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Confronting Loneliness with Devotion

A Short-Term Ethnography of Bible (E-)Reading in a Palliative Care Unit

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Abstract

Today, the practice of religion is strongly influenced by digitalisation, in not only everyday life but also liminal situations such as dying. Apps, social networks, and virtual church services offer believers opportunities for participation when their mobility is impaired due to ageing and severe illness. This short-term ethnography explores Bible (e-)reading and (religious) encounters in a palliative care unit of a Swiss hospital, drawing on in-depth interviews, participant observation, and documentary photography. Using the case of a devout Protestant, who was chosen as a case study from a sample of 12 terminally ill patients, I will investigate 1) the existential issues involved in the dying process, 2) how Bible (e-)reading alleviates these issues, and 3) the networks and encounters with which the practice is connected. The results show that anticipation of death in conjunction with personality and social issues bestow a complex emotional tone on the Christian's end-of-life journey. Bible reading, performed both through mobile mediation and face-to-face with companions, is an avenue through which to gain strength and hope in this difficult situation. Another important finding is that the devotional practice involves an exchange of gifts, which transposes the practice into a moral economy of compassion and care.

Keywords

dying and death – loneliness – Bible reading – religious coping – networked religion
– palliative care

Introduction

Attitudes towards dying and death in highly individualised and secularised societies are diverse, yet for many people religion remains important to deal with the uncertainty and suffering brought on by terminal illness. Like almost all domains of contemporary life, religious practices and rituals, which provide meaning and hope to faithful dying persons, are altered by the social processes of digitalisation and mediatisation. Today, the daily practice of religion takes place in various types of media and forms of interaction in online and face-to-face environments, whose separating lines have become blurred due to the proliferation of mobile phones and permanent Internet accessibility. Websites, apps, and social media supplement and extend traditional spheres of religious practice and support. By engaging in digital technologies, Christians facing hardship connect with the (extra)mundane and create weak and strong ties of support with communities of faith and compassionate individuals, who accompany them through dark times virtually and in person.

According to Lutheran theologian Deanna A. Thompson (2016), who herself has been seriously ill with cancer, the “wideness of church” and “the body of Christ incarnate in it” (p. 11) can be experienced in virtual reality. These religious networks and encounters—which from Thompson’s “emic” view mediate Christ’s body and messages virtually and enable healing and comfort through communicative and devotional practices and media—have not been treated in much detail in ethnographic studies. So far, research on dying and death in the digital age has focused on aspects such as blogging about terminal illness and emphasised how the digital and the rapidly changing technological world offer a number of positive allowances for the dying and thus counteract the sequestration of death (Drescher, 2012; Lagerkvist, 2019; Lagerkvist & Andersson, 2017; Metzger, 2023a; Walter, 2020; Walter et al., 2012). These studies demonstrate that digital mediations mould and co-constitute the experiences of suffering, dying, and bereavement and that the realms of illness and death “are equally constitutive parts of ‘being in and becoming with the digital world’” (Lagerkvist & Andersson, 2017, p. 559). The vital role of technologies in people’s lives and different modes of communication are an important key to understanding the social experience of dying and the (religious) practices to cope with it in mediatised and globalised Western culture. In contrast to the publicly visible and well-studied representations of dying and death on the Internet, much less is known about the ordinary media engagement of terminally ill Christians, whose voices are not present in late modern mass media culture.

Drawing on 18 months of ethnographic research conducted among patients receiving palliative care in Switzerland, this study investigates how the devotional practice of Bible (e-)reading serves as a means for coping with existential issues in dying. The emphasis will not lie on the digital as such, but rather on the interplay between this practice and different media and communicative strategies used to create meaning and foster support in the face of death. This will be exemplified by the case of a Protestant, who I picked from the totality of research encounters in order to provide a glimpse into lived religion in dying. Research on this topic is still scarce. The temporal experience of dying is a social, psychological, and biological process (Glaser & Strauss, 1974) that may not be limited to a few days or hours before death but can instead begin when, for example, a terminal illness is diagnosed (Kellehear, 2017). This paper highlights the importance of investigating the digital engagement of Christians facing death in relation to a larger set of behaviours, practices, and fabrics of culture. The detailed study of lived religion and mutual sympathy between different people I will provide in this article should allow for understanding challenges in coping with existential issues, as well as illuminate how mediated religion and emotional support function on various levels of the end-of-life journey. I want to elaborate on three interrelated research questions into which the case provides valuable insights:

- 1) What are the emotions and existential issues involved in the Protestant's end-of-life journey?
- 2) How does Bible (e-)reading alleviate these issues and affect emotional well-being?
- 3) With which (virtual) support networks and encounters is the religious practice connected in the hospital?

Ethnographic studies have found that the practice of digitally and mobile-mediated religion is usually part of a set of religious practices and interactions (Bellar, 2017; Fewkes, 2019). Offline and online religious practices are interconnected, with the latter being imprinted by the values, structures, and expectations of the offline world (Campbell, 2012a). In many cases, digital religion is an extension and supplement of traditional forms of religion, which today, according to Campbell (2012a), is performed in personalised and fluid networks between online and offline contexts. In this article, I will draw on Campbell's (2012a, 2012b) concept of networked religion to capture the social networks, spaces, and encounters Bible (e-)reading is a part of during the time spent in the hospital. The social spaces in the investigated case are primarily "on ground" yet connected to mobile-mediated environments of religious practice

and support. Campbell (2012a) highlights that “seeing religious community as a social network is not limited to studies of religion online” (p. 70). During the research, I myself became part of such networks several times, and the boundaries between scientific work and support for the dying were blurred. The participants of my study relied on me as a patient listener to whom they could release their emotions and feelings and thus ease their struggles. This openness of both the researcher and the informant, as we will see later in this article, is the prerequisite of ethnographic knowledge and research, which is not based on distanced observational stance but is an inevitably collaborative activity (Pink et al., 2016).

Literature Review

The case investigated in this article touches on issues of loneliness and emotional suffering, religious coping, and the effects of digitalisation on Bible reading habits and possibilities for assisting the dying. The first section of the review delineates the phenomenon of loneliness in relation to the fabric of Western society and historical developments such as medicalisation and highlights different dimensions of loneliness. The second section is concerned with Bible reading as a religious coping strategy to promote health and well-being and the rise of app culture, which altered Christians’ daily engagement with the Bible. Finally, the proliferation of digital technologies is discussed in relation to meaning-making and religious engagement at the end-of-life.

Loneliness and Suffering in Dying

Emotional suffering and existential issues in relation to dying, such as loneliness, social isolation, depression, fear and anxiety, sadness, or hopelessness are well known and have been widely documented (Albinsson & Strang, 2003; Boston et al., 2011; Hemberg & Bergdahl, 2020). From a historical perspective, loneliness has been linked with the Calvinist doctrine of predestination (Weber, 1905/2013). In addition, it has been associated with the weakening of religious bonds in modernity, in which the individual is confronted with and has to respond to existential uncertainties alone (Bauman, 2000; Giddens, 1991). The feeling of loneliness, in which an individual experiences isolation from human contact or socialisation, is multifaceted and can encompass interpersonal, social, cultural, cosmic, and psychological dimensions (Bodford, 2017). From a psychological point of view, loneliness can emerge due to a variety of reasons and at different life stages in different intensities. Commonly used loneliness scales conceptualise the phenomenon within dimensions

such as deprivation, abandonment, missing companionship, and meaningful relationships (Bodford, 2017). Empirical studies found that both men and women experience loneliness in old age (Yang & Victor, 2011), with impending death a contributing factor to loneliness (Sand & Strang, 2006).

Classical sociological thinkers have connected the phenomenon to medicalisation (Elias, 2001; Giddens, 1991; Kellehear, 2007; Mellor & Schilling, 1993). Medicalisation, which can be defined as “the process by which previously nonmedical problems become defined and treated as medical problems, usually as diseases or disorders” (Conrad, 2013, p. 196), resulted in the removal of dying and death from domestic spaces to hospitals. Elias (2001) argues that many of old and dying people’s living environments are “deserts of loneliness” (p. 74). They are secluded in care homes and hospitals and thus lose emotional attachment to loved ones and the community. Empirical evidence supports this view, highlighting that due to increasingly restricted social interaction, patients lose protection against isolation and have a reduced ability to share thoughts with others, which, in turn, triggers a sense of meaninglessness and existential loneliness (Sand & Strang, 2006; Sjöberg et al., 2018). At the same time, it has been observed that the modern hospice movement and the postmodern revival of death counteract this problem and lead to a reintegration of dying and death into society (Walter, 1994). In the individual case, however, little is known about which religious, psychological, social, and structural factors contribute to loneliness and suffering in dying and how patients cope with these issues.

Bible Reading as a Coping Strategy

Religious and spiritual practices can facilitate coping with negative feelings and existential crises. Religious coping is defined as “religiously framed cognitive, emotional, or behavioural responses to stress, encompassing multiple methods and purposes as well as positive and negative dimensions” (Wortmann, 2013, p. 1647). In his comprehensive review of research on religion/spirituality and health, Koenig (2012) identified a total of 454 studies between 2000 and 2010 that describe how religion/spirituality helped people to cope with a wide range of illnesses. In this broad field of research, a few empirical studies have likewise focused on the benefits of Bible reading to deal with adversity, thus supporting the idea stressed by several scholars that devotion to the Bible is less a theological endeavour than a means to acquire practical knowledge for both daily and transitional phases in life (Daiber et al., 1993; Hutchings, 2017; Rylie, 2013). Qualitative studies found that solitary Bible reading plays an important role in the self-health management of older adults and is a health-promoting strategy during stressful life events (Arcury et al., 2000; Hamilton

et al., 2013). In addition, a recent quantitative study based on a survey of US citizens assessed the positive effect of reading the Bible on dealing with life stressors (Krause & Pergament, 2018). Previous research also established that Bible study is not only an individual endeavour but also a dialogical event and space, “highlighting the social significance that imbues the relationships produced among readers and their texts” (Bielo, 2009, p. 157). While some ethnographic research has been carried out on Bible reading (Bielo, 2009), no studies have been found that investigate the devotional practice in relation to dying.

E-Reading and the Proliferation of Digital Technologies

In recent decades, a cultural change has taken place that has deeply influenced the way people engage with the Bible and other sacred texts throughout their lives. Digitalisation and the Internet have dislodged both religious and secular reading practices from their natural place in the constellation of modalities and media (Mangen & van der Weel, 2016). The Pew Research Center (2022) has reported that 3 in 10 Americans now read e-books. According to the American Bible Society (2019), around 55% of the people who read the Bible regularly use the Internet, and 44% use an app to access the Bible. A growing body of literature has begun to examine the effects of digitalisation on religious reading practices and understanding of the Bible (Dyer, 2019; Ford, 2019; Hutchings, 2015, 2017). Recent studies have provided typologies for religious apps (Campbell et al., 2014; Wagner, 2013) and showed how these apps train users into habits of regular Bible engagement (Dyer, 2019; Hutchings, 2015). Ethnographic studies have examined the use of religious apps in varied cultural contexts from an anthropological perspective and demonstrated how religious uses of apps and digital media often interact in complex ways with activities and communities on the ground (Bellar, 2017; Fewkes, 2019). Bellar (2017), who studied Christians’ choice and use of religious mobile applications, emphasises that daily Bible engagement through apps and the expected outcome of encouragement are indicative of offline practices “blurring into the online or mobile context” (p. 121).

While the effects of digitalisation on reading the Bible (Dyer, 2019; Hutchings, 2015) and the use of apps in different religious traditions (Fewkes, 2019) are well researched, there is a lack of studies that examine the benefits of Bible e-reading at the end of life. Scholars have highlighted that many religious older people have limited ability to leave their homes for religious purposes because they are ill or live in isolation (Okun & Nimrod, 2021). When illness and physical impairment limit a person’s access to the world, digital technologies seem an asset for practicing religion, creating meaning, and finding support.

Previous studies have postulated that social media and apps make and reinforce connections with the mundane and extramundane, provide social support, and allow for seeking information, sharing experiences, and coping with and communicating about existential issues (Drescher, 2012; Lagerkvist, 2019; Rains, 2018; Thompson, 2016). However, it remains unclear how the proliferation of digital technologies such as devotional apps influences and moulds the daily lives and religious practices of terminally ill Christians.

Methods and Data

(Digital) Ethnography

As noted above, this article is based on a single case study. I selected the case from a sample of 12 terminally ill patients who I met between 2020 and 2022 in Switzerland. I chose an open and process-oriented ethnographic approach that acknowledges “the ways which media are inseparable from the other activities, technologies, materialities and feelings through which they are used, experienced and operate” (Pink et al., 2016) to explore patients’ end-of-life journeys. Over a period of 18 months, I made several short field visits. Because of the participants’ poor health and need for privacy and retreat, it proved difficult to engage with them over a longer period of time. Moreover, research was further complicated by the COVID-19 crisis. In times of lockdowns, field access provided by two urban hospitals with palliative care units and a hospice in a rural area in Switzerland was hindered, and I was forced to communicate with participants via video conferencing, email, or WhatsApp. The overall study is comprised of several “short-term ethnographies” in which the ethnographer clearly indicates their intentions and engages participants in their project (Pink & Morgan, 2013). Pink and Morgan (2013) argue that short-term ethnographies are by no means “quick and dirty” or less valuable than long-term engagement but should “go beyond observation” (p. 353) to create encounters that benefit from the production of forms of intensity and empathy. The knowledge that stems from these encounters and their interpretation, however, is limited and represents a specific embodiment and “partial perspective” (Haraway, 1988, p. 583)—in this case, that of a 43-year-old non-religious male researcher, who has never been seriously ill himself and had hardly ever had any contact with death until the beginning of this research.

Depending on the situation and needs of the 12 participants, different qualitative methods, such as informal conversations, in-depth interviews, participant observation, photo-elicitation (Lapenta, 2011), and Internet-ethnography, were applied. The approach was designed to adapt to their

difficult living conditions and provide options for collaborative research. By letting the participants decide how they wanted to interact and communicate with me, collaboration and self-determination should be strengthened and vulnerability thus mitigated.¹ Given the insightful nature of certain cases, I opted for reporting three of the conducted short-term ethnographies in independent sub-studies (Metzger 2023b, 2023c). The rationale for this single case study is the so-called revelatory case (Yin, 2015, S. 184). According to Yin, “this situation exists when a researcher has an opportunity to observe and analyze a phenomenon previously inaccessible to social science inquiry” (ibid.). As noted above, no ethnographic studies have been found that investigate the devotional practice of Bible (e-)reading in relation to dying. Consequently, I decided to explore the case of the Protestant in detail in order to provide a glimpse into the practice of religion at the end of life in digital culture.

Participant

Remo, a 73-year-old with whom I had three encounters over the course of a week, suffered from pancreatic cancer in the late stage.² He was admitted to a palliative care station in autumn 2020 due to a severe health crisis he had faced at home. He died on 17 November 2020, a couple of weeks after our first meeting. The cancer had been diagnosed two years earlier, in 2018. Remo lived with his wife in a major city in Switzerland. They met after the death of his first wife, with whom he had one son. Remo was an engaged Protestant throughout his life. He participated in Christian youth camps in the 1960s and was inspired by the zest for life of his group leaders. After graduating from high school, he joined a religious fraternity, in which he was trained as a deacon. He worked for nearly 30 years for a local congregation, assisting and supporting individuals, organising social activities for older people, and visiting the sick and dying in their homes.

Data Collection

This article draws on different types of data: 1) two in-depth interviews (25 October and 27 October 2020) with a maximum length of two hours, which

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- 1 The author is committed to an ethical and sensitive research approach in accordance with the principles of professional responsibility of the American Anthropological Association (<http://ethics.americananthro.org/category/statement/>). The project was reviewed by the Ethics Committee of the Canton of Zurich (Declaration of Competence BASEC-No. Req-2019-00221, Cantonal Ethics Committee Zurich, Switzerland). Written informed consent was obtained from the participant.
 - 2 The name of the interviewee is a pseudonym. Details such as names of places and third parties that could lead to identification of the participant were removed from the article.

were recorded on a digital audio recorder and subsequently transcribed (quotations in this article were translated from Swiss German to English and therefore do not reflect all original nuances and subtleties); 2) Informal conversations and field notes of participant observation; 3) photographs of Remo's living environment in the hospital; and 4) two obituaries of Remo, found on the Internet after his death.

Data Analysis

I used an open coding approach to analyse my data. For exploratory case studies whose aim is to explore new and unknown fields, working from the “ground up” is an obvious and beneficial strategy (Streb, 2010), which has been, for example, demonstrated in grounded theory research (Glaser & Strauss, 1967). To identify the main themes and shed empirical light on my research questions, I assigned codes to the data, each code representing a concept of potential interest. The insights I gained refined my analytical path and allowed me to illuminate key aims of this study: 1) the emotions and existential issues involved in dying, 2) the purpose and outcome of Bible (e-)reading, and 3) the social (religious) networks and encounters with which the practice is connected.

Findings

To get to the palliative care unit of the hospital, located on a hill above the city in which Remo was treated, one had to walk through several long and partly unused wings. The ward was situated in a hidden corner of the hospital, and it almost seemed to me as if someone wanted to banish the dying to behind the scenes, as described by sociologist Norbert Elias in his seminal book *The Loneliness of the Dying* (2001). When I entered Remo's room to have our first conversation, he was chatting with his wife. She promptly said goodbye to him and nodded to me as she left. The small man invited me to take a seat opposite him. His smartphone and a heavy Bible were lying on the coffee table. Behind the table, on the windowsill, stood a beautiful bouquet of sunflowers, which one of his many visitors must have brought along. He was wearing a big and cosy anthracite-coloured track suit, which concealed his emaciated body—a clear indication of the long-lasting cancer and the therapies he had undergone. He was partially bald, wearing rimless glasses, and his gentle look suggested a good-natured person. During our conversation, his smartphone rang several times. He seemed to be socially well connected. Shortly before we wrapped up our first conversation, the next visitor was already knocking on the door.

The “Emotional Rollercoaster”

The subjects of emotional intensity and suffering were recurrent in our conversations. At the time I conducted the interviews, Remo had suspended cancer therapies and was undergoing palliative care, trying to improve his physical and mental well-being for the short remainder of his lifetime. He mentioned the dreadful situation he had been in at home right at the beginning of our interview. He said: “The cancer took all my power away, and I couldn’t even eat and drink anymore. I was completely powerless. I was crying the whole time. I broke down.” The situation caused an immense psychological strain for not only him but also his wife, who had to witness this day by day. “It was really terrible for her,” he recounted, “because she couldn’t do anything about it.” Due to this crisis, he was admitted to the palliative care unit, in which he stayed for ten days.

The awareness of his impending but unforeseeable death made Remo feel “helpless” and undermined his sense of ontological security, which is achieved through belief in the continuity and reliability of the inhabited world (Hewitt, 2010). Remo lacked a sense of control over the events and course of his life because of the unpredictability of his illness trajectory. He recounted: “You know that you will die soon. Yet you don’t know how fast it will happen. You only know that it will happen ... this makes you feel helpless.” He compared his perceived end-of-life journey with an “emotional rollercoaster” to whose unpredictable course he had difficulty adapting. A result of his winding trajectory of dying was a continuous back and forth between negative and positive emotions and states of mind: “Once, I was ready to die, but suddenly my health improved, and I felt better again. It’s an emotional rollercoaster with ups and downs.” He also reported on his emotions and psychological states in other sections of the interview, notably sadness and grief. He hadn’t come to terms with his own death yet and expressed “Letting go of my whole life makes me deeply sad.” His focus on the here and now made the parting difficult. He emphasised that his life was not directed towards the afterlife: “I spent my life working for a life before death ... paradise is not after death.”

Alongside emotional suffering, he also expressed moments of positive intensive living. Remo mentioned his brother and how their relationship had strengthened, given his impending death:

Lifetime is even more limited now. A positive effect of this is that that one talks more intensively with one another again. ... For example, with my brother, we remember the old times, and he tells me what’s going on in his life. ... That makes me happy. Everything becomes more alive, alive, really alive.

Yet the blissful moments he shared with his brother and other close persons also had a downside. The moments of intensive living he experienced made it anything but easy for him to let go and accept death: “Saying goodbye makes me sad. You know. When the friendships you had were strong and good, it’s hard to say goodbye. One’s not relieved to go away.”

What stands out in his farewell and grieving process is a sense of loneliness and isolation. Interpersonal barriers of communication resulted in a sense of abandonment and missing companionship, which triggered an experience of loneliness: “I am alone with the thought that I am dying. I must let go of everything—an idea my partner doesn’t want to be confronted with every day. She has to say goodbye to me. That causes loneliness.” The impossibility of sharing grief, pain, and fear of the loss of one’s life with a beloved person isolated Remo emotionally during his end-of-life journey. Moreover, he lacked a community of peers to cope with these emotions:

You are lonely sometimes. ... I’m not in a self-help group, and I don’t think that they are any for dying people. They are usually intended for particular diseases or addicted people. ... And besides this, I also no longer have the strength to go somewhere.

In addition to the perceived communication barriers and the missing exchange with patients in the same situation, Remo stated that the hospital enhanced the experience of loneliness: “When you’re at home, it is easier to distract yourself than when you’re alone in a hospital room. You chat with your wife, you go for walks, you play a game, and so on.”

Confronting Loneliness with Devotion

A key resource Remo relied on in his end-of-life journey to alleviate suffering and improve well-being was daily Bible (e-)reading. He explained that the devotional practice was a means for him to find support and meaning in life: “You know, you should take Jesus Christ and his words as a basis for life, for your own actions and thinking.” Remo further emphasised that whenever possible, the devotion to the Bible should be performed with companions: “He [Karl Barth] has constantly emphasised that you actually should recite, not just read, the Bible. You should hear the Bible text through someone’s voice.”

Several examples show that solitary and social Bible (e-)reading helped Remo to alleviate suffering and navigate difficult times in life up to and including the end of life. He shared, for instance, his memories of the time when his first wife died and he started to read the “Daily Watchwords” from the Moravian Church in Herrnhut, Germany:

One of the first Daily Watchwords I read was: Behold, I have set before you an open door, which no one is able to shut. I know that you have but little power, and yet you have kept my word and have not denied my name.

Remo expressed that he interpreted the metaphor of the open door as hope, and thus the watchword was “uplifting” and “gave confidence that one day things would take a turn for the better.”

Daily Watchwords were essential in not only coping with the death of his first wife but also his own process of dying. Along with the devotional books he brought to the hospital, he used an app for daily Bible reading. When asked about the devotional practice, he reached for his smartphone on the coffee table and opened the app “Die Losungen” from the Moravian Church. “Look,” he said, “that’s the blue-coloured app here” (Figure 1). Then he went on to explain how it works: “In Germany there is the so-called fraternal community of Herrnhuter. The fraternal community provides a daily watchword from the Old Testament, chosen at random, and a doctrinal text from the New Testament.” He described how a watchword he read on the smartphone before a surgery

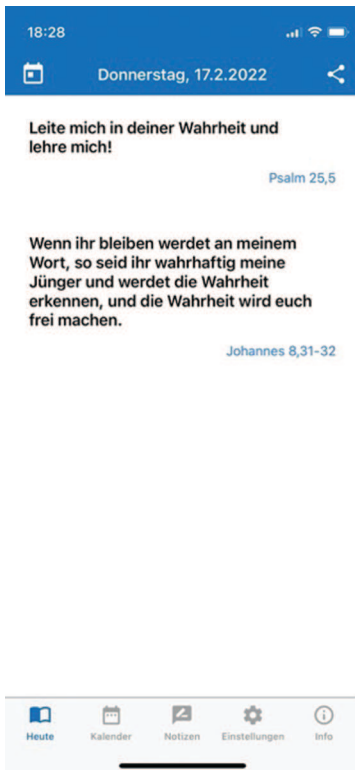


FIGURE 1
Screenshot of the devotional app “Die Losungen”
and accompanying text from the New Testament
SCREENSHOT TAKEN BY THE AUTHOR ON 17
FEBRUARY 2022

gave him strength and trust in a difficult moment: “There were days ... I don’t know, I had a surgery and the watchword touched me, it strengthened me in my faith, it gave me something to hold on to.” He explained that faith, which according to him is like a “basic colour in life,” and trust in God cannot be taken for granted, thus stressing the significance of (re)connecting with faith through devotion to the Bible: “Obviously, trust in God is not something stable. There are ups and downs. You don’t just have it in your pocket like a wallet.”

Remo also reported that he asked people to read a Bible verse to him. This would cheer him up, as he stated: “What I do in this situation ... I sometimes ask people to read a Bible verse to me, for example the pastor after we had a talk. ... That encourages me.” Through the presence and voice of other people who reveal the word of God, Remo could gather strength and gain hope while being treated in the hospital. He explained:

That helps me. It’s one of my reactions to the feeling of loneliness. ... I mean when I ask people to read a Bible verse to me. That really does me good. In this moment, I’m pulled out of my loneliness. You know. I’m not so lonely anymore and then I feel better.

The comment illustrates that the feelings of loneliness are alleviated in the presence of a caring body, which allows for social bonding and connecting with faith and the self. Overall, the examples show that the different practices of Bible reading with an app, books, and in the company of others helped Remo to cope with emotional suffering and loneliness, leading to encouragement, trust, and hope, thus increasing well-being at the end of life.

“I Am Always With You”—Social Encounters in the Hospital

The practice of reading Bible verses aloud points to the social networks and encounters in the hospital, in which different people were involved to support Remo. Strong relations to the community were of particular importance in this respect. The community and the individuals with whom Remo was in contact face-to-face and online nurtured his hope and strength through sharing of emotions, thoughts, and gifts. He mentioned that he was in contact with a pastor via WhatsApp to get spiritual support and told the story of a friend who gave him a Bible verse as a gift along with a devotional book (Figure 2):

I’m so grateful that she visited me in the hospital, gave me this book, and wrote down a Bible verse. That is fantastic. We Christians don’t make a fuss about these things, right, but she just did it. And when I ponder the verse in the morning for a while, it gives me back hope and strengthens me.

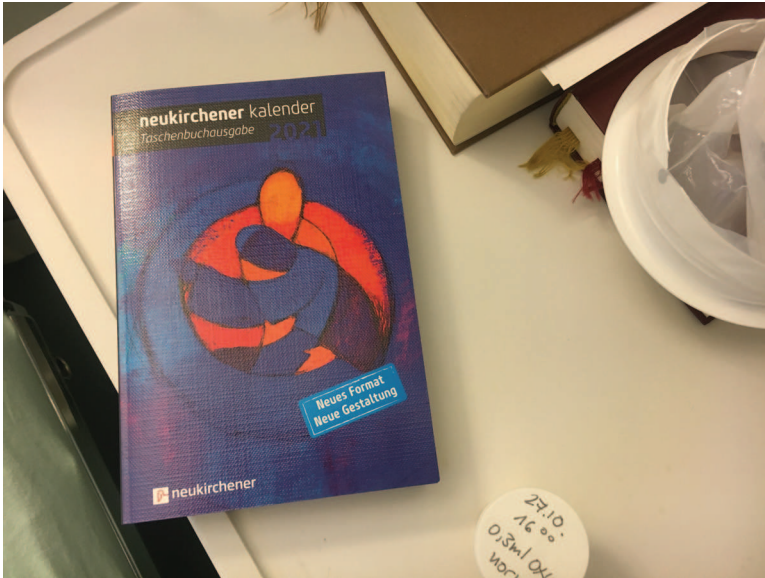


FIGURE 2 The devotional reading book *Neukirchener Kalender*, which Remo received as a gift.

PICTURE TAKEN BY THE AUTHOR ON 27 OCTOBER 2022

The comment highlights that the devotional practice of Bible reading is also a social event, which strengthens and sustains relationships through the exchange of verses, thereby showing benevolence towards a dying person. This social dimension of the practice also became a part of our interaction and communication. When Remo took his friend's note with the Bible verse out of the devotional book and passed it on to me, something unexpected happened. I first hesitated, but then I could not help reading the verse to him: "Yet I am always with you. You hold me by my right hand. You guide me with your counsel, and afterward you will take me into glory." He smiled at me and said: "That's what she wishes for me. ... I'm open to people who encourage me. The idea that God is holding me by his hand, and I can trust in this, gives me strength and hope."

Strangely, our conversation was turned into a religious practice, which altered my position as a researcher. At once, I was not an interviewer anymore but a person who tried to encourage a dying person fighting with loneliness, sadness, and grief. For me, as a non-religious person, it was thought-provoking but also bizarre to engage ad hoc in a religious ritual. Yet, notwithstanding our different worldviews and lifestyles, we both were open to the presence and influence of the other, which created a fleeting but nonetheless intense

bond between us. In Remo's case, this openness was key to dealing with his own death. He said: "Well, I always try to keep my eyes open, looking out for a person like you, for new people, and also for new forms of therapies I didn't know before."

In Remo's account of the time spent at the palliative care station, the significance of mutual exchange with all kinds of people to get hold of faith and his life stands out. As a result—along with the established forms of religious practice and communication with family, friends, and the community of faith—various social encounters took place in the hospital, which influenced his experience of dying. Aware of life's closure, Remo relied on different sources of therapeutic help and even me as a researcher for spiritual and psychological support and biographical work while being treated at the palliative care unit:

I have to say goodbye to everything; my whole life comes to an end. Right? That's why I talk about my life and my work with you, as well as the pastor and the psychologist. I feel the urge to once more talk about my life ... my experiences, my education, encounters with other people, and so on. ... When I look back at this week, here in the palliative care station, I realise that I've really had the urge to talk. Also, to you.

This comment highlights that putting experiences into words is a method to come to terms with one's own demise, offering a chance to review and adhere to what is loved, completed, and achieved. Remo's religious coping strategies, along with his communicative efforts—supported by palliative care, an environment that values self-expression—and his good integration into the community, allowed him to make meaningful connections with other Christians, psychologists and pastors, his life, and God when approaching death. These connections were established through devotional reading, spoken words, the body, gifts, and digital technologies, all of which, together with human care and compassion, formed the socio-technical infrastructure of the supportive networks and encounters in the hospital.

Discussion and Conclusion

An initial object of the study was to identify existential issues faced while dying. The emotional suffering reported in this study has been described by other empirical research, in particular the predominant theme of loneliness (Sand & Strang, 2006; Sjöberg et al., 2018). The findings show that being unable

to share thoughts with a loved one and a community of peers results in a sense of abandonment and triggers loneliness, which is reinforced by—but cannot be reduced to—the modern institution of the hospital. The Protestant’s feeling of inner loneliness was not, as with the Calvinists in earlier times, owed to the uncertainty of eternal salvation, “which was the most important thing in life for the man of the Reformation age” (Weber, 1905/2013, p. 61), but emerged due to interpersonal challenges and barriers of communication as well as structural factors such as the sequestration of death. Furthermore, the results suggest that Remo’s worldly attachments contributed to his suffering at the end of life and struggles to accept death. In the realm of his experience, death signifies, *inter alia*, a painful separation from the things he adhered to and loved—for example social relationships—as his deep sadness and attempts to review his fading life in the hospital through conversations with psychologists, pastors, and me revealed. Finding closure proved difficult for the Protestant, as he dedicated himself and his work to this world and not the afterlife. On the whole, it emerged that Remo’s sensitive personality bestowed a complex emotional tone on his journey of dying and that neither religious practice nor family and community networks could always keep him from falling into sadness and despair. The case highlights that despite holistic care and digital technologies, which counteract the sequestration of death (Drescher, 2012; Lagerkvist & Andersson, 2017; Walter, 2020), problems such as loneliness and isolation remain pertinent in dying.

With respect to the second research question, the results of this study demonstrate that the religious (e-)reading practices performed at the palliative care unit mitigated emotional suffering and feelings of loneliness. The overall outcome of the practice was encouragement and hope. These results reflect those of other qualitative studies, which found that reading the Bible promotes mental health during stressful life events (Hamilton et al., 2013). Furthermore, the findings support the notion of Bible reading as a life-support strategy, based on the practical and applicable knowledge stored in the text. The patterns of Bible engagement reported in this study show how “the reader seeks to apply the text, to find a point of personal relevance within it” (Hutchings, 2017, p. 279). An important finding is that the socially supported reading practice in co-presence with others enabled social bonding and thus alleviated loneliness. Sand and Strang (2006) highlight that injured bodily integrity and physical suffering trigger existential loneliness and emphasise that the sensitive bodily co-presence of caregivers and dying persons “can give reassurance and reduce aloneness” (p. 1386). The findings of this study suggest, in an analogous manner, that apart from the reported theological assumptions, which influenced Remo’s perceived quality of the social reading practice, the

sheer presence of a caring body and voice when reading aloud Bible verses reduced loneliness when he was treated at the hospital.

The third question of this research was with which social (religious) networks, spaces, and encounters the practice of Bible reading is connected with and support the dying person during the time spent in the palliative care unit. The findings shed empirical light on the network metaphor and the idea that “people in contemporary society live in religious social networks that are emergent, varying in depth, fluid, and highly personalized” (Campbell, 2012a, p. 71). Remo had strong ties with his community, which shared his Christian values and provided support, as the examples of the visitor or the befriended pastor with whom he was in contact via WhatsApp underline. While some of the networks were established networks and existed online and offline, transcending the walls of the hospital, the encounter with me was ephemeral and grounded solely in face-to-face interaction. Furthermore, the findings of this study highlight the importance of both virtual and on-ground networks and ties that can be utilised for support in a difficult time and “make transformational differences in the lives of those who suffer” (Thompson, 2016, p. 16). The current study found that digital and physical spaces of support and religious practice are closely interrelated. If we look at the social Bible study carried out in the hospital, we can conclude that Bible e-reading constitutes a supplement to this practice, which can be convenient when illness and physical impairment affect access to communities and people. The smartphone was an asset for Remo to practice religion anywhere, anytime. It was always at hand in the hospital and could be taken along, for example, when waiting for an operation. By and large, the findings support the idea that the use of religious apps is indicative of offline practices blurring into the mobile context (Bellar, 2017) and that mobile-mediated and online religious practice can be seen as an extension of offline religiosity (Campbell, 2012a). As the analysis revealed, the latter in the studied case also included gift exchange, transforming the practice of Bible reading into a moral economy of compassion and care in which I myself happened to engage. Mauss (2002) argues that the passing of gifts “forges a bilateral, irrevocable bond” (p. 77) between those giving and receiving—an observation that this study can confirm. The written Bible verse and the devotional book that the friend brought to the hospital as a gift added a social dimension to the religious practice with a powerful effect in the given situation. For Remo, this dimension was a key feature of being a Christian that apps and smartphone support but cannot fully cover.

The findings I have presented here, of course, are limited, which is true for all case studies. There is clearly a need for ethnographic work in the area of dying and death, which uses a variety of methods in order to further our

understanding of the relationships between online and offline worlds in which people living with terminal illness make meaning, practice religion, and experience support. The portrait of dying I outlined in this article is a fragmentary account of living with terminal illness in contemporary Western culture and must be viewed in relation to the particular moment when Remo and I met. How his feelings and thoughts about life and death moved or changed in the remaining weeks of his life, I do not know.

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