

Ethnography in a modern hospice: construction of sacrality behind the seemingly natural

Terhi Utriainen

By the side of the dying

I am going to deal with the construction of sacredness in a modern Finnish hospice setting. A hospice is a care centre for terminally ill people. The hospice-movement started in Great Britain in the 1960s as a reaction against the conditions of dying people in modern hospitals. The criticism pointed out such faults as the seclusion of the dying, impersonal and objectifying treatment of them, and denial of approaching death by both the dying and his/her relations, as well as by the whole society. Since the '60s and '70s hospices have been set up in all parts of the world. The hospice-movement not only arranges homes for dying people, but also educates medical and nursing professionals as well as volunteers and relatives in the care of the dying, and promotes the possibilities for dying at home.

The hospice is a central institution providing discourse regarding the contemporary culture of death (especially in engendering ethical and normative public discussions on the conditions of the dying and on a "good death") as well as the opportunities for new ways to ritualize death. In making public the phenomenon of death in modern society, which has often been characterized as death-denying, the hospice-movement also promotes discussion on such themes as the notion of personality, and the value of human life. In doing all this, the hospice-movement is a rich field for the anthropologist who is interested in fundamental cultural structures of being-in-the-world in western society today. Study on the hospice is in line with studies done in the anthropology of death rituals and customs in different cultures, where death-related themes are seen as windows to central cultural values (e.g. Bloch & Parry 1982).

The name 'hospice' refers initially to medieval hospices or inns which were kept by women, often nuns, for travellers and pilgrims. The founder of the modern movement was Cicely Saunders, who explicitly combined Christian ethics of char-

ity and modern medical practices of care, and whose motto was that "when there is nothing to be done, there is still a lot to do". In Finland the beginning of the hospice-movement can be dated to the early 1980s, when a great deal of publishing was initiated on the theme of the good care for dying patients. There are only three proper hospices in Finland, but many hospitals have integrated some of the principles into their own practices. The three hospices are very visible in public debates (on the themes of euthanasia, and medication, for example) and in the education of caregiving.

This paper is based on research done for my doctoral dissertation "Present, naked, pure; study in the anthropology of religion on women by the side of the dying" (1999).¹ The study was not directly or initially a study on the hospice-movement. It started instead as a study on religious and ritual traditions of women, and it was motivated by discussions in anthropology and in women's studies concerning the special role and status of women vis à vis death, dying people and mourning (e.g. de Beauvoir 1949; Bloch 1982; Bronfen 1992; Caraveli-Chaves 1980; Hockey 1997; Nenola 1990). Women's affinity to death can be seen in the symbolic as well as the practical and ritual contexts in many cultures. It is also very clear in our western, Christianity-based cultural practices. My study aimed at contributing to these theoretical discussions from the perspective of the experience of the modern caregiver of the dying. How did she articulate her experience by the side of the dying, with its cultural, religious, social and personal meanings? The gender-question will be dealt with on the very last pages.

The principal sources of my study were of two kinds: firstly, an analysis of 500 texts written by Finnish caregivers for the dying in the first half of the 1990s. This material was produced in the context of a nationwide project, „Good death” supervised by the Ministry of Health. Secondly, a two month complementary ethnographic study, based on participatory observation in a Finnish hospice. The hospice actually became the primary context or field of my study because the hospice movement exemplifies discussions and ideals in regard to death in contemporary Finnish society.

The primary textual material was 507 texts written by the caregivers, 422 of them written by women. These figures show that the question of gender is constitutive to the whole source material, which thus clearly reflects the division of labour related to the managing and dealing with death in the contemporary situation. I „interviewed” the writers of these texts as if they were my informants

¹ The study was part of an interdisciplinary project called „Death, Suffering and Signification” sponsored by the Academy of Finland and directed by professor Marja-Liisa Honkasalo.

in an ethnographic field study, and I read the texts as „answers” to certain very elementary questions.

The questions I posed to the narrators of the texts were: 1. Who are you? 2. What is it that you are doing? 3. What does it mean? Although the textual material was as large in volume (approx. 3,000 printed pages), and heterogenous in style and textual genres (autobiographies, reports, speculative essays, poems), when it was read keeping in mind the above-mentioned elementary questions (which focused on the identity and basic experiences of the caregiver) the answers came surprisingly as one voice.

„I am the one who is present”; (‘läsnä’)

„What is needed by the side of the dying, is above all, presence” (‘läsnäolo’);

„I am trying to be as present as possible”;

„The meaning of being at the deathbed is presence; only after that come different ‘tricks’ and skills.”

The texts by the caregivers thus revealed that „presence” is the necessary element during the death of the other. Many writers state how often significant others, such as doctors or relatives, find it easier to absent themselves from the deathbed, and how the presence of somebody is the key in providing a dignified and good death. „Presence” is also seen as a core value, as the foundation of ethics of the care for the dying. On the most simple level it means the same as „being there”. It is not, however, restricted to spatial closeness; it also entails a particular quality or way of being. Presence is described as being rather than doing. It has an interesting quality of passivity in it.

Methodologically this observation gave two possibilities: 1) The recurrent expression of „presence” could be taken at face value, as self-evident and obvious, and not calling for analysis; 2) It could also be analysed as (at least to some extent) culturally constructed. This second option, which I chose, starts from the phenomenologically motivated notion, that what we take as self-evident or as „natural” is very often a cultural construction that has become so naturalised that it is for us our „second nature”.² Anthropologists who study foreign cultures quite often

² The heuristic theoretical starting point of my study was Maurice Merleau-Ponty’s (1945) phenomenological notion of the embodied inter-subjectivity of the human situation. Being-in-the-world (perceiving, sensing, feeling, knowing) is rooted in a particular situation which is always already cultural, and which entails the subject’s embodied position or posture, and a relation to other(s). I turned this into an ethnographic idea, that culture can be studied through a detailed description of the seemingly simple bodily positions and gestures in everyday or institutional situations and settings, and the relations between people that these positions and gestures create and express. Ethnographically and anthropologically my methodology comes close to Michael Jackson’s radical empiricism (1989).

do exactly this: dig into the constructedness of what from the emic-perspective seems natural and self-evident.

The expression „presence” was stated and repeated almost ad infinitum in the large corpus of texts. It was often also formulated in strikingly similar ways, so much so, that the expressions gave the impression of either tautology or a sort of mantra, or liturgy: as something not only shared but also continually and collectively reinforced. Many writings even made explicit references to certain published texts by well-known writers in the field of the ethics of care as well as the hospice-movement, which proved – after a closer scrutiny – to be very influential in the making of the ethos of the Finnish hospice movement. Intertextual reading (by which I mean following the explicit and more implicit stylistic references and allusions to different intertexts of the analysed text) revealed repeatedly and convincingly, how pervasive the moral idea (or perhaps even a norm) of presence was in the hospice discourse, and how deeply this discourse had made its way into the caregivers’ way of expressing what they felt were their very own, and very intimate experiences.

This last observation is, of course, not in any way original. People’s expressions of their own and even very intimate situations are often constructions of elements or traces from various discourses and registers. Concepts from influential and normative discourses become part of the everyday language used to express personal and intimate sentiments. Culture and language give form, structure and meaning to the intimate. A strongly constructivist stance would say that language even constructs the experience. On the middle ground, I think it reasonable to see them as strongly directive elements in molding experiences, and in making them either wanted and legitimate or avoided and repressed, or labeled as beyond the ordinary or profane: as sacred.

The sacrality of death in hospital and hospice

Focusing on the process of sacralization of „presence” in the context of the modern hospice is also an attempt on my part to analyse some form or aspect of the construction and maintenance of sacred in one’s own, modern culture, which is often characterized as secularized.(e.g. Berger 1967; McGuire 1997). Modern society is determined by a division of labour between numerous separate institutions, and the medical institution has taken over many functions which were formerly religious. In doing this the medical institution has also incorporated and assimilated some Christian values and deeply significant structures. Many of them

are not, of course, overtly stated as Christian in origin or essence, or as religious at all, but as „natural”– „nature” and „natural” being the self-justificatory bases of legitimation in the natural and technological sciences, and in related institutions. It is challenging to try to describe and analyse this sacralised nature. It often comes very close to what we see as self-evident, provided that we see it at all. The analytic task of unnaturalising the „natural”, or of showing the constructed nature of the self-evident, is, I think, one important task in studying one’s own culture, also in the field of comparative religion.

The hospice itself is seen and constructed as a sacred space in the modern world, a place apart. The sacredness of the hospice as a place for death and dying can be seen both in respect to the whole society, and in respect to the medical institution, or the hospital institution it is part of. The hospital (not the hospice) is a special spatial setting and institution within the society, which entails a whole set of peculiar, but often at least on the surface level rationalized rituals. But it is also a place apart from the rest of the society. The hospital is the legitimate place for death in modern society. But since the hospital is principally a place for cure and recovery, death is an anomaly, an unavoidable but irritating intruder. This paradoxical attitude of the medical institution towards death has been a source of much critical awareness during the last decades. There have been many, mostly sociological, but also philosophical analyses criticizing the profanization of death by the medical institution, and the seclusion of the dying from the rest of society. A big target for critics has also been the „tabooing” of death, meaning that there has been a gigantic modern project, or even a modern conspiracy to silence death into nonexistence because the modern ethos cannot deal with it. (See e.g. Baudrillard 1976; Bauman 1992.)

Interestingly the tabooing and seclusion have been interpreted as part of the processes of secularisation and profanization; within the hospice-discourse, I have not encountered the idea that in fact the sacred is often marked by seclusion, and surrounded by taboos. From anthropologist perspective of the sacred, the modern hospital could in fact be seen to have taken the sacralization of death to its astonishing (but not necessarily illogical) extreme. Death could well be argued – and has in fact been argued in a different context from the hospice-discourse (e.g. Jantzen 1998, also Baudrillard 1976) – to form the very obsession of modernity. This obsession, in which a culture both denies and avoids, and on the other hand, is utterly fascinated with death, might well be seen as a form of sacralization. (Here the „sacred”, of course, comes close to it’s „left-hand” meaning given to it

by Durkheim and Bataille: the „cursed“.) To follow the above line of thinking, the hospice as a critical counterculture movement, whose aim is to drastically change the medical-based attitude towards death, can be seen as an attempt to unsacralize, i.e. to profanize the horribly sacred death of modernity.

This can be seen for instance in the language of the hospice-movement, where expressions like „to render death natural again“; or „to make death again a part of life“; or „to bring death in the midst of life“ abound. These expressions are often in terms of nostalgia or social criticism. It is, however, also interesting to see them as an example of disrobing one kind of sacrality, and of making space for another kind of sacrality, this time the „real“, and „good“, „moral“, or „natural“ sacrality of the hospice itself. The hospice in a sense is reclaiming the right sacrality of death. This ‘right’ sacrality is not understood as tabooed or prohibited, but quite on the contrary, as a very positive and central value.

The key terms which determine each other, and which are also often treated as interchangeable in the discourse of the hospice-movement and its construction of the „right“ sacrality of death are: „present“, „natural“, „good“, and „real“, or „authentic“. In the narrative often repeated in the hospice-discourse, these terms are used to evoke a scene of the „good old agrarian life“, where people were believed to have died a good death, naturally at home, with all the closest people present by their side. People’s attitudes towards death are seen to have been real, authentic. This death scene is seen as both natural and sacred. It is not a seclusive sacred scene reserved for an elite, but a real and natural possibility for everyone. Natural belongs almost by definition to everyone; it is what is original and right for us all. This in fact is one dictum of „good“ modernity. We would still have this naturality – the story continues – if we had not lost it, if we had not given it up to the temptations of „bad“ modernity.³ The hospice-movement finds its mission in telling and teaching us that we can recover this naturality again.

The story goes on to say how in this process we would also be healed as individuals, and find a healthier way of life. There are clear parallels to the New Age or New Spirituality language with its stress on the theme of ridding ourselves of the bad, the socially conditioned, and the alienated sides of us, and adopting the attitude of naturality, or authenticity (e.g. Heelas 1996). The hospice discourse can be analysed as part of contemporary authenticity-talk, where the major change is seen to start from individual experience as a kind of conversion.

³ Modernity is not an undivided lump, but it has sides and aspects which are seen as positive or as negative depending on context and interest.

This narrative of cultural and personal recovery (authentication) uses impressive and religiously loaded, indeed very Christian language. One recurrent metaphor throughout my textual sources (both in the printed hospice-literature and in the original writings of the caregivers) is the metaphor of unveiling or undressing: nakedness. According to this metaphorical narrative, as the dying person is „undressed” of all masks and roles in the process of dying, we too, as those present, should „undress ourselves”. („The dying of the other also forces the one present to undress herself”, as one of my informants puts it.) This is one meaning of „presence” in the writings of the caregivers: presence is what is left when we take off everything unreal or unessential. It is the sacred nakedness, the authentic and natural purity of the human being. This is what the hospice-discourse stresses as the attribute of the good caregiver in the modern drama or ritual of the deathbed. Behind this ideal of a „naked presence” there is a dense fabric of Christian imagery of sin, repentance, death and resurrection. The Christian meta-narrative of the human condition appears in many places in both the Old and New Testaments (from Genesis, through the Book of Job to Paul and finally the Apocalypse) through the images of nakedness and the newly dressed. The hospice discourse uses this imagery extensively in constructing and expressing its ideals. My study indicates that our contemporary vocabulary and metaphors for dying and suffering are still to a considerable extent deeply Christian.

Constructing the sacred presence in the spatialities of the hospice

After these remarks on the construction of the sacred presence in different hospice-related texts, I shall turn to the more strictly ethnographic part of the study and ask how the sacrality of presence was constructed, maintained, enacted and experienced as a social reality in the hospice. My ethnography was based on the participatory observation of a novice in the caregiving work. From this stance and position information was gathered by learning the required tasks and attitudes, and by stepping into the process of acculturation and the various interactive situations. (My methodology was partly inspired by the phenomenologically based project of „radical empirism” by the Australian anthropologist Michel Jackson.) I wanted to observe „presence” in the lived social world of the hospice. How would the ideal of presence be performed?

Compared with other methods, ethnography best revealed the field of social reality where the construction and the maintenance of the sacred presence was in process. It posed a radical challenge to the psychologically motivated, empathy-based presence of the caregiver by exposing the bodily suffering of the dying.

The initial intention was to bring in two ethnographers to observe activities at the hospice in order to get a „thicker” description, to use Clifford Geertz’s words. This was in fact done during the first, or the pilot week. After the end of the week the staff were very stressed and confused by our role as participant observers. They felt that our being there made futile the very core of their work – and this core was, in their own words, „the presence”. By saying this they pointed out two things: 1) the central importance of presence as the aim and task of hospice care – this is what the textual analysis had already revealed. 2) they also pointed out the delicacy and vulnerability of this presence: it was something (a form of interaction, relationship or experience) that needed to be protected.

In the hospice studied the construction of sacred can be analysed from the spatial angle. The hospice itself is a sacred space in the profane world; it is also an especially sacred place in the margins of the western hospital. The sometimes dichotomous relationship between hospital and hospice might be thought of as the distinction between „place” and „non-place” offered by the French anthropologist Marc Augé (1995). Augé calls „non-places” the special forms of spatiality in our contemporary western-based culture, which he has termed „super-modernity”. According to his idea, modernity, which is characterized as a life lived through institutions like the hospital, has further created a kind of liminal spatiality for transit situations, which have become more and more frequent in super-modern life. These transit situations involve corresponding transit identities. Augé’s central examples are the transit spaces of the airport and air, train, or motorway travel where people become anonymous and solitary passengers, unrelated to history or society. As the „non-place” extends in the contemporary society, we are also witnessing nostalgia for the more traditional „place”; for instance, weekend cottages in the countryside rooted in a living social, historical and cultural milieu.

The modern hospital might to a certain extent be seen from the perspective of „non-place”. Patients give away their identities, their relations and their rootedness to everyday local and moral lives; they become solitary passengers in a curious no-man’s land. The hospice, instead, is trying to replace (for the special category of people who are dying) this „non-place” with a „place” where the dying person can retain her/his history, society and relations. This can even be seen from the homelike atmosphere of the interior of a hospice. Patients may bring in their personal clothes and other items, as well as furniture. An aura of sacredness is given to this newly recovered and appreciated „natural” and humanitarian „place” of the hospice, whose aim is to anchor people and their identity during the very last

moments of their life.⁴ (In reality the result is of course not a home, but rather a combination of contemporary hospital and a small cosy family-run hotel.)

The hospice is not, however, an undivided sacred space when seen from within. It is, much like a church or a temple, a space where the degree of sacrality varies. Five kinds of space can be discerned in the hospice. One is space for the staff only: the kitchen and coffee-room, as well as the storerooms and the office. For patients and their relatives there are four categories of space. One is the public space where during the day virtually anyone can walk, and where both patients and their visitors can have lunch and coffee, play games, walk around and talk. There is a comfortable entrance hall with stylish old-fashioned furniture, couches and small tables for sitting, reading or visiting. There is another hall for dining and having tea or coffee. In the middle of the estate there is a spacious conservatory with benches to sit on, and where one can listen to music.

Then there is the private space of the individual rooms (during my time there was only one patient in one room at a time even though most of the rooms were double rooms). The rooms have a hospital bed and a side table, but apart from this the furniture is not hospital-like. Some of it has been willed by earlier patients or their relatives, some has been received as donations. There are pictures on the walls and flowers on tables. The rooms are spacious, with their own bathrooms and showers. There is plenty of room in the wardrobes for the patient's own clothes and personal items, as well as for those of their relatives or friends who often come to stay for much longer periods than they would in hospitals. People spend most of their time with their closest ones in these rooms, and very often alone. They provide space for privacy and/or solitude, and for most of the suffering. Without exception, it is in these relatively private places that people die. These rooms are also nocturnal space – in the sense that suffering and anxiety seem to intensify, and even dying often takes place at night. (The spatial reality of the hospice was considerably different at night.) Restless patients called from their rooms for help, solace or company: for presence. The presence of the caregiver took place in this space, giving it the quality of intimacy between two people.

The third and fourth category of space are the small morgue and chapel. The morgue is a closet hidden from sight in the entrance hall of the chapel, which is also called the „silent room”. The dead bodies are laid on biers one upon the other

⁴ As if the „bad” marginalization (as seclusion from society with no possibility of reentering it) of the dying caused by the modern hospital could be changed into the „good” liminality of the hospice (as a specially marked place within the society).

and wrapped in plastic, with a name card at their feet. The silent room is very different. The room itself is airy, calm and decorated with a few religious symbols. The deceased lies on her/his bed in the middle of the room. She/he is covered in white linen, or dressed in her/his own best clothes. There are often flowers by her/his side. Relatives and friends have room and time to stand around her, or they can sit on chairs available by the walls. There are two distinct, and perhaps even contradictory representations of the dead here. The morgue displays the deceased as a physical body in its most basic and naturalised form, as a corpse among corpses. The silent room, on the contrary, displays a person, an individual in intersubjective and emotional relations.

When the dead were transported on their bed from their „own” private rooms to the morgue or directly to the silent room (if relatives were coming immediately), the staff always made sure that nobody saw the corpse in the public and relatively profane space of the hospice, in the halls and corridors. This meant that although I was repeatedly told by the staff that death was „natural” and not hidden in the hospice, it did not mean that it was allowed to spread, or even to be seen uncontrolled just anywhere in the hospice. There were places for death, and there were other places which were kept relatively untouched by death (either by its contamination or by its positive sacredness). I was poignantly told by one member of the staff, that the hospice wanted to be seen not only as a „house of death” but also as full of life. This was accomplished partly through continuous maintenance of spatial boundaries between life and death.⁵

The most sacred „here and now” – ritualization of the presence of the caregiver

The most sacred event, or the most sacred phase in the ritualization of death in the hospice, was the presence of the caregiver by the side of the dying in the intimate privacy of the room. It was even more sacred than the moment by the side of the deceased person in the silent room. The official instructions for terminal care (1982) state that the dying person should not be left alone unless she/he especially wants to be alone. Protecting the dying patient from unwanted solitude (soli-

⁵ Julia Lawton (1998), who has studied English hospices, argues that on the society level, hospices manage death through separating death and the dying from the living in spite of their claim of integrating death with life. The question of separation and/or integration is very interesting. In fact, the hospice wanted to have both life and death within its boundaries: to integrate them. Inside this integration, however, there was a detailed structure separating them from each other.

tude produced by the negative „non-place” of the modern machinelike hospital), which is seen as an insult to her fundamental rights, is the most important ethical task or mission of the hospice-movement. This, however, is a more complicated promise to keep than it seems because of its seeming simplicity.

Everyone in a hospice is, by definition, a dying person in a terminal phase of life (otherwise she/he would not be there). Thus the promise of presence in a strict sense should cover the rest of her/his life. This, of course, is not possible in practice. One reason is that some patients may stay in the hospice for months; others may be so extremely needy or (to borrow the metaphor of the minister who visited the hospice weekly) so „hungry” for presence that the staff runs out of both practical and emotional resources. The key solution to this dilemma was to ensure the presence of the caregiver (who can be a nurse, a volunteer, a relative or a friend) especially at the very last moments of life, and at the very hour of death. The most valuable and uncompromised presence was clearly the presence at this moment.

In practice an evaluation of „presence” and its categorization into more and less important according to the imminence of death cannot be understood or explained purely from the angle of ethics of care (which would get its legitimation from the needs or rights of the dying other). The dying person’s need for another’s presence might well be at some other point of time, especially since many cancer patients die peacefully in a state of unconsciousness.⁶ Their anxieties and fears often peak days or weeks before death or at night. This is when the presence should be guaranteed if it were understood clearly and unambiguously as a moral imperative. Since this is not the case, and since the most important and valued presence is the presence in the borderline situation where life suddenly or gradually turns into death, the motivation cannot be purely ethical.

Ethnographic field work provided situations where the incomparable and sacred „presence” of the caregiver showed a different face, depending on whether it was seen from the ethical perspective explicitly provided by the hospice, or from the perspective of the caregiver’s sacred experience. There seems to be an interesting tension between the ethical and the sacred (in the sense of the sacred experience) in the world of the hospice. On the explicit level the hospice discourse sacralizes the ethical motivation for the presence of the caregiver. On the implicit

⁶ Most of the patients in the hospices are cancer patients, since their remaining lifetime can be estimated better than that of many other patients. Cancer patients often, according to the hospice-literature, die peacefully, although the time preceding their last moments may be extremely difficult.

level, however, the practice of hospice care sacralizes as the most sacred the subjective experience of the presence of the caregiver.

My argument is that the moment at the very edge of life was – in fact, and in the often unspoken but shared consciousness or ethos of the caregivers – seen as more sacred than dying patient's moments of suffering. Thus the presence at this moment was the most valuable presence for the caregiver, if not necessarily for the dying patient. It was presence at an incomparable moment, a moment like no other. This moment is also a relatively limited one: presence in a situation which has clear temporal boundaries is easier to bear than presence in a situation with less clear boundaries. In these less sacred situations the needs and suffering of the dying patients were often met through pharmacological tranquillizers instead of by the presence promised and cherished by hospice-discourse.

My point is that although the need of the suffering person is the explicit grounds for the presence of the caregiver (ethical grounds), In practice, in the hidden „religious” structure the value of presence comes from another source: the experience of the caregiver. Alongside the modern and ethical argument for the importance of presence there was a fascination for the sacrality of death. The death of the other was a means to gain an experience often classified as the most sacred. The sacredness of presence at the very edge of life can also be seen in the written comments of the caregivers who describe it as a peak experience, as something which regenerates their feeling of being fully alive. Some also described the hour of death as something they wanted to relive over and over because it made life so meaningful, and expanded their sensual awareness to the full.

For a student of comparative religion (especially for one with a preference towards French sociological theories of the sacred) this brings to mind, among other things, sacrificial rituals (or why not public executions). Even if presence by the side of the dying is not as dramatic as a sacrifice or execution, it shares with them the participants' intensified sense of being alive because of the physical closeness to someone else (the other) dying. This fascination with death can also be detected in the practices of the contemporary hospice.⁷

Feminine presence?

This study also dealt with the woman, the feminine, and the motherly in our culture of death. If the importance of „presence” of the caregiver was over-

⁷ Another, and somewhat different means to get close to death would be that of the extremist who submits himself to the peril of death. This is one visible trait in the contemporary performative arts. The ways the fascination for death is exhibited in the contemporary culture, which more or less hides death, would be a rich field of study.

emphasised throughout the hospice-related discourses, it is not insignificant that those to whom the message is sent are traditionally, predominantly and typically women. This was, as already indicated in the beginning of this article, clearly seen in the gender-figures of my textual data: of the entire 507 texts 422 were written by women. In the hospice studied, all the nurses and volunteers (except one) who worked on regular bases, were women. This, of course, is due to many cultural factors. One is the feminine construction of caregiving in the western culture. It is well known that the profession of nursing was explicitly constructed as an application of the supposedly natural abilities of the Woman. The idea of „presence” is found in early texts from the 1800s which determine the roles and tasks of the nurse and doctor vis à vis one another. The doctor was seen more as someone who diagnosed the patient otherwise as absent, whereas being present by the sick was in fact the main duty of the nurse. The nurse was seen to „build a continuity of presence over the absences of the doctor.” (Gamarnikow 1991; see also Littlewood 1991 and Samuelson 1991.)

Even if the gender of the caregiver of the dying is not often explicitly mentioned in contemporary texts of my study, the adverbs, attributes and metaphors used still refer to the old model: the motherly woman. The several and heterogeneous intertexts (both from the fields of nursing and hospice, and from the more spiritual and religious fields, as far back as Martin Luther!⁸) of my data abound with descriptions of the motherly lap needed by the dying; the dying, who in turn is described as having regressed or declined into the state of a helpless infant. This image is repeated and transmitted with practically no critical reflection, as if it were indeed the „natural” model of and for the situation.

The „presence” thus depicted is moulded in and through these textual and other cultural practices, into something more apt for a woman than for a man. Discourse on this during my field work revealed a variety of opinions among caregivers and patients. Many accepted it as if it indeed were natural, and did not even quite catch the point of my question. Some, however, especially some dying male patients, criticized this maternal model spontaneously, even when the theme of gender was not put forward by me. They felt embarrassed or intimidated by the motherly „fuss” around them, they did not like being talked to or helped like children, and they spoke warmly of a temporary male nurse who had a very different style and manners in relating to them both in speech and bodily contact.

⁸ When Luther described dying, he likened it to the everyday event of a mother carrying her child to sleep.

The dominant motherly model has deep roots, however, and is continually regenerated. In its transmission we can see arguments both for its „naturalty” and its „sacralty”. In psychologically oriented theories (widely and extensively used in the construction of the scientific and moral basis of hospice-care) the ability to care for and to be present by and for the other (including the suffering and dying other) is not seldom stated as a motherly, and thus naturally womanly, ability. In cultural and religious imagery this idea(l) is reflected in such figures as Pietà (best known as Michelangelo’s statue), where the Virgin Mary holds her dead son in her lap.

These theories and images together weave a very strong pattern which moulds and limits gendered self-understanding, as well as our contemporary cultural and social practices (cf. eg. Gatens 1996). They are also part of the culturally transmitted and regenerated matrix of sexual difference which also constructs sexually typical (or atypical) sacralty. The sacralty of presence is moulded and designed through various cultural interpretations into the form of a receptive and motherly woman. The experience of the sacred traditionally and typically „fit” for women has been an experience by and through the other (see e.g. Atkinsson 1991; King 1993, 89-90). One of these has been the experience of being present by the side of the dying other.

Bibliography:

- Atkinsson, Clarissa W: *The Oldest Vocation. Christian Motherhood in the Middle Ages*. Cornell University Press, Ithaca 1991.
- Augé, Marc: *Non-places. Introduction to an anthropology of supermodernity*. Translated by John Howe. Verso, London 1995.
- Baudrillard, Jean: *L'échange symbolique et la mort*. Éditions Gallimard, Paris 1976.
- Beauvoir, Simone de: *Le deuxième sexe*. Editions Gallimard, Paris 1949.
- Berger, Peter: *The Sacred Canopy. Elements of a Sociological Theory of Religion*. Doubleday & Company, Inc., Garden City, New York 1967.
- Bloch, Maurice: *Women, Death, and Power*. In: *Death & the Regeneration of Life*, 211-230. Eds. Bloch M & Parry J. Cambridge University Press, Cambridge 1982.
- Bronfen, Elisabeth: *Over her Dead Body. Death, Femininity and the Aesthetic*. Manchester University Press, Manchester 1992.
- Caraveli-Chaves, Anna: *Bridge between Worlds. The Greek Women’s Lament as Communicative Event*. In: *Journal of American Folklore* 93, 129-157, 1980.

- Gamarnikov, Eeva: *Nurse or woman: gender and professionalism in reformed nursing 1860-1923*. In: *Anthropology and Nursing*, pp. 110-129. Eds. Holden P. and Littlewood, J. Routledge, London 1991.
- Gatens, Moira: *Imaginary Bodies. Ethics, Power and Corporeality*. Routledge, London and New York 1996.
- Hockey, Jenny: "Women in grief. Cultural representation and social practice" In: *Death, Gender and Ethnicity*, pp. 89-107. Eds. David Field et al. Routledge, London.
- Jackson, Michael: *Paths Toward a Clearing. Radical Empiricism and Ethnographic Inquiry*. Indiana University Press, Bloomington 1989.
- Jantzen, Grace M: *Necrophilia and Natality: what does it mean to be religious?* *Scottish Journal of Religious Studies* 19 (1), 101-121, 1998.
- King, Ursula: *Women and Spirituality. Voices of Protest & Promise*. Macmillan, London 1993.
- Lawton, Julia: *Contemporary Hospice Care: the Sequestration of the Unbounded Body and 'dirty dying'*. *Sociology of Health and Illness* 20:2, 121-143, 1998.
- Littlewood, Jenny: *Care and ambiguity: towards a concept of nursing*. In: *Anthropology and Nursing*, s. 170-189. Eds. Holden P and Littlewood J. Routledge, London 1991.
- McGuire, Meredith: *Religion. The Social Context*. Wadsworth Publishing Company, Belmont 1997.
- Merleau-Ponty, Maurice: *Phénoménologie de la perception*. Gallimard, Paris 1945.
- Nenola, Aili: *Kuolema kohtaa naisen*. In: *Naisen elämä*, pp. 421-509. Ed. Immonen K. Otava, Helsinki 1990.
- Samuelson, Helle: "Nurses Between Disease and Illness". In: *Anthropology and Nursing*, pp. 190-201. Eds. Pat Holden and Jenny Littlewood. Routledge, London 1991.
- Utriainen, Terhi: *Läsä, riisuttu, puhdas. Uskontoantropologinen tutkimus naisista kuolevan vierellä*. Suomalaisen kirjallisuuden seura, Helsinki 1999. (Present, Naked, Pure. A study in the anthropology of religion on women by the side of the dying. Finnish literature society, Helsinki.

