

# Speak softly to the dead: the uses of enchantment in American home funerals<sup>1</sup>

Home funerals are a small social movement in which American families care for their dead at home. This article argues that home funerals offer a generative view of the tension between the body as biological and social construction, matter and meaning, object and subject. In home funerals, the dead body is enacted as possessing a fading spark of agency and subjectivity, animating the dead against the grain of medical and scientific conceptions of the corpse as inert object. Home funerals provocatively engage questions about the forms of care and communication available between the living and the dead.

**Key words** death, grief, subjectivity, funerals, enchantment

## Introduction

Jacob's body lies on the bed in the room he shared with his wife of 50 years. His sons have bathed and dressed him. Around him, his widow and children have placed trinkets of remembrance: old photos, a favourite quote, an Obama bumper sticker, a religious icon from Russia. Throughout the day people come and go. They talk to him, saying goodbye. Some leave notes. They play his favourite music. During the day the atmosphere is almost festive – relatives who have not seen each other in a long time talk about the old days. Jacob's grandchildren play in the yard. People tell stories about him: some moving, some funny. At night, the atmosphere changes, becomes sombre and holy. The family surrounds his body with votives and sits in silence, praying, meditating; sometimes they sing hymns or chant Buddhist sutras. Every night, someone stays awake, keeping vigil by his side. Twice a day, his daughter changes the dry ice that is packed around his torso. For three days, he lies like this in the room. On the fourth day, his sons wrap his body in a quilt that their sister made. Covered only in this homemade shroud, Jacob is buried.

This is a brief description of a home funeral that took place in San Francisco, California in 2009. Jacob's family is part of a growing movement of people who are changing the way Americans care for the dead body. They call themselves the 'home funeral movement'. It is a fledging North American movement that advocates that families, not funeral professionals, care for the dead body.

Who chooses home funerals? Olivia Bareham, who has helped many families arrange home funerals in Los Angeles, offered this reflection on the demographics of the movement:

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When I first began ... I fully expected most of my clients to be the hippie types, the ones who had homebirths, drank wheatgrass juice and believed in doing everything naturally; or perhaps, I thought, they would be people who couldn't afford costly funeral arrangements, and were looking for a simple alternative. But during the last six years, I can honestly say that not one family has chosen home funeral to save money, and they are a far cry from your average hippie. They reflect the delicious and unpredictable diversity of Los Angeles. (Bareham 2011: 21)

Contrary to this description, my impression is that the home funeral movement is largely composed of 'hippie types', particularly among its core leadership. That is to say, most of the people I have encountered in the movement are white, middle class, politically progressive and embrace an eclectic mix of progressive mainline Protestantism and Eastern-influenced spiritual practices such as Buddhist meditation and yoga. However, as Olivia Bareham's experience suggests, the movement is not homogeneous. Home funeral advocates in urban areas comment that recent immigrants are a growing part of their client base. Increasing media coverage recruits new people to the movement. The economic recession has provided a useful frame for news reports about the movement, and such reports often emphasise the cost savings of a home funeral. A television newscast from Minnesota is typical: 'What if you could save money by having a loved one's funeral at home. Would you do it?' (KSTP 2010). Undoubtedly, such media coverage will shape the movement as it continues to develop.

Arranged by friends and family with no funeral industry involvement and no embalming, generally inexpensive and simple, home funerals disrupt the largely stable and homogeneous American way of death. Traditional American funerals entail the corpse's quick removal from the site of death (usually the hospital) to the funeral home, where the body is embalmed and cared for by professionals. The family has little physical contact with the corpse other than perhaps a brief viewing of the body in an open casket (Mayer 2006; Walter 2005; Laderman 2003; Lynch 1997; Habenstein and Lamers 1955; Metcalf and Huntington 1991). By contrast, in home funerals, mourners take intimate care of the dead body. They wash the corpse, pressing on the abdomen to empty the bladder and bowels. The jaw is tied shut. The eyes are closed, weighted by bags of rice. Dry ice is packed around the torso. The dead body is kept in the home for three to four days.

A dead body in the American living room has been the province of horror movies, gothic fiction and tabloid news. From Freud (2003 [1899]), to Douglas (2008 [1966]), to Kristeva (1982), the dead body has been understood as the apotheosis of the uncanny, the polluting and the abject. Yet, here is the body in decay, in ordinary living rooms and bedrooms all over America, unembalmed, unmistakably dead, for all to see and touch and smell – publicly available to the full sensorium.

Death, as Margaret Lock has keenly observed, always poses crucial questions: 'What is a person? What is the relationship of person to body? Does the person cease to exist when the physical body dies? And perhaps the most fundamental, most obdurate question of all: What exactly *is* death – physical, personal, and social?' (2001: 37). The dead ask these questions of us. Their presence demands the articulation of a theory of death. The doctor in the emergency room, the pathologist in the morgue, the funeral director at the embalming table, and the daughter placing ice around her father's body at a home funeral are all responding to these questions explicitly or implicitly, in their words and silences.

Home funerals engage the question of death in surprising ways, with answers that contradict and complicate familiar medical and scientific responses. Home funerals position the corpse, in its decay, as a site of contestation. The unembalmed body works to dis-integrate (in its very disintegration) death from dominant medical and scientific epistemologies. The theory of death posited by home funeral practices departs from medical and scientific discourses in two key respects. First, it offers an alternative framing of the temporality of death. Home funeral practices perform death as a process that unfolds over days, not as an event that occurs in a medically determined moment at the ‘time of death’. Second, home funeral practices enact the corpse as possessing a fading spark of agency and subjectivity, and position the corpse as what I call here the ‘enchanted dead’. Such practices animate the dead against the grain of medical and scientific conceptions of the corpse as inert object. These counter-formations of temporality and subjectivity refashion the forms of care and communication possible between living and dead.

## American ways of death

Home funerals are a profound departure from traditional American funerals, which have remained remarkably unchanged since the late nineteenth century when embalming and commercial funeral homes became widespread (Mayer 2006; Walter 2005; Laderman 2003; Lynch 1997; Habenstein and Lamers 1955; Metcalf and Huntington 1991). American funerals are characterised by the ‘rapid removal of the corpse to a funeral parlor, embalming, institutionalized “viewing”’ (Metcalf and Huntington 1991: 194). Embalming, which can only be performed by a professional in a funeral home, is the single act that most clearly differentiates funeral industry and home funeral practices.

In her bestselling critique of the American funeral industry, *The American Way of Death*, written in 1963, Jessica Mitford memorably described embalming. The corpse is ‘whisked off to a funeral parlor and is in short order sprayed, sliced, pierced, pickled, trussed, trimmed, creamed, waxed, painted, rouged, and neatly dressed – transformed from a common corpse to a Beautiful Memory Picture’ (1998: 43). Mitford’s sense of scandal about embalming and what she saw as overly commercialised and elaborate American funeral practices is evident in this passage (as is her keen British wit). Mitford’s muckraking book is often credited with popularising cremation in the USA (Prothero 2001: 174); yet, little else can be said to have changed in American funerals in the intervening decades; they are still costly and elaborate, and they still usually involve embalming.

Even though embalming is normative in the American care of the dead, most people outside the funeral industry do not know what the practice entails. Embalming is invasive, time consuming and requires intensive intervention on the part of the embalmer. It is a quasi-medical act carried out within the clinical space of the embalming suite. The embalmer thoroughly scrubs the dead body with a disinfectant. He drains blood and bodily fluids through an incision in the carotid artery and jugular vein. He inserts a trocar, a conical piercing tool, through an incision in the abdomen and vigorously and randomly plunges it into the intestines, heart, lungs, and other organs to suction out fluid. The drained blood and fluids are replaced with a mixture of formaldehyde and other chemicals to act as a preservative and prevent rigor mortis.

The chemicals are tinted pink, to mimic blood, and also serve to restore the ruddy flush of life to the pallid corpse, causing the tissues to hydrate and expand, and making the body plump and pliable. Beyond replacing the bodily fluids, the embalmer seals all orifices with plastic caps or cotton, wires the jaw shut, stitches or glues the mouth into a suitable expression, injects dermal fillers and adheres plastic caps to the eyes, to which the eyelids are then glued. The embalmer sets the facial features to achieve a peaceful expression, and applies make-up to the face and body, styles the hair and dresses the body (Green 2008: 75–6; Harris 2007: 20–6; Mayer 2006; Laderman 2003; Lynch 1997; Habenstein and Lamers 1955).

The intended effect of embalming is the production of a corpse that appears lifelike and sleeping (Mayer 2006; Laderman 2003; Lynch 1997; Habenstein and Lamers 1955). In a sympathetic interview on American public television, a young funeral director described his view of the process: ‘After someone is embalmed, the first things I try to see are what sort of positive things have happened. A lot of times someone’s coloration has changed to a more a normal pigment and tone. A lot of times there’s the filling out of their tissues and things of that nature’ (Navasky and O’Connor 2007: np). It bears emphasis that in the aesthetic regime of embalming, ‘normal’ is equated with ‘lifelike’. A normal-looking dead body has the skin pigment and plump tissues of a living body.

A life-like corpse is the only acceptable corpse in the traditional American funeral. Another funeral director explains that viewing the body ‘can be a comfort to them [the mourners] or a source of horror’ depending on whether it appears life-like (comfort) or dead (horror) (Laderman 2003: 23). The embalmer ensures that the body will not be a ‘horror’ by erasing any signs of death. If, for example, someone has died of oral cancer, and the jaw has been corrupted by the disease, the funeral director reconstructs it in wax. If someone has died in a car accident, any trace of violence is hidden. The embalmer produces the corpse as something that is not quite dead – all traces of death banished.

In the home funeral movement, by contrast, no attempt is made to make the body look alive. The dead body looks dead. People in the movement advocate keeping the body at home for three to four days. Although the ice acts as a minimal preservative, no attempt is made to obscure the inevitable indications of decay, which are apparent almost immediately. After the first day, the skin becomes pallid and bruises appear where blood pools. By the third day, facial features sink and the mouth and eyes often open slightly. Flowers and aromatic oils do not hide the subtle but unmistakable smell of death.

If the ideal embalmed body appears lifelike, the ideal home funeral body looks dead and would not be mistaken for someone sleeping. If decay is the defining feature of horror in contemporary embalming practice, home funeral practitioners often frame embalming in terms of horror. Embalming is described as ‘pumping the body full of noxious chemicals’ (Centre for Natural Burial 2011: np) and the embalmed corpse as looking distastefully like a ‘plastic Barbie doll’ (personal communication). When people in the movement speak of embalming, it is often with derision and almost always with distaste, even revulsion.

In home funerals, even when the dead body exhibits decay, the presence of the body remains a comfort. Home funerals promote direct confrontation with the dead body, unmitigated by efforts to make it look lifelike. The changes death inscribes on the body are not a source of horror but widely spoken of as a source of healing. Intimate contact with the dead benefits the living.

The differing conceptions of the sources of horror and comfort in home funerals and traditional funerals point to diverging aesthetic and ethical regimes. It also speaks to different loci of agency. In tradition funerals, the embalmer is agentive – he erases death from the corpse, transforming it from a site of horror to one of comfort. The acts of the embalmer tame the corpse and offer solace to mourners. In home funerals, the mourners act with agency as they intimately care for the dead body. Moreover, home funerals grant agency to the dead themselves. Their presence and decay offers comfort, and as we shall see, sometimes even signs and communication.

## The enchanted dead

The backbone of my research on home funerals took place in my year-long training to become a ‘death midwife’, someone who coaches families or friends through the process of attending to the dead body. Anticipating my first workshop, I was nervous. Like most Americans, the closest I had ever been to a dead body was to hover briefly above an open casket at a funeral. I prepared myself for a confrontation with the physicality of death. Somewhat like preparing for summer camp – a grisly summer camp – I packed a bag following the list I received from the workshop leaders: bandages, gauze, q-tips, rubber gloves. I was armed to encounter the material. And while I did encounter the material and physical aspects of death, it was clear from the very first day that the immaterial and metaphysical, that which could not be chilled with ice or wrapped with a bandage, were at the heart of home funeral practice.

On my first day of training, the instructor repeatedly told our group that we must speak softly in the presence of the dead, be kind and reassuring, and always speak as if the dead could hear us. The training cohort included two hospice nurses, who both commented in agreement that hearing is often the last mode of perception to shut down in the process of death. Of note is how this explanation produces a seamless elision between the dying body and the dead body. In such an elision, the dead body maintains a sensual and social relationship with the living. The dead body is not-quite-dead: it retains a spark of life.

Max Weber famously spoke of the ‘disenchantment of the world’ (1946: 155). In their work on the ‘re-enchantment of the world’, Joshua Landy and Michael Saler complicate this notion, claiming that modernity is characterised by a rich variety of ‘secular and deliberate strategies for re-enchantment’ (2009: 2). In outlining their theory of re-enchantment, they distinguish it from those familiar notions of enchantment as an atavistic vestige of primitive superstitious belief and the argument that modernity is secretly and dangerously enchanted, such as Marx’s commodity fetish and Horkheimer and Adorno’s conception of myth and enlightenment as inextricably and calamitously linked (2009: 3). In lieu of these theories of enchantment, Landy and Saler advocate the view that ‘modernity embraces seeming contraries, such as rationality and wonder, secularism and faith’ (2009: 3). According to this view, enchantment and disenchantment co-exist and animate modernity in generative tension.

I use the term ‘enchanted’ in this sense – as co-extensive with and disruptive of – but not contrary to – rational, medical and scientific views. In home funerals, the dead body is a site of such generative tension. The dead body behaves largely according to scientific and biological understandings, for example, requiring ice to slow decay. However, it is also a site of enchanted possibilities that exceed rationality, manifesting signs and wonders.

In home funerals, the dead may hear and they may also breathe. Emmy saw her sister's body breathing. 'Very clearly, her chest was rising and falling', explained Emmy, a no-nonsense nurse from the Midwest with closely cropped salt and pepper hair. Emmy speaks with the warm but firm precision of someone who is used to giving instructions. She raises and lowers her hand to indicate what she saw. 'Could it have been a trick of my eyes?' She asks the question unbidden, but shakes her head to dismiss the idea, 'No. I saw it.' When I ask her to account for her sister's breathing, she pauses. 'I guess it must be that the body has to learn how to be dead. Her spirit must have still been there.' This conception that the body and spirit must learn how to be dead is commonly expressed in the movement.

Accounts of seeing the corpse breathe are so common that they merit particular mention in a how-to manual for families wishing to care for their own dead:

The mother of one of the women in our community died, and people commented that she was 'breathing.' This was not the body breathing, but a 'breathing out' as the physical began to return to its elements. This continued over several days. The spirit of our loved one is moving beyond the limitations of geography, a process with its own cadence and rhythm. (Knox *et al.* 2010: 25)

In this passage, there is no clear demarcation between the movement of body and the movement of the soul – respiration (with that term's intimate connection to both spirit and breath) – and decay. Scientific and spiritual explanatory mechanisms co-exist. The dead body is a site of dense condensation of enchantment and disenchantment.

## The threshold

As accounts of the dead hearing and breathing suggest, many people in the home funeral movement see the body as retaining a fading spark of life after death. Many in the movement understand the 'spirit', 'soul' or 'life-force' of the person to remain in the body for several days after death and think that it takes time for the dead to 'get used to being dead'. The passage from life to death is understood as a process. The moment of death is not a discrete event, dictated by the physician in the intensive care unit (or emergency room or accident scene) and noted in hours and minutes on the medical chart. Rather, it unfolds over several days and takes place among friends and family at home. This period of time is often referred to as the 'threshold' within the movement. It is a term interchangeably used to refer to the time just before a person dies and the few days after death.

The threshold state is conceptualised in both biological and metaphysical terms. While a lingering spirit is most commonly described, a more material understanding of continued vitality may also be expressed. A well-known death midwife and home funeral movement leader gave this account of the state of the body after death: 'The body doesn't die all at once. There's still a lot going on. The heart and breath have stopped but the cells don't instantly die' (personal communication). This explanation brings to mind a passage by Foucault in *Birth of the Clinic*, in which he describes death as 'multiple and dispersed in time', and that 'long after the death of the individual, minuscule, partial deaths continue to dissociate the islets of life that still subsist' (1994 [1973]: 142). Writing on Foucault's elaboration of death, Donna V. Jones reflects on the difficulty of talking about such a conception. She writes, 'Just as we have no word that expresses the unity of day and night, the unity of life and death is not easily

expressible' (2010: 3). Home funerals attempt to express the unity of life and death, to think them together. Just as death is present in life, home funerals argue through their practice that life is present in death.

The notion that the dead retain a spark of life determines the forms of care available between the living and the dead. It informs the departure from traditional American funeral practice. Just as 'home funeral' and 'funeral home' are reversed terms, so too the terms of their care are an inversion. In funeral homes, the embalmed body is made to look alive but is treated like an object: cut and spliced. The body in a home funeral appears dead but remains a subject to which one must speak softly and lovingly. The home funeral conception of the threshold allows for a notion of physical and social death that do not neatly align or occur in a clean, decisive moment but overlap with messy edges. The threshold is a space 'betwixt and between' life and death, to use Victor Turner's phrase, and like his elucidation of the liminal period, it may act as 'a realm of pure possibility' (1967: 97). One such possibility is enchantment.

Of course, not all families arranging home funerals have experiences of enchantment. It is not among the reasons most families cited for wanting a home funeral; those reasons include not wanting embalming, wanting to keep the body at home and wanting more time to say goodbye. Some families would not seek out or welcome an experience of enchantment. For some, such an experience would be strange and frightening, or seem ridiculous or overly 'New Age' – 'too woo-woo' as one woman remarked to me. Some people simply prefer to focus on the material practices of caring for the body. However, experiences of enchantment, that is, experiences that exceed medical and scientific notions of the possibilities of the dead body, are common in home funerals. Frequently described experiences of enchantment include the dead speaking out loud or in a mourner's thoughts, appearing in dreams or waking visions, emitting a scent of a favourite flower or perfume or opening their eyes at meaningful moments.

One of the most common experiences of enchantment reported by mourners is a sense of energy emanating from or surrounding the dead body. One mother described an 'invisible golden light' that 'poured' from her daughter's body in the two days after her death. A woman described bringing her friend's body home from the hospital after her sudden, unexpected death: 'You could still see it [life]. Even after she was brought home from the morgue, energy was still pouring from her head and heart.' In an essay about her husband's home funeral, author Joanna Macy writes beautifully of such an experience. 'I can still almost feel it, the softness and buoyancy of the air, a sweet lightness around us and inside us' (Macy 2011: 31). Mourners describe this skin sense of the presence of the dead as immensely comforting.

## Limits and immanence

Experiences of enchantment in the home funeral begin with the presence of the dead body. The dead body is not hidden away or made to look like it is just sleeping, the dead look dead, they require intimate care, they are available to the senses. The dead body in decay and the possibility of enchantment are linked.

The presence of the dead is powerful and its power is hard to articulate. Heidegger's notions of death as non-relational, as an absolute impossibility, as 'not to be-outstripped' gesture to the difficulty of speaking about death (2008 [1962]: 296). Kristeva writes of encountering the corpse as a kind of disorienting frontier, a border at which we 'fall

beyond the limit' (1982: 5), a phrase reminiscent of the home funeral description, cited above, of encountering the dead as they move 'beyond the limits of geography'. The sense of energy emanating from the dead, related above, may be another way of expressing what Deleuze called immanence. Writing shortly before his own death, Deleuze described the encounter with a dying body as a moment 'individual life confronts universal death' (2001: 29), an encounter with immanence. Between life and death, immanence can be glimpsed as a 'movement of the infinite' (Agamben and Heller-Roazen 1999: 228), a spark of life that is lived through the individual but not of the individual – 'pure power and even bliss' (2002: 30). The powerful encounter with the dead body, its immanence, its limit, prepares the imaginative ground for enchantment.

In considering enchantment, in addition to the encounter with the dead body, we must also take into account the state of grief. Grief has been widely theorised as a dangerous psychological state, one akin to madness. For Freud (1989), mourning could curdle to melancholia. Or consider the evolution of the psychiatric manual, the DSM, in which the line between grief and major depressive disorder grows ever finer (Prigerson *et al.* 2009). Joan Didion attests to this dangerous quality of grief in her book *A Year of Magical Thinking*, an account of losing her husband and daughter in quick succession.

Grief turns out to be a place none of us know until we reach it. [...] We might expect if the death is sudden to feel shock. We do not expect this shock to be oblitative, dislocating to both body and mind. We might expect that we will be prostrate, inconsolable, crazy with loss. We do not expect to be literally crazy, cool customers who believe their husband is about to return [from the dead] and need his shoes. (2005: 188)

As Didion suggests, grief can be an experience of radical alterity. In a study of grief in Manchester and Leicester in the UK, researchers found widespread accounts of widows experiencing the presence of the dead in a multiplicity of ways, through sight, sounds, smell and a knowing 'sense' (Bennett and Bennett 2000). These experiences can often be read as 'literally crazy', to borrow Didion's phrase, both by the bereaved and by those around them. Healthcare providers, for example, often interpret such experiences as 'a symptom of physical, emotional or mental dysfunction' (Bennett and Bennett 2000: 146). Yet, reviewing the late twentieth-century literature on European and American experiences of 'sensing the presence of the dead', Bennett and Bennett conclude that 'it has now become the consensus among bereavement researchers that these sorts of experiences are commonplace' (2000: 140). While 'sensing the dead' is only a particular sliver of the experience of grief, it serves as an example of how profoundly grief can alter everyday experience and imbue it with a radical alterity, even a hallucinatory quality. As the title of Didion's book suggests, for many mourners, the experience of grief is darkly magical. In home funerals, the state of grief and the powerful encounter with the dead body work together as rich earth and plump seed for experiences of enchantment.

## Exchanges of care

Experiences of enchantment in home funerals open the possibility for new forms of care. The threshold of time between life and death enacts death as a process rather than an event. In the days the body is at home, friends and family are not caring for an object, but for a fading subject. This conception allows for an intersubjective exchange of care, in which the living not only care for the dead, but the dead care for the living.

Consider Lars, who died after many hours of laboured breathing. It was a hard death. In less than a year, a swiftly moving cancer reduced him from a vigorous man in his early fifties, a musician, husband, and father to a nearly unrecognisable, emaciated, grey figure. Only his penetrating blue gaze was untouched. Immediately after his death, his wife Petra and the death midwife working with the family, Heidi, began to wash his body. In home funerals, there is rarely a sense of urgency about preparing the body. One of the expressions frequently heard in the movement is 'death is not an emergency'. In most circumstances after such an exhausting night, the death midwife would have likely counselled Petra to do very little other than get some sleep. (Another favourite expression in the movement is 'first, do nothing'). However, some bodies, like those with advanced cancer, are fragile and may begin to break down soon after death. The death midwife had explained this to Petra and they wanted to place ice on Lars' body as soon as possible.

Everyone was very tired. It had been an exhausting and emotional night. They washed Lars' delicate body with warm soapy water scented with lavender. As they carefully washed him, they anointed him with essential oils, blessing each part. 'Blessed are your hands, which made such beautiful music ... blessed are your eyes, which always saw the good in people.' Draping his body in a blanket, they changed the sheets on the bed underneath him, using a clever hospital roll. They put a cap on his head to hide his pink scalp, which was bald from the cancer treatments. They dressed him in black pants and an embroidered shirt he used to wear to perform. His clothes were too big on him, but that made it easier to slide them on his body. They tucked the excess fabric behind his back and folded his hands across his stomach.

Lars was clean, nicely dressed, lying on a fresh bed, but his mouth was open. Petra and Heidi had tried repeatedly to close his mouth using a technique that death midwives swear by – looping a scarf under his jaw and tying it on top of his head. Usually, this works well to close the mouth: after rigor mortis sets in the jaw is frozen closed and the scarf can be removed. However, in this instance the scarf would not stay firmly knotted and Lars' mouth remained stubbornly open. Trying to tie the scarf over and over, Petra begged and cajoled Lars to close his mouth. The sight of Lars' open mouth upset Petra deeply; it was a reminder of the long night of laboured breathing and the pain and difficulty of his death. After many frustrated attempts, everyone was called out of the room by a temporary distraction. When they returned, they found Lars with his mouth closed, a slight smile on his face. A sense of wonder and relief filled the room. Petra and Heidi agreed that it was a sign from Lars, an assurance that he was not suffering, that he was at peace.

In home funerals mourners care for the dead – but the dead also care for the mourners. In this narration, Petra cares for Lars' body after death and Lars cares for Petra by offering her assurance of his well-being. They offer each other solace. Relationships established in life continue. The living speak to the dead and the dead reply in signs read in the body, in dreams, in visions, in voice, in a smile.

## **Dissection and disenchantment**

To speak softly to the dead is to recognise in the dead something that remains vital and sensitive, if not sensate. In the post-Enlightenment discourse of the industrialised west, this view of the dead body, what we might call an 'enchanted view', has been regarded as superstitious and non-scientific. In fact, 'non-scientific' is not forceful enough. An

enchanted view of the dead body had to be deliberately overcome. This is part and parcel of the Enlightenment project of the disenchantment of the world. In the history of medicine, this was not an inevitable progression. We can trace the friction of this process in the history of anatomical dissection. In order for medicine to be established as a science, bodies had to be dissected. As historian Ruth Richardson writes, 'Anatomy, and particularly dissection, was promoted as constituting the basis for all scientific knowledge of the human body; and why, even today, for many students a corpse is the initial object of study' (1987: 50). The history of medical dissection is the opposite of a ghost story. It is a story of ghosts dismissed as the dead body was divested of conceptions of enchantment and constructed as an object of biomedical knowledge.

It is worth noting that the earliest autopsies undertaken in Europe were performed for religious, not scientific reasons. The bodies of saints were opened to search for miraculous signs. Consider the martyrdom and autopsy of St. Ignacius as it appeared in *The Golden Legend* (circa 1260), recounted here by historian Katharine Park:

When his executioners asked why he continually called on Christ, he told them, 'I have his name written on my heart, and for that reason I can't help remembering it,' so that after his death those who had heard him, wanting to test this, extracted his heart from his body and split the whole heart down the middle [and] found written on it the name of Jesus Christ in letters of gold. (1994: 22)

Organs were examined not for evidence of disease but of divinity. However, it was the bodies of sinners, not of saints, which were foundational to medical dissection. Until the mid-nineteenth century, the only bodies legally available to anatomists for medical dissection were those from the gallows. To be dissected after death was made an explicit part of the condemned's sentence (Richardson 1987: 53; Lock 2001: 302–6). The fate of having one's entrails examined by anatomists was part of the punishment handed down. However, in the earliest chapters of anatomical dissection, even medical men were not entirely immune to sacred conceptions of the dead and dissected body. Renaissance anatomical engravings reveal a curious conflation of the dissected body as both sinner and saint. They display the flayed bodies of criminals in supplicatory religious poses. Some prints even depict the dissected body of Jesus on the cross (Park 1994).

For lay people, the dead and dissected body possessed a sacred charge well into the nineteenth century. Historian Ruth Richardson writes of a popular sense that there is 'a period of time between death and burial when the corpse is "neither alive nor fully dead"' (Richardson 1987: 6). This liminal state made dissection a feared form of punishment. Yet it also made the dead body a site of healing. Anatomists frequently had difficulty seizing the hanged body from the throngs who surrounded it, as touching a recently hanged body was thought to cure scrofula, goitres and a host of other ailments (Richardson 1987: 53).

Deep feelings about the dead body as a sacred site were not easily overcome. It was a rocky path from dissection as desecration to dissection as 'not only legal but laudable' for the advancement of science (Lock 2001: 39–40). To adapt the poet Williams Carlos Williams: *so much depends upon a grey corpse opened with a scalpel beside the white-coated surgeons*. Medical knowledge and authority as it came into being was buttressed by the dissection and autopsy of the corpse (Lock 2001; Laqueur 1989; Richardson 1987).

We can go a step further and say that the disenchantment of the corpse has allowed death itself to be re-imagined. In 1968 a panel of doctors, surgeons, medical

ethicists and lawyers met at Harvard and changed the definition of death in the United States (Lock 2001: 104). As Margaret Lock and others have detailed in the rich anthropological work on organ transplantation, the category of 'brain death' radically rewrites how death is measured. Before the emergence of brain death, the end of life was measured as the cessation of circulation and respiration. Death was something recognisable by doctors and lay people alike: a dead body was immobile, without a heartbeat, cold to the touch and not breathing. This is still the way that most of us imagine a dead body. Common sense asserts that a body animated by breath and a beating heart is alive. Brain death changed all that. Medical and technological advances that allowed organs to be successfully transplanted converged with those that allowed circulation and respiration to continue after the body itself could not sustain these processes on its own. From this point forward, a determination of death could only be made by medical experts capable of interpreting the complex data emerging from the technologies of life extension. Brain death appears as the great and final disenchantment of the dead: a body with a beating heart, flushed and warm to the touch, has been reframed by medical and scientific discourses as corpse.

As briefly outlined, the ability to successfully conceive of the dead body as an object rather than a subject has been a key conceptual shift in the history of medicine (Richardson 1987; Laqueur 1983; Lock 2001). It was only the disenchantment of the corpse, the re-imagining of the cadaver as a 'neutral biological object' (Lock 2001: 39), that eventually made it possible to engage the dead body as a scientific and rational object and thus give rise to medical science.

## Efforts of enchantment

Despite long efforts at disenchanting the dead body, its enchanted possibilities smoulder and sometimes erupt. In her discussion of exhumations in forensic archaeology, Zoe Crossland argues that 'even as science apparently replaced and corrected erroneous beliefs in the magical power of the corpse, it retained and transformed them' (2009: 76–7). She identifies the treatment of exhumed bodies as a site of a complex switching back and forth of agency between living and dead. The dead communicate, as the corpse reveals the 'truth' about the crime to the forensic investigator. Crossland's argument speaks to the corpse as a site of possibility in which biomedical and scientific conceptions of death compete and co-exist with enchanted and magical possibilities.

Even within the heart of biomedicine, the corpse can retain or regain its status as subject, its enchanted possibilities. Annemarie Mol describes how the smallest gestures of the pathologist performing an autopsy – placing a cloth over the face of the dead – can 'shift the corpse back into personhood again', if only for a fleeting moment (2002: 149). The corpse as object is continually threatened by the irruption of the subject.

In biomedical settings, the enchanted possibilities of the corpse are suppressed. In her essay on autopsies, 'Still Life with Corpse', Katharine Young argues that the pervasive black humour of the pathology lab reveals 'metaphysical unease about the ontological status of the corpse' as neither wholly subject nor wholly object. Humour exists under 'the eerie assumption that somebody is still there to be insulted, profaned, abused, mocked. Insults can only be offered the self, not the object' (1993: 117). Young argues that the practices of autopsy work to place the corpse securely in the category of object, to suppress the disturbing sense 'that someone is still there'.

It is this ambiguity with which we feel uncomfortable. Hence the attempt of pathology to reinscribe the space of death on the body as precise, to rearticulate the time of death as instantaneous. These are attempts to make clear the ontological status of the corpse as subject-turned-object by conjuring up crisp, clear, clean boundaries in space and time. (1993: 129)

The pathologist's scalpel cuts away any ambiguity, any lingering subject, the 'someone there' – in short, any possibility of enchantment.

Yet, it is precisely this ambiguity upon which home funerals insist. Home funerals depart from biomedical understandings of the corpse because they do not try to conjure ontological boundaries that are 'crisp, clear, and clean'. Far from clean, the boundaries between subject and object in home funerals are blurred and in motion, they are muddy and melting. The dead body is not 'subject-turned-object' under the precise scalpel, but a hybrid ontology of subject-*and*-object, both-in-one-breath – the breath that is respiration, that is spirit, that is decay. The dead body is a site of thick condensation of medicine and magic, science and enchantment.

The work of the pathologist's scalpel to excise ambiguity calls to our attention that constructing the corpse as object is an ongoing process not an accomplished historical fact, a continuous effort rather than a completed event. Corpses become biomedical objects body by body, incision by incision, each subject transformed by the work of the scalpel into an object. These efforts of disenchantment reminds us that, in Bruno Latour's phrase, we have never been modern (Latour 1993). In his notion of 'purification', Latour theorises the work that creates 'distinct ontological zones' (1993: 280–3) in which science is delineated as conceptually distinct from forms of the social and the spiritual. The scalpel that slices the body in autopsy also cuts the Gordian knot. The ambiguous ontological position of the corpse as subject/object hybrid must be continually purified and its boundaries made crisp.

Yet, just as disenchantment is never accomplished once and for all, so too enchantment must be worked at. For the enchanted dead body to be a subject-*and*-object, the 'and' between these terms must be added, the terms stitched together and the stitches continually pulled tight. This labour of enchantment forms what T. M. Luhrmann has theorised as 'epistemological double register: real but not real, not real but more than real' (2012: 100). In this conceptual space, which home funeral practitioners might call 'the threshold' and anthropologists might call the 'epistemological double register', the corpse is object *and* subject.

In this space, a dead man smiles. When Lars smiled, he was understood as having agency, as offering a sign to comfort his family. However, he was also understood to be subject to the biological changes of death. Rigor mortis changes the musculature of the face in such a way as to often lead to a post-mortem smile. Heidi, the death midwife attending Lars knew this, and explained it to his wife Petra. They understood Lars' smile to be evidence of his physical body's disintegration and a sign of his spiritual care.

The double epistemological register in which a dead man's smile is both a natural twitch of musculature *and* a supernatural communication demands a more complex, more playful framing of belief as encompassing what is 'not materially real like tables and chairs; not fictional like Snow White and the Seven Dwarves; but a different conceptual space' (Luhrmann 2012: 320). It is a discipline of belief and practice to be able to think of the dead body as subject and object, enchanted and disenchanting. This is the effort of enchantment.

Some efforts at enchantment lead to rich and long-lasting communication with the dead. Patricia's daughter Ana died twelve years ago at age seven in a car accident. Beginning at her home funeral, where Patricia kept vigil by Ana's body for four days, Patricia has talked with her daughter almost daily. Her daughter speaks back. Through these conversations, she has come to know her daughter not as a seven-year-old, but as aging, changing in time. 'She's different now. She's almost twenty.' When asked how she learned to communicate with her daughter, she says, 'we learned together'. By this she means that she, the living mother, and her dead daughter both desired and made efforts to continue their connection. She explains that she employs a number of techniques: 'The best times to try are just before sleeping and just after waking.' The 'veil is thin' at these times, she explains, and they are best for connecting with the realm of the invisible. 'In the evening you can send them energy. The night is for giving to them and in the morning they give back to you. The act of sending creates the link for receiving.' Patricia pauses, 'They need this. This is how we can serve them. This is spiritual food for them.' Patricia says that each of us has to figure it out for ourselves. We can learn to do it and the dead can help teach us, it only takes time and practice.

Enchantment is an effort. As Luhrmann argues, it takes practice to master an epistemological double register (2012). It takes an effort to dwell at the threshold where the dead body is *both* biological *and* sacred, object *and* subject, disenchanted *and* enchanted, inert *and* still offering its enspirited care.

## The end

Contemporary medical sovereignty and authority is constructed on a particular view of the dead body. Margaret Lock traces a linear history from the origins of autopsy to the production of the corpse as 'neutral biological object' to the contemporary definitions of death (2001: 39). The history of anatomical dissection worked to remove the dead body from powerful regimes of religion, the supernatural and superstition. So cleansed, the disenchanted dead body became a 'cadaver' and could be interpolated into medical discourse. Home funerals work against the grain of this history, stretching death to a threshold rather than a precise medical moment, fanning the embers of vitalism in the dead body, super-charging the supernatural, muddying the certainty that the dead are dead. This enchanted view disrupts common assumptions about North American conceptions of death: that death is a biological event rather than a social process; that consciousness ends at death; that corpses are material artefacts.

Home funerals offer a generative view of how ordinary people conceptualise death and the dead body in ways that diverge from biomedical understandings. It is a response that frames friends and families – not only doctors and embalmers – as those with authority over the care of the body, the process and timing of death, and the ability to navigate the ethical demands of the end of life. Jane Bennett writes that 'enchantment may be valuable to ethical life' because enchantment is an attachment to the world forged through affect, through love (2001: 3). The enchanted dead are the beloved dead. In the act of exchanging care with the dead, friends and family create a space that is not medically mapped, an alternative epistemological register, a space 'beyond the limits of geography'. At this threshold the corpse reveals itself as imbued with personhood and agency, as affective, sacred, enchanted – as requiring soft speech.

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