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Defining Family: Naming, Orientation, and Redemption in the Case of Terri Schiavo

M. Chad McBride  
*C*reighton University

Karen L. Taas  
*University of Texas at San Antonio*

Paige W. Toller  
*University of Nebraska Omaha, ptoller@unomaha.edu*

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M. Chad McBride, Karen L. Daas, Paige W. Toller

This paper undertakes a detailed analysis of the Terri Schiavo case as it was covered in popular media. Drawing on Burkean theory, we argue a critical issue in the case was a struggle between Terri’s parents and husband to be seen as the more legitimate family in order to determine the duration and extent of Terri’s medical care. We discuss how the private debate over Terri’s health and the decision to remove her feeding tube entered into the public scenes of legal and political action. This shift to the public scene represented problems for the parties directly involved in the debate and turned Terri into a symbol of the larger right-to-die controversy.

Terri Schiavo made national headlines in 2005 when the controversy between her parents and husband over removing her feeding tube became the subject of national legislation. Terri suffered severe brain damage on Feb. 25, 1990, when her heart had stopped for five minutes, presumably due to a potassium deficiency. Although she spent several years in rehabilitation centers and nursing homes, she never regained brain function, prompting her husband to file a legal petition to have her feeding tube removed in 1998. His petition met much resistance from Terri’s parents, Bob and Mary Schindler, especially because both sides of the family had been in agreement about Terri’s care for the first four years. It was only after the family won a lawsuit settlement that their opinions about Terri’s care diverged.

Michael Schiavo won the case to remove his wife’s feeding tube in 2001, but Terri’s parents appealed the decision. Michael Schiavo won the appeal in 2003, at which time Terri’s feeding tube was removed. However, it was reinserted six days later when the Florida legislature passed Terri’s Law, which allowed the governor to issue a stay in end-of-life cases. Terri’s Law was later overturned by the courts, and Terri’s feeding tube was removed again in 2005. The case

M. Chad McBride is an Associate Professor at Creighton University. Karen L. Daas is an Assistant Professor at University of Texas at San Antonio. Paige W. Toller is an Assistant Professor at University of Nebraska, Omaha. Please direct all correspondence to the first author at cmcbride@creighton.edu. A previous version of this manuscript was presented at the Central States Communication Association Convention in Madison, WI.
gained great publicity in March 2005 when President George Bush called an emergency session of Congress to pass a bill that would allow federal courts to review the case. Federal courts and the U.S. Supreme Court refused to intervene, and Terri died on March 31, 2005 of dehydration resulting from two weeks without food or water.

Typically, in medical cases where a decision must be made regarding the use of life support, a family member is the medical proxy and is supposed to make decisions based on what the hospitalized individual would have wanted. These types of decisions are probably made on a daily basis in hospitals around the country, and these decisions are usually private ones made by existing family who rely on medical evidence. In the case of Terri Schiavo, this private, personal decision became a debate in the public forum. In this paper, we use a Burkean lens to examine the metamorphosis of how this case changed from a private debate between family members into a larger debate in the public discourse.

In what follows, we analyze the Terri Schiavo case through a Burkean lens. We argue that Terri’s parents’ and husband’s differing orientations to the case lead them to operate in different public scenes as they attempted to win the conflict over the right to determine Terri’s medical care. From this discourse, a debate emerged over who was the more legitimate family, and hence, the ones with the responsibility and authority to determine Terri’s care. Therefore, we pay particular attention to the naming of family. Media coverage of the Terri Schiavo case highlighted the controversy between her parents and her husband, often labeling the side to which they were sympathetic as Terri’s family. In the Schiavo case, this private matter became part of a public debate, so we also discuss the public scenes each party used to establish themselves as Terri’s legitimate family. Finally, we examine the redemption process of Michael Schiavo and the scapegoating of the Schindlers after Terri’s death.

**Burke’s System**

Although Burke is most commonly associated with his pentad, we refer to the pentad only in terms of scene (1969a), the settings in which the competing parties positioned the case. Instead, we focus on Terri Schiavo’s parents’ and husband’s orientations to the act at hand, which was the decision to remove her feeding tube. Orientation is central to the controversy between the Schindlers and Michael Schiavo. Burke (1954) articulates an orientation as “A bundle of judgments as to how things were, how they are, and how they may be” (p. 14). Further, orientation determines what is pious, meaning right or natural, in a given situation. For the Schindlers and Michael Schiavo, their orientation to Terri’s accident and her resulting medical condition determines the expectations they will have for her medical care and the ways in which they will most likely act.
Surrogate Decision-Making

As her legal medical proxy, Michael Schiavo had the responsibility to decide the duration and extent of Terri’s medical care. Like most incapacitated patients, Terri did not have an advanced directive or living will (Blackhall, Cobb, & Moskwowitz, 1989; Fins, 1997), leaving her husband to make these decisions without specific, documented medical directives from Terri herself. As her medical proxy, or surrogate decision-maker, Michael was to make decisions for Terri’s care based on what he believed Terri would want if able to articulate her desires or wishes. This process is known as the standard of substituted judgment and is common practice in situations involving incapacitated patients (President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, 1983).

Although the goal behind the standard of substituted judgment is to ensure that the incapacitated patient’s wishes are followed, many medical professionals question whether this actually happens. While medical proxies are expected to make decisions based on what they believe the patient would want, it is highly improbable that family members would know absolutely what the patient desires. Similarly, it is doubtful that surrogate decision makers can set their own preferences aside and remain neutral parties when it comes to medical decision making (Powell, 1999). As Powell (1999) stated, “It is a fictitious belief, on behalf of both physicians and proxies, that proxies can make decisions as if they have no self-interest and that they are merely acting as alternative voice apparatuses for incapacitated patients” (p. 82). Hence, even though both Michael Schiavo and the Schindlers claimed to know what Terri’s wishes were, it is likely that each party’s orientation toward her medical care was influenced by their own morals and values.

In fact, several studies have found that medical surrogates are quite inaccurate when it comes to knowing patient preferences. In a study of elderly outpatients and their surrogate decision makers, medical researchers discovered that surrogates, who were usually the patients’ wives, consistently overestimated and over predicted the patient’s desire for treatment (Fagerlin, Ditto, Danks, Houts, & Smucker, 2001). Likewise, another study of elderly male patients’ resuscitation preferences revealed that both physician and spouses’ predictions of patient treatment preferences were erroneous. Whereas physicians tended to underestimate treatment preferences regarding chronic lung care or situations of stroke, spouses tended to overestimate what the patient would want (Uhlmann, Pearlman, & Cain, 1988). Both studies clearly indicate incongruence between patient and surrogate preferences.

In order to improve the probability of incapacitated patients’ wishes being followed, the medical community has strongly encouraged individuals to construct living wills or advanced directives. However, advanced directives and living wills are not infallible documents as family members may ignore them or insist they not be enforced (Fagerlin & Schneider, 2004). These documents may become irrelevant if other family members can produce new or previously unknown information about the patient’s wishes (Doukas, 2005). Thus, even if Michael Schiavo had been able to produce a written advanced directive or other legal document, it is unlikely that Terri’s wishes would have been followed due to the opposing views each party had regarding her continuation of care (Ditto, 2006; Weijer, 2005). Because of the lack of documented evidence regarding Terri’s wishes and their differences regarding continuation of care, both Michael Schiavo and the Schindlers turned to medical experts to build their argument for decision-making control.

Medical Expertise

Throughout the entire case, Terri’s parents and her husband relied on medical experts to support their arguments about the appropriateness of their actions, indicating the place of medical expertise as a rock of certainty (Burke, 1954) for determining the most ethical treatment for Terri. Terri’s parents argued that their doctors believed their daughter could recover if she were placed in a proper rehabilitation facility and further asserted that removing her feeding tube would amount to execution (Goddard, 2003). Michael Schiavo, however, cited reports that confirmed his wife was in a permanent vegetative state. As such, he argued that Terri would not want to be kept alive in such a condition.

Because both Michael Schiavo and the Schindlers relied heavily on the opinions and knowledge of physicians, medical experts were given a great deal of credence and authority. This is not surprising as medical expertise is embedded in American culture as a source of power, so much so that it often supersedes other concerns and explanations (Lupton, 2003). However, to rely on the advice of medical experts may be inherently problematic for families acting as proxy decision-makers, particularly because physicians are trained to extend life at all costs, viewing a patient’s death as “failure” (Ventres, Nichter, Reed, & Frankel, 1992, p. 162).

Although both parties in the debate were arguing they were right about what ought to be done in the case, they relied on medicine to support their case before relying on their expertise as family. For Michael Schiavo, medical expertise gave him permission to suggest his wife be allowed to die because medically her quality of life was poor. The Schindlers also relied on their doctor’s medical expertise that Terri could recover to level charges against Michael Schiavo that he was cold and rushing his wife into death. Without agreement
among medical professionals on Terri’s actual chance for recovery, Michael Schiavo and the Schindlers were left to construct their legitimacy by focusing on what is family rather than what was medically certain.

**Naming of Family**

The ability to name constitutes a position of power. Through the naming process, individuals can create identification and division, such as what is family and, perhaps more importantly, what is not family (Burke, 1969b). For example, Bergen, Suter, and Daas (2006) examined how the lack of a name for the role of non-biological lesbian mothers can undermine the process of creating family. Specifically, if others do not recognize the non-biological lesbian as a mother in a family, then the family struggles to negotiate its identity as a legitimate family. Similarly, when competing families can both be framed and viewed as legitimate family forms, such as in the Schiavo case, how family gets defined becomes increasingly salient. The case of Terri Schiavo is a representative anecdote (Burke, 1969a) of the complicated nature of families and the power and ethical issues that are involved when attempting to define family. In the Schiavo case, the struggle over family hinged between her parents’ and her husband’s claims that each was her “legitimate” family and therefore should have control over her medical care. What makes the naming of family so significant in this case is that both her parents and husband could legitimately and legally claim to be family. Therefore, this discursive debate about who is the more legitimate family sheds light on the complicated nature of the family naming process.

Noller and Fitzpatrick (1993) proposed three approaches to the definition of family which have been applied when describing family forms: structure (blood or legal ties), function (contribution of mutual need fulfillment and nurturance), and transactional (interaction and constructed identity). Oftentimes, structural ties are the most easily recognized, especially to those outside of the family unit. Thus, courts and other bureaucratic institutions rely on this approach to defining family. In instances like the Schiavo case, however, this approach proves to be more difficult as both the parents and the spouse could legitimately claim to be family in the structural sense.

Since Terri’s husband can claim legal ties and her parents can claim biological ties, each attempt to define family within a structural approach but does so in different ways. Noller and Fitzpatrick (1993) suggested that scholars using the structural approach to defining families often argue that families first begin through the “choice” of marriage or “mate selection” (p. 3) and children enter later. Based on this construction of family, Terri’s family began when she chose to marry Michael Schiavo. Further, “the household” is often framed as the traditional context of family membership—in other words; people who live in your house are structurally part of your family. Framed by this approach to structure and familial context, Michael Schiavo was Terri’s family at the time of the heart attack that led to her brain damage.

This structural definition of Terri’s family, however, becomes more convoluted. The idea that family first “begins” with mate selection is followed with the assumption that the mates will procreate and produce offspring, which Michael and Terri never did, although Terri was taking fertility treatments. American culture is permeated with a pro-natalist discourse, based on cultural norms and expectations that spouses reproduce to form the foundation of family and reproduce social harmony (e.g., Heidinger, 1991; Veevers, 1980). As Michael and Terri Schiavo never procreated, their status as an American family and, subsequently, his legitimacy as someone who had a say in her life/death was threatened. Additionally, McBride (2006) found in his analysis of the opt-out revolution, that the mother-child relationship was at the center of the construction of family, and couples without children were placed lower on the hierarchy of what constituted a “good” family. Because the nuclear family form is privileged in American culture as the basis of family, the Schiavo’s child-free status threatened this privilege and gave room for the Schindlers to reclaim Terri as family. Since the mother-child relationship is the basis of family and Terri did not have children, her own relationship with her mother could then reconstruct her familial boundaries to exclude her husband and include her parents (and siblings). This reconstruction of family boundaries was exemplified when Mary Schindler was quoted as saying, “Michael and Jody [Michael’s girlfriend], you have your own children, please, please give my child back to me” (Thompson, 2005, p. 5). She was attempting to reclaim Terri as her own, especially since Michael had created his own family with his current girlfriend through childbirth, even though it was not in a legalized marriage. In this sense, his new family divided him from his old one with Terri.

Supporting this reconstruction of Terri Schiavo’s familial boundaries, the discourse surrounding the Schiavo case almost exclusively referred to Terri’s parents as “family” and Michael Schiavo as her “husband” or “legal guardian.” While the media acknowledged Michael’s relationship with Terri, their relationship was framed only in legal, rather than familial terms. In doing so, the parents were thus constructed as warm and caring (family type clusters) while Michael was constructed as cold and greedy, waiting to collect Terri’s trust fund.

The process of naming who counted as Terri’s family did not end with the structural approach. Even though the media framed Terri’s parents as family, both her parents and her husband fit the
structural definition of biology and/or legal ties. To compensate for the fact that both sides fit the commonly recognized structural approach to family, each compensated by critiquing the other using different approaches to defining family. The Schindlers framed their argument in functional terms while Michael Schiavo framed his connection with his wife in transactional terms.

While the media aided in the construction of the Schindlers as Terri Schiavo's "family," the Schindlers themselves tried to discredit Michael Schiavo through a variety of means, starting with the base level of him not being family by using functional language. Burgess and Locke (1945) noted that in the 20th century, families and specifically couples had moved from institutional to companionate bonds, and functional family scholars responded to this change by also changing the emphasis of traditional familial roles to that of familial relationships (Noller & Fitzpatrick, 1993). In other words, the mother-child relationship is not familial only because of biological or legal ties, but rather is a familial relationship if each provides instrumental and emotional support to the other.

Familial relationships are based on doing things together and for each other. Since Terri Schiavo was unable to perform tasks for her parents in her vegetative state, the Schindlers used their examples of hands-on care for Terri as evidence for their argument that they should be granted legal custody of their daughter. Video clips shown throughout news coverage, showed Mary Schindler interacting with her daughter and Terri Schiavo seemingly responding (even though the video was discredited after the autopsy). Further, throughout the discourse both parents emphasized how they wanted to help their daughter—a display of functional parental behaviors. For example, Mary Schindler told Larry King, "I want her. I love her. I'm her mother...I'll take her home with me now and take care of her for the rest of her life" (Schwed, 2005, p. A12). In another interview Mary Schindler reported about her relationship with Terri in the hospital as "we laugh together, we cry together, we smile together, we talk together" (Teather & Luscombe, 2003, p. 3). Even though Schiavo reportedly could do little more than gurgle, Mary Schindler framed their "interactions," and thus relationship, in terms of activities (laughing, crying, smiling, talking) that we would expect from other mother-daughter relationships.

Not only did the Schindlers try to construct themselves as Terri's family using functional terms, they also actively framed Michael Schiavo in such a way to make his structural marital bond with Terri seem as just that—devoid of any marital companionate bond. Throughout the course of their legal battle with their son-in-law, the Schindlers continually tried to tarnish Michael Schiavo's image as a husband. At varying points, they suggested he: (a) wanted to benefit from a $1 million malpractice suit rather than give the money to her parents to use for Terri's care (Schwed, 2005), (b) abused Terri and attempted to strangle her causing her heart attack (Goddard, 2003), (c) wanted Terri dead so he could collect on a $750,000 trust fund (Luscombe, 2003), and (d) wished to remove the feeding tube to expedite Terri's death, thus allowing him to marry his girlfriend with whom he had two children (Goddard, 2005). While all of these accusations were disproved (to varying degrees) after the autopsy three months after Terri's death, the Schindlers effectively shaded the perception of Michael Schiavo as a caring husband in the public eye. Again, this reframing by the Schindlers was done using almost exclusively functional language. While they did things for their daughter, Michael Schiavo reportedly did not allow specialists to help try to rehabilitate Terri and actively blocked her "family's" attempts to help their daughter recover. Additionally, Michael actively performed functions that are the anti-thesis of what we would expect a loving husband to do for his wife (e.g., cashing in on her death, abuse, etc.).

Unlike the Schindlers' use of functional terms, Michael Schiavo used transactional terms to construct an argument for why he had his wife's best interest in mind. Scholars employing the transactional approach to naming family view interdependence and commitment as constructed through some sort of transactional process, usually communication (Noller & Fitzpatrick, 1993). Any group that is interdependent, committed, and shares some sort of history and identity can be labeled a family unit. Much of the media coverage, especially in 2003 and 2005, focused on the Schindlers' attempts to block the removal of Schiavo's feeding tube in an attempt to extend her life. However, when media coverage constructed the other side of the debate over Terri Schiavo, Michael Schiavo's limited argument centered around Terri's wishes to not "live" as a vegetable. He would reframe familial wishes for Terri's future as Terri's wishes for her existence and claimed to know of these wishes because of private conversations he had with her before her 1990 heart attack.

In emphasizing these personal conversations over her parents' need/want to maintain her life at all cost (a culturally accepted function of parents), he privileged their interdependence as husband and wife highlighting private, intimate conversation about the quality of life (a transactional process) shared between husband and wife. Further, this conversation highlights a history he had with his wife that she did not share with her other familial bonds. While his work to honor his wife's wishes to not "live" in such a state may be seen as cold or cruel, he did show commitment on his wife's behalf by championing her rights to quality of life for 13 years.

Because both sides of the Schiavo debate could claim structural affiliation with Terri Schiavo, they discursively constructed
arguments for familial bonds up the abstraction scale using functional and transactional language to name themselves as Terri’s legitimate family. As such, both sides were hoping to create identification (1969b), or discursive familial definition and connection, in different scenes. If named and identified as Terri’s legitimate family, the winning side would have gained credibility in their ability to determine the proper action to take. However, because of the court cases involved in the fight, they had to take their orientations toward family into the public scene to further structure a familial hierarchy and to determine who had the rightful say over Terri Schiavo’s existence. In doing so, they took a private matter and made it public. Culturally, families are seen as private entities. For example, family courts are closed and the outcomes are not made part of public record. In the case of Terri Schiavo, the public scenes at play were never framed as part of the private family. While families would hire lawyers and call on politicians, these public systems (with the exception of “family” clergy) were never framed in a private realm.

Public Scenes

According to Roscoe, Osman, and Haley (2006), the Terri Schiavo case was atypical of incapacitated patients as most end of life decisions are made in consultation with medical and spiritual advisors rather than in the public and media spotlight. Two major public scenes emerged as sites of discourse in the Schiavo case: political and legal. Each side of the Schiavo debate used a different public scene in an attempt to win familial rights to Schiavo’s existence, and in essence set themselves at the top of the hierarchy in the construction of family. In doing so, we argue they made their private debate public, which allowed the Schiavo case to represent their family's existence. In what follows, we describe the makeup of each public scene and how each side used their scene to frame and build public support for their side of the argument.

Beginning in the late 1990s, the public political and legal scenes were used as sites of debate for the Terri Schiavo case. The use of these public scenes and the agents within each, however, changed over time. The discourse surrounding Michael Schiavo placed him mostly in the legal realm, while the discourse around the Schindlers placed them primarily in the political realm. Of course, both sides of the debate were featured in each public scene, but their individual arguments were framed mostly in one public scene. Additionally, as time passed, the circumference (Burke, 1989) of each scene grew from local and state levels, ballooning to national and international scenes in the last days of Terri Schiavo’s life.

Michael Schiavo first entered the legal scene when he received court approval to remove Terri Schiavo’s feeding tube. While his in-laws successfully blocked the removal of the tube with a law suit in 2001, in subsequent cases, the decision to give him the right to remove her tube was upheld in various Florida courts. In the last days, federal courts (including the Supreme Court) were asked to hear the case and ultimately sided with the initial decision by Florida courts. The agents in this public scene morphed over time, but Schiavo’s lawyer, George Felos, framed much of his arguments in legal terms. Additionally, the Schindlers’ lawyer also contributed to this legal discourse, and even various district court judges spoke with media concerning the case. For example, the bench of the 2nd district court of Florida stated, “Unfortunately when family cannot agree, the best forum we can offer for this private, personal decision is a public courtroom—and the best decision-maker we can provide is a judge” (Goddard, 2003, p. 15). This exemplar highlights the private nature of the debate between families becoming public in context of the legal scene. Obviously the Schindler side of the fight had to participate in the legal scene, but they did so mostly on the defense. However, they used the political scene in an offensive way to frame and build support for their side of the argument.

The political scene was much broader and centered primarily on the Schindlers’ side of the debate. While they participated in the legal realm out of necessity because of court cases, they more often sought out agents in the political public scene for their personal cause. Beginning with the second appeal, Florida Governor Jeb Bush intervened on behalf of the Schindler family and passed Terri’s Law. When the state-level political scene was not successful at passing an injunction against Michael Schiavo, the circumference expanded to include a national stage. President George W. Bush made statements from his vacation in Waco, Texas, and both houses of Congress passed laws on behalf of the Schiavo case (Goldenberg, 2005).

While Michael Schiavo and the Schindlers used these public scenes as part of their personal debate, each also concomitantly criticized the public entities for publicizing their private matters. At first, their critique of the public seems incongruous from people who brought their private matters to the public scene. Upon closer inspection, however, each side only critiqued the public spectacle in the scene in which the opposition was operating. For example, Michael Schiavo critiqued congressional Republicans for using his wife as “a political pawn” and stated, “I’m outraged and every American should be outraged. This government is trampling all over a personal family matter” (Teather & Luscombe, 2005, p. 3). While he brought his personal, family matter into the public legal scene
through court cases, he critiqued the players of the political scene for infringing on his private issue.

Similarly, although Bob and Mary Schindler were very active in seeking out the help of players in the political scene (especially Republicans and Christian conservatives), they were frustrated and expressed discontent with the public legal scene. For example, while Governor Jeb Bush successfully passed Terri’s Law, the effectiveness of the law was undermined when courts overturned it. In 2003, after a ruling that the tube must be removed, family spokesperson Pamela Hennessy commented, “They wanted the chance to try to teach her to eat for herself, but the judge refused...It’s frightening that he has so much power over this wonderful woman’s life” (Goodard, 2003, p. 15). Repeatedly, the Schindlers criticized the agents of legal scene for their control over a private life and personal family issue. Again in 2005 after the U. S. Supreme Court “refused to intervene even after President George W. Bush signed a law allowing federal courts to become involved,” Bob Schindler stated, “The system is just atrocious” (Sherwell, 2005, ¶20). The Schindlers called on every agent possible in the public political scene (from left-wing politicians such as Jesse Jackson to right-wing politicians like the Bushes, Senator Bill Frist, etc.), and yet they complained about the power the public legal scene had over Terri Schiavo’s personal life.

Many of the critiques of the public’s involvement in the Terri Schiavo resulted from the competing parties’ orientation. Michael Schiavo viewed the legal system as a means to support his legitimacy as family. Since he was legally married to Terri and was her legal medical proxy, it is logical that he would use legal means to uphold that legitimacy. For Terri’s parents, their orientation to family was consistent with the family values rhetoric of the Republican Party and Christian conservatives (Cloud, 1998). Thus, their identification with the values of the political party most likely led them to seek out the political scene as a way to overcome their limited effectiveness in the legal scene.

In addition to orientation differences, the other problem of placing the personal family matter in the public realm stemmed from each party’s loss of control over the case. Once their private controversy was made public, family on both sides lost control and the debate over Terri Schiavo moved from who was named as family to other issues as “The case [pitted] Christian conservatives against right-to-die activists” (Teather & Luscombe, 2005, p. 3). The ongoing debate over life and right-to-die in this public scene was not centered on Schiavo herself, but rather both used her story to fuel their side of argument. Further, this debate began before Schiavo made national headlines and continued after her death. Her case became a commonly known cultural touchstone from which advocates of both positions could construct their arguments. For example, Rev. Patrick Mahoney, director of Christian Defense Coalition and one of the organized protestors stated in March 2005, “Even though Michael Schiavo believes his wife is dead, she is alive, she has dignity and her life has worth” (Teather & Luscombe, 2005, p. 3). While Rev. Mahoney used Schiavo’s name and person in his statement, he was among the protestors who did not know Schiavo personally and merely used her hospice as a site to further his larger mission regarding his pro-life position.

The co-opting of Terri’s Schiavo’s case was not limited to the Christian conservatives and the religious right. Additionally, Republican officials used Schiavo’s case to further their own political agenda (which involves the religious right). A memo from Republican officials labeled the situation an “important moral issue” and further, a “great political issue” (Teather & Luscombe, 2005, p. 3). Senate majority leader Bill Frist called the body to act because these were “extraordinary circumstances” regarding the sanctity of human life” (Teather & Luscombe, 2005, p. 3). Again, these examples use Terri Schiavo as a person, but her person is used only as a means to further public agenda by those playing in the political scene. The same Republican memo noted that the debate “could pay dividends with Christian-conservatives in mid-term elections” (Teather & Luscombe, 2005, p. 3).

As the Terri Schiavo case progressed, even politicians had concerns about the very public and political debate over a private family issue. Larcenia Bullard, a democrat from Miami, commented, “I think it’s very sad that [Terri Schiavo] is being exploited like this” (Thompson, 2005, ¶20). Bullard’s statement illustrates how the private struggle over deciding whether to remove Terri’s feeding tube became public spectacle, making Terri a tool that many politicians and religious groups hoped to use to advance end-of-life legislation. The debate escalated beyond the case of Terri Schiavo and raised issues about how involved the government should be in personal family matters. In doing so, the personal (Schiavo and her family) was made political, and the debate moved from the rights of one woman’s family and her life to a larger political debate that started before she made headlines and has continued in other forms since. Further, Schiavo and the Schindlers lost control over their own personal matters and the initial debate over who was named as family. The public spectacle surrounding Terri Schiavo’s life and death also has serious implications for families making end of life decisions as “legislation that takes matters further from families, medical care providers, and hospice staff members is not likely to promote family harmony or better decisions on behalf of incapacitated patients” (Roscoe, Osman, & Haley, 2006, p. 158).
Medical expertise also influenced the legal and political scenes in the Schiavo case. Michael Schiavo won his first case to remove Terri’s feeding tube in 1998 at which time the judge determined from medical records that Terri was in a permanent vegetative state. At the 2003 appeal, attorney George Felos stated, “She is terminally ill as defined by Florida law, and the courts have concluded that to be the case” (Luscombe, 2003, p. 23). Similarly, the Schindlers were able to gain much support from pro-life advocates in the political scene because they had medical evidence that “Terri is not a brain-dead vegetable... she is a living human being and needs to be granted an opportunity to recover” (Goddard, 2003, p. 15). Thus, another issue at the center of this debate is the question of what constitutes “life.” Unfortunately, the field of medicine itself has not been able to come up with a clear-cut definition, leaving families to struggle with creating their own definition (Harris, 2003; Singer, 1996).

During the larger public controversy regarding right-to-die and pro-life issues in which Terri had become a representative anecdote, the Schindlers and Michael Schiavo continued to debate the very real case of Terri’s life. While the Schindlers were acting successfully in the political scene and Michael Schiavo was acting successfully in the legal scene, the conflict was not immediately resolved because they were operating within different scenes and guided by different orientations. In this sense, neither party was able to claim a position at the top of the hierarchy as Terri’s legitimate family, especially because medicine did not provide a clear rock of certainty.

The End of Terri Schiavo’s Life and Redemption

After Terri’s death, the autopsy report confirmed Michael Schiavo’s statements about his doctor’s reports regarding Terri’s health condition and the lack of potential for recovery. Because the autopsy (part of the medical rock of certainty) supported Michael Schiavo’s position, he is redeemed in his role as Terri’s family. His private conversations with his wife indicating that she would not want to live in a vegetative state took on credence as experts reported that Terri had no hope for a meaningful recovery.

As is the case when a controversy is "won" in a tragic frame (Burke, 1984), the losing party is often reframed as the perfect scapegoat. Terri’s parents were recast as overzealous people who did not have Terri’s best interests in mind, thereby demonstrating they were not truly family. They were easily scapegoated for being too aggressive because they were very public about their opposition to the removal of the feeding tube and their distrust and dislike of Michael Schiavo. In fact, Bob and Mary Schindler had openly acknowledged that they were seeking a criminal investigation into Michael’s behaviors, implying he had abused Terri and put her into a vegetative state (Goddard, 2003). They had also questioned his legitimacy as family when they painted him as an adulterer and a greedy husband waiting to collect on a trust fund. These public accusations implied that the Schindlers were more concerned with discrediting Michael Schiavo than with considering what was best for their daughter and further reified that their actions did not exemplify family.

Additionally, Terri’s parents had made several pleas to national officials and had spoken frequently about their daughter and their fight in the national media. In doing so, they initiated a public discussion of a private family issue, at times even seeking support for their position from celebrities in Hollywood including Mel Gibson and religious officials including Rev. Jesse Jackson. In contrast, Michael Schiavo rarely spoke to the public and instead seemed to protect his wife’s privacy through his silence and through actions such as closing hospital curtains to keep protestors from invading his wife’s resting space (Teather & Luscombe, 2005). When he did speak, it was to challenge political involvement in personal matters and the use of his wife as a pawn in political debates.

As the media was redeeming Michael Schiavo as a loving husband and scapegoating the Schindlers for their aggressiveness, it tried to redeem itself for its spectacle-type coverage and invasion of Terri’s privacy by reframing the Schiavo case as a teaching example of how families need to protect themselves from similar incidents. An article in the Minneapolis Star-Tribune declared, “Schiavo case holds lessons for caregivers; feud serves as an opportunity or a reminder, experts say” (Wolfe & Marcotty, 2005, p. 1A). By reframing its coverage as an attempt at saving other families from similar situations, the media identifies itself with the caring side of Michael Schiavo and divides itself from the sometimes sensationalist tactics used by the Schindlers to gain support for their case.

The way in which the media redeemed Michael Schiavo and scapegoated the Schindlers most likely contributed to the quick disappearance of coverage of right-to-die issues once the autopsy report was released. Since the Schiavo case had moved into the public scenes of legal and political interests, it may have been beneficial to continue the debate over the government’s role in private matters. However, in the media’s attempt to redeem itself, it took itself not only out of the role of watchdog but also of educator. As such, the media’s redemption is left incomplete because its new role is unfulfilled.

Drawing on Burke’s system, we were able to trace the controversy surrounding the Schiavo case. This analysis illustrates the medical community as a rock of certainty as well as the power intricately tied to being named as legitimate family. A critical element of this analysis that warrants further study is the ideological and
ethical forces that surround the process of naming family and how
this naming may have further ramifications during end of life issues.
The private debate over Terri’s health entered into the public scenes
of legal and political action. This shift to the public represented
problems for the parties directly involved in the debate, turning Terri
into a symbol of the larger right-to-die controversy and
overshadowing the initial personal disagreement over the naming of
family. As Levine (1990) claimed, legal definitions of the next of kin
may not accurately describe or capture family configurations when it
comes to surrogate decision making for incapacitated patients. In her
commentary on AIDS and family, Levine (1990) provides numerous
examples of medical cases involving decision making by proxy that is
complicated by individuals who fall outside of the normal definition
of “family.” For instance, gay partners who serve as proxies in
medical decision making often find that their authority is usurped by
other, more “legitimate” family members such as biological parents.
Hence, research into “nontraditional” families may benefit from a
better understanding of the processes involved in naming families and
the orientations most often held toward family.

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