

ANTHROPOLOGY ON BEDS: THE BED AS THE FIELD OF RESEARCH



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Fig. 1. Unexpected visit to Nothemba in the old age home.

Reflecting on my past fieldwork, I realized that I had spent much of my time on the beds of my research participants. In the context of my research in a mental hospital in the Netherlands and in several old age homes in South Africa, my fieldwork invariably took place on beds. Beds were islands of tranquility in the daily bustle of institutional life, and so were ideal places for long uninterrupted conversations. In these institutions, the bed is often a person's only private place, offering safety and shelter. However, in the context of my research, the bed was above all a space that elicited free-flowing conversation with my informants about the intimate details of their lives. The way my research participants dealt with me differed, but they would invariably invite me to sit on their bed. Sometimes my informants were sleeping on the bed when I entered the room. Or sometimes I sat on their bed while my host reclined comfortably amidst all sorts of personal effects: cushions, coloured bedspreads, dolls or soft toys.

Beds and boundaries

Boundaries between private and public spaces are flexible. The bed has a different place within these institutions, each of which imparts its own particular meaning.¹ Beds do not mean

quite the same thing in the mental hospitals I visited as in the old age homes. In part this is a matter of differences in the concept of privacy in the Netherlands and South Africa, but it is also in part due to pragmatic differences between institutional settings. In the mental hospital, nurses and doctors would sometimes approach beds uninvited, for example if a patient was in crisis. Nevertheless, recent ideas about the design of mental hospitals tend increasingly to stress the private character of the bed and patients' (bed)rooms, as a result of which a clearer distinction is introduced between public and private spaces. I observed this distinction in the mental hospital where, when a nurse entered the bedroom, she would never forget to knock and wait for an answer, even when the door was unlocked. Even when nurses suspected patients of failing to take their medication in order to avoid its disturbing side effects (or saving it up with the intention of attempting suicide), they upheld the bedroom as the undisputed private space of the patient, which they could not search without asking the patient's permission.

In the South African old age homes, on the other hand, the elderly, nurses and visitors walked freely in and out of bedrooms. Knocking was not the rule. That did not mean

that everyone had access to any bed or to the bedrooms. Social relationships determined how freely one could enter. Those who wanted to enter and were not nurses, good friends, family or neighbours had to make it known by calling out or rattling at the wobbly sliding door of the room.

In both the mental hospital and the old age homes, a clear distinction nevertheless operated between the public space of the living or reception rooms and the more private bedrooms (although in the old age homes people slept a lot in both places). Usually, visitors unfamiliar to the residents would be received in a public space. It felt special that, as a researcher, even when meeting my informants for the very first time, I was so often invited to the beds rather than meeting in the public spaces. But it is also understandable, because people did not want others to overhear our conversations.

I found it remarkable how the bed could so very quickly change function. On entering the room, I would normally observe its owner in the intimacy of sleep or, as was often the case, in a mood of sadness, but the bed was invariably quickly converted into a piece of furniture to receive a guest. This multi-functional purpose of the bed also meant that I had to be

careful to keep subtle distinctions in mind. Space, privacy, intimacy and boundaries attain a heightened meaning. The smell, wrinkled sheets and traces of normal 'bed' activities made it impossible to forget that I was engaging my informants on the most intimate of spaces. For these reasons, it is interesting to explore what was discussed and revealed there, which in my case was a commonly experienced, but easily ignored, backdrop to the production of anthropological knowledge.

The beds I visited in the course of my research may not have had the grandeur of the *lit de parade* or *lit de justice* from which, between the Renaissance and the 19th century, kings and nobility would receive their guests and dispense justice (van der Geest 2005). Nevertheless, these few square metres were the undisputed territory of their owner in both types of institution. The bed is a stage on which the owner performs his or her story. He or she might improvise now and then, and sometimes even lose the plot, but residents usually led the conversation because the bed retains its private character even when somebody else is invited to sit on it.

The bed-as-field challenges us to enquire deeper into events and phenomena that are not always open to easy scrutiny and that, like a play, often have a dramatic quality in that the place elicits strong emotions. As befits a site where dreams and nightmares attain a reality of their own, time and space are easily reversed in narratives recounted on a bed. Sometimes the bed functions as a stage for a 'public' performance of a formal narrative plot. Sometimes, however, the bed may be in 'back stage' mode, where we abandon role play and sit without any disguise to just be ourselves. However, since the bed is so small, the back stage, where the informant can withdraw, is necessarily also the front stage where the anthropologist and research participant meet (cf. Goffman 1959). Thus, the bed is an ambivalent field. When anthropologists as observers use their senses, the ambiguity also may be directly visible, sensible or 'smellable'.

Beds in context: The Netherlands and South Africa

I offer some ethnographic material as further reflection on the bed as field and theatre. In both countries – the Netherlands and South Africa – residents had not always freely chosen to reside in the institutions they found themselves in. In South Africa illness, vulnerability and other needs were important reasons for moving to an institution. Other reasons included poverty, domestic violence, neglect, loneliness, fear of living alone or simply lack of kin. Similarly, illness and vulnerability were motivations in the Netherlands, but unsustainable social situations at home or in their neighbourhood were also factors. The families of mental hospital patients were no longer able or willing to take care of them. In both places I met many people who had been turned out of their houses by family members, even by their children.

In both situations, it was no surprise to



ELS VAN DONGEN

Fig. 2. Nothemba prepares her bed for our conversation.

find that people arriving from insecure living conditions defend their minimum of privacy, chiefly their beds. Goffman (1959), in his description of 'impression management', notes how people meet each other on stage – the front stage – and will return to the back stage to reflect on their performance. This happens when patients or elders withdraw from living rooms, halls or medical consultation rooms. But when they allow an anthropologist (or family and friends) into their rooms or onto their beds, these places become less private. Because beds were the only places where residents of these institutions could tell their story undisturbed, they had to manage the impressions they gave as social persons subtly on the bed itself. Back stage and front stage met.

The condition of the beds I encountered varied from total havoc, complete with smelly mattresses and sheets, to beds that looked like living rooms. The situation of the bed typically mirrored that of the man or woman who slept in it. They captured hopelessness or hope for a better life, the gender of the occupant, the lifestyle they might have had before entering the institution, resistance to the situation – all conveyed by the condition of the bed. The beds contained secrets revealed only after a certain intimacy and trust has been established in a relationship. Everything that was important in the lives of people was in, on or under the bed, tucked away between the sheets or under the mattress. Occasionally, people would show some of these objects to me to support

arguments or to illustrate stories. They varied from medicines to photos of the Polish pope and little suitcases full of documents that I had to read because their owners were illiterate. Sometimes these objects opened old wounds; they might be things that reminded the owner of apartheid in South Africa, or photos from the time when mental hospital patients had had a 'normal life', which could lead to painful silence or an outburst of tears.

The beds in my fieldwork were sleeping places, shelters and storage places. They were the only pieces of furniture apart from a chair, small table and cupboard that people could use in the way that they wanted. Because they were so full of memories, they were also a source of much information for the anthropologist, including of course a share in the often sad memories.

Upon entering the room, I was not always sure what the owners of the beds would be engaged in. They might be in different states of dress or undress: sometimes they were in pyjamas – 'Sit down and make yourself comfortable, Els'. Others were in their underpants – 'I will just pull a sheet over myself'. Or they lay neatly dressed under the blankets – 'I just took a nap, but sit down'. I had conversations on a bed with someone who was drunk, with someone who had just vomited, with someone who went to bed because it was the only place where they could cry unashamedly without risking being diagnosed as psychotic, and with elderly people who were simply too tired to get up.



ELS VANDONGEN

Fig. 3. *Playing out the story of apartheid.*

Are beds private?

Janette heard my voice in the hall of a locked ward of the mental hospital. She shouted: 'Els, come here!' 'Here' was her little bedroom. I knocked on the door, complying with the etiquette of the ward. I opened the door and recoiled. The room was a complete shambles. Janette lay in bed, her pregnant belly rising above the sheets, with remnants of food scattered next to it. I smelled alcohol and vomit. I sat down on her bed, keeping my distance, because what is normally kept out of the public eye emerged here in a tragic way: a drinking, gorging and smelly body (see Simons 1990). Janette, a long-term patient who typically used to dress very well, explained that the ward staff did not trust her, that they believed that she was behaving irresponsibly as a patient while impossibly pregnant with a child: she was destroying her body and that of her baby. Janette told me that she could take care of herself very well, but that the hopelessness of her situation in the ward contributed to her behaviour: 'desperation, nothing but desperation'. Janette lived between hope and despair (van Dongen 1998).² The condition of her room and her person contrasted with her proclamations of responsibility and self-care in such a way that there were clearly more dimensions to her story.

I began to understand the staff's cynicism, which alternated with compassion. In sitting on the bed, I joined in the drama as an audience who discovered an enormous lie (see also

van Dongen 2005), but it was not immediately clear to me who was lying: the staff who insisted that she could not care for herself, or Janette who insisted that she could. This made the bed less private. Janette's strong declaration called the staff into presence: although bed and room were considered private, Janette seemed to be aware that staff knew what was going on.

Beds as theatres of decency

In the South African old age homes most elderly were in control of their beds. There were no contradictory messages like Janette's. Among my video material there is a long shot of Nothemba,³ an 88-year-old woman in an old age home in a township on the Cape Flats. In this shot, she is preparing the stage for our play. The video shows her brushing every trace of the night away. She shuffles the many colourful cushions, puts them in place and rearranges them once again, and then finally opens the curtains.

I had spoken with Nothemba several times, and we usually sat on the bed, or Nothemba sat on her bed and I sat on a chair. Her bed is a real theatre. Nothemba underlines her story with gestures. Sometimes she jumps from the bed or takes a suitcase from under the bed to show us photos, documents and her bible. The bed became a theatre of apartheid and passes, of poverty in her childhood, the nightmare of the threat of losing her home in the township and the woman next door who was a crook.

It even became a stage for bible reading and instruction on life lessons for my research assistant and me. Nothemba's room was one of the few in the home with personal accents and objects that could be shared with those she wanted to share them with. Every object had its own story. It was these objects (and not the bed) that conveyed privacy and intimacy.

But intimate objects such as dentures, underpants and varicose veins are carefully hidden. Sometimes reminders of the bedroom's intimacy and privacy, such as a chamber pot chair, even when covered by a coloured cushion, became attributes that gave the play a humorous meaning, as when a woman sat down on this chair during Nothemba's bible reading.

When people guard the boundaries between private and public and succeed in presenting themselves as 'decent' people, they are keeping to the rules of their group. It is interesting to observe what happens when one person violates these rules and intrudes upon the intimacy of others. When we visited Nothemba in a subsequent fieldwork period, I came to the old age home with a small group to finalize our project and present our findings. I had no appointment with Nothemba, and entered her room when she was not expecting me. I could not knock or call her name because she had hearing problems. She seemed to be sleeping, but immediately sat up straight when she saw us. Her dentures were on the little table next to her bed. Nothemba had a strong

sense of 'decency', and rapidly improvised, brushing the blanket and putting on a vest.

Beds and bedrooms are stages where people make an effort to arrange the impression they want to make. Nothemba's example shows the flexibility of the boundaries: people can change from private to (more) public in seconds with simple actions.

Beds and boundaries

While the bed's physical boundaries are clear, the normative and impact boundaries can be ambivalent, but people usually read them correctly. Sometimes there have been beds on which I refused to sit, and bedrooms that I refused to enter. This reveals my own attitudes and fears. In the mental hospital, I had long conversations with George, while he was in his bed and I sat on it (van Dongen 2002). George had treasure in, under and around his bed. Drawings, cuttings and flyers supported his claims and stories.

However, I never wanted to enter Jack's room. Jack was seriously mentally and physically disabled. He invited me to 'fuck' with him five times a day. One day I had to put him to bed, because there were no staff available to attend to him. The experience with Jack was better than I expected. 'Fucking' actually meant tucking him in and getting his cuddly toy from under the bed. He wanted to restore his relationship with me, because he could not cope with his reactions to disturbed relationships, and this tucking in did just that.

People manage their beds according their particular situation, the norms of the institutional setting, and the roles they want to play. Rosemary was an older woman in the nursing wards of the mental hospital. She and I sat on her bed, and she sighed that she was 67, but 'down there' she felt 18. We ended up giggling about what would happen to our bodies as we both became older. Creams, lotions and other ways of preventing the disasters of old age appeared. Older people may keep up appearances, but 'the bed' invites an occasional peep into real feelings backstage.

The bed has a public aspect, in that I would record our conversations for articles and books, but it remains a safe enough place to speak about private fears that cannot be exposed in daily life. Sexual jokes, suggestive remarks and vulgarities 'on the bed' were no exceptions. The bed is the uncontested terrain of the lead actor, who has all props to hand. To strengthen their arguments people would drag photos, drawings or magazines from under the bed: 'Look, you see?'

There were precarious situations on the beds of the elderly in South African old age homes. In the desire for intimacy, beds sometimes encourage breaking with social norms. Nothemba and I were talking on her bed; my research assistant sat on a chair as usual. Nothemba was reminiscing about her childhood, which she spent with her grandmother in Transkei. Suddenly she began a story about her first menstruation. She described in great detail what happened, how her brothers reacted when they discovered that Nothemba was bleeding, and how her grandmother gave her 'lappies'



Fig. 4. Taking a story from under the bed.

(bandages) without an explanation and told her not to play with boys. She ended her stories with words for my assistant: 'You should know this too, my boy!' It is unusual for Xhosa men and women to talk about these issues, but I am quite certain that the place – the bed – played a part in this revelation.

What does the bed tell us?

Does anthropology on the bed produce special knowledge? Its intimacy coaxes confessions and stories not easily told in public places, where 'cultural' or 'public' norms for human interaction apply. The bed is a place for free-flowing ideas. The bed is also a site where institutional power relations meet with personal resistance, lending it a dramaturgic quality (Goffman 1959). Beds shape and give direction to human encounters, which need no longer be governed entirely by 'culture' or public 'norms', but by the situation at hand and the need to improvise. I have come to see the bed as a stage for people who own only these few square metres to manage an unscripted performance mostly on their own terms. The bed hides props collected during life that serve to help their owners tell the story of who they were and what they want to be on their own terms.

To anthropologists, beds as a site for fieldwork can be confusing. When a story is told on a bed, the illustrations and proofs of this story are often under the bed. The owner of a bed may be caught in a lie, when any props produced say something else. The reality of social life mixes with the personal world under the blankets. Thus the bed is never fully a private place. It is a place where the owner performs a role, where (s)he directs social reality and draws an audience into his or her life. To an anthropologist, the bed is a place of seduction, of belief, of proximity-in-distance, of a struggle with human emotions. The bed invites

one to witness and share in another person's suffering. Even in the most institutionally confined spaces, beds are one of very few places from which hope and resilience can and sometimes do spring forth. ●

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1. In a special issue of *Medische Antropologie*, the Dutch journal of medical anthropology, contributors usefully discuss the bed in terms of three themes, namely the bed as locus of security and insecurity, the bed and health, and the bed's multifunctional character (van der Geest & Mommersteeg 2006).

2. Janette's story was published in van Dongen 1998, with her permission. It is hoped that it will make the suffering and desperation of mental patients, and the contradictions they experience between the private and public space, better known.

3. With the permission of residents and the management of the old age home, I made a video documentary about older people's memories.

- Brecht, B. 1967. Der aufhaltsame Aufstieg des Arturo Ui. *Gesammelte Werke* 4, pp. 1720-1835. Frankfurt am Main: Suhrkamp Verlag.
- Goffman, E. 1959. *The presentation of self in everyday life*. Garden City: Doubleday.
- Simons, A. 1990. *Het groteske van de taal: Over het werk van Michail Bachtin*. Amsterdam: Uitgeverij SUA.
- van Dongen, E. 1998. 'I wish for a happy end': Hope in the lives of chronic schizophrenic people. *Anthropology and Medicine* 5(2): 169-192.
- 2002. *Walking stories: An odnography of mad people's lives*. Amsterdam: Rozenberg Publishers.
- 2005. A lie to die? The power of the theatre of lying. In: van Dongen, E. & Fainzang, S. (eds), *Lying and illness: Power and performance*, pp. 92-113. Amsterdam: Aksant.
- van der Geest, S. 2005. Bed en beddengoed: Antropologische notities (Beds and bedding: Anthropological notes). *Medische Antropologie* 17(1): 117-139.
- and Mommersteeg, G. (eds) 2006. The bed. *Medische Antropologie* 18(1). Special issue: Anthropology on beds.