

# Dancing Through the Perfect Storm: Encountering Illness and Death in the Field and Beyond



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Just as human existence is never simply an unfolding from within but rather an outcome of a situation, of a relationship with others, so human understanding is never born of contemplating the world from afar; it is an emergent and perpetually renegotiated outcome of social interaction, dialogue, and engagement. And though something of one's own experience—of hope or despair, affinity or estrangement, well-being or illness—is always one's point of departure, this experience continually undergoes a sea change in the course of one's encounters and conversations with others. Life transpires in the subjective in-between, in a space that remains indeterminate despite our attempts to fix our position within it—a borderlands, as it were, a third world. For these reasons, intersubjectivity is not only what an ethnographer studies; it is the matrix, method, and means whereby an understanding is reached, albeit provisionally, of the other and of oneself. (Jackson 2011, p. xiii)

This chapter is about uncertainties. The uncertainties of life and death, crystallizing in the face of a life-threatening disease. The uncertainties of diagnosis, prognosis, and treatment. The uncertainties of “doing fieldwork” on life-threatening diseases, while one's loved ones face illness and death. This chapter is about the unsettling aspect of these unknowns and the impossibility of preparing for them. But, moreover, it is also about their affirming aspects, in order to understand and accept these uncertainties as a central part of the anthropological endeavor and human existence in general (Strasser and Piart 2018). Just as pointed out in the passage cited above, understanding is the outcome of encounters, interactions, relations. Anyone who has experienced these moments of realization, of grasping a thought, knows about their emotionality. Understanding itself is a highly emotional process. Moreover, I argue, recognizing one's own emotions in the field is important for anthropological knowledge production. I consider emotional reflexivity to be a meaningful way to gain a deeper, more nuanced understanding of the topics anthropologists investigate.

The topic I was keen to explore for my doctoral research project was liver transplantation in Germany. Conducting fieldwork included ethnographic work in transplant clinics and at hospital bedsides, talking to people suffering from cancer and

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T. Stodulka et al. (eds.), *Affective Dimensions of Fieldwork and Ethnography*,  
Theory and History in the Human and Social Sciences,  
[https://doi.org/10.1007/978-3-030-20831-8\\_17](https://doi.org/10.1007/978-3-030-20831-8_17)

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other life-threatening diseases. A challenging topic in itself, my research coincided with a close friend's cancer diagnosis, treatment and finally death. In this chapter, I want to approach the question of how my personal experiences of illness and death during fieldwork affected my ethnographic research and analysis. I weave this very personal account together with a discussion of anthropological fieldwork, emphasizing the relational spaces that open up through this form of inquiry. The anthropological mode of research, with its emphasis on long-term, in-depth qualitative data collection, entails that the actual "doing" of anthropology very often turns into a hybrid venture between professional and personal lives. I argue that due to this hybridity, emotional reflexivity is of crucial importance for the self-critical approach anthropology requires of its scholars—especially in clinical contexts when exploring, and encountering, illness and death.

## Questions to Live With

For me, it all began with an e-mail. It was on September 15, 2014, and I had just started to settle in to the place I would call home over the course of the following months of fieldwork, when a close friend of mine sent me a message.

Subject: Necessary note<sup>1</sup>

Dear Resi,

Please don't be shocked, but I have to tell you something very concerning.

I've been in the hospital since Friday with a suspected malignant tumor, a sarcoma. (...)

I'll keep you up to date and hope that you have more enjoyable news, which I would love to read. I'll let you know as soon as I know more and hope that life is better at your new place, which I'd love to read about. I love you very much and send you many kisses (the children and Maria would too, if they were here now). With all my love,  
Philipp

I had arrived at my new field site, a German city, just 2 weeks before receiving this e-mail. I was about to start my fieldwork on transplant medicine in Germany, on how people get access to this life-saving, high-tech, high-end medical procedure and the ethical dimensions it entails. As I made my way into the medical world of transplant medicine, a seemingly mundane issue began to intrigue me. What had caught my attention was how important the waiting time had turned out to be in patients' lives: how their past experiences of waiting for a transplant had a tremendous effect on their lives in the present, in terms of the quality of that time, but also with regard to being able to prepare for the life-changing event to come (Rehsmann 2017). I began to explore the morally configured time before transplantation (ibid., 2018), when people seem to be waiting between life and death—waiting for one, or both, of these things to occur.

The only certainty we face in our lives is death; it is the one thing that we share with all fellow human beings alike. But the certainty of death brings with it the

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<sup>1</sup> I translated Philipp's e-mail and text messages freely from German into English.

uncertainty of *when* and *how*, and it seems that this uncertainty is the source of our fear of death (Bauman 1992).

Death and I had rarely crossed paths, in real life as well as in my thoughts and imagination. When I left Vienna and moved to Switzerland for my doctoral studies, it started to lurk from behind my books, from between the sheets of paper on my desk, from between the notes about my fieldwork preparations. I decided to ignore its presence and focus on other aspects of my upcoming research, notwithstanding the fact that death will inevitably play a certain role in research on life-threatening diseases. From time to time, it came to mind, and as the months of preparations came to an end, I posed in doctoral seminar the uncomfortable question of how to prepare for the possibility of encountering death. I raised it at the very end of the session, barely giving any time for an answer, and stated in the next breath: "I know it is an impossible question, we all have to figure those things out for ourselves." Back then, I could not have imagined how true this statement would turn out to be.

Sherine Hamdy, an anthropologist working on organ transplantation and donation in Egypt, faced similar issues when her father suffered from a fatal brain tumor while she was in the field. She wrote in the preface of her book that the "[Q]uestions that had formed the bulk of my research about how people come to difficult bioethical decisions when faced with tremendous pain and the imminence of death were now questions that I was living with" (2012, p. xxiii). In a similar vein, the questions I had thought I would have to deal with in the field suddenly confronted me from another, mercilessly personal, angle. They became questions I was living with.

## A Perfect Storm

Liver transplant medicine as an anthropological research topic tends to be a fragmented and intangible field. As I had decided to try and enter "the field" through patient associations, I was really excited (and quite nervous) when given the opportunity to participate in a meeting of a local patient support group—my first fieldwork encounter for my new project. After months of reading and preparing, I was finally "entering the field." What could I expect from people who were either waiting for a life-saving liver transplant or who had already received one? I tried to play it cool, but my heart was racing on the train ride to the medieval town where the meeting was about to take place at a local monastery. As I had no real-life experience with organ transplantation before that day in September, I did not know what I had gotten myself into. People in pain? People suspicious of some young researcher who was interested in their stories?

The minute before I entered the seminar room, where a group of local patients and relatives regularly come together and share information and support each other, I got another text message from Philipp:

Dear Resi!

Thing are so-so. I'm relieved they haven't found any metastases, but it's going to be a major surgery and they can't keep my leg. The tumor I have doesn't react to any other kind

of therapy; it's really, really aggressive. That's why everything has to happen super-fast right now—which means the 8<sup>th</sup> of October. It sucks.

Lots of love,  
Philipp.

My head was spinning, my heart pounding, my hands shaking, no longer just out of nerves, but now shock. He was about to lose his leg. I had no time to process, I just entered the room, sat there at the table, introducing myself, answering questions and listening to the conversations taking place. My mind drifted. I tried to concentrate, but it came popping back into my thoughts: Philipp. His cancer. His leg. What to do?

I made it through the meeting and I said my goodbyes to the group. But as soon as I left the seminar room, the consternation and helplessness overcame me. Although I had seceded from the Catholic Church years ago, I went into the monastery's church. I sat down and appreciating its quietness and emptiness, I tried to process what was going on. I remember that I lit a candle and read some of the prayers, which were written down on paper and pinned on a corkboard. What I cannot recall is whether or not I wrote down any words myself. But I definitely sent a quick prayer out into the universe. And thus, it happened that on the same day that I was first becoming acquainted with illness and organ transplantation, a deeply unsettling process began.

What might seem too obvious to be overlooked—the first fieldwork encounter coinciding with unsettling news from home—became apparent to me only months later, when I traced back my messages and matched them up with my diary. I was struck by the synchronicity of those events and the fact that I had not noticed it before. Then again, it seemed quite reasonable to me that this had been overlooked: the emotional shock I experienced that day blurred my recollections, and I had other things to think about than the unfolding synchronicity.

At the beginning of October, a week after his text message, I went to Vienna to see Philipp before and after surgery, the first of many trips that followed over the course of the next 6 months. I recall my anxiousness on the way to the hospital and intense feelings of insecurity about what and whom I was about to encounter. I still remember the tension in my body, and how I overcame the urge to turn around and not face him and his family—the minor accomplishment of staying put and keeping going. I can still feel the weight in my legs as I put one foot in front of the other, making my way through the clinic's corridors. I realized afterwards that the pictures in my mind, my imagination “running wild,” had been more unsettling than actually being there—seeing, touching, and talking face to face with Philipp and his family.

I met Philipp in the hospital's cafeteria, and he showed me the huge bump the tumor had formed close to his spine, on his lower back, bigger than my fist. During our conversation, Philipp asked, “Why me,” adding in the next breath, “But why shouldn't it be me?” Talking about the unfairness of the situation, we realized that notions of fairness did not help in grasping what was going on. Suffering from a life-threatening disease, like cancer, is never fair, to anyone, at any time. Philipp told me that he was afraid to die, to not make it through the complicated and highly invasive surgery. Nonetheless, he was also optimistic and hoped the amputation of

his leg would be a big enough sacrifice for the cancer—a sacrifice that this destructive force in his body had asked of him.

After surgery, I visited him again. I saw his damaged body, the emptiness beneath the blanket where his right leg used to be, the cotton sheet lying flat on the bed, the haunting absence. He explained to me how during surgery his doctors cut off his leg and removed the right section of his pelvis, but left parts of the muscle of his upper leg to “build” the pile of flesh he was now supposed to learn to sit on.

Philipp was in pain and all I could do was to be there with him, to be present. I told him about my life in Germany, the beginnings of fieldwork, trying to entertain him with sweet banalities from my everyday life in a situation that was far from banal. Philipp laughed in spite of the pain about life’s ironies and cynicism. As far as possible, he tried to maintain a positive outlook on the future, made plans and refused to allow his life to be defined by his reconfigured body and illness. Philipp was hospitalized for months, and repeatedly developed a fever, the cause of which nobody seemed able to detect. He needed surgery again, suffered from fever again. It seemed like an endless cycle.

He was discharged in December, having been hospitalized for almost 2 months. I tried my best to support him and his family from afar as they suffered because of his amputation and the therapeutic regimen that came along with his cancer diagnosis. During one of our rare Skype conversations, he proudly showed me his Mohawk, pointing out his resemblance to Robert de Niro in the movie *Taxi Driver*. He had shaved off his curls before starting chemotherapy, in an attempt to decrease the visibility of the toxic treatment and regain some autonomy in a situation beyond his control. From time to time as we talked, he would convulse and groan in pain, but he pleaded with me to take no notice of it and carry on talking. When I visited him and his family over the Christmas holidays, it was striking how eager he seemed to get used to his transformed body. Philipp craved a sense of normalcy in circumstances that were anything but ordinary.

In February, he found out that he had developed metastases in his lungs, something that had been indicated in his clinical report back in December, but which he claimed no one had communicated to him. His cancer had spread. He had become metastatic. Philipp’s leg and pelvis had not been sacrificed enough. It did not take long for his tumor to return right where it had started, gradually making its way up his spine, vertebra by vertebra—causing pain beyond imagination.

In her powerful book *Malignant*, Lochlann S. Jain explores the paradoxes of cancer and points out how the disease constitutes “a perfect storm” (2013, p. 5), and how each instance of it “comes with its own unique way of torturing people” (ibid., 38). Philipp’s cancerous body was his perfect storm; it became his very personal torture device. As uncomfortable as it may seem, we *are* cancer—or at least, as the subtitle of Jain’s book points out, “Cancer becomes us.” “My flesh had become the pathology report” (ibid., p. 3), she described her thoughts while receiving her test results. Cancer is many things, as Jain’s book has shown. The metaphors used to describe cancer refer predominantly to battlefield scenarios, to scenes of fighting or being strong survivors. These metaphors obscure an uncomfortable truth about

cancer: it is not an intruding virus that is making us sick, but it is our own cells turning cancerous, growing rampantly, and destroying the body they are part of.

Philipp's cancerous body had decided to do exactly that, with no regard for his life. He wanted to know how he should prepare for death, as it became clear that this really was about to happen, that it had become inevitable. Philipp was skeptical about the idea of being transferred from the hospital to a hospice, reluctant to accept what it implied: leaving a space in which people could be cured, and moving to one *beyond* the possibility of cure, healing and survival. Philipp told me about the helplessness he detected in doctors' eyes, how they seemed unable to communicate the approaching inevitability in a clear manner.

It seems that these kind of conversations—breaking bad news and dealing with patients who face death—are not among the core competencies of Western biomedicine. Jain describes “my doctor's uncomfortable avoidance of the Bad News Experience” (ibid., p. 216). The uncertainties in medicine, the often very individual trajectories illnesses trace, and the recognition of our mortality tend to be issues pushed to the margins of medical training in Western biomedicine (Fox 2000). Death has to be deferred with almost all means possible, and the realization that at some point there is nothing more one can do is also painful for many physicians—something they have to learn along the way with experience. It seems learning to support patients in dying and the importance of palliative care are kept separate from the more dominant conceptualization of what medical practice is supposed to be.

This may have to some extent been the source of the feeling of helplessness that Philipp thought he detected in the eyes of most medical professionals taking care of him. Eager for some clear, straightforward words, he asked me about books, articles, as I surely must have read something about death and dying. He still had this curiosity, his academic mind trying to make sense of the things happening to him. I tried to be there for him and his family, but I had no answers.

Philipp's cancer was indeed a perfect storm, which finally calmed with his death at the end of April. We had talked on the phone a couple of days before, and he seemed weak and disorientated as large amounts of morphine were running through his system to alleviate his pain. When his wife, Maria, called on a Sunday evening to tell me that she was unsure what was happening but that it seemed as if he was “preparing” himself, I immediately cancelled all my appointments for the week and booked a ticket home. Prepare? How? What? It was just at the beginning of the day-long train ride when my phone rang again, and Maria told me that Philipp had died that night, and that she and her baby daughter had been with him when it had happened.

It was early evening when I finally arrived at the hospice where Philipp had spent the last weeks of his life. I remember I was looking for a toilet after I had arrived, and I followed Philipp's mother, who wanted to show me to the bathroom. I recall taking a small step into a room—realizing it was *his* room—the room where his dead body was lying in bed. I forced myself to look straight ahead when I passed by his bed, seeing him out of the corner of my eye, but feeling not yet ready. I felt so unprepared for what I was about to encounter. But after a couple of moments, I



stepped beside his bed and took a look at him, lying there with his hands crossed in front of his chest. I remember how, when I touched him, his hands were already cold and felt stiff, but close to his heart Philipp's chest was still warm. I spent hours next to his deathbed, and late evening I fell asleep in the bed next to him exhausted and overwhelmed, waiting for his mother to return. Candles were lit and scented oils from a lamp covered the slowly spreading smell of death.

I spent the following days at his family's home, preparing the funeral together with his wife and sister. We cried and laughed, listened to songs we wanted to play at the service and danced to the music of Philipp's favorite band, Queen. Amid the tears, laughter and dancing, we organized a colorful and very personal service. Thankful, we said no when some guests asked us whether we had considered doing this kind of work professionally, as they had never experienced a service so beautifully special.

During this week of funeral preparations, I read some of Philipp's diaries, which he had written over the course of the preceding months. In one of his first entries, he referred to his cancer diagnosis as "infantile nightmare." As a child, he believed that because his star sign was cancer, he would sooner or later get the disease with the same name. As it had turned out, his infantile nightmare became reality. For his youngest daughter, who was 4 months old when he died in April 2015, "cancer" has remained an enigma. It still seems highly confusing to her how people could possibly suffer and die from cancer—a crab, a sea animal.

## The Space In-Between

The months that elapsed between my receiving Philipp's first cancer-related message and sitting by his deathbed and leading his funeral service were filled with experiences and encounters I had never had before. It was the first time I experienced someone close to me going through a life-threatening illness, and the first time I had painfully honest conversations about the possibility of death and the helpless wish to survive. For the first time, I saw a dead body close up, right next to me lying in a bed, only hours after death. It was the first time I touched a dead body, felt the fading warmth, the stiffness in his fingers—even smelled death's presence.

Over these months, I realized that I could bear more than I had imagined. While I kept getting closer to my perceived limits, those limits expanded, extending my conception of what I was able to cope with. Understanding, as pointed out in the passage quoted at the very beginning of this chapter, "is never born of contemplating the world from afar" (Jackson 2011, p. xiii). It happens in the "subjective in-between" (ibid.), and through my personal experiences I became more aware of how to apprehend illness, death, hospital life, myself and my emotions in the future. This more nuanced understanding has benefited me personally but also professionally, as an anthropologist in the field, encountering exactly these topics.

Philipp's illness and death did not complicate the research process for me, as one might expect in a society where death is considered a disturbance of normalcy; they

had quite the opposite effect. Although my time in the field was “disturbed” and interrupted by my visits to Austria, my overall research process and analysis benefited from these experiences “back home.” These helped me to more fully comprehend the experiences of those affected by a life-threatening illness as well as the experiences of their relatives, and enhanced my understanding of their narratives. The insecurities I had at the beginning of fieldwork about what to expect and how to encounter those affected by life-threatening illnesses became more nuanced, as I was indeed able to relate to some of my interlocutors’ experiences. The confidence I gained by being able to “manage” the events surrounding Philipp’s illness, surgery, and death—although “managing” seems an insufficient term to describe the emotional processes it entailed—helped me to be more focused in conversations, especially during interviews with patients and their relatives.

I spent most of my time during this year of fieldwork—in the field as well as back home—at university hospitals, in the waiting rooms of clinics and at hospital bedsides. Gitte Wind (2008, p. 87) argues that we should be more specific in the way we describe ethnographic fieldwork as it “has become a cliché we often use without much reflection.” Wind points out that in many ethnographies the broad term *participant observation* lacks a detailed description of what it actually entails in specific circumstances. Participant observation in a Swiss mountain village means something different than participant observation in a hospital setting. In the latter case, for example, the term often seems inadequate in capturing the limits and potentials of ethnographic fieldwork.

The limits of participant observation become especially evident in settings where conducting research requires permits and informed consent forms (Hoeyer and Hogle 2014), like clinical settings often do. Informed consent also became an issue in my research, which meant that before conducting an interview I needed my interlocutors’ signature as proof of their consent, confirming that they had received all the necessary information about the research project in which they were going to participate. I had to draft forms, adhering to the ethical guidelines for research with humans, which were drafted for medical or quantitative research, and which were far removed from reflecting the priorities of anthropological inquiry.

The process of explaining and answering questions before talking about personal experiences and creating “critical dialogical relations” (Wind 2008, p. 87), was for the most part aimed at legally protecting all parties involved, but was furthermore a way to create a feeling of trust and safety. From time to time, during interviews but also informal conversations, I shared parts of my experience with Philipp’s cancer, a sharing of personal information that helped to build a bridge to their experiences, connecting my interlocutors’ experiences to mine.

A physician at the clinic asked me once how I protected myself emotionally, as he himself had to learn to distance himself from his patients’ stories, as they became too much of a burden to him. I replied that I had not been “protecting” myself, that I had allowed these stories to come close. I refused to maintain an emotional distance for my own protection, because I wanted people to tell me about their personal experiences with illness. With some, I talked about death, what to expect after dying, hopes, and dreams of the future. Keeping a distance while they opened up did



not seem fair and feasible to me. My understanding of “doing” anthropology is inspired by Jackson’s (2011) intersubjective approach, emphasizing the importance of the relational space opening up between the researcher and the world. I follow his argument that it is through this in-between space that we are able to comprehend the people we encounter, and ourselves, with the necessary complexity, and by doing so, gain a temporary understanding of the other and of oneself in the world.

## Feeling It

The discipline of anthropology in itself is characterized by a high level of self-reflexivity, but Spencer (2010) goes one step further by including the researcher’s emotional life in this reflective approach. I agree with her statement that “self-reflexivity is incomplete if it does not include emotional reflexivity” (ibid., p. 32). Asking myself, “How does that situation make me feel?” and more importantly, “Why do I feel the way I feel?” became a way to better understand my encounters and experiences in the field and beyond.

For me, discomfort became the most interesting emotion at work in the process of emotional reflexivity. Following an uncomfortable feeling and trying to trace its source became an insightful tool for reflecting upon and questioning the things I was used to. Uncomfortable confusion diminishes or even vanishes with routine, with the recurrence of situations, pointing to the importance of temporality in this regard. Discomfort, or the lack thereof, in situations which had elicited it in the past, points to the impermanence of our reactions to certain unfamiliar situations. It points not only to an increase in the knowledge, but also to the process of becoming accustomed to circumstances—a process at the very core of the anthropological endeavor.

At the beginning of fieldwork, hospital settings were *not* familiar to me. I was not used to people’s scars, their afflicted bodies, tubes and drains piercing them, liquids flowing in and out of artificial openings. While hearing about these things was challenging to me, seeing them was even more so. Similar to the anxiety I had felt before meeting Philipp at the hospital, meeting some of my interlocutors for the first time involved considerable discomfort on my part: sitting next to hospital beds whose occupants’ bellies were punctured, with liters of liquid flowing out of their abdomens via tubes into bulging bags on the floor. I recall touching those bags, as I was asked to move them a little to the side as the flow of the fluid seemed somehow blocked. It also made me uncomfortable when people pulled up their hospital gowns to show me their scars from surgery. But nonetheless, I also remember how these moments of discomfort reduced over time.

While at the very beginning of fieldwork, hospitals seemed like very strange places—places one usually avoids—those strange places and their atmosphere soon became familiar. While at the beginning I was hesitant and insecure during my encounters with patients and relatives, questioning myself about how I could relate to their experiences of pain and suffering, of dealing with a life-threatening illness,

this hesitation gave way to a confidence that I could *in fact* relate to some aspects of their experiences.

The continuous process of reflecting on my emotional responses and remaining attentive to feelings of discomfort was not only a useful guide to becoming aware of and protecting my personal limits. More importantly, it served as a meaningful “tool” of ethnographic fieldwork for gaining a better understanding of the human condition. Because of my experiences with Philipp, I felt more comfortable talking with people about bodily limitations, their fear of surgery, the possibility of death, the haunting questions of what to expect when life ends. Topics I had brushed aside before fieldwork suddenly occupied considerable space in professional and private conversations. And the discomfort that the lurking presence of death had caused me *before* fieldwork was replaced by the deep conviction that by delving into these very existential questions, by facing one’s temporal limitedness and bodily fragility, a deeper understanding of life and one’s place in the world is possible.

I understand the emotional reflexivity as a meaningful “tool” of the intersubjective approach (Jackson 2011). Intersubjectivity urges us to be attentive to the space in-between subjects, in order to gain a deeper, if temporary, understanding of the other and oneself. It highlights the importance of the relational space that opens up between the researcher and the world. Just as private encounters are enmeshed with our emotional inner lives, so too are professional ones. This is especially the case in research contexts where the boundaries between professional and private lives tend to blur and dissolve, as they so often do in ethnographic fieldwork. Because of these relational characteristics of ethnographic inquiries, I consider emotional reflexivity a meaningful methodological and analytical tool for the practice of social anthropology—especially when working with people who face life-threatening illnesses.

## Concluding Remarks: On Hubris and Hybridity

I came so close to illness and death during these months of fieldwork that I reasoned I had to prepare myself emotionally for instances of sudden death among the people I loved. At some point, I thought I had accepted mortality—mine and that of others. I remember sitting on the train, thinking, “Okay, that is how it is, death is part of life,” while in the next moment being shocked at the pragmatism of my thinking. What hubris! The fear of cancer and dying came crawling back, haunting me in my dreams when I was back from the field, back in academia, back at the university preparing papers and panels.

Stressed and questioning everything I was doing, I woke up again and again from nightmarish dreams. Once I was diagnosed with cancer and had only a few days left but nobody seemed to care. Once a tumor in my mother’s throat had returned, taking over her body, threatening her life. Was that how I wanted to spend my time, my life? Being a stressed academic trying to make sense of such an existential topic? What if I really was about to die? What if my mother was about to die? Or my sister? What would I be doing? And on the other side of these haunting questions, the

intangible understanding that all these people so dear to me and I, all of us, are sooner or later going to die, that there was no way around that, no escape. Not once over the course of my fieldwork, when illness and especially cancer were so close to me, did I have nightmares like these, and although they disappeared after a couple of months, they made me aware that my hubris was fallacious. I realized that although I had thought, read, and talked so much about death and dying, the issue was not resolved and probably never would be.

If I were to keep the experience of Philipp's cancer and death apart from research, my being-in-the-field and the analysis of my material would be unreflective and insincere. The synchronicity of my personal and professional engagement with illness and death seems too substantial to be overlooked and ignored. I am convinced that doing fieldwork and working as an anthropologist are often a hybrid venture of the professional and the personal, that the line between private and work life often becomes blurred. Consequently, our experiences in either of those spheres affect and influence each other.

Because of this interrelatedness, I am convinced that my experiences back home in Austria influenced my research. Although they were intensely challenging, I feel confident in saying that they enriched my fieldwork, my empathy, my being-in-the-field, my understanding and analysis; they enabled me to more fully comprehend the experiences of people affected by a life-threatening disease. The confrontation with Philipp's illness and death affected my views on living and dying and my emotional capacity to grasp patients' experiences; conversely, my interlocutors' stories also helped me in my conversations and encounters with Philipp and his family. This interrelatedness is not only a characteristic of anthropological fieldwork; it is an essential part of the intersubjective approach. It points to the junctures where the subjective lives of the researcher and those being studied fold in and out of each other.

What I took with me from those encounters with death was an awareness of being alive. As pretentious as it may sound, being aware of one's mortality helps to put things into perspective. I decided I would not put death into a hidden corner of my mind, ignoring it so it could hit me even harder when it inevitably appeared, but would instead try to accept the uncertainties that come with being alive. Bauman (1992) argues that mortality is such an essential part of our existence and our imaginations that the *overcoming* of it serves as the driving force of human culture. We create to transcend our temporal actualities. What I aim to do by writing this chapter is not only to create a text to transcend my own temporal situatedness and boundedness, but by including Philipp's story, I aspire to take him along with me.

**Acknowledgements** Very special gratitude goes to my dear friend Maria, Philipp's wife, mother of three, emergency surgeon, who has never forgotten how to dance and laugh during the craziness called life. Her feedback on this chapter was crucial and her caring, beautiful words reflected how amazing a person she is. I am also deeply grateful to my supervisor, Sabine Strasser, for her encouraging support during my fieldwork and beyond. She trusted me to make the right call—a trust not taken for granted. This work was supported by the Swiss National Science Foundation [project number 149368 and 175223].

## References

- Bauman, Z. (1992). *Mortality, immortality & other life strategies*. Cambridge: Polity Press.
- Fox, R. C. (2000). Medical uncertainty revisited. In G. L. Albrecht, F. Ray, & S. C. Scrimshaw (Eds.), *Handbook of social studies in health and medicine* (pp. 409–425). London: Sage.
- Hamdy, S. (2012). *Our bodies belong to god: Organ transplants, Islam, and the struggle for human dignity in Egypt*. Berkeley: University of California Press.
- Hoeyer, K., & Hogle, L. (2014). Informed consent: The politics of intent and practice in medical research ethics. *Annual Review of Anthropology*, 43, 347–362. <https://doi.org/10.1146/annurev-anthro-102313-030413>
- Jackson, M. (2011). *Life within limits: Well-being in a world of want*. Durham: Duke University Press.
- Jain, L. S. (2013). *Malignant: How cancer becomes us*. Berkeley: University of California Press.
- Rehsmann, J. (2017). Fighting Hydra: The uncertainties of waiting for a liver transplant. *Tsantsa*, 22, 47–56. Retrieved from <http://www.tsantsa.ch>
- Rehsmann, J. (2018). Confined live(r)s: Self-infliction and arbitrary survival in the German transplant system. *Anthropological Journal of European Cultures*, 27(2), 45–64.
- Spencer, D. (2010). Emotional labour and relational observation in anthropological fieldwork. In D. Spencer & J. Davies (Eds.), *Anthropological fieldwork: A relational process* (pp. 1–47). Newcastle upon Tyne: Cambridge Scholars Publishing.
- Strasser, S., & Piart, L. (2018). Intimate uncertainties: Ethnographic explorations of moral economies across Europe. *Anthropological Journal of European Cultures*, 27(2), v–xv.
- Wind, G. (2008). Negotiated interactive observation: Doing fieldwork in hospital settings. *Anthropology & Medicine*, 15(2), 79–89. <https://doi.org/10.1080/13648470802127098>