

The Symbolic Representations of Blood
(Preliminary paper)
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EASA panel "Signifying blood: illness, technologies, and interpretations"
Nanterre, France, July 2012

Introduction

Reflections on blood donation rarely take an interest in representations of blood per se. For decades already, it has been the way blood is circulated—blood donation—that has attracted attention in debates. And yet blood is no ordinary substance. According to Meyer, beliefs associated with blood are some of the oldest among those pertaining to the body and bodily fluids. Indeed, blood-related images have even been found in the traces of prehistory (Binet, 1988; Danic, 2010). Symbols, rituals and metaphors relating to blood can still be found today. They have not disappeared with the passage to modernity. Science and reason have in no way succeeded in erasing the many myths associated with blood, and symbolic representations of blood are hardly the sole province of ancient or primitive peoples. Some were in fact born with modernity, for example myths associated with vampirism in African colonial societies (Lock and Nguyen, 2010; Nelkin, 1999; White, 2000). The major religions, still well alive in our day, all propose a set of blood-related rituals and restrictions to their believers. According to Rousseau (2005), even medicine, sometimes considered a “dominant modern belief” (Laplantine, 1992) gives the impression of drawing from the restrictions of the past, with its obsession to forbid the consumption of “red meat.”

The pervasiveness of blood’s symbolic power is also confirmed by controversies sparked by the use of blood in contemporary artwork; one could hardly evoke a more direct witness of our current culture. In 20th century body art, the body, and thus blood, is used as material for artistic expression. Perlmutter (1999) sees in this a form of continuity with ancient sacrificial rituals. Danic (2010), for his part, cites the example of a live performance by an artist bled on stage by a nurse, in an evocation aiming to denounce global conflicts. Feminist artists have also often used the symbol of menstrual blood in their approach targeting women's re-appropriation of their bodies. It is also worth noting that red, the symbolic colour of revolt and revolution—but also joy, strength and prosperity in Asian traditions—has a prominent place in the range of universal perceptions of colour symbolism.

If the symbolic power of blood persists and adapts to the historical context, observers have also noted its “quasi-universality” (Hart, 2009; Hugh-Jones 2011; Meyer 2005). In 1924, Fraser considered that the most civilized nations of Europe referred to as many “superstitions” as did “savages,” especially when it came to dangers associated with menstrual blood. In 1988, Roux observed that representations of blood were comparable in “high-level civilizations” and more primitive societies. Although researchers hesitate to pronounce that blood is truly a universal symbol, this is mainly because of the nature of the works that have been devoted to the subject. Studies on blood have often been limited to a single group in a given geographic space, to one single historical era, or, at best, to a comparison between two major religions (most often Judaism and Christianity). There is no global overview of the symbolic representations of blood across time and space. Rousseau observes that historically, blood has been the subject of cosmological, ethical, medical and culinary controversies. In brief, its symbolic power is vast and a number of disciplines (history, art and religious history, anthropology and feminist sociology) have taken interest in it (Bynum, 2007).

In the following article, we certainly make no claim to providing such a comprehensive overview of representations of blood. Based on the argument that the properties of this substance are paradoxical, we will seek instead to identify what is found consistently across geographical and historical diversity, to borrow an expression from Meyer (2005). Places and eras will overlap so as to enable us to highlight

the elements that are shared or differ from one society to another. We will then attempt to identify the principal issues involved in the circulation of this unique fluid. The reflection will conclude with a discussion on the empirical results of our research on the topic of blood symbolism.

Blood: at the paradox of life and death

Intimately tied to images of death and even more to those of life—which, ultimately, always triumphs—blood has been considered at once dangerous and salutary, harmful and beneficial, impure and pure. If it has never stopped repulsing and attracting [people], it is because, like everything that is sacred (and even more so), it is essentially ambiguous ... Blood remains in people, deep inside but intact, a metaphysical blood as necessary to their spiritual life as material blood is to their physical life (Roux, 1988)¹

The paradoxical, multivocal, ambiguous and bipolar property of this “hot, colourful, internal and sacred liquid animated by continual movement” (Camporesi, 1990: 61) has been universally noted. In 1924, Fraser already asserted that in principle, the power of the symbol of blood is neither good, nor bad; it becomes beneficial or harmful depending on its application. Many decades later, feminists would also say that the ideology of blood is neutral, and criticize the tendency of the first anthropologists to abundantly document the link between negative representations of menstrual blood and dominant male/female relationships, as well as to neglect other taboos and exclusions not reserved for women (Testart, 1986).

The symbolic interpretations of blood are numerous and varied. Gilders (2004) writes that blood is not a symbol of life, but rather, as a substance, it truly is life. In many societies and throughout all times, blood foremost represents a principle of strength (Camporesi, 1990; Cazeneuve, 1971; Fraser, 1924). It is a symbol of fertility in “dozens of cultures and countries in the world” (Meyer, 2005) linked as much with procreation as with agricultural fertility. Also observed are its regenerative, life-saving and medical virtues. Blood is used in purification rituals, as well as in life-extending elixirs, to slow down the ageing process. Camporesi (1990) points out that blood was at one time the prime ingredient in sorcerers' laboratories... and in kitchens.

'For man, blood is the best of substances,' a philosopher-physician Zealander noted in the mid-16th century, 'a familiar and most domestic food, and nourishment for life.' Cuisine also partook of this diffuse, universal taste for blood with blood sausage of all kinds, saveloy sausage, bloody ground meats, boiled blood, blood fricassees, ambiguous pâtés made from an obscure amalgam of which 'dark broth' distilled by bloody flesh constituted the dense, viscous and tasty bottom (p. 24).

The taste of blood permeated yesterday's violent, cruel and excessive society: from the cradle to the grave, the sight and smell of blood was a part of every being's social and human baggage. Pitchforks and scaffolds, tumbrils smoking in the streets ... heads impaled on spikes or nailed to doors, bodies left to rot and decompose in cages atop towers ... Barbers, phlebotomists, pig stickers, midwives and Hospitaller Brothers all opened, closed and cauterized veins with frightful casualness. People were bled in order to be purified or ritually purged at the end of a seasonal cycle, and forced themselves to purify their humours with an astrological passivity that we have no right to criticize today, being ourselves obsessive consumers of uncertain and poorly defined chemical products (p. 27).

Blood is the vital principle bearing witness to a person's delicate balance and overall health (Cros, 1990). Chinese medicine proposes a highly elaborate conception of the role of internal substances,

¹ All translations in the text are ours unless otherwise noted.

which can be positive or negative, hot or cold, and in which blood has its place. Blood is a substance said to be “negative” in contrast with air, a positive substance, that circulates along the nervous system and the meridians used in acupuncture. Balance between these substances ensures bodily health and wards off disease. Blood is also associated with the other bodily fluids: “the source of blood comes from the essence in the spleen and the stomach, after nutrition is added and after the passage through the lung, red blood is formed” (Mok Chan 1978: 96-97). Most internal organs are linked to blood; harm to any given organ necessarily entails loss in the quantity or quality of blood. A general state of weakness is always connected with a loss of air or blood. Various blood diseases can be treated with drugs, but also with consumption of certain foods. Notable among these diseases is “hot blood” (for example, a “surplus” of blood, for which bloodletting might be practiced) or lack of blood. A loss of blood must be compensated as quickly as possible. In Islam, we find the idea of the vital function of blood for the organism's functions, as well as the need to preserve the body's balance by avoiding a lack or excess of blood. A similar interpretation of the function of blood in reference to health can be found in Vietnamese culture (Maher *et al.*, 2009), in which *Khí*, blood and other bodily fluids are considered fundamental elements of the human body. *Khí* and blood are related in a Yin-Yang relationship. Blood maintains organ health in the body's functioning by ensuring bodily balance and harmony, as well as helping to keep away disease. The colour and fluidity of blood are its most important characteristics in Vietnamese culture. It must be bright and brilliant, and have just the right degree of fluidity. This allows better circulation of nutrients essential to health. The colour and fluidity of blood are affected by food: consuming certain foods can contribute to better blood fluidity.

Pre-modern Western medicine also cites specific qualities of certain foods as contributing to good physical condition and longevity, since these foods ensure the production of “praiseworthy blood” (Camporesi, 1990: 46). A list of drinks, dishes and drugs, specifically drawn to this end, includes wine and the flesh of certain animals. Until the mid-19th century, bloodletting was another key therapeutic practice used to regain balance between the body's humours (humoral theory of Hippocrates and Galen) (Rousseau, 2005).

In a historical study, Binet (1988) points out the positive facet of blood during antiquity, in myths of the origin of the world and the creation of mankind. But in Mesopotamia, classical Greece and the Roman Empire, blood attracts death, symbolizes vengeance or a stain, and serves to separate the living from the dead. Research by anthropologists and religious historians has abundantly documented the negative facet of blood symbolism. As Turner (1967) recalls, the colour red is associated with violence, crime and homicide. In many cultures (Cazeneuve, 1971; Cros, 1990; Douglas, 1966; Lévy-Bruhl, 1931), it is believed that spilled blood attracts malevolent and dangerous spirits. Blood symbolizes the threshold between this world and the next (Mino, 2001). Earth accidentally stained by impure blood is thought to become cursed forever (Frazer, 1924). Blood is the symbol of that which causes fear, harm and destruction; it is “the image of approaching death, and death defies all rules man can fix for himself” (Cazeneuve, 1971: 96).

The defiance of rules and the threshold between life and death are both clues for understanding the particular position of blood in cultural, social and religious symbolisms. In this regard, the statements of Douglas (1966) remain the most instructive. They remind us that, in many cultures, the body possesses attributes of perfection, wholeness, integrity and unity. Blood circulates within the body and ensures essential vital functions. It is dangerous to cross the corporeal boundary. The fringes are always dangerous and the orifices are areas of vulnerability. Blood, when it transitions outside the body, creates ambiguity and disorder; it becomes a blemish or stain, “a matter out of place.” It challenges and transgresses social conventions and rules of hygiene. It becomes a substance that no longer belongs to a specific category (Leviticus). In this sense it is subject to restrictions, taboos and rituals seeking to eliminate its ambiguous character and to regain control. This conception of the integrity of the body can be found in both Christian and Islamic tradition (Simpson, 2004). For Muslims,

it is forbidden to harm the body because it belongs to God (Chebel, 1999). The body must be protected and preserved because it represents life. This obligation to preserve the body's integrity is not found in Buddhist tradition (Simpson, 2004), however.

The sacred texts of the major monotheistic religions contain numerous explicit restrictions, in particular regarding the consumption of blood. Jews and Muslims are not permitted to consume the substance. In the Old Testament, blood represents the covenant between the Lord and the "chosen people." This covenant is remembered and commemorated during Jewish Passover. In the New Testament, the bleeding of Christ is an ultimate and original sacrifice that renders the Jewish sacrifices obsolete. "Take, eat; this is my body," "Drink ye all of it; for this is my blood of the covenant, which is poured out for many unto remission of sins" (Gospel according to Saint Matthew cited in Binet, 1988:17). Starting in the 14th century, the ban on consuming blood was lifted among Christians. Biale (2009) advances that this diverging interpretation of sacred texts contributes to maintaining tensions between the two broad religious communities, even today. Their respective beliefs are reinforced by what they criticize about each other. According to Jews, Christians are "polluted" because they consume blood with their meat. The fact that Jews bleed animals while they are still alive likewise appears just as strange for Christians. Controversies about religious practices involving the handling of blood are still ongoing, as shown by the debate on halal chicken production in France and Quebec in early 2012.

Most anthropologists observe a demarcation line drawn between blood flow that is controlled and voluntary, and blood flow that is uncontrolled and involuntary. This line most often establishes the distinction between the positive and negative aspects of blood symbolism. In African languages, White (2000) has found terms that distinguish between blood depending on the circumstances in which it leaves the body. For example, blood from birth and blood from injuries go by different names.

Lévy-Bruhl (1931) notes that in primitive societies, the most feared stains are from bloodshed and contact with spilled blood (blood lost in war or by injury, or menstrual blood). Spilled blood makes the combatant impure. Cazeneuve (1971) adds that the taboo also extends to objects touched by the blood; this is the idea of "contagiousness of what is sacred" (or impure). Even if spilled involuntarily, "the red puddle around an enemy's body ... is a mystery," (p.95) like menstrual blood, whose involuntarily flow is uncontrolled and also a mystery. Menstrual blood is blood that has refused life; it is the blood of a being who never lived (Nabofa, 1985), of a fetus prematurely expelled. However, even menstrual blood can be a positive substance. This, at least, is what is noted by Camporesi (1990) in reference to the Renaissance, when menstrual flow was considered a magical talisman with a favourable influence, a purifier of noxious humours and a self-regulator that guaranteed a woman's physical and psychological balance. Cros (1990) similarly observes, in the African cultures she studied, a certain social inequality between those who make blood flow voluntarily and those (feminine) who are periodically subjected to its flow.

Blood and blood transfusion: the issue of contact between bloods

As a substance, blood possesses mysterious properties whose powers can be appropriated by man. To take advantage of these properties, man has covered himself with it, consumed blood-based foods and food with blood ingredients, and has even begun to directly transfuse blood into his veins.

Meyer (1985) lists diseases that the Romans, Hebrews, Swiss and Danish thought they could be cured by the consumption or application of blood, whether animal or human: epilepsy, gout, tuberculosis, headaches, etc. It was believed that specific qualities could be inherited from the animal or the person from whom the blood was drawn—a tiger's ferocity, a mammoth's strength, an admired person's courage. Drinking blood was a way to fight disease; covering the body with blood, to purify or strengthen it, or to free it from a spell; and eating flesh, to regain vigour (Lévy-Bruhl, 1931). Du Boulay (1984) observes that the ancient Greeks consumed warm foods prepared with blood in order to best

reproduce the qualities of blood in the body. Rousseau for his part notes that throughout all places and times, using blood in food has required specific precautions, and only in the 18th century did the consumption of raw blood come to be recommended by doctors.

According to Rousseau (2005), traces of the first blood transfusions can be found dating back to 1615, but history best remembers the experiments conducted by an English physician by the name of Christopher Wren (Janatpour and Holland, 2007). Danic (2010) recalls that blood transfusions from animals were the subject of much controversy owing to their transgression of religious restrictions. In the 17th century, a shift was progressively made to blood transfusion between humans. From the beginning, the idea of the flowing of human blood from one person to another rested on the argument that this would promote good health and cure certain diseases. Also cited was the advantage for “old people” of receiving blood from healthier bodies; the mix of young and old blood was thought to purge vicious humours.

The mystery of blood also lies in the possibility that it might be impure. As is always the case, the fears associated with blood are just as substantial as the benefits associated with it.

We have observed that blood transfusions caused doctors and patients to have reactions similar to those we encountered in the incorporation of blood by strictly food-related means: disgust, fear and ambivalence. As in the case of food incorporation, absorbing the blood of an animal through the veins posed a problem, and gave rise to the fear of contagion and assimilation of all the temperaments of the animal in question. The problem intensified with the advent of the first blood transfusions between humans. The fear of anthropophagy by venous transmission was compounded by that of assimilating the nature and specificities of the Other (Rousseau, 2005: 302).

Avoidance, exclusion and the invention of many purification rituals are historically the most commonly employed strategies to prevent contact with impure and dangerous blood. Other strategies have included avoiding the spilling of blood or making sure that sorcerers cannot assimilate it into their magical concoctions. Refusing blood transfusion is another way to avoid contact.

The objective of modern medicine is to eliminate the mystical nature and symbolic charge of blood, so that it might be considered exclusively for its biological attributes. This is what Attali (2004) calls the “disenchantment of objects.”

*Blood will be given a financial value, just like any other merchandise. It is an identifiable object; it possesses physical reality; it is divisible and rare, and consequently it can be given a price. In this sense, we have all the reasons to say that it is no more than merchandise like any other. But blood relates to **life**, which could in no way be an object of commerce in our societies. In numerous communities, until recently, the **circulation of objects was ritualized**. Indeed, all objects were seen as “**living**,” endowed with the spirit of those who had possessed them. With modernity, objects have in a sense been progressively equalized, assassinated and disenchanted. They no longer carry within themselves the lives of their former owners. The symbolic charge and aura have been dispelled, making them even easier to circulate. Blood consequently follows this logic common to other objects (p. 272).*

Is blood really but a disenchanted object, a biological product cut off from its origins? Genetics contradicts this assertion. The discovery of antigens A and B, of the Rhesus system and of leucocytes was already suggesting that the universal community of blood was divided into sub-groups. Research made another step forward when it revealed that genes could differ depending on race and geographic origin: the O gene is thought to be more frequent among Indians of Central America; the A gene, more common among people in Northern Europe, especially in Scandinavia; the B gene, far

more common among the populations of Central Asia and India than those of the Australian aboriginals and American Indians (Binet, 1988). The importance of phenotype compatibility in the treatment of certain diseases adds a new element to this endeavour to establish distinctions within the universal community of blood. These observations bring racial and national questions—and thus social and ideological ones—back to the fore. Such questions have also been exacerbated by scientific discoveries confirming that blood could be a carrier of certain diseases. The fear of contact with blood, once again potentially “impure,” has led to new social rules of avoidance, exclusion, and respect of hygiene.

In light of this considerable diversity of interpretations regarding the conception of blood as a substance and a symbol, where do blood donors stand? Do non-donors share the same references? These are the questions to which we now turn.

Blood donation and symbolic representations: an empirical analysis

For this analysis, we use empirical data collected in four separate studies entitled: *Blood Donation and Living Environments*; *Families, Altruism and Blood Donation*; *Youth, Altruism and Blood Donation* and; *Ethnocultural Communities and Blood Donation in Quebec*. These studies were conducted between 2009 and 2011. Bringing them together has given us access to a great variety of situations that has allowed us to do comparisons. Here, we will be able to establish distinct interpretations for blood donors, non-donors, various generations, sexes, professional backgrounds, as well as a variety of ethnic and religious backgrounds. In all, our studies comprised 234 semi-structured interviews with: 184 donors (including lapsed donors) and 50 non-donors; 106 women and 128 men; 84 informants aged 30 years-old or less and 150 informants age 31 or more and finally; 76 were conducted with minority ethnocultural and 158 with informants from the majority society.

Blood: a vital and mysterious substance?

Blood transfusion is the circulation of blood from a donor to a receiver. This movement allows us to reflect upon the nature of a substance that leaves the body or that enters it. What interpretations have emerged from our studies?

“Disenchanted” blood

The most common interpretation from both donors and non-donors is that this substance has nothing to do with a vital fluid embedded with mysterious properties. Rather, it is a concrete substance that enables the “machine” that is the body to function. It is a substance that can easily be fragmented into various products which therefore increases its medical usages. Blood is a free product that is easily extracted and that would otherwise be lost if it hadn’t been offered for donation. However, this “disenchanted” interpretation doesn’t mean that blood donation is trivial: in fact, those who propose this interpretation insist on the beauty of it rather than on its unique qualities of the substance. Giving blood acquires its noble character from the fact that it is a generous and altruist act. In certain cases, it is also seen as a good citizen act, comparable to recycling because it doesn’t warrant much more effort.

“Giving blood, giving life”? For those who propose this disenchanted representation, this is first and foremost an effective publicity catchphrase, but it doesn’t evoke anything in particular for them. The gift of life is never really presented like a motivation that justifies their donation: rather it is done to help, to do as others have done before us, like one’s parents, to participate in a family outing or with friends or simply because one witnessed a relative or friend needing a transfusion. Amongst our studies’ informants, middle age donors from a middle inferior social classes² were the most susceptible

² For example: technician, machinist, hotel manager, cook, mechanic, horticulturist, accounting clerk, vendor but also engineer.

to define blood donation in those terms. Younger more educated donors, people from ethnocultural communities or those who were religious tended to present blood donation as a gift of life and referred to these mysterious blood properties.

Giving blood, giving health

Those who are not motivated to give blood to « save » a life recognized that it could help improve the receiver's health. Indeed, informants stated blood's different medical uses: for hemorrhages, incurable diseases – leukemia, blood cancer – or for those who had suffered an accident. Informants who had undergone life threatening situations, or who knew of someone needing a transfusion or those who worked in hospital settings were more prone to associate blood donation as improving someone's health and for medical uses. At the opposite end, informants recognized that because they themselves had never been in a life threatening situation, they only had a very abstract notion of blood's usages; they gave their blood generally to help out rather than thought of it for very precise reasons. This perception couldn't be further from that of the 17th century where blood transfusion was very present in everyday life (Camporesi 1990).

For some, the relation between blood and health lies within the importance of keeping one's health in check in order to offer "good blood". The donation itself is even sometimes perceived as an occasion to reaffirm one's state of health. On this topic, few informants mentioned the role of certain foods to maintain one's blood healthy and the importance of eating specific foods to restore balance within the body. With the exception of one donor, those who mentioned it were informants from ethnocultural communities more specifically those of Asian backgrounds (Chinese, Vietnamese): here, we can clearly see the influence of cultural conceptions which we referred to at the beginning of this text.

A vital fluid

In our four studies, between one third and one fourth of our informants considered blood donation to be a gift of life, they considered blood to be life. For donors and non-donors from ethnocultural communities, the proportion is even higher: close to two thirds thought so. This is not surprising considering that many are actively religious; their spiritual conception of blood, as we've seen earlier, is hence symbolically attached to life. For those informants who were not actively religious, it is as if they had well integrated blood agencies' advertisements. Many openly admitted this fact and spontaneously referred to these ads' messages without any prompting. For those who believed that blood equals life – and can therefore help improve someone's quality of life, give hope to continue living, prolong life in the case of an incurable disease or re-giving life to someone who had almost lost it – saving lives remains their first and foremost motivation to donating blood. For them, blood is the source of life, its vital essence. Many informants will associate the gift of life to that of vitality, of force and energy that is transmitted via a transfusion. The idea that new blood can revitalize that of the sick patient also arose in our literature review.

Many informants gave importance to blood's irreplaceable character and to the fact that its existence outside the body is short lived. This is what distinguishes it from other types of altruist acts, and more specifically to the gift of money, which it is often compared to. Many will say that "there is no such thing as artificial blood". For this reason, it is necessary to replace loss blood, like for those having sustained major injuries. These victims are the most cited potential recipients of blood, besides children. For accident victims, this loss is immediate and non-intentional. Like children, there is an image of a recipient with pure intentions that deserves one's blood.

Blood's main quality, often cited by informants who associate it to the gift of life, is that it is rare and precious. For some non-donors, this qualification justifies that one might want to keep it for oneself and for specific others, loved ones such as family members and friends. These interpretations mostly stem from ethnocultural informants as they are more likely to associate blood to one's family, one's

ancestry: giving it links them to a community. In reality, no informant from the majority society made a specific link between their blood and that of their ancestors or descendants or even with an identifiable community, though some have mentioned not being too keen on sharing Quebecker's blood with foreigners. This absence of family or community identity shared through blood does not mean that it is stripped of its significations. On the contrary, many have identified other types of blood communities: that of blood groups. These groups differentiate their blood types as being more valuable than that of others. For those who carry "rare" blood types, this quality will become their primary motivation to donate and will make those who do not regularly give blood feel guilty. Conversely, those who perceived their blood as being unremarkable will use this argument to cease donating blood, especially when giving blood is seen as a rather painful experience. Knowing this, what blood types are most commonly held in high esteem? It is that of the "universal donor". It can also be that of less common types, those shared with only a small percentage of potential recipients; it can be the most common blood types, which are most needed. The arguments will vary with reference to every donor's blood type and their need to demonstrate that theirs has a unique value.

Carrying or not carrying cytomegalovirus³ can also be conceived as having some value. Carriers are told that their blood can be given to young children. To imagine that one's blood will benefit this particular group of recipients can constitute an additional motivation to donate. For example, an informant who carried CMV is saddened by the fact that she will not be able to give blood to young children while another donor explained how being CMV negative encouraged him to give even more frequently: after all, he believed that young children were more "deserving" than adults. Children, as said earlier, are perceived as having pure intentions. A few donors stated that they feared their transfusion would go to undeserving recipients.

More than a third of informants from the majority society gave some importance to the "quality" and rarity of their blood type. This was especially true for young donors. Could it be that, for them, giving blood might be a way to reinforce their individuality? Women were also more sensitive to this than men, except those who had young children and who were CMV negative. Minority ethnocultural informants were also less likely to give it any importance but were more sensitive to the idea that blood carried their identity and character traits. Even if the great majority of informants did refer to blood as an identity vector, some admitted that it was indeed intimate and private. Very few informants spoke openly about blood's intrinsic characteristics: its colour, its texture. Only a few, while explaining how difficult it was to donate might have mentioned that it was too thick or too thin. If, for some, warm blood was linked to the energy it transports, others reported that feeling blood's warmth was unpleasant. Here, we are getting closer to less "rational/objective" representations of blood as substance. In our studies, we have noticed that very often when informants admit giving some weight to blood's mysterious qualities or to aspects to which they are unable to rationally explain their enthusiasm or disgust - they tended to devalue these very interpretations. The "myth" of regeneration after giving blood is one that most often accompanied these accounts.

Giving blood for oneself: the beneficial effects of modern bloodletting

More than 30 informants in our studies spoke about the beneficial effects of blood donation on their own health. For some, it was even their main motivation to give blood. But what is this effect and how did it manifest itself? Informants abundantly reported the advantages of regenerating their blood, both physically and psychologically. Amongst those who felt no physical effect after having given blood, there were those who admitted having heard of the « myth » or « legend » of regeneration. In fact, this idea appears to be widely diffused though not yet scientifically confirmed.

³ CMV is a virus that causes infections; it mostly goes unnoticed and is very common. Adults are immunized against it but not young children.

This impression that giving blood is physically advantageous appears to be more rampant among men than women. However, people from all age groups referred to it. Informants from minority communities were as numerous to say that they sought these advantages when giving blood as they were to associate this act with a loss of energy – therefore endangering the body's balance. Among these informants, the thesis of regeneration was mentioned by Catholics of Vietnamese origin and by Lebanese Muslims. Those who were looking to promote blood donation within their community suggested that endorsing this idea could counterbalance the apprehensions of losing blood or energy when donating. Some argued that elders tended to believe that giving blood led to a loss of energy whereas young people did not think so.

As mentioned before, blood is always associated with positive virtues as well as with dangers; this interpretation of blood donation's consequences on the donor's body is no exception. For some, blood is linked to death but even more so to danger.

Blood: a witness to death and impurity

Informants are categorical when they say that most of them have never been in contact with death or serious diseases. Death is not so present in everyday contemporary life except through its representations, real or imagined – on television, in books or at the movies. In fact, death was only mentioned in relation to the recipients. Incidentally, the gift of blood was not only perceived like a gift of life but also a gift of “survival”, something that could prevent death – and here, we are not referring to death as bloodshed, as in the literature review. Some, especially English-speaking Black non-donors, feared their blood might not be properly used – akin to the history of colonial vampirism in Africa.

Informants have made many connotations between danger and blood: their preoccupations remind us of the pure/impure dichotomy underlined in the literature review. Giving blood is a privilege reserved for those who have “healthy” blood. Knowing that one's blood does not qualify is perceived as a judgement on one's blood “purity”. Informants understood that blood could transmit unwanted diseases and are understandably disappointed when they did not satisfy the requirements for a donation. Many even protested and argued that their blood was good even if they had admittedly been traveling to countries where the risk of contracting certain diseases is higher or if they had engaged in high-risk sexual practices. Amongst those who ceased giving blood during a few years or who had never given blood, some explained their fear of seeing their blood refused or learning of a disease if they were to try to donate. They apprehended being told that their blood was “spoiled” and therefore unsuitable for transfusions.

In general, the contaminated blood affair has had little impact on our informants. Since Héma-Québec takeover of the province's blood supply, none of our informants expressed any fears of contamination when giving blood. They point out that the material used is sterilized these measures reassure them. However, some study participants (including donors) remained anxious of being at the receiving end of a transfusion even if they knew that precautions are effectively in place to safeguard against any contamination. The fear of impure blood, as a recipient, still remains and is noticeable for the majority of our study's participants. The following case is indicative. A donor had stopped giving blood in solidarity with his homosexual colleagues; he considered the blood agency's exclusion criteria to be too restrictive. But when questioned on his fears of receiving a transfusion, he mentioned that if he were to undergo a planned surgery he would rather receive an autologous donation because of his fear of being contaminated.

The skin: a worrisome barrier

Douglas (1966) has emphasized the historical importance given to respecting body integrity in various cultures and the dangers attached to crossing corporeal boundaries. The bodies' orifices are vulnerable zones and blood outside of the body can be a source of disorder and ambiguity. We could

be led to believe that today, only active religious members would give any importance to this conception of the body but, it appears to be widespread in the secular population as well. "Fear of needles" is a recurrent reason given by non-donor informants not to give blood. Non-donors or donors who had stopped giving blood after a few tries said they feared needles. The description of their accounts point to an aversion to needles that pierce through the body's boundaries, disrespecting of its integrity. Nothing for example, is more unpleasant than a silly accident that spills blood on one's arm when the needle pierces it.

In certain cultures, like mentioned previously, the cause for concern is the contact of blood with air: it is believed to corrupt the blood. A donor even noted that donated blood always stayed within the tube and the bag that protects and that reassured him: it is interesting to point out that what comforted him was the scientific justification rather than ancient beliefs. Another donor was troubled by the fact that the nurse seemed to be scrutinizing her veins as if this constituted a violation of her body. Others expressed reluctance to donating plasma because they were unable to fathom that their blood, once outside of their body, would actually return.

Those who expressed a fear of needles or the sight of blood outside the body were often conscious that it was irrational; they even apologized for it. On the other hand, regular donors asserted that they were not afraid of needles. Those who had tattoos also said they did not fear them - though they are excluded from donating blood anyways, at least temporarily. Sociologists like David Le Breton (2002) has examined the representations of those who choose to mark their bodies (tattoos, piercing, mutilations) and has found that the mark it leaves and the pain it is associated with are considered identity vectors, liberty symbols. They can also be a sign of marginality and social belonging. Even today, crossing body boundaries remains a strong social symbol.

Pain associated with blood donation can repel potential donors and discourage some that will eventually give up the practice. For some donors, this pain is interpreted very differently: in the case of non-donor youth, the idea that giving blood can be risky and painful can represent an important obstacle to overcome while for others, especially those who uphold religious values, pain gives an added value to the practice by making it a dignified sacrifice.

Conclusion

This overview of contemporary representations of blood in relation to blood donation illustrates that though this substance might be disenchanted for many, it still maintains its mysteriousness for others. We have seen that it is not only for those who hold religious values or for immigrants whose culture of origin might let to presuppose that blood, for them, is a symbolic substance. We have given many examples of cases where, for some, the seemingly common practice of giving blood might indeed reveal itself not so trivial: belief in regeneration of the body, fear of needles and spilt blood, the notion that part of one's identity can be transmitted to the receiver, deception or disgust of learning that one's blood does not qualify to be given to a dignified recipient such as a child or disgust towards the idea that a criminal might benefit from one's donation. For example, Victor, a 25 years-old donor explains: "Sometimes you're scared of giving [...], you ask yourself "who's gonna benefit from it"? If a guy is driving like a maniac, cutting and passing everyone and being a pain, hits a child, kills the child and bang, he falls unconscious, and needs a transfusion, your donation will end up benefiting him." It is not conceivable that informants should suddenly give up all these beliefs and as we've seen, many continue to apologize for maintaining these "irrational" conceptions of blood.

References will be submitted with the final version