

Department of Sociology • Anna Bauer

# NEO-MODERN CONSTELLATIONS OF DYING

Holistic Palliative Care  
as Organized Polyphony

Workshop: The Circle of Life  
German Historical Institute Warsaw  
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## Neo-modern Constellations

- Tony Walter (1994): The Revival of Death, p. 48
- Ideal-types: traditional > modern > neo-modern

|                  | Traditional                      | Modern                               | Neo-modern              |
|------------------|----------------------------------|--------------------------------------|-------------------------|
| Cause of death   | Plague                           | Cancer/coronary                      | Cancer/AIDS             |
| Dying trajectory | Fast                             | Hidden                               | Prolonged               |
| Authority        | God/Tradition<br>The will of God | Medical expertise<br>Doctor's orders | Self<br>I did it my way |
| Institution      | Church                           | Hospital                             | Home/hospice            |



## DFG-Project: About ›good dying‹

Actor constellations, normative patterns, different perspectives

- Hospices and palliative care wards are not understood from the **ideal of holistic care** but as **organizations** based on the **principle of the division of labor** and **different perspectives**
- We are interested in the **typicality** (*Eigensinn*) of these **different perspectives**
- **Data material: 147** interviews in **5** hospices and **2** palliative care units
- **Project management:** Prof. Dr. Armin Nassehi, Dr. Irmhild Saake, Prof. Dr. Christof Breitsameter
- **Scientific staff:** Dr. Niklas Barth, Dr. des. Anna Bauer, Dipl.-Soz. Katharina Mayr

<https://www.gutessterben.uni-muenchen.de/index.html>



| <b>Actor group</b>        | <b>Typicality of the perspective</b>  |
|---------------------------|---|
| <b>Patients/Residents</b> | Deal with their past, face an uncertain future                              |
| <b>Relatives</b>          | Watch the dying process, feel relieved that they are not in charge any more |
| <b>Physicians</b>         | Make decisions about the future, alleviate symptoms                         |
| <b>Nurses</b>             | Care for physical needs, talk about other things than dying                 |
| <b>Social Workers</b>     | In charge of bureaucratic tasks, planning of further care                   |
| <b>Chaplains</b>          | Confidential conversations, implicitly talk about dying                     |
| <b>Volunteers</b>         | Carry out minor tasks, provide family-like atmosphere                       |
| <b>Therapists</b>         | Redirect attention to things other than dying, help the patient relax       |



## What reference problems do social workers solve?

Social Work is a »blurred profession« (Svärd et al. 2014): »Jack of All Trades and Masters of None?« (Cootes et al. 2021)

- Connecting the **old** environment to the **new** environment (admission)
  - Connecting the **current** environment to a **new one** (discharge planning)
  - Considering the perspective of **relatives** while taking **distance from the organization**
  - Considering the perspective of **patients** while taking **distance from the organization**
- Social Workers **connect different contexts** and offer a **distanced position from the organization *within* the organization**



## What reference problems do hospice volunteers solve?

Heterogeneity of tasks: They do the »odd jobs« (Field/Johnson 1993) and »the fun stuff« (Stølen et al. 2021).

- **Uncomplicated** completion of **small** tasks
  - Being there – creating a **family-like** atmosphere
  - Sitting at the bedside – **observing** the dying process
- They make the organizational nature of palliative care **visible and invisible at the same time**. They allow the hospice to continue its tradition of a ›counter-institution‹ (Abel et al. 1986)



## Organized polyphony in hospices as a symbol of modern society

- Organizations can **assemble different ›logics‹** that would otherwise be in **conflict** with each other
- Multi-professional end-of-life care and palliative care as a **symbol of modern society**, whose **efficiency results precisely from its differences**
- Society is not created **from a single mold**, just as the dying process is not something where **everything becomes whole**
- Dying is not a »hospice drama« (Parker Oliver 2000), but a distributed, multi-dimensional process which **is actualised by each perspective differently**

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**Thank you for listening!**

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