

Cover page

A death in the family: experiences of dying and death in which everyday family practices are embedded and enacted

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Abstract:

'Family' is an important concept in end-of-life care policy and practice but familial relationships are rarely considered, beyond a bio-medical framework and/or as a resource for informal care. Furthermore, bereavement and grief have largely come to be seen as the domain for psychiatry and psychology. I argue for an exploration of death, dying and bereavement as experiences within which everyday family practices are embedded and enacted. In doing so, I draw upon experiences, in an English setting, relating to my parents' coming to the end of their lives. Morgan's work is central to this endeavour and I apply aspects of his work to this important but understudied area of family sociology. Building on insights from this important body of work, I argue this can help to develop richer more nuanced understandings of the everyday familial experiences of dying and death bound up in social, material and cultural contexts.

Key words:

Death, dying and bereavement, family practices, siblings, end-of-life care

Word count: 7930

Introduction

Death comes to us all and impacts on all families at some point. As Ribbens McCarthy et al, (Ribbens McCarthy, 2013; McCarthy, 2022; Ribbens McCarthy et al, under review) observe, while family sociology has addressed everyday family lives in changing and challenging circumstances, there has been little overlap with studies of dying, death and bereavement nor end-of-life researchⁱ. That said, there is a small corpus of work, largely situated in a sociology of health and illness, which includes studies addressing family and relational issues when a family member is dying (Borgstrom et al, 2019; Broom and Kirby, 2013; Ellis, 2013, 2018). Additionally, Woodthorpe and Rumble (Woodthorpe, 2017; Woodthorpe and Rumble, 2016) have situated their research on the organisation and funding of funerals at the intersection of the Sociology of Death and Sociology of the Family. Other threads of contributions are found in gerontology and palliative care literature (including Whitaker, 2009 and, more recently, Festvåg et al, 2021) exploring the experiences of family caring for family members in the context of health policy concerns. I am also inspired by earlier research by Finch and Mason (2000) concerning inheritance after a death in the family; they demonstrate the way in which the 'who gets what' after a death says much about kinship, exposing some of the complexity of 'doing' family after someone has died. In this article, I suggest that family sociology has much to offer understandings of death, dying and bereavement, in particular informed by David Morgan's concept of 'family practices' (Morgan, 1996, 2011a, 2011b).

My original aim in this paper was to highlight what the concept of family practices can offer in developing more nuanced accounts to further explore the importance of relational aspects of family lives in end-of-life care scenarios and settings. In doing so, this was to be the third and final paper in which I draw on my experiences of my father's death at the age of 89, in September 2011. Then came the call for this special issue, in honour of David's substantial contribution to sociological work on family and personal relationships, following his death in June 2020. I submitted an abstract, having already written a preliminary paperⁱⁱ. Following

acceptance of my abstract, my writing was halted by another significant death in my own family – that of my mother who died in December 2020, aged 93. My siblings and I cared for her at her home during her last weeks of life. Returning to the draft paper, I wanted to additionally explore how meanings of ‘family’ and connections to others through ‘family’ embraces continuity, change, challenges over time. The experiences of my parents dying, nine years apart, revealed a longitudinal element to shifting and evolving familial relationships. David intended the notion of family practices to facilitate explorations of families as constituted by what they ‘do’ with an emphasis on the flux and fluidity of family lives and firmly located in their biographical, cultural, historical and material contexts. As sociologists, we don’t often have opportunities to develop longitudinal studies of families over time (with exceptions such as (Miller, 2017a, 2017b)ⁱⁱⁱ yet to do so could develop rich understandings of family practices enacted and embedded over time.

Family practices

The notion of ‘family practices’ is an important sociological concept developed by Morgan (Morgan, 1996, 2011a). In essence, family practices are conceptualised as a series of practical and emotional everyday activities through which individuals live their lives and constitute family. These can include all kinds of relational activities within but also beyond the home, all of which have a symbolic as well as a material relevance. Morgan developed this term initially to address problems in the use of the terminology of ‘the family’ as some static normative ideal, which failed to capture the complexities of contemporary family lives. It facilitates recognition of the ongoing importance of ‘family’ as a central relational entity in people’s lives, offering a useful focus on what families do rather than notions of what the family ought to look like. In this context the complex realities of family lives can be explored for what they are and do, rather than assessing whether they live up to a policy driven normative standard of ‘the family’. In using the term ‘family practices’, Morgan notes this is intended to:

convey a sense of everyday life both in the sense of those life-events which are experienced by a significant proportion of any population (partnering, parenthood, sickness, bereavement) and equally, those activities which seem unremarkable, hardly worth talking about (2011a:6)

Borgstrom et al (2019) observe that words such as ‘everyday’ or, as in the above quote, ‘unremarkable’ might seem incongruous in the context of death, dying and bereavement. But ‘family practices’ can encompass times when the routinized taken for granted quality that is inherent in family practices is disrupted. Equally the life event of dealing with the dying and death of a family member might be a time when family practices include the routine as well as the less routinized or indeed new routines, as well as reconfigurations of roles and responsibilities. In 2020, Morgan returned to his notion of family practices, and considered the influence of scholars from disciplines other than sociology. In particular, he highlights the work of feminist geographers engaging with issues of time and space. Morgan’s reflections here are also important in my considerations of ‘doing’ family across different households formed over the years and often across physical distance. As I shall discuss, there is also some resonance with Finch and Morgan’s paper in this issue, which draws on their lived experience of ‘family’ to ...

... look at the paths that individuals take as they move through their lives, with particular family constellations and locating these sets of practices within historical time.

Given the static formulation of ‘family’ within end-of-life care frameworks, the concept of family practices can offer a more nuanced account to further explore the importance of relational aspects of family lives in end-of-life care scenarios and settings. In turn, this could

inform richer understandings about how best to support families in all their complexity when a family member is dying.

Autoethnography

Autoethnography has become a more popular and publishable form of research (Chang, 2016) although its use is still contested and for some it does not constitute research. Delamont (2009:58) is a key opponent often cited, arguing that autoethnography is little more than introspective self-obsession with 'no analytical mileage' although she also states that her arguments are deliberately provocative to encourage debate. I agree with her that it is something very different from ethnography per se, which as she asserts, demands high levels of engagement in the field in order to collect data. In that sense, drawing only on one's own story could appear intellectually lazy and indeed, self-indulgent (Letherby and Davidson, 2015). However I would advocate that it does have a place within intellectual endeavours and that it can rise above self-indulgence through a commitment to interrogate the personal to develop new ways to understand public issues (Ellis et al, 2011; Mills, 1959). Indeed, Morgan recognised this in his 1998 Presidential Address to the British Sociological Association (Morgan, 1998) where he states that notions of auto/biographical practices serve to remind us that these practices, contrary to what might be normally understood, while focusing upon individuals are never purely individual. The key element is to analyse and situate the personal firmly within a sociocultural understanding of the story told (Hughes et al, 2012).

Cook (2014: 271) argues that if we respect the experiences and stories of our participants why not our own; focusing on one's own lived experience 'in direct relation to the social context'. Death studies is one area where this tradition has been developed, making personal experience a central principle in reporting research (Borgstrom and Ellis, 2017) in what Brennan and Letherby (2017) label an auto/biographical continuum (and including

autoethnography). This approach can take courage in laying out one's own story without the benefit of anonymity that we bestow on our research participants. The absence of anonymity also has ethical implications to identifiable others, including people who are alive and those who have died (Brennan and Letherby, 2017; Ellis, 2007). As Brennan and Letherby (2017:164) observe '... the 'I' who writes is not singular but plural, enmeshed in a web of relational interdependencies. My siblings have given their consent (and input) into this writing; my mother gave consent to previous papers I've published (Almack, 2021a, 2021b) and shared them with friends. I hope she would have felt the same way about this paper and I think my father would have been proud.

As well as writing my own account for this paper, I have drawn on 'supplementary data' (Anderson, 2006) including notes from telephone conversations when my father was dying – either my brother reporting back on meetings with hospital staff or my telephone conversations with staff; notes that I kept when my mother was dying at home; an archive of letters (more about letters later) and finally conversations – almost interviews (I took copious notes) – with my siblings (I also had careful conversations with my mother too about our experiences from the time when my father was dying but she found these conversations difficult). My siblings say they have enjoyed my questions and found the process interesting. I also asked a few trusted academic friends to give me feedback on drafts. Greenhalgh (2017:344) calls such friends whom she called upon for her autoethnography, her 'interlocutors'. In these ways I hope to have produced an autoethnography that is analytically robust.

A snapshot of family relationships^{iv} over space and time

My sister (Jill) and my twin brother (Andrew) and I lived in the same house all our childhood, in a rural village in Yorkshire, with working-class parents. Our father, Doug, was self-employed as a plumbing and heating engineer and our mother, Betty, was a full-time mother

and housewife, later becoming the village librarian when we were teenagers. Jill was two years older than Andrew and I and there was a point at which I had stayed on at school to do 'A' levels and Jill and Andrew had both left school and were in work. Jill worked in a local department store and Andrew had an engineering apprenticeship. I was always labelled 'different' so possibly it was a self-fulfilling prophesy that when I left school (with very low grade 'A' levels), I left home (first working in London and then moving to Nottingham where I did my undergraduate degree). I never really went back to the 'family home' while Jill and Andrew both stayed at home until they got married and initially both lived within a couple of miles of my parents' home. Jill and her husband (Derrick) moved further away after some years to buy a pub, in another part of Yorkshire about an hour's drive from where Betty and Doug lived. A routine began whereby Betty and Doug would drive over to the pub every weekend where they stayed over and worked in the pub kitchen with Jill. This made it difficult for me (and my daughter, their granddaughter) to be able to spend weekends with them. I have written about this elsewhere (Almack, 2021b); relevant here are two points. First, I didn't challenge that this was the way things were done. I complied with an unspoken norm in our family that feelings were not really spoken about, especially difficult or challenging feelings – implicit practices which are likely to be known in all families, ways of doing things that shape family identities and family norms. Second, I didn't see as much of Betty and Doug as Jill and Andrew did. Jill spent time with them every weekend and Andrew lived two miles from their house and was able to frequently 'pop in' for an hour or so. For a time, Andrew also worked with Doug, learning the trade of being a plumber. When I did visit Betty and Doug, I generally stayed over at their house. Doug was 75 and Betty was nearly 70, when my daughter was born^v. They loved their grandchildren but they weren't heavily involved in their lives. Our (my daughter and I) 'family' visits over the years, with our unstructured routines and mess (our own set of family practices) spilling into the quiet order of Betty and Doug's lives meant compromises on all sides, in a way that wasn't necessary for Jill and Andrew. Family practices in my Nottingham household, around mealtimes, for example, were very different from those in Betty and Doug's house. Recently I have read an

old letter that Betty sent to Jill (Betty was a great correspondent, she wrote to me every week and I still miss her letters arriving on a Saturday. Although she saw Jill every weekend, she still wrote to her sometimes during the week). I had all but forgotten the visit Betty wrote about in this letter; I was feeling quite poorly when we arrived and went to bed, Andrew came to pick up my daughter who spent a few hours at their house with her cousins. Betty wrote to Jill about her lunch plans being ruined. She was a meticulous planner when hosting meals and would have gone to some efforts to accommodate our vegetarian diet. In another letter, she said it had been lovely to see us but nice to have a tidy house back after we left. It reinforced my sense that those family visits could feel difficult for everyone. A mismatch of how we did family but still recognising a family we were all part of. Morgan (2011a) has argued that the term 'family practices' facilitates investigations of family relationships, rather than doing away with the terminology of the 'family' and replacing it with other terminology (intimacy, personal lives and so on). Family continues to matter (Edwards and Gillies, 2012) and Morgan also points to another reason to keep 'family' as a field of study in its own right:

... there are still some specific issues and questions which cannot be readily subsumed under (these) other approaches. In many ways these refer to the more ascribed aspects of family relationships. These would include kinship and inter-generational ties and relationships between siblings ... (2011b: S4.12)

Morgan goes on to explain that such relationships may be ignored, embraced or engaged with selectively but they continue to have some significance. My relationships with my parents and siblings have at times been distant but they were still family. Betty's weekly letters to me (and mine to her, slightly more irregular) might be said to constitute a family practice; they contained family news and were a means to reaffirm family.

When Doug came towards to end of his life in 2011, at the age of 89, he still lived with Betty in a Yorkshire village. As well as his three adult children, he had one daughter-in-law, three teenage grandchildren and a surviving brother (another eight siblings deceased), in-law relations as well as numerous nieces and nephews. Betty lived until she was 93 (the last surviving sibling of seven), dying in 2020. She had moved to live near Jill, one year after Doug died. Jill and her husband, Derrick, had plans to build a bungalow on land they owned adjoining the pub but Derrick died in February 2011, six months before Doug. However, the bungalow build went ahead with a revised plan for Betty to move in. Betty was in good health all her life and proud of only needing to take one form of medication each day at the age of 93. She continued to work with Jill in the pub kitchen at weekends. She was renowned in the village for her beautiful garden and for her baking – which she gave out to many of the villagers. Her health only started to fail in November 2020. After the experience of Doug's last weeks in hospital, I had always promised Betty that, if at all possible, I would care for her at home (I say 'I' here because it was a promise that I made that Jill and Andrew weren't sure could be actioned when the time came). This promise took on a heightened meaning during the pandemic^{vi}, aware that if Betty had gone into hospital, family members may not have been able to visit her. In both situations myself, Jill, Andrew and his wife, Ann were all deeply involved in 'being there' and 'doing family' during these periods of my parents dying. Yet much of what we were engaged in 'doing', our 'family practices', is not made visible in research accounts.

'Close-knit families'

When Doug was dying, family members (myself, my daughter, Jill, Andrew, Ann and their daughter and son, as well as Betty and Doug) experienced greater co-presence; we all gathered to take care of Doug (and Betty) and thus we saw and spoke with each other far more frequently than we were in the habit of doing in our usual everyday lives. Nursing staff, at the hospital Doug was in, commented on what a 'close-knit' family we were. This is an

illustrative element of what it means to 'do' family whereby families display (Finch, 2007) and reinforce acceptable familial relations and moral values, co-creating narratives of what it meant to be part of their family to themselves or others, whether real or imaginary. Jill and Andrew then and have since commented on us being a close family. And I have continued to ask the question – what does 'close' mean? Perhaps here, as Barbour (2021:131) notes, the sociologist is never really 'off-duty'. I don't disagree that we worked well together and there were no disagreements as I recall (in part, in line with our childhood family habitus, we were minded to honour Doug's often repeated request to not to fall out and to 'look after mum')^{vii}.

I attempted to unpick what the nurse and my siblings meant by being a close family. When Doug was dying, we had a closeness in a spatial sense – being on hand and also referring to the emotional bonds between family members. There was a sense that we all 'pulled together' and provided care, which is indeed a part of what families do (or are expected to do); an expression of the mutual commitment and reciprocity that may be seen to characterise relationships between close family members (Finch and Mason, 1993; Ribbens McCarthy et al, 2012).

More recently, I have returned to ask my siblings more questions about what being close means. Andrew defines being close as having me and Jill to 'call on in times of need or dire straits' and a sense of comfort in that. He told me he has us both down as emergency contacts on his passport. He also feels we can pick up conversations comfortably even if we haven't spoken in weeks and that reaffirms his sense of closeness. Jill comments that 'we were brought up as a family, we had that family unit and we did things together all the time; we might have gone our separate ways but that's always there'. These reflections have been interesting to me because, for many years, I felt an emotional distance from my family of origin and Jill and Andrew would not have been my first port of call, in 'times of need'. My memories of family life are different to those Jill recalled. I've reflected that I moved further away from the family habitus of my childhood (Tomanović, 2004), first living in London and

then Nottingham. As Finch and Morgan (2021:13) recognise, mapping differences (in my case between me and my siblings' experience of family) helps us to consider the richness and complexity of stories told about families (in this paper, stories shared between siblings) that are constitutive of family life itself.

Differences merge out of the interweaving of biographies over time within the context, the set of practices, of a particular family.

I'll return to discuss how relationships with my siblings has shifted over time – possibly differences and closeness shifted over time as our biographies around our parents dying interweaved more closely. Nevertheless, despite our differing reflections on what it means to be a 'close-knot' family, our mutual sense of family meant that it was taken-for-granted by all of us in terms of being there when Doug was dying.

[Managing everyday lives amidst dying and uncertainty](#)

Ellis (2013: 251/2) has written about connecting the experience of dying with a sense of the mundane, all too often obscured by a 'crisis-based view', which positions dying and death outside the boundaries of everyday family lives. While the experiences of caring for Doug and Betty as they were dying was indeed 'emotional and extraordinary'; it is also a lived process that comes to us all at some point (Felski, 1999). The doing of family has rarely been examined in relation to families living through the dying of a family member. Morgan's seminal work on family practices opens up spaces to explore the mundane within such times.

As it became increasingly obvious that Doug's health was in decline during his last hospital admission, and later, Betty's rapid decline when we cared for her at home, these were distressing and disrupting times of our everyday constellations and patterns of family life; yet

also a time of coming together in new ways and new routines being established which connected us in identifying as family.

As some routines were disrupted, others emerged when Doug was dying. Ann and Betty made up very small portions of Doug's favourite foods to entice him to eat. Ann also occasionally made vegetarian meals for my daughter and I, which she left in Betty's fridge for us. Being away from our home and a ready supply of ingredients we used for meals, combined with very different eating preferences and patterns to Betty often meant my daughter and I living on supermarket ready meals. Such acts, including the noting of food preferences, can be seen as symbolic acts of care between and for family members. See, for example, Ellis (2018) who argues that within such contexts, knowing the food preferences of family members is a powerful symbol of being part of a relationship that is acquired through the everyday life of a family. These are also an example of the 'little fragments of daily life' (Morgan, 1996:190) that emerged in our everyday doing of family during this period of time. Such fragments count as an expression of mutual commitment and reciprocity that are ideally understood to characterise relationships between close family members (Finch and Mason, 1993). These are illustrative of the multiple and complex dynamics of care between family members which are obscured if we only focus on a simple binary between carers and those who are cared for in health and social care research. It helps to develop a more fluid understanding of family life (Morgan, 2019) to take account of ways in which we 'do' family; family being constantly constructed, renewed and reshaped over time and encompassing relationships across households and across time and space.

Every time that someone does something – offers care or advice, sends a text, cooks a meal – for someone else who is identified as being related in family terms, then we see that particular family configuration being reconstructed and reaffirmed (2019: 2231)

Ellis (2018) highlights the importance of capturing the everyday and mundane elements, one example being food and eating practices at the end-of-life. Food and eating practices are central to individual and family identity; they can be a site of conflict, highlight different routines in different family constellations and give meaning to various routines, experiences, and interactions (Hilário and Augusto, 2021). I observed earlier, Betty's plans for lunch being disrupted; one of the examples Jill gave to confirm her conceptualisation of our tightly bonded 'family unit' growing up was of everyday family mealtimes (Lupton, 1994). Food and provision of food can take on additional meaning whereby family members are demonstrating or reciprocating the nurturance they have received from their loved ones.

Other new familial responsibilities and roles emerged when Doug was dying. For example, when Doug was in hospital, Andrew requested work based in the UK instead of working abroad. Many evening visits to the hospital then fell to Andrew and Ann, who lived closest. It was the summer holidays so I drove up with my daughter at some point every week and we stayed with Betty for several nights at a time. Jill came over from her pub for some afternoon visits but nearly always had to get back to open up the pub in the evenings. Some researchers are now arguing for recognition of the relational elements involved in end-of-life care (Broom, 2015; Broom et al, 2016). This is important yet, at the same time, bringing in a family practices perspective also reveals that there are separate – yet still relational - sets of practices and experiences for individual family members within family constellations. This is distinct from the individualised discourses prevalent in discussions of family at the end-of-life but nevertheless it is important not to lose sight of individual families/households with their own sets of practices - here in a constellation around Doug and Betty.

In *Family Troubles, Troubling Families and Family Practices*, Morgan (2019) writes about 'troubles' families encounter in the course of their lives, which are almost always relational. Dying and the death of a family member being an example. It opens up spaces to illuminate how family members encounter and ameliorate troubling 'changes and challenges' (Ribbens

McCarthy et al, 2013) to 'family' through relational practices of care; but also reveals how seeing families as one unit can obscure the different experiences of different family members.

We were unified in feeling Jill could only do what she could manage and we did not expect more, given her own bereavement following Derrick's death just six months before Doug's final hospital admission. She was now running the pub by herself – embedded in a very supportive village community. Andrew and Ann both worked full-time and their two children were in the midst of school holidays. They had not made any concrete plans to go away on holiday and then felt unable to make any plans so their family practice of an annual summer holiday was abandoned. Visiting hours also disrupted family routines such as their family evening meal, a time when they all caught up with each other. Andrew has since said it was 'hard work'; they wanted to do the 'right thing' and so in this sense did not mind but he and Ann felt obligated to pick up Betty and visit Doug when Jill or I were not around. I spent increasing amounts of time away from home, staying with my daughter at Betty and Doug's house. And that was hard too. I felt responsible for both Betty and my daughter but I was away from my supportive networks and not being able to go home every night. And there were ripple effects on others in the wider family and our families – the children, Doug's brother and friends. And so, in many different ways, Doug's end-of-life was difficult and troubling in a range of different ways for us all, while at the same time being a precious time to be in his company (Almack, 2021b).

Family practices located in time and space

Following Doug's death and Betty's move to Dishforth, she and I spent a lot more time together. She had her own bungalow at the bottom of Jill's garden. As Mason (2004) notes with reference to kinship, while geographical distance does not necessarily determine how

kinship takes shape, it can make relationships easier or harder to achieve. In the last nine years of Betty's life, Jill was on hand daily to spend time with Betty and to do tasks for and with her – they often referred to themselves as the 'merry widows'. Andrew would visit often and do jobs for Betty (laying paving stones, fixing a dripping tap and so on). And I would stay with her at weekends, and sometimes during the week, increasingly visiting on my own after my daughter went to university. Previous tensions inherent in visiting Doug and Betty in their previous homes dissipated. For example, I didn't feel I was constantly juggling caring responsibilities (for my daughter and my parents), I took food with me or we ate out and timings of meals were more negotiable. Betty also liked company whereas Doug had preferred peace and quiet. In 2019, Betty fell and broke her femur. I immediately dropped everything to go and support both Betty and Jill. I then stayed with Betty when she came out of hospital, finally getting a broadband package installed in the bungalow so that I could work while staying. My daughter came to visit her grandmother while I was there and one evening while I was preparing dinner, I heard Betty say to my daughter 'Your Mum is so patient and caring'. My daughter and I later joked about how was this news to Betty? But it was indicative of a closer emotional relationship facilitated by proximity.

Moving into academia in my mid-30s, writing papers became part of what I do, part of my job – a fact that Jill and Andrew (and previously, Doug and Betty) find/found hard to relate to. They were all equally baffled when I gave up a well-paid job to go back to being a student in my mid-30s when I started my doctoral studies. But it is this job of mine and the papers I've been writing about Doug and now Betty, that have led to conversations I've instigated with my siblings to hear their memories and perspectives of the time in question (Almack, 2021b). Jill and Andrew both call these 'deep conversations' and agree these are not something in which we ordinarily engage. However, they have been happy to have these conversations with me and I have valued their reflections. Over this period of time, we have thus become more known to each other, solidifying a sense of family.

A new 'practice' with Jill and Andrew emerged; keeping in touch with each other via a WhatsApp group called "Mum's Three", that I created in July 2020. This was accompanied by a 'family joke', which related to Jill's resistance to embrace technology including computers and smart phones; we have dragged her into the 21st century. On the subject of jokes, I have only recently found out that as well the three of us keeping in touch by our WhatsApp group, Jill and Andrew sometimes message each other jokes or memes that they don't think I would appreciate (see Morgan, 2011a:7). This probably speaks to the dynamics of how our sibling relationships have been and are enacted and encountered. Our first messages on the 'Mum's Three' group were related to our joint efforts to cancel a mobile phone contract Betty had. I had bought her a new mobile phone and set up a new contract but the old contract proved so incredibly difficult to cancel that we all became involved in pursuing the cancellation. Andrew, newly retired, sends many photographs of his walks in the Yorkshire Dales, or cycle/motorbike rides. Jill kept us updated on the many trips out that she and Betty had. During lockdown, when Jill's pub was closed, they would often pack a picnic and have a drive out into the Yorkshire countryside or coast. My activity was mainly responding to their messages or co-ordinating visits to Betty's that coincided with times that Jill and Andrew might also be free. Through November 2020 to January 2021, we messaged about Betty's health and planning her funeral. Recently we have been sharing old photographs of Betty and Doug and other family members from before and after we were born. Via this Group, we have communicated much more than we had in previous years. It has added another layer to the deeper sense of the relational and emotional connection between the three of us, our relationships as siblings, but also as in-laws, aunts, uncle. Perhaps all the more important now our parents are dead and we find ourselves part of the oldest generation in the family. Others have written about social media being utilised to display familial roles and values and a sense of familial connectivity (Cabalquinto, 2020; Kędra, 2020). It has emerged as a way for us of 'doing' family and strengthening our family bonds across geographical and a previously emotional distance.

Concluding thoughts

I was inspired by David's work, right at the start of my PhD, by his Presidential Address to the BSA in 1998. In particular his acknowledgment of auto-biographical methods; although it is only recently that I have felt brave enough (or perhaps feeling established sufficiently as an academic) to draw on such methods myself.

... in writing about ourselves we also construct ourselves as somebody different from the person who routinely and unproblematically inhabits and moves through social space and time. (Morgan, 1998:655).

David's body of work has been a thread that woven throughout my research across my academic life. His work helped me locate my doctoral study of lesbian parent families firmly within a sociology of family lives and relationships. I have recently returned to the sample from this study, re-interviewing my PhD respondents after a 20-year period since I first interviewed them. I am analysing the change and continuity of their family practices unfolding over the years. My research has addressed the 'life-course' of family lives from couples having children (at which point the sense of becoming a 'family' appears to emerge) through to families dealing with the dying and death of a family member.

Developing sociological studies to investigate the everyday lives of families and constellations of family practices when a member of the family is coming towards the end-of-life may be fraught with challenges but not impossible. It can offer insights into investigations of the personal to enrich and develop new ways to understand public issues. In setting out the above auto-ethnographic account, I have sought to demonstrate some of the lines of enquiry that such studies could open up. I appreciate that not all families may be able to

provide end-of-life care for a family member nor avoid family conflict; it is perhaps easier to provide an account where family relationships have been, on the whole, harmonious and become closer over the years. It is also true that Jill, Andrew and I were privileged in material ways that facilitated 'being there' for our parents in ways that may not be available to all families. For example, we all had paid employment (and, for Andrew and me, our employers allowed flexibility) that alleviated any major financial concerns when caring for Doug and Betty, we all had cars that helped make that travelling between homes and hospital and appointments easier. See Lewis et al, (2019) who highlight a lacuna in considering the role of social capital in the palliative care literature. As I have written elsewhere, my job gave me access to knowledge from palliative care colleagues which was immensely helpful and often alleviated confusion and stress (Almack, 2021a, 2021b).

Sociologically informed understanding of 'family' can offer insights to help understand the relational experience of dying in families where someone is at the end-of-life and identify factors that may help to promote living well with dying for all family members. In my account above I have focused only on a few family members around Doug and Betty - Jill, Andrew and, to a lesser extent, Ann. A great many others were involved around us, including my daughter and Andrew and Ann's teenage (now adult) children, other family and friends.

Sociological theorising of dying and death has tended to focus on the macro-level and the public rather than the private sphere. Yet death is a significant 'family' event, with implications for on-going relationships, within the context of what 'family' means to people and how family is 'done'. The main focus of my article has been to extend the application of David's conceptualisation of family practices to the area of death and dying. David drew on an analogy of a kaleidoscope, to propose that family practices are most analytically revealing in terms of the overlap and linkage they find with other areas of our social lives. Rather than propose conclusions, I have sought to open up an invitation to develop further research in this field. Dying (and death) may be viewed as an inevitable source of 'family' change. It is

often portrayed as something deeply troubling and medicalised. While it can indeed be a distressing and emotional ‘family’ event, this portrayal obscures all that might nevertheless be mundane and every-day within family lives when a family member is dying. David’s (2019) discussion of ‘family troubles’ also helps us to develop understandings of dying and death as a ‘family’ event, played out through a range of ‘family practices’. The concept of family practices in the everyday can highlight relational aspects of daily care provided when a family member is dying and notions of dependency, mutuality and obligation. Dealing with the dying and death of a family member might be a time when family practices include the routine as well as the less routinized or indeed new routines (practices), as well as reconfigurations of roles and responsibilities. It can also highlight the potential to further explore how people are embedded in inter-connected constellations of relationships within and beyond the family. It offers opportunities to develop more nuanced accounts to highlight the importance of relational aspects of family lives in end-of-life care scenarios and settings. In doing so, this complicates the more static formulation of ‘family’ portrayed within end-of-life care frameworks where family is equated with the provision of informal care and where informal care is often seen as dyadic and unidirectional rather than reciprocal. There is scope to develop deeper understandings of how people respond to and make sense of the death of a close adult family member or other close relationship, as a significant ‘family’ and relational event, bound up in social, material and cultural contexts.

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ⁱ End-of-life is defined within English policy as the last year of life (DoH, 2008) It encompasses the dying and death of an individual and bereavement support after a death. In this paper I have sometimes used 'end-of-life' and 'dying, death and bereavement' interchangeably. End-of-life research is primarily orientated around the effectiveness and impact of healthcare communication, treatments and services or on the patient experience, with 'family' often viewed as an 'orbiting static unit' (Borgstrom et al, 2019:1127). Death, dying and bereavement studies address end-of-life but tend to be more interdisciplinary and incorporate social aspects of death, dying and bereavement.

ⁱⁱ The preliminary paper was shared at a two-day workshop to address end of life care from social science perspectives: Researching End of Life Care from a Social Science Perspective: Past, Present and Future Directions. Workshop for social scientists researching end-of-life care, November 2017, Open University, Milton Keynes, UK

ⁱⁱⁱ And see <https://timescapes-archive.leeds.ac.uk/publications-and-outputs/>

^{iv} From here on, I introduce my siblings and sister-in-law by name and also start to refer to my parents by their first names. My siblings and I called our parents 'Mum' and 'Dad' but those terms feel too familiar for this writing, 'Mother' and 'Father' felt too formal and I also found myself puzzling and switching between possessive pronouns of 'my' or 'our' (parents/mother/father). Using their first names helped me address these dilemmas.

^v My parents were – by the standards of the 1960s – older parents. Betty was 36 when Andrew and I were born and Doug was 41. I was also nearly 34 when I had my daughter - older than the average first time mother in 1997
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyparentscharacteristics>

^{vi} At the time of Betty's decline when it became apparent she was dying, the UK had entered a second national lockdown. Non-essential high street businesses were closed, and people were prohibited from meeting those not in their "support bubble" inside. People could leave home to meet one person from outside their support bubble outdoors. Visiting family members in hospitals was severely restricted.

^{vii} Neither I or my siblings recall any tensions or conflict. Even if we did - how much would we air in public? Which raises a methodological question in terms of accessing such accounts in research. (Evans et al 2017) discuss methodological issue about what interviewees will disclose when researching 'sensitive topics' as well as a substantive point concerning the view of family relationships as private/personal – and potentially shaming (Turner and Almack, 2017).