Social Handling of Death

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Abstract: Death is a universal experience but, each person must face it alone usually having an effect on others. There are many rituals, determined by culture and religion, which help people to cope with death. As will be discussed in this paper death has changed over the years, which makes people feel uncomfortable when dealing with the subject. Thus, it is important for health care professionals to learn how to deal with death and grief in order to be of assistance to their patients’ families. Many courses on death and dying are offered in order to teach the health care professionals counseling techniques and theories of emotional adaptation to death and dying.

Key Words: Death, Death and Dying, Emotional adaptation theories, grief, death as social event.
INTRODUCTION

Death is a normal part of human experience (Steele, 1997) influenced by cultural differences and material circumstances. The transitions, which individuals pass from childhood to adulthood and eventually to death, are social as well as biological in nature (Giddens, 1993).

Coping with bereavement has received a great deal of attention lately (Tunnicliffe and Briggs, 1997). Our society today is said to be “death-denying”: it appears people avoid thinking and talking about death. Dickenson and Johnson (1993) claim that since death is a “taboo” subject it causes extra suffering for those who are dying or grieving.

The subject of death and dying has become more emphasized in our “death denying” society due to the modern hospice movement. There has been an increase in literature, television programs and even university courses on the subject. The goal of these courses is that through education and discussion people will become more aware of their feelings concerning death. Our society is more comfortable with the death of an older person feeling that, that person is felt to have fulfilled his/her life. We find it more difficult to accept the death of a young person (Katz and Sidell, 1994).

In the limited scope of this paper it will be attempted to give an outline on the way death has changed over the years, as well as the way people feel about death and dying. This will include a mention of health care professionals’ attitudes. Authors have developed theories concerning the emotional adaptation to death for those dying, as well as for their grievers. The essay then continues with a brief description of social rituals of death and mourning, including different cultures.

Although we know death is inevitable, we spend a large proportion of the national wealth on delaying death as long as possible. We avoid using the actual words when actually talking about death and dying, but we do not mind saying death and dying in other context such as “I am dying to see you...” or “I am dead tired...”. We have a long list of euphemisms for the words death and dying such as deceased, past away, left us, done or at rest (Katz and Sidell, 1994).

<table>
<thead>
<tr>
<th>HUMOROUS</th>
<th>AVOIDANCE METAPHORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snuff it</td>
<td>Passed away/on/over</td>
</tr>
<tr>
<td>Drop off your perch</td>
<td>Deceased</td>
</tr>
<tr>
<td>Kick the bucket</td>
<td>Departed this life</td>
</tr>
<tr>
<td>Shuffle off</td>
<td>At rest</td>
</tr>
<tr>
<td>Pop your clogs</td>
<td>Lost</td>
</tr>
<tr>
<td>Turn up your toes</td>
<td>Gone</td>
</tr>
<tr>
<td></td>
<td>The big sleep</td>
</tr>
<tr>
<td></td>
<td>Left us</td>
</tr>
<tr>
<td></td>
<td>Gone to the last resting place in the sky</td>
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Figure 1: Various euphemisms used when referring to death, dying and the dead (Katz and Sidell, 1994).
How death and dying have changed over the years:

Until the mid-nineteenth century the rites of passage from birth to death, surrounded by families, friends and neighbors, took place in peoples’ homes. Since most health care was carried out in the home, death was a common event and even children observed these regular occurrences. The families were larger and the members of the many generations sharing the home provided the practice care for the dying relative. Nowadays, death is the concern of the medical profession; it is no longer everybody’s business as it used to be (Vinter, 1994).

We view death as a medical event and as a disease rather than a normal phase of life. As a result of wider social changes, such as: increased life expectancy, smaller family units and older people living alone, death has been moved into the hospital. People dying in hospitals, and away from everyday life, has been linked to the denial of death. Another factor making death a more medical and legal matter is that the laws require a death certificate with the diagnosis made by a physician. This has placed more emphasis on the dead or dying body that on the dying person. Currently, the undertaker becomes responsible, for the corpse; it is no longer the responsibility of the family. The profession of undertaking developed as a result of the social network as these were not always family members to perform these duties (Katz and Sidell, 1994).

Our society today, due to long life expectancy, believes that they have a reasonable expectation that they will live to become old. The increase in life expectancy together with the decrease in extended families means that older people in Britain live alone or with their spouse. Death has become a long process common among older people, who die from chronic, degenerative conditions of the cardiovascular system and cancer. They do not expect their children to die before them or see death as a possible outcome of pregnancy. There has been a decrease in the rates of morbidity and mortality (Seale, 1993).

In Britain’s modern society informality has become preferred in order to break down the barriers between people. Along with this informality there has become a lack of rituals, which in a case of death and dying leave people unprepared and uncomfortable in talking about it. Walter (1993) suggests that these attitudes make the dying or bereaved suffer by being avoided, embarrassed and treated hostile by others.

Due to Britain’s multi-cultural society many death and mourning rituals are seen, which have an effect on the rest of society. Unfortunately, there is proof that health care professionals deal very badly with death (Hawley, 1997). To them, death must be avoided since it represents a failure. Irish et al (1993) claims, that it is often their own fears about death and dying which prevent them from relating to dying people. Perhaps an insight into their own feelings about death, which could be provided by the Death Anxiety Scale (DAS) would be helpful (see figure 2).
DEATH ANXIETY SCALE

Since death is treated as a taboo topic due to our public and personal anxiety about it this activity is to provide you with some insight concerning your feelings about death.

Answer the following questions with True or False:

1. I am very much afraid to die.
2. The thought of death seldom enters my mind.
3. It does not make me nervous when people talk about death.
4. I dread thinking about having an operation.
5. I am not at all afraid to die.
6. I am not particularly afraid of getting cancer.
7. I am often distressed by the way time flies so very rapidly.
8. I fear dying a painful death.
9. The subject of life after death troubles me greatly.
10. I am really scared of having a heart attack.
11. I often think how short life really is.
12. I shudder when I hear people talking about World War III.
13. The sight of a dead body is horrifying to me.

Score one point for each item answered in the direction of high death anxiety. A ADS score of 0 is equivalent to very low anxiety, a score of 13 to very high anxiety.

Key: 1-T; 2-F; 3-F; 4-T; 5-F; 6-F; 7-T; 8-T; 9-T; 10-T; 11-T; 12-T; 13-T.

What is your score:............... 

Figure 2: Death Anxiety Scale (DAS) (Irish et al, 1993).

The fear of death is universal and experienced by all human beings (Hyrkas et al, 1997). Religion appears to offer some understanding about death and offers some relief. It is important to understand the various beliefs of the multi-cultural society. Robertson et al (1997) write that humanism focuses on a form of symbolic immortality such as people live on in the memory of their loved ones. Some people believe in biological immortality such as living through their children, other through their creative work, for example teaching, writing, art.

The American heath care structure is such that to allow a patient to die is to fail that person and to fail in their ability to cure. Non-Western societies do not
believe that death must be fought; instead they place importance on a peaceful death (Boyle and Andrews, 1989).

**Grieving stages:**

According to Giddens (1993), it is assumed that people are afraid of dying, thus, doctors and relatives hide the fact from the patient that he or she is dying. Adjusting to death is a process of socialization according to Dr. Elisabeth Kubler-Ross (1975). Her theory describes an emotional adaptation to death and includes five stages:

1. Denial (The patient refuses to believe what is happening to him).
2. Anger (Since the patient feels deprived of a long life span).
3. Bargaining (The individual makes a deal with fate and asks to be allowed to live long enough to see a special event).
4. Depression (The patient begins to adapt to the idea of dying).
5. Acceptance (May be achieved if the previous stage is overcome thus, allowing the individual to face death peacefully).

Although, the early Christians explained disease and death as God’s punishment for past sin in this idea, according to Jones and Moon (1987) today must be discarded in order to ease the dying process. The nurse also plays an important role in this process by providing care and hope even if it is only a short period of time (Elsdon, 1995). The families and loved ones of dying patients are said to have a series of emotional adaptations similar to the patient’s, suggests Williams-Ziegler (1984).

**Social rituals of death and mourning:**

In most societies people seem to experience two types of death: one biological and the other social. There can be a period of days, months or even years between these two deaths. The “social death” is the end of the person’s social identity. In most non-Western societies, death is a process in which the deceased is transferred from the land of the living to the land of the dead. During this transitional phase the soul has social rights over the bereaved relatives. They are to perform ceremonies, act and dress in a special way and withdraw from social life. For example, in Malay Archipelago the corpse is buried but is reburied months or even years later in a final ceremony. Between the two funerals the living have the duty of providing for him; they must bring his usual meals twice a day. When the final ceremony takes place he is considered to be “reborn” into the society of dead ancestors. At this time the mourners can re-enter normal society (Helman, 1990; Irish et al, 1993).

Among Orthodox Jews burial is within 24 hours after the death and the bereaved remain at home for a period of seven days (Green, 1991; Helman, 1990). Mourning dress is worn for 30 days and recreation is forbidden for one year. The transitional period lasts until the dedication of the tombstone a year later, which marks the social death. There is a wide variation in bereavement rituals, but the three main stages in the process of social death are seen in the following Figure 3 (Helman, 1990).
Mourning rituals which, include emotional displays of grief and have a programmed mourning period are said to limit excessive or pathological mourning. They provide a way for people to act and this restores a sense of order and continuity to their lives, which enables the bereaved to adjust to the fact of death.

**Conclusion**

Death is a universal experience but each person must face it alone usually having an effect on others. There are many rituals, determined by culture and religion, which help people to cope with death. Society expects a variety of behaviors toward dying, bereavement and grieving. The way that people celebrate death tells us their attitude and philosophy of life as well as death. People as social beings naturally need to develop social attachments. When death breaks the social attachments, people need to bring closure to the relationship. The funeral is an appropriate and socially acceptable time for the expression of grief and sorrow. The mores determine acceptable behavior associated with the expression of grief such as crying and sobbing. The funeral offers the members of the living a social network, a chance to observe and comfort the grieving survivors in their mourning, and to say the last good-bye to the dead person.

As we have seen in this paper death has changed over the years, which makes people feel uncomfortable when dealing with the subject. Thus, health care professionals, interacting frequently with dying patients and bereaved relatives, should have self-awareness in order to be of more assistance to these patients. For this reason, more courses in death and dying should be offered to health care professionals. The subjects needed to be included in these courses are counseling techniques and theories of emotional adaptation to death and dying. It is also vital for the social rituals of death and mourning of various cultures to be studied thus, offering more support to the dying and their loved ones.
References


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