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Gunaratnam, Yasmin

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Auditory Space, Ethics and Hospitality: 'Noise', Alterity and Care at the End of Life

YASMIN GUNARATNAM

Abstract This article examines the limits and potential of hospitality through struggles over auditory space in care at the end of life. Drawing upon empirical research and a nurse's account of noisy mourning in a multicultural hospice ward, I argue that the insurgent force of noise as corporeal generosity can produce impossible dilemmas for care, while also provoking surprising ethical relations and potentialities. Derrida's ideas about the aporias of the gift and absolute responsibility are used to make sense of the pushy generosity of alterity as it is made to matter through sound.

Keywords death and dying, ethics, hospitality, multiculturalism, space

For over a decade I have been involved in researching death and dying. This research has taken me into the homes of dying people and into hospices and hospitals throughout the United Kingdom (UK) where I have accompanied health and social care professionals in their daily work and have listened to, and recorded, their stories of care-giving. What these experiences have shown me is how the questions that are raised by tending to the needs of a dying stranger – when time is running out, emotions are heightened and bodies are at their limits – have critical relevance for ethics and political ontology, and for community, belonging and citizenship. The philosopher Alphonso Lingis, deeply attuned to the relations between alterity, care and community, puts it this way:

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> Community forms when one exposes oneself to the naked one, the destitute one, the outcast, the dying one. One enters into community not by affirming oneself and one's forces but by exposing oneself to expenditure at a loss, to sacrifice. Community forms in a movement by which one exposes oneself to the other, to forces and powers outside oneself, to death and to others who die. (1994: 12)

The underlying premise here is that if a community builds itself through its response to outsiders and what is outside itself (see also Bauman, 2000), the mark of a community and its very integrity is how it responds to corporeal difference, frailty and suffering; how it 'is itself open to the summons and the offerings of strangers' (Clark and Stevenson, 2003: 236). In this sense, dying people, wherever they have come from, are always already estranged from community by events and bodily processes that at the same time can be affirming of community. This stance moves beyond the recognition of dying as an outside that provokes existential angst and that threatens 'ontological security' (Giddens, 1991; Mellor 1993); or indeed an outside that is so 'unhomely', so individualized and mine, that it can inaugurate authentic personal freedom (Heidegger, 1962).

Lingis's claim acknowledges a Levinasian ethics in which death overpowers subjectivity and ousts the self-centred I-as-Presence, so that the subject 'finds itself enchained, overwhelmed, and in some way passive' (Levinas, 1987 [1979]: 71) in the face of alterity and suffering. For both Levinas and Lingis, death exposes me to absolute alterity; it makes me answerable to the other and obliges me to care:

> The other man's death calls me into question, as if, by my possible future indifference, I had become the accomplice of the death to which the other, who cannot see it, is exposed; and as if, even before vowing myself to him, I had to answer for this death of the other, and to accompany the Other in his mortal solitude. The Other becomes my neighbour precisely through the way the face summons me, calls for me, begs for me and in so doing recalls my responsibility and calls me into question. (Levinas, 1989: 83)

Within such an ethical philosophy, it would be misrecognition to suggest that the dying migrant constitutes a more fundamental or supreme embodiment of alterity. Understood phenomenologically, the ethical relation of alterity in Levinas is less tied to the substance of a figure or entity but rather signifies 'the elaboration of the modalities through which entities appear' (Barnett, 2005: 9). At the same time, there is some acknowledgement in both Levinas and Lingis of the vulnerabilities that can accompany and surround some other-others. In Levinas, there is the biblical triplet of 'the stranger, the widow and the orphan' (1969: 77; see also Levinas, 1987 [1979]: 83) whose specific and concrete susceptibilities Katz (2003) has argued, cannot be discounted in the potency of their symbolism. And for Lingis (1994) there is a continual return to modes of estrangement wrought

from geographical dislocation, and cultural and linguistic incommensurability. Neither easily reducible to nor separable from worldly and bodily injustices, the dying migrant that casts shadows over this article is one who is undoubtedly symbolic, but who moves in a context where: 'The geopolitically-uneven distribution of human vulnerability is too glaring to ignore' (Dikec et al., 2009: 12–13).

In pursuing further the ways in which the death of a stranger can open us up to complicated relations of alterity, ethics and care, I am interested in the symbolic and enigmatic, but also the corporeal and material. I will take my theoretical concerns to a nurse's account[1] of an English hospice ward, bursting with the screams and grief of an African mother. This is one of several accounts of contestations over organizational and auditory space in end-of-life care that I have heard over the years. I have chosen this narrative because it (re)produces a lucid impression of the ethical and material demands of care and hospitality in multicultural settings. I have also chosen it because it captivated me at the time I heard it and has continued to have a hold on me over the years. I have circled around this story several times, never sure of how to give recognition to the resonances of its racializing tropes while doing justice to its enfleshing of ethics and ethical potentialities.

Drawing upon Derrida's ideas about the impossibility of the gift and 'absolute responsibility' (1995), I want to investigate how such accounts of intercultural care[2] can render something of the spontaneous, fleeting and touching moments of what we might call 'corporeal generosity'. Corporeal generosity is Rosalyn Diprose's term (2002). She uses it to name forms of bodily openness to others in which generosity extends beyond choice and personal virtue into the realm of ethics and politics. Corporeal generosity recognizes our bodily interdependence and debt to others, where 'this body carries a trace of the other, so that this body and its cultural expression are not finished' (2002: 195).

In what follows I will explicate how the sonics of suffering can back us up 'against life and being' (Levinas, 1987 [1979]: 69) in the ethics of community in contemporary multicultures. I will also revisit the founding moments of modern hospice care, with its lofty ideals of hospitality for a 'community of the unalike'.

Co-motion/Commotion: Sound, Affect and Ethics

The categorization of the senses as variable modalities of knowledge production, hedonism and beauty has received attention in Western scholarship over several centuries (Marks, 2008). Philosophers such as Kant and Hegel distinguished between the higher and distant (vision and hearing) and proximal senses (smell, taste, touch). And more recent contributors have identified a heterogeneous

'occularcentrism' (Jay, 1993) in modern Western life, while others have troubled the 'heady audacity' of the claim that 'vision is the social chart of modernity' (Sterne, 2003: 3).

My own curiosity about the aural is a move both with and beyond a call for a 'democracy of the senses' (Berendt, 1985: 32, quoted in Bull and Back, 2003: 2) in which 'no sense is privileged in relation to its counterparts' (Bull and Back, 2003: 2). Such scholarship has sought to contest the dominance of sight in Western cultures as a primary and excluding sense of knowing (see also Attali, 1985; Classen, 2007; Smith, 2000; Sui, 2000). I am very much concerned with how an attentiveness to sound might expand, and perhaps even democratize our epistemes, but I am also concerned with an under-examined co-motion of auditory sensibilities: affect *as* ethics (however, for exceptions see Berlant, 2001 and Marks, 2008).

With the auditory there is always a relay between the material, some would say phenomenal, ingression of sound and its affective resonance and interference with the self and with others. Evoking the acoustic properties of the echo Massumi (2002) refers to such interference as 'intensity': through the echo the intensity of self-relation in sound is transposed via the materiality of the body into an 'event' that requires, but also converts emptiness and distance into complex patterns of relating. For me, it is these patterns of relating and their interference with contiguity and distance that are the co-motions between sensuality, affect and ethics.

So rather than privileging the auditory through claims regarding its superior qualities, I am interested in the *singularity* of the demands that the sonic makes upon analysis and ethics and how intersubjective and intercorporeal relations are produced and felt in everyday exchanges, such as those that take place in multicultural spaces (Gunaratnam, 2008a). As Les Back has commented: 'race and racism operate within ocular grammars of difference. Listening admits presences in . . . encounters that can be missed in the visual play of skin' (2007: 119). I want to try and understand these often elusive aspects of the materializing of difference through bodily substances and performances. I also want to investigate a second component of the elusiveness of such relations: how in the more violent irruptions of sound as noise, noise can be an event that both 'affects and infects any system, any order' (Cobussen, 2005: 30), so that while the materialization of alterity can be a part of dominant imperatives (Butler, 1993), it can also constitute the most generous and surprising ethical relationships. To elaborate upon how the acoustic can function at, and signify the borders between the established and the not- yet, the 'sensible and the thinkable' (Marks, 2008: 123), it is necessary to consider further the phenomenal properties of sound.

Sound entails the movement of air, hair, skin and muscle; micro-level vibrations and interrelations that are translated in the labyrinthine ear into electrical signals

for the brain. Scientists do not yet understand the deep molecular structures that underlie hearing, but ultimately for both hearing and touch it all seems to come down to 'a single physical parameter – force' (Kung, 2005: 647). To hear is to be literally touched and to take impressions of others into our bodies whether we like it or not. And for Derrida difference is always an integral and rather odd constituent of forceful relations:

> For me, it is always a question of differential force, of difference as difference of force . . . but also and especially of all the paradoxical situations in which the greatest force and the greatest weakness strangely enough exchange places. (1992: 7)

Nestled in Derrida's counter-intuitive playing off between force and 'weakness' is receptiveness as transformation; an idea that is vital to my exploration of an acoustic ethics in this article. This constellation of meanings suggests a forcefulness in 'weakness' and a susceptibility in force that can make way for a radical newness in ways of relating.

What all of this suggests is that sound is a complicated sensual, psychic and metaphoric medium for delineating bodily surfaces, within a field of forces, through which we come to feel and solidify relationships between inside and outside, me and you. It is in the midst of such corporeal sensations and co-motion that bodies and worlds are formed, producing the effect of boundaries and surfaces (Ahmed, 2004). And every once in a while such insurgent movements can entail a significant rupturing of boundaries and a rupturing of what it is known.

Hospice and Hospitality: 'A Community of the Unalike'

More context is necessary to better understand my developing argument about how sound can be a part of the contestation of community and citizenship at the end of life. Modern end-of-life or palliative care is generally accounted for as originating with the founding of St Christopher's Hospice in south London, where 'holistic care' for dying people was pioneered by Cicely Saunders in the 1960s; a period characterized by a greater emphasis on individualized health care (Armstrong, 1983; May 1992). A charismatic figure (James and Field, 1992), eulogized by the British Prime Minister Gordon Brown in his book *Britain's Everyday Heroes* (2007), Saunders' life history is remarkably disjunctive. Saunders went from studying politics, philosophy and economics at Oxford University to training as a nurse, a medical social worker and finally as a doctor in her quest to understand and alleviate human pain and suffering (Clark, 1999; du Boulay, 1984).

Saunders had a vision for St Christopher's Hospice that was steeped in Christian ideals of family, community and hospitality. A prolific writer, she traced the

historical development of philosophies of hospice care through those such as Fabiola – a 4th-century Roman matron described by St Jerome as nursing 'the unfortunate victims of sickness and want' (Risse, 1999: 94). Recognizing the work of Fabiola, Saunders pointed to the doubleness inherent in the etymology of the word 'hospis' meaning 'both host and guest, and the "hospitium" both the place where hospitality was given and also the relationships that arose' (Saunders, 1988: 169). The symbiotic jumbling of giving and receiving and of place with relationship was vital to Saunders' vision for St Christopher's Hospice. She wrote later 'we have to fight to keep St Christopher's as a village, as a family' (Melville, 1990: 7), and continued:

> . . . our Christian foundation welcomes people as themselves, with their own important beliefs and values and underpins a working community of the unlike. . . . When the hospice opened we could look around and say 'Everything we have is a gift'. Now we can say 'And everyone who comes here is a gift'. (quoted in Melville, 1990: 54)

The extent to which these ideals of care and hospitality are realizeable – or indeed whether they have been actively subverted in contemporary health care – have been the subject of debate (James and Field, 1992, Lawton, 2000). When Cicely Saunders established St Christopher's, she did so through public fundraising that ensured that the hospice had a degree of financial and structural independence from the National Health Service (NHS). A specific concern in modern hospice care in the UK – where the majority of hospices now receive funding from the NHS – is the growing encroachment of the NHS and its demands for an ever-increasing rationalization of resources with regard to measurable (largely bio-medical) need (Lawton, 2000). However, it is not my intention to downplay in retrospect, the radical formulation of care and citizenship for dying people envisaged by Saunders – and transposed into such innovations as multi-disciplinary teams, the concept of 'total pain' (recognizing the physical, emotional and social aspects of pain), and the integration within St Christopher's Hospice of a nursery and a residential care unit for older people (Melville, 1990).

What has relevance to the themes examined in this article are the tensions between Saunders' envisioning of the hospice as a welcoming and 'working community of the unalike' – with onerous demands being made upon its hospitality, and the embodiment of unknown and unpredictable 'gifts' in strangers who need care. What interests me in the following discussion is not so much how this version of white Anglican Christianity can function as a 'colonial haunting' (Hesse, 2007: 650) in conventions and practices of care that reinscribe the displaced threat of 'the unalike', but how 'the like' can be simultaneously maintained and transformed through auditory and material gifts of alterity that challenge the offered spaces of conditional hospitality.

Hospices and Bodies

In considering how the production and management of acoustic space in hospices can connect moral landscapes to individual bodies and to national collectivities, we need to be attentive to the place of hospices within contemporary Western societies and to the relationships between Englishness and specific configurations of sound (see Revill, 2000) in hospice care.

There has been a long-standing but contested claim in social science scholarship that hospices sequester dying away from public spaces (see Mellor, 1993). This claim has been given added depth by Julia Lawton (1998, 2000), an anthropologist who has argued that with the increasing emphasis on care being provided in the community, hospices are progressively only able to cater for those people who cannot be looked after in the community – because the community cannot accommodate them either practically or symbolically. Lawton has contended that hospices can function as 'no-places':

> ... as a space within which the taboo processes of bodily disintegration and decay are sequestered, allow [ing] it to be understood as a central part of contemporary Western culture. Setting those phenomena apart from mainstream society enables certain ideas about living, personhood and the hygienic, sanitised, somatically bounded body to be socially enforced and maintained. (1998: 139)

Drawing upon ethnographic fieldwork within an in-patient ward, Lawton has described the difficulties for staff, patients and carers of managing bodily decay and the breakdown of anatomical boundaries manifested in leakages of bodily fluid, matter, waste, smell and emotions within the shared spaces of hospice wards. Lawton found relationships between different states in the rupturing of bodily surfaces and the movement of patients in and out of, and around, the hospice. For example, patients who were incontinent or whose bodily surfaces had broken down through disease were often moved into side-wards and were also avoided by other patients and their own families. Theorizing the profound revulsion caused by these dying people, Lawton writes:

> The smells, and other fluids and matter emitted from the unbounded body, extended the boundaries of the patient's corporeality, such that the patient's body 'seeped' into the boundaries and spaces of other persons and other places.... In effect the other participants in the hospice were trying to maintain the integrity of their own selves, by avoiding having their bodily boundaries breached by the corrosive effects of the sick person's bodily disintegration. (1998: 134)

Lawton's empirical research does not engage with questions of racialized difference. Nonetheless, her observations on corporeal disintegration and its management have relevance in considering how the unboundedness of sound and its transgression of bodily boundaries can threaten central Western constructions of

identity as bounded, sanitized and autonomous (Elias, 1978; Hird, 2007).[3] So although hospices may shore up such dominant constructions by sequestering unboundedness and liminality away from the community, and while such practices may be shaped by the increasing economic incursions and imperatives of the NHS, it is also my contention that the internal work of cultural, bodily and emotional containment within hospices can be amplified when their spaces are also multicultural.

Noisy Others

The extent to which the sounds of dying among racialized others in hospices challenges multicultural hospitality can be grasped if we recognize the ways in which the socio-cultural importance given to quietness in hospice philosophies is critical to English authority. Such authority is most strongly inscribed in the regimes of the church and the state, while also being mediated by gender and class (Bailey, 1996). A statement of the 'Aim and Basis' of St Christopher's hospice, written in the 1960s, speaks of the symbolic significance of quietness in hospice care: 'dying people must find peace and be found by God, *quietly*, in their own way' (Melville, 1990: 55, my emphasis)

Control over acoustic space is in fact highly significant to hospice philosophies of a 'good death', which include the recognition that professionals should ideally 'work toward providing an environment where the patient may die peacefully and with dignity' (McNamara et al., 1995: 224). 'Peaceful' in this context has a universalist ring to it that camouflages the specificities of its Western historical and cultural location. 'Peaceful', of course, does not in itself assume quietness, yet 'noisy' is incongruous, if not antithetical to both 'peaceful' and 'with dignity'. That such discursive splitting frequently harnesses racialized differentiation can be evidenced in the findings of several research studies that have pointed to the 'noise' of racialized others as a problematic of contemporary multicultural hospice care (Ekblad et al., 2000; Firth, 2000; Gardner, 1998; Gunaratnam, 1997, 2008a).

In a study of death and dying among Bengali Muslims in Tower Hamlets in London, Katy Gardner (1998) has described how, despite concessions being made to multiculturalism in the local hospice – such as posters being hung over Catholic artefacts and a non-denominational laying-out room being provided for families, there were repeated conflicts about what was regarded as appropriate behaviour among mourners. Gardner describes the following:

> Whilst for Muslim Bengalis a 'good death' may involve being surrounded by kin reciting prayers, for many non-Muslims the 'good' death is one of peace and tranquillity. . . . As one member of staff put it, when there are thirty or more people 'screaming' around the bed of a

> recently deceased Muslim patient, this could destroy the 'peaceful' death of a non-Muslim in the next door bed. In her view such behaviour needs to be swiftly contained, for if a large and identifiable group are disturbing the peaceful death of someone else, they may cause considerable anger and resentment. The speedy removal of bodies to a non-denominational viewing room usually succeeded in doing this. (1998: 515)

Gardner's observations point to two interrelated processes: how English discourses of a 'good death' as 'peaceful' can be productive of difference through the bodily performances of quietness and noise; and how the noise of racialized/culturalized difference can instigate the management and zoning of bodies and auditory space in much the same ways as the strategies used to contain bodily matter and smell described by Lawton in the research on corporeal disintegration in hospices discussed earlier.

Suffice it to say, that we should not oversimplify these processes nor congeal them. The English valuing of quietness and its manifestation in hospices is not silence and neither is it unmarked by internal social differences. In common with many medical institutions (see Rice, 2003 for further examples), hospices are filled with a medley of incessant sounds: talk, mechanical noise from lifts and medical equipment; movements, often routinized, such as those around meal times and ward rounds; the sounds of illness embodied in coughs and laboured breathing or mediated by technology such as in the low-level, rhythmic infusions of a syringe driver.

All of these sounds, made and enacted through the everyday, give the institutions their acoustic sense of place and are also productive of emotional space within hospices: how they *feel*. These are those encounters and emergent movements between the natural and cultural and between bodies, emotions and spaces/places that researchers have variously described through such terms as 'structures of feeling' (Williams, 1977), 'paradoxical space' (Rose, 1993) and 'kinaesthetic activities' (Knowles, 2008). For Koskela it is 'emotional space'; she writes of its elasticity': 'It is like a liquid – its nature changes according to where one is, what one does, who one is with. . . . It feels like one thing but then, all of a sudden, it changes to something else' (2000: 159).

Broadly speaking, the sonic architecture of hospices can be heard as a 'natural' consequence of the practicalities of hospice life. Yet, dimensions of the soundscape are also formed within a cultural framework of spatial arrangements and practices, in which sound is systematically organized, manipulated, suppressed and allowed space (Gunaratnam, 2008a). For instance, single-bedded 'side- rooms' in communal wards are routinely used by staff to contain noisy and/or emotional interactions with patients and carers. And drugs are used to suppress what is commonly referred to as the 'death rattle' in dying people, although doctors and

nurses acknowledge that this practice is largely for the benefit of carers and other patients rather than the dying person (Wee et al., 2006). In other words, although the sounds of everyday hospice life can be 'natural' and 'noisy', the spatialization of these sounds, through the cultural regulation and suppression of certain emotional expressions and pain-full noises, can serve to project a stylized sense of social order and control.

To summarize, my argument so far is that the power of hospices in exerting control over the movement, boundaries and 'rights' of bodies in their spaces is achieved by the generation of institutional practices that are habitually oriented towards particular constructions of bounded identity and biomedicine. These practices offer a constant reassurance of cultural and professional control and protection in the face of bodily transgressions and vulnerability. In this way, the authority of hospices is in part mediated through their ability to muffle those sounds that represent the ever-possible 'failures' of medical knowledge, care and technology, and the unruliness of others. As I will argue, although the acoustic spaces of hospices are constituted through the potent intersection of socio-cultural *and* medicalizing practices, such practices are not able to smother completely, nor once and for all, the sounds of alterity and human frailty. In the following discussion, I examine what happens to multicultural hospitality when 'the guest may break out of the containment strategies that seem reasonable and calls into question the limits of obligation' (Frank, 2004: 52).

'And All They Could Hear Were the Screams'

I want to ground the previous theorizing by giving close attention to an extract from a focus group discussion with four women: white British, senior, in-patient hospice nurses. The excerpt begins with Eve's (a pseudonym) discussion of cultural differences in mourning practices in the hospice:

> *Eve*: In England . . . when people die, we are quiet, or cry occasionally. We do not scream and ululate. We do not, we do not, there's so many assumptions about how to behave and one of the most traumatic things for me was watching a . . . from the West Coast of Africa, I can't remember the country, um, a young woman dying of HIV and her mother going absolutely bananas and spare, you know with the grief and although I felt very frightened and felt out of control, I remember thinking 'I expect she gets this out of her system better than we do', just because there was a feeling that it was just (makes whooshing sound and sweeps both arms up), you know, it looked, it was so different. It just looked different from our situation and thinking 'what part do we have here?' Not because I'm a white British, but because we're staff and this is a professional situation for us . . . the fact that you're staff seems to imply that you should be in control of the situation and that we should be dictating, however subtly, or directing how the situation goes. And very often that's not a problem, but when their experience is so very different from ours . . . the expression for instance, the physical expression and the distress and

> the levels of vocal expression are so different, um, it's certainly . . . we realize we're completely superfluous, which is, you can get, you know with a white English family, but it was very, very highlighted it was completely about their needs. Do it their way. You know –
>
> *Diana*: Which in a ward situation can be at times quite awkward when you've got –
>
> *Eve*: Yeah.
>
> *Diana*: . . . to balance the needs of the ethnic minority family –
>
> *Eve*: It was upsetting –
>
> *Diana*: . . . against the needs of the other family.
>
> *Eve*: It was upsetting other families who did not obviously perceive this as the way to do it and all they could hear was the screams and they didn't know whether it was somebody in pain. Well, it was somebody in pain [laughs], but they, they imagined many things because it was such an unusual thing to happen. Um, and what would normally be a very short period of time i.e. viewing the body, coming to see it, being quietly upset, you know um, we put our judgement on what is appropriate sorrow or not, turned into three days of almost festivities. Um, and er, filming the death and playing songs and sort of a mixture between extreme grief and extreme, um merry-making, in a [inaudible] sort of way. It, um, I found it deeply disturbing, um . . .

I am not able to do full justice here to all that reverberates within this exchange. Nor can I convey fully the emotional textures and the sense of urgency of a story waiting to be told: the account tumbled out of Eve and animated her voice and body. She leaned forward in her chair as she spoke, and as her arms and hands gesticulated, there was a palpable sense of the singularity of the incident for her and of her struggle to make sense of it and to work out her 'part'. With an ear to the acoustic, what I wish to draw attention to is what sound or rather 'noise' – sound that is out of place (Bailey, 1996) – *does* in the extract.

In the narrative, the vocalization of the African mother is dramatized and spectacular. Her grief and pain as noise become ontologized as racialized and gendered, and the connection of her vocalization to emotions and to an event while narrated as causal, are almost forgotten ('*they didn't know whether it was somebody in pain. Well, it was somebody in pain* [laughs]'). The saturation of sound with affect and with race and gender in the narrative delineates a number of tensions between sameness and difference, containment and excessiveness, rationality and emotion, and envy and fear. Four interrelated significations of noise are critical in these constructions: noise as uncontrollable, noise as injurious, noise as suffering, and noise as 'not-white'.[4] All of these representations are significant to the organization and use of space within hospices which, in Western cultures, have to perform a precarious balancing act between a degree of openness to particular forms of suffering and dying, and concealment and sanitizing of others (Lawton, 1998).

The extract begins at a part of the discussion where the nurses have been talking about cultural differences in death and dying. In the first part of Eve's narrative and at several points thereafter, a specific manifestation of a historicized white Englishness[5] is amplified as a habitual norm in embodied emotions, movements, postures and sounds within hospice wards. This explication of the institutional orientation of the hospice ward invariably sets up the contrast and threat of the 'strangeness' of the mourning practices of some ambiguously identified (West) African families in vocalizing their pain.[6] The resonances in this part of the excerpt draw meaning from the construction of the behaviours and voice of the mother, and then other relatives, as being out of place and out of time within the quiet order and routinized space of hospice wards: screaming, 'going spare' and 'being on the edge' are all used to connote practices that evoke disorder and mayhem, while the representation of grief as being 'raw' (talked about in a later part of the extract, reproduced below) suggests a primitive and instinct-driven other.

The disturbing effects of the noise are further amplified through the associations that the nurses make between the 'professional' and the 'personal', which are themselves never far removed from the naturalization of Englishness as whiteness. Yet, at the same time as racialized and professional identifications are mobilized, there is a significant slip in the account. As the relations between noise, racialized others and disruption are forged, they are also interrupted by Eve's acknowledgement that the practices of some white, English families can also render staff 'superfluous' ('*we realize we're completely superfluous, which is, you can get, you know with a white English family*').

What is significant about this slip is that the questioning of racialized identifications both contests the cohesion of the 'we' of Englishness and opens the dialogue to substitution and to the potential demands of a more diverse range of what might be heard as 'other-others' (that is, 'noisy', white English, and almost certainly working-class, families). This opening and substitution questions radically the significance of race to the narrative. It also puts Eve in a difficult position in the delivery of 'culturally competent' care that normalizes whiteness as non-racial and non-cultural and seeks not only to respond to and accommodate cultural difference, but also to pre-know it (Gunaratnam, 2008b).

Multicultural Hospitality and Absolute Responsibility

Despite the apparent prevalence of the associations between race, culture, gender and noise in the extract, there are also less obvious ethical relations and articulations within the account, and it is through these that I want to come back to

hospitality more explicitly. Let us return to the discussion at the point at which we left it:

> *Yasmin*: So what was disturbing about it [the mourning]?
>
> *Eve*: I think the fact that it was so raw. So . . . um, it felt very frightening because I felt it was on the edge and I guess that feeling is often there, but we're often spared from it because people culturally determine a way to behave and these people are saying, 'No. This is how we want to behave. This is how we would behave. This is how we are behaving.' And that is very frightening if it's different from what, what you perceive as normal.

In my hearing of this extract what hits me time and again is the: 'it was on the edge . . . but we're often spared from it'. In not being spared – literally in not being sacrificed by or to the other – what Eve expresses are the onerous demands of hospice care in responding to what are extraordinary demonstrations of pain, suffering, loss and dispossession – the unconditional hospitality of the 'village' notion of hospice, that demands the giving of both space and time The utterance 'not being spared' evokes Derridian formulations of the gift that have severed gifting from cyclical economies of recognition and reciprocity, locating ethics in forgetfulness and an infinite openness to the unpredictable demands of others (Derrida, 1995).[7]

In this register, what I have heard as the gift of this sonic disturbance is Eve's immobilization as a professional, which echoes throughout the whole account. Being superfluous and not doing anything are antithetical to professional identity and practice (DasGupta, 2007), yet it is increasingly being recognized that professional non-action can erode the objectification and affective distancing of routinized care, holding potential for moral thinking and the modulation of emotional pain (Gunaratnam, 2008b; Waddell, 1989).

But of course in remembering and recounting the event, and with such great passion, Eve does act and her account is a telling 'in blood', with 'blood' implying a 'kind of life force' that involves 'respond[ing] to the other in matter that overflows any perceived integrity of the self', so that 'we perceive, speak and write to touch what touches us, to touch our being-touched' (Diprose, 2002: 190–1). Accompanied by a profound sense of failure at every turn and in every possible response, the provoking of deep thinking that the incident demanded and the disruption of a professional expertise that eschews emotional involvement, is a part of this acoustic gift. A gift that goes without acknowledgement of a debt to others (Diprose, 2002).

For Derrida, this is the essence of the gift which must go unrecognized (or be forgotten) on both sides. For Eve, such non-recognition is inseparable from the positioning of the mother (and other relatives) who do not wait for adjudication

or permission to be or to act. The uncontrollable force of the noise of their grief makes space for itself and impresses Eve, leaving her with no choice but to serve the other. And in doing so she is gifted. The paradox of ethics here is that it is precisely Eve's immobilization, the sacrificing of what is known and her failure 'to do' that gets right under her skin, destabilizes habit, and creates possibilities for an unconditional hospitality and an ethics of 'absolute responsibility':

> Absolute responsibility is not a responsibility, at least it is not general responsibility or responsibility in general. It needs to be exceptional or extraordinary . . . it is as if absolute responsibility could not be derived from a concept of responsibility and therefore in order for it to be what it must be it must remain inconceivable, indeed unthinkable: it must therefore be irresponsible in order to be absolutely responsible. (Derrida, 1995: 61)

This Derridian version of responsibility institutes a simultaneous division and a binding between ethics – as a non-volitional openness to alterity – and politics requiring laws and conditional regulation for the sake of community and as a means of adjudicating between competing demands (Barnett, 2005). It points to the limits of bureaucratic regulation and how the impossibility of 'justly' accommodating the needs of a competing array of others can instigate or become the very conditions for the capacity to be moved by the singularity of alterity and its excessive demands, leading to the transgressing of conventions, rules and laws and to the unpredictable giving of time and space (Dikec et al., 2009).

Such transgressions are not necessarily enduring guarantees of greater justice, or freedom or community. Neither should they be interpreted as unsullied by the sway of law, rationalization and calculation (Spivak, 1994); nor the pursuit of more workable, but necessarily conditional laws of hospitality (Derrida, 2001). Nonetheless, such instances of sensual and unknowing 'corporeal generosity', that push individuals and institutions out of a bounded integrity, intimate contours of an unconditional hospitality that are presently unheard of and over which we lack bodily control and knowledge. A tacit argument here is that in order to access and recognize such hospitality and its imperatives, a different kind of ethical attentiveness and empirical vulnerability is required.

Conclusion

> In suffering there is an absence of all refuge. It is the fact of being directly exposed to being. It is made up of the impossibility of fleeing or retreating. The whole acuity of suffering lies in this impossibility of retreat. It is the fact of being backed up against life and being. (Levinas, 1987 [1979]: 69)

Health care and the encounters that take place within it have been recognized as sites where the possibilities and limits of hospitality can be practised and worked

out, because 'more than workers in any other sphere – except possibly education – medical workers have the responsibility to be hosts, not just providers' (Frank, 2004: 25). I have little doubt that our health care agencies are spaces that overflow continually with practices through which we might better understand our responsibilities to specific and more generalized others; how these are played out and lived; and how they might connect to wider social formations such as those found in our evolving multicultures.

With attentiveness to these different registers of hospitality, I have been most concerned with investigating sound as a manifestation, a signifier and a vector of corporeal generosity (Diprose, 2002) that opens us up to others through involuntary bodily involvement and responsibility. The deprivatizing of the unprepared subject presented in this article, and the demands that are made upon her through aural sensibilities may sound as if they are amplified in hospice or health care settings that are saturated with the alterity and suffering of dying. Yet there is something else here about the phenomenal properties of sound that I have been trying to get at: how in certain forms and contexts sound can make vulnerability forceful and bring it close. It is a potent modality through which alterity and suffering can make themselves felt and close in on us in ways that 'disturb our being at home with ourselves' (Dikec et al., 2009: 11).

However conscious the organization and manipulation of sound and auditory space can be, the sensational impact of noise upon bodies is always inflected by shock and disruption (Cobussen, 2005). Sound can pitch us outside of ourselves and outside of existing ontopolitical and socio-historical imaginaries – into the unknown and unthought: we can be orientated and disorientated, extended by sound, while all the time such sensory evictions can anchor us, temporarily at least, in this context or that. And for 'my' hospice nurses it feels as if the ethical emerges from within the very fracturing of normative rights and responsibilities; from the moments of impossible tension that they live between the pull of the straight lines of the rules and conventions that they are asked to police within institutional settings, the competing demands and needs of other-others, and the singularity of the call of someone who is suffering.

For all these complications and complicities, I can't help being brought back to Cicely Saunders' 'working community of the unalike'. And I can't help thinking that in the very uncertainty of the institutional, affective and fleshy conditions that accompany sound and its movements, we may come close to apprehending the unimaginable gifts and excessive demands entailed in a 'community of the unalike'.

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Notes

1. For methodological details of the study from which this account is drawn see Gunaratnam (2001).

2. It is important to recognize that such narratives of care are born out of situations and moral demands where there is often no existing blueprint for practice or where a standardized response is redundant. Of course migrants and racialized others have always needed end-of-life care, but their numbers are increasing with demographic shifts, epidemiological changes and the ageing of populations, so what once was an isolated or nebulous encounter is now becoming more frequent and real. The stories that I re-tell in this article thus reflect a negotiation of new social, institutional and emotional spaces.

3. Claims about the boundedness of Western identity have been made by different authors. The German-Jewish sociologist Norbert Elias (1978 [1939]), in his epic *The Civilizing Process: The History of Manners*, has traced the historical transition over several centuries in Europe from what he calls the 'openness' of the body in the middle ages to the modern bounded body – a transition that was accompanied by the inhibition of bodily sounds and functions in public. Elias's analysis suggests that the modern association of bodily functions, noises and practices with shame, embarrassment and fear, and their relegation to the private and domestic spheres, was a gradual development, connected to wider social processes and the growth of individualism. Foucault, in *Discipline and Punish* (1977), also documented a series of bio-political techniques in Western schools, prisons, workshops and hospitals through which the body became fabricated with subjectivity as a discrete object.

4. In her examination of whiteness through phenomenology, Sara Ahmed (2007) theorizes the lived experience of whiteness as both an 'orientation' and a 'habit'. Ahmed has it that such experiences have been shaped by histories of colonialism that can affect the tiny detail of how different bodies take up and use space, and the possibilities that are open to them:

> Spaces also take shape by being orientated around some bodies, more than others. We can also consider 'institutions' as orientation devices, which take the shape of 'what' resides within them. After all, institutions provide collective or public spaces. When we describe institutions as 'being' white (institutional whiteness), we are pointing to how institutional spaces are shaped by the proximity of some bodies and not others: white bodies gather, and cohere to form the edges of such spaces. (2007: 157)

Although whiteness is amplified in Eve's narrative, other hospice narratives pointed to internal cultural differentiation of whiteness. For example, the codes of auditory space in the hospice were also talked about as being breached by families from southern Europe.

5. A variety of scholars (Bailey, 1996; Revill, 2000) have pointed to the ways in which distinctions between 'noise' and quietness and/or silence have been critical in establishing English cultural authority, while serving to draw distinctions between culture and nature, what is primitive or civilized, and what is in place or out of place. It should also be recognized that what counts as acceptable vocal expressions of suffering and grief is not only cultural but also inflected by generation, gender, class and religion. At the same time, culture is itself characterized by a multilayered sedimentation of practices

and orientations (Williams, 1990). So rather than conceptualizing hermetically sealed/congealed zones of contact between structures and practices, I intimate an intermingling between internally differentiated and shifting structures and practices.

6. As Delph-Janiurek (1999: 143) has suggested with regard to vocalization:

> Different audiences, drawing on different discursive repertoires, may derive alternative readings of vocal performances and embodiment, prompting them to locate speakers within other narratives of identity. The geography of voices therefore involves the production *and* interpretation of voices in particular ways within different kinds of spaces.

7. In *The Gift of Death* (1995), Derrida interrogates Christian mystery, deconstructing Kantian notions of responsibility that suggest that responsibility can have universal meaning and can be known. For Derrida, modern technological civilization '"levels" or neutralizes the mysterious or irreplaceable uniqueness of the responsible self. It is an individualism relating to a *role* and not a *person*' (1995: 36, emphasis in original).

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Yasmin Gunaratnam is a lecturer in the Sociology Department at Goldsmiths College, University of London. Her writing and empirical research coalesce around three interrelated themes: corporeal vulnerability, care and social research methodologies. Most recently she has authored the monograph *Researching Race and Ethnicity: Methods, Knowledge and Power* (SAGE, 2003) and has co-edited (with David Oliviere) *Narrative and Stories in Health Care: Illness, Dying and Bereavement* (Oxford University Press, 2009). [email: Y.Gunaratnam@gold.ac.uk]