

# Introduction

## An Anthropological Lens on End-of-life Transitions and Liminality

Sylvie Fortin  
*Université de Montréal*

Sabrina Lessard  
*Université de Montréal*

The end of life and death are moments of transition and liminality (Jordan et al. 2015). Without clear markers to establish the threshold at which a person begins to die (Kaufman and Morgan 2005), several transitions nonetheless mark the non-linear trajectories of people who are on this pathway: a time of illness, a time of end-of-life (hours, days before death), a time of death (Fortin and Le Gall 2025) and a time beyond death (Lavoie et al. 2009). More precisely, this liminality is an in-between phase, a transition between the representations of “no longer” and “not yet” (Zulato et al. 2025).

Introduced by Arnold van Gennep at the start of the last century (1969 [1909]) through a study on the rites of passage, the concept of liminality clarifies the phases of transformation from one state to another: the phase of separation from an initial state, the liminal phase where the person experiences their marginalization in relation to a normalized state, and lastly, the phase of a new state of being. As expressed by Victor Turner (1977, 37), the liminal phase is the one that “evades ordinary cognitive classification, too, for their neither-this-nor-that, here-nor-there, one-thing-not-the-other. [...] They are in a sense ‘dead’ to the world, and liminality has many symbols of death.”

Following the example of van Gennep and beyond the phenomenon of rites of passage, this concept has been rethought many times since in an effort to better grasp the social phenomena experienced by humans. Existence is made up of routines and repetitions, but is also punctuated by situations that are outside of “everyday normality” (Thomassen 2014, 2), such as the experiences of dying and death touched upon in this issue.

More recently, with Bjørn Thomassen (2014) and Basak Tanulku and Simone Pekelsma (2024), the experience of liminality becomes that of *inbetweenness* (Thomassen 2015, 40). This transitional experience, whether individual or collective, concerns beings in the making rather than fixed entities (Horvath, Thomassen and Wydra 2015, Tanulku and Pekelsma 2024). It applies simultaneously to spaces (thresholds, zones, places), time (moments, periods, eras), and to the experiences of humans at the individual and collective level, that is, groups (social) or the whole of society (Thomassen 2014). This experience can arise (which is often the case) without immediately calling into question everyday life (in other words, liminality is not intrinsically extraordinary), just as a space can be liminal for one person without being so for another. That is the nature of a palliative care home, for example. It is a liminal place for a patient and their relatives, while being the day-to-day for the healthcare staff.

This in-betweenness, this in-between zone, belongs to people who cross the boundaries of several categories, as well as to those who simultaneously experience illness and health, life and death (MacArtney 2016), or physical vulnerabilities and an objectified social identity (Nicholson et al. 2012), on the margin of normal social classification. In this context, this liminality becomes disruption, ambiguity, continuity or even permanence. However, not everything that is liminal is perceived negatively. This in-betweenness can also represent hope, or even the sacred in societies that bestow a status or special role upon it (Cummings, this issue). Sometimes, it's also an invisible (such as pain, for example) and potentially stigmatizing experience as it is not associated with an illness or dysfunction (Jackson 2005).

This liminality is both the bearer of uncertainty and suffering and of hope and transformation for the sick person and their relatives. It is also an agent of reorganization, transformation or way of being in the world and in relation to time, space, and others (Gagnon 2019), temporary or permanent (Stone 2016). Some transitions can continue, the experience of liminality being situated in time, especially during states of minimal consciousness (Zulato et al. 2025). They take or can take on a plurality of shapes: a change in states of being, especially with respect to a physical or cognitive decline (Turner 1977, van Gennep 1909), spatial change (transition from a home environment to a hospital or a long-term care facility (Leibing, Guberman and Wiles 2016), social, relationship (families and friends) or emotional changes (Kelly 2008). These are also states of permeability where life and death become one.

Regardless of the specifics, this liminality colours the experience of dying and of these times (of the illness, the end of life, and of death), an experience that is often on the fringes of normalized structures (Wagoner and Zittoun 2021). The articles in this issue engage in this path as long as the concept of liminality shows itself to be relevant to understanding death, end-of-life, life in death or death in life (Kaufman 2006).

Incidentally, unlike anthropological studies on death, deaths and funeral rites (Engelke 2019), the end of life, as an extraordinary window onto our social world, is a more recent topic. The social anthropology of health (or medical anthropology, depending on the appellation) participates in this emancipation of looking at death by developing studies that focus on the period preceding death, specifically the period before death, through retrospective studies that interview people in mourning, or, less frequently, through prospective studies of end-of-life patients (Carr and Luth 2019, Lessard 2023). By doing so, the act of dying becomes the object of study in its own right (Fortin and Le Gall 2025, Maffi and Papadaniel 2017).

Beyond any “clinical” perspective of death, the end of life is shaped by a variety of elements that bear witness to its status as a social construct. It is also an extraordinary indicator of society, as revealed by the contributions in this issue. This diversity of elements extends to the very notion of culture, according to which it is never a given, covering a variable set of values, beliefs and ways of being that acquire meaning in a situated relational context (Cuche 2001). As the systems of reference are diverse and fluctuating, end-of-life patients and their relatives are bearers of a diversity of norms and values shaped by their personal journey, their illness, and the broader context of life. Depending on the context and interactions, this fluid culture contributes to shaping the practices and beliefs of the members of the group with respect to illness, death and care. In so doing, the relationships with death and transitions that mark these end-of-life trajectories give rise to different viewpoints, rhythms, a spectrum of temporalities (Anspach 1987), and negotiations (MacArtney et al., 2016). Admittedly, death is ... “material” (in the physical sense of the term), but it is just as much social and relational (Kellehear 2022).

Studying liminality is an attempt to understand how human beings, in their social and cultural system, experience this in-betweenness by engaging with the modalities of this experience and its scope.

Together with our fellow anthropologists near and far, this issue explores end-of-life transitions from different angles. From the perspective of sick people (of all ages) to that of their relatives, as well as from different end-of-life spaces, we collectively explore what can be experienced, celebrated or criticized over this period of in-betweenness, this in-between zone between life and death. In addition to exploring these liminal spaces, this issue examines the journey and the indicators of care (decisions, decision-making processes, events and legitimacy) that shape the resulting transitions or ethical and moral challenges, as well as the way in which these transitions shape or reshape social relationships. End-of-life practices, specifically medically-assisted dying, a (relatively) recent practice in Canada, are also touched upon, as is the care being provided at this point in time. This issue also sheds light on contemporary secular funeral rites and the way in which they facilitate (or not) transitions between life and death.

## Contributions

The times of dying form the foundation of the paper by Sylvie Fortin. These times are mirrors into what each situated time represents, specifically at the social and cultural level. Identified as the *long time of illness*, the *time of end of life* (the hours or days preceding death) and the *time of death*, each time in this temporal sequence had a bearing on how the quality of a death was perceived by relatives. On the basis of an original corpus collected in Montreal, end-of-life stories from people of all ages, stories shared by relatives, the author argues that it is not the different stages of dying that determine the “colour” of this death per se, it is the balance between the different times inherent to the temporal and social trajectory of this liminal space-time that is end of life.

End-of-life liminality takes on completely different colours according to Alyson Stone. When a patient’s cancer has a poor prognosis, what significance do treatment plans and rituals have (here, ringing the bell in a Canadian cancer treatment centre) when treatment is not aimed at a cure but rather strives to, at best, alleviate symptoms? Chemotherapy and perhaps the wider oncological endeavour are called into question when they distance themselves from life as a goal, moving inevitably towards death. The liminality at issue is a veritable non-place, a challenge to the “survivorship model” specific to the field of cancer, and perhaps even an obstacle to acknowledging palliative care as an end-of-life treatment approach.

In turn, this duality at the heart of end-of-life care resonates with Louise Chartrand, whose paper illustrates this oscillation between a curative approach and an end-of-life palliative approach. The context is that of intensive care in an Ontario (Canada) hospital, where technology sustains life and calls for a decision to withdraw acute care and transition to so-called comfort care, blended with a palliative approach. The subject is centred on medical decision-making, which will impact one approach or the other, often with opposing objectives: life-sustaining care or quality of life (sometimes synonymous, sometimes in opposition), sometimes consecutive, sometimes concomitant. Then, as much for the caregivers as for the relatives, these decisions will impact not only the trajectory of care but also call for legal and moral considerations for all parties involved.

The finding shared by Sabrina Lessard is appealing... While older people are inexorably called to die and their trajectory is often characterized by a long decline and multiple chronic illnesses, they also benefit the least from therapeutic support adapted to the end of life (palliative and end-of-life care). Thereby, and in the tradition of anthropologists and sociologists interested in death, the author questions the variable value granted to life not only based on age, obviously, but also on social status, abilities, and health profile (disease pattern(s)), etc. On the basis of an original corpus, collected—moreover—in care institutions in Quebec, Lessard explores the tensions between biological and biographical life, between so-called “active” and “palliative” care throughout this life stage in an institution but also, specifically, at this liminal moment between life and death that is dying.

Ellen Badone explores the question of Medical Assistance in Dying (MAiD) for people with mental health issues and skillfully scrutinizes the moral and ethical arguments raised by Canadian psychiatrists on opposing sides. The author questions the basis of the positions of both sides by resituating each perspective in a broader social context. MAiD is a liminal space, per se, and according to the author, the most liminal of all rites of passage. Beyond the timeliness of the questions raised in connection with this issue, Badone succeeds in a field that is alive and well on the basis of a preexisting public corpus. The proposed discussion and the various mobilized fields are dear to anthropology, all while contributing to an ongoing societal questioning on end-of-life modalities.

The final moments of life are central to the points raised by Rachel Cummings. Moments distinctly marked by liminality, these final moments are

veritable testimonials of the here and elsewhere combined, sometimes at a distance from the Cartesian stance of caregivers (in this specific case, the United Kingdom). In parallel with the central question of this issue, the author also questions hospital ethnography and the “liminal” relationship between the researcher and the caregiver in this context. In each situation, the author evokes care as an open practice, sensitive to this liminality with great potential for reconfiguration. Admittedly, “end-of-life care” requires specific actions, but beyond these prescriptions, the social relationship between the caregiver, the patient and relatives is reconfigured each time, shaped by these “constantly evolving” final moments.

With Géraldine Mossière, while recognizing this liminality specific to the passage to death, dying is neglected for the material dimension of the creativity of funeral rites, specifically secular rites surrounding cremation, the layout of centres and the relational spaces where these practices take place. Enshrined in the cycle of life, these rites, in turn, designate a colour specific to the age of the deceased (the death of the elderly being more “expected” than that of a child, for example) and the inclusion (or not) of the family touched by the death in a religious tradition where end-of-life rites are established. This attention to rites is dear to the anthropology of both yesterday and today, allowing us to see the diversity of practices and beliefs in a pluralistic world like Montreal. The liminality at the heart of this issue transforms through the ritual practices discussed in this article, leading to a fundamental questioning of the effectiveness of the reconfigured work of mourning.

### **Acknowledgements**

We would like to thank Léo Rossi for the image on the cover of this special edition. We would also like to thank the Canadian Anthropology Society (CASCA) and the American Anthropological Association (AAA) for organizing the 2023 AAA/CASCA Annual Meeting, which focused on the theme *Transitions*. This was an opportunity for anthropologists from here and further afield to gather around the topic of end-of-life transitions and liminality, the theme at the heart of this issue. Last but not least, we would like to thank all the panellists who contributed to the wealth and quality of the discussions during this meeting.

**Sylvie Fortin**

*Université de Montréal,*  
*sylvie.fortin@umontreal.ca*

**Sabrina Lessard**

*Université de Montréal,*  
*sabrina.lessard@umontreal.ca*

## References

- Anspach, Renée R. 1987. "Prognostic Conflict in Life-and-Death Decisions: the Organization as an Ecology of Knowledge." *Journal of Health Sociology and Social Behavior*, 28 (3): 215–231.
- Carr, Deborah and Elizabeth A. Luth. 2019. "Well-being at the End of Life." *Annual Review of Sociology* 45: 515–534.
- Cuche, Denys. 2001. *La notion de culture dans les sciences sociales*. Paris: Éditions La Découverte.
- Engelke, Matthew. 2019. "The Anthropology of Death Revisited." *Annual Review of Anthropology* 48: 29–44.
- Fortin, Sylvie, Josiane Le Gall, and Benjamin Mathiot. 2023. "Trajectoires du mourir et bonnes morts chez les migrants et non-migrants montréalais." *Frontières* 34 (1). <http://doi.org/10.7202/1107622ar>
- Fortin, Sylvie and Josiane Le Gall, eds. 2025. *Expériences de fin de vie dans un Montréal pluriel*. Montréal: Presses de l'Université de Montréal.
- Gagnon, Éric. 2019. "Le temps, les soins, la déprise." In *Figures du vieillir et formes de déprise*, edited by Anastasia Meidani and Stefano Cavalli, 85–104. ERES. <https://doi.org/10.3917/eres.meida.2019.01.0085>.
- Horváth, Agnes, Bjørn Thomassen and Harald Wydra. 2015. *Breaking Boundaries: Varieties of Liminality*. Berghahn Books. <https://doi.org/10.1515/9781782387671>
- Jackson, Jean E. 2005. "Stigma, Liminality, and Chronic Pain: Mind–body Borderlands." *American Ethnologist* 32 (3): 332–353. <https://doi.org/10.1525/ae.2005.32.3.332>
- Jordan, Joanne, Jayne Price and Lindsay Prior. 2015. "Disorder and Disconnection: Parent Experiences of Liminality when Caring for their Dying Child." *Sociology of Health and Illness* 37 (6): 839–855. <https://doi.org/10.1111/1467-9566.12235>
- Kaufman, Sharon and Lynn Morgan. 2005. "The Anthropology of the Beginnings and Ends of Life ." *Annual Review of Anthropology* 34: 317–341.
- Kaufman, Sharon. 2006. "Dementia-near-death and Life Itself." In *Thinking About Dementia*, edited by Annette Leibing and Lawrence Cohen, 23–42. Rutgers: Rutgers University Press. <http://www.jstor.org/stable/j.ctt5hjbhp.5>.
- Kellehear, Allan. 2022. "The Social Nature of Dying and the Social Model of Health." In *Oxford Textbook of Public Health Palliative Care*, edited by Julian Abel and Allan Kellehear, 22-29. Oxford: Oxford University Press.

- Kelly, Angela. 2008. "Living Loss: An Exploration of the Internal Space of Liminality ." *Mortality* 13 (4): 335–350. <https://doi.org/10.1080/13576270802383915>.
- Lavoie, Mireille, Thomas Koninck, and Danielle Blondeau. 2009. "Frontière entre la mort et le mourir." *Laval théologique et philosophique* 65 (1): 67–81. <https://doi.org/https://doi.org/10.7202/037941ar>
- Leibing, Annette, Nancy Guberman, and Janine Wiles. 2016. "Liminal Homes: Older People, Loss of Capacities, and the Present Future of Living Spaces." *Journal of Aging Studies* 37: 10–19. <https://doi.org/https://doi.org/10.1016/j.jaging.2015.12.002>
- Lessard, Sabrina. 2023. "La diversité en fin de vie : la rencontre de 'l'Autre' à l'approche de la mort en contexte gériatrique." *Frontières* 34 (1). <https://doi.org/10.7202/1107624ar>.
- Maffi, Irène and Yannis Papadaniel. 2021. "Les transitions existentielles en question." *Anthropologie et santé* 15. <https://doi.org/10.4000/anthropologiesante.2764>.
- MacArtney, John I., Alex Broom, Emma Kirby, Philip Good, and Julia Wootton. 2017. "The Liminal and the Parallax: Living and Dying at the End of Life." *Qualitative Health Research* 27 (5): 623–633. <https://doi.org/10.1177/1049732315618938>
- Nicholson, Caroline, Julienne Meyer, Mary Flatley, Cheryl Holman, and Karen Lowton. 2012. "Living on the Margin: Understanding the Experience of Living and Dying with Frailty in Old Age." *Social Science and Medicine* 75 (8): 1426–1432. <https://doi.org/10.1016/j.socscimed.2012.06.011>
- Stone, Alison. 2016. *Incurable and Invisible: Living with Advanced Disease in a Canadian Cancer Hospital*. University of Toronto (Canada).
- Tanulku, Basak and Simone Pekelsma. 2024. *Liminality, Transgression and Space across the World: Being, Living and Becoming(s) against, across and with Borders and Boundaries*. Routledge. <https://doi.org/10.4324/9781003354772>.
- Thomassen, Bjørn. 2014. *Liminality and the Modern: Living through the In-between*. Routledge. <https://doi.org/10.4324/9781315592435>
- . 2015. "Chapter 2 Thinking with Liminality: To the Boundaries of an Anthropological Concept." In *Breaking Boundaries: Varieties of Liminality*, edited by Agnes Horváth, Bjørn Thomassen and Harald Wydra, 39–58. New York, Oxford: Berghahn Books. <https://doi.org/10.1515/9781782387671-004>.
- Turner, Victor. 1977. "Variations of the Theme of Liminality." In *Secular Ritual*, edited by Sally Falk Myerhoff and Barbara G. Moore, 36–52. Van Gorcum.

van Gennep, Arnold. 1969 [1909]. *Les rites de passage: étude systématique des rites de la porte et du seuil, de l'hospitalité, de l'adoption, de la grossesse et de l'accouchement, de la naissance, de l'enfance, de la puberté, de l'initiation, de l'ordination, du couronnement des fiançailles et du mariage, des funérailles, des saisons, etc.* (Vol. 5). É. Nourry. [http://classiques.uqac.ca/classiques/gennep\\_arnold\\_van/rites\\_de\\_passage/rites\\_de\\_passage.pdf](http://classiques.uqac.ca/classiques/gennep_arnold_van/rites_de_passage/rites_de_passage.pdf)

Wagoner, Brandy and Tania Zittoun. 2021. *Experience on the Edge: Theorizing Liminality*. Springer.

Zulato, Edoardo, Paula Castro, Carolina Silvia Quagliarella and Lorenzo Montali. 2025. "Making Sense of Absent-yet-present Others: Representing the Liminal Vegetative State beyond Life and Death." *Social Science and Medicine*, 373, 118021. <https://doi.org/10.1016/j.socscimed.2025.118021>