# Discussing death matters

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> Death remains the great extrinsic factor of human existence; it cannot as such be brought within the internally referential systems of modernity…Death becomes the point zero : it is nothing more or less than the moment at which human control over human existence finds an outer limit. (Giddens, 1991, p.162)

## Abstract

Death is something many people find difficult to talk about or even think about; our own or others' "point zero". From a general Western point of view death is something to be avoided or at least delayed as long as possible. Those of us who work in health, especially the pointy end of it in aged care or palliative care and acute areas working with trauma and/or in intensive care, are regularly present to death. Chan and Tin (2012, p. 899) refer to this as performing "death work". Undertaking death work risks a raft of ills from compassion fatigue to countertransference. Elizabeth Menzies (1960) in her classic work on health professionals encounters with death and trauma highlighted the defences that they employed in order to manage their experiences. Often, within these contexts, death is thoroughly medicalised; a specific discourse of death and dying that may offer a defence of sorts in its objectification and thus distancing, but may not be useful in a wider cultural sense. Although discourses such as spirituality are also utilised by health professionals, especially in palliative care, the primary vehicle for health care professionals to make sense of death is as the failure of the physical body. In this paper I want to explore the multiple discourses around death and dying as they circulate in New Zealand in the early twenty first century and consider the question of whether we are still a death-denying culture as many have claimed (Aries, 1974; Elias, 1985). The prevailing discourses around death that we employ in New Zealand do not necessarily originate here but have taken root or alternatively may be challenging our dominant ideas.

## Death denial

In 1974 Aries published his seminal work on dying, claiming that Western society was death-denying. To signify this, death was seen as an unacceptable subject for academic research and literature, and public discourse. A long list of words or phrases are still used to talk about death; euphemisms such as 'passed', 'kicked the bucket', 'departed', 'expired', 'lost the fight' and so on are regularly employed, and their usage suggests that death is unsayable. The public faith in science and the rise of secular society, concurrent with the medicalisation of death, removed death from sight away from public view. Shilling (1994) argued that the way in which death has been hidden away from us in a medicalised aura has deprived individuals of the resources for making sense of the existential experiences of facing death and dying. Bereaved people have been exhorted to 'get over' the loss; to sever attachments with the person who has died (Mitchell, Stephenson, Cadell & Macdonald, 2012). Yet this cultural imperative created a vacuum in which meanings associated with death foundered. The prohibition on remaining connected to the deceased and the loss of belief in an after-life have, sociologists contend, created a context for obsessive perseverance of the present life.

Health promotion and New Age spirituality could be seen to be responding to the intense focus on the present, and avoidance of mortality and its destabilising effects. Health promotion holds out the reassurance of a long physically healthy life and New Age spirituality provides a sense of meaning and connection.

Death, in part due to its sequestering from everyday life, consequently becomes a site of "rupture, emotional crisis and fear" (Ellis, 2013, p. 253). This rupture is at the level of identity; the 'I' that will not continue to exist and the loss of relationships. On this view, Ellis argues, when the person accepts their impending death they have started to reconstruct a personal narrative which attempts to repair the rupture between themselves, their body and the world they live in. However, in order to develop a meaningful narrative around acceptance others in the person's world are required to enter into dialogue that supports it. If those others are terrified of the rupture they anticipate at the loss of their loved one they may be unable to support such reconstruction. American surgeon Atul Gawandi (2014) says that "[o]ur reluctance to honestly examine our experiences of aging and dying has increased the harm we inflict on people and denied them the basic comforts they most need."

Discourses do not exist in singular isolation but exist alongside competing discourses. One such discourse might be termed 'death obsession' exemplified in the notion of 'dark tourism' (Stone, 2012), which is travel to sites of death, usually mass deaths. The fixation ranges from war sites like Gallipoli for New Zealanders to dungeons were prisoners were tortured such as the Tower of London, to Nazi war camps and the skulls of Pol Pot's carnage. These are places of tragic or noteworthy deaths. So at the same time as possibly avoiding death in the present we can become immersed in historical death. The private medicalisation of death is thus countered by the public spectacle of tragic death open to a form of tourism. These sites may be about voyeurism rather than facing death in ways that ameliorate individual anxiety and they may also be public memorials through which we construct and reproduce ideas about the cultural meanings of death.

## Death symbolism

Last century people were either buried in grave yards with headstones marking their passage or grand tombs denoting their status in life if they were wealthy enough. Otherwise the deceased were cremated and the crematoriums held a book of remembrance that for a fee could record the person's death for posterity. The dead are still buried or cremated but their memorials go beyond headstone or space in a book of remembrance. A more public form of memorial is the appearance of white crosses adorned with artificial flowers that can be seen at the roadsides where people have died in car accidents. The New Zealand Transport Agency (NZTA) (2013) do not encourage the installation of white crosses on State Highways though do say they <u>may</u> be placed at the site of serious accidents pending approval.

In a counter to death denying discourses memorials to the dead have become elevated to what Doss (2008) terms 'memorial mania' which he links to changing rituals around death. Public mourning in the form of spontaneous shrines to people who have died have become more commonplace since the outpouring of shared grieving for Princess Diana 1997. More recently in Australia and Paris at the sites of mass shootings people have gathered to lay flowers and light candles often standing together weeping and praying. These material expressions are markers that provide meaning of various kinds for those who participate in and witness them. This shift from private to public mourning has also found a place on the internet where people establish virtual memorials, where details of the deceased life and death are communicated to a relatively open audience. Mitchell et al (2012) calls attention to the blurring of "boundaries between the living and the dead" that such sites construct. The deceased and their relationships live on in a virtual world their details being there for ever.

## Death acceptance

Without death there would be no culture, or so Zygmunt Bauman in his interview with Jacobson and Davies (2011) claims. He particularly means that our awareness of death is what makes us attempt construct a life worth living in the face of our inevitable mortality. Similarly to the sociological account proposed by Bauman, psychologists Wong and Tomer (2011, p.99) claim that "death has evolved into a very complex and dynamic system…that [has] important implications for our health". Wong and Tomer chart the cultural changes that have taken place as a result of the media images of death and destruction that currently invade our lives and which signal the ambiguous relationship we have to death; repulsion and fascination. Wong and Tomer's thesis is that by accepting death we can lead a fuller life and prepare well for our death. They cite earlier research conducted by Gesser, Wong, & Reker (1988) which found three approaches to death acceptance. They were: a rational approach which sees death as inevitable; death as a prelude to an afterlife; and death as an alternative to a painful existence.

The study of death or thanatology is now widespread across a range of disciplines. Death, or at least conversations about death, are making an appearance in public places such as death cafes which are being held in many countries including New Zealand. People come together over coffee and cake to talk about any aspect of death that interests them (Nyatanga, 2015). The United Kingdom held a 'Dying Matters' week in May this year which was marked by various activities including a number of death cafes around the country. While individual preparedness for death differs, this evolving openness to matters associated with death and dying marks a significant shift in cultural attitudes. As Margaret O'Conner (2015, p.28), advises "Unless we are prepared to acknowledge and accept death as an eventuality in every life, our own included, we have become captive to and complicit in society's denial".

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