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No one should die alone: "Just holding hands" among vigil volunteers in Denmark

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Abstract

A wealth of societal concerns about loneliness has surfaced in recent years, raising questions about the negative impacts of increasing social lacks. Exploring a widespread saying among Danish vigil volunteers that "No one should die alone," we ask: What is at stake in this concern with lonely deaths? And how is relationality practiced at life's end? Inspired by Waldenfels' responsive phenomenology, we explore the concerns and actions of the vigil volunteers as a dynamic of haunting call and hesitant response. The call is voiced in heart-wrenching images and in more clearly formulated critiques of loneliness in aging and dying processes within a transforming Danish welfare state. The response, "just holding hands," comprises a "*poeisis* of cessation" through minute embodied and sensed acts of being with. The volunteers do not expect their response to remedy the call; they more humbly seek to patch up perceived relational lacks in contemporary Danish society.

KEYWORDS
Denmark, dying, loneliness, responsive phenomenology, vigil volunteers

Dansk Abstract

I de senere år er ensomhed i stigende grad blevet adresseret som et samfundsmæssigt problem. I denne artikel undersøger vi et udbredt motto blandt danske frivillige vågere: "Ingen skal dø alene". Vi spørger: Hvad er der på spil, når vågerne kærer sig om ensomhed i døden? Og hvordan praktiseres relationalitet ved livets afslutning? Inspireret af Waldenfels' responsive fænomenologi undersøger vi vågernes

overvejelser og handlinger, som en dynamik af "haunting call" og "hesitant response". Kaldet udtrykkes gennem hjerteskærende billeder og gennem mere direkte formulerede kritikker af ensomhed i aldrings- og dødsprocesser i en velfærdsstat under forandring. Vågernes respons, "bare at holde i hånd", udgør en "*poeisis* of cessation"—et samvær bestående minutiøse kropslige og sansede handlinger. De frivillige vågere forventer ikke, at deres respons kan afhjælpe kaldet; i stedet forsøger de på mere ydmyg vis at kompensere for de relationelle mangler, de oplever i det nutidige danske samfund.

INTRODUCTION

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> "Well, yes, I definitely think that it makes sense not to be alone in this … but I don't know why. Um, I think it makes sense to not be alone in this, yes. Also, because, what is it, well, isn't it what people always say, these platitudes, that you enter this world alone, and you should die alone? But it isn't true, is it? You do not come into this world alone, right? So, I think, yeah, I just think it makes sense that there is some companionship in that process." (interview with Marie, a female volunteer)

> The nurse leads me to a room where a tiny, elderly woman is sleeping. Her eyes are sunken, her nose and chin whitish/yellow and pointed. The nurse says how thankful they are that we are there; they do not have the time to sit with the dying. "You just sit there and hold hands, right?" she asks, which I confirm. Entering the room, she points to a chair next to the sleeping woman, where I sit down. For the next few hours, until another volunteer arrives, nothing much happens, yet the room is filled with intensity and presence. I just hold hands. (field note excerpt)

"No one should die alone" is an often-repeated response by Danish vigil volunteers[1] when they are asked why they bother to get up in the middle of the night to sit by the bedside of a dying stranger. It is also the most widely used slogan of the vigil volunteer and death doula movements in Denmark and elsewhere[2]. Still, when training new volunteers in Denmark, the instructor will quickly add, "unless they want to," thereby opening up a possibility of good solitary deaths—and for deliberations that constitute the art of sitting wake: Being able to read the signs from a dying person's body and environment in order to provide the just right companionship in the passage to the other side, the unknown, the land of the dead, to use some of the phrases used by the volunteers.[3]

In recent decades, death has become an increasingly debated topic in Denmark. In the words of Jacobsen (2020), death in contemporary Denmark is neither forbidden (Ariès, 1974), nor hidden (Walter, 1991), but rather highly medialized and spectacular: "We constantly receive news from the rest of the world about accidents, wars, natural disasters, violent incidents, etc., all of which involve an element of death. But actual death, the Danish death that occurs for the vast majority of the population, is almost never seen" (Jacobsen, 2001, 92, our translation). As we have argued elsewhere (Andersen & Grøn, Unpublished), in this contemporary Danish context, the vigil volunteers, actively choose to be near in Jacobsen's terms, "actual death," (Jacobsen, 2001) or in their own words: "To get to know death". The death they get to know is ambivalent: ordinary and (existentially) spectacular; peaceful and painful—in dying processes

where approaching death comes with physical and mental suffering, they seek to provide a soothing calm, a peace that only the moment of death fully achieves (Jacobsen, 2001).

In this article, we home in on the "alone" part of the slogan of the vigil volunteers and explore the concern, not with dying and death per se, but with lonely deaths. In the vocabulary of Marie, cited above, if we really do believe that we come into and leave this life alone, then solitary deaths would be a natural or even a good thing. However, Marie suggests that such beliefs are "platitudes," and "not true." She makes these statements hesitantly, though, like other volunteers when trying to explain why they sit vigil: "I definitely think that it makes sense not to be alone in this … but I don't know why," and her sentences end with "right?" "isn't it?" "is it?" In what follows, we will draw on the responsive phenomenology of Bernhard Waldenfels and explore what companionship and relationality in the dying process, however hesitant, could imply in a contemporary Danish context. We will make two interrelated arguments:

1. No one should die alone. Vigil volunteers are called or haunted (Waldenfels, 2007, 2011) by broader societal developments from social connectivity to individualism and by cuts and transformations in welfare state services in contemporary Denmark, which have led to a situation where many are aging and dying alone. They are haunted by lonely deaths and by loneliness in old age, not by dying or death in itself. These haunting calls are conveyed by the volunteers both discursively and imagistically (Mattingly & Grøn, 2022).
2. Just holding hands. Sitting vigil is a response to these calls, a hesitant response accompanied by considerable doubts and uncertainties about the course and value of one's actions, while still insisting to act. Just holding hands implies subtle and minute judgments of the just-right way of "being there" (Andersen & Grøn, Unpublished) in the process of dying: an embodied, sensed, relational, and creative "*poeisis* of cessation" (Desjarlais, 2016).

Before unfolding the analysis and argument, we introduce the fieldwork and situate it within some recent anthropological studies of loneliness and lonely deaths.

FIELDWORK

The fieldwork was conducted as part of a larger research project, "Ethics after Individualism: Phenomenological Explorations of Moral Community." The larger project explored the role of moral community in a neoliberal age where concepts of individual responsibility are increasingly replacing concepts of the common good.[4]

The first author, Lone, chose the vigil volunteers as the moral community for her individual study, puzzled by the question of what brought this highly diverse group of people to form a community, both with those who are dying alone and with each other. Lone joined a vigil volunteer group, organized under the DaneAge Association (Ældresagen), from 2018 to 2021. DaneAge is an activist NGO that works to improve the conditions for older people through lobbying and an impressive range of activities, and has in recent decades become a strong political force in Denmark. The vigil volunteer service is a small and often overlooked part of the association's work—they say that at the association's annual fair, where the many different activities or services provided by the association showcase their work, very few people come to inquire about what they do. Contemplating death does not go well, the group leader explains. This is most likely due to the contemporary Danish aging landscape in which powerful discourses of healthy, active, and successful aging are prominent, thus rendering other activities provided by the association, for example, classes or workshops on IT, dance, exercise, cooking, or dating, more appealing.[5]

Lone joined the vigil volunteer group by becoming a volunteer herself.[6] She initially followed other volunteers when they were sitting vigil. However, they repeatedly told her that she would not really understand what it means to sit vigil unless she tried to sit alone, which she did, as shown in the small field note with which we started this article. She also conducted individual interviews with the volunteers with whom she had sat vigil. She took part in the 1-day training program for vigil volunteers twice as well as in monthly

meetings, café events, and bigger social gatherings like Christmas parties or annual parties sponsored by DaneAge.

When COVID restrictions put a halt to the group's activities, Lone conducted telephone interviews with volunteers who chose to sit vigil when the restrictions on entering nursing homes were lifted for a few months in 2020. The telephone interviews worked surprisingly well for inquiring into the specificities of the vigils because, inspired by the method of micro-phenomenology (Heimann et al., 2023; Suhr et al., 2021), she interviewed the volunteers right after they had sat vigil. This afforded a wealth of details about what the volunteers had experienced, sensed, and reflected on during the vigil—details that can be easily forgotten because of their elusive nature. For these interviews, Lone's experience of sitting vigil alone was extremely important because it provided an embodied and sensed knowledge of the practice of sitting vigil: the long hours of nothing much happening, which were, however, filled with intensity and presence, as mentioned in the above field note.

Finally, in 2021, we received feedback on our initial findings from the group in which Lone had done fieldwork. In 2022, the second author, Laura, also conducted four interviews with other groups of vigil volunteers in different regions of Denmark (two from DaneAge and two from the Red Cross) to validate findings from the in-depth fieldwork of the original group. In all, we conducted 22 interviews with 32 volunteers, along with participant observation at wakes and in the social activities of the vigil volunteers.

ANTHROPOLOGIES OF LONELINESS AND LONELY DEATHS

A wealth of societal and political concerns about emerging epidemics of loneliness have surfaced in recent years in Denmark and elsewhere, raising questions about the negative impacts of increasing relational and social lacks in a world that seems to be spinning ever faster (Rosa, 2013). Ozawa-de Silva and Parsons (2020) have suggested that anthropology's weddedness to the exploration of social groups, and not to individual psychological matters, has led to a lack of anthropological interest in loneliness. However, they argue, this is exactly what anthropology has to offer: A consideration of relational, social, and societal dimensions of loneliness. As they write, almost echoing Marie's words in the opening citation: "What is loneliness? Perhaps the most common image that comes to mind is a solitary individual. Yet (…) loneliness is not just an individual psychological matter, but inherently social, cultural, and biological" (Ozawa-de Silva & Parsons, 2020, 1). Ozawa-de Silva and Parsons are proposing an anthropological engagement with loneliness that can address the outpouring of societal concerns and studies from the disciplines of psychology and public health. Building on existing evolutionary, psychological, and public health insights, they especially seek to broaden the understanding of loneliness to include social and culturally specific dimensions and perspectives. We take up their proposal by exploring social or relational lacks in contemporary Denmark, as they are perceived and voiced by the vigil volunteers.

Scholars also have taken a more critical stance in relation to the contemporary outpouring of societal concerns with and interventions against loneliness. It would not be an exaggeration to say that the health imperative, which came to dominate Danish health and aging policies from the 1980s and onward, has been joined by an equally strong social imperative. However, volunteerism and "politics of the heart" (Muehlebach, 2012) that seem to contradict neoliberal market logics might, in fact, undergird and support the process of diminishing welfare state services. Also, introducing a distinction between solitude, perceived as neutral or even positive, and loneliness, perceived as negative, Mikkelsen (2016, 2019) has argued that in contemporary Denmark, solitude has become part of the Lacanian Real, that is, a dimension of experience that has become unthinkable.

The vigil volunteers are aware of the political stakes and reflect on them. As we will show, they point to cuts in welfare state services as a major factor in creating the problem of loneliness at the end of life in contemporary Denmark. Also, the volunteers, echoing Mikkelsen, often remark that solitude can be a good thing, can be desired and preferred, also in dying processes. This makes them, as we will also show, pay close attention to small signs and gestures of the dying person, which can indicate whether they want distance, closeness, touch, or to be left alone.

Turning to the specific theme of lonely deaths, Ozawa-de Silva (2008, see also 2020) under the much telling title "Too lonely to die alone" has shown how young people in Japan, marred deeply by feelings of loneliness, meaninglessness, and "not being needed" by others, participate in internet-organized group suicides in order to have companionship in dying, showing us that the human need for social connection might persist not only into adulthood (Ozawa-de Silva & Parsons, 2020), but into the dying process. Closer to the age groups that vigil volunteers care for, Danely (2019) has explored lonely deaths (kudokushi) in a dystopic Japanese landscape: Entire neighborhoods of deserted houses or houses populated with people who are aging and dying alone. Through the lens of Derrida's hauntology, and parallel to the haunting calls experienced by the volunteers in this article, Danely asks what the ghostly presences of skeletal remains, deserted houses, and isolated elderly are asking of us. He explores one answer, the care practices of neighborhood volunteers who are enrolled in state initiatives and campaigns of "zero kudokushi." The volunteers have no expectation that the political goal can be reached or that their care will prevent solitary deaths. Rather, through what Danely terms "a care of watching," that is, watching over houses for signs of their resident's demise, as well as the cleaning up of bodily and other remains once the solitary dweller has passed away, the volunteers care for and mourn the dying.

The slogan of the vigil volunteers, "No one should die alone," in many ways resonates with the "zero kudokushi" policies in Japan. The volunteers driving through the dark streets of Copenhagen on their bikes in the middle of the night to sit by the bedside of a dying stranger for 4-h shifts resemble the strenuous work of watching over and cleaning up the houses in Japan. Major differences also stand out: They care for those who are dying, not the already dead. Moreover, the vigil volunteers in Denmark mostly sit by the bedside of people dying alone in eldercare institutions, not in abandoned houses and neighborhoods. And, as we saw in the opening fieldwork note, they often sit in for staff who do not have time to sit with the dying older people, or for family members who need a night's sleep. In most cases, staff or families are present to a much larger degree than in the deserted neighborhoods of Danely's fieldwork.

In this Danish context, then, how should we think of the vigil volunteers' concern with lonely deaths? And what do they do about it? We will draw on responsive phenomenology (Waldenfels, 2007, 2011) to explore the concerns and activities of the vigil volunteers as a dynamic of being called and responding to the call.

Responsive phenomenology

Our theoretical point of departure lies in anthropological phenomenology (Desjarlais & Throop, 2011; Leistle, 2017; Mattingly, 2019; Schnegg, 2024; Zigon & Throop, 2021). This is a version of phenomenology that builds extensively on ethnographic explorations of local and social moral worlds. Anthropological phenomenology has a distinctive approach because it puts philosophical concepts in conversation with ethnography. More specifically, to explore the experiences of the vigil volunteers, we have been inspired by Waldenfels' phenomenology of the alien or responsive phenomenology (2007, 2011), which posits a dynamic of experience as constituted by a call from the alien (*das Fremde*, which could also be translated as alterity) and responses to this call. More or less radical forms of alienness and alterity envelop our everyday experience: We fall into sleep, into dreams; we find ourselves engulfed in a childhood memory; somebody we know very well may suddenly seem like a stranger. This means that we are constantly responding to phenomena we do not fully grasp. The fieldwork context of end of life and dying in many ways constitutes the epitome of alterity: There is something elusive, something un-knowable at the heart of death and dying. No matter how close the volunteers are to the dying person they can never know what that person is going through. They cannot know the alterity to which they respond, still they are compelled to do so. Waldenfels' often mentioned phrase "We cannot not respond," captures the stance of the vigil volunteers: They cannot be sure that what they do is adequate to the situation (as we saw in Marie's hesitant formulations), but to not respond is also a response.

Responses to the call are attempts to order and understand, or in Waldenfels' words, to "domesticate" the alien (2011). The pervasive alterity in the call is, however, only one aspect of how domestication is

provisional, not fully successful. Another aspect concerns the temporal structure of call and response, which are separated by a gap, in Waldenfels' (2007) words, a "time lag." The notion of time lag indicates a failure to meet the call adequately; that is, a gap persists between the *pathic* experience of alterity, of the "alien" call, and the responsive attempts to order and understand. Asymmetries abound. In Waldenfels' words: "Between question and answer, there is no more consensus than between request and fulfillment. The two collide like two glances that meet" (Waldenfels, 2007, 31). With this in mind, we will turn now to the vigil volunteers.

The call: "It is heart-wrenching somehow …"

The dynamic between alien calls and not fully adequate attempts to respond captures both the persistence of the volunteers' concerns and the fragility of their actions. We elaborate first on the haunting call, here from another conversation between Marie, cited above, and Lone:

> Lone: … you mentioned the word loneliness and then I thought about the slogan, if you can call it that, of the vigil volunteers (…) that nobody should die alone …
>
> Marie: Unless they want to …
>
> Lone: Unless they want to, right. But I just wonder if this matters to you? This, not dying alone?
>
> Marie: Well, it is the point of departure. I don't think it's a cliché. I don't. But it's just the first thing that you hear no matter who you ask. I mean if people ask: Why are you a vigil volunteer? Then the first sentence, also for me, is that one—because deep inside, you do not want people to die alone, unless they want to. I just also think it's a bit more nuanced, because I've met people, where you actually, where you meet next of kin and also dying people themselves, who if they could have expressed that they did not want anybody to sit with them. So, it's a bit more nuanced. But anyway, it's still there. Also, for me, it's been a driver for me from the beginning.

Marie's words capture how our interlocutors expressed a deep sense that people should not be left to die alone, unless they want to. When inquiring about their more specific motivations for becoming a vigil volunteer, the main reasons given were either the death of a close family member (both as a positive or negative experience) or having worked as a care professional and not having enough time to sit with older people who were dying. Other reasons and circumstances were mentioned: Most were retired or had time to engage in voluntary work due to, for example, being unemployed or on a break between jobs. Some were looking for an activity to fill out their time and also sometimes to remedy their own feelings of loneliness and social disconnect. On the other hand, some appreciated that as a vigil volunteer, they did not have to engage in longer-term binding relations. Some had seen an ad in the monthly magazine from DaneAge or in the local newspaper and felt that it "spoke" to them. Many expressed that being closer to death was meaningful or even therapeutic (Andersen & Grøn, Unpublished). A male volunteer who had previously worked at the *Danish Defense Naval Diving Service* and in a trauma center for unsuccessful suicides said that he wanted to experience ordinary and calm, not extraordinary and dramatic, deaths.

The deep sense of something not being "right" about people dying alone that we explore in this article ran as a more affective stream through all the answers mentioned above—a kind of moral drive or engine (Mattingly et al., 2017) behind or within their more rational and explicit explanations. Consider the following field note from Lone's first encounter with Marie.

> "I don't know." This is the most repeated phrase of Marie, the young woman sitting opposite me. She struggles to put into words why she has chosen to sit by the bedside of dying strangers. Her uncertainty is especially prominent when she is talking about the good she feels she might be doing. Marie explains how she watched a TV show where Anders Lund Madsen, a prominent Danish comedian, visited homes where people had died alone. She found it unbearable, not just the lonely corpse, but the lonely dying, and the loneliness that must have preceded it.
>
> She then speaks of an "inner image" that evokes a pervasive and profound sense of abandonment in eldercare institutions and hospitals: "I have this inner image. The older person is just lying there. It's dark, the middle of the night, but there is a bit of light. Institution-like light. Big hospital bed with a lattice. The tiny, elderly body. Everything seems so big. It's heart-wrenching somehow. It's meaningful to not be alone in this." (fieldnote excerpt)

The sense of something not being right was formulated in "heart-wrenching" images of decaying or frail elderly bodies in lonely home and institutional settings. Marie, herself a social scientist, was acutely aware of how her reflections could be seen as romanticizing a social or relational death and of how she could never know with any certainty how her presence was experienced by the dying person. Still, the inner image of the tiny body in the big hospital bed with a lattice was unbearable. The only death she had witnessed in her own family, her grandmother's, was a social and relational event. She explained how their big, noisy family sang while her grandmother passed away: "It was great, somehow. I don't know."

Her inner image, her experiences, and reflections are voiced in the mode of uncertainties and doubts (Grøn & Mattingly, 2022; Stevenson, 2014): Is it okay or not that some people die alone? Is noisy family singing great or not? Whatever the answer might be to such questions, could it be that the tiny body of an elderly man should not be lying alone in a big hospital bed? And, could it therefore also be that she ameliorated his suffering by sitting beside him holding his hand?

The volunteers also gave voice to more clearly articulated critiques of the condition of older people in Denmark. Transformations in family and kinship arrangements, in work life, and in a receding welfare state have set in motion what most of them saw as an irreversible process of increasing loneliness in all life phases, which tends to accumulate over a lifetime if you do not work hard to keep socially connected. As mentioned above, several of the volunteers had worked within eldercare institutions and talked about an accelerated work pace, which, in their experience, did not leave enough time for simply sitting by an old or dying person's bedside. In the words of one of the volunteers, Vera, who used to work in a nursing home and had now retired:

> "We do not have, as care professionals, do not have time to sit by a dying person. I do not find that dignified, that no one is there. We could sit, maybe ten minutes or something like that, but then a colleague needed help, and then we left the dying person, and when you returned, you risked they had died. It really moved me, which is why I decided to become a vigil volunteer."

Having also worked in the municipal home care services, she elaborated on how she herself would not like to die at home, alone:

> "I would feel really bad about having to die—if I did not have next of kin—having to die at home, all alone. Because even though the home care staff can visit several times a day, they do not in the evening or in the night. They are also understaffed in the home care services."

Vera, having worked for a lifetime in different elder care institutions, had herself experienced how time had become sparse, and how especially the night shifts could be daunting. Lone asked her if she saw herself as somehow repairing or mending a lack in the welfare state. She said that she definitely thinks that there

should be more staff in the nursing homes and home care services; they should be the ones to do this, because they know the dying person much better than the vigil volunteers. Lone then asked about the family. Did she think that they should have been there? She responded: "This I cannot say, there can be so many reasons for … maybe they have fallen out, you do not know. Or they live far away, maybe they live abroad. This I cannot say, that they should be there."

Her words were echoed by other volunteers. They blamed or critiqued the absent welfare state, but not the absent families. This speaks to a widespread expectation in Danish society that the welfare state, often referred to as the "caring state" (Leira, 1992), should care for those who are sick and frail (Rostgaard et al., 2022). Expectations that are increasingly not met, in a time when the welfare state is undergoing radical transformations (Hansen et al., 2023). This was expressed not only in relation to those who are dying, but in relation to older ages in general. Here, in the words of yet another female volunteer, Dorte: "I think, not only in relation to sitting vigil, but I think there is something wrong about the status of elderly people in society. You know people kind of withdraw from them when they age."

Another volunteer, Anna, like Marie, brought up unbearable images, related to both the physical and social surroundings:

> Anna: It can seem so harsh, so brutal. You know, some seem so—so naked and so alone.
>
> Lone: Yes. Can you say a bit more about that? It's the slogan of the vigil volunteers, isn't it? That nobody should die alone?
>
> Anna: Well, it's the headline for all of us, I think. We live in a society where people very often end up lying alone, isolated in a foreign, barren and gruesome room. With no company, no warmth, no beauty around them. I think it's such a sad way to offer people to leave life behind.

When talking about dying alone and isolated, she highlighted a relational or aesthetic barrenness—like a desert and to the bone—of lacking warmth, company, and beauty. Why do we not have spaces made for dying, with flowers, images, scents, and sounds that can ease and comfort the process of leaving life behind, she then asked. Why do we not have specific sections of nursing homes or hospitals where peaceful dying is supported?

However, she, like other volunteers, was keenly aware of the limitations of her actions. She was not a family member and not a professional caregiver, and she was not in a position to set in motion alternative ways of organizing end-of-life care within Danish welfare-state institutions.

Summing up this section on critiques and heart-wrenching images, let us cite a poem written by one of the volunteers (Olafsson, 2023)[7]:

> "I am not afraid of dying
> but of ending my days at a care factory
> among the shifting
> busy
> professionally distanced
> human robots
> I have met from time to time
> in the hallway or by the bed
> in some of the much too large barracks that go by the name of nursing homes
> (…)
> Empathy unsaid—not a piece
> you dare find in the puzzle of the welfare state
> without certain help from family or friends
> when the time comes." (Olafsson, 2023, 26, our translation)

Volunteers who critique and lament the receding welfare state did not expect to be able to change this development; rather, they experienced themselves as collectively living (however unwillingly) in a time of large-scale historical and political transformations. At the end of the day (quite literally), what remained for them was what to do in this situation. How to respond to the haunting calls of something being "not right"?

The response: "Just holding hands"

> "We can come to be. We do not do anything. We do not come to do, we come to be. When society comes, they come to do, not to be." (Interview excerpt, female vigil volunteer)

To elaborate on what it entails to "come to be," we turn now to two vigils, first a solo vigil and then a vigil where Lone accompanied an experienced female volunteer, Birgit. The act of "coming to be," as expressed in the above citation, is clearly demarcated from the professional "doing" of society: They (medical staff, care staff, and religious specialists) come to do, meaning they have a defined role and specific, more or less well-defined acts. Vigil volunteers, on the other hand, only "come to be" through touch,[8] but also through sound (e.g., music, singing, words, breath), smell (e.g., opening a window, peeling an orange), or vision, like meeting the gaze of the dying person or observing. They observe the surroundings to gain information about the dying person, and they observe the minutest changes in breathing, movement, or color of the dying person's body to be able to provide the right kind of companionship. Also, they observe so they can push the button that summons the professionals to the room if the dying person shows signs of severe pain, fear, or if the person dies. If they sense (in all of the above sensory modalities) that their presence or specific mode of sensory care is making the dying person uneasy, they withdraw their touch or move further away, sometimes by moving to the other side of the room, to the adjacent room, or, on rare occasions, by leaving the room and waiting in the hallway—and only checking in from time to time. However, these visible acts are most often few and minute, and for long stretches, nothing much happens.

To show this, we return to the solo vigil with which we started this article. As already mentioned, the initial plan was to follow other volunteers, but they told the first author that she also had to sit vigil if she wanted to understand what it is like to be a vigil volunteer:

> How to convey the four hours of the vigil. For the first couple of hours, there is a repetition of small movements and sounds—she starts moving her shoulders a little, then opens her eyes, then pushes her chest forward and presses her elbows towards the bed, then raises her head and moans. This happens every 5–7 minutes, I think. I lose track of time even though I decide to note how often this happens. Each time I put my left hand on her shoulder or hold it against her right cheek, she calms down and falls back into sleep. From when I sit down until I leave, our right hands are tightly locked. I try to remove my hand, but that immediately sets off the movement-sound action, so I stop trying. Over the four hours, there are minute changes: her nose and cheeks become more and more pointed, and more whitish yellow. The skin in these areas begins looking coarse and rough. Around her eyes, still darker colors. A white layer covers her eyes, which are directed upward. She seems to fall inward more and more, and the repetitious movement-sound action almost comes to a halt. There is such immense relaxation or some other downwards movement in the room. I have had a good night's sleep and am well rested, but I fall with her—or it—I do not know what it is. Dozing off for a few seconds, then watching her, then looking around, then closing my eyes. Could you call this a vegetative state? I cannot really find the words.

In the vigils a lot goes on while nothing much happens. All volunteers express a sense of intensity, a sense of extraordinary presence way beyond their ordinary daily lives (Andersen & Grøn, Unpublished). Also,

they express constant deliberations of how to "come to be," how to adequately respond to the singular situation of the vigil: This vigil, this dying person. Below, a female volunteer, Lisa, talks about being present, being here and now, and of sensing:

> "I am very much in the now when I sit wake. So, I'm really aware that it is right here, that I am here now … This about what do I sense right now? Should I be quiet right now? Does she like that I hold her hand? It's not like I'm thinking: Now I hold her hand because that is good, or now I put my hand here, because there could be someone who did not appreciate that. So, it's something like that I just sense (…) again, like I say, use my presence and determine: What's needed right here? I use a lot to … trying to read her, the person I'm next to. I look, of course, I observe the face and the body, that which can be seen, how it reacts. I think in that situation people react instinctively, so I think they would express themselves, one way or another. It's hard to explain."

Another volunteer, Sofie, expresses how "that which can happen between hands" is a form of communication in its own right:

> "It's everything that you can make happen between hands when people have actually lost the ability to communicate with words. And communication is hard because then you communicate about something, whereas hands can actually just talk about the situation. You can sense these hands, how warm they are, how much they want to grasp, how they want to grasp, how you can … you know an iron grasp or whether they want a grasp where they can move a bit or … if you let go, does the hand come back and such. I think there is so much communication inside the hands if you pay attention to it, and I actually think it's a communication that is more precise than what you can do with words and with sound."

Yet another volunteer, Pernille, talks about a specific vigil where the dying person clearly did not want her to be close or to be touched.

> "Well, it's more like, I think it was like … this about that it did not make her calmer. If the opposite happens, then I think that it's probably because they don't feel like it. But it's not like—I do try within these four hours to see if things have changed. But I remember with her, because normally if you touch people, then you're sitting very close to them, and because it seemed like that was not what she wanted, that I should touch her, then I did not sit as close as I normally would. I was just kind of there. Um, and then from time to time, I said out loud that I was there. Yes. I almost think that is—it's not that it's more difficult to be in, it is completely fair—but then it's difficult to know if people would rather that you were not there at all. I don't know how you assess that."

Pernille tries to explain how difficult it is to assess what a dying person, often in a state of being unreachable, wants and needs, through words and through the many hesitations and reservations that accompany the statement. She uses her senses to assess whether touch calms the dying person, or the opposite. However, the assessment is made with doubt, with hesitation—not with certainty. While it is, in her words, "completely fair" if people do not want her close, or maybe not there at all, it is still very difficult to know.

To explore this further, we turn now to the vigil where Lone accompanies an experienced vigil volunteer, Birgit:

> Birgit and I are led by the nurse into the bedroom of a woman, she is tiny, only a few teeth, grey hair, white nightgown with flowers. Her nose is big and looks like it has collapsed to one side, her eyes are small, dark, intense. When she relaxes and falls into herself, her face also falls in, the mouth a dark hole, her eyes closed.

> It is a big bed with soft duvets, but the room is small. A bedside table with Christmas decorations. Another small table with photos of a couple and a woman. We think these are of her and her husband, but the nurse says it is her sister. The sister has never visited. She says that maybe there is a grandchild that will visit in a few days. There are Christmas lights and two Christmas elves. Birgit, the volunteer I am following today, brings them close to the woman's face. They have golden glasses which the woman plays with and then removes. She also has a small stuffed animal, tucked into the crook of her left arm, which she cuddles.
>
> Sometimes during the vigil the woman makes a loud crow-like sound, sometimes she repeats "yes, yes, yes," sometimes she breaks out into a big smile. The sound of her breathing is the only constant in the room.
>
> The vigil has three phases. In the first phase, the woman is anxious and uneasy, she looks around like she is searching for something, and makes the loud crow-like sound every 10 minutes or so. In the second phase, she is calm, and an intricate dance emerges between Birgit's and the woman's hands. In the third phase, Birgit asks the woman if she is tired, if she should remove her hands. The woman signals to us to withdraw and we sit by the wall looking away from her.

I write in my notes about this vigil, which indicates the elusive nature of sitting vigil:

> Sound like a crow
> Yes, yes, yes, yes
> Breathing
> Hands dancing
> Mutual smiles
> Just sitting

The signs from the dying woman summed up by "sound like a crow," "yes, yes, yes, yes," and "breathing" are elusive—and Birgit cannot know for sure how to interpret them. However, she is compelled to respond. In the first phase, when the dying woman is uneasy and moans, Birgit attempts to calm her by talking, by playing with the elves and the stuffed animal, and by touching her body. In the second phase, there is this emergent and intimate, inter-subjective synchronicity and contact between their hands. Finally, in the third phase, there is a proximate distance; we sit by the wall and do not let hands, sounds, or gazes touch.

The volunteers apply multiple modalities of sensory presence when they "come to be". And they do so in various modes of relationality or companionship. In the first phase, touch is extended by Birgit to the dying woman, and she tries to engage her in play and calm her uneasy and anxious body and mind. This is how we usually think of care: As something provided by a caregiver to a care receiver (Noddings, 2013). In the second phase, a merging appears. This is not Birgit providing touch and the dying woman receiving; rather, they both seem completely engulfed in something more than a care act between two people: A kinesthetic sense of we-ness and we-movement. And in the final phase, Birgit and I are still present in the room with the dying woman, but the sensory relating or merging is severed: No play, no touch, no dancing movement. We sit by the wall. Only the sound of the woman's breathing remains constant for the rest of the vigil.

A relational and hesitant *poeisis* of cessation

The above examples and expressions highlight the considerable ambiguity inherent in accompanying those who are leaving life behind. In Desjarlais' (2016) work among the Nepalese Yolmo wa, he suggests that a process of formation, or *poeisis*, takes place. A formation more precisely of negative relationality, where

attachments are systematically severed over a period that extends from the onset of the dying process to the final ritual that typically takes place 49 days after the person has died. This period, called the *bardo* or intermediate state, has several minor rituals that aim to sever, let go, and pass on or over to the next rebirth. "Much of the dying process and the cremation and the funeral rites orbit around an intricate making of unmaking, a calm forging of undoing, dissolving, and stillness" (Desjarlais, 2016, 255). What Desjarlais' analysis captures so well is precisely the ambiguity of companionship or relationality in a process of severance:

> "Stay, don't go—you must go, the rites seem to be saying. In line with this tug-of-war of competing desires, presences of the deceased are invoked and engaged with, then undermined, in the same ritual breath. Care for a corpse, but eliminate it. Call the consciousness back to the house, only to tell it that it must leave. Construct and talk to an effigy, then dismantle it. Preserve the charred bones and ashes, then mold them into earthen figurines. Retain, yet relinquish." (259)

Similarly, the act of sitting vigil entails a fashioning, not of relational ties, but of their severance and detachment: A being alongside (Latimer, 2013) on a spectrum of relationality and detachment (Candea et al., 2015; Navne et al., 2017; Stasch, 2009), of being hinged and unhinged to others (Guenther, 2013), that cannot be captured through binary notions of social versus lonely deaths. The death rituals in Nepal that Desjarlais writes about are prescribed and culturally meaningful ways of handling this ambivalence, providing a way to deal with the fraught borderzone of relationality *and* detachment. The vigil volunteers, on the other hand, lack such culturally meaningful ways and rituals. They are neither medical nor spiritual professionals, and also not kin, which adds to the openness and fragility of "being there" (Andersen & Grøn, Unpublished) and "just holding hands."

Therefore, sitting vigil is a hesitant forging or *poeisis*. As mentioned above, one of the important features of responsive phenomenology is that the response can never fully meet the demands of the call (Waldenfels, 2011). In everyday life, this often goes unnoticed because we trust our common sense and normative ideas and expectations as to the effects of our actions. We quickly pass over or close the gap, you could say. The gap, however, is prominent and pronounced in the way vigil volunteers talk about sitting vigil. There seems to be no shared common-sense or cultural ideas they can rely on to understand or assess the situation. Not only is it challenging to assess what the dying person wants in terms of distance and closeness, touch or no touch. It is also difficult to assess whether you are doing something of value, something good, for the dying person. Consider this excerpt from a phone conversation with a male volunteer, Hans, that took place immediately after he had sat vigil for a dying woman during the brief period in which nursing homes were reopened during the COVID-19 pandemic in 2020:

> Hans: Well, I had a bunch of Kleenex in the palm of my hand and used that to hold her hand so that I had the back of her hand in the palm of mine. So, I could feel that. And nothing happened. It was probably a good deed. But I don't know. I don't know because it does not orchestrate anywhere, other than, in my mind, that I have done what I could.
>
> Lone: Yes. By sitting and being in contact. Physical contact.
>
> Hans: Physical contact, yes. Or rather, she might have felt physical contact.
>
> Lone: And did you have an experience of it calming her when she started to move?
>
> Hans: I have no idea. I am not sure that my unfamiliar hand made much of an impression on her because of the grimaces she made and the way her body moved.

Still, he goes on to explain that he held the dying woman's hand "as much as possible." Lone then asks:

Lone: This holding her hand as much as possible. What are your thoughts on that?

Hans: It was a … it was a noble attempt so she could feel contact to another human.

Lone: But you do not know what she did or did not feel?

Hans: No … and I was so f…. sensible that I had wrapped my hand in Kleenex [he laughs].

Lone: (…) And then you mentioned that you were there to observe what was happening so as to ensure action was taken if she was in pain, like spotting that they were out of pain medication so they could get hold of a doctor. Or else she could have been lying there for a long time?

Hans: She could. She could have been lying there for days. Well, maybe I'm exaggerating. It didn't go unnoticed. The care worker told me that it was really good that I had called them.

Most often, the vigil volunteers express that they feel they are doing good when their touch or presence has a calming effect on a dying person who is anxious, scared, or, as we see in the above interview excerpt, in pain. If the uneasiness, fear, or pain intensifies, the volunteer's role changes from that of serving as a sensory and embodied companion to that of notifying care professionals that it is time to administer medications, to turn the dying in their bed, or to just assess the situation based on their professional experience. Or they may call family members because the moment of death seems very close.

But most often, the situations that arise during the vigils are less clear-cut. The dying person might be calm—because they are medicated, not because they are okay or appreciative of the volunteer's touch. Their body might twitch for reasons other than pain. The dying person might or might not feel the touch and presence of the person sitting next to them. They might or might not appreciate the volunteer's presence, irrespective of the faces they make or the way their bodies move. Which is probably why Hans refers to this particular vigil as "a noble attempt" and jokes about how "f…. sensible" it was that he had wrapped his hand in Kleenex, thus highlighting the absurdity and ambiguity of sitting vigil: Accompanying a dying person toward death while also protecting them from becoming infected with Covid-19. Retain, yet relinquish. Relinquish, yet retain.

CONCLUSION

In this article, we have sought to contribute to an emerging anthropology of loneliness (Ozawa-de Silva & Parsons, 2020) by considering the widespread saying among Danish vigil volunteers that no one should die alone. We have approached their concerns and actions through the call and response dynamic suggested by responsive phenomenology (Waldenfels, 2007, 2011): A haunting call of heart-wrenching images also expressed in more overt critiques of large-scale historical transformations that has led to increasing social lacks in aging and dying—and a hesitant yet persistent response in the form of companionship and relationality through touch, sound, smell.

If Ozawa-de Silva and Parsons (2020) are right that our need for social connections is genetically hardwired not only in childhood but well into adulthood, we have shown that for the vigil volunteers, this continues into the dying process. According to them, there should be some companionship in the process of severing. However, this companionship happens on a spectrum between relationality and detachment and involves constant deliberations of the just right kind of sensuous and embodied presence and being with.

The vigil volunteers express critiques of loneliness in old age and the dying processes in Danish society and in a receding welfare state, where professionals do not have the time to accompany those who are dying. Like the Japanese volunteers introduced by Danely (2019), they do not expect their actions will ensure that "No one should die alone." In many ways, the actions of the volunteers can be seen as "a

politics of the heart" (Muehlebach, 2012), which appears to contradict neoliberal market logics but, in effect, undergirds and supports the process of diminishing welfare state services. However, as some of the volunteers respond when they are met with accusations that they are taking on care tasks that should be handled by salaried professionals, no one will "come to be" if they do not show up. Then the tiny old body will be left to die alone in the big hospital bed with a lattice. Thus, they seek to patch up relational lacks that the large-scale political and historical transformations have set in motion. So, also at this more general and political level, we see the disconnect or gap between call and response: Heart-wrenching, haunting images and major political transformations are met by small relational and hesitant acts of being with.

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ENDNOTES

[1] The Danish term vågekone (female) or våger (gender neutral) is often tarnslated into English as "death doula" or "vigil volunteer." The term doula comes from the modern Greek adaption of the ancient Greek doulé, literally meaning a serving woman or female slave. Around 1996, this term was applied in English-speaking countries to trained professionals that assisted women during the birthing process, and it has more recently been extended to describe those that provide support in navigating the dying process (Benchman 2017). While there are such professional death doula services, especially in the US and Canada (Garces-Foley, 2022; Incorvaia 2023), in Denmark those who sit by the bedside of the dying are predominantly volunteers organized under the NGOs DaneAge Association (Ældresagen) or the Red Cross, and the two terms sometimes indicate a distinction between the roles of professional and volunteer. However, terminology is still developing.

[2] See e.g. Caspersen et al (2023); Fristrup & Laursen (2017); Garces-Foley (2022); Incorvaia (2023); Stølen, Jacobsen & Raunkiær (2020); Vanderstichelen et el (2018).

[3] Along similar lines in an alternative TED talk by a male volunteer, he translates vågekone/våger as "final companion" (Madsen & Vala 2018).

[4] The project was headed by Maria Louw, Aarhus University (see more at https://projects.au.dk/ethicsafterindividualism).Bringing together anthropologists and philosophers and taking its point of departure in a phenomenological perspective, the project explored how moral community is lived and experienced as an existential question, demand, and burden in a range of different settings: queer life in Jordan, contemplative communities in Europe, safe food supplies in China, missionaries and Ik communities in Uganda, neo-atheism in Kyrgyzstan, volunteers who welcome refugees, and vigil volunteers in Denmark.

[5] Denmark has a long and sustained tradition of community and voluntary work for people who are marginalized, sick, old, or lonely. Volunteers engage in social activities in nursing homes or as *besøgsvenner* (visiting friends) who visit vulnerable older people who live in their own home or in a nursing home. Vigil volunteers, however, are not called upon until the onset of the dying process.

[6] All data were collected with informed consent from the volunteers and the volunteer organizations. The volunteer group Lone participated in was informed about the research project multiple times to ensure that all volunteers involved were aware of the project's objectives. They were also informed that they should notify Lone if they wished to be excluded from fieldwork notes, which some did. Withdrawal of consent was possible throughout the entire research period. All descriptions from the fieldwork and all interview data have been pseudonymized. Given the circumstances of the dying persons, they were unable to provide consent, and we therefore decided to keep ethnographic descriptions of them and their surroundings general and sparse.

[7] A small booklet of poems (Olafsson, 2023) about sitting wake was sent to Lone from one of the volunteers after the fieldwork had ended. She had written and also published the booklet herself. In these poems she captures both the intensity of sitting wake but also finds room for the many observations and critiques that do not find an outlet through sitting vigil.

[8] The volunteers often say that they "just hold hands," as also expressed by the nurse in the opening fieldwork note. In fact, they more often lay a hand gently on or under the dying person's hand, because the skin becomes extremely sensitive toward the end of our lives.

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