looking at relatives or whether they’re looking at...enormous movements of population. Erm, I’m marginally interested in it because erm...I guess...an enormous curtain came down on this area of genetic inheritance and so on because of what happened in the middle of the 20th Century, it kind of became such an ideal subject because it was used so perniciously. Erm, so that, I mean, it obviously continues now so that if you ask me to think about inheritance and heritage, and you know my mono-maniac love affair with Greece, [...]but the continuity of this idea of Greece, is the thing that drives me and therefore, I say... I haven’t got a drop of Greek blood in me, although half of my family’s Greek on one side of the family. But I’m, I’m totally *suffused* with the belief that something my great-great grandfather said, remains so that was that he said that except for the blind forces of nature, nothing in the world is not Greek in origin. [Pause] I love that! So I’m thinking of a cultural continuity [...] anybody can be Greek if they buy in, if you like, into that idea

⁵⁷ <http://www.youtube.com/watch?v=ejNgK4GZ7OA> In which *Guinness* manage to squeeze a reverse-view homo-sapien evolution into one minute’s worth of advertisement. (From three men in a pub to three fish round a watering hole, millions of years ago, in just over one minute). (Accessed August 2009).

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or they share that and enjoy it. And I've got Greek friends who say what is all this stuff and get taught about Greek nationalism and all the boundary stuff and all that, what a load of crap! We're all Slavs we're all part of the Balkans, you know, we're all, if we're talking about racial identities, and you know so if you started bringing in genetic blood analysis, you'll probably confirm all the racist views that real Greeks aren't Achilles, aren't the inheritors of Achilles and Ajax and all the rest! And then...[laughs] this stuff's just so irrelevant. But having said that, I do think that there's something intriguing about...saying [pause] how did we get to where we got...

Me: it's interesting that you say that there's not a drop of Greek blood in you...what, what kind of blood is in you?! [laughs]

Simon: Well, I should think a certain amount of, if you were to sort of...I mean I was just kind of thinking, if we had a pie diagram, erm, I should think and I think obviously you can say that there's a certain amount of Norman...probably, erm, I'd have fun with the Normans! Erm, and although I like to think of myself as a, of having Scottish origins, I don't feel very Celtic, because you're more Celtic in terms of what you have dark hair and that sort of ballet dancer build, you know, the Celts tend to be more like Japanese in terms of being petite and being able to wear nice fashion clothes and I mean I'm, I've got a sort of Anglo-Saxon clod-hopping...shape so...it's probably a bit sort of Viking-ish...that sort of Northern, could be fairly Northern if I compare myself with er, my Greek, my Greek side of the family. But even that is difficult to know because a lot of them have got Russian backgrounds....

But Simon wasn't the only one to pick up on and exemplify, although in a slightly more experiential way, what 'race' meant.

Nadine's previous comments about being an indebted black woman, coupled with Simon's retorts about slavery and sugar, had gone part way to framing her ideas of belonging and in-/exclusion. Mention of who she thought she was and how she saw her blood as a part of this had resonated with me, and I was keen to follow this up too. Although Nadine thinks her identity comes two-fold, when I asked her to describe herself, the fact that

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she was black came top of the list. Maybe it was the way I framed the question, but I asked about who she thought she was, how she would describe herself and what she thought identity was on many separate occasions. On virtually all of these occasions, she answered that she was black, or that identity on some level included skin pigmentation or colour. I asked her why it was important that she mention it. Was it just about skin pigmentation? Or was it ancestry? Was it ‘the blood in her veins’? She said:

All, all of that. It’s probably like it’s probably one of the first things I’d say. Cos naturally it’d be the most notable thing....about me...and yeah I think, my kind of family and community and stuff, that’s taken on more of a...I think and it’s, it’s like the blackness especially, is something, not just in terms of you know, pigmentation, but also like the cultural term...

So it’s not just about skin colour: it’s a load of other stuff too: ‘the cultural term’, like Simon. She tells me more about this. Usually anecdotally, and I learn that for her, much like Simon’s suffusion with ‘the Greek idea’, race is not just about skin colour, as I assumed it was, but it’s also about ‘social and cultural’ ideologies of what people (still) think about ‘race’ and ‘racial’ stereotypes.

She tells me how, on a social, educational level, it’s not necessarily a case of her being black, but that it’s perhaps a case of her just not being white. That stereotypes of who ‘should’ and ‘shouldn’t’ be studying at University, even seem to be upheld by certain college peers: racist ideologies upheld more specifically when she is told that ‘she’s just a black person

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wanting to be white' just because she's where she is. Thus for her, a large part of her experience of Oxford has been framed by how people think she should be acting, based on her 'race' alone.

It seems that 'idea(ls) of race' are (re-)enforced by certain people in certain places and at certain times and that for Nadine the definition of racism and 'racial difference' is something she associates with her University College Hall, and just as importantly, her education as a whole. Outside of her college, however, she tells me that, she's the Vice-President for the Afro-Caribbean Society. I ask her why she joined and she tells me that it was kind of three-fold: a sort of 'fitting-in' exercise, in order to find people who may be similar to her; a chance to meet and make friends outside of the college environment; and because her mother was the secretary of the Afro-Caribbean Society when she was at University. From this, I get the feeling that the ostracism she feels and how people who are not black at Oxford perceive her; those who want to re-enforce her stereotypical blackness, have almost forced her seek and join a society based on racial heritage, common assumptions, shared characteristics and shared social and cultural heritages.

I get a renewed sense of this as I sit at 'formal hall', the formal evening meal held on Fridays in her college. The dining hall at her college is quite a large room: parquet floors; wooden ceiling beams; and is set up rather like a

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‘traditional’ wedding. A top table, where all the staff sit, and then long wooden tables, set perpendicular to this, where the all students sit. The tables seat around twenty, and I sit near the head of the table with Nadine and her friend across from and next to me, respectively. As a guest, I feel that maybe I should be the one feeling ostracised, but I feel strangely at home, mainly because the formality reminds me of my own schooling, but is it also because I sit in a room-full of white people...? Beside me, the only two black people in the college, are chatting away about Caribbean food that ‘runs in the family’: the larger family that they both seem to belong to. I am an outsider to this and I listen with intent to their comparison of foodstuff from the other side of the Atlantic. This is the place that Nadine seems to find comfort. Until someone asks about why I’m her guest. She does the squirmy thing again and I get quite protective, telling them that Nadine is helping me with my Geography PhD research. ‘Oh, right’ they say. And they leave it there. I smile at Nadine, She looks relieved that they don’t want to know why she’s of so much importance and interest to my Geographical study. I get the impression Nadine doesn’t want all and sundry knowing about her condition, maybe because it’s so intimately a part of her, and because the transfusions she receives are so much a hindrance on her everyday life. But also that maybe she just doesn’t want to have to explain it all to them. She had enough to feel indebted to them for.

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Chat about Jamaican foodstuff resonated with me and so, later on, I asked Nadine more about 'her community', especially as she mentioned it quite a lot. I noted that she seemed to include this as part of 'the cultural' side of what she was talking about, and something of importance to who she was, her 'race' and her sense of community/belonging:

Me: Do you see yourself as part of like, a community in that sense? Or, is having a common-ness, I can't think of another word for it, with, with other people like that, like you? Or does that, or do you just see that as being you?

[Pause]

Nadine: I think...I see more, probably, the difference...because it's like, even though I have this commonness, I know in so many ways I'm different in like...you know the fact that like I got whatever grades at, you know, at school. The fact that I'm here...at this university...you know erm...things like that, [...] especially in education terms, [...] it's kind of like I do feel that otherness, from them...and you know also in terms of health, kind of because, [...] it's not like oh, all the black people are suffering...you know, er, from this condition cus they're not and in my community very few people [suffer from it]

I didn't expect to hear that, because I was expecting her to 'fit': find some kind of commonality with 'them'. But by her own admission, she felt as though she was 'breaking the mould', that she didn't belong sometimes: that 'racial ideologies' of educational spaces, and even her condition, prevented her from being a part of a community that obviously meant so much to her. So what did bind her to her 'community' and her 'blackness', other than her skin colour, and the geography of her domestic arrangements in Birmingham?

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Cue Sickle Cell Anaemia. Her condition provides the missing link. The one thing that she has no control over, this sickle-cell anaemia, is one of the things that binds her to her racial identity, and more importantly, binds her up with a whole bunch of other issues like how racial identity, blood-borne disease proliferation and procreation are maybe changing the 'face' of how she and others view 'race' and 'being black':

...it feels very much a black condition you know cos it's predominantly in black people, so I did feel like I couldn't escape from my identity as a black person, even if I wanted, aside from skin tone, or...you know typical black features or whatever...it's like...you know I can't...well I can't change you know...the blood cells that my body is producing and, I know that's sort of classified as being, you know, a strictly sort of black disease, that it's like I'm, a part of that. I mean is this because of ancestry or traits or maybe the two different things combined erm...so I think may-, maybe that will change how identity in terms of blood will be.

And on a later date:

...it's more that I can't escape from [it, being black]...and I think a lot of that's to do with the condition. [B: yeah I remember you saying that to me] cos it is one that...you know...affects my life, and I can't, change it, and it you know, it kind of, it's sort of common in black people that you know, to the point where I see it as the black man's disease.

I was keen to follow Nadine's lead on this and so I asked her how it was so: that her 'black man's disease' should make her feel so linked-in to her racial identity. I was intrigued to hear if and/or how the materiality of her experience changed her feelings of being 'related', given that in her case, she had no choice *but* to receive blood, and most notably, from anonymous

others.

5.4.3 (*Geographies of Relatedness and blood donation/transfusion*)

In section 5.4.1.1 I used the example of blood transfusion, in a theoretical context, to illustrate possible new form of relatedness put forward by Kath Weston (2001). Taking her example up again here, I wish to use it to compare it against not only my own *empirical* findings, but also as a contrast to a time and a proximity whereby attitudes to both donors and recipients are perhaps not placed in the same tensions as hers.

As part of her exploration, she describes a scenario from the book *Youngblood* by John O. Killens (see Weston, 2001 for full reference). In it, the resonating actions of a white man donating blood *directly* (vein-to-vein) to a black man (as he is the only one whose blood is a direct match) is given over as an example of not only the transcendence of 'racial' boundaries (as the mixing of blood is initially questioned as being the perceived mixing of 'black' and 'white' blood) but also an act which changes 'alliance, in ways that draw on ideologies of kinship yet do not tarry there.' (Weston, 2001: 159). Most importantly, however, and couched in a rhetoric attuned to kinship and relatedness in a broader sense, 'kinship turns transient in the process [or transfusion], diffusing through a wider set of shifting alliances of friendship,

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neighbourliness, opposition, and race politics. Paradoxically enough, kinship ideologies mediate the whole thing.’ (p.161). Nevertheless, as she further, and significantly, points out (p.165):

There is an irony here, of course. Blood transfusion in *Youngblood* works to create an alliance precisely because the bodies are visible, the connection is visible, and the bodies (and their histories) are known. A blood drive works quite differently. While donors may have imagined making a direct contribution [...] the blood separated from their bodies quickly passed over into the measured anonymity of units, factors and types. [...] No one [...] has] to negotiate the tensions or possibilities that accompany a direct transfusion. The disembodiment of the blood and the invisibility of the process of transfer all allow [...] to picture a connection [...] that transcends even differences as concrete as the incompatibility that can turn a pint of the ‘wrong’ blood into a vector of death.

Indeed, as she later points out:

[...] What results [from blood donation/transfusion] is not the sharing of substance Schneider described in *American Kinship* (1968), where couples imaginatively create a biogenetic tie through heterosexual intercourse. The blood ties created through the use of [...] blood banks abjure full-body contact, sexual desire, even casual touch. If industry cannot chemically synthesize all the bodily substances in which it trades, it can certainly regulate their transfer, and with that transfer, social relations. (Weston, 2001:167).

What, then, do my empirics say about blood transfusion and donation?

What impact does this industry regulation have on feelings of relatedness?

Specifically therefore, the next section will explore whether blood, in its material, therapeutic form can be introduced into the relatedness rhetoric, and to what extent, if any, space and place have on whether blood donation

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and transfusion could be considered part of a new (geographies of) relatedness.

Still framed in a 'racial' discourse, I asked Nadine what it meant to her to receive blood. It didn't change the colour of her skin, or the fact that she had sickle-cell anaemia, but it did something to her internal fluid. It mixed it up: made it only *partly* hers. So what, if 70% of the red blood cells were not hers,⁵⁸ admittedly, they could be (and probably were) the separated red blood cells of a white person, transfused into her,⁵⁹ but she could never be anything but black as she had sickle-cell anaemia...was that it? What did her transfusions really do to who she thought she was (related to)?

Nadine:...you know blood's supposed to be seen as pure and...you know to have so many of them mixed up in you is kind of anti-purity. That's why I suppose like, if I was...if I was a pure...blooded somebody or other...and that was what I'd grown up with and you know, my family was very much pure-blooded because I've learned about my ancestry and because I take pride in that, it's like having these different elements, you know...

Me: Do you think there is such a thing as pure-blooded? [presume Nadine shakes her head as I respond...] No? (!)

⁵⁸ In fact, Nadine told me that her own blood count, post-transfusion, came in at around 30%. The other 70% was made up of two other people's red blood cells.

⁵⁹ The National Blood Service, in 2004/5 recognised a short-fall in the less common blood types (nationally-speaking) and so drove for more 'ethnic minority' donations so to boost stock levels. As it happens, Nadine has ORh+ve blood and so recognises, by her own admission, that the blood she receives probably comes from a 'white person'. Interesting in itself, given that she, a black woman, is herself O+ve.

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Nadine: Well...I think it's *very* rare...you'll find it, but I think, I think people, certain people think erm, I think they can be mistaken and I think a lot of it is to do with outward genetics, because I mean...you can get like a really, you know dark black person and they can be very much: I'm a black person, and this is what I am and you know...and then you can, like do a DNA test and [inaudible] and you can find like [?] ancestry, like white ancestry, you could get, you know what's meant to be a pure-blooded white person and find they've got black ancestry in them. So Erm, I know cos I think I know people, cos people do go so much on physical appearance and I think kind of...you know like, like if there's one thing that you, you know especially with Afro-Caribbeans is kind of, aside from like other erm, beauty issues is kind of the hair...and so you know, like...I've grown up whereas like, you know, like when people have done my hair they've found like ginger hair strands so it's like, it's kind of like you know it's a testimony to...it's not a pure black thing, so I know...I know [giggles] there's something else, or like you know, the texture is not pure black, which is why, you know I know there is slight Asian in there because it's not, there's you know the texture's different. It's, it's slightly different...and you know it's things like that...

Now I was really intrigued. Nadine had mentioned her 'Asian and Scottish ancestry' and how she was proud of that, but in us talking about her receiving blood, and thus it being 'mixed up' inside her, she was now thinking along the lines of mixing procreationally, with mixing physically, via her transfusions. She explained more:

I don't think...transfusions [...]...have an impact on race or heritage, as much as other things erm, such as culture and education, but you do have, you can have a black person and then like you know, their mannerisms, the way they speak, you know could be very, could be seen as culturally white, and so you know, you know, people call them the bounty...you know, black on the outside, white on the inside, and it's like you could get the reverse, like [B: Eminem!] Yeah! A white person, yeah! And it you know, and apparently they're called wiggers [...] [laughs] I think it's very clever [laughing] so I think like, on a level that can have a...erm, yeah, on a level that can have...from a personal level, I don't suppose it has erm... in terms of racial heritage, it's not as strong characters, than factors as erm, culture and education and erm, certain lifestyles associated with as well. Erm...but I think the issue of blood, because I live in a Western society, and one that is predominantly white, erm, and it is predominantly white people

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that give blood [long pause] I dunno, in a sense, kind of...it kind of does. I mean although...although it doesn't shape...although it won't shape my cultural identity or how I'm perceived, by other people in terms of my cultural, or my racial identity, other than your, I dunno, what slang I use or, you know, or what big words I use or...you know, what area I come from, in Birmingham or what university I went to, both which are [laughs] almost paradoxical really, [laughs] and yet they co-existed in the same being...erm [laughs] I...I think, it's like it's still kind of, it's still kind of part of me and it's like I'll always, acknowledge that when I receive a blood of bag, a bag of blood.

So not only did receiving blood not 'relate' her to any one person in particular, but neither did it particularly 'relate' her to others with different 'racial identities' to her, despite her still acknowledging that they are a part of her post-transfusion. But this is not all there is to it. Especially for Nadine. The extra dimension where Nadine is concerned, relates to the embodied 'nature' of her experience. And it can be seen through this same lens, albeit from slightly different angles, that 'race' can take other forms: that of biological tie, through her blood-borne condition; and that of material, bloody, exchange facilitated by her transfusions. For Nadine, her own 'human nature' is bound up in her sickle-cell anaemia. Inherently a part of her, and impacting so much on her life, *she* sees it as a marker of her personal and *racial* identity because it is associated with what her body (*and* "the black man's" body) 'naturally' produces. Thus for her, race is also, by admission, biological as she sees her condition, and thus her blackness, situated *physically*, in her blood. And she wasn't the only person.

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Still at the heart of what I was hearing, and aside all the grander, large-scale notions of ‘belonging’ and ‘relatedness’ were answers about ‘blood relating’ on a much more personal level. Becky was much more direct about her sickle cell anaemia: simply putting it down to ‘what you inherit innit?’. On several occasions she mentioned that it was part of her ‘core’, or that the ‘source’ of her illness was fixed and unchangeable, and that it was mainly to do with DNA. She joked about ‘them’ being able to change her DNA via transfusions ‘cos then I wouldn’t have Sickle Cell’, but even though she knows that this is not possible, she is still particularly aware that nothing much has changed in her blood. But has it? Dropped casually into conversation and when Becky really got thinking about what she did receive as a result of blood transfusions, she mentioned antibodies:

...you just think well, I’ve got antibodies now...so that’s somebody else’s...yeah, so it’s like ok, I’m related to you in that sense cos I’ve got your antibodies [chuckles]. But it’s not worth thinking about cos it could turn you crazy! [laughs] cos you’re walking round thinking ‘oh my *god*, you know...’ [...]? Yeah, and then because it’s being changed, but not because of you inheriting it, it’s because you have no choice but to receive it, from somebody else, a total stranger, you don’t even know and it, yeah, it could have been anybody. White, black, Chinese...it’s not gonna have changed me in that sense. [laughs] Yeah...I dunno...

A can of worms opened. Becky had brought it straight back to the blood. Her acknowledgement that her blood changed, *in itself*, was something that could send her crazy, should she wish to think about those that were instrumental in this process. But in a more personal sense, she

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was still convinced that her sense of self should remain. In a later date, she re-iterated that:

You know Becky [...] when you said that do you think it changes you...the only thing that I thought that it...I don't think it change-...oh...it only made me think after you actually said that, but before, I'd never really thought about it. But...your blood don't change. Your DNA won't change. Although you receive the blood, so it does make me feel...any way really...I don't think. Although, cos I got antibodies, I'm not the s-...it has changed a little bit, but...not from the, the root or where your blood comes from, or whatever.[...] You certainly don't change your colour. That's the only thing you won't change [...] Yeah, so...I dunno...[...]

Alike in their responses about receiving blood, both Becky and Nadine therefore didn't feel as though there was any particular *sense* of 'relatedness' with those from whom they have received blood. Some time later, nevertheless, Nadine revisited her comments about not being related to 'her' blood donors, adding that:

I think it's because I don't *know* them...you know, all I see is as bag of blood, so in terms of relating, that's all I have to relate to. Erm...you know there's not another person that's like, what are their characteristics, what are they like, are they nice are they mean...? Are they horrible to me? You know...do I love them, do I hate them? Is there this animosity, or is there this tension between...? None of that is kind of there so it's kind of...so in a way it's not really like having a family because having a family is about...well in having a family you have all these different mixed feelings in relationships, and tensions. Erm...you know, any relationship, you know, your friendships, you have all these, you know, you go through all these different emotional and interactions and responses and...it's like...none of that's there...but I dunno, maybe in the like, in a way when I'm sitting there in the chair in a hospital and there's just this blood bag on a...on a drip...maybe it is a family, maybe this is the family that kind of, you always think you want, kind of...none of the backchat! [laughs]. None of the, none of your head getting messed up and things like that, you know, psychological you know screwing with your mind. [Giggles whilst talks] You know, yeah, none of the emotional

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highs and lows. I suppose it, it is a kind of family in that idealistic sense, then.

So maybe a family, that helps to sustain life: something which she wishes her parents did in a blood donation sense. But only maybe an *ideal* family, one that remains anonymous and distant: without the backchat!

That said, I'm not sure how much this was a flippant comment, as for both Nadine and Becky, more strongly linked to 'cultural' factors and what lies at their 'core', their identities and senses of belonging are both a product of both 'the biological' and the 'social', of which receiving blood bears not much 'relation'.

So if recipients don't feel the same kind of relatedness: what about donors? Simon was still quite adamant that he had no sense of anyone, 'man, woman, child', at the end of his blood pack, and so saying goodbye to it as it leaves his arm means that he has no sense of relationship at all. Given that Simon's family is complex: involving relationships with both his step-father and later on, his 'biological' father, blood, in its tangible, transfusable form means not much more than that: an experience of donation resulting in a medicine to be transfused. In the more global sense of species relatedness, he was nevertheless aware that 'blood' had different connotations and that is used metaphorically/figuratively as well. Certainly, joining into and wanting to belong to a larger 'family' (national idea) such as

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Greece, is more about his wish to join into a cultural notion of belonging, rather than be solely connected/related through blood, be that metaphorical and/or physical.

For both Lorrie and Amie, being related through blood usually translated into talk about characteristics and inheritance, and so in this sense, about blood as euphemism for the more traditional sense of 'kinship': 'blood lines' and DNA/genetic inheritance. Thinking about this in terms of giving (and so receiving) blood, they therefore came to the conclusion that:

Amie: I think family blood, mother...mother, father, children and relationship blood and grandparents' blood is different. Because in the blood when, when you...when your blood is made up of, of your parents' blood and...and your grandparents' and, and you have the same eyes and hair or...weird things, like people say 'oh you got that from your grandfather', those kind of things. Whereas if [...] if you receive someone else's blood, that... I don't think that blood [...] has an effect on...it's not gonna change the colour of someone's eyes, it's not gonna change the colour of their hair, so it's not gonna have a direct, physical effect on it. But then there is the suggestion now that's in my brain that there could have an effect on [...] they do and maybe there could be that whole...you've got that from Amie! [laughs] Amie-isms that we talked about walking around...because, through the blood! But I, I think depending on how strong the person is and how [...] confident they are about themselves, would depend on whether if there is...any kind of connection above the giving of blood, it would be up to...it would be up to the individual how far they'd want to take that.

Interestingly, both Amie and Lorrie further picked up on how such characteristics were/are 'inherited' and how the nature of blood donation and transfusion practices in the UK mitigate against any kind of genetic inheritance:

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Amie: I dunno like, I suppose...people say that I'm friendly and people say that I got that from my Dad. And because he was very friendly and outgoing and wasn't afraid to talk to people. So I think, and I'm told that's a trait that I've got from my Dad. And I'm guessing that was passed through the white blood cells!!! [laughs] Through my DNA from him. So I don't think that if I gave blood, that would necessarily be passed through blood either. In fact that won't be now, because that's filtered out.

And similarly, Lorrie answered that:

Your blood type's still your blood type. So I don't think that, I don't think that would affect that. [...] I don't, I don't...believe in that. D'y'know? I don't think that [...] things like *that*, characteristics of a person, or, you know, their temperament, you know, I don't think that can be in the blood. The only thing that can really be in the blood are genetic things. You know what I mean? Your, your eye colour, the shape of your face, the...you know your height, your body shape, you know, whatever...you know I think they're the only things...that can be...like in the blood. [... But] it is only, only like the red blood cells that get passed down so that all the other...bits that identify you or make that person unique, they're not really, you know they're not there anymore.

So is that all there is to it? A simple case of DNA being filtered out and thus not being transferred during transfusion? Is it really as deterministic as that? Certainly although Lorrie had clarified that the bottom line of non-relatedness during blood transfusion lay with the non-presence of DNA, she also added that even if we are related to people via 'blood' then we are still individuals who have different personalities: yet another thing that cannot be transfused with the blood. Quite simply, and no matter what, she didn't believe that 'relatives' were formed through giving blood.

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Amie was slightly more detailed in her answer, referring back to her circuit board diagram she had drawn in a previous meeting (see p.224) and despite her comments about DNA and the genetic rhetoric associated with 'kin/family/relations', she further qualified her thoughts on what influence both the NBS and 'space' had on being/ feeling related was:

Amie: I suppose Data Protection, but not just DP, but the unknown as well, cos if you're, you're in, the I dunno, Durham, giving blood and the er, er, the hospital somewhere else, maybe the time lapse: they don't actually know what it's gonna be used on this person, but if this screen [the one represented on her diagram] was taken down and you knew exactly where it was going to, and who it was being given to, then you'd actually be related.

Me: Ahh!!

Amie: Then you'd have a relationship with that person because you'll have seen them or known their name or something about them.

And she concluded by saying:

So I do feel confident now and I think that if you came back to me in three months time and asked if I felt as though I was connected to a recipient, I think I would say that I felt connected but I wouldn't feel as though I was related unless you told me where it was going and what it was being used for. But obviously there is a connection because you're in a chain...or something.

So again, there was no sense of relating or being related to a recipient. In any way. And so to how this all ties together...

5.5 Some Concluding thoughts...

This chapter has furthered the theme of connectedness by exploring the theme of 'relatedness'. I have explored what it means to people, what its connotations are, how it is defined in the dictionary, in academia and how it is portrayed in popular media accounts. I have thus interrogated and exemplified how it is achieved, given its meanings and its temporal and spatial configuration.

In particular, I made a distinction between it and connectedness, by outlining its 'nature' as something 'formal' and 'fixed': a given rather than a choice, and have used certainly Simon's distinction as it being something to do with 'family' as the basis for exploring 'relatedness' as something associated with 'kinship'. In this light, I have underlined and examined what kinship is over time and space, pointing out that although it is, historically, the framing of being 'related', that it too has changed to encompass not only the 'biological' but also the 'social'.

Using particular participant accounts of what kinship/family is and means, I have illustrated that although family is constituted of different people, that they are nevertheless still seen to come from the same 'blood' (Becky), even tripping Amie up by asking her to elaborate on the 'bloody' differences that she attributed to being related rather than connected. In this vein, I have illustrated that it is indeed the 'biological' that has historical

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legacy over kinship ties, where 'blood' is euphemistic for sexual reproduction and procreation. Set therefore as the foundation for all things 'kin', it is thus said to be deterministic, fixed and to be layered upon. As a result, I have outlined the further impact that genes and later DNA have had on aiding to reinforce this determinism, although I have further explored how such 'natural' facts can indeed be challenged. AS such, I have looked at geographic patterns of migration, genealogical mappings and the increased imaginative 'nature' of kinship and its increasing social construction.

Consequently, I have illustrated that for almost all of my participants, DNA and genetic inheritance is of utmost importance when distinguishing between 'relatives' or not, with the added emphasis on knowing 'who you're from' coming from both Becky and Nadine, whose blood condition comes directly 'down' from their parents, via their genes and located (quite literally) in their blood. Thus adding another dimension to their familial 'ties', relatives either become all the more important in either distinguishing their roles in 'giving life' and thus its quality thereafter, or in sharing a common suffering at the hands of Sickle Cell Anaemia.

Thus possibly adding to the inclusion or exclusion from a larger community of sufferers, I have also illustrated how 'kinship' circles are not always ones with a 'biological' foundation. Indeed, I have outlined the importance of 'nurture' as also working to create familial ties, albeit usually

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layered onto its predecessor: biology. Using Nadine and Lorrie's example of the close bond they have with the woman they call Nanny or Aunty, respectively and couched in a larger context of their Church family, I have presented Nadine's juxtaposition at accrediting the name Nanny to a woman who is geographically proximate, always there for her and who has shared experiences with her, with a set of grandparents who are 'biologically' related although geographically distanced.

Further to this, I have also made mention of adoption as emulative of a 'conventional' family set up: wherein such bonds are possibly given more strength owing to the over-riding of 'the biological'. Nevertheless, given that they both understand what it means to lose a father, both Becky and Amie were keen to articulate that 'biological' ties are no-less deniable given that either 'society says so' or because there may be continued links to that tie through siblings and other parents. Indeed, Becky's assertion of being (or not, if she was adopted) at peace perhaps came out of the link that she still wishes to uphold with her 'full' brother and thus to her dad.

Following on, and by rolling out more complex family assemblages, I have thus explored the more recent notion of kinship as a hybrid concept: as something that is both socially-constructive and often constituted of both the former 'biological' and 'social' ties. Indeed, it has been as the meeting place of such 'nature' and 'culture' that boundaries have been blurred and

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kinship reconfigured. As examples, I explored Simon's rather complicated history of his relationship with both his step-father (who effectively brought him up) and his 'biological' father (whom he met later on in life). Introducing the idiomatic phrases of 'blood will out' and 'blood is thicker than water', both he and Amie set about illustrating their meanings through stories of how their families changed when negotiating relations between step-relatives and 'biological' relatives. In addition, as well as pushing the boundary out further, considering inter-species relatedness between Amie and her cats, the extent of kinship was furthered by considering how it could thus be perhaps more a constitution of feeling, a thought process and thus, even, perhaps, anonymous.

And so I turned to the reconfiguring of kinship, where the boundaries are blurred yet again. Addressing Donna Haraway's 1997 call for relating other than through 'kinship', I thus introduced the newer concept of 'relatedness' which challenges the norms of relating to include the 'doing' of social relations in more ways than just through 'biology' and/or 'culture', expanding out to also explore the spatial dimensions of belonging, identity, and so on. In this respect, I introduced the concept of materiality as a way of creating community, with 'things' as opposed to just people and their interactions mediating such relations. Specifically, I introduced how food, guns and blood *itself* were instrumental in certain kinship rites, highlighting the literary example of blood exchange in both ritualistic settings and in

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therapeutic settings as new configurations of social relations. Indeed, with emphasis on Kath Weston's (2001) example of the literary piece *Youngblood*, in which blood is transfused, face-to-face between a black man and a white man, I pointed out that not only is it one of the few references of therapeutic blood exchange and identity/kinship/belonging, but that it is also instrumental in pointing out the potential difference face-to-face exchange has with the anonymous, institutional practices that are in place here and now, and at play in this thesis.

Furthering the approaches to reconfiguring kinship via relatedness, I then addressed the new (and newer) geographies of relatedness as understood in terms of the degrees of (biological) connection, and difference through defining origins and belonging at different spatial scales. As such, I chose to explore, with reference to both academic and empirical findings, initially, and then later solely through my empirical findings, what 'relatedness' meant in terms of larger scales of belonging such as 'race' and then smaller scales of belonging such as DNA and blood exchange.

In the first instance, I turned to the concept of 'race' as touched upon by both Nadine and Simon in the previous chapter. Exploring the concept's 'construction', I outlined that it too, has evolved in nuance and meaning over time and space. Much like the kinship rhetoric, 'race' as a biologically-determined category, I summarised, was used notably to assert 'difference'

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and thus afford power. Used politically, its construction of difference, made through physiognomy and social stereotype is also cross-cut by migration and reproductive 'mixing'. Nevertheless, and despite its enormous interest and momentum gained through extensive study, it is critiqued for not looking more closely at the concepts of 'blood', 'relatedness' and so on. In this sense, I opened it up to my own empirical findings, first contextualising them in terms of what race means to those in my study, and secondly by addressing what 'blood' is and does to 'relatedness' in its therapeutic form.

Addressing, thus, geographies of relatedness through the lens of blood donation and transfusion, I was able to underline whether it indeed formed another branch to the 'relatedness tree' or not. Most poignantly, I illustrated Nadine's experience of what 'race' meant to her, describing how her experiences at University, coupled with her condition, framed a concept that was constantly blurred. Inherently a part of her, her suffering from SCA, her so-called 'black-man's disease', she felt bound to her race as much as the social stereotypes she thought others perceived of her. Living 'paradoxically', she therefore admitted that the cultural stereotypes that she felt may have been accredited to her were not always apparent in where she was studying or by what music she listened to. Similarly, she explained that this so-called 'cultural' influence was more important in influencing race (and other forms of relating) than receiving blood. Her mention of 'pure blood' was in terms of rejection of the phrase itself, given her not only her Asian and Scottish

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ancestry but also coupled with the ginger hair (arguably a flippant stereotype in itself) to prove it. Breaking it thus down to genealogy, she also made reference to genetic mixing in a euphemistic sense *alongside* the mixing associated with her numerous blood transfusions.

Echoed by Becky, Nadine's comments on 'racial identity' essentially outlined that receiving blood is not and will not be responsible for a greater or less sense of ('racial') belonging/relating. Embodied, to a certain extent, by the SCA and part of a 'core' and thus with its roots in DNA, it is thus seen as something that even receiving (and thus mixing) blood cannot and will not be change, despite antibody presence. Essentially, therefore, receiving blood does not affect how and to whom recipients such as Nadine and Becky are related to others *on the whole*, and despite Nadine's notion that maybe blood donors are like an ideal family who help sustain her life as families do. Nonetheless, the actual sense of belonging and/or relating is not affected in receiving blood, given the part played by not only their illness (inherently a part of a 'core', which is fixed) but also their (perceived) 'racial' identities and they are enacted, mediated, constituted and constructed.

Similarly, I have also illustrated how this can also be said for my donor-participants. Certainly for Simon giving blood affords no greater or less sense of an 'other' and his 'suffusion' with the Greek idea, coupled with his rejection of individual races as 'total poppycock', 'race' and relatedness is

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as much about pernicious geo-politics as it is about an idea, a culture or a socially-constructed concept. For Amie and Lorrie, mainly because of the anonymity and Data Protection clauses imposed by the NBS, neither felt that there were any recipient relatives 'out there'. Similar both to Nadine and Becky, they additionally believed that the lack of transfused DNA made the non-relatedness all the more determined, despite the suggestions of personalities and 'nurture' being just as important in deciding who constituted a 'relative' or not.

Importantly, therefore, this chapter has perhaps reasserted the lack of real, tangible connection that blood donation possibly promises on the surface. Notably, it has also outlined that although phrases such as 'in the blood' are often connotative of familial/kinship ties, that they are indeed ironically not particularly attributed to the actual physical state of, for example, a recipient's relation to a donor post-transfusion. Whilst thinking about belonging and identity, relatedness has been highlighted as particularly useful to break away from biological determinism and Donna Haraway's bloody-enough-ties, but in this case, is perhaps not applicable when thinking about anonymous exchange where recipients and donors cannot meet. In addition, the lack of DNA contained in transfused blood, outlined as possibly deterministic when tracing genealogical and thus kin relations, further enforces that lack of feeling of relatedness.

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And so maybe that is the crux. That relatedness is seen as a step out from connectedness, towards kinship and relations, is perhaps why relatedness doesn't necessarily work from the start. Defining connectedness was important to understand what relatedness subsequently meant. Given the apparent lack of an overall *feeling* of connection, maybe led the way for relatedness not quite working, as understood from both my and my participants' point of view.

Yet, at the 'root' of such arguments is 'blood': something which is metaphorically and physically important in determining such terms. When donated and/or transfused, however, it can still be seen as 'just blood', and albeit important in creating and constructing relatives –be it via procreation or in metaphor, maybe not so in therapy. But it is framed in an institutional setting which works on the basis of anonymity via Data Protection. In which case, it is left to imaginations to form connections and/or relations. Or not.

So what happens when donors and recipients meet? And what happens when you add all the previous chapters and put them together as one? I call it Making Time and Space for Connections: some concluding thoughts.

CHAPTER SIX**MAKING TIME AND SPACE FOR CONNECTIONS:****CONCLUDING THOUGHTS****6.1 Introduction**

This chapter will conclude in the following four ways. First, it will briefly pull the main, overall themes together, as found in the ‘concluding thoughts’ sections from each chapter, to form one big picture – if that’s at all possible! Second, it will expand on these themes, by detailing the main academic findings and highlighting the gaps that could perhaps be filled with next-stage/new research. Third, it will expand on the same themes as above, detailing the main empirical findings and the happenings of my self-dubbed focus group, One Big Meet. Fourth, using this as a springboard, I will then form some overall conclusions, re-visiting my introductory chapter and thus the NBS – and its advert, whose institutional setting has indeed part-framed this study.

6.2 Some General Concluding Remarks

How do you go about summing up a project like this?! A project that twists and turns, that contains many literatures and themes that link somewhere, sometimes, but that don't necessarily appear to do so? How do you then go about linking them to empirical findings that also twist, turn and interlink sometimes...that although they are often shared thoughts, are nevertheless partial and situated? Perhaps I can sum it up: add all the academic and empirical bits together, give them a twist and pop them out of the other end, with a version of what I think happened. I suppose you're already most of the way there, having read the thoughts and minds of the past 317 pages. Let's see how I do then...

6.2.1 *Bloody Geographies of Material Culture*

Directing this to the first part of my main aim, I have explored, through a material culture lens, what blood is, looking at it from a 'biological' viewpoint through to a 'social' viewpoint. I have illustrated 'blood' as both life-giving as well as life-threatening, highlighting the blood-borne hereditary condition of Sickle Cell Anaemia as one such condition. Consequently, I thus outlined how treatment for SCA lies in the medicinal properties of blood,

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made so by the therapeutic institutionalisation of blood's products by the National Blood Service. As such, I have revealed how human, social, national, legal and institutional interventions are also part of how blood is treated and viewed. That these interventions are spatially and temporally fractured, frames/turns *all* those who are responsible for turning blood into a medicine – be they donors, NBS staff or recipients - as/into 'unseen others'.

I have therefore illustrated that blood can not only be viewed as a biological, medicinal entity, which saves lives when donated/transfused, but also as something with a 'social life' that extends beyond the donation suite and/or transfusion ward. Blood thus becomes increasingly 'socialised' despite, and in view of, such exchanges and despite the anonymity and data protection that is bestowed upon its donors and recipients. Rolling out the 'social' side of blood, I have thus also explained its metaphorical meanings: how it is used in common phrases and idiom. As a foundation to the rest of the thesis, I have thus outlined how these differing ideas of blood conflict and conflate, underlining that it is through and over space and time (in context) that such meanings come together. As such, I have added to the literatures of Material Culture (amongst those that I will discuss shortly) by

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illustrating and creating a better understanding of larger social and cultural idea(l)s of the materiality of donated/transfused blood.

6.2.2 *A Methodology that 'fitted'*

Yet it was *how* I went about conducting this research this that is perhaps the greater foundation of what is yet to come, academically (and empirically, of course!). In particular, this thesis has thus secondly explained, justified and been the greater product of a continually-evolving, iterative methodological approach, bannered under the heading of 'multi-sited autoethnography'. Perhaps more akin (pun intended) to anthropological studies, it has nevertheless been illustrative of an entirely geographic endeavour, showing that people's experiences (with blood or otherwise), are not conducted in just one place. In fact, the places that they experience either blood donation or transfusion (or even think about blood, connectedness, care, gift-giving and relatedness) may possibly a) only form a tiny, tiny part of their daily, monthly, annual life cycles, and/or b) occur in *many* different places. Indeed, my outings to donor suites, transfusion wards, homes, cafes and 'Formal Hall', have been instrumental in contextualising experiences and lives, thus shaping both the empirical and

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academic discussions which came about *in* such places and which are now presented in here.

Taking place in therefore a non-fixed 'field', I have also illustrated how this PhD has been a non-linear process into and out of which have come changing methods and tools. Using a combination of both conversational serial interviews and participant observation (despite the relative importance of the former over the latter), I have created vivid insights into participants' thoughts by virtue of my own observations and experiences-shared, as well as by representing their voices in quotes. Paying credit to such flexibility, I have also been enrolled into the process, thus seeing myself as a participant and thus of partial and situated knowledge.

As such, this thesis has also been the product of co-constructions and co-learnings and has been the part of ethnography that has surprised me and that I have loved the most. Providing me with perfect method, approach and tools, collaboration and friendship have consequently been the surprising outcomes and the main methodological highlight. The iterative nature of the serial interviews led to not only an ever-changing, ever-interesting, totally organic piece of research, but one that owes much of its empirical findings to continued analysis, flexibility, negotiation of control and power relations and the creation of trust, rapport and friendship.

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Indeed, its centrality as the main mode of enquiry has been the main reason as to how and why the depth of empirical discussion has been achieved. And so to this empirical discussion.

6.2.3 *Gift Giving, Caring, Connecting...*

Thirdly, therefore, and in tackling the second part of my main aim, this thesis has underlined the larger and some of the finer points of the gift relationship and care. Intrinsically bound, such concepts are thus mutually-informative and connected and this thesis has explored and explained how they are shaped, defined, enacted and mediated in general and with reference to blood donation and transfusion. Never quite sure which one comes first, I outlined one before the other. Here, however, I will briefly pull these themes together, so that the later sections can be allowed to weave their meanings into and out of the blood exchange process.

Using the literature as a guide, I compared the drivers of blood donation as a contextual base for participants' want to give blood. I then highlighted the importance of such drivers as being indicative of larger senses of social connectedness and cohesion. I then explored what and how blood can (or cannot) be viewed as a gift and the problems associated with

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giving blood as gift (such as indebtedness and possible commodification) as perhaps a reflection of or reflective of greater senses of caring, which I also defined in space and time. As such, I highlighted how the changing spaces and scales of care gave rise to multiple and mixed definitions of caring for and caring about, culminating in tackling the geographies of care and more specifically, the geographical concept of caring at a distance in both theory and in practice.

6.2.3.1 Unseen(?) others

And so, as a possible product of the contexts/senses of personal caring and gift-giving, and in the context of blood exchange, I have thus explored whether donors and recipients feel connected to those at the end of their blood packs. Foregrounded in their views about, especially, caring, I illustrated that connectedness builds from a framework of institutionalised settings and mediated by personal feeling, the material properties of blood, (differing scales of) imagination and above all, personal proximity.

Making Time and Space for Connections*6.2.4 Newer Geographies of Relatedness...?*

Yet what other connective forms have been explored? This thesis has, finally therefore, examined the concept of ‘relatedness’ as part of the final part of its overall aim. In particular, it has rolled out the theme of connectedness yet further to address a number of issues. First, I outlined how relatedness was defined and differed from ‘connectedness’. Using this as a starting point, I consequently, examined the (traditionally anthropological) study of ‘kinship’, underlining it as something which also changes and is shaped over time and space. As such, I split kinship up into three ‘bite-sized chunks’, thus reflecting not only former academic points of study/contention, but also outlining the contexts in which participants also experience and view kinship. Firstly, I tackled ‘biological’ kinship, aiming at unpicking ‘blood’ as metaphor for kinship ties. Unpicking this yet further, I set about explaining the dominance of genetics and DNA in kinship studies in the past and present. Using both academic sources and popular media, I paid credit to genetic (and thus biological) determinism for constructing the foundation upon which other forms of kinship are said to be layered. Secondly, I looked at ‘social’ types of kinship, where ‘biological’ connection was either eclipsed or absent. I touched upon adoption as being emulative of ‘conventional’ family setup, yet with emphasis being on the ‘social’ as

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bonding over the 'biological'. Then using empirical examples, I explored how kinship is now established as a more socially-constructed and hybrid concept, often being as much about 'culture' as the 'biology' onto which it is often layered.

I then turned to notions of kinship reconfigured, highlighting both the spatial and the material reconfiguration of kinship. Thus foregrounding my own study, I introduced the new concept of 'relatedness', as called for by Donna Haraway (1997), which seeks to ally people other than by 'kin'. Indeed, I used examples of 'material things' as constitutive of passageways to kinship rites, and introduced the only theoretical articulation of blood exchange (therapeutic) in order to position larger scales of belonging and direct blood transfer. In follow-up to this, I then introduced the new Geographies of Relatedness, again setting up my own empirical findings as being part of a diverse set of studies aims at looking at degrees of (biological) connection, difference and belonging at different spatial scales. Beginning with larger scales of belonging I examined the thorny and geo-politically-charged concept of race: yet another hybrid and socially-constructed concept. Finishing with smaller scales of belonging, I also highlighted genealogical tracing and thus the relative importance of DNA and thus blood, in reasserting that whilst the geographies of relatedness are diverse

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and far-reaching, I also hinted that they can nevertheless turn around to becoming more micro-focussed than ever before. To end this chapter, I explored alternative participant notions of belonging, highlighting not only their personal senses of belonging, identity and relating, with respect to hereditary blood conditions, community and personal feeling, but also what they meant about 'blood relating' in both a physical and metaphorical sense.

6.3 Some Academic Conclusions

Aside from Cook and Tolia-Kelly's (forthcoming) calling for more studies of 'liquid things', there are also a number of other theoretical avenues down which I have trodden. Some of these literatures I have agreed with and added volume to; others I have added new evidence to, challenged or critiqued. This section will pull out the main academic themes, perhaps offering further suggestions as to how these issues (and any others) can be further investigated.

In the first instance, I have particularly addressed some of the 'constellation' of questions posed by Cathy Waldby *et al* in 2004, adding my own twist by tagging the gift relationship, caring, connectedness and relatedness onto the agenda. Indeed, this entire thesis is an ode to the

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challenges faced when thinking about bioidentity and rather than go through this all again, I would rather ask you to bear this entire conclusion in mind when thinking about the questions posed in their quote in the introduction. After all, it is the sum of these concluding parts that addresses the main aim of this research and thus some of those questions.

In the second instance, I would like to address the gift giving literature. My main findings here come from outlining the gift relationship: notably that altruism is seen as one of the main drivers of donation. Indeed, this has been challenged again and I challenge it again now. The scale of this research is perhaps not large enough in breadth to make conclusive arguments about social cohesion and economic and social life, but I would argue that it tackles enough, in depth, to underline that donor motivations are complicated and are born out of webs of experience, personal senses of thanks and repayment, or even just because it is important and possible. In addition, I argued that there were problems associated with gift exchange and highlighted that indebtedness is indeed one of these problems. I would add, however, that with the NBS no-longer accepting blood donations from former recipients, that the debt could now be seen as non-repayable, forcing further feelings through which tax contributions could be seen as less pernicious and forced-thank-yous, and thus as a way in which recipients

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could, in some other way, pay back into the system that maintains and saves their lives. As such, when outlining gift giving as becoming commodified, it could be argued that the suggestions in this study, redress the balance with respect to blood donation and transfusion. This is also especially owing to blood only being bought and sold within the NHS and therefore not for profit.

Nevertheless, by exemplifying that certain aspects of giving blood problematise the gift relationship, I have also thus questioned what kind of care is at play, if at all. As such, I have explored how care is defined, examining the concepts of ‘caring for’ (seen as something more personal, proximate and constituted of actions taken with intent to help) and ‘caring about’ (seen as something more distanced, humanitarian and as an expression of concern rather than action). Applying old notions of caring for and caring about assumes both a geographical context to caring, albeit one that has moved away from fixed spaces of ‘formal’ and ‘informal’, to ones which shift and change over time and space, possibly even being re-defined when stretched across both a physical and metaphorical distance.

Yet I heard of instances where this has not been the case, and have advanced such arguments by extending the scope to the geographical concept of ‘caring at a distance’. Understood to be something rooted in care

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usually associated with close proximity, but without the same personal interaction, such caring practices can be applied to unfixed and transitory places and spaces. Fundamental to its 'operation' is its dependence on larger, broader webs of social relations and institutional structures and something that can be arguably adapted to the giving and receiving of blood. Yet with anonymity in mind, perhaps the concept of caring for and/or about those anonymous, distant others shift slightly, owing to the juxtaposition of the so-called extension of proximate/familial care patterns to those at a distance. Certainly where blood donation is concerned caring enough about a society, a commonwealth, and not therefore necessarily an extension of the familial is enough to drive to donate and to continue doing so.

Indeed, in pulling both themes together, I argue that the following quote from Clive Barnett (2005:592) indirectly links the two concepts together. He states that:

The relationships between care and justice, individualism and community, partial concern and impartial judgment, the private sphere and the public sphere are, in fact, ones of multiple and cross-cutting connections. The importance of the [ideas of] ethics of care is that [they] point towards the embeddedness of moral dispositions in social practices and inter-subjective relations.

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And so I argue that gift giving and caring in a blood donation/transfusion sense do not only come from familial notions of loving and being/belonging, translated out to others at a different scale, and anonymously/invisibly. Instead, I argue, blood donation throws such definitions into the air once again. Recognising that actions are taken by donors to 'relieve the plight of others in need' (albeit actions that are firstly institutionalised and secondly actions that are carried out at a distance and anonymously, anonymity, personal/chance meetings, clicking with people or not) pre-disposition to 'caring' and what this entails in both a wider, geographical and personal sense, as well as the context of familial and experiential caring practices, all inform how we view both the gift relationship and thus how we react to, motivate ourselves to giving and receiving blood. And they are all mutually-constitutive and mutually-informed/influenced.

In the third instance, I would like to highlight some of the theoretical findings when thinking about relatedness. In 2001 Janet Carsten (p.1) wrote:

It is a truism that people are always conscious of connections to other people. It is equally a truism that some of these connections carry particular weight - socially, materially, affectively. And, often but not always, these connections can be described in genealogical terms, but they can also be described in other ways.

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In this light, I presented academic arguments, mainly backed up by participants' examples, of such connections, only under the headings 'kinship' and later 'relatedness'. I outlined the evolution of kinship thinking but equally outlined that upon mentioning the word 'related' to participants, students and even from studying popular media discourse, that things usually came back to 'kin', genes, chromosomes, family. The seeming dominance of the 'biological' in Euro-American thinking perhaps a little hard to erode, even when talking about blood donation and transfusion, where 'blood' is no longer a euphemism for familial/blood ties, or seen as something 'within which' things are passed on, but is instead a tangible, red, donated or transfused entity, flowing out of one vein and – some time down the line – into that of an other. Employing, thus, the term 'relatedness', I went some way to possibly redressing this metaphorical and familial dominance: highlighting scales of belonging, asking whether therapeutic blood exchange could be a form of relating, and especially signposting Kath Weston's (2001) discussion about blood transfusion and 'race'.

Yet it still didn't seem to fit all that neatly. My suggestion is that further research could call upon the specific reasons *why* and *how* we do or don't view the therapeutic exchange of blood as being permissive of kinship/relating. Beyond just blaming anonymity and the

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institutionalisation of the process of blood donation and transfusion, what else is there, if anything and why? I feel that more depth of understanding is needed as, like I felt at the end of the MSc, there are still more complicated questions to explore. Thus addressing Peter Wade's call (2002) for more ethnographic evidence on blood and genes and belonging, perhaps this thesis has gone part-way to revealing the tip of the iceberg, and yet more could be done after.

In the final instance, I would therefore add that on the whole, this thesis has displayed and used literatures that have sometimes helped and sometimes hindered findings. As interlinked as they are, they are nevertheless quite fragmentary when addressing certain aspects of them and even more so when coupling them with complex and (inter)personal contexts. As such, as opposed to the literature being either totally rejected and/or totally absorbed by my findings, it is moreover useful in a fragmentary way, as that is how it works: in different times, spaces, places and by different people. The example of the literature treating blood as gift throughout, yet this being challenged by Amie and accepted and embraced by the others is perhaps one of these instances. And so now to more empirical findings...

6.4 Some Empirical Conclusions

What this thesis has illustrated, is that connectedness and relatedness, caring and gift giving are not straight forward: that the geography of experience and encounter, is nevertheless fundamental to the hows, whys and wherefores of what these things constitute, how they are practiced, enacted, embodied, mediated and institutionalised. Indeed, it is at the intersections of such themes that things get interesting and tricky and the next section will serve to illustrate the main empirical findings in this thesis.

6.4.1 *Bringing one-on-one ideas together*

On the whole, it became increasingly obvious that first and foremost, and upon first introducing any of the above themes, that neither donors nor recipients really thought about the people at either end of their blood packs. I can't count the number of times that I heard the phrase 'well I never really thought about it before'! Perhaps with hindsight, this should have been enough, but a sufficient amount of digging and slightly strange line of questioning eventually led me to uncover some of the reasons as to why this is the case, allowing both them and me to ask each other what that means in

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the context of the above themes (and thus set the scene for further themes to come).

For the donors in my story, I have shown that it is not always (if ever) necessary to know who gets their blood: motivation to give is not driven by the need to connect to any one person, or population in a particularly tangible way. Nor is donation driven by the need to know the exact identity of the recipient, given that a) they may not need or wish to burden that recipient with the thought that they should need to feel indebted to that donor and that b) would they want to know who received that blood if they were told that the person who was saved was, say, a murderer or a drink-driver whose actions had killed another anyway? Not entirely driven by a utopian and hedonistic state of altruism either, the donors I spoke to did recognise that not everyone is perfect and that being a blood donor is certainly not a 'status' to prove or compound that point! Arguably the notion that *pure* altruism exists and that if it does, that blood donation is driven by it, can be said to be both contested in larger personal and indeed societal contexts, as well as acting on incredibly diverse scales. A point mainly made owing to my participants' sense of personal atonement for previous actions; the love of donating and the thought that maybe one day they may need blood too. Falling short of being truly altruistic, I'd go so far as to say that

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for the donors in my story, part of their reasons for giving (blood) comes from a deep sense of caring about an anonymous other(s), coupled with the acknowledgement that blood donation is a necessary act, fuelled by the notion and knowledge that someone, somewhere needs it, and that, maybe, one day that person could be you, us, them.

It is important, however, for those donors to feel a sense of contentment with their donation: hoping and trusting that their donation will not go to waste, and that ultimately their donation will go to *someone* rather than *no-one*. Their donations may or may not be viewed as gifts, but where this is the case, they are generally happy for their ‘gift’ to be given to a commonwealth or a less personal body of people who simply need it, for whom they can and care enough about to help. Whether they feel connected to those who receive their ‘anonymous gift’ or not, however is more complex and involves varying factors such as scale, personality and individual definitions of what connections are and how they are achieved. For the most part, bloody connections are ‘hampered’ or at least nipped in the bud at an institutional level, with the NBS choosing to anonymise the blood donation and transfusion processes. And for good reason. But when these connections are rolled out, categorised into ‘physical/tangible’ and

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‘psychological/imagined’, the boundaries of what and where connectedness is suddenly become slightly more blurred.

Imagined connections are often coupled with notions of ‘a bit of me in someone else’ or ‘it would be very rare to even meet anyone with my blood anyway’, thus making it a difficult concept to put words to. Certainly the impact of asking donor participants to think about this, didn’t really extend to them thinking or feeling too differently about wanting to continue giving blood, even if it did encourage them to think differently about the nature of blood donation as further recognition or reminder of those who need the blood. Certainly for Amie, it involved her even considering her potential connection, via the blood alone, with other donors, given that several blood pack donations can be combined together in processing, or come together in the recipient during transfusion. And for Simon, the whole issue of caring, giving and connecting was usefully summed up on his blog:

Saturday, 17 November 2007

[It's not that I don't care...](#)

I met Rebecca in *Coffee Republic*, Newhall Street, for a second conversation, recorded on a machine hardly the size of a thumb. She prompted me to think where and to whom my blood went. I'd been wondering, since our first conversation, why I cared so little. It comes down to the difference between donating and selling. Unless I could see no other way to feed my family - an improbable necessity - I wouldn't sell my blood. Seeing it as a gift, not a commodity, I've no wish to know the receiver of my blood, or to impose

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knowledge of my identity on them. My blood goes not to individuals but to a commonwealth with which I have a [gift relationship](#).⁶⁰

For the recipients in my story, it is usually at the back of their minds that someone, somewhere had given this pack of blood. The knowledge that each time they receive blood, they may have to acknowledge and therefore possibly feel indebted to more than one individual can be an uncomfortable position to be in, although paradoxical when considering Nadine's wish to say thankyou and give back in any way she can. Indeed, I have discussed that this feeling of indebtedness for a possible gift that isn't even viewed as such, highlights the paradox within which the gift relationship and blood donation/transfusion may possibly sit. Additionally, having the choice whether or not to connect with that person, physically or otherwise, may be 'freaky' or just too much to handle. Being possibly faced with all the donors from whom they could potentially have received blood was a little too much for both Becky and Nadine, who either chose not to want to think about it, or not to think about it because it is simply 'blood which makes you better when you're ill'. Certainly that there is often no choice *but* to receive blood,

⁶⁰ (specifically found at <http://democracystreet.blogspot.com/search/label/blood>. Accessed August 2009)

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imagined connections are enough to handle; should the identity of that recipient be revealed, both Nadine and Becky certainly did not like the thought that they have to face knowing what kind of person they were receiving from. The ‘what ifs’ of the story extend to them not necessarily wanting to know if a murderer, a ‘stinky tramp’ or even a dead person had given them blood. Would that make them feel different...dirty, uncomfortable...? Possibly, probably. You can’t choose your donors much as you can’t choose your recipient and taking away the anonymity of blood exchange at either donation and/or transfusion levels could lead to big problems in forging connections, be they unwanted or not.

Given that connectedness was not particularly encouraged or felt through the actual material exchange of blood, I was not holding much hope for feelings of ‘relatedness’ either. Indeed, by identifying what relatedness is and how it is defined, I was at first discouraged and then found hope. Amie and Becky’s articulations at what relatedness actually meant linked relatedness to a being ‘formal’ and ‘given’ connection. When asked if it was different to connectedness, the answers were mostly ‘yes’ and thus I concentrated on how and why. Highlighting its traditional place as being in ‘kinship’ studies, I thus illustrated how ‘blood lines’ and ‘blood connections’ were seen as the main difference between and within family circles, with

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both Becky and Amie using such a metaphor as meaning the coming together/mixing of *biological* fluid in sexual reproduction and thus offspring, family. Indeed, I pointed out that Amie, Lorrie, Nadine and Becky also noted that it was in genetic inheritance and thus the blood that ‘proof’ of parentage lay, as notably they were physical indicators of looks, hair colour, and for Nadine and Becky, Sickle Cell Anaemia. Thus adding an extra dimension to ‘knowing where they came from’, the genetically-inherited Sickle Cell was outlined as something fixed and at their ‘core’: something that could not change or be changed.

Nevertheless, I also noted that kinship could be constituted wholly socially, outlining the importance of Lorrie’s Aunty, Nadine’s Nanny in shaping their lives, exemplifying that the inclusion of a woman not ‘biologically tied’ to them was of utmost importance to them and the bonds that were forged through their more extensive Church Family. Juxtaposed with her feelings about her ‘real’ grandparents, I also highlighted the difficulties Nadine found in reconciling the naming and accreditation of her Nanny whilst knowing that her grandparents were also alive and ‘related’ over in the Caribbean. I then furthered this concept by pulling out the complex familial histories of Amie, Simon and Becky, as illustrative of ‘hybrid’ kinship. For these three, kinship was as complex a concept as any,

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given that their 'biological' fathers had all been absent for most of their lives. I illustrated that indeed for them, kinship was truly a meeting place of 'nature' and 'culture', with Simon being brought up by his step-father, to whom he owes his upbringing, and with Becky and Amie both losing their fathers to illness at early ages. For Amie, however, the addition of a step-parent was not something harmonious, and coupled with Simon's phrase 'blood will out' saw blood used as euphemism for the strength of 'biological' ties over 'social' ones. For Becky, social bonds were just as important, as her numerous half-brothers reminded her of a link to her late father; whilst her 'full brother' was seen as special because he tied together her late dad and her mum. As such, I paid notice to Amie's articulation that maybe, after all, being related was as much to do with a thought process, and a feeling, as it was about 'formal' and 'bloody' connections. Echoed by Lorrie's articulation that 'nature' is just as important as 'nurture', or at least mixed up, 'relatedness' thus became much more wide open.

Moving outwards, I then explored the concept of relatedness. Started by Nadine and Simon, the concept was rolled out as something that was mostly fore-grounded in 'biological' difference: physiognomy, but that which was and is more notably a socially-constructed difference, rooted in politics and stereotyping. Indeed, Nadine's experiences of 'racial' stereotyping were

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further enforced by her 'black man's disease' and skin colour, albeit paradoxically compared to her schooling and the 'words she uses'.

Yet, ultimately, my findings pointed me towards a similar sense of relatedness as there had been for connectedness and what I outlined as hearing from Becky and Nadine was that they felt no or very little relation to those at the other end of the blood they may receive. Whether it be on a global or a local level. That by receiving blood, it did not bond them in a familial/kinship sense to anyone in particular, mainly because they did not like the idea of it, or just did not think about it. Broadening their thinking, they related belonging to aforementioned notions of identity, stating that being related had something to do with 'race', and that this concept was played out via both looking at physiognomy as well as practices (collective and personal) and beliefs, stereotypes and so on. Certainly their experiences as sickle cell anaemia sufferers played a great part in their thinking about what type of community they belonged to: 'racial' or otherwise? Sometimes making them feel paradoxically and simultaneously excluded due to 'not all black people suffer[ing]' (Nadine...) and bound to their identity as black women (given that the condition is prevalent in those of Afro-Caribbean descent) both of them seemed forced to think about the 'roots' of their condition. And although Nadine was proud of her Asian and Scottish

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ancestry, both her and Becky were of firm belief that in receiving blood, that did not change neither their blood, their core (i.e. the condition), their family constitution, nor the colour of their skin. In essence they felt neither any further connection, nor any particular relation to those at the other end of the blood packs, owing to their already-established familial, ancestral, and experiential roots/routes in life.

For Simon, Lorrie and Amie, it was much the same, although it was more fore-grounded in their previous comments about connectedness, as Simon was still adamant that he felt no sense of anyone at the end of the blood pack. Even given his complicated family history and openness to relationships outside of procreation. Given his active disconnect, he therefore had no wish or feeling of relation to those at the end of his pack. Lorrie and Amie were much more explicit as to why, however. For them, DNA was at the heart of being related, as too was procreation. Nevertheless acknowledging the relations that are born out of 'nurture', their feelings of being related were just not there. Changing something at the 'core' was akin to Becky's ideas, and despite giving or receiving blood, that was not ultimately going to change how others perceived them, what they looked like and so on.

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Yet despite me underlining such conclusions, they were nevertheless reached between myself and one participant at a time. Bringing everything in the above sections together, partly reflects what I was hearing during my entire empirical stage. As these conflicting and conflating ideas and thoughts became increasingly apparent during interviews and inter-interview-analysis, I grew increasingly unnerved about discussing other people's thoughts with other people! I was mediating, and although that was/is my job, I was uncomfortable about doing it more and more often.

The most logical decision I made during this research, albeit based on a hunch: something that I felt I had to do, was to get people together. I can only presume it was based on part-logic because I was nervous about it too. How would people get on? Would they? What happened if they didn't? Would we slip into an uncomfortable silence? Would people bicker? What would happen if it all went wrong? Would they react the same as me upon hearing something that had mortified me first-time-off? Would they care? Would they turn on me...? I was incredibly nervous.

Making Time and Space for Connections*6.4.2 Bringing people and their ideas together: One Big Meet*

I had made my decision, and I thought the others deserved to speak for themselves for a change, express their own feelings *to each other* rather than to just me. And so I kicked off by not only offering food, but also asking people why they came. Mostly, I was told that it was because I'd asked. I felt flattered. But also: Lorrie wanted to know why other people became involved; Amie wanted to meet other givers and receivers and Nadine wanted to meet the other Becky. It was a shame that neither she nor Simon could make it.

I was struck by how little talking I did in this first hour, not only because it was a minor miracle, but also because I didn't have to. Punctuated by us all swapping to have a hold of Lorrie's baby, all three of 'the others' spent time getting to know each other: asking what they all did for a living; Amie asking Nadine about SCA and Nadine and Lorrie oohing and aahing at Amie's story of her dad and his heart transplant, and thus why she started giving blood.

When I finally did sit down to talk 'business' however, I was also struck at the ease at which people talked to each other, challenging and replying to each other's comments and questions as though I wasn't even

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there. Surprisingly few comments were made that I hadn't heard already, but it was refreshing to hear other interactions and (similar) opinions (notably to myself, from Amie) about certain topics of discussion.

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Whilst I heard most of the same answers that I'd heard previously, it was refreshing to hear a conversation and interaction. Nadine re-iterated that just the act of giving blood was enough for it to mean something, and I was reminded of Simon's previous comments about the gift relationship becoming 'invidious' when she mentioned having to reconcile herself to receiving blood from a potential murderer or rapist. Amie's retort was that she should not have to be thankful to someone like that, despite what they could be, as she underlined her point about donation as not having a gift-like quality. Although she took this on board, Nadine did reply that donors, for her, still had a god-like quality, having power over someone like her to sustain her life, and that in that act of giving, her reconciliation at who that person might be had to remain as such.

I was most struck at the passion at which Amie spoke about indebtedness and the implication of how good anonymity was in helping getting rid of this. Similar to what Nadine and myself had discussed, I heard

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Amie champion the same corner again, saying that she would never like to be thanked and she didn't feel that Nadine should do so. It rolled the conversation out into a much wider discussion about connectedness, and for the most part, I heard similar comments as before.

Yet I dropped a question in about what difference it made to meet people now that we were here, and I was greeted with the first and only silence of the day. Telling of perhaps people not wanting to comment about people they had only just met, I left the silence and let it hang. Amie ended the silence by saying that she didn't really think about the others who were at the end of the pack, and that although she knows they existed, that they weren't the direct the reason why she donated blood, even though she was aware that it was for them that her blood would serve its purpose. Lorrie 'mmd' at this point, but added that she thought she would be happy to meet someone who had received her blood because then, she could know who she was helping. She added that although it wouldn't make her feel more connected to a potential stranger, she *may* feel more inclined to share some sort of connection. Relating this to Nadine, she said that it would have been nice if they shared the same blood group, because then she'd know that she was helping her friend: someone she was close to. An extension of her friendship care-patterns.

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As Nadine, Lorrie and Amie all continued their discussion, amidst laughter and Lorrie's son giggling too, a minor consensus was reached. With Amie nodding and Lorrie 'miming', Nadine suggested that it was not the blood transfer that was important, and that the connections that were forged (if at all, and even during and after the Meet) were just due to the 'type of people that we are', facilitated and mediated by me. So my question was answered. Bloody connections: no, but connectedness forged through meeting and discussion, yes.

Keen to follow on from this theme, I asked about blood relations, and whether this could be forged through donating/receiving blood. I half expected a no, and so I asked why. Again. Amie made the analogy that blood from parents and grandparents is more like building a car from scratch: that their DNA and genetically-inheritable 'traits' are responsible for making our blood from the beginning. Donation or transfusion of physical blood, was thus more like filling up the fuel tank, keeping it running. I liked this, but Nadine 'hmmd'. Comparing the life she 'got' from her parents to the one that they don't help 'sustain' by donating, she furthered her former comments about maybe donors being part of a larger set of people (maybe like a family) who sustain her life. Thus a mixture of 'nature' and 'nurture', relatedness

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was seen once again as a projection of kinship, of which receiving or donating blood did not constitute.

So what did I learn? What I had already discussed and responded to individually, I then heard pretty much the same again as/within a group. Nadine said that she was struck by how comfortable she felt discussing these themes with both Lorrie and Amie, and that she felt as though a sense of connectedness had been fostered through me, my questions and the knowledge that these concepts weren't new. She questioned what would happen if every donor and every recipient met each other along with every non-donor. She concluded that it *would* foster connectedness: "How can you *not* feel connected?!", if not by meeting, then by virtue of all those who didn't donate feeling left out. Amie asked whether this would possibly encourage more people to give. Nadine said yes, 'because no one likes to feel left out'.

6.4.2.1 Making time and space...

I e-mailed everyone after One Big Meet, asking them some questions about what they thought of the meet: how they felt, had it made a difference? How? Why? Only Amie replied to my questions and I squirmed my way

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through reading them. Although implicitly apologetic for sounding as though she wasn't glad to do it, she nevertheless said that she was glad she did. I however, felt as though the response was tinged with a little annoyance.⁶¹ And I don't blame her. Sure enough, much as *I* had been, she too felt the urge to scream at Nadine for thanking us, her: her overall feeling reinforced, that giving blood is a responsibility, a job. As I remember noting at the time, I was again, here, further reminded of her adamant response when addressing Nadine directly. Nadine squirmed and put her answer back: that although people can donate blood relatively easily, that it is still something they don't have to do and yet they still do.

I was glad Amie was there. She repeated what I'd said on a few occasions to Nadine. That thanks is never due (from my point of view) and she further pointed out to me, later in her reply, that perhaps the anonymity was 'comforting' given that 'the notion of having a further bond like was suggested also adds confusion as to how far do you go once you've met this person. What if you don't get along, do you meet for lunch, force general chit chat, or just walk away...I find it very hard to walk away...'. I agree. The comfort of the anonymity is thus perhaps needed.

⁶¹ Which again, is discussed in her right-to-reply e-mail. In short, she said that although that's how it may have come across, that her memory of it was not as such: that it was 'pain free', she promised!

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Amie also said that she didn't think my project would have been 'successfully rolled out' to include more people, and that my participant numbers were right for this type of research. She mentioned that should she be asked to go to something on a much larger scale that she would go, but hide behind me. I smile at that comment, mainly because I would have liked her to talk to Simon about that, given his experience at the Hyatt, but also because she obviously thought I liked the idea of getting together to hear thanks. I replied to her e-mail. In it, I said that I too felt as she did, the first time I heard Nadine mention the word thanks. That I cringed when I heard about indebtedness, and that I probably took it for granted that this was how she'd felt, given that I'd talked at length with her and so was accustomed to her thoughts on the matter. I also said that I would probably hide with her, somewhere behind the scenes, as I don't know if I like the idea of all that thanks in one room. But then again, Simon said that maybe people who want to say thanks, should be allowed to, and that no matter how squirmy or annoyed it makes us, that maybe we should be gracious. And then tell them it was our pleasure. Or something. I don't know. I'm rambling.

I was relieved that the four of us got along, but I was stung that I'd upset Amie by 'forcing' the 'connection'. Whilst it was ultimately my very

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intention, in order to tease out the difference that space and proximity makes (something I was convinced was the best thing to do, given what I'd been hearing), it was not my intention to make people feel uneasy or upset, even though I was perhaps prepared for it. Maybe it's more greatly telling of why the NBS and the Data Protection acts put this in place. And it's more greatly telling of those who simply wish for the connection (if there is one) to remain imagined and in the hands of those handling the blood packs.

Whatever the case, for Amie, One Big Meet was certainly an eye-opener and certainly something that re-enforced her thoughts on anonymity and spaces of encounter. Whilst I would hazard a guess that she liked Nadine and Lorrie (she invited them to her wedding, so I presume so!!), I would also gather that the connection she has with them (if any) is not directly born out of a possible blood donation/transfusion, despite the facilitator being dubbed as 'Blood Becky': a name which has since stuck. Indeed, I would further guess that Amie's connection with Us Vampires is forged through a mutual friendship, and certainly one that I, for one, hope will last.

Making Time and Space for Connections6.5 Making Time and Space for Bloody Geographies

A woman with Sickle Cell Anaemia sits by a fountain on the edge of the Town Hall Square in Birmingham City Centre. She is smiling, but slightly squirming. It's summer. People walk around the square, reading billboards displaying photos and captions. Then I focus in on one of them. It's her. I approach her, she smiles. A dialogue starts: "Hi, I'm Nadine, pleased to meet you."

A Michael Jackson impersonator dances in the middle of a dancefloor. She is surrounded by wedding guests. Someone put Michael Jackson's *Bad* on the CD player. We are laughing and clapping. We watch with awe as she flicks her lower leg at a 90-degree angle to her body and then shimmies off towards the edge of the circle. Amidst the laughter someone shouts: "Brilliant Lorrie, just brilliant!".

A crowd of people surround the bouncy bungee machine: excited nieces and nephews form the front row. They are giggling and pointing. It's May 2008. Caribbean rice and peas, topped off with Hot Pepper Sauce were the highlight of the day. Until now. The woman on the machine attaches herself to the bungee rope and I hear the kids hoot with laughter and shout: "Come on Beck, COME ONNN!".

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Then there's a voice. I can't see his face, but it's coming from behind a high-backed armchair. "Becky, I'm over here, do you want a coffee and a pastry?". I smile, and thank him for the offer, as I locate his voice over the crowded hubbub of the coffee house. I see a bike propped against an armchair. I walk towards it and I reply: "Ooh, yes please Simon, that would be lovely!"

A *Subway* sandwich, half-a-foot long filled with meatballs, drops all over the place before she's even started to eat it. She grins. So do I. "Yeah, so I've been compiling this DVD of my Dad: there's all sorts of TV footage of him. When I rang the TV companies and told them I was Amie Coffey, and that Paul Coffey was my dad, they helped me find all this stuff. And it's fantastic!". We both tuck into our sandwiches.

The journey started with five participants and me, and hasn't really stopped yet. This thesis started with a Give Blood advert. So what's happened in between?

Bringing (some of) these people together, may not have changed their views in and of themselves, but did foster another kind of connectedness and relatedness: in that names and faces and anonymous others were

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united and, more importantly for me, connected in a way that means just as much now as their insightful answers did then: by becoming friends. Trips to the Donor Suite occur three times a year, and are punctuated by weddings, birthdays and other celebrations. Whilst I do not feel more or less connected to those at the end of my blood pack, as the anonymity is still an institutional requirement (as I think it should be), my friendships with those forged through this journey are just as important in my life in general as they are in my life as a blood donor. Giving blood, for me, has thus facilitated and forged a much deeper sense of connection with at least one recipient and numerous more donors. Along with this indirect 'product', I have become familiar with staff at the Donor Suite in New Street, who always ask how we all are, remember us as the ones that chat and laugh during our 'Vampire Trips' and who forget that we only met a few years ago, given that they usually think that we knew each other from school. Connections and relations borne out of blood have thus taken a whole new meaning for me. Nadine and Becky will never receive my blood, Lorrie, Simon and Amie are not 'blood related' either, in a tangible way, but my 'blood relation' with all of these people (and with the 'Vampires' in particular) has taken a new connective form which I hope will last. Blood related, therefore? Of a sort, yes!

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On a broad scale, the institutionalised setting of the NBS in this country frames the very sense (or lack) of connectedness and relatedness felt by those at each end of a donated/transfused blood pack. The anonymity and spatial, temporal fractions experienced when donation, processing, testing and transfusing blood thus impinge such connections, instead, allowing them to be formed otherwise. For them, I find it ironic that their adverts re-humanise an otherwise anonymous blood pack. That by even suggesting or trying to promote a connection at the point of transfusion, they are implicitly suggesting that it is necessary in order to care enough about/for, connect enough with an unknown other who needs the 'gift' of blood. Using celebrity images and pleas, they call out *to* a society, for the help *of* a society. Yet does bringing these spaces into reality rather than in the imaginations of the 'other' really foster this kind of reciprocation?

I'd argue not really. That although there is knowledge of the 'needy other', or the 'donor other', and that this is often enough to interact with personal, moral and extended familial aspects of care, gift giving and connections/relations, that in reality the connections are not there and neither are the extended family. But again, is that extra dimension, that extra depth really necessary, when the act of giving and the sense of achievement, responsibility reached is enough to keep donors donating and

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recipients turning up for Thankyou Donor Days and research interview meetings? I'd say to a certain extent, yes. By reciprocation, personal experience, sharing: not just the knowledge that there is a 'body' or a 'needy other' 'out there', connections are made. Moreover, the actual *act* of either giving or receiving blood is not *in itself*, that which forges connections. Moreover, connections and how we relate to others can be facilitated by a thesis and subsequent meetings, and can be more to do with physical proximity and the gelling of personalities and forging of friendships within and thanks to blood donation and transfusion, if not the actual sharing of its products.

If anything, the non-academic, non-research orientated feelings have stuck, allowing me to say that despite meetings, connectedness and/or relatedness are neither felt nor particularly apparent when giving and/or receiving blood. Even when potential donors/recipients meet. Forcing the connection, may be the exact thing that the NBS only *plays* on: trying to facilitate and re-humanise a long line/tangled web of everything in between. Counting on empathy and care, coupled with a societal/humanistic sense of gift-giving: giving 'life', is perhaps one of the reasons they use people in their adverts, as opposed to shrouding/veiling the process even further in anonymity and Data Protection. Whatever, the case, for my small sample of

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people, their journey too has forged the larger, albeit still nuanced and individual conclusions, which I have described, along with the literature that they have unknowingly added to and/or challenged.

APPENDICES

Appendix 1: Donor Health Check Questionnaire.

Appendix 2: Copies of 'right to reply' e-mails received from participants.

Donor Health Check for regular donors

Please answer the following questions in blue or black ballpoint pen. If you are uncertain of any answer, leave the box blank and speak in confidence to the healthcare professional.

A Your lifestyle		Yes	No	Staff
A1	Are you HIV positive or do you think you may be HIV positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	Have you ever had hepatitis B or hepatitis C or do you think you may have hepatitis now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	Have you ever injected or been injected with illegal or non-prescribed drugs, including body building drugs? (You must answer 'Yes' even if it was only once or a long time ago)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	Have you ever been given money or drugs for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	To be answered by all donors. Have you had sex in the last 12 months with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^a anyone who is HIV positive;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^b anyone who has hepatitis B or C;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^c anyone who has ever been given money or drugs for sex;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^d anyone who has ever injected drugs; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^e anyone who may ever have had sex in parts of the world where AIDS/HIV is very common (this includes most countries in Africa)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6	To be answered by men only: Have you ever had oral or anal sex with another man with or without a condom or other form of protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7	To be answered by women only: In the last 12 months have you had sex with a man who has ever had oral or anal sex with another man, with or without a condom or other form of protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B Since your last donation...		Yes	No	Staff
B1	...have you been told you should not give blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	...have you had an injury which could have put you at risk of hepatitis or HIV (could the virus have entered your body through a needle prick or broken skin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3	...have you had acupuncture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4	... have you had your ears pierced, any piercing to your face or body, had a tattoo or cosmetic treatment that involved piercing your skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5	...have you had a serious illness or seen a doctor about your heart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6	...have you had an operation, any hospital investigations or tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7	...have you had jaundice or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8	...has your doctor put you on any medicines, tablets or other treatment (except HRT for the menopause, the pill or other birth control)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9	Have you taken any other medicine or tablets in the last 7 days (this includes medicine you have bought)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	Have you seen a doctor, dentist or any other healthcare professional in the last 7 days or are you waiting to see one (except routine appointments with your doctor)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C Other risks		Yes	No	Staff
C1	Have you had an illness, infection or fever in the last 2 weeks or do you think you have one now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2	Have you been in contact with anyone with an infectious disease in the last 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3	Have you had any immunisations, vaccinations or jabs in the last 8 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4	Has anyone in your family had CJD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5	Have you received blood since 1st January 1980?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D Your travel history		Yes	No	Staff
D1	Have you been outside the UK (including business) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2a	Have you ever had malaria or an unexplained fever which you could have picked up while travelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^b If 'yes' have you been outside the UK since then?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3a	Have you ever lived or stayed outside the UK for a continuous period of 6 months or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	^b If 'yes' have you been outside the UK since then?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4	Since your last donation, have you visited Central America or South America for a continuous period of 4 weeks or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(IN CAPITALS) Forename.....	(IN CAPITALS) Surname.....	Date.....
Your Signature.....		

Change of details – if we have your details wrong, please give us the correct information below.

Title..... Forename..... Surname.....

Address.....

Postcode..... Home no..... Work no.....

Mobile..... Email..... DoB: day...../month...../year.....

Staff Use Only	Medical notes
<input type="checkbox"/> Withdraw/suspend until/...../..... <input type="checkbox"/> Attention centre doctor <input type="checkbox"/> Letter attached <input type="checkbox"/> Set medical bar	<input type="checkbox"/> Suspend until...../...../..... <input type="checkbox"/> Withdraw <input type="checkbox"/> Accept Date...../...../..... MO's signature..... Additional notes label <input type="checkbox"/>

Appendix 2: Amie's right-to-reply e-mail plus my reply thread

From: Amie [REDACTED]
Sent: 22 September 2009 10:37
To: Rebecca Morris
Subject: Re: The Thesis...call for comments

Wow, just finished it- sorry didn't quite realise how long it would take to read. It's an amazing read Becky, I'm taken a back by how well you've gathered all the detail together and then presented it in such a way that isn't too daunting or hard to absorb.

Cringed a bit about my own inputs- why didn't you just tell me to stop changing my mind? Also i'm not sure I felt as "upset" as you suggest after the first big meet- maybe that's how it came out at the time but my memory of it now is not the same. Please don't feel you have to be apologetic, it was pain free- I promise.

Have you got someone to do your proof Reading for you? I noticed a few typos on my journey through.

Must admit I loved it, at first I was worried about all of the academics- but when I got into it I couldn't put it down. My Iphone has been great as I've read it off there on the train.

Sorry again for a late reply, and thankyou for allowing me to be a part of it all.

Look forward to seeing you soon, you'll be a changed women with no cares in the world!

Hehe you need me to draw my circuit again?

Luv aims

===

:-)

:-)

Thankyou so much! It's a doorstep and a half isn't it?! Bet your iphone is well and truly battered-out!

I'm so glad that you enjoyed it: a not-too-daunting, accessible page-turner is one of the best and most treasured compliments I could ever wish and hope for! Thankyou. It seems that my goal in that department has been reached.

As for your comments: I loved that you kept changing your mind. It was fantastic and a testament to your willingness to absorb and think things through...as well as humour my complicated and winding questions. It was really all that input and you changing your mind that gave it the depth that I was needing/looking for, and made the thesis all the better for it actually.

And yes, I've been through the whole thing (for the fourth time now) with a fine-toothed-comb looking for all those typos. My supervisors have read it and commented and so I'm on last edit before Friday's hand-in, when hopefully it will have no more typos and horrid sentences with too few full-stops!

So when you coming to see us then...? I'm nearly a lady wot lunches now you know...! (Well, before I get a job anyway!),

Gimme a shout when you're on your way. Did we confirm the end of October for Vampire Trip and lasagne at mine?

Hope to see you soon,

Lots love,

Bex

PS. We're going back to the campsite 5th October-ish, for a well-needed and cost-cutting break. I'm so excited about camping on the lakeside camping area as the views are going to makeup for all this stress. What a gem-finding from you and the Mr. :0)

Doctoral Researcher

Room 225

Geography, Earth and Environmental Sciences

The University of Birmingham,

Edgbaston,

Birmingham. B15 2TT

Office: [REDACTED]

E-mail: [REDACTED]

Web: [REDACTED]

Appendix 2: Simon's right-to-reply e-mails.

Re: The Thesis...call for comments

Simon [REDACTED]

Sent: 09 September 2009 10:17

To: Rebecca Morris [REDACTED]

Dear Becky

I'm sitting upstairs in our home in [REDACTED] riveted to your draft – fascinated and moved both by the reality you've conveyed of my co-participants in your research, but also the big exciting ideas you are approaching with the circumspection of a sailor approaching a hazardous shore, and especially for the kind and flattering things you say about me. Unless they are removed in the next draft as too good to be true, I will save them up to read again when feeling down (:)) - which might be quite soon as campus politics has enveloped the future of the Institute of Local Government Studies and I may find even my peripheral links with the university severed, which would be a shame how ever much I hold to the nostrum about one door closing, another opening...

I'm not replying here in detail as I've only just started reading and want to reread in the next few days, but you did ask one specific question. My Atlantic crossing was over Christmas 1965 and New Year 66 - a minor detail but scholars have to be especially accurate (:))

You don't say I was a lone sailor, but in case this matters for context, the voyage in a 22 foot sailboat was made the more memorable for the company of Sue Pulford (we're still in touch now and then) - both doing theatre at Cambridge (I, President of the Mummers; she, vice-pres) - who made the crossing with me from the south of France to Miami. By the time we'd sailed together to Gibraltar, Sue was thinking this was an adventure she'd always regret foregoing and I was thinking that I wasn't that much of a loner to feel I had to make the journey solo even tho' that had been my plan. (one door closes...etc) That's a lot of words to suggest changing 1969 to 1966, but you've already got me bang to rights on loquaciousness, or what someone less kind would call 'prolix' (I love that word).

Now I'll read more carefully for typos and anything else that may come to mind, but really to digest and enjoy the vivid tapestry you are constructing so artfully from so many separate threads, as well as the product placement for coffee shops, laptops and – more important – my blog. Gosh I do hope I get a chance to meet the others involved, who I missed before. I'd promise not to talk too much.

Here's something a spell and grammar check is unlikely to pick up

QUOTE...so if someone came in her ([here](#)), and we could actually show there was a connection, I'd sort of say 'oh, that's nice!' Is it nice? I don't know...UNQUOTE

I'm almost certain 'her' on page 167 should be 'here'.

Best

Simon

And then shortly afterwards...

A few more thoughts

Simon [REDACTED]

Sent: 18 September 2009 08:09

To: Rebecca Morris [REDACTED]

Dear Becky

I hope you're well and that you got my previous email sent - last week was it? Time's arrow flies erratically here.

I've been reading more. I am mildly surprised I didn't mention - or perhaps you omitted it in the mass of material you generated - what was probably my most significant experience involving blood - Lin's anti-D jab at the time of our son's birth to stop her producing anti Rh+ antibodies that could have caused her next child to be a 'blue baby'. The whole procedure was a sideline experienced by both of us as no more than a minor routine - so efficient are current measures following prenatal tests for preventing a life changing and threatening crisis.

Ordinariness applies to so many of the challenges thrown at us by our nature and by nature. The things done to ameliorate and possibly resolve such crises are dramatic, memorable. Once human knowledge had advanced to the preventative stage - stopping fires happening in the first place instead of putting them out when they occur - courage, endurance, grief, joy, and other accompaniments of heroic intervention - successful or otherwise - are replaced by preventative routines.

The drama of Sickle Cell treatment, despite medical advances, still occupies the human stage. One day we may hope that it becomes as boring as Lin's anti-D jab on one of the most joyful days of our lives - one that made Amy's arrival a few years later an equal celebration, with us and her, even today, having little sense of the peril she might have faced at birth without that standard procedure.

Thus the crises of war and global warming and.... Oh that they might become boring. Yet, as my stepfather used to say, 'man is not a fair weather animal!' The fire officer who never put out a conflagration can be a frustrated, even poignant, figure. The wish 'May you live in interesting times' the Chinese called a curse, but imagine wetting a baby's head with a toast to "boring times."

I guess I didn't mention this important experience to do with blood to you because it was so ordinary it slipped my mind.

This is why I subtext my blog 'Waging Peace' and have reversed Hannah Arendt's famous phrase about the banality of evil - written it in Greek. Η ΚΟΙΝΟΤΟΠΙΑ ΤΟΥ ΚΑΛΟΥ (those letters are probably gobbleddegook in the email unless you have Greek fonts 'The banality of good')

On that theme I picked out a few typos which I'm sure you will see to in final drafting. Ones that a spellchecker may miss involve spelling 'reins',

in the sense used when riding, as 'reigns'. Your searcher will find the two instances, tho' one's on p.105 in my copy.

A minor comment on myself and the dislike of selling my blood; I just recalled that when I still had a car, I claimed the free parking accorded to donors in the city centre. You got your parking card stamped and before the process went automatic the man at the barrier let you out free when you showed the stamped card. You could thus give blood and have time to shop in town. My moral purity is thus compromised (:)).

One more thing. An event came into my head not associated with Dhiaa my dear Iraqi friend but one I wanted to insert into my blog when chatting of my latest meeting with him and an exchange on issues of weight to us both:

'We were picking blackberries in the forest, eating as we went along. Ungainly – I'd clambered up a bank for richer pickings scratching my wrist on the hardened thorns of an old bramble coil, bringing up beads of bright blood. With one hand full of fruit, I slipped. My friend, one finger, similarly scratched, reached up and gripped my wrist helping me down to the path.'

I doubt this image of mingled blood, picking uncommodified fruit beside a shared path lined with stinging nettles and thorns would have entered my mind as an expression of friendship had I not been chosen to take part in your research.

Best

Simon

Appendix 2: Nadine's Right-to-reply e-mail. (Dated 24/2/10)

- Pg 186 – I wouldn't say that I felt 'discomfort' at receiving blood from white people – I am very happy to receive it, welcome it and am extremely grateful for it (and perhaps because of this find myself acutely) aware of it, in terms of who it came from. Due to the anonymity of the process I can't attribute what I receive to one individual but I can logically realistically attribute it to a race/certain type of person.
- Pg 227 – I didn't think that blood came from dead people. My quote was said in relation to an occasion when I tried to encourage a friend to give blood, after we'd heard a talk from the NBS who came to our school. My encouragement was met with a reply about blood donation and receiving being 'dirty'; which then elicited the feelings of which I spoke. It was on the day this occurred that I went to an appointment I had at the (children's) hospital very much distressed and was told by one of my nurses that the reason we were taken to visit the NBS when we were younger was because one of the other patients had been told by another child at school that the blood came from dead people; and so we were taken to see where the blood we were receiving really came from.
- Pg 233 – When I was younger I was under the jurisdiction of one doctor, who I came to feel didn't care about me much as an individual. Then when I was older I was placed under another doctor, who I liked more than the previous doctor, though would care about me as a person more and was therefore happy to have been placed under. I then learned that my previous doctor, who I thought didn't care and who I didn't like as much, had provided me that emergency and critical blood. On that occasion when I was in critical need of that blood it was not a choice between the two as my first doctor was the only one around at the time and the second became part of his team (so to speak) many many years later on.
- Pg 259: My brother has the disease but hasn't "suffered" (as badly) from it. '...the rest of her immediate family' has the trait – that would be just my parents, as far as I know.

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