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Chapter 15

Caring after death: issues of embodiment and relationality

Jane Ribbens McCarthy (Open University)

> Death isn't romantic… death is not anything… death is… not. It's the absence of presence, nothing more… the endless time of never coming back… a gap you can't see, and when the wind blows through it, it makes no sound.
>
> (Tom Stoppard, 1973, *Rosencrantz and Guildenstern are Dead)*

INTRODUCTION

Death most fundamentally would seem to concern the absence of presence, and the loss of the living embodied other is the apparently hard inescapable truth to be faced. This brings sharply into relief the part that bodies play in our relationships and in caring for others. While the significance of bodies and embodied experience has been discussed in general terms with regard to the development of caring capacities (Hamington, 2004), in this chapter I will consider the particular significance of embodied relationality in the contexts of caring after death.

One form of care that has been established and institutionalised in many contemporary Western societies since the later decades of the twentieth century is

care of the seriously and terminally ill through what is termed 'palliative care', both as part of the hospice movement and as part of general medicine (National Council for Palliative Care 2011), and closely following on, bereavement care (e.g. see Cruse Bereavement Care 2011). What is less apparent in the cultural contexts of many European and New World societies is the notion that care may continue past death, despite the apparent 'loss' of the 'other'. The idea of caring for the other as an embodied practice after death may thus seem like a contradiction in terms: a hollow, even macabre, mockery of what is no longer possible. Rituals certainly exist to 'honour the dead' and show respect to their memories, especially if they are deemed to have died heroically (Hallam and Hockey 2001). More everyday memorialisation is also apparent in specific locations such as cemeteries – although the meanings of such activities may be contested (Woodthorpe 2011). But the notion of 'caring-for-the-other after death' may at first glance appear to be anomalous, except in some amorphous sense of remembered affection or nostalgia with respect of 'caring-about-the-other'. Surely when the other is removed from the neediness of corporeal being, does this not render the notion of 'caring after death' meaningless at best and pathological at worst?

The opening quote from Stoppard suggesting that death is 'the absence of presence' may at one level be seen to encapsulate a profound truth. I want to argue that this is also simplistic and fails to capture the complexities of relationality after death. Beyond remembrance of the dead, for example, Meyer and Woodthorpe (2008) suggest the importance of 'the material presence of absence' that may be signified through memorialisation, including the possibility that such absence may be agentic. In my discussion here I will explore the significance of the absence and presence of

material bodies for care practices and for the understandings of relationality that may underpin caring after death.

At the same time I also want to consider the bodies of the living and the ways in which grief and loss may be experienced as physical pain in one's own body, suggesting that the relationality of caring – even in contemporary US and European societies - may incorporate an embodied relational self in which threats to the physical wellbeing of another may be experienced directly as implicating one's own physical wellbeing. Such embodied relationality highlights one of the deep paradoxes in the costs and benefits of care, that arise when we recognise how individual well-being and flourishing may be bound up with that of others (Sayer 2011). I am thus focusing on the experience and phenomenology of grief in the context of the death of someone who is personally significant in order to consider the theoretical implications for understandings of relationality which underpin much feminist discussion of care more generally (e.g. Sevenhuijsen 1998). As Lofland points out, grief is an emotion '…which touches directly on the mutual interdependence of selves and societies, of actors and others, of me and you' (1985: 181).

In what follows I start with a brief review of some relevant threads and concepts from the rather disconnected literatures of care, bereavement and family studies. I then explain my personal interest in the topic as a result of being widowed ten years ago and consider whether and how published accounts of personal grief may be sociologically useful. Drawing on such sources, I explore experiences of the absence of the embodied other and of embodied relationality alongside a wider consideration of the social and cultural contexts of care after death.

THEORETICAL THEMES AND DEBATES

As Philip *et al.* (this volume) discuss, feminist theorising of care has pointed to fundamental human issues of dependency, vulnerability, and the potential for suffering. At the same time the feminist ethics of care has fore-grounded personal and specific relational connections rather than abstract principles (Tronto 1993). Care is theorised to encompass labour and love, caring for and about, and also care receiving. Here I want to consider all of these themes – and the paradoxes that accompany them – in regard to the specifics of a relationship with someone who has died and the suffering that may result. In the process we may see how feminist concerns with the moral theorising of care are inseparable from affective relational processes which yet also potentially point to broad political issues of human belonging.

As a concept 'relationality' has been core to much feminist theorising of care and feminist challenges to the unreconstructed rights-bearing autonomous individual of conventional moral and philosophical theorising (e.g. Donchin 2000 2001; Sevenhuijsen 1998). Yet the concept remains complex, elusive and difficult to grasp, potentially encompassing a range of connections of varying types (Mason 2004). While it has thus become relatively well-established for feminist work to centre on the notion of the relational individual rather than the autonomous individual, I suggest that the discussion needs to go further to recognise the depth and complexity of notions of personhood that are fundamentally bound up with interpersonal connections (Ribbens McCarthy forthcoming). At the same time the cross-cultural psychologist Kağitçibaşi (2005) argues that even feminist work that explores the notion of 'relational autonomy' is in danger of reproducing the Western view of

relatedness and autonomy as antagonistic, instead using the term 'close-knit selves' to describe forms of connection that may be hard to see within the cultures of European and New World societies. Nevertheless it is important not to romanticise the relationality of connections nor to subsume the needs of the individual to the needs of the group (Smart 2007). In my discussion here I will endeavour not to lose sight of the (bereaved) individual, even as I seek to explore how far suffering in relation to death can highlight how far individual needs and vulnerability may be bound up with the relational connection to the dying and deceased.

In terms of work on bereavement, theories in New World and European societies were for many years dominated by the idea that it is important to 'let go' of the deceased in order to reconnect with the living, but in more recent times this view has been significantly challenged (Howarth 2000). Theories of continuing bonds after death developed from the 1990s, were stimulated particularly by the edited collection published by Klass, Silverman and Nickman in 1996, which led to further theoretical and empirical work to consider the forms and implications of relationships between the living and the dead. This work may be seen to raise parallel issues of the blurring of boundaries and the (culturally shaped) experience of deeply close-knit selves that may be found in relationships between living individuals, with the potential to deepen our understandings of relationality.

Empirical studies in Western cultures have found continuing bonds to be significant after death through activities, thoughts and conversations, with the deceased person her/himself experienced as either passive or active in the relationship (Bennett and Bennett 2000; Foster *et al.* 2011; Howarth 2007). In Japan the dead person is seen to

have considerable continuing agency with important repercussions for the living (Klass 2001). At the same time, for both the Japanese and the bereaved in Western societies, such continuing bonds may comprise a *felt* experience as much as an active or cognitive one, of just 'being with' deceased family members and ancestors– 'like waving to a friend across the street' (Klass, 2001: 748).

Some recent contributions to the literature on families and relationships also provide some relevant themes for consideration here, most notably Jennifer Mason's treatment of 'tangible affinities' which provides useful conceptual thinking. Affinity in Mason's discussion refers to being 'bound by some tie' (2008: 42) and she describes such ties as 'tangible' even though they may also be 'ethereal', by which she means that they may refer to 'matters that are considered beyond (rational) explanation' (2008: 37). She suggests that even these ethereal affinities can be described as tangible 'because they feel vivid, real, palpable (or almost) and resonant in lived experience' (ibid: 42). Mason's account also draws attention to the part played by 'sensory affinities', which she uses to consider and develop anthropological discussion of kinship and materiality and the connections between bodies themselves.

The embodied nature of 'family practices' is also explicit in David Morgan's discussion in which he suggests that 'the body is necessarily a relational body' (2011: 90). In close family relationships, Morgan argues, the sense of belonging that is encapsulated by the 'we' refers to an embodied relationality. His discussion includes a brief mention of the significance of family members who have died who may be 'relatively disembodied' (ibid: 91). To know who 'belongs' to a family thus requires attention to 'embodied traces which provide reminders of others who have been there'

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(ibid: 98). Yet Morgan also suggests that the giving and receiving of care generally involves a strong sense of embodiment, thus implicitly raising the conundrum of whether it is possible to care after death.

Between them, these literatures draw our attention to forms of care and embodied relationality beyond the boundaries of life and death, the tangible and intangible, the material and the supernatural; themes which I pursue next through personal accounts of bereavement.

INTRODUCING AUTOBIOGRAPHICAL EXPERIENCES

My concerns in pursuing these questions have developed from my own experiences of the terminal illness and death of my second husband Peter in January 2000, leaving me as a single parent to our 5 year old daughter. This experience led me into academic work on bereavement, and particularly the bereavement experiences of young people (Ribbens McCarthy 2006, 2007) – a personal motivation that has been common among members of the Women's Workshop (Philip *et al*. this volume; Ribbens, 1998), as well as others interested in the sociological usefulness of autobiographical writing (e.g. Ellis 1993 1995, Ribbens 1993, Rogers 2009). Indeed, autoethnography has now become recognised as a legitimate sociological enterprise for the interpretation of cultural understandings (e.g. Ellis 2009, Chang 2008). Unlike some autobiographical sociology however, I am not offering here an extended story of my experience with Peter, but use certain specific features of my (remembered and retold) experience to ask questions of other published autobiographies of bereavement – most particularly how my experiences drew my attention forcefully to the

significance of what might be termed corporeal relationality along with the absence of the embodied other who had been my husband/partner and father to our daughter.

Historians have long used personal diaries and published autobiographies as sources for their analyses, alongside attention to the circumstances of the production of such materials (e.g. Loftus 2006). Autobiographical accounts of death, dying and bereavement were just beginning to be published at the time of Peter's terminal illness seeming to break the 'taboo' of going public with experiences of dying and bereavement. Such publications have since expanded and might now be seen to constitute a particular autobiographical genre. Even though it is a decade since Peter's death I have still found them to make compelling reading as I continue to explore and seek to understand personal meanings and emotions of grief and whether or not my own experiences resonate with others'.

The titles I have obtained and quote below (although I have read several more that I do not use here), are the result of serendipitous word of mouth and searching on booksellers' databases. Drawing on these powerful personal writings enables a particular consideration of how to understand care and relationality after death. Such autobiographical accounts are of course embedded in cultural contexts as well the personal biographies of the authors, being written from the affluent circumstances of contemporary New World and European societies. At the same time, in what follows I will explore them alongside published research evidence of experiences of death in various cultures. I turn next consider the absence of the embodied or enfleshed other, before considering the significance of the experiences of the embodied living.

CARING FOR AND ABOUT THE DEAD – THE LOSS OF THE ENFLESHED OTHER

In contemporary New World and European societies, people now predominantly die in hospitals with undertakers taking 'care of' the body and the funeral arrangements. This entails a loss of the body itself from the care of those who 'care(d) about' the person. My husband Peter died in a hospice and I found the moment when the undertakers came to remove his body quite excruciatingly painful, as it felt they were taking away what was mine. It was MY right and responsibility to care for and about this body and I so wanted to keep him with me as an integral part of me. Such strong emotions about the possession of the deceased remains are not unique to my experience (Hockey *et al.* 2007).

Yet after death 'the enfleshed self' (which is the term Woodward suggests to 'foreground the living, breathing body' - 2009: 23) becomes unsustainable (Hockey *et al.* 2007), such that the continuing corporeal presence becomes de-personalised – it is 'the' body, 'the' remains – the person to whom we are related is somehow no longer 'there' and what is left is no longer seen to constitute them. At the same time, as Klass observes (2006: 850), 'Survivors' physical relationship with remains can be very complex'. Some may want to encounter the corpse in order to confront the reality of its lifelessness, while in other cultures or historical periods, physical proximity and care of the remains may constitute a sense of continuing closeness. People may thus keep and care for deceased remains close-by as when Klass refers to 'Greek village women who cradle the skulls of their dead' (Holst-Warhaft 2000, quoted, 2006: 850), or when Victorian women had jewellery made from their deceased husbands' hair (Hallam and Hockey 2001). Such evidence resonates with my own anecdotal

knowledge of an English widow who kept the ashes of her husband with her for many months, taking them with her in a shopping trolley wherever she went.

There are issues then of a continuing relationality through the lifeless remains which may also constitute a focus for continuing care for the dead. Frances *et al.* (2001) describe cemeteries as 'a public theatre for the creation and continued expression of relationships with the deceased' (2001: 227). This work highlighted the continuing care that was apparent in the physical tending of the graves in London cemeteries, and the implications for the relational identities of such carers e.g. as parent of a still born child. A continuing physical connection could be seen to be consequential for some e.g. a Cypriot widower who would not return to live in Cyprus because his wife was buried in London (Frances *et al.* 2005, discussed by Klass, 2006). Indeed Klass points out the importance of the physical care of the dead in many cultures – providing food and care of (and sometimes close contact with) the remains.

Care of the dead may also occur through the medium of other material objects than the corporeal remains or the site where they are deposited. This is most apparent in cultures other than those of contemporary European and New World societies. Thus a study of widows and widowers in Japan includes the following comment, revealing elements of the benefits as well as the routine obligations of caring:

> A man in his 60s who had lost his wife 1 year earlier… said, 'Every morning I offer an orange at the family altar in my house because it was my wife's favorite fruit. I can glance at her pictures on the altar and it comforts me very much.' (Asai *et al.* 2010: 43).

Continuing care for the dead might be expressed in other ways too such as, 'Wishing to put the deceased at rest by bringing up children/grandchildren proudly' and 'Being eager to pray that the soul of the deceased will rest in peace' (Asai *et al.* 2010: 44).

Rather more menacingly, traditional Chinese beliefs point to the need for the living to continue to care ritually for the dead through the making of offerings which may then help to ransom the deceased from hell (Chan *et al.* 2005). Spiritual beliefs concerning the after-life are also apparent in Japanese culture where, Klass (2001) suggests, grieving may include a focus on whether or not the living have been able to fulfil their obligations to the dead, both when they were alive and since their death. But the bereaved also have an obligation to let go of such regrets in order to enable the deceased to go on to become a Buddha. At the same time there may also be elements of fear in these obligations since dead spirits may become dangerous if the appropriate rituals are not performed for them.

In autobiographical accounts in contemporary secularised Western cultures, the living are less likely to feel a sense of responsibility for the care of the departed soul. Comfort in continuing to care directly for the remains is also less obvious once the funeral or cremation and distribution of ashes has been completed. Although care of cemeteries remains of core concern for many, it is the materiality above rather than below ground that is the focus of the care. Thus it is the separation from the embodied, enfleshed other – alive and dead - that is railed against. Certainly I knew what it was to want to jump into the grave with Peter – again being parted from his corporeal presence felt unbearable. The profound sense of relationality bound up with the physical body is expressed here by Nicholas Wolterstorff on the burial of his son:

> I buried myself that warm June day. It was me those gardeners lowered on squeaking straps into that hot dry hole… It was me over whom we slid that heavy slab more than I can lift. It was me on whom we shovelled dirt. It was me we left behind after reading psalms (1987: 42).

Bereavement researchers discuss one aspect of grieving as a 'yearning' for the other that is gone and it is apparent from Western autobiographical accounts that yearning for the dead may be strongly focused on the desire for their physical presence, as powerfully expressed by Sheila Hancock after the death of her husband:

> I wanted him in the present, in the flesh. Especially the flesh, as it happens. To caress and cling to (Hancock 2008: 8)

> That night I had a vivid dream that John was there with me. I reached out and touched him. I felt the roughness of his bristles. Saw the cleft in his chin and the scar. The silky receding hair, and his blue, blue, wryly smiling eyes. I went to hold him, but he turned deliberately and drifted away. I tried to call out to him but my voice wouldn't work. I woke weeping, hideously alone. Knowing he had really gone. Finally. For ever. (ibid 24).

Such sensory affinities of voice, touch and smell (Bennett and Bennett 2000; Mason 2008) are key aspects of relationality to include here – as for example with the reminders bereaved parents and children might purposefully or unintentionally encounter after the death of a child:

> 'I see her and I can also, you know, smell her. She smells like clean-ness. I can also… just taste… cause she liked cheese and I can just taste it. Whenever I

eat something that's cheesy I remember her. It makes me feel closer to her…

(Sibling quoted in Foster *et al.* 2011: 433)

The longing for the physical living presence of the deceased is thus central to these accounts of personal grief, with the desire to care for the dead sometimes going a small way towards mitigating the loss of the living. Solace may also sometimes be found through a linking object such as a favourite item of clothing (which may provide sensory reminders of comfort as well as loss) or a strong continuing attachment that transcends the physical world (Bennett and Bennett 2000), perhaps an indication of Mason's ethereal affinities (2008). However, both the attachment to linking objects and the transcendence of the physical world may be more approved and supported in some cultural contexts than others (Hallam and Hockey 2001). Creating or finding a presence despite absence of the enfleshed other may thus be a socially unsupported struggle for bereaved individuals in contemporary Western contexts.

THE BODIES OF THE LIVING

While a focus on the bodies of the dead may thus reveal important aspects of the experiences, forms, and emotions of continuing bonds involved with caring for and about deceased loved ones, there is much also to be learned about relationality by focusing on the impact of profound grief on the bodies of the living. Loss may thus be *felt* and experienced as a threat, damage or trauma to the physical body of the living, with some sense of emerging from this physical trauma over time. Such personal accounts of physical pain and (some) recovery speak powerfully to the experiential strength of the connections – for good or ill - we may forge with those we care about

and the ways in which such connections are physically as well as emotionally embedded to constitute a deeply relational – perhaps close-knit – embodied self.

Indeed such embodied connections may also be attested to by research showing the extent of raised mortality rates and somatic disorders among the bereaved. There is thus strong evidence suggesting that the experience of widowhood may be associated with significantly raised mortality levels even over many years (Boyle *et al.* 2011), and similar patterns have been found with other forms of bereavement such as loss of a child (Foster *et al.* 2011; Parkes and Prigerson 2010). Such evidence points to the potentially mortal outcome of loss through death, most particularly through heart disease – perhaps evoking the image of the broken heart.

What is particularly striking about the experience of such embodied relationality is that the pain may be felt in quite specific parts of the body. Sometimes this may seem to be underpinned by the circumstances of the death as with a woman who experienced great pain in her chest after her son was killed in a car crash when the steering wheel impacted into his chest (Parkes 2011, personal communication). Similarly, Ellis (1993) writes after the death of her brother in an air crash: 'I swallow and it is MY head hitting the front seat as we crash' (Ellis 1993: 720).

This physical trauma of the embodied relational self was most apparent to me when I was first given the news - when Peter was just coming round from brain surgery - that his brain tumour was a secondary cancer and he would certainly die. At this point I felt as if someone had lobbed an axe into my chest and that I was then expected to carry on walking around in the world with an axe in my chest and tears pouring down

my face. This extreme physical trauma did not lessen for several days after I was given the news, making care of our young daughter almost impossibly difficult to manage. And in reading others' autobiographical accounts I have found that I am not alone in such graphic and specific sensations:

> The horror of that moment was physical [when her husband told her that his cancer was terminal]. A bullet of ice seemed to penetrate my body and shoot through my heart, my limbs, every nerve, every finger and every toe. (Want 2010: 160)

> As with many another woman, the sense of loss sometimes manifested itself in a searing physical pain, somewhere in the guts. (Mary Stott quoted in Whitaker 1984: 32)

Gloria Hunniford repeats what a woman said to her about the death of her own mother when she was a teenager:

> 'It's like your arm has been chopped off. It's like something physical has happened to you but nobody can see it. Sometimes you want to scream, "Don't you realise that half my body is missing?"'

Hunniford goes on to discuss this in relation to her own experiences after the death of her adult daughter:

> She's right. I felt it too: the early stage of grief is really physical. It's like being hit in the stomach with a bat, it's like being winded, but of course that doesn't come close... The pain is very real. (2008: 87)

Barbara Want also discusses the physicality of early grieving:

It was unlike anything I had ever known. It was inhuman, bestial. Gritting my teeth, clenching the muscles of my mouth and neck and locking my hands and arms in a fierce grip, I tried to brace myself against the waves of what I knew to be the worst emotional pain that I, or any human being ever could have felt. It was piercing, searing, stifling. Instead of offering me some sort of release it seemed to tighten its hold on me. I thought it was going to destroy me and was genuinely surprised when I survived each successive onslaught (2010: 202-3).

Nicholas Walterstorff discusses the expectation placed on men to be 'strong' in this regard:

And why is it so important to act strong? I have been graced with the strength to endure. But I have been assaulted and in the assault wounded, grievously wounded. Am I to pretend otherwise? Wounds are ugly, I know. They repel. But must they always be swathed? (1987: 27)

Such physical pain can recur and take one unawares even years after the death, as I have found myself, and as Hunniford here describes:

…I have moments of pure joy…. but then suddenly a wave hits and that joy is savagely interrupted by a searing, shocking stab through my heart. It all becomes too much and I realise I've learnt nothing at all. My heart is broken. (2008: 301).

CONCLUSIONS – CULTURE, MATERIALITY AND THE BOUNDARIES OF SELF

Writing from a European perspective in the seventeenth century, John Donne famously expressed a sense of universal connection through the Catholic notion that each death diminishes everyone (in Whitaker, 1984: 110-1), so '…never send to know

for whom the bell tolls, it tolls for thee.' Such an idea is marginalised in contemporary Western secularised cultures and it is apparent that care after death is closely interlinked with key historically and culturally variable understandings of the nature of the individual or person and of transformations after death. Japanese beliefs in continuing bonds for example, are embedded in an understanding of individual identity by reference to social harmony with 'dependence or interdependence, not autonomy, [as] the core social value' (Klass, 2001: 743), and a different understanding of dependency as a positive part of relationships.

Even so, as I have discussed, while death in contemporary Western societies is understood to mean the 'loss' and absence of the embodied significant other this does not necessarily mean the loss of a relational connection to them - and its continued embodiment through that relationality. At the same time such experiences may challenge accepted Western understandings of 'matter', the divisions between life and death and the boundaries between self and other, with the associated notions of 'internal' and 'external' realities (Howarth 2000). In his classic account of personal grief after the death of his wife, C.S. Lewis challenges conventional Western notions of the significance of 'matter' when he writes about his detailed remembrance of their 'carnal love':

> "But this", you protest, "is no resurrection of the *body*. You have given the dead a sort of dream world and dream bodies. They are not real". Surely neither less nor more real than those you have always known... (quoted in Whitaker, 1984: 76).

Bringing together some of the themes of feminist work on care, and aspects of contemporary theorising on continuing bonds, I would argue is mutually enriching. At the same time as the focus on care and the relational self may thus shed light on continuing bonds after death, the focus on the embodied nature of the bonds that are mourned and yet also continued may shed light on a particular aspect of how relationality is manifested in lived experience. The depth and extent of the embodied nature of grieving and loss points to the extent and depth of our 'close-knit selves' – a depth that is certainly marginalised, even rendered invisible, by the pervasive Western notion of the autonomous self who must 'let go' of their deceased loved ones.

Even in the absence of the enfleshed other, relationality can mean that – at least in some cultural understandings – the wellbeing of related individuals is perceived to be intrinsically and explicitly bound up together, 'the well-being of the living and the dead are mutually dependent' (Klass, 2001: 749) as in this detailed example from Japan:

> …when the adult daughter is depressed, her deceased mother is feeling lonely and neglected. The cure for both their negative feelings is for the adult daughter to go to the shrine where she does the simple rituals that re-establish her bond with her mother. At the end of the ritual the deceased mother is satisfied and the young woman's mother is less depressed. The relation between the living daughter and her ancestor/mother is thus symmetrical; *the well being of each depends on the other'* (Klass and Goss 1999: 551, emphasis added)

> …care for the dead is including the dead within the family remembering them
> and acting in ways they approve. In return, the dead provide comfort and
> guidance. (ibid: 553)

Furthermore, Klass (2006) argues for the broader political significance of such understandings of connection and their mediation through continuing bonds with the dead since these affinities occur within the contexts of family, community and ethnic identities, which also extend to political identities and narratives (and see also Klass and Goss 1999, on the significance of relationships with the dead for national and religious affiliations). This points to the political significance of continuing bonds as well as of care (Lynch *et al*. 2009, Barnes 2006). On the basis of these aspects of care for and about the dead and the nature of grieving, which have been largely absent from Western work on death and bereavement, Klass calls for an extension to attachment theory to cover 'each level of social membership or identity' (2006: 854).

The emphasis on attachment from which loss has been theorised (Silverman and Nickman 1996), involves the giving and receiving of (at least some forms of) care. Such care emanates from the bond with the attachment figure, a bond which is not clearly severed by death but may involve a continuing *inter*active relationship. It may be however that 'relationality' might be a (more) useful framework here rather than (or alongside) 'attachment', which is so heavily steeped in ideas of child development and dyadic bonds. The notion of the 'relational self', which is at the heart of feminist theories of care, can provide for a sense of connection and close-knit selves that may encompass intimate, family, community and ethnic ties and sense of belonging – albeit that these ties may be of varying intensities and carry varying degrees of ambivalence. But in the process we may also see how deeply - and sometimes

irrevocably - the wellbeing of the individual may be inseparable from the wellbeing of the other.

Some of the parallels with theorising about care are apparent from the early days of debates on continuing bonds. Thus Silverman and Nickman conclude the 1996 collection by suggesting that mourning may involve learning to live with paradoxes in terms of presence / absence of presence, the feeling of being bereft / not being bereft, and continuity / disruption. One of the most significant contributions of the literature on care, in my view, is that it seeks to recognise similar deep paradoxes concerning human connections and to encompass and keep in view the gains and the losses, the labour and the love, which are at stake in caring for our most significant others. Such tensions are also certainly present in the continuing bonds that may be apparent after death, while the autobiographical accounts discussed here provide powerful testimony that challenges even the embodied boundaries of the self, an embodiment which is revealed to be deeply relational. But perhaps the deepest paradox here is that while on the one hand what emerges from this discussion is the potentially deeply embodied nature of relationality - to the extent of creating a real threat to the physical wellbeing of the living - there is also evidence of the potential for overcoming the boundaries of the flesh in such a way that a profound sense of relationality may continue in the absence of material embodiment.

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