

Part 1

Understanding Death

Carol Komaromy

The focus of this first part of the book is on the meaning of death. The opening reading by Seymour Fisher takes a psychological approach to the way that children make sense of death through what he calls, 'the motionless body'. The author argues that the body is read for signs of life and it is this stillness that marks an absence of life for young children. Furthermore, the essence of comprehension lies in the body that does not move and is entirely passive. It is this passive body that is later confined in a coffin and put into the ground that transforms the dead body into a symbol of death and something to be feared. While he argues that older children are able to grasp aspects of the inevitability and permanence of death, he explores how the interplay between reality and the irrational part of the psyche remains an enduring tension into adulthood. He argues further that it is this latter irrationality that provides a coping mechanism beyond childhood into adulthood (Readings 17, 24 and 31 also focus on children and young people).

In the second reading, the focus shifts from a psychological to a sociological approach to ways in which death is understood. Carol Komaromy uses empirical data collected through participant observations of death and dying in care homes for older people, to explore how the sight of the dead body is concealed within such institutional settings. Her observations revealed that the sight of death, even when temporally close to residents who were themselves approaching the end of life, was something that the staff tried to conceal. By contrast, the sounds of death were not concealed, although they appeared to be ignored or not acknowledged by care staff

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and residents. She concludes that this apparent contradiction in the denial of death in settings where death is a regular occurrence is a performance of visual concealment that serves as one of several strategies deployed to manage the dead body at the boundary between life and death. Furthermore, it is at this boundary where the need for rituals is most likely to be played out and consequently, the dead body becomes invested with meanings that translate it into degrees of taboo unsightliness (also see Reading 10).

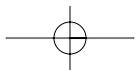
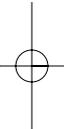
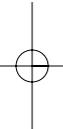
In Reading 3, Deborah Lupton continues with the theme of the body as the site in which of the meaning of death is translated. The focus is not on death but on the role of medial power, and she uses Foucault and a critique of the medicalisation of the body to offer competing explanations for the way that power is played out in the sick (and dying) body. She argues that Foucault's move away from the simplistic interpretation of the dominance of doctors' medical power over the bodies of their patients offers a more persuasive interpretation of power. However, even allowing for Foucault's notion of resistance, her own research suggests that rather than being passively produced as medicalised bodies, patients occupy a more active role within a relationship with their doctors. Furthermore, this relationship with its emotional and psychodynamic dimensions is one of mutual dependence. These ideas echo those of the collaborative enterprise of concealment of death discussed in the second reading.

In the next reading, the focus remains on the body as Regis A. DeSilva explores end-of-life decision making in the US. He uses the example of three young white women with diagnoses of persistent vegetative state or brain death to show how technological changes have produced the possibility of different forms of existence (for further discussion of brain death see Reading 19). These bodies became the site of medical, legal and media scrutiny and this public attention was central to legal and clinical end-of-life decisions in the US. The media attention that was drawn to the fate of these women highlighted how different forms of interpretation were articulated. DeSilva argues that occupying the space between life and death and in which life and death can be simultaneously observed, the female body is open to many mythical interpretations. The author uses the ideas of Baudrillard to interpret this *other* state of life that has been technologically created and which then creates a fertile base for fear and fantasy. He argues, for example, that the mythical representation of these 'sleeping beauties' plays into the iconography of the female body in Western and Eastern cultures and provides examples of such mythical stories.

The reading by Mark Cobb provides a thorough exploration of the need for spiritual care at the end of life. Much of this reading focuses on the spiritual care as an essential part of end-of-life care and the author provides a strong rationale for the need for spiritual care. Not least because it is at the moment of death that people attempt to make sense of life by questioning the meaning of their own life and whether or not they will cease to exist. Cobb argues that one of the ways in which this spiritual dimension is expressed is through ritual and he draws on anthological arguments and some examples to support this point. Underpinning these ideas is the question that philosophers have asked for centuries about the possibility of an existence that is not an embodied one. This reading leads well into the clearly defined beliefs about an afterlife which is the focus of the next contribution.

In Reading 6, the emphasis shifts from the theme of the dead and dying body as a site of interpretation of the meaning of death to consider beliefs about what happens after death. David Webster questions what life after death means in religious traditions and how this might impact upon an understanding of the process of dying. The author describes the different faiths of Judaism, Christianity, Islam, Hinduism and Buddhism as representative of major religious traditions and suggests that while they offer a diverse range of beliefs about life after death, what they share is the belief in death as a transition. He concludes that a belief in an afterlife, while not eradicating fear, offers religious people the possibility of standing on the threshold of death with a degree of hope.

In the final reading, Cathy E. Lloyd uses an epidemiological and demographic approach to illustrate changes in death over time, as well as highlighting the way that divisions in society are continually reflected in mortality statistics. She covers distinctions between and within developing and developed countries, changes in the cause of death over time and how mortality statistics continue to show a direct correlation between poverty and deprivation and reduced life expectancy. However, this reading cautions against simplistic data interpretation and teases out some of the problems with data collection and its impact on the quality of findings. Despite problems such as restrictions on being able to compare like with like and the absence of meaningful data for some developing countries, this global view of death provides a different interpretation of the meaning of death and one in which social inequality and injustice are impossible to ignore.



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Motionless Body

Seymour Fisher

It may not be a coincidence that the two things we keep most secret from our children are birth and death. Somehow, we do not want them to be directly confronted with how they were created or how they will be extinguished. Perhaps the beginning and the end are linked in their common reference to the fact that there are boundaries to the state of being alive. There is a time of body existence and a time of body non-existence. To master the fear generated by this bare statement has strained the ingenuity of every known society. To witness death is to know that your own body is vulnerable to death. If someone else's body can become nothing, so can your own. An amazing repertory of strategies has been developed across the world to buffer this recognition. Elaborate myths have been invented that portray death as only temporary and leading to rebirth in a new and marvelous place.

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The illusion that death does not exist is enhanced by the declining death rate and the consequent decrease in the frequency with which unpredictable casualties occur in any individual family. Another way of hiding death is to segregate the elderly into institutions and hospitals where their dying will be out of sight. Those most potentially ripe for dying are assigned cubicles in places where only specialized nursing personnel are likely to have much contact with them, and there are smooth, well worked-out procedures for disposing of their remains as unobtrusively as possible. The banishment of death is also reinforced by the siren-like promises of science that it will soon be able to master the major diseases and ailments. There is a half-belief, widely accepted, that soon all serious defects of the body will be repairable. If so, death can be put off—for a long, long-time. There is the implication that death will no longer be obligatory. It will be quasi-accidental. Or it will be due to carelessness and neglect. Presumably, people don not have to die if they avoid cholesterol, refrain from smoking, see their physicians regularly, fill up on the right vitamins, and so forth. When all else fails, you can always get a heart transplant or a renal dialysis. If death can be conceptualized as avoidable and subject to the control of omnipotent science, it becomes psychologically more distant. It is less a fact of personal inevitability and more than concern of a vast intellectual apparatus. Of course, in that sense the defense pattern is not so different from religious strategies that instruct the individual that his death is programmed by God and when it occurs will be a meaningful part of a vast game plan.

It should be noted that while there is less *direct* contact with death in our society than there used to be, indirect confrontation has been many times multiplied. An evening of

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television viewing brings more messages about death in a few hours than most people previously had to absorb in a month. After the news broadcast that gives the box score, for the entire world, of the more spectacular deaths of the day (due to floods, crashes, wars, concentration camps, and self-immolation), there usually follow a succession of dramatic programs that average several deaths each. The evening closes with another news summary of the latest mayhem. This process is duplicated in various ways in radio broadcasts, newspapers, and popular magazines. Each of us is bombarded almost hour by hour by images of death. Sometimes, as on television, the images are vivid, bloody pictures. But these encounters differ from those of a past time because they are largely impersonal. They involve people we have never met. They are quantitatively great but personally distant. Perhaps we learn to defend against them so well that they have little influence on our fantasies and behavior. But I doubt this. I read an anecdote in which a teacher talked about the reactions of a group of young children to the news that John Kennedy had been assassinated. She poignantly described one child who lay down on the floor, closed his eyes, and pretended to be dead (refusing to speak) for a long period of time. This child was obviously captured and moved by the image of death he had received in the day's news. It is likely that many others are equally moved, although they do not show their feelings so openly and dramatically. But even as I make this point, I would not argue that the impersonal death messages from television compare in intensity with those you get from actually being in the presence of the corpse. This is often brought home to the medical student when he begins to become acquainted with the cadaver assigned to him. He discovers that this brand of closeness to death is powerful stuff. He not infrequently goes through a period of being upset, had bad dreams, and experiences strange and puzzling sensations. If you will introspect about your own feelings the last time you attended a funeral you will be able to empathize with the adaptation required of the medical student.

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How do children become aware of death? How do they incorporate it into their concept of their own bodies and of the world in general? Empirical studies demonstrate (Anthony, 1940; Piaget, 1929) that up to the age of five the average child has only hazy notions about it. He has difficulty at first in even distinguishing the animate from the inanimate. Anything that moves seems alive to him. He has trouble in deciding whether or not a candle flame is alive because of its dancing movements. When something is motionless it can be classified as not living or dead. Gradually, the child witnesses phenomena that educate him about life versus death, but it is difficult for him to comprehend the idea that death is a natural or final thing. He thinks of death as primarily due to accident or disease or violence. It is not inevitable and it is reversible. He assumes that things that die can, by suitable manipulation, be brought back to life. To die is somewhat like going to sleep. You can be re-awakened. This, of course, is the basic concept that most cultures have tried to maintain in their myths and religious systems. The idea that the dead can be revived in some form is a return to the child's original view of it all. Up to the age of nine interpretations of death remain magical and unreal. Dying is attributed to arbitrary actions by evil things or people. According to some, it is also especially likely to be tied in with matters of anger and fantasies of desertion. That is, people die because they want to go away or get rid of you. It is only around the age of nine that the child seems to crystallize the adult concept that death is part of a natural impersonal cycle.

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While it may be true that the child arrives at a fairly adult concept of death by the age of nine, there is also good evidence that he retains many irrational and half-baked ideas about it throughout his life-time. All sorts of irrational feelings may feed into his attitudes toward it. One that should be spelled out relates to separation anxiety. People differ in how disturbed they become when separated from the people important to them.

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With this perspective, it has been proposed that fear of death is maximized in those who are most alarmed about being alone and the possibility of losing relationships. They are so frightened by death because it conveys the possibility of losing those important to them, either through the others' death or through their own.

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In time of danger some animals mimic death. They try to convince the predator that they are not worth attacking. Children, too, imitate the dead when they are playing. They may fascinatedly try out 'dead' postures.

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If someone dies whom you know well, the reality of death is brought home with a vividness that is unique. You are suddenly unable to dodge the facts and must digest their implications with regard to your own career. Soldiers on the battle-field, who are called upon to live intimately and repeatedly with death, not infrequently become highly disturbed, even when those who perish are relative strangers. They have their noses rubbed in death, and they become hyperaware of its implications for their own existence.

Aside from the idea of dissolution and non-existence, what is there about the image of death that is so difficult to endure? I wonder if one of the basic elements of unpleasantness does not derive from something that has been found to be prominent in the young child's definition of death. He tends to equate death with a body that does *not move*, and when he imitates death it is the posture of being motionless that is central. If he moves a muscle, his playmates 'shoot' him again. It is the idea that your dead body will cease to have the potentiality for voluntary intention that may be most disconcerting. This idea conjures up a picture of passivity that our entire adult career has been dedicated to preventing. To be a respected personage in the world you have to show that you can do things. You have to show that you can reach out and have an effect on your environs. You must have a certain minimum capability of taking care of yourself. Not to be capable of self-care means that you are reduced to the helpless child who cannot provide his own food and who is even incapable of controlling his body sphincters. The motionless body could also be the dirty body that fouls itself with its own feces and urine. For a man, the motionless body may be one that shamefully cannot defend itself against attack. It becomes the cowardly body. For a woman, the motionless body may signify shameful exposure to sexual indignities. She may equate inability to act with a surrender to sexual looseness. The specter standing behind death may be indecent helplessness.

Death carries with it the notion of confined space. The corpse is put into a box, which in turn is tightly squeezed into the earth. The motionless body could not move even if it were magically revived. In almost every culture there are fearful tales about being accidentally buried alive. A surefire way for a horror story to arouse distress is to describe the struggles of a victim who awakens to find himself buried in a casket. Death means being put into a compartment barely big enough to hold you. The claustrophobic reactions of many when they enter an elevator or go into a small basement room may be incited in part by the death implications of putting one's body into such a small chunk of space. The metaphorical similarity to the casket may be too intense to tolerate.

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In everyday life how do we go about reassuring ourselves that we are safe from death? What other things do we do besides avoiding contact with the dying and clinging to religious belief that assure us of immortality?

Each of us manufactures a chain of realistic and semimagical procedures for safeguarding our health and preventing potentially life-threatening illness.

[...]

It is informative and amusing to analyze the properties that we assign to our after-death selves. Probably the most typical of the post-burial forms is the ghost. The ghost lacks solidity. It is gaseous, without weight, and capable of moving freely through matter. Walls and barriers cannot stop it. But at the same time it retains recognizable human shape. It can even speak with its former live voice, although a few eerie overtones are added. The most novel thing about the ghost is the interpenetrating way in which it interacts. It lacks firmness of palpability, but all other objects also lack the firmness to keep it out. In other words, the ghost is an image of a 'body' that is not terribly different from a real one, except for the way in which it can merge with, and flow through, other objects. We are so accustomed to the ghost concept that we do not realize what a unique attribute this 'merging' and 'flowing through' represents. While at one level it may merely symbolize the idea of nonexistence, I wonder if it does not represent a widely cherished and secret body-image fantasy. In our ghost myth we are able to create a version of the body that can magically do something we ordinarily cannot but wish we could. The ghost body can become part of anything else. No object can ward it off when it wishes entry. This paradigm sounds familiar. It is the core of the concept of symbiosis. It is an abstract statement of how the very early relationship between child and mother is often pictured. Presumably, the child initially feels fused with the mother. He can tap into her body whenever he pleases (by sucking the breast), and she also taps into his in the process of caring for it. All through the early years the psychological attitude is maintained that the child's body and those of his parents are permeable to each other. Dependence and symbiosis tend to foster fantasies of interconnection that defy the usual laws of object separation. The ghost is a symbol of super symbiosis and in that sense may reveal a fundamental belief that death leads to a reinstatement of what was true in the early days of contact with one's mother. There are related ideas implicit in religious myths about the dead merging with God.

It has been pointed out that death marks off a limit to your life. No other factor so decisively declares that your existence is anchored in flesh and blood. You can't really outlast

your body. I think insufficient attention has been given to the democratizing implications of this fact. No matter how glorious the fame of any person in the culture, both he and others are aware that there will be an end to it all. He will ultimately prove to be composed of the same materials as the average citizen.

References

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Piaget, J. (1929). *The Child's Conception of the World*. New York: Harcourt Brace Jovanovich, Inc.