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Sudden death liminality: Dehumanisation and disengagement

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Abstract
Purpose of the research: The purpose of this paper is to understand, the uniquely held beliefs and values of emergency personnel involved in sudden death work and specifically, the process of disengagement in the space between life and death.
Method: Ethnographic design enabled the researcher, an experienced emergency nurse, to engage with sudden death encounters in three emergency departments in the North of England. Nine focus groups were simultaneously conducted comprising emergency nurses; emergency paramedics and, police traffic officers.
Analysis: Computerised qualitative data analysis software was used to generate sudden death themes and thick description explained the process of disengagement.
Findings: Themes generated related to 'role' resignation, uncertainty, obstruction and routinisation; 'legitimacy' concerning age, mode of death and personal analogy; 'emotionality', concerning coping, exhaustion, annoyance and humour and, 'spiritual relevances' concerning relationship and embodiment. The final theme of 'liminality, dehumanisation and disengagement' is selected in this paper and discusses qualitative categories emerging from e.g. preparation of the body, washing the body, wrapping the body, handing over property and valuables, which are presented using direct quotations from the emergency personnel.
Discussion: Insight was gained into the expressed perceptions of the emergency personnel in dealing with the intricate, intimate and sometimes emotional moments in sudden death work and the process of disengagement from the deceased. The discussion contributes to the emerging sociology of sudden death.
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Introduction

Sudden death frequently follows a telephone call to the emergency services triggering immediate paramedic dispatch. Resuscitation is often followed by death declaration either at the scene of collapse, in the ambulance or in the emergency department (ED). Emergency personnel then focus on the care and management of the relatives and legal issues related to the death e.g. identification, death certification, documentation and handover of property and, preparation and transfer of the body of the deceased to the hospital mortuary.

Transition of the patient 'betwixt and between' (Turner, 1967) alive and dead creates a critical space within which emergency personnel disengage from the deceased. The process of disengagement is temporal in nature because it takes time to create emotional and spatial distance from the once live person. It is during this critical space that a disengagement pathway comprises an awareness of a cluster of elements: recognition that the patient is dead; recognition that nothing more can be done for the patient; and recognition that the death processing industry should manage the aftermath of the death (Sudnow, 1967). Usually a person's sudden death is managed in a linear fashion whereby handover of the body to the death processing industry takes a uni-directional path from which patients do not return.

Specific body handling procedures create humanising forces which may interfere with the linear path towards disengagement, reminding the practitioner of the person the deceased once was. Procedures concern for example, confirming identity, stripping the body, packaging clothes and effects, representing the body to relatives so they may say a final 'goodbye' or, confirming a relationship to family and friends. The intensity of attachment to the deceased person may cause some emergency practitioners to oscillate within the life/death space. This is manifested in the direct quotations of the emergency personnel who explained some of their more memorable encounters with sudden death to be revealed in the following discussion.

Literature

A literature search of healthcare and sociology using MEDLINE, CINAHL, and EMBASE databases and UK policy was conducted throughout this doctorate research using the terms death, sudden death, emergency department, paramedic and, emergency personnel. The following seminal texts were considered relevant.

Van Gennep (1960) then Turner (1967) used the term 'liminality' to explain a state of being at a transformative threshold. Sudden death work by emergency personnel crosses social worlds between life and death. During this critical period in sudden death work various 'rites of passage' exist: 'rites de separation' (pre-liminal phase); 'rites de transition' (liminal phase) and, 'rites de incorporation' (post-liminal phase).

Seale (1998) drew attention to the liminality of death resulting from the juxtaposition of opposites such as life and death. In Western culture the process of dying transforms into an ''opportunity for growth'' (p.6) which enables people to consider death as a release and a new beginning for the deceased e.g. that they are now in a better place. By ''...incorporating a due respect for rites of passage rhetoric and resurrective language ontological security is maintained'' (p. 68). In stark contrast Critchley's (1997) nihilism associates death with nothingness, which negates the possibility of renewal because for some, death is considered to be 'the end' and destiny for the once live person is death, decay and nothingness.

Sudnow (1967), Glaser and Strauss (1965, 1968, 1971) and Strauss and Glaser (1970), described the temporal sequence of the death event, drawing on status passage related to death trajectories which were later critically investigated by Timmermans in a series of discussions about the nature of a person's journey toward death (1996, 1998, 1999). Timmermans explained how some patients, during resuscitation, travel through a save-loss, save-loss path before eventually dying whilst others plummet toward death e.g. the patient who dies from hypovolaemia following blunt abdominal trauma.

Goffman (1959), Burke (1969), Turner and Edgley (1976) and, Bradbury, 1993 Bradbury (1996, 1999) explored the role of theatre in society which can be seen in the representation of the dead body to grieving relatives. The observed (practitioners) become a performing team whilst the observers (relatives) become an audience for whom a theatrical representation of the body and hence, social values concerning the death, are acted out (Bradbury, 1999). Hallam et al. (1999) explained how death processes facilitate a socially acceptable mechanism for disengagement whereby an individual is either socially and biologically alive or, socially and biologically dead. For example, relatives may continue their emotionally attachment to the person whilst concurrently recognising that their loved one is dead (socially alive, biologically dead).

Death generally creates distance from the body so the way we consider the 'body' is important in shaping the way professionals go about managing the death (Bourdieu, 1977; Hallam et al., 1999). This explains the way a funeral director, emergency personnel or a grieving relative, is positioned in relation to the deceased. Shilling (1997) claimed that it is in the context of the body's inevitable death that its full social importance is understood.

Hughes' (1964, 1971) concept of 'dirty work' facilitated understanding of the professional's involvement in handling the perceived 'polluting body'. Douglas (1970) argued that 'bodily order' is maintained by its symbolic properties including its orifices, pollution and waste. Emergency personnel could be perceived to make 'safe' the threatened bodily order by the theatrical representation of the body to the relatives seen when cleaning blood away, putting dentures in the mouth, closing the deceased's eyes, combing the hair. Representing the death may be perceived as a means to gain control over a potentially chaotic situation (Bradbury, 1996).

The 'good death' (Levine, 1988) among professional death workers was associated with positive statements about the painlessness of the death, the comfortable appearance of the body, and the analogy of death as 'falling asleep' as affirmed in the practitioner quotations to be revealed later in the text. It is debatable whether this notion continues today though it would appear to do so in the practitioner comments. Such impression management (Goffman, 1959; Hochschild, 1983) is an important aspect

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