

# Creating Life and Exploring Death

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In Sweden, as elsewhere, people's lives and physical bodies have become part of an advanced medical care apparatus. The present article is about this technologization of everyday life and the integration of medical high technology in the biological process. The empirical foundation is the creation of life with the aid of *artificial reproduction* and the investigation of dead human bodies for the purposes of *autopsy* and *transplantation*. Life and death are undeniably two focal points where the encounter of medicine, biology, and culture is made visible. By looking closely at the techniques that make it possible to stretch these fundamental principles, we want to reason about changes in people's cultural identity.<sup>1</sup>

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Life and death, when they are problematized, are seen to have many features in common, revealing several general associations. Both *in vitro* fertilization and the encounter with death raise a number of existential questions. Life and death are self-evident opposites, yet each presupposes the other. It is difficult to reflect about death without simultaneously wondering about the meaning of life. When questions like these are raised, we also see clearly the ambivalence that people experience when life and death are explored. What is right or wrong is not given once and for all but is negotiable in any particular situation. This highlights the relation between biology and culture. How far can and should one reshape biological givens to achieve culturally desirable goals? Where is the limit to what is humanly irreplaceable?<sup>2</sup>

In this context one can ask what it means that we today not only use our physical appearance as an instrument for communication, but that it is also possible to change and reshape our bodies as we please (Mestrovic 1993). Now women without fallopian tubes can give birth to children, infertile men can become fathers, and seriously ill or dying people can be granted new life through organ donation. The artificial fertilization of eggs, and the combination of differ-

ent persons' bodies through organ transplants, or even the practice of injecting the brain substance of aborted fetuses into people suffering from Parkinson's disease – such techniques undoubtedly indicate that our bodies are replaceable. At the same time, they blur the distinction between life and death.

Empirical material concerning life and death will be used here as a basis for our contribution to an ongoing discussion in cultural theory. This has increasingly focused on the interaction of societal structures, identity, and body. The aim is to discern how general processes and cultural patterns can be manifested in the individual's body (cf. Foucault 1991 [1963]; Giddens 1993; Melucci 1992). The modern Swedish society of the early twentieth century is a good example of such links. People were given everything from rational infant care at the start of life to concerned nursing in late old age. This revealed the plan economy not only of the state but also of the body; the citizens' bodies became important cogs in a general *collective* machinery (Frykman 1994b).

In today's post-modern society we see a different linkage between individual and society. There is much to suggest that we are living in an age that is obsessed, more than ever before, with *individual identity*, and where it is not

primarily collective but personal needs that are signalled through our bodies.

In what follows we want to test these perspectives by drawing attention to specifically Swedish experiences of artificial reproduction, commonly known as test-tube babies, and the handling of dead bodies. First Susanne Lundin looks at the problematic of *in vitro* fertilization, under the heading "Creating Life". Then, with a corpse on an autopsy table as a starting point, Lynn Åkesson goes on to reason about "Exploring Death".

## Creating Life

There are some questions that always have a capacity to stir up people's minds. One of these is undoubtedly the question of what is naturally and genuinely human. With today's technology we can transgress old boundaries, namely, those surrounding our biological bodies. People's thoughts about biology and advanced medical methods are therefore a rewarding approach to a cultural analysis that seeks to arrive at a knowledge of the cultural principles underlying the ethical standards of modern society. We have seen a number of fruitful attempts to reveal our norm systems (Rapp 1993; cf. Strathern 1993a, 1993b). Far fewer studies, however, focus on the question of how people in their everyday lives handle experiences of living in a high-tech biomedical society. The aim of this discussion is therefore to acquaint the reader with some people who have a close concrete relationship to high technology. They are Swedish couples who are unable to have children and who therefore try to become parents with the aid of assisted conception.

The interviews conducted with these couples are permeated with a great ambivalence suggesting that both the original childlessness and the technologization of reproduction arouse complex feelings. The ambivalence is exacerbated by the fact that the dividing lines between natural and unnatural show such large national and cultural variations. In Sweden, for example, there is a special linkage between the view of nature and the view of humanity which is probably of significance for both state practice and popular ethics.

My informants' reflections about involuntary childlessness and artificial reproduction provide an empirical gateway to the subject. The focus is on the relation of individual needs and strategies to the cultural framework of society: how the biological urge to have children interacts with the more socially formed dream of parenthood.

## Life Outside the Body

When I interviewed the first couple I expected them to be reticent. I thought that I would have to coax them to talk about a sensitive and tricky subject. It turned out instead that they spoke both willingly and eloquently about their lives. It is possible that thoughts about reproduction and its conditions open people's minds to a multitude of existential questions. Most of the interviewed couples, regardless of their origin and education, showed precisely this kind of self-reflexivity and capacity to regard society critically.

One of the couples, Eva and Lars, were for many years among the 10–15 per cent of the Swedish population who are unable to have children. I met them just after they had been through their sixth attempt at artificial insemination, the *in vitro* fertilization that led, after five years of repeated treatment, to a child.<sup>3</sup>

It was in 1988 that Eva was informed that her fallopian tubes were blocked and that she could not become pregnant naturally. Not content with this, the couple decided to try to become parents with the aid of technology.

The aspiration to have children is, of course, not unique to our own times. Even if the reasons have varied – everything from children as a guarantee of the survival of the collective to today's view of the family as an individual emotional project – infertility in itself has always given rise to elaborate programmes of action (cf. Sachs 1993). We find everything from religious blessings and folk cures such as scattering quick-growing peas in the bed,<sup>4</sup> to the biomedical and genetic techniques of the late twentieth century.

It is good to bear in mind the deep historical roots of this search for suitable measures to cure infertility when we discuss today's view of

how we can deal with involuntary childlessness. Artificial fertilization has been transformed in just a few years from science fiction into a part of everyday life for many people. The first so-called test-tube baby was born in England in 1978 (Brinsden & Rainsbury 1992). The method has quickly spread all over the world, which means that childless women today can choose *in vitro* fertilization, with the ovum and the sperm uniting in the test-tube to create new life outside the body.<sup>5</sup>

In our modern society, then, we do not have to content ourselves with bygone ritual practices; medical intervention can correct our physical defects (cf. Melucci 1992:120). Today we have the potential to change, create, and recreate what is ostensibly biologically determined (cf. Featherstone 1992; Frykman 1994). This potential is naturally a source of joy to many people; it gives a cure to those who are barren and childless. However, if we listen to the voices that can be heard in literature, film, theatre, and art, we are also made aware of a serious threat. The overarching problematic concerns what is ethically defensible and biologically negotiable (Arditti, Klein & Minden 1984).

## The Technologization of the "Natural"

In May 1993, Eva was wheeled into the operation theatre of the women's clinic. She was groggy from the tranquillizers and needed help from the anaesthetist to get into the gynaecologist's chair. The doctor inserted the ultrasound probe in Eva's body. The screen showed the fallopian tubes and the ovaries with the follicles hovering like balloons. They were the target for the doctor, who punctured the follicles with a thin needle which also caught the ova. A while later, the ova were put in a nutrient solution to be united soon after with the husband's sperm. It was here, in the laboratory, that the seeds of human life began to grow.

Eva and her husband Lars were already back home at the moment when the fertilization took place. While their ova and sperm were being cultured, they waited in suspense for a message from the hospital that everything had gone well and that the ova were ready to be implanted in the womb.

A short time after, the signal came. Eva once again got into the gynaecologist's chair and the fertilized eggs were carefully inserted in her uterus.<sup>6</sup> While the operation was in progress, Lars sat in the waiting room. A few minutes later, Eva came out, pregnant.<sup>7</sup>

Eva's pregnancy thus began with an operation that was not very different from a normal gynaecological examination. All this may seem far removed from what we normally associate with the conception of a child, but nevertheless a handy method for treating childlessness. Artificial fertilization, however, is not simple or something to be taken for granted; nor is it painless.

For Eva the way to a child was a long one; after several years of medical treatment, repeated attempts at insemination, miscarriages, and mental ups and downs, she gave birth to a son. Over these years she had acquired a very different attitude to herself as a woman, to thoughts of family and kin, as well as to her own body. Reproduction, which is regarded as the most natural thing in life by many people, became for Eva and Lars a highly mechanical and at times even artificial process. The young woman gradually came to view her own body as a machine, an object which, with the aid of advanced technology, could be a potential carrier of a future child.<sup>8</sup>

There is undoubtedly a great deal to suggest that a change occurs in our perception of reality and the self when technology intervenes in the domains of the body, when we realize that sexuality can be replaced by medical skills and that biological limits can be stretched, for example, by making infertile men into fathers and women with defective fallopian tubes into mothers (cf. Assier-Andrieu 1994; Giddens 1993).

But it was not just this changed self-understanding, a sort of physical and mental integration with technology, that Eva went through. Her view of the boundary between natural and unnatural was also affected. Above all during many of the unsuccessful attempts at fertilization, she was burdened by thoughts about how far man can intervene in what appears to be given by nature. The failure to become pregnant became for her a sign that someone, a divine force or the power of nature, wanted to

punish her. But she was also haunted by anxiety about what the result of artificial fertilization could be. She often wondered *what* would come out of her body. What if someone had manipulated the ova? Thoughts like these continued to disturb her even after the child was born. Her dread of "reprisals" was expressed in fears that the child might not be her own: perhaps other ova and sperm had been substituted by mistake.

Eva's fears about what happens when technology intervenes in the human body resemble the message of books and films from *Frankenstein* to *Terminator* and *Jurassic Park*. They also remind us of today's headlines in the media, where there are debates about whether it is ethically defensible to transplant the ovaries of dead girl foetuses into infertile women, or to use technology to blur the boundary between life and death (cf. Lundin & Åkesson 1994). We also hear stories about Swedish women in their sixties who go to clinics in Italy to become first-time mothers through ovum donation, or about infertile women who become pregnant with the aid of ova from their own mothers.

Such reports can shake our view of the family and raise the spectre of incest, especially if insemination is done, for example, with sperm donated by the woman's own father. Is it possible, in other words, for genes to commit incest (cf. Edwards 1993)? In Sweden there are far more restrictions on *in vitro* fertilization than in many other countries (SOU 1985, 1989). The Swedish laws thus make the culturally formed question about incest via genes into a hypothetical question, but such questions are posed in both the international and the Swedish debate and are transformed in Sweden, with the help of the media, into a real threat.

Parallel to the ardent desire to have children, then, many people wonder whether biomedical solutions are morally acceptable. In Sweden it is considered unethical, for example, to be able to choose the sex of the child, as people can do in some private clinics in England.<sup>9</sup> Equally unacceptable are the solutions practised in India, where there are commercially operated clinics offering abortions to women if antenatal diagnostics show that the child is a girl. Some of my informants even wonder wheth-

er Sweden might see the growth of a black medical market for sorting out unwanted hereditary characteristics.

## An Authentic Family

Despite such fears, many couples go abroad to have children in a way that is considered unethical in Sweden. The issue bears thinking about: what is it that creates such *ambivalence* about how to handle the possibilities offered by medicine? Perhaps it is the case that coping with childlessness actually takes place at the intersection between optimism about the future and a kind of cultural insecurity (cf. Ziehe 1989). As Alberto Melucci argues, people have a sense of bewilderment when offered ultramodern technologies to restore what is "natural" and give birth to children; a situation like this highlights many of our fundamental values about what is genuinely and irreplaceably human (cf. Melucci 1992; Kemp 1991).

The actions of my informants, however, should not just be seen as an encounter with the culturally unknown, but also as a confrontation with what is established and normal. In most societies, being a parent is regarded as self-evident, while childlessness is a departure from this normality. In Sweden, moreover, perhaps more so than in other western cultures, the view of a well-functioning society has long been associated with ideas of a limited family: mother, father, child.<sup>10</sup> Although this pattern is changing today as a result of divorce and remarriage, leading to new siblings and new parents, and also as a result of the adoption of children from other countries, the idea of the "natural" biological nuclear family still survives.<sup>11</sup> These ideas are reflected, for example, in Swedish legislation.<sup>12</sup> Ovum donation is prohibited in Sweden, which means that only the biological mother is permitted to give birth. The same view of genetic closeness and the demand to be able to trace one's own genetic origin can be seen in the Swedish laws on sperm donation. The anonymity of donors is not protected, as it is in most other countries; a child resulting from artificial insemination by a donor is entitled to be informed of the identity of his "real" father.<sup>13</sup> In modern Swedish society, then, ideas about re-

production and parenthood seem to be associated with the idea of what I would call *close genetic bonds of kinship*.

Among the nearly nine million people who live in Sweden, there are at least 250,000 couples who cannot become parents, who cannot fit the picture of a society where the biological family is taken for granted as the nucleus.<sup>14</sup> Many of them struggle with delicate questions about authenticity, about gender identity and parental identity. Not only do they have to renounce a biological yearning, they also feel a sense of social alienation. Longing for children is certainly a matter of needs and drives, but it is also a desire for social community.

That is why the encounter with “ordinary families” provokes strong feelings in many childless families and also raises a number of questions about the construction of the self in relation to other people. Or, as one informant said, “One wants to be normal, to have children the way other people do.” Eva tells how, when she was childless, she increasingly avoided contact with friends and acquaintances who had children. When she met a pregnant woman or a pram on the street, she felt that her own stomach was unbearably flat and that her breasts had dried up; it was as if her body had come to symbolize and even proclaim her infertility and estrangement (cf. Wirtberg 1992).

Many of the interviewed women refused to accept the life offered them by their bodies. Several of them claimed that their real self was a fertile mother figure while their physical body was a sort of enemy: a stranger who had to be overcome in order to create a whole individual. By being pregnant and having a new-born baby, they longed to manifest the identity concealed in their body.<sup>15</sup> It almost appears as if the cultural reality for these women was felt to be stronger than the biological reality, and that these ideas about authenticity required an adjustment of the biology.

## Biology and Culture

The birth of children is a biological fact. Through reproduction people become visible as biological creatures with drives, instincts, and feelings (cf. Haraway 1992; Mestrovic 1993). But

these basic physical phenomena contain more than just data on menstrual cycles and hormonal changes; these processes are also formulated in cultural terms so that we can handle them. Fertilization and childbirth are revealed and confirmed in social patterns such as parenthood and family structure.

It is within this framework, which we may call the biocultural context, that my informants express their anxiety about the consequences of artificial reproduction while simultaneously refusing to accept their childlessness. Their reflections are based on a clear biological disposition but are shaped by a specific conceptual model. Their thoughts express the cultural contradiction that permeates western society. The idea of eternal naturalness – inviolable nature and human matter protected against intervention – is closely interwoven with our contemporary desire to reshape the world to suit our own needs.<sup>16</sup>

It is in the intersection between these different conceptual models that many people try to conquer parenthood; modern techniques make it possible to maintain traditional ideas about gender identity, family, and kinship. In this way the new technology allows not only biological but also social and cultural reproduction. This will to influence – even to correct – what appears to be determined by fate reflects a modern attitude. In this context, *in vitro* fertilization appears like a melting pot, where the rationality of the technological age meets our deep-seated ideas about what is biologically determined and universally human.

## Exploring Death

The body of the dead woman on the autopsy table is still whole and almost unreal in its reality. It is difficult for an unaccustomed observer to separate the person who once lived from the matter that now constitutes nothing more nor less than a dead body. The face is covered, but the hands are expressive, fine-boned, beautiful, frozen in position, with a light-coloured band on the ring finger of the left hand, where the wedding ring was once worn. One arm is raised slightly in a gesture that invites many possible interpretations. A strange si-

lence prevails in the brightly illuminated autopsy room of the institute of forensic medicine in Lund. There is a striking contrast between the dead body for whom time has stood still, and the cycling students outside the window on this warm April day when nature is turning green. It is the contrast between life and death, between movement and total stillness.

But the dead body has a story to tell. It will soon be opened. The organs will be removed and penetrated in a set order. This is done objectively, efficiently, and professionally. The cause of death will be established to give comfort to the bereaved relatives, to aid the growth of medical knowledge, and to satisfy society's need to guarantee the rule of law.

The woman who once was, who left her family in the prime of life, aged 55, caused imbalance and confusion by her death, leaving many questions unanswered. Some of them will be answered by the autopsy. Some of the imbalance that arises when a living body is transformed into dead matter will be redressed. Through order and strict medical classification, the balance will be restored: this and only this has happened to the body. It can give a sense of security to know the true cause of death.

The confrontation with a dead person arouses many existential questions, as it has done all through history. The questions can concern the potential danger of the deceased, the insight into the fragility of one's own life, or the close link between life and death. Almost inevitably there is the question of what happens to the self, the identity, the soul, when the body dies.

These are the themes that interweave and overlap in the following reflections. My interest is focused on the dead body.<sup>17</sup>

## The Ambivalent Corpse

The danger of a dead body is evident from records in the Swedish folklife archives from the late nineteenth and early twentieth centuries. Both historical and contemporary examples in ethnological and anthropological literature testify to the same danger (e.g. Hagberg 1937; Bloch & Parry 1982). Countless precautions have been taken to protect the living from the destructive powers of the dead. It is only

after a scrupulously observed and correctly performed burial ritual that the status of the dead person as really dead is confirmed. A dead but unburied person is in a transitional state or a cultural no man's land, and situations like this are, as we know, always charged with danger and ambivalence (cf. Douglas 1979; Turner 1985).

The power of the dead person is not only destructive. It can also be utilized to cure disease or to aid reproduction. Bones from dead people or soil from a cemetery could give good growth in the fields, successful fishing, plenty of milk, or good beer (Hagberg 1937:636ff.). Ideas that the fertile or reproductive powers of the dead can be transferred in symbolic form not just to fields and livestock but directly to human reproduction are described in an anthropological anthology showing how the theme of fertility is part of the actual burial ritual and the handling of the dead body (Bloch & Parry 1982).

This theme is not as evident in Sweden, but we can nevertheless detect a similar association between death and reproduction, such as the custom of dressing the corpse in a bridal shirt or shift, or dressing the corpses of young girls in full bridal attire; or the fact that the woman who washed the body was sometimes the same person as the midwife (Hagberg 1937:127, 177, 181, 194). Another fascinating theme is that women in their capacity as life-giving mothers are also thought to be closest to death. Bloch and Parry (1982:21) present a variety of anthropological examples to illustrate the links between femininity, sexuality, corruption, death, the body, and flesh, in contrast to the association of masculinity with fertility, the grave, and bones. The Aztec myth about Coatlicue, the life-giving and death-bringing goddess who is "tomb and womb at the same time" is another example (Gonzales-Crussi 1993:58). The topicality of the theme in the modern western world can be illustrated by the fascination with the mixture of (female) sexuality and death in popular fiction. Robert Tracy, for example, sheds light on this with the aid of the vampire genre in his essay "Loving You All Ways: Vamps, Vampires, Necrophiles and Necrophiles in Nineteenth-Century Fiction" (1990).

This ambivalent attitude to dead people, like the notions of links between female sexuality and death, is a good illustration of the interweaving of biology and culture (cf. Rosenbeck 1989:44). Being born and dying can appear to be purely biological facts. Ideas that a corpse can threaten or cure, or that women are closer to death, can appear to be nothing more than cultural constructions. Yet cultural constructions are, in the first place, just as real and concrete as biology. Secondly, there are no objective biological criteria for when life either begins or ends. Opponents of abortion, for example, differ from pro-abortionists in their view of when life begins. In the same way the criteria for death vary according to whether death is related to the activity of the brain, the heart, or the lungs.

## Life through Death

Conceptions about the association of reproduction and death perhaps express a fundamental human idea that people must die so that others may live. We all have to make way for our descendants in an eternal cycle.

This general idea about the dead making way for or giving strength and life to the living and the as yet unborn, however, has acquired a new meaning through modern transplant technology. As we saw above in the section "The Technologization of the 'Natural'", it is medically possible that an ovary from a dead woman can once again be fertile in a living body through transplantation. While the old body is decomposing and disappearing, its reproductive capacity could live on in a new body. This is still not permitted, but other parts of the body are considered to be replaceable, and a dead person's organs can allow someone else to go on living.

But how far should we go? When does a person cease to be the same person? How many spare parts from other people or from dead people can we receive without losing our authenticity? These problematic and controversial issues raise the question of the boundary between life and death in a new form.

The problem is brought to a head in the case of pregnant women who are brain-dead. The

record for a woman in this state functioning as a living incubator is 108 days. "Who is to decide in such cases?" wondered a doctor who cited the example with concern; the husband, the woman's parents, the doctor? Who is to say when the respirator should be switched off?

Transplants presuppose brain death, a death criteria introduced in Sweden in 1988 (SOU 1989:99, p. 13). There is a great demand for organs and a shortage of donors. This state of affairs nourishes the modern legend tradition which Bengt af Klintberg sums up in the complex of motifs entitled "The Stolen Kidney". These legends are about how unsuspecting people become the victims of veritable organ gangs (af Klintberg 1994; Moravec 1993). The theme is naturally used in films and novels too. The issues of "spare-part man", genetic manipulation, and life created outside the body are likewise gratefully exploited for films and popular fiction. As so often, art and the legend tradition seize on and give form to our existential fears. It is surely no chance that every self-respecting detective film nowadays contains detailed scenes of post mortems, or that the role of the forensic pathologist is given more and more space (cf. Saynor in *The Observer* 19/12 1993). Another example is the American photographer Andres Serrano's suites of pictures from the morgue, where the observer is confronted with embodied death in an eerie, frozen, timeless moment (Serrano 1993). Just like the body of the dead woman on the autopsy table, they lead our thoughts to life, to the incomprehensible similarity of the dead to those who are still alive.

## The Authentic Body

It can naturally be argued that we have now distanced ourselves so far from death and the everyday handling of dead bodies that we are fascinated by it;<sup>18</sup> the repression of death is supposed to create a seed-bed for fascination with it. There may be some truth in this claim, but a changed perception of the body, that is, conceptions of what the body represents, is at least as important an angle for understanding modern man's horrified fascination with dead bodies. This modern ambivalence is not of the same kind as that expressed in the historical

and anthropological examples. It is scarcely the danger or wholesome powers of the corpse that people are now revolted or attracted by. It is rather the dead body in its identity-bearing capacity that we relate to.

The link between body and identity offers an interesting way of interpreting the increasingly elaborate autopsy scenes in detective dramas. The observer sees or comes staggeringly close to the total destruction of the self. At the same time, reconstruction brings order, clarifying the course of events that preceded death. In this way, the post mortem represents both a terrifying dissection and a fascinating restoration of personal identity.

If the body has become an increasingly significant bearer and expression of personal identity (as maintained by scholars such as Featherstone 1992; Giddens 1993; Melucci 1992), the death of the body becomes the death of identity. To put it another way: if one no longer makes a distinction between body and soul, the flesh that was once regarded as merely the earthly shackles of the immortal soul now actually becomes one with the soul. When viewed in this light, the hesitancy of relatives to allow organ donations becomes comprehensible. It expresses a desire to preserve as a whole what once constituted the self. A dead body is unable to restore its authenticity and genuineness. It is up to the living person to constantly recreate himself.

Receiving organs does not upset this process of recreation. Nor does organ donation, as long as the donor himself has made the decision. Self-determination and hence responsibility with respect to one's own body is a characteristic of modern man. Authorizing interventions in another person's body, on the other hand, is problematic, since it can be seen as a violation of the other person's integrity and right to self-determination. The body as a sphere of personal responsibility applies to the dead as well.

The belief in the integrity and inviolability of the dead body also permeates the view that has been launched in recent government commissions of inquiry in this field, especially in the report on "The Body after Death" (SOU 1992:16). There is constant stress on the importance of handling dead bodies in an ethically correct

manner, showing the same respect and consideration as we do to a living body. No operations apart from very minor ones may be undertaken without the consent of the relatives. The view of the commission of inquiry can be briefly summed up as follows: the dignity of the intact body and the influence of the relatives takes precedence over the need for medical knowledge. The frequency of autopsies, which was once very high in Sweden by international standards, has fallen by 30 per cent, and it is suggested that it should be further reduced.<sup>19</sup> The justification cited is not primarily economic (changed priorities in medical care) but ethical.

The stress on the intrinsic value of the dead body and its equality to living bodies is not a matter of course. Behind the commission's way of reasoning we detect a changed view of the body. Interestingly, it is closer to the layman's view of the body than to the view held by medical experts.

In medicine in general and forensic medicine in particular, staff have an everyday familiarity with the fragility of the human body. The wholeness and permanence that we fondly ascribe to it are in fact of short duration. People whose routine work involves handling dead bodies naturally make a sharp distinction between living and dead, associating the soul or the self with living persons only. For the rest of us, it can be difficult to dissociate the person from the body. Psychologists speak of a "lingering illusion", that is, that we attribute properties to the dead body which only a living person can have (Sanner, SOU 1989:99, pp. 81 ff.).

Forensic doctors are fully aware of this. They know what the appearance of the dead body means to the relatives, which means that they abstain as much as possible from any interventions which can disfigure the body once the autopsy is complete. In other words, theirs is a very correct and real construction of the human body. And it does occur that relatives actually check that the body has been neatly sewn up under the shroud. The relative wants to be sure for one last time that the integrity of the defenceless body has been restored. With the organs put back in the skilfully sewn up corpse, the person is preserved as he or she once was, as whole, genuine, and authentic as ever.



Laymen throughout history have also been eager to ensure that the dead body is kept intact. Otherwise the ghost could return to the living, demanding the missing part of the body, or even a lock of hair that someone cut off as a keepsake.<sup>20</sup> The dangerous powers of the dead person must also have been an active obstacle to all kinds of disfigurement of the dead body. Theologians dismissed these notions as primitive superstition, but the Christian belief in resurrection undoubtedly encouraged them. The idea that the soul would be reunited with a new bodily form, not of flesh and blood, in the life beyond the grave was – and is – on a relatively high level of abstraction. The theological view of the unimportance of the physical body was presumably not shared by people in general. But the reasons were different from what they are today.

The report on “The Body after Death” contains a brief survey of the attitude of different religions to interventions in the dead body. It declares that opposition to autopsies and the like rarely receives theological support, at least not in the Christian tradition (SOU 1992:16, pp. 71f., 353ff.).<sup>21</sup> And even though ideas of Christian origin have remained a part of our conceptual patterns in a secularized world (cf. Åkesson 1991:160), the most important dividing line between experts and laymen today is scarcely that between the priest and his congregation. It is more likely the dividing line between doctor and patient (cf. Frykman 1981; Lasch 1977).<sup>22</sup>

But the medical hegemony over our bodies has also been questioned. One expression of this is in the flourishing alternative therapies and health movements (cf. Frykman 1994; Lundin 1987; Salomonsson 1987). Heightened demands for the personal right to the body are also seen in the case of the dead. Until just a few years ago this was a medical or a state concern, but now relatives are entitled to see dead bodies at the institute of forensic medicine. We can draw parallels to the stillborn children that mothers were never allowed to see a few years ago. Now it is instead considered important for the parents to be together with the dead child. At the University Hospital in Lund these small creatures are photographed, nicely dressed and

arranged, for the benefit of the parents. After an interlude of some fifty years, we are now seeing a return to the custom of wanting to see the corpse, at least among the immediate family. From the decades around the turn of the century there are plenty of pictures of dead children (but not of stillborn babies) in the Scandinavian archives (Kildegaard 1985).

This new-fangled return to something that feels historically familiar is due the realization by health service personnel that social death is necessary for the mourning process. To be able to mourn for someone, to understand death, an authentic body is needed. The fact that a government commission presenting a report like “The Body after Death” has come close to the layman’s perspective, sometimes in opposition to the wishes of medical science, is probably an expression of this insight.<sup>23</sup>

## Body and Identity

Artificial reproduction and the handling of dead bodies give us important information about the interaction between societal structures, identity, and the body. They also tell us something about the extent to which it is collective or personal needs that are signalled via the body. On the basis of the two empirical fields studied here, we think that we can say that the experience of living in a high-tech society, where questions of life and death have become negotiable, means a changed identity perception, a different view of the self. There appears to have been a shift of periphery and centre; the centre of people’s consciousness is no longer society as much as the self.

This does not mean, however, that people’s bodies have ceased to be an expression of collective needs. There is rather an interaction between social structure and the satisfaction of personal needs.

As regards the dead body, the interest in preserving the body intact and authentic testifies to the strong bond between identity and the body. This individual need for wholeness can be stretched, however, as the positive Swedish attitude to autopsies shows. Swedes are willing to place corpses at the disposal of science for the collective good. After the autopsy the wholeness

of the body can be restored, which means that individual and collective needs do not need to conflict.

In this respect, artificial reproduction is more problematic. Having a child by *in vitro* fertilization satisfies personal needs of both a biological and a collective kind. But these personal needs have an age limit in Sweden. Collective needs define a “natural” family. In this family there is no room for, say, women who become pregnant after the menopause. There is no mistaking the significance of the fertile or infertile body for identity. Here people are prepared to adjust biological conditions which run counter to their view of the right cultural identity.

People’s reflections about life and death have been among the eternal and existential questions throughout history. This means that the view of life and death includes both topical comments on today’s society and ideas with deep historical roots. This combination of topicality and history makes issues of life and death into rewarding focuses for anyone seeking to understand how individual needs relate to the societal framework, and how this relationship changes through time.

*Translation: Alan Crozier*

## Notes

1. The present work is part of a research project entitled “Transformations of the Body”, in progress at the Department of European Ethnology, Lund University. See e.g. Frykman 1994a. Questions about life and death, along with other critical processes in the course of human life, such as puberty and ageing, is examined in greater detail in the anthology *Kroppens tid* (The Time of the Body), ed. Susanne Lundin and Lynn Åkesson, 1996.
2. “The irreplaceable” is the title in translation of Peter Kemp’s book about how people live in relation to high technology, how people in everyday life deal with ethical questions associated with, for example, biomedicine (Kemp 1991).
3. My studies of artificial reproduction are largely based on interviews with childless couples and health service staff. The informants’ descriptions of childlessness and their attempts to remedy this have provided valuable material to supplement historical, statistical, and medical data.
4. The Swedish folklife archives have records of many folk narratives and practices about remedies for childlessness.
5. The first test-tube baby in Sweden was born in 1982. Today there are between one and two thousand Swedish children born by this method.
6. In Sweden the doctors have a policy of reducing the number of implanted ova, since, although more ova increase the chance of pregnancy, the consequences can be problematic. Not all couples are glad to have triplets or quadruplets, although others are more favourably inclined to the prospect.
7. This description of the course of events is based on the informants’ accounts. It agrees with my own experience from fieldwork. I have taken part, for instance, in a number of *in vitro* fertilization operations.
8. This technologization of the body has been criticized by many women’s organizations. The technology is described, for example, by the Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE) as scientific exploitation of the female body (*Kvinnovetenskaplig tidskrift* 1986/4; see also Corea 1985; Weimarck 1986/4; Nordborg 1991).
9. Fertilization outside the body and the potential to choose the sex of the child is not without controversy in England; the issue has been debated in literature and the media (see Giovanni in *The Sunday Times*, 17/7 1994).
10. The will to define a person’s exact genetic origin and hence his or her place in the family structure is revealed, for example, in linguistic usage. Where English has the general term *grandmother* and German *Großmutter*, Swedish has to specify whether it is *mormor* (mother’s mother) or *farmor* (father’s mother).
11. Ideas about parenthood, that is, the cultural construction of the family, have varied through time and place. Blood ties are not always a precondition for kinship. Anthropological studies have shown how fictive practices can maintain ties of parenthood and kinship in a similar way to genetic bonds (cf. Strathern & Franklin 1993).
12. Insemination Act (1984:1140), External Fertilization Act (1988:71).
13. Sperm donation is permitted in Sweden; if the male in a couple is sterile, sperm can be donated by an outsider. Ovum donation, however, is prohibited by law. The report of the government inquiry into artificial fertilization describes it as “far too unnatural” to allow, for example, a woman with defective fallopian tubes to give birth (Nordborg 1991; SOU 1985:5). There is however a heated debate since some people want to change this law.
14. In Sweden some 250,000 couples, or 500,000 people, are registered as involuntarily childless. The figure comprises people of fertile age. Over

and above this is a large dark figure, which includes people who have chosen not to register their childlessness. The dark figure also includes those who have passed the fertile age and who never became grandparents.

15. This attitude is reminiscent of interviews with women who have undergone beauty operations. Like many childless women, they refuse to accept their destiny. The argument is that identity is inside the body but must be manifested on the surface (Davis 1992; cf. also Lindqvist, "Kvinnligt åldrande, skönhet och könsidentitet", 1996; Ziehe 1989).
16. Associations between Swedish culture and the view of nature and have been discussed in detail by Orvar Löfgren (1987). In this connection it would be worth developing his perspective and asking what associations there are between this view of nature and the specifically Swedish aspiration to create as biologically "natural" family as possible.
17. The discussion thus concerns people's relation to dead *bodies* in late modern society. The actual problematic of dying lies outside this sphere, as does ritual behaviour associated with death and burial. Dying in modern institutional care has been studied in Swedish ethnology by Ferrer-Marine (1981) and is the theme of an ongoing research project entitled "Death as a Cultural Construction" under the leadership of Finnur Magnússon, Lund University. Death and burial in historical perspective is a classic research field in ethnology, which has been studied in detail by Nils-Arvid Bringéus (e.g. 1987, 1994). See also Hagberg 1937.

Research into death and dying is an expanding field at present. For international references see, e.g., Huntingdon & Metcalf 1979; Cederoth, Corlin & Lindström 1988; Clark 1993; and the journal *Terraine* for 1992, 1993.
18. The view of the taboo on death in modern society is expressed, for example, by Ariès (1974), but his perspective has been criticized on historical grounds, partly for his romantic attitude to dying in the past. For a survey see Hagen 1984.
19. The frequency of autopsies in recent decades has been between 30 and 40 per cent of the total number of deaths in Sweden. From a peak of 48 per cent in 1975, the frequency has decreased. In 1988 the figure was 33 per cent. A constant feature in autopsy statistics is that more men than women undergo post mortems, the difference being about 10 per cent. There are also large regional differences in Sweden. In 1985 the frequency was highest in Malmö municipality, at 77 per cent, while in the counties of Skaraborg and Gotland it was no more than 19 per cent (statistics from SOU 1992:16, p. 114).

Sweden has long been known for its high autopsy frequency. The figures above can be compared with the 8 per cent for New York. In

Sweden anatomical dissections and attendance at autopsies are obligatory elements in medical education. An American study showed that 58 per cent of 136 educational institutions did not demand this (SOU 1992:17, p. 102). This naturally affects the frequency of autopsies, as well as the great variations in practice between different hospitals. Even in Sweden the frequency of autopsies varies not just between regions but also between different departments of the same hospital (SOU 1992:16, p. 114). Besides the role of doctors, there are interesting differences between Sweden and the USA as regards the attitude of relatives to autopsy. A comparison between a Swedish (1973) and an American (1989) study showed that 80 per cent of Swedish relatives granted consent for autopsy, compared with 44 per cent in the USA (SOU 1992:17, pp. 67ff.). The positive Swedish attitude to autopsy still persisted in Margareta Sanner's study in 1992. Sanner's concluding discussion shows that there is not the same positive view of organ donation: "few people question the value of autopsy. This work is not regarded as controversial in the same way as, say, transplantation. The long tradition and the sometimes compulsory nature of autopsies has had the effect of creating a norm which makes them accepted in a way that transplants are not" (Sanner, SOU 1992:17, p. 137).

From 1 July 1996 a new transplantation law has been in force, in which the principle of "presumed consent" applies. Before the law was introduced, the National Board of Health and Welfare sent forms to everyone in Sweden, asking them to state their attitude to organ donation. An unexpectedly large number of responses were received, many of them positive. Some people, however, made the reservation that their organs should not be given to, for example, foreigners, people outside the family, and the like, even though the law does not admit any such exceptions. The new law has been discussed and criticized from many quarters. One serious objection is that silence in the shape of a failure to respond is interpreted as a positive attitude. The board has nevertheless ensured that the right of relatives to veto organ donation will still obtain in future.

20. Records in the Lund University Folklife Archive, M3145:1, M3989:184, M3620:9.
21. There are exceptions here: the Greek and Syrian Orthodox churches and the Assyrian church (SOU 1992:16, p. 358).
22. The art historian Torsten Weimarck has devoted several works to the analysis of the way anatomy – and ultimately medicine – became a modern model science. It represents a world-view governed by reason, which denies an animistic or magical view of the wholeness of the worldly body. Public anatomical dissections, which were conducted for the first time in Sweden in 1677,

presupposed that the body on the autopsy table "was not a person but a soulless corpse" (1988:299) and hence made a sharp distinction between body and soul. In the dead body one could "read, no longer about destiny and cosmic prospects, but about something very secular and seemingly concrete, namely, the state of health" (1988:295). According to Weimarck, the idea of health replaced the hope of salvation. These ideas are developed further in Weimarck's recently published major work, *Akademi och anatomi* (1996).

23. Cf. Finnur Magnússon's article "Att hitta rätt i ett tomrum" (Finding Your Way in a Vacuum), to be published in 1996.

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