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Objects of Crime: Bodies, Embodiment and Forensic Pathology

Introduction

When a death takes place in suspicious circumstances, the State takes control of the body, its treatment and when it can be disposed of. The body transitions from being somebody to an object which is of legal, evidential, social and sometimes political value (Achter, 2016). Once the police attend the crime scene 'the victim has ceased to be a person who can be cared for and has instead become an exhibit that can be wrapped, insulated and sequestered' (Rock, 1998: 63). A key investigatory process is that of the forensic autopsy, carried out by a Home Office Registered Forensic Pathologist (HORFP). HORFPs are consultant doctors with specialist training in forensic methods. The post-mortem assists in any criminal investigation, as well as addressing questions which concern the Coroner (as set out in s.1 Coroners and Justice Act 2009). Forensic pathologists are particularly important because of the impact that their actions can have on the legal, societal and emotional consequences of a suspicious death. Yet despite the significance of their role, analysis of the work of forensic pathologists is largely absent from the bioethical, legal and criminological literature. This article begins to address that gap as well as highlighting the intersection between these fields and death studies.

I draw upon empirical data from my research involving HORFPs to examine their identity and the meaning they assign to the deceased body. I find evidence of nuanced attitudes and working practices amongst HORFPs. Their understanding of the value of the deceased body constantly shifts due to the multifaceted nature of their role. I explain this by drawing upon legal embodiment. Embodiment theory demands that we do not separate mind and body but instead recognise that 'bodies are not just instrumentally valuable but are a constitutive part of who we are' (Fox and Thomson, 2017: 519). This includes recognising the social context in which bodies are understood and defined, as well as the centrality of relationships in mediating our bodies. Whilst an embodiment approach can challenge and deepen understanding of medico-legal decisions involving the living, I would argue that embodiment is also useful in deconstructing the orthodoxy that the corpse is an 'incontrovertible biological reality' (Hallam et al., 1999: 64). The body is part of a life story, symbolising the experiences of, and relationships with, the deceased. An embodiment approach allows us to capture these important understandings and relationships with deceased bodies and provides a relational account of the deceased body.

Whilst the body is symbolically important for grieving people, I argue that legal processes give additional meaning to the body, leading me to the lens of legal embodiment. At a basic level, suspicious death triggers an extensive legal process in the form of a criminal investigation, but the impact of law is deeper than this. We can see this through the way that the actions of HORFPs are regulated by legal processes. Initially, the police will decide if a death is suspicious, which determines whether a body is sent for a forensic autopsy. The coroner retains jurisdiction over the body and HORFPs must interact with coroners' officers as well as regulations regarding the storage and disposal of human tissue. Moreover, HORFPs are often required to give evidence during legal proceedings. In this arena, they are not only challenged by lawyers but additionally, the labels that are attached to their findings take on formal legal meanings. As such, HORFPs are not simply doctors but are office holders who have an epistemological function. Bodies are therefore

constructed through authoritative discourse of which HORFPs are part - here both law and the HORFP's embodiment. Their lived experiences are informed by, and inform, law.

I explore how the webs of science, law and social pressure under which the HORFPs role exists combines with deceased human remains. I challenge the dichotomy between dualism and embodiment, arguing that the evidence here is not of an oppositional choice between 'science' and recognition of the corpse as (symbolising) a subject, but rather that these views can coexist whilst serving different functions that are central to a HORFP's role. To understand this, I contrast various ways in which the HORFPs talk about the bodies they autopsy. We will see that by the time a HORFP sees a body, it often does not physically resemble the antemortem person. Existing mutilation and that involved in invasive autopsies can be dehumanising. The HORFPs profess an identity of dispassionate expert scientists, reflecting Foucault's (1973: 3-4) insight that medical professionals can see the body as a machine that can be deconstructed to provide predictable answers. I argue that much of this objectification is driven by practical necessity. This is both because the body is literally an object which the pathologists dissect and because of the emotional distance required to perform invasive autopsies. Yet, in the case of blocks and slides, it is fragmentation rather than practicality which appears to drive objectification of body parts. This highlights the vagueness of what a person, or body, is and the potential for professional discourses to construct these. This example therefore exposes the fragility of an embodiment perspective for explaining the attitudes and practices of these medics. Further, it highlights how easily the HORFPs can slip between understandings of what the body and its parts are and how they are understood.

For HORFPs, the corpse is not entirely separable from the ante-mortem person; importance is attached to the treatment of the body because it is a symbol of the person who has died. The corpse has a dual existence as an object and as the remnants of a person. I demonstrate that objectifying attitudes amongst HORFPs are often balanced by a sense of duty to the dead person via their interactions with the body and a desire to safeguard the experiences of the bereaved. Here, we begin to understand the importance of the social and legal context in which HORFPs operate. I highlight how HORFPs appoint themselves to 'speak' for the unwillingly silenced dead person. This is somewhat at odds with their self-identity of disinterested scientists. Concurrently, they also feel a duty to be sensitive to the still-living, for many of whom the invasive autopsy feels as if the body of a loved-one is being violated (Klaver, 2005: 19), highlighting the continued influence of the social relationships that enmesh our lived experiences.

In making this argument, I theorise about legal embodiment, extending the current literature by demonstrating that it is not only the bereaved who value the corpse as the embodiment of an individual person (Haddow, 2005). Embodiment and bodily integrity are key, providing an inescapable reminder of what has been lost. They are also central to the HORFPs epistemic construction of the body; however so is the legal context in which the HORFPs work. Thus, I develop understandings of the significance of embodiment after death as constituted through the subjectivity of the forensic pathologists as legal actors. Concurrently, the medico-legal process helps to constitute the HORFPs. I suggest that as embodiment is inevitably relational, so too is how the body, living or dead, is experienced and regulated. By applying this to the way in which deceased bodies affect the attitudes and practices of HORFPs, I develop a new and original way

of understanding the significance of the dead to medical professionals involved in medico-legal investigations.

Methodology

This article draws upon interviews carried out in 2016 with eleven HORFPs.[1] This represents just under a third of the 35 HORFPs currently registered in England and Wales. I gained access to this elite cohort via several routes. Where HORFPs have contact details publicly available, they were emailed with a summary of the project and a request for participation. However, this was not an option in most cases. I built upon an existing relationship with the Home Office Forensic Pathology Unit who, after an explanation of the research, agreed to send an email request to members of the Register. A similar email was also distributed to the membership of the British Association of Forensic Medicine.

Once contact had been made, interviews took place at a location convenient to the HORFP. The interviews were semi-structured and qualitative. Written consent to recording and use of the data was provided by each participant. My schedule concentrated on the interests in, and regulation of, the deceased body. Participants were also encouraged to raise concerns and topics that they considered to be of importance or relevance, drawing upon their own experiences. The interviews, lasting an average of an hour, were recorded and transcribed. The data was loaded into qualitative data analysis software, NVivo. It was coded using thematic analysis to identify issues and practices of interest (Braun and Clarke, 2006).

The interviews produced a wealth of interesting data, providing new understandings into the work and beliefs of this group. Whilst this is a small-scale study, the sample is large enough to provide crucial insights into the views and practices of these individual pathologists as well as the factors and issues that are likely to impact upon the treatment of both the dead and living when a person dies in suspicious circumstances.

Given the size of this study, and that the HORFPs are in total a small group, to maintain anonymity this article contains no demographic information. Nevertheless, given the nature of their work, it is possible that HORFPs, and those who work closely with them, might be able to identity which HORFP is being quoted. To address this as far as is possible, quotes have been redacted so that any elements which might allude to a given case or location are removed.

Dualism: the context of modern pathology

In the context of medical practice, the splitting of mind and body has been criticised as enabling doctors to treat diseases as objective biological puzzles which can be deciphered and resolved via physical means. Such dualism was fundamental to the development of anatomical dissection and the idea of clinical detachment (Richardson, 1988). As Foucault (1973) argued, this gave the dead body a new and elevated status. Rather than being the site of mystery and a divinely orchestrated death, the body was now understood to hold the answers to the extended life.

The division of person and corpse is evident in the early stages of medical training. When students are faced with cadavers for prosection or surgical training, they are confronted with a depersonalised corpse. The cadaver is given a number rather than being identified by their name

and adornments such as nail varnish or tattoos may be removed. Concurrently, students are reminded that their behaviour must be restrained because the body is that of a (once-living) person (McDonald, 2014; Lella and Pawluch, 2006; Leder, 1984, 1992). There is emphasis on respecting the dignity of the person by, for example, ensuring that all tissue is kept in one container so that all body parts can be cremated together.[2] Regular memorial services are held during which the students are able to express their thanks for the 'gift' of the body (Sque and Payne, 1994; Hallam 2007), often in the presence of the bereaved.[3] As Borgstrom et al (2013: 392) suggest, 'medical students are encouraged to contemplate their own feelings of mortality, imagine what they themselves might experience if they were in the same situation and how such insights might influence the care they provide to others'. As such, the cadavers are 'relational entities whose forms and material properties emerge through embodied interactions that take place with them…' (Hallam, 2017: 104). At this early stage, we can see that anatomical medicine is enmeshed within social and cultural forces, as well as relationships of unequal power, leading to cadavers being recognised as both objects and as important symbols of once-living persons.

The starting point of forensic pathologists differs to that of medical students. When a death is deemed to be suspicious, the body is transformed into something more than an educational tool. It gains special significance from the circumstances of the death. The body becomes both the representation of the subject of a crime (the person) and an object of investigation which provides evidence for the legal system. The job of HORFPs is to assist official investigations into the cause and manner of death. This involves narrating what happened to the ante-mortem person, including establishing their identity. As such, the HORFPs locate the dead person and their death within social and legal structures. As office holders, they are also involved in the development of epistemological understanding of the value, meaning and status of deceased bodies.

In the next section, before turning to a more detailed discussion of my data, I further develop the theoretical framework underpinning my analysis. I expand upon what I mean by 'embodiment' and its significance for our understanding of the dead body in medico-legal investigations.

Relationships, embodiment and the corpse

Feminist scholars have deconstructed the way in which law and medicine have utilised a mind/body split to justify a masculine model of regulating our (living) bodies. This model has led law to 'focus on the content of minds first and foremost, turning attention only subsequently to the actions of bodies' (Dietz, 2018: 193, drawing upon Naffine and Owens, 1997: 12). Importantly, Naffine (1998: 202) argues that this emphasis on the body as an object which is controlled, and owned, by the mind means that the body is understood to be 'literally exterior to the person'. This has led to bodies being theorised as distinct, often bio-mechanical, objects. Embodiment instead recognises that bodies are fluid, without set boundaries and are constructed by both social environments and relationships with others. This field of work alerts us to the importance, and danger, of the social and cultural meanings that are exerted upon living bodies (Fletcher et al 2008). Failure to acknowledge the importance of lived experience has disadvantaged women and other marginalised subjects. As Crossly (2001: 2-3) argues, embodiment theory reminds us that 'human beings are neither minds nor, strictly speaking bodies…but rather mindful and embodied social agents.' I follow Dietz (2018: 186) in viewing embodiment as the moment when ontology (what I am) meets epistemology (how I am identified). In the context of death investigation, this becomes an issue of what the body is and how it is identified. As I have already noted, whilst embodiment

is primarily invoked to understand lived experience, I argue that the dead are embodied too. They are vulnerable to their interests being relegated by the rules and individuals that assert control over them through institutions such as law and medicine. In the context of forensic pathology, a dualistic approach to the deceased body risks failing to understand the social importance of both the body as a (representation of a) person and of suspicious death investigations. A legal embodiment framework therefore assists in understanding the complex ways in which HORFPs understand and help to construct the corpse.

The bereaved often do not separate the body from the person at death (Downie, 2003). Thus, when a person is autopsied, it is likely that for many who knew the living person it is that person, rather than simply a body, that is being acted upon. My argument here is that the separation of pathologists as dualists, as compared to the bereaved who experience ongoing relationships with the dead body, neglects to fully engage with the web of pressures, relationships and bodies within which HORFPs are emmeshed. Indeed, as the recent literature on medical education discussed above demonstrates, it may be that this shift away from an entirely dualist approach is part of a broader more systemic change towards recognising embodiment in the way deceased bodies are understood within medicine.

Nevertheless, I would argue that the HORFPs role is distinctive from other medics, for as well as being medical professionals they are also legal actors whose decisions have legal consequences. Importantly, the HORFPs are both involved in, and respond to, normative constructions of what the deceased body is and where its value lies. Moreover, the criminal justice context brings with it a sense of mission beyond that of the student doctor. That mission is not only a neutral search for facts but contributes to the telling of a story and potentially the righting of a criminal wrong. It is not a relationship based on shared lived experience, but nevertheless it is a profound one triggered by the body and the social importance of the circumstances of death. The language of embodiment here refers to the way in which the body – in this case the deceased body – can shape, and be affected by, the actions and beliefs of those around it. I am also commenting on how the deceased body is normatively understood. Of course, the HORFPs also have bodies that are actively engaged with the world around them, part of which is their interactions with the deceased body, the bereaved, the legal process and medical academy. Detailed examination of this, whilst fascinating, is beyond the scope of this article. Whilst existing literature has explored the impact of the body in other contexts, for example, the bereaved (Hallam and Hockey, 2001), in medical education (Borgstrom et al, 2013) and in displays (Hallam, 2016), some of which are discussed below) this is the first use of a legal embodiment framework to understand medico-legal understanding of the deceased body and its treatment.

In the following discussion, I explore the HORFP's relationship with the deceased body. We will see that dualism and embodiment coexist rather being in opposition. An apparent shifting between these perspectives allows the HORFPs to maintain epistemic authority *and* recognise the body as more than an object.

a) Objects of investigation

HORFPs consider themselves to be scientists. The following statement summarises the cohort's views:

FP (10): '…the over-riding role is to be there as an objective, scientifically rigorous expert within the limits of forensic pathology, but certainly to have that mind-set of objective opinion for initially the police and the coroner and subsequently to courts...'

The epistemic identity of being 'a scientist', divorced from social context and the acknowledgment of interpretive subjectivity, has the potential to encourage denial of the embodied realities of human experience and to promote a separation of mind and body (Benner 2000). Given that there is no living person to express their wishes, death is likely to amplify this tendency. It might therefore follow that HORFPs see corpses as objects to be tested and studied. This would be in-line with Timmermans' findings regarding death investigation in the USA, that opening the corpse for dissection turns it into a pathological object (Timmermans, 2006). He used the term 'objectification' descriptively to mean a thing displayed for observation. This contrasts with Prior's research examining death in Belfast, Northern Ireland (Prior, 1989). Prior reported the tendency to literally view the body as an object which can be dissected to reveal the truth of death and disease. This, he argued, enabled pathologists to view death as a misfortune which is detached from its socio-political context.

Yet both Prior and Timmermans were observing integrated death investigation systems, where the pathologists also dealt with non-suspicious deaths. Consequently, they emphasised the social, legal and political importance of the labels which are ascribed to a cause of death. My data is different. HORFPs are primarily involved in suspicious, not simply unexpected, deaths. They are concerned with whether the death was a homicide. Approximately 68% of the deaths that HORFPs investigate are found not to have been caused by a criminal act (Jones, 2017: 79-80); here they will assign another cause of death. Whilst labels may be of legal and medical significance, these consequences are amplified when a person is unlawfully killed.

My findings contradict Prior's as I find that the HORFPs did not simply view the deceased body as an object. Here we see how the boundaries between embodiment and dualism are porous, allowing the HORFPs to find the 'facts' demanded by the legal system, maintain their identity of 'objective scientists', cope with the trauma inherent in both the scenes they are faced with and the nature of invasive forensic autopsies *and* acknowledge the symbolic importance of the body as the embodiment of a now-deceased person. In making this argument, I consider dehumanisation of the corpse an example of objectification, falling back into the mind/body dichotomy that embodiment theorists eschew. My motive for using these terms interchangeably is best explained by recourse to the example of the treatment of living persons. If a living person's autonomy is denied or they are treated as property, we might say that they are being treated as if they are a thing which is less than human. I am extending this reasoning, suggesting that denying the humanity of the corpse is to treat it as an object. This has significance for our understanding of forensic pathology and the normative construction of a body within that profession, whilst also highlighting the emotional burden that accompanies the HORFPs' role.

b) Self-preservation

It is important to note that for some HORFPs there was an element of self-preservation in denying the humanity of the cadaver. Here we see that objectification can play a role in allowing HORFPs to work effectively, making the emotional burden associated with the task bearable:

FP (9) 'We see so many and that means in a way we become more distanced in the way we see the dead body as a proceeding human being. If we saw every dead body as a human being…it would be difficult to remain sane.'

As Belling (2009: 159) has argued, to conduct an autopsy is 'to look inside a dead person is to become the subject to its object, to undo the secrecy of the interior recesses by uncovering them, violently, with a scalpel'. Thus, this is not dehumanisation akin to that used to justify killing (Bandura, 2002). Rather, the validity and authority of the discipline depends on some degree of objectification. An ontological understanding of the body that concentrates on its biological features is what we would expect HORFPs to espouse and aim for. The body must be considered a thing from which answers to the problem of suspicious death can be gleaned and the HORFPs must feel at ease with the brutality involved in this. Epistemic authority and practical necessity therefore come together to promote a degree of objectification of the corpse.

c) Fragmentation

Invasive autopsy necessarily violates bodily integrity. The body is cut, altered and parts removed for further testing. There is inevitable seepage. Once (and if) returned, organs are rarely placed in their original location. Moreover, bodies often do not physically resemble a living person. As FP(2) told me:

'…you're dealing with somebody who no longer looks like a human being…they're decomposed, or they're fragmented into little bits and pieces, badly burnt or whatever, so they almost don't look like a person anymore. You recognise an anatomical landmark or structures, but it's not a person...'

The kinds of fragmentation described by FP(2) mean that even if an 'entire' deceased body were viewed as entwined with the once-living person, the bodies that HORFPs autopsy often lack the physical wholeness which is perceived to warrant protection from encroachment. As we will see, the attitudes of the HORFPs to small amounts of tissue suggests that, after a certain point, the HORFPs did not associate tissue with the symbolic or actual value of the deceased person. This is important because it highlights the fragility of what a person or a body is, and the significance of both professional discourses and law in constructing this. It also underlines how knowledges are contested, here seeing important tensions with relatives.

In law, bodily integrity has been used as a legal basis for either justifying non-interference to the living e.g. upholding autonomous decisions rejecting treatment (Naffine, 2009) or to normalise procedures such as those involved in surgery on intersex children (Garland and Travis, 2018). Whilst recognising the importance of boundaries in preventing unwarranted violations (Scarry, 1999), an embodiment approach encourages us to view bodies as in a constant state of 'flux' (Cornell, 1995: 40 as described in Fox and Thomson, 2017: 516). This has led scholars such as Fox and Thomson (2017: 523) to advocate an alternative framework of 'embodied integrity', whereby an individual's subjective experience is never considered synonymous with the needs of others. In the context of forensic autopsies, the issue is not whether it is permissible to violate bodily integrity per se, but rather how this impacts on the HORFPs' understanding of the body. Indeed, as we saw in the quote above, the HORFPs appear to be ambivalent about bodies that lack integrity, being at least partially unwilling to recognise them as a 'person'. This lack of connection between

the body (parts) and the person as subject becomes even more pronounced when the body parts in question are small quantities of tissue.

The taking of tissue from dead bodies has become an issue of increasing social and political importance since the exposure of a series of scandals regarding the widespread unauthorised retention of tissue (Redfern et al., 2001; Department of Health, 2002). Although not gaining the same public attention, the police have also faced criticism for the extended retention of tissue for criminal justice purposes (ACPO, 2012).[4] HORFPs are acutely aware of the public outcry following these revelations and of the resulting regulations introduced in the Human Tissue Act 2004 (HTA)[5]. The reports which followed the scandals highlighted the contribution of poor attitudes. For example, the Redfern Report (Redfern et al., 2001: 37), which followed the investigation into Alder Hey Hospital in Liverpool, noted that the 'real significance of the concealment of the fragments lies in the inherent disrespect shown to the children's organs'.

Whilst much media attention was given to the whole organs that were discovered across the country, the nature of the retained tissue varied from cells on slides and small blocks of preserved tissue to whole organs. In response to Redfern, Dewar and Boddington (2004) argue that it is wrong to conflate the ethical significance of such vastly different quantities of tissue, suggesting that small samples cannot be meaningfully understood as human. A similar moral distinction between blocks and slides on the one hand and whole organs on the other was prevalent amongst the HORFPs. Thus, we see statements such as:

FP (5): 'The dividing line for me is whole organs…Tissue that is within blocks for microscopy really doesn't hold any thoughts in my mind of, "This is the person that needs to be protected." That, to me, is tissue which is of no intrinsic value to anybody else. But I recognise that that is not the view that families of the deceased might have.'

PF (7): '…they are microscopic cells; you could scrape your knee and leave as much on a decking board for example outside than you're leaving on those slides at times, and that's me being a scientist.'

These views echo the approach that is taken in Scotland (Independent Review Group on Retention of Organs at Post-Mortem, 2001, s.70), which was widely approved of by the HORFPs. This contrasts with the testimony of bereaved parents, who highlighted the distress felt following the realisation that the bodies had previously been disposed of 'incomplete' (Campbell and Willis, 2005; Leith, 2007). The belief that all samples were part of the person was reiterated in Sque et al's (2008) later research, where it was found that parents considered that even the smallest bits of tissue were 'part' of their child and as such they wanted control over its use and disposal. Put simply, some bereaved people may not be ready to disassociate person and tissue (Lock and Nguyen, 2010), highlighting the symbolic value of tissue as representing the deceased person. Tolerance for the objective use of a body may therefore be complicated by bereavement as 'our memories of others are…based on behaviour associated with their bodies' (Drayton, 2013: 267).

It is possible that those who gave evidence to the official investigations and subsequent research were self-selecting and not representative of bereaved persons. We should be mindful of this when

drawing any general conclusions about attitudes to tissue retention. Yet even if most bereaved people agree with the HORFPs' sentiments, the way that the law constitutes bodies here as including even very small and detached parts is at odds with the HORFPs. The HORFPs are mindful of their legal obligations, and these in turn are informed by bereaved person activism and political pressure, but their normative constructions of the body do not extend to these small fragments of tissue. They struggle with accepting embodiment where the symbolic value being assigned to fragments of the body which lacks integrity exceeds that which they consider to be warranted.

In the next section I argue that despite their (lack of) sentiment towards fragmented bodies, HORFPs are concerned about, and affected by, their interactions with the corpse. This is both because of the deceased body's humanness and due to its wider symbolism to the living. It is, I suggest, possible for HORFP's (and no doubt others) to view corpses as objects whilst contemporaneously recognising that posthumous personhood has a continuing effect on the HORFP's experience of the dead individual's embodiment. There is not one point at which such a transition occurs, but rather there are constant movements between these articulations.

d) The dead as persons

In the quote from FP (2) above ('…You recognise an anatomical landmark or structures, but it's not a person...'), we saw a desire to deny that the deceased body is (that of) a person. Yet many of the HORFPs used the term, or similar, to describe their relationship with the corpse. It is in this language, and the practices it describes, that we begin to understand the complexity of the HORFP's views. The statements below indicate various ways in which HORFPs described their epistemological understanding of the deceased body as more than an object:

FP (11) 'If we don't have to do an invasive procedure, I'm not going to do it…Because they are a person, and if there's an alternative way of investigating that death that doesn't involve that, I'm not going to do it.'

FP (7): 'Well, I just, I think with any deceased person, they still have humanity, they were a human being, and so you can't just treat them as if they were a piece of steak on a chopping board, they're still a person.'

FP (3): 'I don't see them as dead patients really, they're not patients, they're our patients.'

Research considering relationships with the dead typically concentrates on those with close personal bonds to the now deceased person, such that their association with the body is instrumental to their grief and indeed the physical memorialisation of the dead. We can learn much here from sociological and anthropological death studies, which highlight that '[s]urvivors' physical relationship with remains can be very complex' (Klass, 2009: 850). This is especially revealing when considering disposal rituals, such as 'feeding the dead in Indonesia and the name souls that are reborn in Greenland' (Degnen, 2018: 226). In these examples, death and life are not as distinct as is widely accepted to be the case within modern western cultures. As such, Corin (1998: 84) argues that rituals are a 'privileged space…where the cultural coordinates of the person are made explicit'. Thus, the rituals surrounding death can provide a lens into the social structures within which our deceased bodies are located, as they emphasise the responsibilities and

connections that endure despite death (Degnen, 2018: 226). Indeed, several anthropologists are critical of the western liberal belief system that has arguably led to the dominance of dualistic understandings of body and mind (for example Mauss, 2001; Ohnuki-Tierney, 1994, Lock, 2002; Kaufman, 2003). This is because the individualistic framework, which assigns moral weight to rational thought because the mind is seen to control the body, may suit judicial institutions but fails to acknowledge properly the social and collective elements of identity. As such, it can be argued that persons are produced as much through networks of relationships as they are individual biological identities. When placed within its social context, the language of the corpse as a 'person' takes on additional meaning and intersects with the notion of embodiment, set out above, by locating the body within its continuing social and relational context.

One response to this might be that this model of posthumous embodiment is simply not relevant to western culture. Yet, there is a developing body of work demonstrating that people maintain relationships with the dead in western societies via material reminders. For example, Hallam and Hockey (2001) have highlighted how items ranging from perfume to clothing, gardens and sculptures allow for the presence of the dead to endure in the lives of the still living. McCarthy and Prokhovnik (2014) find evidence of people carrying on a kind of embodied relationship with the deceased by incorporating ashes into jewellery. Others may seek to continue relationships via digital platforms (Meese et al, 2015). Similarly, there is good evidence that the reservations of next of kin about organ donation (Haddow, 2005) and withdrawal of life support from patients in PVS (Bird-David and Israeli, 2010) may, in part, be due to the belief that personhood continues to be associated with the body following brain and/or biological death. In the latter context, Bird-Davis and Israeli use the concept of 'emptying', which they describe as: 'a person emptied of what makes him or her a person in the binary terms of subject/object. It is precisely the result of this process of erosion of the person's ontological clarity, under the care of new technologies employed in the biomedical field…this process paves the way to a concurrent emergent process, which we described as 'repersonification'' (2010: 63). In each of these examples, the deceased 'person' may survive through continued relational and lived experience among the still living. Personhood, then, 'persists where it no longer resides' (Laqueur, 2015: 31). This approach concentrates on the enmeshed nature of the social existence of people, rather than considering that the dualisms of mind and body or life versus death represent the end of those interactions (Robbins, 1996). It recognises the importance and relationality of embodiment whilst also acknowledging that once the body no longer exists, some form of personhood may endure via memory and memorialisation. Thus, personhood is one of the legal and medical institutional responses to embodiment.

The studies discussed so far concentrate on those persons who shared a lifetime emotional bond with the deceased person. This is different to HORFPs, who usually have no prior relationship to draw upon. There has been scant research extrapolating out from those who shared lived experiences with the deceased person to professionals who interact with dead bodies. One key exception to this is Howarth's 1996 study of funeral directors (Howarth, 1996; Hallam et al., 1999). She demonstrated that death workers understand their role as being an intermediary between the physical unpleasantness of death and the bereaved, with the embalming process enabling the bereaved to continue their corporal relationship with the deceased longer than would otherwise be possible. This, she suggests, is part of the 'humanization' of the corpse. This focus on moderating the experience and distress of the bereaved was evident amongst the HORFPs. Whilst

the often-disfiguring violence associated with homicide can make viewing the body traumatic and undesirable (Rock, 1998), viewing was permitted and evisceration delayed where possible:

FP (5): '[I] don't do any dissections straight away…if it allows relatives to view the body in as least a dissected state as possible. The main example of that is dissecting the face. Now a lot of our cases have facial injuries and head injuries. And we try to examine the face under the skin after we have been told that everybody who wants to view the body from the family and friends have done because we know that, although the body can be reconstructed, the appearance does get altered by the fact that the tissues underneath the skin surface have been dissected.'

FP (8): 'I think most of the decisions I make from a sensitive point of view in relation to a deceased person is their relatives rather than them specifically, and that's probably my sciencey 'it doesn't really matter scientifically if the brain is in with the body at the time that it goes into the ground', but I'm sure it matters a lot more to certain people that it is'.

Here we see that the HORFPs have an embodied investment not only in the treatment of the deceased body but also in the experiences (and thus embodiment) of the bereaved. This is mediated by legal processes which, for example, require facial dissections in many cases, but also the awareness of the discursive and material value in facilitating continued social relationships. However, to concentrate only on the language of personhood and the experiences of the bereaved does not quite capture the full extent of the relationship of the HORFPs with the dead body. To understand this, I build upon the idea of legal embodiment. In the next section, I explain how the HORFPs reported a special relationship with the deceased because of their unique ability to 'speak' for the deceased person who has unwillingly been drawn into a legal process. HORFPs also recognise the significance of this final chapter for affecting the bereaved.

e) Speaking for the Dead

HORFPs primarily deal with suspicious deaths, meaning that there is a fear that the deceased person may have been unlawfully killed. This does not make their life more important than those who die of natural causes but does increase the legal significance of the events leading to their death. Many of the HORFP's reporting that they are 'advocates for the deceased', acting as intermediaries for the deceased to communicate about the wrongs done to them, muted as they are by death.

FP: (1): 'I feel I have a duty to the deceased…Deceased people can't speak anymore.'

FP (11): 'In essence you're their guardian, their representative, whatever you want to call it. The advocate for the dead is…a phrase that is used by the old school forensic pathologists.'

Before examining these sentiments in more detail, a caveat is required. These proclamations could say much about the HORFP's normative construction of themselves as forensic pathologists. They might suspect that these sentiments are expected, or simply be repeating what others say. There could be numerous reasons why they might feel the need to report this when describing their profession. As Scott (1991: 779) has argued, 'It is not individuals who have experience, but subjects who are constituted through experience'. The task of assessing the validity of these claims is a much larger and substantively different task to that tackled in this article.

In the previous section, I introduced the idea that the continuing bonds that people can feel with the deceased person can be affected by the treatment of the corpse. I suggested that HORFPs may also share a relationship with the deceased person based upon the enduring nature of embodiment. Whilst a forensic pathologist may want to discover 'scientific' facts from the body, the body's vulnerability and mode of death foster a desire to protect the body, both as a symbol of a once living person and for the benefit of the bereaved:

FP (8): 'I feel a duty of respect to them…for example there's always huge amounts of black humour in a mortuary…I will not have somebody make disparaging remarks about a body for example because it's somebody's mum, dad, daughter, son. So, there's that side of things, of respecting them as a human being.'

The significance of care in the forensic investigation of death is acknowledged as a feature of dealing with mass atrocity victim identification. For example, Rosenblatt's (Rosenblatt, 2015: 187) model of forensic care 'aims to restore the dead body's own integrity, and its place within the social and material world from which it was violently torn'. Whilst large-scale atrocities may demand alternative processes of recovery and examination to those that typically concern HORFPs, there is overlap in the roles of the forensic professionals involved. In both cases, they respond to the individual and social fractures caused by violence. Yet, more nuance is required to fully account for the impact of the criminal justice context. As with Mulla's (2014) study of forensic nurses in sexual assault interventions, the adversarial process can lead to conflict between care and evidence collection. The latter demands objective 'facts' that can support juridical truth. This means that the 'use of medical expertise in the legal process lends medicine's authority to law without necessarily adopting the therapeutic concerns of medical practice' (Mulla, 2014: 130). It may be that the language of care and advocacy is a mechanism by which the HORFPs reconcile their official role with their personal responses and emotions in the face of violent death.

If giving the victim and their suffering a voice motivates the HORFPs, then this may be because of the moral significance attached to the deceased being *victims*. When situated within its criminal justice context, this sense of moral mission is understandable. In addition to the 'morality play' evident in policing (Klockars, 1985), this would parallel the behaviour of prosecutors in homicide cases. For example, Winter's (2004) analysis of transcripts of Rose West's trial reveals how the prosecutors were able to 'speak for the dead' by using their opening speeches to expose the details of the injuries suffered by the victims. Here, there is a continuance whereby the victim's voice is transferred from scientific expert to different audiences, be they police, prosecutors, judge or jury. The difference between the police and prosecutors on the one hand, and HORFPs on the other, is that HORFPs claim neutrality. As FP (9) told me:

> 'The police are concerned for the community. They have an integral role with the community. We don't have that because we are independent of the police. If we were…the servants of the police then we wouldn't be independent of the issues of the evidence that we give...'

If we accept this, then HORFPs will not be gratified by 'winning' an adversarial conflict but rather by doing what they can to advance the facts as they were physically experienced by the victim.

Failing to do this might make them feel complicit in the acts of killers, but responsibility for holding anyone to account rests elsewhere, beyond the reach of science. I would argue that in feeling this duty to speak for the deceased, the HORFPs are reacting to the body, its symbolic value and the very particular, possibly violent, circumstances that have brought them together. We see how the HORFPs are institutionally constituted at the intersection of law and medicine. They are not just pathologists but are *forensic* pathologists whose sense of identity is intrinsically linked to the circumstances of death. This is part of the HORFP's embodiment.

Beyond this, the deceased person may benefit too. To understand this we can draw upon Leach-Scully's (2014) work regarding remembering missing war veterans, where she developed the idea that a person's life can be affected by events outside of it. Following this line of reasoning, if the antemortem person had an interest in, say, their body being treated in a particular way or their killer being held to account, then this can be said to throw a 'backwards light' on the meaning of the deceased person's life (Pitcher, 1984; Scarre, 2012). Whilst Leach-Scully recognises that the primary object of such care is actually the memory of the deceased for the still living, she argues that 'there is also an important sense in which to act in such a way that the meaning of a life can be changed is to care for that person's life, and not just for the memory of that life' (2014: 321). It is possible, then, that when the HORFPs talked of their duty to the deceased, they were recognising that resolving the issue of how someone died and, where possible, attributing responsibility for this, is to attempt to restore the meaning of the deceased person's life. This is one step towards the 'repersonification' of a homicide victim.

That said, whilst the deceased body/person is the focus in the sense described above, in practice the still-living are of equal, if not greater, concern. I have already noted above that the HORFPs are sensitive to the impact of the presentation of the body. Even concern about respectful treatment was framed as morally significant because of the relationship with a potentially still-living relative. Focus on the bereaved is consistent with the policy pressures of which HORFPs will be aware. In particular, there is increased official recognition of the bereaved 'survivors' of homicide (Rock, 1998), who have organised into powerful support, and sometimes pressure, groups. My view is that despite the prevalence of the notion that HORFPs 'speak' for the dead, it is often the bereaved who are the main subjects of care.

Conclusions

Modern medicine involves learning from the dead; however, this is done in an environment of informed consent, donation and thanks for the 'gift' of the body. Owing to its unusual context, forensic pathology brings with it a unique set of considerations. Once a death has been defined as suspicious, the body is a potential crime scene. It is quite literally an object of investigation. Concurrently, it is the fact that the body is human, of a person who has potentially been victimised in a gross manner, which triggers this exceptional medico-legal process. The HORFPs do not seek to 'treat' the body, nor simply to learn from it. As Kalver (2005: 31) has argued, the autopsy is a way of 'looking back at the lived body' and, I would add, the once-living person. By examining and dissecting the body against a backdrop of suspicious death investigation, the HORFPs contribute to the understanding of what a deceased body is, whilst reacting to and amplifying its

symbolic importance. Their own lived experience is located within this web of science, law and social relationships.

HORFPs have a professional identity which is deeply embedded in objectivity and emotional detachment. This is reinforced by the belief that truth is hidden within the body, waiting to be exposed by the HORFPs. There are practical and methodological aspects to this, both of which encourage HORFPs to neglect embodiment in favour of dualism. First, the criminal process requires the production of 'facts', which can be presented to a lay jury. The professional authority of HORFPs depends on the demand for, and acceptance of, expertise in extracting these facts (Cole, 2013; Timmermans, 2006). Moreover, coping with the emotional burden that accompanies confronting the realities of violent death and invasive forensic post-mortems necessitates detachment. However, the objectification of tissue such as that contained in blocks and slides was different. Here, HORFPs responded to the perceived ontological value of the tissue. In particular, the significance of fragmentation highlights the importance of bodily integrity in facilitating the movements between, as well as the coexistence of, dualist and embodied approaches to the corpse. The normative 'bodies' the HORFPs produce here are not people, but morally neutral biomaterial. This places them at odds with the legal scheme and the wider understanding of these body parts and fragments which reflect an embodiment perspective.

Concurrently, there is genuine concern for the deceased person who, because of their humanity and victimisation, is deemed to deserve protection and respect. I have sought to explain this by invoking the concept of legal embodiment, whereby the webs of science, law and social pressure under which the HORFPs role exists combines with the embodiment of deceased human remains to produce a sense of duty to, and relationship with, the deceased person. Here we see the coming together of ontology and epistemology which is central to an embodiment perspective and the breaking down of a strict object/subject dichotomy. Thus, we see that that legal processes such as those involved in death investigations are enmeshed in social and cultural contexts which provide meaning beyond the boundaries of the legal system. In particular, the HORFPs can constitute the embodiment of the deceased by assuming the role of their voice or advocate in the context of this having been unlawfully, and often violently, removed. In this regard, they are caring both for the ante-mortem person and contributing to their legacy. As such, whilst our lived experience may conclude, the power of our body to move and shape the actions and beliefs of the still living does not. The body is an important representation of the person; the two cannot be separated, even by death. At the same time, the HORFP's own embodiment cannot be detached from this legal background. They are not *just* pathologists but are specialists in suspicious death investigation who are affected by the biography of those they autopsy.

I have argued that it is possible to reconcile the apparent contradictions we see, whereby dehumanisation and objectification meet with embodiment and sense of duty. Science, law and emotion are not in opposition, but rather coexist to bring both purpose and practicality to the HORFPs role. That said, the reality is that much of what is done is primarily for the benefit of the still living, whether that be the bereaved, an accused or members of wider society. These powerful individuals and groups are invested in both the objectivity and sensitivity of the HORFPs. HORFPs are aware of, and are affected by, these persons as well as the deceased. Whether they willingly acknowledge it or not, they are not immune to the social implications of mandated post-mortems. Craib (1998: 10) has argued that 'the real scandal of being embodied, one which arguably is a governing feature of all our lives, is that our embodiment comes to an end. We die, and the

sociology of death should be the sociology of our lives'. Conversely, I would suggest that whilst it may change, our embodiment does not cease when we die. When situated within a framework of legal embodiment, we see that the sociology of our deaths *is* the sociology of our lives.

This small study has provided a rich dataset from which many valuable insights have been gained. There are, however, many significant questions left unanswered regarding the relationship between professionals and both living and dead persons during medico-legal death investigations. Current research cannot answer these questions, yet they are important to our understanding of what happens to our bodies, and those of the people we care for, when we entrust them to the State. By advancing understanding of, and theorising about, legal embodiment and death, I have identified an important lens through which we can view the myriad of relationships that are formed with, and shaped by, the dead body.

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[1] This study was granted ethics approval by the University of Birmingham Humanities and Social Sciences Ethics Committee (January 2016) (the author's home institution at the time of data collection).

[2] Recommended in paragraph 86 of the HTA Code of Practice and Standards C: Anatomical Examination. This practice also assists with traceability of tissue.

[3] Each institution advertises these separately. For example, for the University of Leeds, see: http://medhealth.leeds.ac.uk/info/200/school_of_medicine/1360/bequests.

[4] Note the recent story regarding Greater Manchester Police retaining tissue of one of the Moors Murder Victims, see http://www.bbc.co.uk/news/uk-england-manchester-41858002.

[5] Tissue retained for criminal justice purposes does not fall under the 2004 Act as it is not a 'scheduled activity' for the purposes of s.30.

References

Achter J (2016) Paying Attention to the Dead: The Future of Security Studies. *Journal of Global Security Studies* 1(1): 36-50.

Association Chief Police Officers. (2012) *Report on the Police Human Tissue Audit 2010-2012*.

Bandura A (2002) Selective Moral Disengagement in the Exercise of Moral Agency. *Journal of Moral Education* 31(2): 101-119.

Belling C (2009) Endography: A Physician's Dream of Omniscience. In: Kalver E (ed) *The Body in Medical Culture*. New York: SNUY Press, pp. 151-172.

Benner P (2000) The Roles of Embodiment, Emotion and Lifeworld for Rationality and Agency in Nursing Practice. *Nursing Philosophy* 1: 5-19

Bird-David N and Israeli T (2010) A Moment Dead, A Moment Alive: How a Situational Personhood Emerges in an Israeli Hospital Unit. *American Anthropologist* 12(1): 54-65.

Borgstrom E, Barclay S and Cohn S (2013) Constructing Denial as a Disease Object: Accounts by Medical Students Meeting Dying Patients. *Sociology of Health & Illness* 35(3): 391-494.

Braun V and Clarke V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3(2): 77-101.

Campbell AV and Willis M (2005) They Stole My Baby's Soul: Narratives of Embodiment and Loss. *Medical Humanities* 31: 101-104.

Christie N (1986) The Ideal Victim. In: Fattah E (ed) *From Crime Policy to Victim Policy: Reorientating the Justice System*. Basingstoke: Macmillan.

Cole SA (2013) Forensic Culture as Epistemic Culture: The Sociology of Forensic Science. *Studies In History and Philosophy of Biological dnd Biomedical Sciences* 44: 36-46.

Cornell D (1995) *The Imaginary Domain: Abortion, Pornography and Sexual Harassment*. London: Routledge.

Corin E (1998) Refiguring the Person: The Dynamics of Affects and Symbols in an African Spirit Possession Cult. In: Lambek M and Strathern M (eds) *Bodies and Persons: Comparative Perspectives from Africa and Melanesia*. Cambridge: Cambridge University Press, pp. 80-102.

Craib I (1998) *Experiencing Identity*. London: Sage.

Crossley N (2001) *The Social Body: Habit, Identity and Desire*. London: Sage

Degnen C (2018) *Cross-Cultural Perspectives on Personhood and the Life Course*. Basingstoke: Palgrave Macmillan.

Department of Health (2002) Learning from Bristol: the Department of Health's response to the report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995. London: Stationery Office.

Dewar S and Boddington P (2004) Returning to the Alder Hey Report and Its Reporting: Addressing Confusions and Improving Inquiries. *Journal of Medical Ethics* 30: 463-469.

Dietz C (2018) Governing Legal Embodiment: On the Limits of Self-Declaration. *Feminist Legal Studies* 26:185–204.

Downie R S (2003) Research on Dead Infants. *Theoretical Medicine and Bioethics* 24(2): 161–75.

Drayton J (2013) Bodies-in-Life/Bodies-in-Death: Social Work, Coronial Autopsies and the Bonds of Identity. *British Journal of Social Work* 43: 264–281.

Fletcher R, Fox M and McCandless J (2008) Legal Embodiment: Analysing the Body of Healthcare Law. *Medical Law Review* 16: 321-345.

Foucault M translated by Sheridan M (2003) *Birth of the Clinic: An Archaeology of Medical Perception*. London: Routledge.

Fox M and Thompson M (2017) Bodily Integrity, Embodiment, and the Regulation of Parental Choice. *Journal of Law and Society* 44(4): 501-31.

Garland G and Travis M (2018) Legislating Intersex Equality: Building the Resilience of Intersex People Through Law. *Legal Studies* 38(4): 587-606.

Greer C (2017) News Media, Victims and Crime. In: P. Davies CFCG (ed) *Victims, Crime and Society*. London: Sage.

Group IR (2001) Final Report. Edinburgh: The Stationary Office.

Haddow G. (2005) The Phenomenology of Death, Embodiment and Organ Transplantation. *Sociology of Health & Illness* 27: 92-113.

Hallam E Hockey JL and Howarth G (1999) *Beyond The Body: Death and Social Identity*. London: Routledge.

Hallam E and Hockey JL (2001) *Death, Memory and Material Culture*. London: Bloomsbury.

Hallam E (2007) Anatomical Bodies and Materials of Memory. In: Brooks-Gordon B, Ebtehaj F, Herring J, M Johnson, and Richards M (eds) *Death Rites and Rights*. Oxford: Hart Publishing, pp. 279–98.

Hallam E (2016) *Anatomy Museum: Death and the Body Displayed.* London: Reaktion Books

Hallam E (2017) Relational Anatomy: Dissecting and Memorialising the Dead in Medical Education. *Medicine Anthropology Theory* 4(4): 99 - 124.

Howarth G (1996) *Last Rites: The Work of the Modern Funeral Director*. New York: Baywood Publishing Company.

Innes M (2003) *Investigating Murder: Detective Work and the Police Response to Criminal Homicide*. Oxford: Oxford University Press.

Jones I (2017) A Grave Offence: Corpse Desecration and the Criminal Law. *Legal Studies* 37: 599-620.

Kaufman S (2003) Hidden Places, Uncommon Persons. *Social Science & Medicine* 56 (11): 2249-2261.

Klass D (2009) Bereavement Narratives: Continuing Bonds in the Twenty-First Century. *Mortality* 14: 305-306.

Klaver E (2005) *Sites Of Autopsy In Contemporary Culture*. Albany: State University of New York Press.

Klockars CB (1985) *The Idea Of Police*. London: Sage.
Laqueur T (2015) *The Work Of The Dead: A Cultural History Of Mortal Remains*. Princeton: Princeton University Press.
Leder D (1984) Medicine and Paradigms of Embodiment. *Journal of Medicine and Philosophy* 9: 29-43.
Leder D (1992) *The Body in Medical Thought and Practice*. London: Routledge
Leith V M (2007) Consent and Nothing But Consent? The Organ Retention Scandal. *Sociology of Health and Illness* 29: 1023-1042.
Lella J and Pawluch D (1988) Medical Students and the Cadaver in Social and Cultural Context. In: Lock M and Gordon D R (eds) *Biomedicine Examined*. Dordrecht: Kluwer Academic Publishers, pp. 125–53.
Lock M (2002) *Twice Dead: Organ Transplants and the Reinvention of Death*. Berkeley: University of California Press.
Lock M and Nguyen VK (2010) An Anthropology Of Biomedicine. Malden, MA: Wiley-Blackwell.
Mauss M (2001) *The Gift: The Form and Reason for Exchange in Archaic Societies*, *2nd Edn*. London: Routledge.
Mccarthy J R and Prokhovnik R (2014) Embodied Relationality and Caring after Death. *Body and Society* 20: 18-43.
McDonald M (2014) Bodies and Cadavers. In: Harvey P, Casella P, Evans G, Knox H, McLean C, Silva E, Thoburn N, and Woodward N (eds) *Objects and Materials: A Routledge Companion*. London: Routledge, pp. 128–43.
Meese J, Nansen B, Kohn T, Arnold M, and Gibbs M (2015) Posthumous Personhood and the Affordances of Digital Media. *Mortality* 20(4): 408–420.
Mulla S (2014) *The Violence Of Care: Rape Victims, Forensic Nurses, And Sexual Assault Intervention*. New York: New York University Press.
Naffine N and Owens R J (1997) Sexing Law. In: Naffine N and Owens R (eds) *Sexing the Subject of Law*. Sydney: LBC, pp. 3–21.
Naffine N (1998) The Legal Structure of Self-Ownership: Or the Self-Possessed Man and the Woman Possessed. *Journal of Law and Society* 25(2): 193-212.
Naffine N (2009) *Law's Meaning of Life*. Oxford: Hart
Nussbaum M C (1995) Objectification. *Philosophy & Public Affairs* 24: 249-291.
Ohnuki-Tierney E (1994) Brain Death and Organ Transplantation: Cultural Bases of Medical Technology. *Current Anthropology* 35(3): 233–253.
Pitcher G (1984) The Misfortunes of the Dead. *American Philosophical Quarterly* 21: 183-188.
Prior L (1989) *The Social Organisation Of Death: Medical Discourse And Social Practices In Belfast*. Basingstoke: Macmillan.
Redfern M Keeling JW Powell E (2001) *The Royal Liverpool Children's Inquiry: Report*. London: Stationery Office.
Richardson R (1988) *Death, Dissection and the Destitute*. London: Penguin.
Robbins M (1996) The Donation of Organs for Transplant: the Donor Families. In: Howarth G and Jupp P (eds) *Contemporary Issues in the Sociology of Death, Dying and Disposa*l. London: Palgrave, pp. 179-192.
Rock P (1998) *After Homicide: Practical And Political Responses To Bereavement*. Oxford: Clarendon Press.
Rock P (2010) The Delivery of Impact Statements as Ritual Behaviour in Four London Trials for Murder and Manslaughter. In: Roberts A (ed) *From Hearing the Victim: Adversarial Justice, Crime Victims and the State*. Abington: Routledge, 200-231.
Rosenblatt A (2015) *Digging For The Disappeared: Forensic Science After Atrocity*. Stanford, CA: Stanford University Press.
Scarre G (2012) Speaking of the Dead. *Mortality* 17: 36-50.

Scarry E (1990) Consent and the Body: Injury, Departure and Desire. *New Literary History* 21: 867-896.
Scott J W (1991) The Evidence of Experience. *Critical Inquiry* 17: 773-797.
Scully J L (2014) Naming The Dead: DNA-Based Identification Of Historical Remains As An Act Of Care. *New Genetics and Society* 33: 313-332.
Shapin S (2007) Expertise, Common Sense, and the Atkins Diet. In: Porter J & Phillips P (eds) *Public Science In Liberal Democracy*. Toronto: University of Toronto Press, pp. 174–193.
Sque M. Long T and Payne S (2008) Why Relatives Do Not Donate Organs For Transplants: 'Sacrifice' Or 'Gift Of Life'? *Journal Of Advanced Nursing* 61: 134-144.
Sque M and Payne S (1994) Gift Exchange Theory - A Critique In Relation To Organ-Transplantation. *Journal of Advanced Nursing* 19(1): 45-51.
Timmermans S (2006) *Postmortem*. Chicago: University of Chicago Press.
Turner B (2008) *The Body in Society,* 3rd edition. London: Sage.
Winter J (2004) The Trial of Rose West: Contesting Notions of Victimhood. In: Hoyle C and Young R (eds) *New Visions of Crime Victims*. Oxford: Hart, pp. 173-196.