



Anthropology & Aging

Journal of the Association for Anthropology & Gerontology

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Anthropology & Aging, Vol 41, No 2 (2020), pp. 207-220

ISSN 2374-2267 (online) DOI 10.5195/aa.2020.319



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Photo from Viggo's funeral. Published with permission from his daughter, edited by Sofie Rosenlund Lau.



Audio Recordings with our interlocutor, Viggo in February 2020: Ctrl + Click on the play icon to listen.

Introduction: A quotidian living and dying

“He was such a happy man,” Lilly, Viggo’s sister quietly recalls. While drinking coffee and eating Danish pastry and cream balls – Viggo’s favorites – the closest family is gathered in the home of Viggo’s son Peter, to talk to Sofie (the ethnographer) about Viggo’s death. The room is filled with grief and loss, but also with acceptance and a sense of alleviation. “I sometimes caught myself thinking, what a life! In a wheelchair, disabled, no one there with him on a daily basis, eating microwave meals,” Lilly further reflects. After a short pause, she continues verbalizing her memories. “But Viggo was always so cheerful when he called, talking happily about the delicious prepacked food or the latest visit to a clinic.” The others are laughing – “Yes, he really liked food,” Ann, Viggo’s oldest daughter adds; “Eating food, talking about food, no matter what he got served, he always enjoyed it.”

Despite a deteriorating body, Viggo was still full of vitality. He had just been granted an electric wheelchair from the local social services and was looking so much forward to strolling around the city again. “He was not ready to die,” Ann emphasizes. The other relatives agree. Viggo expected to be at least 85 or older, the same as his parents. “But what a life,” Ann continuous. “I am so pleased that I don’t have to see him decaying more.” Lilly agrees. “An electric wheelchair is not much fun, if you can’t see,” she adds. Ann nods. The conversation is brought back to the time around Viggo’s death. “I am so glad he had no pains or symptoms at the end.” There was no breathing trouble, no aching or complaining. “I would not have swapped the final time with anything else in the world,” she continuous. “It was not ugly at all. And he knew we were there with him. All the time.” (Sofie Rosenlund Lau, Fieldnotes, May 2020)

Viggo was a Danish man in his mid-70s, who had been a key interlocutor in an ethnographic research project on vulnerable seniors since June 2019. Viggo also became the 25th corona-related casualty in Denmark. This multimodal piece documents how on a chronological scale the ordinary rhythm of the everyday life of a chronically ill old man and the global crisis narrative of COVID-19 intersected. Surprisingly, the intersection seemingly provided the space for a worthy death for Viggo, as well as a reduced pace in the undertaking of mortuary rites that was appreciated by his relatives. In text, audio and images we aim to document how Viggo experienced what could arguably be called an ordinary yet dignified death amidst the global public drama of the COVID-19 crisis.

The audio piece that accompanies this text is based on recordings that were made in late February 2020. As noted by Pink (2009), soundscape compositions are not just about ways of representing what places sound like; it is an invitation to listen in particular embodied ways to be able to hear the ‘sonic everyday’ of others (143 paraphrasing Feld 1996). Curiously, the sound bites provide glimpses into the trivial unfolding of the everyday rituals of care enacted between Viggo, the home help and the nurse in Viggo’s senior apartment. We hear the carer fetching water, elevating the bed, undressing, washing, small-talking and turning Viggo’s disabled body and eventually helping him be seated in his wheelchair. They drink coffee and chat. The nurse steps by to measure Viggo’s blood glucose and give him insulin. Viggo hums while preparing his morning pills. The sound of the many pills hitting the bottom of the glass stands out as significantly loud in the quiet room, acoustically bringing attention to the multiple

diseases embedded in Viggo's everyday life. After the nurse and home carer leave, the silence is consciously disrupted by the radio playing mellow pop music and broadcasting the daily news while Viggo eats his breakfast.

This audio piece is the sound of the slow pace of ordinary care which takes up so much space and time in the life of many seniors in Denmark (Christensen 2020; Grøn 2016; Rostgaard and Szebehely 2012). Indeed, Viggo's life has not always been quiet. Extraordinary events such as the sudden death of his first wife, the early onset of diabetes, which eventually cost him his job, the leg amputation and the presence of severe mental illness and alcohol abuse among some of his closest relatives have influenced Viggo's living and well-being in the past. Today, the slow and peaceful activities present in the soundscape characterize the majority of Viggo's everyday up until the very end. Nothing out of the ordinary is happening. Yet COVID-19 appears almost like background noise in the form of a news item presented by Danish Broadcast on Viggo's radio. The presence of the pandemic in Viggo's living room is a vivid reminder that individual time and space is always entwined with the ramifications of collective spatiotemporalities. The **Error! Reference source not found.** found at the end of this text serves to illustrate this interlinkage of personal and intimate time with national and global biopolitical chronologies. It provides an overview of significant events in relation to the pace of Viggo's dying combined with the medical and political taming of COVID-19.

At the time of recording, COVID-19 was slowly but significantly moving into Danish health politics and the everyday lives of people living in Denmark. Although, nobody expected it to end Viggo's life three weeks later. Nobody knew that for Viggo it had become a time to die. The fragments of Viggo's slow pace living and dying that we present in this piece serve as a counternarrative to the global public drama of COVID-19 occurring in a much faster, intense and dramatic pace. The intersection of the unhurried ordinariness of Viggo's everyday existence with the chaotic and dramatic tempo of a global virus, provides an analytical space to scrutinize contemporary notions of worthy living and dying among frail seniors. We ask whether the way in which Viggo died has something to offer when it comes to the practical art of "taming and timing death," terms we borrow from Danish anthropologists Rane Willerslev, Dorthe R. Christensen and Lotte Meinert (2013), who have elaborated on Philippe Ariès' conceptualisation of the taming of death (1974). The authors remind us that death is a social phenomenon, reaching far beyond biological death as a point in time. Hence, they suggest that the social enactments of death can be a window to human understandings of temporality and human ways of doing time. By narrating the peaceful dying of one old man in the context of a global crisis, we aim to trump the onesidedness of narratives that simply focus on dying in crisis.

The ethnographic fragments presented in this article stem from fieldwork in a public home care in a municipality close to Copenhagen between May 2019 and February 2020. During fieldwork, Sofie (first author) followed the care professionals on home visits to care recipients. Some were visited once, others several times. Through these visits and conversations with the carers, Sofie gained access to ten care recipients including Viggo, whom she continued visiting on her own and conducted formal interviews with. Viggo was visited four times and was followed one whole day including a visit to an outpatient diabetes clinic. In the end of February 2020, Sofie brought Nanna (second author) on to the fieldwork in order to produce audioscapes of the homes and lives of two of the seniors in the project, one being Viggo. Afterwards, Nanna visited Viggo on her own with audio equipment and recorded the material from which the audio piece presented here originates. Shortly after, the COVID-19 epidemic invaded Denmark, setting the entire country including most research activity on hold. Sofie used to keep up with Viggo's life by phone. At a certain point, she was surprised to find that Viggo did not answer the phone anymore and then it became completely disconnected. As the only out of ten interlocutors, Viggo was active on Facebook. It was a post from Viggo's oldest daughter here, that made her aware of his

death. Sofie reached out to his daughter on Facebook, presenting the study and expressing her condolences. They talked on the phone and his daughter subsequently arranged for Sofie to conduct a focus group with the closest relatives as a way to gain more insights into his final days and death of Viggo.

While Viggo is present in much of the ethnographic material surrounding his living, obviously the accounts of his dying and funeral stem from the insights presented by his relatives. This tallies with how anthropologists have long emphasised that biological individuality and social collectivity are equally important in the study of death and dying (Bloch and Parry 1982; Metcalf and Huntington 1991). The fact that the very last experiences of the dead person remain a muted and intrapersonal phenomenon, therefore implies that it is the relatives who get to have the final say when it comes to evaluating and narrating his quality of living and dying. More than just a lacuna in 'voicing,' this underscores that the phenomena of death and dying are not just existential and individual matters of life, taking place in biographical time. As anthropologists, we often have access to the social processes *surrounding* death. In our analysis of Viggo's case, where COVID-19 radically altered the flow of events and disrupted both the timing and the taming of his death, we do exactly that by approaching individual matters of life and death with a view to how they are embedded in interpersonal, socio-political and biomedical narratives and temporalities.

Perspectives on worthy dying

In her book *...And a Time to Die: How American Hospitals Shape the End of Life* (2005), American anthropologist Sharon R. Kaufman shows how the advent of medical technology, that is capable of sustaining life without restoring health, has changed the where, the when, and the how of dying. In a similar vein, James Green argues in *Beyond the Good Death* that modern end-of-life experiences are shaped by new medical trends, where people are kept alive sometimes against their will or the will of their family, with powerful medications and machines (2008). In Viggo's case, the life sustaining efforts identified by Kaufman and Green, have largely been absent: there was no proper COVID-19 treatment available and Viggo had asked not to be put on a respirator. Overall, the fact that hospitals have been overwhelmed by COVID-19 cases, combined with an absence of a successful cure or vaccine, has disrupted the modern regime of life sustaining efforts and has, in this sense influenced the timing of Viggo's death by making usual attempts to act upon causes of death infeasible. The absence of life sustaining treatment, we argue, may have allowed for Viggo to both live and die in a more calm and dignified manner.

The transcript excerpt introducing this article reveals that Viggo's closest relatives see it this way. Viggo's sister and daughter ponder the concept of worthy living. "He was such a happy man," the sister says as a pretext for recounting memories on Viggo's vitality, especially his pleasure of food. The family also agrees that Viggo was not ready to die. In fact, he expected to live at least a decade more, indicating that he was experiencing a life worth living. At the same time, Viggo's life was not pure joy and pleasure. The many chronic diseases, especially the diabetes and the complications following many years with uncontrolled blood pressure, significantly influenced his wellbeing and quality of life. He was dependent on daily help, lots of medicines and weekly healthcare appointments. In many ways, the management of chronic diseases was the main component of his everyday life, as is the case with many other people suffering from multiple chronic conditions (Manderson and Wahlberg 2020; Mattingly, Grøn, and Meinert 2011). "What a life," both Lilly and Ann state while pointing to the difficulties embedded in what Manderson and Wahlberg refer to as *chronic living* (2020). Bound to a wheelchair with a declining physical and mental functionality, Viggo was experiencing the burden of aging and his family was increasingly aware of his bodily decay. To them, his sudden death was tragic

and a great loss. But beyond the grief it is also conceived as a disruption of Viggo's declining vitality and anticipated deteriorated future living. The undramatic and peaceful circumstances surrounding Viggo's final time hence served as a reassurance that at least Viggo died without unnecessary suffering now or in the future.

The international spectacle of COVID-19

Viggo's passing, more than being just a 'consequence' of the virus, happened against the backdrop of the spectacle of COVID-19 in Europe, which was unfolding at the exact same time. The contrast between Viggo's ordinary death and the extraordinary of the global pandemic bears testimony to an unpredictable consequence of the international health crisis, namely that the COVID-19 disruption of normal procedures and biomedical practices may actually have paved the way for a comparatively calmer and more dignified process of dying for Viggo, than he would have experienced under normal circumstances. According to Willerslev, Christensen and Meinert the event of death demands that other humans deal with the body in a concrete and material sense; an intimate engagement that is dictated by the decomposing body (2013, 1). Everything has to happen in time:

Death demands that the body has to be dealt with in what is considered as 'appropriate time' by society or a social group. By taking action on the dead body, we engage with ideas about time, such as eternity and repetition or duration and finality, through concrete timework. (2013, 2)

For the European public, this point was hammered home by the footage coming out of the city of Bergamo in Lombardy, Italy, on March 18 2020, just a few days before Viggo got sick from the coronavirus. At this point, the city had become the European epicenter for COVID-19. Mortuaries were full and crematorium staff was working around the clock to keep up with the number of casualties. Eventually, bodies had to be dispatched to neighbouring provinces, and therefore fifteen army trucks manned by soldiers were brought in to solve the task. On top of prior footage of Italian hospitals on the brink of collapse and coffins stored in public gyms, the images of the army trucks shocked the world. Media outlet, *Daily Mail* quoted a local Italian to claim that: "This is one of the saddest photos on the history of our country" (Stickings 2020).

This quote is indicative of the horror and despair that is released when death and dying cannot be tamed through rituals and narratives in the appropriate manner. Willerslev, Christensen, and Meinert argue that as humans, we try to tame mortuary time through timework such as phasing, scheduling and sequencing, in order to take control (2013, 3). In anthropology, the observation that the handling of corpses is crucial was underscored by William H. Rivers more than a century ago, when he wrote that: "Few customs of mankind take so firm a hold of his imagination as his modes of disposing of the bodies of his dead" (1913, 480). What the footage from Bergamo revealed in one photo, was that death and dying had become untameable, as the handling of death had become industrious. Arguably, the moral failure related to the inadequate handling of corpses influenced the actions taken to prevent this from happening in other places such as Denmark. As Willerslev, Christensen, and Meinert quote Robert Hertz: "The body of the deceased is not regarded like a carcass of some animal: specific care must be given to it and a correct burial; not merely for reasons of hygiene but out of moral obligation" (2013, 1).

It is not overstating the point to claim that the handling of dead bodies by soldiers and army tracks in Bergamo became the central image of the COVID-19 crisis in Europe in March 2020. It functioned as a modern *Memento Mori*, reminding Europeans both of their own and others mortality, as well as shaping

an imaginary of the uncanny and unruly ways of dying during this crisis. This fear was not baseless: the spectacle in Italy, could become the spectacle in other European countries within a fortnight.

Contrary to the situation in Italy, the handling of death and dying in Danish hospitals and crematories was never entirely untameable during March and April 2020. Although Viggo's story bears testimony to a deathway that was out of tune: given that the time spent on life sustaining efforts was radically abbreviated, the COVID-19 situation extended the time available to relatives for reflection, mourning and saying goodbye. In this manner, COVID-19 reversed what James Green has dubbed the future of dying:

The stretched-out time of dying is a modern medical miracle that makes death different. We live longer, and when our time comes, death will more likely come from chronic rather than acute disease. This decline generates a preliminary social death, the long period of lingering made possible by ICUs, ventilators, and other medical regimes. (Green 2008, 188).

Green further argues that relatives get to grieve modern day death prior to its occurrence, and that this may not be helpful for resolving grief (Green 2008). As we will show below, Viggo's relatives would agree with this observation.

The pace of Viggo's passing: Insights from conversations with the relatives

Against the backdrop of the COVID-19 crisis, the following narrates Viggo's time up until his passing and shortly beyond his death, following an analytical attention on *pace*. Pace, in this sense, is perceived as defined in the Cambridge Dictionary as: *the speed at which someone or something moves, or with which somethings happens or changes* (Cambridge Dictionary, n.d.). While the audio piece brings forward the quotidian of Viggo's everyday life, the following aims to highlight the relatively slow pace of Viggo's passing and of the planning of the funeral and the relatives' eventual goodbyes (in plural) to Viggo.

The material primarily stems from the five-hour long conversation with Viggo's closest relatives (Viggo's daughter, son and sister and their respective partners). It took place in May 2020, almost two months after Viggo's passing and one month after the cremation ceremony. The empirical insights from this meeting is supported by phone conversations with Ann, Viggo's daughter one month before and after the joined conversation took place, together with sporadic chatting on Facebook. All names are pseudonyms. The narrative is presented chronologically in order to account for the assemblage of significant events happening shortly after each other and together shaping part of the lived experience of Viggo's death.

March 17

About a week after the Danish Prime Minister announces the national lock down, Viggo gets sick. He has a fever, his stomach aches and he feels dizzy and confused. He blames the new diabetes medication, which gives him uncontrolled bowel movements. One night he does not make it to the toilet and has to replace a dirty duvet with a blanket that is too short. Viggo always sleeps with the windows open. It is mid-March, and the temperatures are low during the night, so maybe it is the cold nights that has made him ill. The next morning, Viggo calls his daughter, Ann, to tell her that he does not feel well. It is not the first time that Viggo calls her sounding weak and confused. It can be the diabetes, dehydration or an infection. Ann knows the drill and immediately contacts the home care nurse, asking her to pay him an extra visit. The nurse calls her back from Viggo's apartment confirming his poor status. "Yes, he really looks bad! It's worse than corona," she jokes with a caring voice. In mid-March, COVID-19 had

just started to make an entry into the Danish hospitals, but has not yet made it into home care services. At that point, everyone believed that Viggo was suffering from urinary tract infection, maybe caused by the freezing night. He is started up on antibiotics and stays in bed the whole day. The day after, Thursday, the effects of the antibiotics have not kicked in and the nurse decides to admit Viggo to the hospital. At the hospital, to everyone's surprise, Viggo tests positive for COVID-19. Ann is continuously in contact with the hospital staff and with Viggo. Viggo sounds better than yesterday, Ann believes. Everyone therefore expects him to come home again soon.

March 22

On Sunday, Viggo's condition has worsened and the physician asks the family to come in. Ann, her brother Peter and Viggo's sister Lilly, come as soon as possible. Viggo is isolated in a single room and everyone getting near him has to be protected from the virus by wearing gowns, gloves and masks. Peter has a hard time coping with the protective gear and in the evening he decides to take a break and drive to Viggo's apartment to get the charger for his phone. Ann and Lilly stay on. Lilly is not feeling well (she later tests positive for COVID-19 herself) and is lying on the other hospital bed in the room most of the time. Ann regularly talks to Viggo and moistens his mouth with water using a small sponge. He sleeps a lot, but is conscious and has no complaints. "Do you know, where you are?" Ann asks him during the night. Viggo mentions the name of the hospital where his leg was amputated four years ago as a cause of diabetes. "No, not there," Ann calms him down. Viggo worked as a train conductor for 40 years and Ann wants to encourage him by referring to his old passion. "So, if you take the train from the main station, then what is the next stop?" Viggo names a train station on the mainline. "No, the other way," Ann laughs, impressed and relieved that Viggo still recalls the train lines. The short conversation gives Ann a feeling of certainty that her dad will be fine. It is just pneumonia. At this point in time, all the relatives still expect Viggo to get well again.

March 23

Early in the morning, Ann and Lilly decide to go home. They are tired from being up the whole night and yearn for taking a break from the protective gear. Viggo sleeps. A small tube in his nose supplies him with extra oxygen, but he does not receive any other medicine. He has, in consultation with the physicians, declined any life supportive care. Not that he thinks it will be necessary, but the option of being put on a respirator scares him, and the physicians have said that it will most likely not cause him any good. The family is aware of the decision, but early Monday morning, no one thinks of it as a relevant choice. The family leaves the hospital at 7:30 a.m. At 7:51 the physician calls Ann. Viggo is dead.

March 24

The funeral director visits the family the day after Viggo has passed away. In Denmark, the funeral (cremation or burial) takes place no later than eight days after the time of death. Under certain circumstances, the funeral can be postponed to a maximum of 14 days after the person died; however, this requires an approval from the authorities. Due to this rather strict timeline, the planning of the funeral is initiated already the day after the person is deceased. At first, Viggo's family want the funeral to take place as soon as possible and they therefore agree on the first available weekend, two weeks from now. The ban on gathering is down to ten and the family negotiates the attendance – who should be able to participate in the church ceremony?

March 25

The day after, the prime minister warns that the ban on gatherings might be tightened down to two, and the funeral director calls Ann to discuss alternatives to the arranged ceremony. Once again, Ann calls the closest relatives and they all agree that they want Viggo's funeral to be a social gathering of all

family members and friends, and that an even more strict ban on attendees would fail to be in the spirit of Viggo. At the same time, they cannot just wait forever with the handling of the body. Luckily, Viggo wanted to be cremated and they decide on an informal ceremony around the cremation service to be held in the chapel and a postponement of the formal funeral ritual until after the pandemic has settled.

March 26

On Thursday, Viggo's sister and her husband are both hospitalized with severe symptoms of COVID-19. The same day, the priest calls Ann arguing that the funeral director has given wrong instructions and had no authorization to make changes to the funeral ritual. Ann convinces the priest that the funeral has to be postponed due to the ban on gatherings. The priest is resistant. The plan interferes with the regular funeral ritual, which normally takes place *before* the cremation. During a regular ceremony in an Evangelical-Lutheran Danish church, the coffin, containing the washed and dressed body, is placed at the altar. In a well-defined order, songs accompanied by the church organ are played, excerpts from the Bible are read and the priest holds a memorial speech based on conversations with the relatives. Then, if the body is cremated, the priest throws three handfuls of soil on the coffin while citing an ancient three-sentence phrase – *Af jord er du kommet. Til jord skal du blive. Af jord skal du igen opstå* [From dust you are made. To dust you must stay. From dust you shall return]. In the Christian tradition, this ritual, which in Denmark is referred to as *jordpåkastelsen* [the throw of soil], marks a central part of the funeral that symbolizes the movements between life, death and afterlife. Viggo's priest was uncertain about how to perform this important part of the funeral if the cremation was to take place prior to the formal ritual. However, Ann was determined and the priest promised to find a solution. Due to the hospitalization of both Ann's aunt and uncle, they simultaneously decided to postpone the cremation until April 16.

April 16

Viggo's "first farewell" is held on April 16th, which is also the 80th birthday of the Danish Queen Margrethe II. The family chose this day, as the Danish flag would be waving from all public buildings and busses providing a sense of celebration and joy amidst the mourning. On that day, relatives and friends gather in the chapel. Viggo's coffin is placed in the middle, decorated with bunches and garlands of flowers. The doors to the parking lot are kept open so that people can move in and out of the chapel and say goodbye to Viggo, without violating the ban on gatherings (which at this point in time is still limited to ten). Ann has prepared a playlist on Spotify, which is played in the chapel in place of the church organ music. The closest relatives stand together in small groups while they greet the people who move through the chapel. In advance they have chosen Kim Larsen's song "*Om lidt bliver her stille*" [In a while, it will be quiet here] as the last track. Without prior arrangements, Ann and Lilly get eye contact and decide to play the song. Together with the other brother, Lilly and two grandchildren, they carry out the coffin to the hearse and see it driving away for cremation.

July 31

Viggo is buried on July 31st, 130 days after his death, with the formal church ritual and 36 attendees, including Viggo's youngest son, Ole, and his two adult children. They have been absent from family gatherings for the past years due to heated conflicts between Viggo, Ann, Ole and Ole's children, primarily concerning Ole's long-term alcohol abuse. However, the postponing of the formal funeral made it possible for the siblings to take the time needed to come to terms and make Ole part of the planning and organisation of Viggo's final farewell. As a final act of reconciliation between a father and his son, Ole is the one placing the urn in the ground. Ann looks back at both ceremonies with joy and satisfaction. "Everything was so beautiful, the flowers, people gathered there, everything." She also expresses gratitude in relation to the timing of the final goodbye: "I am so glad that we had enough time to plan all the details, making the day so special and great."



Photo from Viggo's funeral. Published with permission from the daughter, edited by Sofie Rosenlund Lau.

Reversing the time of dying

In this article, we draw attention to the unexpected possibilities for positive stories of worthy dying among chronically ill elderly in Denmark, despite – or due to – the global COVID-19 disruption of taming and timing death. Interestingly, this speaks to Green's argument that modern deaths are stretched out in time in ways that may not necessarily be conducive to better processes of grievance, since most deaths now relate to chronic disease, where social death and grievance kick in prior to biological death (2008, 188). This raises important questions about the virtue of life-sustaining treatments of the physical body vis-à-vis the consideration of the adequate time and space for the social body to process grief and mourning.

By using timing as an analytical lens to capture the intersection between the quotidian and the catastrophic, we have shown how the context of a global crisis resulted in the reversal of time spent on processes of dying and processes of mourning. From the perspective of the family, Viggo's death came unexpected and abrupt. Up until the final minutes, the family expected Viggo to return home from the hospital. In this perspective, Viggo's process of dying was almost absent – it appeared as a death without dying (Timmermans 2005). Yet, in the relatives' reflection on Viggo's death, beyond the grief from losing a beloved father and brother, they also express a subtle feeling of alleviation – that death came timely and was tamed in the best possible way. We thus documented the reversal of two important socio-temporal spaces of dying; namely the brief time up until Viggo's biological death and the extended time available for the mortuary rites to be performed.

The first phase was characterized by the absence of medical treatment. Viggo's decision to shy away from intensive care and the prolongation of life through technological means prepared the ground for a close and intimate time between Viggo, his daughter, his son and his sister in his final hours. This time was experienced by the family as peaceful and calm and they look back on Viggo's death as an ideal way of dying and saying goodbye: there were no essential decisions to be made and Viggo was conscious and free from pain. It is important to note that not everyone has experienced a good death during COVID-19. In fact, Danish public media have been covered with stories from distressed family members not being able to say goodbye properly to their loved ones and from frustrated care professionals not being able to provide proper end-of-life care, and this especially for the elderly and the terminally ill (Bank and Andersen 2020; Møller 2020). Yet, this article bears witness to how the onset of COVID-19 had the unlikely effect that an old man had a calm and dignified death without having to suffer from life-prolonging treatment, and that this gave him and his family the right time for dying.

The second phase of planning and organizing Viggo's funeral was extended, because the formal ritual was postponed due to the ban on gatherings. The continuous negotiations around the planning of what should have been a formalized ceremony, bears witness to the ways in which the pandemic disrupts taming practices in the lives of individuals. After quite some negotiations between Ann and the priest, the pandemic provided a possibility for transforming what is normally perceived as a rather conservative ritual and, shortly after Viggo's death – on April 2 – the Evangelical-Lutheran Church in Denmark, also known as *Folkekirken* [the church of the people], publicly announced alterations to the formal funeral ritual in the time of COVID-19. This comprised the possibility of changing parts of the ritual, including the throwing of soil, so that the time between the death and the burial could be prolonged, as happened in Viggo's case. Here, this time proved essential for the family in order to come to terms with longlasting, painful conflicts and to prepare for a final farewell and satisfying closure.

We argue that it is important to keep ethnographic accounts of lived (and ended) life in the picture when we try to make sense of what happened with the advent of COVID-19. In line with Hyde and Denyer Willis' call to "balance the quotidian" (2020) we aim to highlight the slow and undramatic dying and death of Viggo as a way of pointing out what might often be overlooked yet deserves so much attention in the attempt to improve care at the end of life. The quietness of Viggo's life called for a sonic approach to dive deeper into the seemingly eventless. In line with Steven Feld's (1996) emphasis of sound as a way of knowing, we have sought to show the sensory details - the textures, tonalities, pauses and subtleties of Viggo's routine based life in order to create insight into its pace and particularity. With the sound we aim to cultivate an ethnographic listening, not only to the outspoken, to actions and meanings, but also to the spaces in between.

When it comes to the death of the 25th Danish COVID-19 casualty, it was not a horrific case at all. As a counternarrative to the disruptions and loss of freedom in the time of COVID-19, for Viggo's family, the pandemic resulted in a situation of close and intimate connections between family members up until the final moment of death. In fact, the sociality surrounding Viggo continued after his death as his mortuary time could, as a result of the lock-down, be tamed in a different manner. It made time and space for more negotiations of how to say goodbye to Viggo in the most meaningful way for all involved, in their own time.



Viggo now lies in the grave next to his first wife. Published with permission from the daughter, edited by Sofie Rosenlund Lau.

Timeline: Intertwinement of global, national and local events

3 June 2019: Sofie meets Viggo for the first time and makes several interviews and appointments with him during the next two months.

31 December 2019: China warns the WHO about a new flu in Wuhan

11 January 2020: China registers its first death due to corona

22 January 2020: The Danish Health Authority deems the likelihood for corona to reach Denmark “very limited”

24 January 2020: France registers the first incident of corona in Europe

30 January 2020: The WHO declares an international emergency

5 February 2020: 14 Danes evacuated from Hubei Province in China to Denmark

7 February 2020: The Danish Ministry of Foreign Affairs alters 75 travel guidelines

19 February 2020: Sofie brings Nanna to meet Viggo for the first time. They have a coffee in the building opposite Viggo’s and see him leave his home in the new automatic wheelchair.

26 February 2020: Nanna makes the audio recordings in Viggo’s home

27 February 2020: First official case of COVID-19 in Denmark

28 February 2020: The Danish Health Authority declares that “we must now expect to see incidences of corona in Denmark over the coming days”

- 3 March 2020: Quarantine measures are put in place if you arrive to Denmark from a high-risk area
- 6 March 2020: First press meeting featuring Danish Prime Minister (PM) Mette Frederiksen, who cancels events with more than 1,000 people in attendance and asks people to stop shaking hands.
- 10 March 2020: Viggo's 76th birthday*
- 11 March 2020: Press meeting where the PM declares a lockdown of Danish society
- 12 March 2020: New test strategy launched by the authorities and emergency legislation passed
- 13 March 2020: Press meeting where the PM declares that the borders will now be closed
- 14 March 2020: Viggo's sister and her husband pay him a visit*
- 14 March 2020: First Danish casualty due to corona
- 17 March 2020: Viggo gets sick*
- 17 March 2020: Queen Margrethe the 2nd addresses the Danish public
- 18 March 2020: Viggo's daughter asks the home care nurse to pay Viggo a visit*
- 19 March 2020: Viggo is submitted to the hospital*
- 20 March 2020: 19 people now have died from COVID-19 in Denmark
- 20 March 2020: Viggo's daughter talks to Viggo in the arranged phone call – he sounds better*
- 22 March 2020: The family is called to the hospital and stays the whole night*
- 23 March 2020: The family leaves the hospital early in the morning; a few minutes later, Viggo passes away*
- 26 March 2020: Viggo's sister and her husband admitted to hospital with severe symptoms of COVID-19 (they survive)*
- 27 March 2020: Viggo's daughter has contested arguments with the priest and the funeral director over Viggo's funeral, which is postponed*
- 30 March 2020: In a press meeting the PM declares a gradual reopening of Danish society after Easter if things continue to develop well
- 31 March 2020: Emergency law passed that allows government to criminalise gatherings of more than two people in public
- 2 April 2020: Emergency law on corona-related crime passed
- 8 April 2020: Wuhan reopens
- 10 April 2020: 260 people have died from COVID-19 in Denmark
- 16 April 2020: First farewell ritual held on the Queen's 80th birthday*
- 18 April 2020: Gradual reopening of the Danish health system to allow treatment other than corona and critical illness
- 16 Maj 2020: Focus group discussion in the home of Viggo's oldest son*
- 31 July 2020: The last farewell ritual – Viggo's official funeral*
- 31 July 2020: 14,028 registered corona cases in Denmark – 615 registered corona-related deaths
- 26 October 2020: 38,622 registered cases, 697 corona related deaths

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