

ARTICLE

Regulating liminality: Making sense of the vegetative state and defining the limits of end-of-life action

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Funding information

Erasmus Traineeship funding

Abstract

Persistently alive but unaware, vegetative state patients are stuck in the transition between life and death – that is, in a liminal hotspot. This condition raises complex ethical and legal dilemmas concerning end-of-life action. Drawing on social representations (SRs) and the liminality framework, our research investigated how the vegetative state was constructed within the Italian parliamentary debates discussing end-of-life bills (2009–2017). We aimed to understand (1) how political groups represented the vegetative state, (2) how they legitimised different end-of-life bills and (3) came to terms with the issue of liminal hotspots. By dialogically analysing three debates (No. of interventions = 98), we identified six themes and discursive aims allowing parliamentarians to differently represent the vegetative state and support different courses of action. In turn, we identified new features of the psycho-social processes generating SRs: the dialogical tensions between anchoring and de-anchoring. Results corroborated the idea that de-paradoxifying liminality relies on group sense-making and, thus, different political leanings differently addressed the liminality of the vegetative state. We also reveal a novel feature of dealing with liminal hotspots informing the psycho-social literature that applies when a decision needs to be taken, such as in the case of crafting a law: moving from the paradox.

KEYWORDS

discourse-oriented thematic analysis, liminal hotspots, parliamentary debates, social representations, vegetative state

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BACKGROUND

Following severe brain injuries, people may remain enduringly in a condition of wakefulness without awareness: a vegetative state (West, 2014). This is a relatively recent condition, enabled by improvements in surgical procedures, techniques for resuscitation, and delivery of artificial nutrition and hydration (ANH; Kitzinger & Kitzinger, 2013). Being unaware, vegetative state patients lack experience of the self and the environment (Monti et al., 2010). Being wakeful, they retain basic life functions, such as regular sleep–wake cycles, spontaneous movements and autonomous breath, but nevertheless depend on ANH (RCP, 2020). Six months after the diagnosis, medicine considers the vegetative state as ‘permanent’, with patients having low chances of regaining awareness (Quiñones-Ossa et al., 2021). Moreover, in the (so far) few cases of misdiagnosis and late recovery, patients remained with a severe permanent disability (Wade, 2018).

Alive but unaware, vegetative state patients have been considered to be in an enduring liminal – or transition – condition: neither fully alive nor unequivocally dead (Nettleton et al., 2014). As such, they defy familiar meanings, norms and practices provided by science, religion, law and common sense, and open up numerous dilemmas concerning the ethical and legal dimensions of end-of-life action (Zulato et al., 2021). For instance, their caregivers might struggle to find the right balance between hope for recovery and futile treatment (Kitzinger & Kitzinger, 2013). Moreover, public discussion in several countries (e.g. India, Italy and the UK) mainly framed the vegetative state as an end-of-life issue, focusing on ANH withdrawal – that is, on legally allowing patients to die. This brought the discussion to be highly focused on whether and under which conditions the withdrawal of ANH is legitimate regarding vegetative state patients (Zulato et al., 2021). These debates were permeated by dilemmas and contrasting information concerning existence in a vegetative state, such as if patients have significant chances of recovery, retain residual awareness – being capable of feeling and experiencing – or may have been victims of a diagnostic error (Latronico et al., 2011; Racine et al., 2008; Samuel & Kitzinger, 2013; Zulato et al., 2021).

These ontological and pragmatic dilemmas are typical of what the psychosocial literature describes as *liminal hotspots*, that is, stuck transitions (Greco & Stenner, 2017) in which in-between states are indefinitely prolonged. As a liminal hotspot between life and death, the vegetative state involves the patients, their families, the medical institutions and also the political institutions called to legislate the condition. It thus offers a clear illustration of the intertwining of the individual with the socio-cultural – including here the political. We therefore took a psycho-socio-political perspective for specifically focusing on a political institution – the Italian parliament – to analyse how parliamentarians made sense of the vegetative state in the debate of bills for regulating end-of-life action. Examining these debates, we were observing a specific context where meaning-making is directed towards a decision that must be taken (the approval/non-approval of a bill), forcing parliamentarians to come to terms – at least temporarily – with the liminal hotspot at stake. To do so, our approach integrates the processual theory of liminality (Stenner et al., 2017) with the dialogical approach to social representations (SRs; Batel & Castro, 2018; Marková, 2003).

The social psychology of stuck transitions

Social psychology is dedicating growing attention to *liminal hotspots*, or stuck transitions (Greco & Stenner, 2017). Developed in anthropology (van Gennep, 1960), the concept of liminality refers to the temporary phase of transition (i.e. the *liminal phase*) that individuals experience when moving between different orders, positions or identities (Motzkau & Clinch, 2017). Usually, liminality begins with a *rite of separation* – abandoning a previous state – and ends with a *rite of incorporation* – celebrating the adoption of a new one (Greco & Stenner, 2017). During the liminal phase, individuals are in a condition of *ontological indeterminacy* (Greco & Stenner, 2017), a paradoxical state in which they are simultaneously *no longer* and *not yet*, *both/and* and *neither/nor* (Stenner, 2021, p. 5).

When troubled, liminality might extend enduringly over time, becoming permanent and originating the so-called *liminal hotspots* (Szakolczai, 2017). Liminal hotspots are thus conceptualised as occasions ‘of sustained uncertainty, ambivalence, and tension in which people feel “caught suspended” in the limbo of an in-between phase of transition’ (Stenner et al., 2017, p. 141).

Attending to the requirements of mutually exclusive orders and systems, liminal hotspots set up a stuck *paradox* (Greco & Stenner, 2017). For instance, vegetative state patients – alive but unaware – are paradoxically enduringly both/neither alive and/nor dead at the same time (Kaufman & Morgan, 2005). Moreover, liminal hotspots *paralyse* definitive social understanding and social action, creating conceptual and pragmatic voids (Motzkau & Clinch, 2017). For example, professionals, caregivers and the wider public enduringly struggle to understand whether vegetative state patients' life is life worth living or if patients should be allowed to die (Kitzinger & Kitzinger, 2013; Zulato et al., 2021).

In sum, previous representations of the state, role or object at stake become inadequate in addressing liminal hotspots, and new ones are not yet in place (Andreouli et al., 2019). Therefore, according to the *process ontology framework* proposed by Stenner et al. (2017), individuals engage in meaning-making efforts to de-paradoxify liminal hotspots, and can do this in two main ways. First, they might resort to *polarisation*: that is, forcing the solution towards one of the polarities involved in the dilemma (Greco & Stenner, 2017). In this case, this means representing the vegetative state unequivocally *either* as a life *or* as death (Zulato et al., 2021). Second, they might re-signify the paradox through new and more complex representations, making a *pattern shift* (Greco & Stenner, 2017). For example, caregivers and professionals can re-present the vegetative state patient as possibly and sporadically aware, thus as alive in a singular way (Zulato et al., 2022).

The process *framework* proposed by Stenner et al. (2017) offers insights into many of the dynamic processes of liminal hotspots (*paradox*, *paralysis*, *polarisation* and *pattern shift*). However, it does not yet conceptualise and address how liminal hotspots are made sense of in the dialogue between different groups; and it has not namely looked at how the dialogue between groups of different *political* alignments unfolds when these are engaged in reaching an institutional decision, such as defining the legal limits for end-of-life action that a whole nation has to respect. This is the goal of the end-of-life bills, whose debate between different political groups in the Italian parliament is examined here.

Social representations theory: a dialogical approach

To offer further insight regarding how *sense-making about* liminal hotspots intertwines with their *legal regulation*, we integrate two approaches in the analysis of the Italian parliamentary debates: social representations theory (SRT; Moscovici, 1961/1976) and the process-theoretical framework of liminal hotspots (Greco & Stenner, 2017). The former brings a dialogical self-other-object epistemology (Moscovici, 1972) and a conceptualisation of the relations between institutional and common-sense universes (Castro, 2019; Castro & Santos, 2020). The latter offers insight into the dynamics occurring when facing liminal hotspots (Greco & Stenner, 2017).

The dialogical perspective of SRT stimulates focusing on both the *products* and the *processes of representing* (Castro & Santos, 2020). It is concerned with how individuals – as part of groups, communities, institutions and cultures – actively make sense of the world through the use and construction of shared meaning resources (i.e. *products*), such as SRs: systems of *beliefs*, *values* and *practices* (Moscovici, 1973). These resources allow individuals to interpret relevant social objects, both familiar and unfamiliar, ambiguous and less ambiguous (Sammut et al., 2015). Moreover, a dialogical approach to SRT adds that such products are jointly used, constructed and transformed (i.e. *processes*) in discourse and communication in the context of self-other relations – in which the *other* can be an individual, a social group or an institution (Batel & Castro, 2018; Castro et al., 2018). Therefore, the dialogical approach to SRs is well placed to deal with the processual nature of liminality, respecting what some readings of the potential contribution of SRT to the study of liminality have observed – the need of not reducing it to a product (Stenner, 2021; Valsiner, 2021).

The construction of new SRs in discourse and communication is traditionally studied as implying two main processes: *anchoring* and *objectification*. Anchoring is particularly relevant here, as it involves placing new and uncanny social objects – such as the vegetative state – within already-familiar categories (Bauer & Gaskell, 1999). Indeed, it has been proposed that, by being primarily concerned with familiarisation, SRT might not be well-placed to fully address the novelty brought about by liminal hotspots (Andreouli et al., 2019). However, this reading overlooks that SRT main goal is to address the relationship between change and stability, and that the process of anchoring not only and necessarily produces familiarisation (Batel & Castro, 2018; Castro & Batel, 2008; Moscovici, 1988). Thus, considering only the familiarisation function of anchoring would constitute a restricted conceptualisation and use of SRT, and one that indeed would make SRT unable to fully address liminal hotspots. Conversely, when the process of anchoring is considered in the context of both the ‘thinking’ and ‘arguing’ society, its full potential is put to use (Billig, 1991; Kilby, 2016; Verkuyten, 1995). This results in a finer understanding of anchoring as a ductile process – that is, one amenable to being used for producing both familiarising and de-familiarising through the re-elaboration of old meanings – making SRT best suited to make sense of liminality.

In fact, the ‘thinking society’ (Moscovici, 1988) is an asymmetric social arena where social groups with different positions, power and interests struggle to impose one representation over others (Jovchelovitch, 2019) through ‘battles of ideas’ (Moscovici & Marková, 2000). In these battles, individuals are not only able to simply reproduce the sedimented SRs of a group or culture (Gibson, 2015), achieving and maintaining familiarisation; they are, instead, also able to re-construct these meaning-resources in new ways through repetitions with differences (Castro et al., 2018). For example, through new anchorings to old categories, achieving re-presentation and realising novelty and transformation (Howarth, 2006).

To this, the notion of ‘arguing society’ (Billig, 1991) adds the idea that the argumentation in these battles of ideas requires the existence and use of contrasting meaning categories, and thus the capacity to negate (Billig, 1988; Moloney & Walker, 2002). In this view, arguments and counterarguments are seen as the essential constituents of social thinking, and researchers look at meaning-making processes in terms of opposing pairs (Verkuyten, 1995). In this context, Billig (1988, 1991) argued that the SRT-generating processes (i.e. anchoring and objectification) should be re-interpreted to better grasp the argumentative nature of social thinking by looking at their counter-processes. So far, this has been done for objectification, by highlighting the existence of the opposing transcendentalisation process (Billig, 1988, 1991; Kilby, 2016; Verkuyten, 1995). Here, following this logic, we coined and introduced the notion of ‘de-anchoring’. It regards the process of negating a certain category of meaning as relevant for making sense of a certain social object – that is, as being relevant for anchoring it. A step in this direction was previously taken with the notion of ‘lift anchoring’, used to describe a situation in which individuals feel they cannot rely anymore upon traditional meanings (Andreouli et al., 2019). However, this notion does not consider how explicit de-anchoring from certain meanings can serve argumentative and strategic purposes in dialogue and debate between groups.

We propose, then, that in researching the *processes* of meaning construction in the ‘thinking and arguing’ society, we need to understand how both anchoring *and* de-anchoring of meanings are accomplished in discourse and dialogue, how together they work for achieving familiarisation but also make room for de-stabilising it, and what functions they perform for advancing certain representations over others in the battle of ideas. In this way, introducing the de-anchoring concept allows us to better grasp the argumentative nature of SRs as a process and – thus – investigate how representations as products are achieved through conflict, contestation and resistance (Kilby, 2016).

Moreover, SRT conceptualises as asymmetric not only the groups but also the ideas involved in ‘battles of ideas’ (Castro et al., 2018), bringing to the fore the relations between institutional and common-sense universes, highlighting how some ideas are more powerful than others (Castro, 2019). This can be because they are highly shared in a society’s *consensual universe* of common sense, or/and because they receive support from institutional systems of meaning and knowledge – science, law or religion – that integrate the *reified universe* (Elcherath et al., 2011; Moscovici, 1988). This is the universe with institutional

means for imposing certain meanings over others – for instance, by incorporating them into the law (Castro & Batel, 2008) or into academic curricula (Howarth, 2006). However, even if the support that the reified universe offers to some meanings helps stabilise and legitimise them (Castro, 2019), it does not make opposing and alternative meanings disappear altogether from the *consensual universe* (Billig et al., 1988), where they can be – or become – highly shared (Castro & Santos, 2020). Therefore, in the struggles for meaning happening in a parliament, different *universes of legitimacy* (consensual or reified/institutional) are available to be called upon for legitimising certain bills or for challenging their legitimacy (Castro, 2019; Castro et al., 2018). Parliamentary debates provide a vantage point to investigate these processes of legitimation – that is, how parliamentarians of different political groups defend and contest ideas, seeking to reach specific legal aims: the approving or blocking of bills (Verkuyten & Nooitgedagt, 2019).

Based on these premises, our analysis therefore allows investigation of how a liminal hotspot is – at least temporarily and contextually – *made sense of* and *dealt with* in a parliamentary debate involving different political groups. It namely allows investigation of how such political groups legitimise and delegitimise the legal options under discussion by resorting to different universes (consensual and reified/institutional) and differing meaning categories (through anchoring and de-anchoring processes). In doing so, it integrates two analytical dimensions into the investigation of liminal hotspots: first, a group perspective in investigating their interpretation; second, a dialogical approach (Marková, 2003) highlighting the processual and relational aspects of this interpretation as achieved in dialogue with others. It was by employing these lenses that we aimed to analyse the parliamentary debates on end-of-life action in Italy.

The vegetative state in the Italian context

The public and political debate on the vegetative state was sparked in 2008 with Eluana Englaro, a case that raised controversies about the limits for end-of-life action (Luchetti, 2010). For the first time in Italy, Milano's Court of Appeal allowed a person, Eluana Englaro, to be withdrawn from ANH. However, after the Court's decision, right-wing politicians attempted to impede ANH withdrawal: the government launched a law-decree rendering ANH withdrawal illegal, which was then blocked as unconstitutional. Then, in 2009, the government proposed a bill (no. 1369) to the parliament; yet in the meantime, Eluana died and the bill was dropped. In the same year, right-wing parliamentarians drafted a new bill (n. 2350) that would impede the withdrawal of ANH from vegetative state patients. Yet the law failed to pass. Englaro's case was a watershed event for the end-of-life discussion in Italy, continuing – in a fluctuating way – until 2017 (Zulato et al., 2021) when left-wing and M5S parliamentarians drafted another bill (no. 2801) that would allow ANH withdrawal and vegetative state patients to die – given previous consent. This bill was finally approved by the Italian Senate as a new law. Therefore, after 8 years of intermittent discussion, the Italian parliament finally came to terms – at least for now – with the issue of regulating the vegetative state and similar conditions. It was precisely by looking at the debate in the Italian parliament around these three legal proposals (see Table 1) that we found the opportunity to study their 'battles of legitimacy' (Castro et al., 2018): how each political group represented the vegetative state and how these representations were functional for (de)legitimising ANH withdrawal or end-of-life action.

Aims

We aimed to analyse Italian parliamentary debates on the vegetative state to understand: (1) how different political groups dialogically (re)presented the vegetative state through anchoring (the meaning-categories each used for constructing their representations) and de-anchoring (the categories of the others they called into their own discourse to oppose them); (2) how these representations drew on diverse legitimating universes and were consequential for legitimising support for or opposition to the legal

TABLE 1 Law proposals and parliamentary debates regulating end-of-life action in Italy.

Bill	N. 1369	N. 2350	N. 2801
Date	09/02/2009	18/03/2009	06/12/2017
Aim	Denying ANHW	Denying ANHW	Allowing ANHW
Promoters	Right-wing	Right-wing	Left-wing
Parliamentary majority	Right-wing	Right-wing	Left-wing
No. of interventions	8 (5R;3L)	53 (23R;30L)	37 (22R;10L;3M5S;2C)
Outcome	Dropped	Dropped	Approved – Law 291

Abbreviations: ANHW, artificial nutrition and hydration withdrawal; C, centre; L, left-wing coalition; M5S, Five Star Movement; No. of interventions, the sum of the individual contribution by each speaker; R, right-wing coalition.

limits for end-of-life action and (3) how these representations came to terms – at least temporarily – with the vegetative state as a liminal hotspot.

METHOD

By searching for the words ‘vegetative state’ and ‘Eluana Englaro’ within the Parliament database (1990–2020), we retrieved 20 official transcripts from the *Senate*. We focused on the *Senate* since it was the last stage of political discussion and the final decision. The retrieved transcripts included bill discussions but also motions, speeches, preliminary questions, consultations with key informants and vote declarations. For the current analysis, we selected only the transcripts of the three debates in the *Senate* that had discussed the three bills aimed at regulating end-of-life action (see Table 1). The corpus here analysed is thus the verbatim transcript of these three debates and consists of 170 pages and 98 interventions (i.e. 98 individual contributions by speakers).

Two main political alliances were formed for these debates – a right-wing coalition and a left-wing one. Thus, the analysis focused on the differences between them, allowing the investigation of how each constructed their position – their support of or opposition to the bills – in dialogue with those of the others. Since debates were carried out over two legislative terms (XVI and XVII legislatures), the composition of the *Senate* was renewed. In the first, the right-wing coalition held the majority of the seats, while in the latter, the left-wing one did. Furthermore, in the second legislature, the five-star movement (M5S) leaned towards the left-wing coalition for this specific matter.

The material was analysed by employing a discursively oriented thematic analysis (Batel & Castro, 2018), combining thematic (Braun & Clarke, 2006) and pragmatic discourse analysis (Billig, 2009) as a way of taking a dialogical approach to SRs. Thematic analysis was employed to identify the main *content* of each group's representations (Joffe, 2011) and the meaning categories used for *anchoring* and *de-anchoring*. The pragmatic discourse analysis enabled understanding the *processes* through which certain contents were promoted over others – by drawing on different legitimisation universes – and what aims they performed in particular discursive contexts – that is, legitimising and/or de-legitimising a proposed bill (Billig, 2009; Castro, 2019). Analysis was performed by following the six-phase procedure suggested by Braun and Clarke (Braun & Clarke, 2012) and with the support of the software NVivo. During the whole process, the research group discussed codes and findings, and made reformulations by consensus. Being a secondary data analysis of publicly available data, the present research poses no ethical risks. The analysed corpus is freely available for consultation (see Appendix A: Tables A1 and A2).

TABLE 2 (a) Right-wing representation: legitimising bills that keep ANH in vegetative state patients. (b) Left-wing representation: legitimising bills that allow ANH withdrawal in vegetative state patients.

Themes and sub-themes	Anchoring	De-anchoring	Legitimation universes	Discursive aims	Addressing liminality
(a)					
1. A (human) life					
Preserving life functions	Life	Non-life; Coma	Science	Re-personification	Polarisation: The vegetative state is a life
A person who needs care	Vulnerable groups	Body			
Nutrition and hydration as care	Care	Treatment			
2. A mysterious condition					
A possibly aware patient			Common sense and Science	Precautionary principle	Paralysis: The vegetative state is indeterminable
An uncertain prognosis	Illness	Irreversible conditions			
3. A life to be preserved					
The right to live is inalienable	Right to live	Right to die	(Natural) law and Common Sense	Prioritising the right to live	Moving: Life must be preserved
Individual freedom has limits					
(b)					
4. A non (human) life					
An unaware life	Non-life; Body	Life; Vulnerable Groups	Science	De-personification	Polarisation: The vegetative state is a non-life
An artificial life	Artificial life; Monstrosity	Natural life			
Nutrition and hydration as treatment	Treatment	Care			
5. A stuck transition					
Permanent condition	Irreversible conditions	Reversible conditions	Common Sense	Re-normalisation principle	De-paralyse: The vegetative should be unstuck
Living in limbo	Prisoner				
6. Self-determination to be preserved					
Self-determination as inalienable	Self-determination	Duty to live	Law	Prioritising self-determination	Moving: Freedom must be preserved
Right to live as contingent					

RESULTS

The analysis identified six themes and 14 sub-themes (see Table 2). The right-wing coalition (RW) constructed the vegetative state through three themes: *a (human) life*, *a mysterious condition* and *a life to be preserved*. The left-wing coalition (LW) represented the vegetative state with three other themes: *a non (human) life*, *a stuck transition* and *self-determination to be preserved*. Those opposing and polarised representations were constructed by drawing on various legitimisation universes – such as reified and consensual ones – and were consequential to achieve six discursive aims that were oriented to either support or refuse the bills at stake. By *re-personifying the patient*, *calling for a precautionary principle* and *prioritising the right to live*, RW legitimised support for bills against ANH withdrawal (bills 1369 and 2350; 2009) and refusal of the bill allowing it (bill 2801; 2017). Conversely, by *de-personifying the patient*, *calling for a principle of normalisation* and *prioritising self-determination*, LW legitimised support for the bill allowing ANH withdrawal and refusal of the ones denying it.

These representations also include various dynamics of dealing with liminal hotspots. Some themes allowed parliamentarians to de-paradoxify the vegetative state by *polarising* it, and by *moving* from its ambiguous ontology to ethical certainties. In other themes, they remained stuck in *paralysis*.

In line with our research goals of taking a group perspective in investigating the dialogical construction of meaning in the debates, we now present a detailed analysis of content and processes organised by political groups. First, those mobilised by the right-wing coalition and, then, those of the left-wing one illustrating them with representative extracts, each identified at the end by the initials of the political party of the speaker. In the extracts that follow, we underline the sentences that are most relevant to our analysis.

Right-wing coalition: Preserving the status quo

Theme 1 – A (human) life

RW represented the vegetative state as a human life by referring to meanings and practices that re-personified the patient: *preserving life functions*, *a person who needs care* and *nutrition and hydration as care*. Parliamentarians highlighted how – even though they need to be fed – patients preserve basic life functions and live without technological support.

Extracts n. 1.

(a) Fosson: It is certainly not a coma [...], a patient who opens his eyes, who has no breathing problems and who has brief orientation, both auditory and visual. Thus, the vegetative state has a very precise scientific definition. For us, this is life and, even in doubt, none of us can say that this is not life. (UDC)

Extract 1 shows that parliamentarians referred to scientific criteria to distinguish the vegetative state from a ‘coma’, which involves the absence of autonomous life functions. It illustrates how the reified universe of science is mobilised to legitimise the de-anchoring of the vegetative state from a ‘non-life’ category, re-anchoring it to *life*. This exemplifies how the sense-making process of parliamentarians occurred in a dialogical game: the object is de-anchored from others’ real or imagined representations – that is, coma and non-life – and defined as belonging to the category of *life*.

Defined as *life*, these patients could also be anchored to other vulnerable groups that rely on the assistance of others – for example, children, disabled or elderly people – and also lack full autonomy in providing for their own life.

Extracts n. 2.

(a) Gasparri: Let us think of a comparison with disabled persons or even a child who is fed ‘artificially’ when they obviously cannot autonomously provide for themselves. (PdL)

(b) Colli: If we supported the idea that when a body is no longer efficient – cannot climb the stairs or simply get out of bed – life no longer has any meaning [...]. How long will it take us to arrive at the thought that all these old people are no longer needed, that we can do without them? Are these lives just bodies? (PdL)

Anchoring these patients to non-autonomous groups performs several functions. First, to assign meaning and dignity to their life, de-anchoring them from the (again, real or imagined) de-personifying conceptualisations of others, that might see them as mere bodies. Second, to represent them as people who should be cared for, regardless of fitting within the scheme of ‘efficient’ people. Finally, defining these patients as people in need of care opens, in turn, space for anchoring the practices of nutrition and hydration to the meaning category of care and to de-anchor them from that of medical treatment.

Extracts n. 3.

(a) Aiello: This is the basis of the manuals of the medical profession [...] treatment is interpreted as a therapy aimed at curing a sick person suffering from a pathology. The care is not this. Care is explained as caring and dedication to the person. (PdL)

By drawing on the reified universe of science, RW defined ANH as necessary care to be provided to the patient – a construction that simultaneously de-legitimises its withdrawal as a morally unviable action.

By mobilising these representational resources, RW parliamentarians worked to *re-personify* vegetative state patients, legitimising the two bills against ANH withdrawal and de-legitimising the one allowing it. Moreover, by unambiguously anchoring the vegetative state to a life in need of care and de-anchoring it from death, this representation solves the ontological indeterminacy of this state – being in-between life and death – through a *polarisation towards life*.

Theme 2 – A mysterious condition

In other interventions, presenting medical diagnosis and prognosis as unreliable, RW represented the vegetative state as ontologically indeterminable. Through these sub-themes (*a possibly aware patient* and *an uncertain prognosis*), parliamentarians argued that it is impossible to access patients' minds and that – consequently – they might be aware albeit unable to prove their awareness.

Extracts n. 4.

(a) Aiello: A person [...] in a state of unconsciousness or minimal consciousness, where they might feel everything but be unable to communicate it. (NCD)

(b) Palma: It must be made clear whether, medically speaking, scientifically speaking, the absence of hydration and nutrition does not – even under sedation – lead to suffering [...]. I do not know. I am not able to give an answer to the question I ask. (FI-PdL)

Here, the reified universe of science is used in a different way – it is characterised as unable to determine whether the patient is aware or not, leading to dilemmas regarding the patient's suffering due to ANH withdrawal. However, the function performed by the mobilisation of this universe is the same as before: it legitimises opposition to ANH withdrawal.

Likewise, parliamentarians defended the possibility that so-called awakenings might take place, de-anchoring the vegetative state from (the others') representations defining the vegetative state as irreversible.

Extracts n. 5.

(a) Calabrò: Science has more doubts than certainties in this field. How can we ignore the anecdotal case histories telling of people who woke up after 15 or 20 years? (PdL)

(b) Fosson: I have heard others talking of irreversible vegetative states. Who can say that a vegetative state is irreversible? Certainly not science. (UDC)

In representing the vegetative state as possibly reversible, parliamentarians argued that common sense provides evidence of recovery, whereas science does not provide sufficient knowledge. However, parliamentarians also drew on the reified universe of science – potentially bringing future solutions – to contemplate patients' recovery, anchoring the vegetative state to clinical conditions that used to be deadly in the past.

Extracts n. 6.

(a) Davico: What today may appear definitive, incurable, unbearable or deadly, tomorrow may be overcome – and will be – by the evolution of medicine. HIV, Ebola or myocardial infarction used to be incurable diseases, but today they are pathologies that, properly treated, still make it possible to lead perfectly normal and absolutely dignified existences. (LN)

(b) De Lillo: The centre-right majority felt the responsibility, first to try saving a life, then to intervene to clearly regulate this matter, guided, when in doubt, by a very secular precautionary principle. (PdL)

Extract 6a highlights how parliamentarians reinforced the idea that the vegetative state might be cured in the future, allowing patients to regain a 'normal' existence. In turn, representing the patient as a *mysterious condition* makes it possible to refer to a principle of precaution (Extract 6b), suggesting holding off from ANH withdrawal.

Therefore, *referring to a precautionary principle* allowed RW to legitimise the two bills against ANH withdrawal and de-legitimise the one allowing it. This was moreover done by anticipating others' critiques and taking distance from the Catholic religion (i.e. disclaimer): invoking a 'secular' principle. This way, the paradoxical nature of the vegetative state was discursively – and strategically – maintained, enduringly *paralyzing* any definitive social understanding – and legal action.

Theme 3 – A life to be preserved

By prioritising certain rights and values over others – the *right to live is inalienable* and *individual freedom has limits* – the RW represented life as something that should be safeguarded in any condition and at all costs and, in turn, legitimised full limitation to end-of-life action (Extract 7a). This position was supported by references to the reified universe – of the Italian Constitution and of (natural) law. With them, these parliamentarians represented the right to live as existing independently from human action (i.e., as natural) and as therefore inviolable and inalienable, as shown by extracts 7b and 7c.

Extracts n. 7.

(a) Collino: A life that must be respected in all its forms and accepted and understood even when it becomes difficult to live and understand. (PdL)

(b) Nania: The inviolable rights of man exist, and the Republic recognises them. It does not create them, it does not determine them, it does not constitute them: it recognises them. The right to life or the right to live is an inviolable human right, where inviolable means that no one can violate it. (PdL)

(c) Formigoni: There is a discussion on how to end a person's life. The focus is not on the right to life [...] but on an alleged right to death – which, in my humble opinion, is not a right because it is a right that does not exist and is not provided for in any text. (NCD)

Moreover, the legitimate practices concerning the vegetative state were anchored to the right to live, while an alleged 'right to die' was de-anchored from the category of (natural) rights provided by natural law. Likewise, RW represented individual freedom as limited, meaning that no one is free to decide over their life – regardless of their clinical condition – and, therefore, no law should allow for expressing someone's will to die.

Extracts n. 8.

(a) Calabrò: Life is a non-negotiable asset on the part of the State, of civil society, of the individual

who lives it, and such a concept does not reflect a Catholic or Christian perspective. But it is above all our millenary civilisation, our positive law, first and foremost our Constitution, that sets a boundary that the individual cannot overstep. (PdL)

By both referring to (natural) law and taking up the common sense of ‘our millenary civilisation’, RW sets the legitimate limits of individual freedom: life cannot be determined by an individual. To defend themselves from potential opposition critiques, they also claimed that their position was not solely grounded in religious principles but also legitimised by law and common sense.

In sum, by mobilizing these contents, parliamentarians managed to *prioritise the right to live* over self-determination and, again, to legitimise the two bills against ANH withdrawal and de-legitimise the one allowing it. Moreover, by *moving* the discussion from the ontological dilemmas to the certainty of (legally upheld) rights and values, parliamentarians managed to de-paradoxify the vegetative state: a life that should be preserved regardless of its nature.

Left-wing coalition: Promoting change

Theme 4 – A non (human) life

The parliamentarians from the LW coalition represented the vegetative state as non-human life, mobilising meanings that de-personified the patient through three sub-themes: *an unaware life*, *an artificial life*, and *nutrition and hydration as treatment*. They repeatedly highlighted that – despite being biologically alive – the patient is completely unaware and therefore deprived of experiential and sentient life.

Extracts n. 9.

(a) Veronesi: An artificial life allowing the organs of the body to remain viable, even without brain activity, consciousness, thought, sight, hearing, speech. This condition of non-life was considered inhuman by many Americans. (PD)

(b) Bonino: It is misleading to make a whole series of references to the severely disabled. What does that have to do with it? [...]. Why are we talking about severely disabled people? What do they have to do with this law? (PD)

Referring to the consensual, or common sense, universe (*many Americans*) and considering consciousness as the necessary element that makes a person a person, Extract 9a illustrates how LW anchored the vegetative state patients to ‘non-life’ and ‘body’, de-anchoring them from the category of ‘life’ used by the right-wing coalition. Likewise, they also de-anchored patients from the humanising category of vulnerable groups, in opposition to the right-wing representation.

Moreover, LW represented the vegetative state as a condition created and sustained by medical treatment, highlighting that patients would not survive without medical and technological support.

Extracts n. 10.

(a) Veronesi: Keeping a complex of organs and cells together in artificial life is an act against nature [...]. I think it is a monstrosity, and so do thousands and thousands of citizens [...]. I say this as a man of science. (PD)

(b) Mineo: A lady had spent fifteen years hooked up to machines with cocktails of anticoagulants and antibiotics that prevented her heart from stopping beating. (M5S)

Contrary to RW – who represented the patient as living naturally and autonomously – Extract 10 shows how LW anchored the vegetative state in the category of ‘artificial life’, a *monstrosity*, de-anchoring it from a ‘natural life’. In legitimising these positions, moreover, they implied that they were supported by the *consensual* universe – that is, thousands of citizens – as well as by that of science (*I say this as a man of science*). In continuity with the idea of ‘artificial life’, nutrition and hydration were defined as medical treatment, requiring a medical prescription, expertise and technical devices to be delivered.

Extracts n. 11.

(a) Gaetti: Artificial nutrition and hydration are medical treatments, as the administration, on medical prescription, of nutrients by means of medical devices. We were talking about evidence-based medicine. Many experts have pointed out that this is science. It is. (M5S)

By referring to the reified universes of science and medicine, Extract 11 illustrates how the LW discourse de-anchored ANH from the meaning category of care used by the RW. Consequently, nutrition and hydration – as all medical treatments – should require the patient's informed consent.

In sum, by mobilising the representational contents, LW *de-personified* the vegetative state patient and, in turn, legitimised the bill allowing ANH withdrawal and de-legitimised the ones denying it. Moreover, the ontological indeterminacy of the vegetative state was solved by *polarising* it: de-anchoring it from the category of life and re-anchoring it to its opposite – that is, a non-life.

Theme 5 – A stuck transition

By referring to the vegetative state as a *permanent condition* and *living in limbo*, LW coalition represented the patient as enduringly stuck between life and death. For this, patients' clinical conditions were described as enduring over time without any possible change, highlighting their potentially long life-expectancy.

Extracts n. 12.

(a) D'Ambrosio: Eluana Englaro, who remained in a vegetative state, not for one or two years, but 17 years. I believe that the girl's father had huge courage, accompanied by great suffering, to denounce this fact. (PD)

(b) Bugnano: A life in a permanent vegetative state with rigorously ascertained loss of cerebral cortex functions, where the psychophysical integration at the basis of the very possibility of conscious life has failed. (IdV)

By highlighting that a patient might live for many years (Extract 12a), LW stressed how prolonging life in this state might only extend the patients' and caregivers' suffering. Moreover, they described the vegetative state as having no reasonable chance of recovery, constructing it as permanent, incurable and irreversible (Extract 12b). Thus, LW represented vegetative state patients as having no chance of getting back to an aware and 'normal' life. This exclusion allowed them to gain distance from the RW representation, the one anchoring the vegetative state to the category of reversible conditions. It also opened space for representing the patients as *living in limbo*: as living a transition that is stuck in place by medical intervention and, therefore, creates a paradoxical and ambiguous existence between life and death.

Extracts n. 13.

(a) Livi Bacci: The boundary between life and death becomes increasingly thin and it may turn from a fine line into a grey area in which one could be imprisoned for a long time thanks to technology. (PD)

(b) Bencini: For those who are Catholic, I believe there is an intrinsic value in wanting and being able to renounce living an earthly, material life. We are all born, we grow up, we live, and then we die: death is part of the cycle of life [...]. However, the pathway to get there changes, and the measure under consideration affects those who are still alive and no one knows for what bizarre reason they must continue to be in the world of the living. (IdV)

As shown by Extract 13a, the vegetative state patients are anchored in the categories of 'prisoners', forced into a liminal hotspot by everyday medical and institutional care practices. In the context of this theme, rather than being straightforwardly represented as a non-life, the vegetative state remains indeterminate – a precise position in placing the vegetative state patients as *either alive or dead* is not taken.

Representing the vegetative state as a *permanent condition* and *living in limbo*, accounts for the typical *paralysis* of liminal hotspots. In turn, *normalising the transition* would potentially *de-paralyse* and solve the vegetative state liminality. For instance, LW parliamentarians explicitly highlighted the necessity to

de-paralyse the patient's transition and restore the normal life cycle, and did so by referring to the universe of Catholic religion to anticipate the critique of (RW) others (as shown by Extract 13b). Therefore, by referring to a normalisation principle, the LW sought to legitimise the bill allowing ANH withdrawal and de-legitimise the bill against it.

Theme 6 – Self-determination is to be preserved

According to the last theme, by prioritising certain rights and values over others – *self-determination as inalienable* and *right to live as contingent* – the LW coalition represented self-determination as something that should be safeguarded in any condition and at all costs and – in turn – legitimised anyone's choice to refuse medical treatment.

Extracts n. 14.

(a) D'ambrosio: The conscious adherence to health treatment is configured as a true and proper right of the person, which is founded on the principles in Article 2 of the Constitution, promoting and protecting fundamental rights. And Articles 13 and 32, establish that personal freedom is inviolable and that no one can be forced to undergo health treatment. (PD)

(b) Bonino: We are introducing a duty to live. We are moving from the right to life to a duty to live, which conflicts with the very fundamental rights of the person. (PD)

Thus, parliamentarians referred to the reified universe of law (e.g. the Constitution) to legitimise self-determination as an unalienable right and challenge the RW interpretation of the right to live, here renamed as a 'duty to live'. Therefore, legitimate practices concerning the vegetative state were anchored to the right to self-determination and de-anchored from an alleged duty to live. This allowed them to represent the *right to live as contingent* (i.e. violable), meaning that individuals may dispose of their life in specific conditions and even when incapacitated.

Extracts n. 15.

(a) Negri: We aimed to approve a law that would be useful for all those citizens who decide, not by obligation but by choice, to govern the process of their own death – their own, not that of others – when reason fades and the conscious ego succumbs to a merely vegetative life, which can continue for a very long time [...] It is, therefore, a matter of governing the process of one's own death. (PD)

(b) Pardi: When one then speaks of inviolability, one is cheating, because in the first paragraph of Article 13 it is not life, but personal freedom that is inviolable. [...]. (IdV)

Therefore, by drawing on the reified universe of law, parliamentarians prioritised freedom over other rights, such as the right to life. This is evident in extracts 15, expressing the idea that no one can interfere with someone's right to self-determination.

By mobilising these contents, supported by the reified universe (the Constitution), parliamentarians managed to *prioritise self-determination* over the right to live, seeking to legitimise the bill allowing ANH and de-legitimise the ones denying it. In turn, by *moving* from the ontological dilemmas to certainties of rights and values, parliamentarians managed to de-paradoxify the vegetative state: freedom to be preserved.

DISCUSSION

The case of Eluana Englaro generated an intense public discussion in Italy and started a protracted parliamentary debate on end-of-life action (Luchetti, 2010). Thus, the overall aim of our research was to analyse how different political groups represented the vegetative state in parliamentary debates, arguing about the legitimate limits to end-of-life action in *battles of legitimacy* (Castro, 2019). This means that the

more general goal was that of understanding how *sense-making about* liminal hotspots intertwines with their *legal regulation*.

For this, we conducted a thematic analysis and identified six themes describing the shared *contents* through which parliamentarians differently made sense of and dealt with the vegetative state. On the one hand, the right-wing coalition (RW) represented the vegetative state *as a life, as a mysterious condition and as a life to be preserved*. On the other hand, the left-wing coalition (LW) represented it *as a non-life, as a stuck transition and self-determination to be preserved*. These representational *contents* resonate with the ones found in the Italian press (Zulato et al., 2021), where the vegetative state patient was differently represented as aware, unaware, or possibly aware, and distinctive positions on end-of-life were reported – for example, supporting or opposing treatment withdrawal. Moreover, as already demonstrated in the literature involving caregivers and health professionals (Holland et al., 2014; Kuehlmeier et al., 2012; Zulato et al., 2022), these contents address different ontological and ethical dilemmas, such as what is the nature of the vegetative state and whether to withdraw treatment.

We also conducted a more processual analysis, drawing on the notions of a ‘thinking and arguing society’ (Billig, 1991) where struggles for meaning happen through argumentation in the context of relations between asymmetric groups. With it, we looked at how familiar meaning categories were dialogically mobilised as relevant to defining – or anchoring (Bauer & Gaskell, 1999) – the vegetative state, whereas others were called upon to be negated as relevant for that – that is, for de-anchoring. For instance, by anchoring the vegetative state to the category ‘autonomous life’ and de-anchoring it from ‘coma’, RW represented the vegetative state in terms of life and, in turn, managed to re-personify the vegetative state patient. Conversely, by anchoring the vegetative state to ‘non-life’, LW worked to de-personify them. Both re-personification and de-personification had been described in the literature involving caregivers and health practitioners and were identified as being differently functional to signify care practices (Bird-David & Israeli, 2010; Zulato et al., 2022). However, the dialogical dynamic of how they are constructed was not discussed. To this aim, the process of *de-anchoring* was added to the psycho-social literature on the dialogical processes generating and constructing SRs during *battles of ideas*, and shown to help illuminate how sense-making happens in argumentation and dialogue. This extended the previous notion of ‘lift anchoring’ (Andreouli et al., 2019), used in a more individual way, as the concept of de-anchoring enables the dialogical analysis of how different groups promote different representations through affirmation and negation of certain meaning categories. In the context of the parliamentary debates regulating end-of-life action, we showed how de-anchoring allowed parliamentarians to reach specific political aims – at least temporarily – while making sense of a liminal hotspot, namely the vegetative state.

Therefore, with a fine-grained analysis of the duality between anchoring and de-anchoring processes, we showed how the sense-making of parliamentarians occurred in a dialogical game, with the two political groups re-presenting the vegetative state by proposing different relevant anchoring and de-anchoring categories. With this dynamic view of the use of familiar categories, we were also able to display how different meanings can be fashioned from the familiar, de-stabilising it.

Together, these contents defined opposing and polarised representations, legitimised by differently mobilising the common-sense/consensual and reified/institutional universes (Moscovici, 1988), and consequential for performing different political aims (Castro et al., 2018; Howarth, 2006). On the one hand, calling upon science and (natural) law, RW worked to *re-personify* the patient, calling for a *precautionary principle* and to *prioritise the right to live* over other rights. On the other hand, LW resorted to the universes of common sense, of the constitution and of science, and worked to *de-personify* the patient, calling for a *normalisation principle* and *prioritising self-determination*.

Therefore, constructing different representations of the vegetative state had implications for the definition of the legitimate limits to end-of-life action, and were functional to support/not support different bills – that is, to define what should be legal *because it was legitimate*. Our analysis showed how the contextual articulation of universes is consequential for this definition, and for the meaning-making of the vegetative state – or liminal hotspots in general – as already shown in research on mental illness (Morant, 2006). Therefore, in showing how parliamentarians resorted to different legitimisation

universes, this work also demonstrates how both universes are needed to establish limits to action that are simultaneously legal *and* legitimate (Castro, 2019).

To conclude, these representations were consequential for coming to terms – at least temporarily – with the vegetative state as a liminal condition. Our results further corroborate how solving or maintaining the paradoxes of liminal hotspots relies on the dialogical meaning-making of different social groups (Zulato et al., 2021) having diverse political positions and interests within an asymmetric social arena (Jovchelovitch, 2019). For instance, in the parliamentary debates analysed, the vegetative state was strategically de-paradoxified by *polarising* it as either a life or a non-life by different political alignments. Moreover, we observed the emergence of a novel dynamic informing the psycho-social literature on how liminal hotspots might be differently dealt with (Greco & Stenner, 2017): *moving from the paradox*. In the context of crafting a law – where a decision needs to be taken – senators strategically moved from defining the nature of the vegetative state – that is, ontological dilemmas – to its ethical certainties, such as the importance of either preserving life for the right-wing coalition or freedom for the left-wing one. Moreover, while RW attempted to preserve the status quo, such as the illegality of ANH withdrawal from vegetative state patients, LW attempted – and finally managed – to promote social change and innovation: allowing vegetative state patients to die through advanced directives.

AUTHOR CONTRIBUTIONS

Edoardo Zulato: Conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; writing – original draft; writing – review and editing. **Lorenzo Montali:** Conceptualization; methodology; supervision; validation; writing – review and editing. **Paula Castro:** Conceptualization; funding acquisition; methodology; supervision; validation; writing – original draft; writing – review and editing.

FUNDING INFORMATION

The present research was supported by the Erasmus Traineeship funding, allowing mobility to the ISCTE-IUL University, and enabling collaboration between the two research groups.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest whatsoever that is relevant to the publication of the current article.

OPEN RESEARCH BADGES



This article has earned an Open Data badge for making publicly available the digitally-shareable data necessary to reproduce the reported results. The data is available at Table A2.

DATA AVAILABILITY STATEMENT


Original transcripts of the analysed debates are publicly available on the open-access, online archive of the Italian Senate. Links to the analysed transcripts are provided in the paper's Appendix A.

ETHICAL STATEMENT

The manuscript adheres to ethical guidelines specified in the APA Code of Conduct. The research has been approved by the Ethics Committee of the University of Milano-Bicocca.

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How to cite this article: Zulato, E., Montali, L., & Castro, P. (2023). Regulating liminality: Making sense of the vegetative state and defining the limits of end-of-life action. *British Journal of Social Psychology*, 00, 1–20. <https://doi.org/10.1111/bjso.12653>

APPENDIX A

TABLE A1 List of interventions, senators, and affiliation party.

Date	Intervention	Senator	Leaning	Party
09.02.2009	1	Musso	Right-Wing	PdL
09.02.2009	2	Giaretta	Left-Wing	PD
09.02.2009	3	Pedica	Left-Wing	IdV
09.02.2009	4	Orsi	Right-Wing	PdL
09.02.2009	5	Veronesi	Left-Wing	PD
09.02.2009	6	Collino	Right-Wing	PdL
09.02.2009	7	Villari	Right-Wing	Misto
09.02.2009	8	Gasparri	Right-Wing	PdL
18.03.2009	9	Calabrò	Right-Wing	PdL
18.03.2009	10	Veronesi	Left-Wing	PD
18.03.2009	11	De Lillo	Right-Wing	PdL
18.03.2009	12	Gustavino	Left-Wing	PD
18.03.2009	13	Colli	Right-Wing	PdL
18.03.2009	14	D'Ambrosio	Left-Wing	PD
18.03.2009	15	Boldi	Right-Wing	LNP
18.03.2009	16	Livi Bacci	Left-Wing	PD
18.03.2009	17	Spadoni Urbani	Right-Wing	PdL
18.03.2009	18	Rossi	Left-Wing	PD
18.03.2009	19	Massidda	Right-Wing	PdL
18.03.2009	20	Perduca	Left-Wing	PD
18.03.2009	21	Bianconi	Right-Wing	PdL
18.03.2009 (A)	22	Marino	Left-Wing	PD
18.03.2009 (A)	23	Gallone	Right-Wing	PdL
18.03.2009 (A)	24	D'Ambrosio Lettieri	Right-Wing	PdL
18.03.2009 (A)	25	Lusi	Left-Wing	PD
18.03.2009 (A)	26	Galioto	Right-Wing	PdL
18.03.2009 (A)	27	De Luca	Left-Wing	PD
18.03.2009 (A)	28	Nania	Right-Wing	PdL
18.03.2009 (A)	29	Costa	Right-Wing	PdL
18.03.2009 (A)	30	Amato	Right-Wing	PdL
18.03.2009 (A)	31	Pegorer	Left-Wing	PD
18.03.2009 (A)	32	Franco	Left-Wing	PD
18.03.2009 (A)	33	Cuffaro	Right-Wing	UDC
18.03.2009 (A)	34	Bugnano	Left-Wing	IdV
18.03.2009 (A)	35	Scanu	Left-Wing	PD
18.03.2009 (A)	36	Musso	Right-Wing	PdL
18.03.2009 (A)	37	Poretti	Left-Wing	PD
18.03.2009 (A)	38	Pardi	Left-Wing	IdV
18.03.2009 (A)	39	Baio	Left-Wing	PD

TABLE A1 (Continued)

Date	Intervention	Senator	Leaning	Party
18.03.2009 (A)	40	Cabras	Left-Wing	PD
18.03.2009 (B)	41	Vita	Left-Wing	PD
18.03.2009 (B)	42	Fosson	Right-Wing	UDC
18.03.2009 (B)	43	Della Monica	Left-Wing	PD
18.03.2009 (B)	44	Carlino	Left-Wing	IdV
18.03.2009 (B)	45	Bassoli	Left-Wing	PD
18.03.2009 (B)	46	Gramazio	Right-Wing	PdL
18.03.2009 (B)	47	Di Giacomo	Right-Wing	PdL
18.03.2009 (B)	48	Ghigo	Right-Wing	PdL
18.03.2009 (B)	49	Bonino	Left-Wing	PD
18.03.2009 (B)	50	Andria	Left-Wing	PD
18.03.2009 (B)	51	Garavaglia	Left-Wing	PD
18.03.2009 (B)	52	Rizzotti	Right-Wing	PdL
18.03.2009 (B)	53	Negri	Left-Wing	PD
18.03.2009 (B)	54	Lannutti	Left-Wing	IdV
18.03.2009 (B)	55	Saro	Right-Wing	PdL
18.03.2009 (B)	56	D'Ubaldo	Left-Wing	PD
18.03.2009 (B)	57	Saltamartini	Right-Wing	PdL
18.03.2009 (B)	58	Cosentino	Left-Wing	PD
18.03.2009 (B)	59	Mascitelli	Left-Wing	IdV
18.03.2009 (B)	60	Bianchi	Left-Wing	PD
18.03.2009 (B)	61	Sacomanno	Right-Wing	PdL
06.12.2017	62	Caliendo	Right-Wing	PdL – FI
06.12.2017	63	Compagna	Right-Wing	FL
06.12.2017	64	Gasparri	Right-Wing	PdL – FI
06.12.2017	65	Gaetti	Left-Wing	M5S
06.12.2017	66	Aiello	Right-Wing	NCD
06.12.2017	67	Palma	Right-Wing	PdL – FI
06.12.2017	68	Davico	Right-Wing	FL
06.12.2017	69	Mineo	Left-Wing	SEL
06.12.2017	70	Puppato	Left-Wing	PD
06.12.2017	71	Sacconi	Right-Wing	NCD
06.12.2017	72	Casson	Left-Wing	A1
06.12.2017	73	Orellana	Right-Wing	AUT
06.12.2017	74	Bignami	Left-Wing	Misto
06.12.2017	75	Rizzotti	Right-Wing	PdL – FI
06.12.2017	76	Bianconi	Right-Wing	NCD
06.12.2017	77	Uras	Left-Wing	Misto
06.12.2017	78	Malan	Right-Wing	NCD
06.12.2017	79	Divina	Right-Wing	LNP
06.12.2017	80	Marinello	Right-Wing	FL
06.12.2017	81	Zuffada	Right-Wing	PdL – FI

(Continues)

TABLE A1 (Continued)

Date	Intervention	Senator	Leaning	Party
06.12.2017	82	Romani	Left-Wing	IdV
06.12.2017	83	Bencini	Left-Wing	IdV
06.12.2017	84	Candiani	Right-Wing	LNP
06.12.2017	85	Scilipoti Isgrò	Right-Wing	PdL – FI
06.12.2017	86	Iurlaro	Right-Wing	ALA
06.12.2017	87	Giovanardi	Right-Wing	FL
06.12.2017	88	Centinaio	Right-Wing	LNP
06.12.2017	89	Fucksia	Right-Wing	FL
06.12.2017	90	Stefano	Left-Wing	SEL
06.12.2017	91	Fasiolo	Left-Wing	PD
06.12.2017	92	D'Ambrosio Lettieri	Right-Wing	GAL
06.12.2017	93	Floris	Right-Wing	PdL – FI
06.12.2017	94	Formigoni	Right-Wing	NCD
06.12.2017	95	Endrizzi	Left-Wing	M5S
06.12.2017	96	Romano	Right-Wing	AUT
06.12.2017	97	Mattesini	Left-Wing	PD
06.12.2017	98	Bianco	Left-Wing	PD

Note: A = morning session; B = afternoon session.

TABLE A2 Links to the analysed corpus (i.e., original transcripts).

Bill	Date	Link
N. 1369	09.02.2009	https://www.senato.it/japp/bgt/showdoc/frame.jsp?tipodoc=Resau la&leg=16&id=393387&part=doc_dc-ressten_rs
N. 2350	18.03.2009 (A)	https://www.senato.it/japp/bgt/showdoc/frame.jsp?tipodoc=Resau la&leg=16&id=407713&part=doc_dc-ressten_rs
N. 2350	18.03.2009 (B)	https://www.senato.it/japp/bgt/showdoc/frame.jsp?tipodoc=Resau la&leg=16&id=407719&part=doc_dc-ressten_rs
N. 2801	06.12.2017	https://www.senato.it/japp/bgt/showdoc/frame.jsp?tipodoc=Resau la&leg=17&id=1059398&part=doc_dc-ressten_rs