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HOLIDAYS AS MULTIPLE REALITIES:
EXPERIENCING GOOD TIMES AND BAD TIMES AFTER
A DISABLING INJURY

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ABSTRACT

Holidays are idealized as times of celebration. They are embedded in cultural symbols, family patterns, and lived experience. Because all holidays are not good times, however, the lived experience of holidays is considerably more complex than its symbolization. This ambivalence is dramatically deepened for recently disabled adults who view holidays as a specially strained time of remembrance. Past holidays are often idealized in a new way as one's biography is placed into a new embodied reality. Simultaneously, holidays remain days when one is supposed to celebrate, and often denote some celebration for the injured. The resulting experience is a melange of painful past memories, agonizing perceptions of the future, and a sense of possibility in the present. In this paper, I examine holidays as the locus of particularly problematic good times and bad times juxtaposed in one experience. The Data for this study were collected while the author did participant observation at a rehabilitation hospital during a series of holidays: e.g., the Fourth of July, Labor Day, Thanksgiving, and Christmas.

INTRODUCTION

Holidays are the community's stage for symbolic action (Deegan, 1985). They are ritual days set off from mundane reality and idealized as times of celebration or commemoration. They are part of the community's "symbolic universe" linking affect, experience, and institutions into an inter-subjective network of meaning (Berger and Luckmann, 1966). Holidays mark the passage of time and help construct our individual biographies and community histories. The lived reality of holidays is incredibly more complex, however, than their symbolic meanings, and people sometimes enjoy and sometimes dread their coming. "Holidays" are multiple realities (Schutz, 1962: 208-59) connecting human meaning and emotion in historically specific locations.

Because of their significance and layers of meaning, holidays are fraught with negative as well as positive emotions and memories. Loneliness, isolation, absence from loved ones, and depression are all experiential markers of the multitextured nature of "holiday celebrations." Particularly "happy holidays," such as fondly remembered childhood Christmases, Easter Egg Hunts, and an exciting "4th of July" Parade, are important experiences anchoring co-participants into "significant others" (Sullivan, 1953) and transforming contemporaries into a meaningful community (Turner, 1969). Each individual builds a biography (Schutz, 1971: 288) of holiday experiences shared with others or separated from them, and this "holiday biography" over the course of the life cycle locates each person in a world thickly or sparsely textured with periodic times of celebration. Each person experiences holidays as multiple, often contradictory and ambiguous, realities.

Although each person's biographical ac-

count of holidays changes over time, especially as friends and family members change, an abrupt change in one's life situation is often condensed and poignantly remembered on holidays. Traumatic injuries leading to permanent disabilities are one type of abrupt change, and this change is generally considered one of loss.

Adults who have recently experienced such physical assaults often find that their lives are systematically altered. Such "dramatic biographical relocations" are physically, socially and emotionally wrenching. Holidays, however, become particularly problematic, for the lived experience of the present and the anticipated future suffer in comparison to an idealized past (Schutz, 1967). Holidays with their already emotionally laden and often ambivalent experiences take on new meanings. The "happy holidays" and idealized memories of the able-bodied past are compared to the bleak present. The comparison may be one causing only slight pangs buried among more pleasant possibilities and actualities, or the comparison may be so stark and powerful that holidays become days of mourning rather than celebration. They become the accentuated days of suffering rather than pleasure, and the contrast between ideal and real holidays can be excruciating. This confrontation with human change and loss is deepened in institutions which place further distances between the idealized celebration with selected others, often in private homes, and the lived experience of holidays spent with strangers who are often in pain, in public institutions, and far from homelike environments.

This analysis of the multiple realities of holidays is based on the observation of recently disabled adults in a specialized physical rehabilitation hospital. I was a participant observer at this hospital from June 1973 to March, 1974. The holidays observed in-

cluded the 4th of July, Labor Day, Thanksgiving, memorial Day, christmas, St. Patrick's Day, and Easter. In addition, other days of celebrations such as hospital anniversaries, celebrity visits, and recreational special events were also observed. Everyday life for nine months provided a contrast to the holiday times (Deegan, 1975, 1977a, 1977b, 1978, Deegan and Nutt, 1975).

My analysis begins with the social construction of holidays, a new area of study in phenomenology. I turn to the specific experiences of myself and patients in the hospital, and then discuss the institutional construction of holidays. I conclude by briefly dipping into the murky waters of alternate ways to experience and construct institutional holidays.

THE SOCIAL CONSTRUCTION OF THE HOLIDAYS

Holidays are ritual times distinct from everyday life. (Turner and Turner, 1978). In traditional societies, holidays are generally associated with religious events and thus the word "holiday" is a secularization of the earlier work "holy-day." In American society, civil holidays are associated with sacred times, (Bellah, 1969) and all American holidays are both "sacred" and "profane". Because of the diversity of religious beliefs, holiday traditions, and lived experiences associated with them, modern societies, in contrast to non-modern societies (Durkheim, 1915: Turner, 1974: Deegan, 1985) do not have the power to define one dominant reality as ideal for each holiday. For example, Christmas is a deeply embedded and sacred event for many Christians, a partially sacred and profane event for many more Christians, and an imposed religious ideology for non-Christians. The recent debate over whether the Creche containing statues of Mary, Joseph, and the infant Jesus could be

shown on public ground in Washington D.C. reveals the complex interplay between the sacred and the profane, and Christmas is more a clearly defined religious holiday than most American holidays.

Despite this variability, some themes remain constant. For example, the family and home are symbolically important for holidays, and a focal point for the union is the holiday meal. Different generations and extended family members often see each other only on such ritualized occasions, and the sharing of holidays over the life cycle marks the family tie in a particularly overt and definite way. Conversations about family and friends who are not present are part of the process of constructing "holiday life" and shared memories -- especially if pleasant -- are revived. This is an ideal type of "growing old" together (Schutz, 1967).

Holidays serve a complex function of being the source of both anomie and, its antithesis, nomie. In other words, holidays are often rather formless and disappointing, causing a sense of normlessness or anomie (Durkheim, 1897). At the same time, holidays are often the source of a sense of rules and order, they are "a nomos-building instrumentality...a social arrangement that creates for the individual the sort of order in which he (she) can experience his (her) life as making sense" (Berger and Kellner, 1970: 50, female pronouns added). Holidays can become times that are dreaded because they fall so far short of their idealized meaning and emotions, and holidays can become times that are anticipated with joy because they enrich our lives and create meaning for everyday existence and experience. A particular person may experience predominantly dread or joy, but we generally enjoy some holidays more than others, and these mixed emotions and feelings can fluctuate over time. As a result, holidays

are days of ambivalence and contradiction, mirroring the complexity of both order and disorder in modern life.

The lived experiences accompanying the multiple realities of holidays reflect the ambivalence embedded in the social construction of holidays. These lived experiences are not static events, however, and they are woven into a tapestry that often makes them gain or lose significance over time. Thus the father who was hated within a family becomes an idealized patriarch in reflection, or just as possible, the ideal husband at one point in time is recalled later by an ex-wife as a despot and tyrant. There is a general tendency, however, for the "happy holidays" of the past to become even more glowing in memory than in the lived experience, and our past takes on a patina of meaning and order that anchors us over our life cycle. Jane Addams (1916) calls this phenomenon "the long road of woman's memory" and explains how even the very poor and disenfranchised look on their past with love and pride. Rubin (1976) recently found that contemporary working class families exhibit this same ability to forget the negative events of their family lives and emphasize that which is meaningful and orderly. These general characteristics of holidays; to be a mixture of sacred and profane, meaning and disorder, love and hate, are all present in the lives of recently disabled adults. These tendencies are augmented and exaggerated, however, as we see next.

HOLIDAYS AS "GOOD TIMES" IN THE PAST AND "BAD TIMES" IN THE PRESENT

Recently disabled adults take the idealization of past happy holidays to an extreme. At least one significant "loss", the new, permanent disability, has occurred in the present in comparison to the past. Thus, the

person remembers the able-bodied self as one where games were played, meals cooked and eaten, walks taken, and everyday bodies were necessary but taken-for-granted parts of this celebration process. Some patients relive these memories in light of their new physical restrictions. A quadriplegic, for example, may not have the ability to even lift a fork or spoon let alone gobble down a hearty meal. The absent skills are poignantly compared to the "good times" of the past and the new self/body is seen as lacking.

The remembered past also compares to the often painful and isolating present. The life of a patient is controlled by the institution (Goffman, 1961) and the physical pain associated with some injuries is often severe. Thus the everyday life of the institutionalized patient is in stark contrast to the freedom of space and time found in a home, even a relatively unhappy home. The holiday, the able-body, the home, and the family are idealized in the past while the hospital, its paid staff who are largely strangers and suffering patients are part of the new, unwanted mundane reality.

The event that led to my own confrontation with holidays as problematic reveals the complexity and emotional power of such events. It also reveals the embeddedness of researchers in the reality that they study. I was feeding a teenage woman who had just learned that she would spend the rest of her life paralyzed from the neck down. I was Christmas Eve and she was deeply withdrawn and passive. When she saw her parents enter the large cafeteria she let out a hideous, inhuman howl of agony. In that moment her despair washed over the "celebrants", particularly her parents who were frozen by her naked pain. Meanwhile, she was physically endangered for she had food in her mouth, a markedly limited ability to swallow, and she was flushed, crying, and

choking. I shoved my face in from of hers and told her quite firmly and angrily to "shut up". She was so startled that she stopped immediately and her parents removed her from the room. I was "traumatized," or shocked out of my natural attitude. My immediate emotional response was that I really did not know why she was allowed to live. I was embarrassed by my violent feeling and behavior towards her which were specifically located in this one event and "bracketed" -- if I may use that term here -- from my natural attitudes.

Contrary to my attitudes, emotions, and reflection, a number of staff members came up to me and told me that "I handled it (the situation) well." They mentioned how "such problems" needed to be "covered up" and "handled quickly" so other patients could maximize their enjoyment of these "good times." But from this time forward, I noticed the specific efforts to contain misery in such a "public/private" event. My ambivalence about holidays grew, and I had to increasingly make an effort to have "fun" on such institutional occasions. The patients' grumbles took on more meaning. Their dread was my dread, but institutionally I was not supposed to legitimate the patients' negative feelings.

It is clear that my own experience of hospital holidays focused my research interests. Many patients did not experience or exhibit my dramatic dread for holidays. They displayed the appropriate signs of having fun; i.e., loud talk, flushed and smiling faces, and interpersonal touching indicating intimacy and shared good times. Despite these signs of "good times," however, I noted other signs of holidays as stressful. Thus, many people engaged in small family arguments that they tried to hide from public view. Smiles would disappear if the patients "forgot" to "keep them on," and patients were often "cranky" and irritable afterwards. Although considerable

conversation in the days after holidays is oriented towards a description of holidays as "good times," I was unable to believe these words. I do not know now how much of my skepticism arose from my own disbelief and how much arose from the unbelievability of what was said. Whatever my own role, however, a distinct effort was made by staff and patients to recall these events as "fun" and a tactful silence about tears and screams was maintained (Goffman, 1967). For holidays in an institution are special settings for special days, and the fit between public and private norms for holidays are often unknown, at odds, or meaningless. In institutions, having fun on holidays is a special form of work, a topic I explore next.

INSTITUTIONAL HOLIDAYS AS PUBLIC WORK FOR PATIENTS AND STAFF

As mentioned earlier, holidays are embedded in family life. This is often associated with home settings, and what we call "private" life. Holidays are "public" special days but they are often spent and celebrated in private settings. A considerable amount of energy, or "holiday work," is done by individuals preparing for a holiday. For example, christmas trees are bought, "put up," and "decorated." Thanksgiving meals are notoriously bountiful, while the 4th of July almost demands hot dogs and potato salads. Household decorations, lawn ornaments, and particular clothing are other signs of "holiday preparations." Family members and friends may share these activities. Smells of food, perhaps a lighted fire, the "good china," and special seating arrangements are all parts of the private rituals surrounding these public days.

Institutional settings contrast dramatically with these idealized home holidays. Instead of smelling roasting chestnuts, the air

is filled with antiseptics and perhaps foul body odors. Instead of wearing festive clothing, white hospital gown cover - sometimes barely - the body. (There was an attempt to not wear hospital clothing on these days but it was not always possible or desired.) Instead of having the best china, hospital dinnerware was used. Instead of being surrounded by -- again idealized -- smiling faces, some patients are deeply despondent, in pain, or perhaps even drooling their food down their faces. There is no doubt that a great deal of "work" goes into making an institution more of a fun place than it usually is for the patients and does not re-create a private home environment. The extreme effort to make a festive environment creates a "tension for appreciation" where patients and families remark upon the "changes" and "fun atmosphere." But such remarks and tactful talk cannot hide the reality that public holidays in hospitals are pretty grim, very different from a home, and very far from the ideal "happy holiday". Thus the reality of what is going on is a very tenuous one. Past memories may make the contrast so sharp that it gains precedence over presenting a tactful front, and some patients may not want to or be willing to "keep up the show." Thus, at any moment, the possibility of the legitimated reality of having a "good time" is threatened and the powerful alternate realities of ambivalence, despair, anger, and mourning may break through and dominate. Considerable work by patients, families, friends and staff must be done to try to continually reweave a reality ad definition of "good times".

As noted, this paper emerged out of my own increasing distress with th]Oe incongruent realities of hospital holidays. Not only was I working when I was supposed to be playing, but the tension at the hospital would increase for days before the holidays. This tension was consistently interpreted by the hospital

staff, especially the recreational therapy staff, as one of positive anticipation. The patients would often support this social construction of the tension, but just as frequently, they would make asides and comments about not feeling positive about the approaching event. These negative signs were often ignored, reinterpreted, or jokingly discussed by the staff. Thus patients who would say that they never wanted to have another "Christmas" or "Thanksgiving" would be cajoled by a staff member who responded "You don't really mean that," or "You'll feel better tomorrow." Staff would also refer to forthcoming holidays with excitement saying things like "It's only 10 days to Christmas" or "We are going to really have a nice party for Easter." Patients would be asked if their families were coming for the holidays, and these questions increased in frequency as the holiday approached. There were many simultaneous efforts to have patients return to their homes for the holidays, offering a contradiction to the work being done to make the institutional holiday a "fun experience."

Staff members would use holidays as conversation topics, but they would not elicit any response from those grieving about their injuries. Deeply depressed or withdrawn patients will not respond to emotionally neutral questions, so "cheery" questions are often entirely ignored. Less withdrawn often used these gambits as a way to make "small talk", however, and holidays thereby served to mark time and generate daily conversation.

Physical signs of the forthcoming holidays also were evident. Pictures of white Bunnies for Easter, shamrocks for St. Patrick's Day, streamers for parties, and "sign-up" sheets for special meals were physical signs of the anticipated holiday. The process of putting up the holiday markers and symbols occurred during the days preceding the events. Com-

ments on where to place them, if they were attractive, the significance of the holiday, and so on were thereby part of everyday life. Thus the "holiday work" done at home was mirrored in the institution, but the symbolic markers of earlier holidays were absent if not contra-indicated. Institutional holidays have their own strengths, nonetheless, and these too need analysis.

THE "GOOD TIMES" OF HOSPITAL HOLIDAYS

I have explored in some detail the dreadful nature of institutional holidays, and I would now turn to their more playful aspects. As problematic as these holidays are, to fail to celebrate them or note their passing would be even more difficult and painful. Times of mourning and structural alienation are part of life, our biographies, and the holiday experience itself.

Many patients have playful, forgetful "good times" on holidays, and most patients have at least some moments that are fun. Building disability into one's biography is a painful process, and institutional holidays definitely show that community celebrations are part of life. Life goes on, regardless of an individual's certainty that it has basically ended. The givenness of holidays, their association with the sacred and meaningful, their ties to the family and life cycle are characteristics welding the individual to the group.

Biographically, it is quite possible that these miserable holidays mark a low in a person's life that is not repeated. They may also become a turning point in the healing process. To have any fun at all when one expects to never have a good time again is a remarkable experience. (This is an example of

what I call "a bracket within the biography", a seal on one's past.) Although this is not comforting at the time one is experiencing an awful holiday, It can provide comfort and an source of order at later stages in life.

The severely injured confront daily the frailty of existence, and this can bring new meaning to life and to holidays. At some point in a healing process, the person is glad to be alive and this joy of living is something to celebrate.

Finally, institutional holidays are "good times" in comparison to the everyday life of institutions. This type of celebration is very different from the holiday of the home and past, and the appreciation of institutional holidays as different types of celebration is sorely lacking. I will briefly discuss this aspect before concluding.

INSTITUTIONAL HOLIDAYS AS UNIQUE CELEBRATIONS

Institutional holidays are not comparable to those at home, with family and friends, or even just sitting alone in one's favorite chair and slippers. In order to appreciate institutional holidays they must be seen as a brave attempt to celebrate with people who are in various degrees of mourning. Institutional holidays also provide strong confrontations with many volatile areas of meaning: family, friendship, aging, existence, community, and religion. Americans as a group hide the underside of these fundamental, but problematic, structures for inter-subjective meaning and experience.

Holidays, in general, may challenge our idealizations of these somewhat shaky sources of reality, but recently and permanently dis-

abled adults may have to confront the brutal fact that their expectations concerning their body, family, friends, community, and religion are now failing them. Institutional holidays are, by definition, an arena for deep metaphysical confrontations. Unfortunately, from my point of view, this opportunity for enriching growth is lost by the rather frenetic activity defining institutional holidays as uncomplicated "good times."

Some of the "recipes" (Berger and Luckmann, 1966: 42) for dealing with the seething realities of institutional holidays include ignoring them, containing them, denying them, and dismissing them with a joke or a piece of cake. These are effective, immediate responses, but I question their validity over time and for large numbers of people. The incredible work of having a good time in a somewhat miserable place is heroic action requiring commitment and leaps of faith. But part of this work is unnecessary, for holidays are quintessentially ambiguous in a world where home, family, food, community, religion, and fun are not always ideal or compatible.

Times when we are jolted out of our everyday attitudes can be seen as dangerous times that can be shared instead of shamefully hidden. Institutional holidays are part of community life just as much as home holidays, and we can learn to face our multiple realities instead of vainly hoping they will just go away. We can create institutional holidays that we would choose to experience instead of living in a world with institutional life that we dread and fear.

CONCLUSION

I have explored the meanings of holidays in hospitals as a way of looking at everyday

life, ritual celebrations, and the peculiar character of celebrations during public times of sorrow and trauma. The multiple realities of institutional holidays lie on the margin of celebrations and at the heart of questions of human meaning. Examining problematic good times reveals complexity as well as the American response to severe metaphysical challenges. The social construction of holidays exists betwixt and between good times and bad, making their study a dangerous exploration on the frontiers of human fragility. I conclude by calling for a more reflexive analysis of the underside of American ritual occasions so that we can share more fully as a community and as individuals in times of celebration.

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