

The Embodiment of Citizenship: From Good Samaritan to Donor Citizen

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ABSTRACT

Citizenship became the cornerstone of the contemporary public health agenda according to Petersen and Lupton (2000:61). They argue that the concept of citizenship is a term that is contingent with the demands of the surrounding society. As a result, modern citizenship must be reconceptualised as a both conscious and increasingly corporeal attribute (Novas and Rose, 2003; Rabinow and Rose, 2006). In applying these contemporary concepts of citizenship, this paper provides evidence of the changing conceptualization of blood donation in the United Kingdom. Donating blood is shown to be a form of active citizenship, and to be deferred from doing so has a direct impact on individuals' freedom to donate and thus community membership (Titmuss, 1997). Using data from a qualitative ethnographic study of Blood Donation (Mahon-Daly, 2012) challenges the orthodoxy of altruism, seeking new understanding of blood donation as the practice of an active embodied citizenship.

Keywords: *citizenship, blood donation, altruism, embodiment, deferment*

INTRODUCTION

Blood donation has customarily been framed as a form of altruistic citizenship, as defined by the seminal work of Richard Titmuss (1997). However changes in the processes and in the recruitment of voluntary blood donors provide the opportunity to review the role of blood donation in relation to contemporary conceptualizations of citizenship. Starr (2002:46) argued that blood has become an entity in its own right, sitting at the centre of contemporary society and about which different people have different views, including the relation this pro social act has with responsibilities of the citizen. As such blood and its donation can serve to be a symbol of citizenship.

Susen (2010) examined the changing nature of citizenship in complex societies and has argued for a reconceptualization of the role of citizenship in the late modern era. This paper responds to this imperative in re-examining the key prosocial act of blood donation as a form of embodied citizenship.

In the first instance the paper affords a précis of the emergence of citizenship and discusses the key elements and theoretical assumptions. The paper then goes on to present an argument that blood donation may be conceptualized in a new paradigm.

The concept of modern citizenship derived out of the creation of newly integrated and interdependent societies through the processes of modernity, characterized by networks, and by visible solidarity (Tonnines, 1957/2001), and was understood later by Parsons (1951) as a social structure underpinning progress and reciprocity.

According to Parsons (1951) the roots of social stability are located in the common patterns of goals and values of societies, and being seen to be pro social and altruistic aligns with this ideology. Classically, Marshall (1950) has argued that as citizenship and the inherent rights within it expanded with the inception of the Welfare State, the right to receive good healthcare was placed alongside the right to freedom, as collective notions and expectations of state management of Health emerged in modernity.

Turner (1986) identified fundamental meanings to citizenship from that of simple inhabitant of a

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community to, more crucially, that as a citizen vou are a member of State (Isin and Wood, 1999). Moreover, citizenship for Turner (1986) is emblematic of the dichotomy between state provision and state independence with the work of civil society and good community behaviours mediating between the two. The voluntary status of blood donors set against the need for the State to provide free to all citizens blood and blood products when in need is an example of this dichotomy; good citizens coming forward for the good of all fills this gap. At the centre of all modes and practice of citizenship is what Simmel (1950) highlighted as being based on both reciprocity and civic responsibility, which is how to review the voluntary blood donation exchange relation in the UK.

In challenging the lens of altruism through which Titmuss (1997) elucidated why people took up the mantle of blood donor in the guise of a Good Samaritan doing good for others, this paper argues that the Good Samaritan has been replaced with a Good Citizen. Moreover, through the public action of giving, the citizen embodies his commitment to the State and everyone. Titmuss (1963)argued that citizenship was integral to the widening out of social welfare post war as citizens were rewarded for their commitment to the State. A crucial new and under explored aspect to this new depiction of citizenship is the relationship with bodily self-discipline and increasingly less dependence on the State as the burden of care provision grows exponentially. It is this aspect that will be applied to the concept of being a blood donor in contemporary British society.

Blood Donation Active Citizens and the Changing Nature of Citizenship

Current arguments concerning the ways in which citizens perform Active citizenship in relation to Health and Welfare are linked to the rise of what has been called by Petersen and Lupton (2000:62) "the new public health", with health activism evident in the civil space. This idea includes the growing concept of citizenship to the healthy citizen and the rise of active rather than passive participation in attaining and maintaining health and in relation to blood donation for blood donating purposes. Petersen and Lupton (2000:62) argued that "The contemporary meanings of citizenship are closely aligned with notions of the civic and the civil and are intertwined with the relationships between citizens, the common public life and the city."

Therefore it is important to reflect on the term citizenship in relation to the changed nature of blood donation as a form of citizenship. Scandals over blood safety were a feature of the 1980's and the demand for risk free blood and risk free blood donors emerged. Citizenship has developed from its early associations with community and solidarity to being linked to obligations and regulation of the individual over the majority (Miller and Rose, 1993:98 cited in Petersen and Lupton, 2000:63). This applies to the notion of the embodiment of citizenship. Donors understand the corporeal obligations of the role of keeping themselves fit, and watching their diet.

In critiquing the location of blood donation in the role of the citizen it is necessary to review the concept of whether the blood given by donors is Gift or a Donation. The moral imperatives which now surround giving blood require specific understanding of what has been given and the relationship of the donor to the State. This change is important when reflecting on the concept of the blood being given as a gift freely offered by the citizen exerting their right to do so under the voluntary nature of the national blood collection body. Mauss (1990) undertook in his essay On the Gift to scrutinize the phenomena of exchange with regards to highlighting and underling the inherent morality and the organization required in such social transactions. At the heart, then, of social gift exchange systems according to Mauss (1990:5) are that the transactions are inherently linked to the prevailing morality. This can be linked to the early links with emergent citizenship in to which Durkheim (1987) modernity conceptualizes as the Conscience Collective. Citizens understand the call to give blood, and as Titmuss (op cit) (p 124) argues the need for blood on a rapid and increasing scale has brought to the fore difficulties in clarifying whether given current circumstances of vetting blood donors makes the donated blood a pure gift or a citizen credit bearing donation.With regards to the voluntary nature of proffering yourself as a blood donor it could be argued that this action sets you apart and above those who don't, but there is no guarantee that your gift will be accepted. Mausse (1990:83) further asserts that the unreciprocated gift is problematic and in modern societies morality and legalization should correspond. What then for citizens who proffer but are refused? One way to theorise this contemporary difficulty with aligning blood donation as a form of citizenship is to examine the nature of the new expectations which accompany this embodiment of civic action; active citizenship. Knowing what is both your obligation and when not to exercise your rights to control risk. This is discussed later in the paper.

I argue that now Citizens, as well as scienceinformed professionals, are required to be vigilant in their own contribution to the evergrowing risk portfolios. Respondents (Mahon-Daly 2012 unpublished doctoral thesis), link the role of the blood donor to a demonstrable act of a good citizen with a role in self-surveillance of the host of the gift, the body. Donors considered their gift and donating behavior related in some way to their health in the present, potential, or in the past. A good citizen for the blood donors is someone who looks after themselves, their body, who they have sexual intercourse with, what they eat and even where they go on holiday, but also knows when not to come to donate. Thus we see the emergence of the morally, not altruistically, motivated Donor-Citizen.

The moral underpinnings of contemporary blood donation are, it is argued, in the flux of change. The moral basis for altruism is very different from the morals engaged with when operating a donor system based both on rights and responsibility to citizenship and morals based on lifestyle.

The role of the blood donor cannot now be understood as an individual act of altruism separate from the work of the National Health Service Blood Transfusion (NHSBT). Tilly (2006) reviewed the concept of citizenship as a form of social ties and linked this to a collective identity formation. He also examined the development of citizenship in relation to what he termed "trust networks", which it is argued here that the NHSBT is a form of. The NHSBT as the articulation of trust in the modern world of transfusion of blood has replaced the notions of individual trust, and it is a further way in which the notion of citizenship can be applied to the world of blood donation. Becoming a successful and therein trusted donor creates a new or other identity for many of donors, for example donors in the study said: 'I feel like I am part of the community, feel it is a socially responsible thing to do, (and) shows I care'. This notion can be theorised in relation to the theme of the body public and the notion that all citizens are required to be active in their pursuit of both their own health and that of the community around them, with the overall aim to eliminate risk from their donation of blood (Petersen and Lupton, 1996). Rose and Novas (2004) have argued that a new kind of citizenship is emerging, that of biological citizenship. They argue that this is transforming the understood notion of citizenship, and that ideas about citizenship have shaped the ways in which individuals relate to themselves as well as their bodies. It creates what I call "a regime of the donor self". This regime is prudent and selfresponsible, and is resonant of Foucault's (1973) concept of the disciplined body, and part of the conduct expected.

Risk and the Good Citizen

A further societal change related to reconceptualizing and reframing citizenship was the emergence of what has become known as the Risk Society (Beck 1992), which can be related to the contingents around the action of giving blood as a form of a safely embodied act of the citizen in late modernity and in response to risk of contamination from donated blood. Risks associated with the blood supply in the recent past have reconstructed the characteristics of the ideal donor and altered understandings of who the donors donate for and to whom, as well as to why they donate in the first place.

Contemporary constructs of citizenship incorporate notions of equality and equal partnership in society. However I argue that within risk-related discourse citizenship is also concerned with knowing when to respond to pressure to abstain from full participation in what would have previously been understood to be areas of individual choice. Larkin (2009) argues that citizenship is relational, in that individuals are seen to be actively connected, thus sharing citizenship which demonstrates and generates mutual concern and solidarity. The background of the inception of the blood donor service was bedded in to the emergence of the post-war "Marshallian" (1950) mode of citizenship. This was divided into three parts: firstly, a civil component related to individual freedoms such as freedom of speech and the right to a just society, then a politically based element related to rights to participate in the political mechanisms such as local and national ballots and votes, and finally a more societal component as the right to live and enjoy economic security in a civil society. These notions or expectations of a citizen-led society were managed or expressed through the institutions of state control to effect the carrying out of citizenship roles and responsibilities via the police and social welfare institutions, for example. Despite criticism of the Marshallian citizen (Turner, 2001), it is easy to see how the new role of blood donor slotted into the "rights" element, with the "right" to give blood being established alongside the fledgling blood donor service in the UK.

These changing definitions of an unfettered iteration of citizenship have had an impact on the perceived and actual role of the blood donor. Turner (2008:198) has critiqued the links between citizenship and what he terms "associationalism", arguing that in contemporary society there is no longer the of fraternities communal networks and associations to which Titmuss (1963) compared the public activity of blood donation located in communal halls. This erosion of this type of social capital system is also problematized by Putnam (2000). Both Putnam (2000) and Turner (1986) situate the action of blood donation within the context of a civic or voluntary association, and then argue that the collective associationalism form of citizenship has been eroded or elided by modern concepts of citizenship and a newer understanding of community engagement linked to modern democracy and the management, in particular, of risk. Blood donation has been framed as a voluntary altruistic behaviour as a result of its location at the outset in church halls, by having no population-level sanctions at its outset and by being constructed as a purely voluntary event. These constructions have altered over time to accommodate the now foreseeable risks attached to donated blood and its' derivatives. Petersen et al 2010 argue that the changing nature between the state and the individual implores the person (donor) to make right choice, linking back to Foucault's (2010) governmentality thesis, and understanding the link between blood donor and the imperative of health and good citizenship.

Deferment and Rights of the Citizen

Current perceptions of becoming a blood donor are based on the understanding that the country depends on voluntary contribution, and that anyone has the right as such to offer their service. However, changing connotations of citizenship impact on an element of the donation process that of a volunteer being deferred. As previously outlined, a gift refused results in a loss of face. This is problematic when the base for offering to donate is based on volunteerism. A key aspect to this new representation of citizenship is the relationship with selfdiscipline of the Donor, and it is this aspect that will be applied to the concept of being a blood donor in contemporary British society. The following statement from the NHSBT (2009) is about the rationale for screening out bad donors: 'Blood safety starts with the selection of donors before they give blood. By excluding groups known to present a particularly high risk of blood-borne viruses, we are already reducing the risk of infected blood entering the blood supply'.

This set out a new template for becoming a blood donor. As there are now ramifications for blood donors to maintain their health in order that the blood can be used as a resource for health rather than for simply lifesaving as used to be the case in the past. The relationship, therefore, which exists between the NHSBT and the public, makes it one of a screening and surveillance service, thus linking this to concepts of citizenship and surveillance society (Lyon (ed.), 2006).

Risk and the Body

Comparisons and the differences between lay and professional ideations of risk can be related to the rise of surveillance society and the growing concept of risk managing good citizenship. In relation to blood donation, this has meant, for example, donors willingly removing themselves from active donor ship if they are unwell. Donors listed a variety of reasons for deferment, for example illness, lifestyle and age. This is related to the risk reduction process that the donors go through to become "donors". The process of screening, which each person has to undergo to become a donor, is relevant here as it aids understanding of why some of the respondents understood that giving blood is not an act that is solely in the gift of the donor anymore. The process is a public declaration of your bodily rather than moral suitability and emblematic of moral suitability to give, and in relation to my argument of the shift from Samaritan to Citizen, deferment denies to the donor the capacity to be a good and active citizen. The deferment of "donor" status occurs, it is argued here, when the risk is too big for society to take, the rights of others (i.e. the blood recipients) supersede the individual right to give. This has ramifications for what it means to be free to give a gift without restraint and raises further aspects of

citizenship as applied to the role of a blood donor.

Thus, being a donor felt like the "right thing to do" or a "civic duty". Turner (2008:198) has critiqued the links between citizenship and what he terms "associationalism", arguing that in contemporary society there is no longer the networks of fraternities and communal associations to which Titmuss (1963) compared the public activity of blood donation located in communal halls.

These issues of trust can now be examined via the lens of citizenship and deferment as increasingly it is not good enough to just donate blood without stringent societal, as well as techno-medical, surveillance. Donating blood is shown to be a form of active citizenship, and to be deferred from doing so has a direct impact on individuals' freedom to donate and thus community membership and understandings of citizen hood. Relating the changed nature of blood donor from altruistic good work to the evidence practice of civic duty was echoed in the talk of the blood donors. The majority of the participants recorded being a donor felt like the "right thing to do" or "civic duty". Some said it was the right thing to do and although everyone should donate as it acts to link them to society, it was understood that in reality not everyone can. Risk management via regular screening and excluding was an accepted part of the modernday donation process. The data from the fieldwork raised issues to do with people who could be at risk and those who were considered too risky to give to. Many of the donors said that blood donating was "not something everyone could do". Making the status of blood donor a contingent citizenship, where by only certain bodies as it were can give.

As a timeline to chart this societal reorientation stemming from the damage of several blood crises and the risk society impact, the 2008 World Blood Day (WBD)1 had a theme "Giving Blood Regularly". This slogan was created in order to support donor programmes to build a stable base of 'safe' donors, referring to those whose healthy blood and lifestyle would demonstrate a commitment to regular donating.

The objectives which accompanied the WBD 2008 are interesting in relation to the premise of this paper in that the issues around safe blood were replaced by the new focus of 'safe' donors. WBD 2008 had three broad objectives, which

were to remind the public of the 'short shelflife' of blood, to promote recognition of the fact that blood donors are in fact healthy individuals who are screened regularly, and finally to highlight that donors lead healthy lifestyles.

Strong (2009) argued that the blood supply has become an index or metaphor for national security and public good. He suggests that the ways in which risks are managed by exclusion of risky groups reveal issues in society about individualism, citizenship and the greater public good. In short it is now accepted to manage the blood supply around those who are, said simply by one donor, "too risky to give".

This paper has raised areas of interest in relation to the feelings expressed by active blood donors in relation to who can and shouldn't give their blood. It has presented the notion that Donors understand that they are a special group who control their riskiness for others who need blood. Risk control is managed by responding to the moral panic created by risk laden groups to be excluded from the donor pool. Lifestyle issues in relation to blood donation are now including issues such as exercise and diet – to be a "healthy" donor is now more important than to be an altruistic one. The action of donation embodies the safeness of the donor.

of Contemporary constructs citizenship incorporate notions of equality and equal partnership in society. However, I argue that within risk-related discourse, citizenship is also concerned with knowing when to respond to pressure to abstain from full participation in what would have previously been understood to be areas of individual choice. Larkin (2009) argues that citizenship is relational, in that individuals are seen to be actively connected. thus sharing citizenship which demonstrates and generates mutual concern and solidarity and safety. As an addition to the active citizenship debate, Powell (2006) added the arrival of "hyphenated" citizens.

He argues that the issues of consumerism and choice have become central to policymaking in relation to blood donation, and in the emergent blood market economy this concept turns the altruistic voluntary giver into what could be called the "donor citizen" alongside the consumer-citizen, and it is this development that has led to tensions in the system, as well as the perceptions of what it is to be a blood donor. The role of altruism versus citizenship is a central area of debate for understanding the motivation for becoming, and indeed remaining a blood donor. The role of the NHSBT, rather than the organization itself, is to support and control the new role that blood plays in society and how donors can be construed as donor citizens. This idea incorporates the growing concept of citizenship to the healthy citizen and the rise of active rather than passive participation in attaining and maintaining health for blood donating purposes. Managing risk related behavior is in the obligation of the citizen, and the right of the citizen to receive risk free blood or blood products.

Blood donation therefore, once understood to be is the purest example of altruistic behavior, has undergone changes which relate to the developing template of the citizen who is risk literate. Waldby (2002a:305) has also articulated that a shift has occurred in what had become "social indebtedness" in relation to the new bodily relations of donating and receiving body parts.

This now includes what I term blood relations. This concept of Social indebtedness has ramifications for citizenship in relation to the embodied form of citizenship, both in who can give and how the gift is managed. We can therefore relate this action to Mauss (1990) gift exchange.

The deferment status carries connotations of potential negative citizenship, a risk for the donor who is no longer desired, and that the blood donation pool cannot be limited and managed by altruistic control alone.

The 2009 NHSBT annual report cited that it is dependent upon both the altruism and loyalty of donors to serve their customers, thus illustrating that the Blood Service is now a consumercentered organization. The conflicts between taking all blood offered and refusal of blood deemed risk carrying is the main thrust of the modern service. The blood donated enters the public domain and exchange systems to help those in need. As such only good blood must be not only given, but also offered. Contemporary donors introduced a different aspect that related to the giving of blood as a risk management exchange system, and in doing so demonstrated public displays of embodied citizenship; for example, only turning up to give blood if they knew they were well enough and tolerating the physical procedures.

CONCLUSION

Donating blood has been shown to be a form of active and embodied citizenship. The notion of

blood donation being related to the capacities of a good citizen was included in the thesis of altruism through which Titmuss (1997) explained why people took up the mantle of blood donor but in the style of that of a Good Samaritan doing good for others.

This paper is concerned with reframing blood donation in relation to citizenship with reference to citizenship in contemporary British society. This paper challenges and extends a dominant explanatory paradigm of unpaid blood donation in England that is based on altruistic citizenship. Blood donation, it is argued, symbolises expressions of contemporary citizenship, and this paper has argued that the Good Samaritan of old has evolved into the Donor-Citizen, embodying citizenship.

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