

SOCIAL PERSPECTIVES ON DEATH AND DYING

FOURTH EDITION

Jeanette A. Auger and Kerstin Roger

with contributions from

Zohreh BayatRizi, Rita Giancola,
Audrey Medwayosh and Catherine White



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Chapter One

BEGINNINGS

Dying is a universal life passage that can be seen as natural: the final state of living. However, dying is also a major existential crisis for most people and usually represents a crisis point for both the dying person and for his or her family. (Latimer 1995: 362)

To be concerned with death and its celebration is not “morbid.” It is proper to reflect on a certainty of life. All healthy and vigorous civilizations of the past have apprehended the significance of death. (Curl 1993: 366)

SINCE THE FIRST EDITION OF THIS BOOK was published in 2000, the field of thanatology has expanded greatly, with courses on a variety of death- and dying-related topics taught in universities and colleges across Canada and elsewhere. For example, Tyndale University in Toronto and King’s University College in London, Ontario, offer certificate programs in thanatology. The University of Ottawa, the University of Calgary, and Dalhousie University provide programs in end-of-life studies. The Network for End-of-Life Studies, based at Dalhousie, has been doing research on end of life since the mid-1990s. The Ontario Institute for Studies in Education (OISE) has a grief studies certificate program. These examples are just a few of the many academic courses in Canada related to the study of death and dying, palliative care and hospice, end-of-life care, grief and bereavement and related topics. In the previous three editions of this book, Jeanette A. Auger covered as many of the issues in the field as possible. In this revised edition, we continue in this vein, recognizing the broad and complex events that have occurred since the first edition was published. Jeanette is pleased to be co-editing this edition with Dr. Kerstin Roger, a professor in the College of Community and Global Health at the University of Manitoba.

In 2000, when the first edition was published, there were no death cafés, living wakes, death ambassadors, death dinner groups, grief walks,

grief gatherings, grief wells, deathbots, death journeyers, death midwives or death doulas. Things have changed considerably since then! Collective grief was manifest after the COVID-19 outbreak, not just in Canada but across the world, where, according to the World Health Organization (WHO) in 2023, over seven million people died. In Canada, the number was more than fifty-five thousand. At the very beginning of the pandemic, older adults were particularly vulnerable to being abandoned in long-term care and left to die. The pandemic is still amongst us, and the COVID-19 dashboard (World Health Organization 2023) provides weekly updates on the latest number of cases.

Since the first, second and third editions of this book were published in 2000, 2007 and 2019, we have witnessed on a global scale more hurricanes, tsunamis, floods and other disasters, as well as increased acts of terrorism, wars, civil unrest, and, and often, because of these conflicts, increasing numbers of refugees and migrants coming to our country for safety. Another issue which concerns Canadians is the opioid crisis, especially in major cities. Every day we hear news about death, such as in the genocide in Gaza, the wars in Ukraine and Sudan, gun-related deaths in the United States, political violence in Haiti and elsewhere, the murders of Indigenous women and girls in Canada, and the mass graves of children who attended residential schools (which resulted in the Every Child Matters social movement and in turn helped create the annual Day of Truth and Reconciliation in Canada on September 30). These and other world disasters that cause death and suffering have created a pandemic of anxiety and grief not seen to the same extent for many years. Individuals are more aware of the suffering of others and, in some cases, join with like-minded individuals in their communities and beyond to grieve and try to improve situations as best they can.

These tragic and often preventable deaths are a daily reminder of the prevalence of the shadow of death in the midst of life. These events also challenge those working in the health and social services sector to provide more culturally aware and sensitive care to immigrants from war-torn countries and to those suffering from mental health issues and the impacts of racism, transphobia and poverty. Many of these death events come to us through the lens of television, radio and the internet, and we thus become passive consumers of tragedy, sometimes with difficulty separating reality from entertainment. For some of us, grief fatigue overrides our desire to be informed about world events.

As a result of the growth in academia in the study of death- and dying-related topics and to recognize the contributions of others in the field across Canada, this edition includes material written by others: Dr. Zohreh BayatRizi, an associate professor at the University of Alberta, Dr. Catherine White, a mental health practitioner in New Brunswick, Audrey Medwayosh, an Anishinaabe and member of the Wasauksing First Nation in Perry Sound, Ontario, and Rita Giancola, a former high school teacher, musical and theatre composer, and an April 2024 master's degree graduate from York University.

Canadians have long been involved in both public and academic debates about matters related to death and dying. As part of the background research for the first edition of this book, Jeanette reviewed over a thousand articles from the previous thirty years dealing with these topics. These articles were found in publications in all the health and social science fields as well as in journals related to sociology, philosophy, psychology, theology, ethics, geography, law, literature and multiculturalism. Jeanette also used numerous internet sites, books, reports, monographs, radio and television news items, newspaper and magazine articles, and a small selection of video and audio tapes.

One of the major areas of social change regarding issues related to death and dying is the emerging pan-death movement, which aims to assist individuals through what they see as the three levels of death: *before* death, at the diagnoses of a life-threatening, terminal illness; *during* the death process, through active dying and then death; and *after* the death, when funeral rites, burial or cremation services are held. Preferring the term “deathing,” the Canadian Integrative Network for Death Education and Alternatives (n.d.) provides the following rationale:

We often use this term, instead of “death and dying” (which is out of order chronologically!), to indicate that we understand the journey to include all of the process (i.e., a verb, rather than a noun) between preparing choices in advance, terminal diagnosis, active dying, the moment of death, post-deathcare, and funerals/memorials for the Death Journeyer — as well as those who care about them.

In this book we explore and critically discuss key topics in terms of what they tell us about the social changes that may occur in the Canadian environment as we know it. Will we continue to be a death-denying and death-defying culture, or will we embrace death as but another part of life,

as part of the cycle of nature, as believed by Indigenous Peoples and other cultures and individuals? This book examines the world of death and dying through a lens that sees these concepts as socially constructed, engaged with by us as individuals moving about our everyday lives and also as impacted by social determinants of health and their own long histories around the globe. From a sociological perspective, death and dying are not clearly defined and articulated abstract concepts but rather an array of social behaviours, expectations, rules and obligations that occur in different cultures as the result of the end of an individual's life.

According to Statistics Canada (2025), the number of deaths per year has been on an upward trend for several years, the result of a growing and aging population. Between July 1, 2022, and June 30, 2023, 330,380 people died in Canada. In 2023, the ten major causes of death in this country were as follows: 1) malignant neoplasms (cancer), 2) diseases of the heart, 3) accidents (unintentional injuries), 4) cerebrovascular diseases, 5) chronic lower respiratory diseases, 6) COVID-19, 7) diabetes mellitus, 8) influenza and pneumonia, 9) Alzheimer's, 10) chronic liver disease cirrhosis (Statistics Canada 2023). Between January 2016 and March 2025, the number of deaths due to opioids rose yearly, with a total of 53,821 such deaths in that period. The majority, 73 percent, were males, and eighteen people a day die from opioid poisoning in this country (Health Canada 2025). While opioid deaths are not included in the top ten causes of death, they are still of great concern to citizens and governments at all levels, as we discuss in Chapter 8.

Inherent in this book is a subtext about our personal experiences with the subject matter at hand, a way of making visible our connections with the topic and of owning what we know — our “epistemology,” as it is called in the social sciences. Epistemology refers to how we know what we know. From where, whom and under what social, cultural, historic and geographic circumstances do we gain our experiences and understanding of how the world works? What are the characteristics, limits and methods of knowing something? When we identify these factors, it helps us understand who we are. It also helps us make choices about which parts of our knowledge base we want to hold on to and which we can let go of. When we read most academic texts, the author's experience is hidden and, although they have a voice, we are unable to separate their experiences from their facts. We didn't want to write that kind of book because part of our writing goals includes telling you who we are. Writing and reading are interactive processes; they represent a relationship.

You, as the reader, and we, as writers, engage in a relationship of interaction. As students in the classroom, you also engage with your peers and the instructor in a similar relationship. Therefore, throughout the text, we include in-class assignments aimed at encouraging you to reflect upon and share your experiences with each other. We want to share ours with you too. So, where appropriate, we have included a section in each chapter called “The Text Within.” This helps you to understand who we are and where we are coming from, and because of these experiences, why we write as we do.

The Text Within: My First Experiences with Death (Jeanette)

I was born on March 19, 1945, in England (a significant date for many reasons). I was baptized in the Roman Catholic faith, and those familiar with this religion may know that in England, St. Joseph’s Day is March 19 and that St. Joseph is the patron saint of a happy death. Although I no longer practise any organized religious activities, I still like to think that my interest and work in death and dying was fated to be by higher forces!

My birth came shortly after the end of the Second World War, in a place called Braintree, Essex, a rural part of the country. My family lived in London’s East End, but due to the bombing, pregnant women were sent off to have their babies outside of London. My mother had tuberculosis when I was born, a disease she probably contracted, like so many others in England, from sleeping in air raid shelters in the Underground. She died two years later in a hospice, a few days before my second birthday.

I grew up in Shoreditch, in the East End of London, where death was a constant shadow looming over us. All the children I went to school with had lost family members in the war. We played on bomb sites that had once been people’s homes, factories and shops. Because our area had housed several factories, it had been bombed many times. When I was a child, a favourite showing-off spot to friends and acquaintances (and as a very young child to the man who came to collect the football pools money!) was the repaired hole in the downstairs hallway where a bomb had gone through the floor on its way to the cellar. Apparently, the bomb was dropped in 1944 and had gone right through the window above the door and landed on the hallway floor. The brown scorch marks on the wooden floor were a testament to what my parents always referred to as good old British luck. In the basement that was no longer used by any but the mice and the family cat that chased them, overhead windows were still painted black as part of the blackout procedures required during the war years.

I grew up then in a time of mourning, as many of my Jewish friends did, whose families still relived the Holocaust daily. My family was Lithuanian on my mother's side and French Canadian on my father's. All my family members longed for a past that they could not return to in their lifetime. So, death was a part of my life at a very young age and has been with me ever since.

My public school was St. Monica's in Hoxton, a fifteen-minute walk from my home. There were no buses or trains going there from my house because there were no such things as school buses in England. The school was across the street from a small park that had once been the burial pit for victims of the Black Death (bubonic plague), which swept across Europe killing hundreds of thousands in the fourteenth century.

When I was fifteen and still active in the church, I became a volunteer at St. Joseph's Hospice in London, working predominantly with dying children whose mothers had been prescribed the drug thalidomide during pregnancy. It was during this time that my interest in working with the dying was sparked, and even then, I was convinced that we needed to provide more sensitive care to the dying and their important ones and that we couldn't do this work very well in hospital settings.

Within the traditions of my families of origin, it was normal and appropriate for people to die in their own homes rather than in hospitals or nursing homes. Friends and relatives came to the family home to pay their last respects to the old ones. Daily life was going on around them as Lithuanian cabbage soup cooked on the stove, my brother listened to his records, my parents were glued to the latest episode of *The Archers* (a popular nightly radio show in Britain, then and now), and I was downstairs reading. Grandparents, aunts and uncles were waked in our living room, and these elderly relatives had died in their own beds.

Death was very much part of life and in our homes, always visible and present, not hidden as it is today. Children were always present at funerals and invited to kiss the dead relatives before the coffin lid was closed. We attended the wakes afterwards and learned that although death was a sad event within the family, it was also a time to celebrate life and to remember the good times we had shared.

Growing up in the particular time and place that I did, in a country steeped in thousands of years of history and mourning for its many dead, caused me to wonder about the role of death in our lives, the kind of work that death makes necessary for the living, and the social changes that death brings about, not just for immediate family and friends but for entire communities, cultures and regions.

The Text Within: My First Experiences with Death (Kerstin)

I remember the first time when I was a child that a dear pet died. It was a guinea pig which used to run around free in our yard, and we loved it. It was always quite resilient, scaring off cats who tried to poach it, hiding in the foot-high, palm tree-like weeds and popping out with a fierce determination as needed to scare off predators. This tiny, soft and vulnerable creature put on a good defence! When Toto died, I was beside myself with grief, and it took me years to understand that when our pets die, we can experience a lot of grief, and we learn about ourselves and letting go, possibly feeling the sadness we have carried over from other meaningful human relationships. I believe that all our relationships, big and small, human and natural, inanimate and filled with life, create opportunities for personal growth and living our own lives in a better way — and death is no different.

I always knew and heard a lot about death growing up since my family stems from Europe and lived there through many tragedies in and around the Second World War. As a Canadian student in public school, I learned very little initially about the way in which Indigenous Peoples in Canada had been harmed. It simply wasn't in the school curriculum! Developing a deeper knowledge as an adult about colonization and its traumatic impact on Indigenous Peoples was truly alarming and is a continual reminder about the role governments can play in both the destruction and also the promotion of a human being's value and the meaning of their very lives.

My interest in death became more focused when, at twenty-one, I went alone to Calcutta and worked with Mother Teresa in the House of the Destitute and the Dying for three months. I became a psychotherapist in downtown Toronto at one point in my life after being a musician, a consultant, and later an educator and a researcher. I lost both of my parents (my father in later years to a heart attack), and I was an at-home care provider during COVID for my mom, who unexpectedly got cancer. I have gone through other losses of people very near and dear to me and supported others in the same way.

Throughout, I never let go of the importance of understanding the big impact that end-of-life decision making has on others, and what personal, social and institutional factors shape those decisions. I have done research on caregiving, on families and chronic illness, on end-of-life decision making, on palliative care and more recently on the impact of legalizing MAID (medical assistance in dying) in Canada. We all need to be healers and receivers of care at different times in our lives; we all need to be conscientious clinicians and health-care providers or educators and clergy; and we all need to know that life and death are deeply intertwined in this shared time on Earth. Death teaches us many things — about the short time we have to live, love and share joy in our communities!

WHY STUDY DEATH AND DYING?

When someone we love dies, we engage in a process through which we try to make sense of that death. Whether we knew the person or not, as in the case of celebrities, the death causes us to reflect on and remember our past. Death reconnects us to a string of memories and relationships; it takes us into our pasts and helps us come to terms with the passing of the years. In this sense, death provides psychological work for us to do to come to terms with the loss.

The end of life is a complex and difficult subject. While media stories on the end of life are common, final decisions around death and dying are personal and shaped by the cultures in which we live. There are many reasons to study these topics. Some include the following, and you could add your own to the list too.

Personal Reasons

Many of us study death and dying because of our personal experiences or infatuation with or interest in the topic. What are your reasons? Here are some reasons why academics and students want to study and reflect on these topics:

- to heal a loss that has not been resolved, resulting in unfinished business;
- to come to terms with the fear of death;
- to be able to help others deal with death;
- to learn about the history of social practices.

Academic Reasons

Many academic disciplines have long traditions of studying death and dying. All branches of the humanities, social sciences and basic sciences are involved with the study of death and dying in some way, from laboratory-based experiments in biology and medicine to pharmacological studies of drugs to alleviate pain and symptoms; from in-depth interviews with the dying and their important ones in psychology, sociology and anthropology; to the need for an understanding of the religious, cultural and spiritual needs of the dying on the part of pastoral care counsellors and others in the field of theology. Supernatural issues are often of interest to students, but so also are grief and how funerals operate. While science is involved in a variety of examinations of issues related to death and dying, many are concerned

with the prolongation of life. However, medical advances that prolong life also create ethical, legal and practical dilemmas about who may end the life of another, as well as how and when. The topics scientists in all disciplines are interested in include:

- causes of death, types of death, chronic and acute pain and symptom management, treatment and cures;
- prevention of death due to accidents, drug and alcohol abuse, suicide and illness;
- training techniques to prepare caregivers and others in the “helping professions” to assist the dying;
- changes in life expectancy and mortality rates.

Institutional Reasons

Many institutions are involved in care for the dying and deceased, ranging from those involved in medicine, ethics, law, spirituality and religion, counsellors, social workers and those working in the funeral industry. The types of issues these professionals pursue include everything from the emotional, physical, cultural, economic and spiritual costs of prolonging life to end-of-life issues such as medically assisted death, legal issues and the final disposition of the dead.

WHO STUDIES DEATH AND DYING?

Many people choose to study death and dying, either for personal reasons such as their own mortality or that of those they love, or because their profession, vocation or field of academic inquiry requires it. Although all citizens may be interested in death and dying for personal reasons, scientists normally engage in more rigorous and systematic examinations of the topics. Others are just fascinated by knowing more about what happens when we die. Scientists and others who choose to study the dying process and death include sociologists, gerontologists, medical professionals, social planners and journalists, funeral directors and psychologists, spiritual advisors, criminologists and workers in emergency measures, the military and the police.

WHERE IS DEATH AND DYING STUDIED?

Death and dying are studied in a variety of laboratory, medical, legal, university and colleges, scientific and everyday settings, some of which include the following:

- in classrooms and people's homes;
- in the "field," e.g., in archaeology and anthropology;
- in literature, art, film, theatre and other popular culture sources;
- in pharmaceutical companies and laboratories and a variety of medical settings;
- in coroners' and medical examiners' offices and crime laboratories.

HOW IS DEATH AND DYING STUDIED?

When death and dying are studied, regardless of whether the methods used are qualitative (such as observations, case studies, interviews, ethnographies and so on) or quantitative (using surveys, questionnaires, theoretical models and such), in all cases our understanding and awareness of these processes are enhanced. Because of these studies, different treatment options may be available, we may become more aware of the options facing those with life-limiting illnesses in terms of where they choose to die, and we may assess and evaluate care of the dying in our own homes and our own communities.

DISCIPLINARY APPROACHES TO DEATH AND DYING

Within the realm of academia, several disciplines are concerned with the topics of death and dying. Whether these courses and programs are provided within specific schools, such as thanatology, palliative care, nursing, medicine or social work, or in more general programs, such as arts and the humanities and social, environmental or biological sciences, each discipline approaches the topic from a unique perspective. Sometimes there is an overlap between disciplines, and this assists in being able to examine issues from different perspectives, thus providing a more detailed and thorough account of the phenomenon. Below are just some of the disciplinary approaches to the study of death and dying.

Psychological Studies

Psychology is both an academic discipline and an applied field of research and treatment involving the study of the mind, brain and behaviour in both humans and non-humans. Psychology is also interested in a variety of human activities, including the ways in which people deal with the challenges of everyday life and the diagnosis and treatment of mental illness. Psychologists are primarily interested in the mental processes and behaviours of individuals, whether alone or in groups. Death possesses many faces and meanings, and perceptions of it vary across cultures and

historical time periods. It is obviously too intricate to be the province of any one discipline. Nevertheless, psychology's contributions to the topic have succeeded in increasing understanding of the mind and body mechanisms which enable people to deal with death and bereavement.

Most of us experience anxiety over our own death and those of the people we love at some time in our lives. How we manifest this in our daily lives is of interest to psychologists and those who provide care to the terminally ill and their loved ones. "Thanatophobia" is the term used by some psychologists and counsellors who work with and for persons dealing with the loss of self and loved ones to explain the excessive and incapacitating fear of death of others or the self. Psychologists Rachel Menzies and Ross Menzies (2020) reviewed studies from several countries examining death anxiety and its treatments during the COVID-19 pandemic and concluded:

The recent COVID-19 pandemic has caused an understandable surge in anxiety across the globe. Much of the behavioural response to COVID-19 can be understood through the lens of terror management theory, which argues that death anxiety drives much of human behaviour. From this perspective, reminders of death (of which there are many in the current pandemic), produce increases in attempts to avoid a physical death (such as by wearing protective gear or self-isolating) or ensure a symbolic immortality (such as by bolstering one's cultural worldviews, and aggressing against those that threaten them). Death anxiety, which has recently been proposed to be a transdiagnostic construct, appears to be more relevant now than ever before. In addition to predicting anxiety related to COVID-19, fear of death has also been shown to play a causal role across a number of mental health conditions.

All the death anxiety studies confirm that individuals share similar elements of fear regarding not only their own deaths but also those of others.

Sociological Studies

Sociologists are interested in the ways in which human beings socially construct the worlds in which we live. Dying, death and bereavement do not occur in a vacuum. How individuals and groups experience these phenomena is influenced by the social context in which they occur as well as their cultural, religious and social values. Sociologists are also concerned

with the rules and regulations (both visible and implied) that govern our everyday activities. Because sociology is primarily the science of everyday life and social change, it brings an especially useful set of ideas, concepts and descriptions about the study of death and dying.

Sherwin Nuland highlights the significant change in dying in recent times:

We have created the method of modern dying. Modern dying takes place in the modern hospital, where it can be hidden, cleansed of its organic light ... and finally packaged for modern burial. We can now deny the power not only of death but of nature itself. We hide our faces from its face, but still we spread our fingers just a bit, because there is something in us that cannot resist a peek. (Nuland 1995: 113)

From a sociological perspective, we recognize that death and dying will occur for each of us, and when this happens, an entire infrastructure of social and personal institutions will come to act on our behalf. If we deconstruct the notions of death and dying as two separate yet connected events, we crisscross the institutions of the family, whether we define this term biologically, socially or chosen; health care, whether provided in hospital, hospice, palliative care unit, nursing home or an in-home care program; law, in terms of wills and estate planning; the professions, especially medical personnel and funeral directors; religion, whether denominational or alternative; social attitudes about so-called “good” and “bad” deaths and so on. In fact, the gamut of sociological investigations can be applied to the concepts of death and dying.

Robert Kastenbaum discusses what he calls a “societal death system,” which shows the interconnectedness of life events and death. Included in this death system are the following:

- *Warning and predicting death:* This refers to the varied organizations within a society that warn individuals or collectives about impending dangers, such as weather forecasting agencies, emergency personnel and social media. It also includes laboratories and physicians that interpret test results to patients.
- *Caring for the dying:* This category offers a good example of cultural change. The hospital was considered ineffective by many in caring for the dying, so new cultural forms such as hospice, at-home and palliative care emerged to fulfil this function.

- *Disposing of the dead:* This area includes practices that surround the removal of a body, rituals and methods of disposal. Since every culture, religious, ethnic and age group has its own meaningful ways to dispose of the dead, this can lead to strains when opinions differ.
- *Social consolidation after death:* When a person dies, other members of the society, such as the family or the work unit, adjust and come together. Part of the death system which enables people to deal with death includes self-help groups, counsellors, religious organizations and so on.
- *Making sense of death:* Every society develops ways to understand and make sense of loss. One of the values of funeral and celebration-of-life rituals is that they allow for a death to be interpreted within a given faith, culture or philosophical viewpoint.
- *Killing:* Every death system has norms that indicate when, how and for what reasons individuals or other living creatures can be killed. International treaties define what weapons and what killings are justifiable in war. Different cultures determine the crimes an individual can be executed for, as well as the appropriate methods of execution. Cultures, too, determine the reason and ways that animals may be killed (adapted from Kastenbaum 2001).

Further to his ideas about a death system, Kastenbaum also suggests that there are at least three ways to think about death — as an event, a condition or a state of non-existence (Corr 2014).

When we deal with death and dying from a sociological perspective, we see death not as a given but rather as a socially constructed and maintained phenomenon. Death then doesn't just happen: there are processes involved that include behaviours, expectations, beliefs, rituals and a vast array of everyday social practices that constitute a death. When we die, decisions must be made about disposal: whether to have a traditional or alternate funeral; whether to bury or cremate; whether to embalm and have an open casket or have memorial services and so on. There are many decisions to make, both before and after death occurs.

We all die! When we examine the sociology of death and dying, we recognize that there are both personal, experiential features of learning as well as structural, scientific ones. Physical death is an essentially social experience that takes place in two realms of reality: the structural/public and the personal/private. In the personal/private realm, the reality of death

is often hidden from public view and from those unknown to the deceased and their family. This is less so when the death occurs because of a crime, suicide, murder, military manoeuvre or tragic accident. In those cases, media coverage may move the private grief of family, friends and coworkers into the public arena. In the structural/public realm, death becomes a matter for public discourse while the infrastructure of goods and services provided by the death industry goes to work on our behalf.

To learn how others in our society deal with death, we need to examine our own thoughts, feelings and fears. As well, by looking at the death practices of other cultures, we can learn, in a comparative way, about our own. Death is part of our history. Much of the study of archaeology, palaeontology and geology is about creatures and people who have died. We discover information about our predecessors and other cultures by digging into their pasts both metaphorically and physically. Through examining ancient tombs and burial sites, we have learned much about earlier civilizations. Cadavers help us deal with the future in terms of finding “cures” for diseases, and we can learn much from these contexts.

Literary and Aesthetic Studies

Those involved in the field of literary and aesthetic studies are interested in the social production of works of art, the meaning and symbols that authors and artists use to display emotion, behaviour and feelings about the human journey and the ways in which art and literature contribute to a society’s understanding of life and death. Some of the ways in which these topics are studied include the role of and presentation, past and present, of death in literature, in the visual arts and in film.

Philosophical Studies

Philosophers are interested in the moral, ethical and values-based ideas upon which societies are created and maintained. They may also be concerned with matters such as the role of the state and religion in matters concerning the end of life. The International Association for the Philosophy of Death and Dying is a global organization of some two hundred scholars who are interested in the investigation of philosophical questions surrounding death and dying. Among the topics they explore are the metaphysics of death, including personal identity criteria for declaring death. They consider issues such as the possibility and/or desirability of immortality, and the meanings of death and life. They also explore reactions

to death and dying (e.g., grief, *Ars moriendi* and the “good death”), ethical controversies related to death (e.g., suicide, organ donation, abortion, capital punishment, etc.) and clinical and biomedical issues related to death and dying.

Theological Studies

Theologians are interested in the study of the role of religions, the sacred and spirituality in the everyday lives of members of societies. They are also concerned with the values and beliefs of individuals and the ways these impact the choices they make. Some of the topics of interest to theologians include the following:

- the origins of belief in heaven and hell and cross-cultural equivalents;
- near-death experiences;
- religious rituals concerning death and beyond;
- the portrayal of death in religious texts, symbols, artifacts and teachings.

Jane Littlewood points out that “the general attitude of western societies towards death is characterized by fear and shame” (1993: 69). Even though we are a death-denying society, in the United States the average child TV viewer will have seen ten thousand deaths by the time they are thirteen. These deaths are often devoid of feelings, suffering and grief. This attitudinal pattern of death as denied or forbidden, and yet also a source of great fascination and mystery, is what Geoffrey Gorer (1965) defines as the “pornography of death.” Because most deaths in Western societies take place outside of our homes and communities, in hospitals, nursing homes and other care settings, the living are separated from the dead. Death work, such as preparing the body for disposal, is now normally conducted by strangers. In many ways, death is an absent intruder in our lives — present but ignored.

For most of us, when death touches our lives in personal ways, we engage in a conspiracy of silence, not wanting others to feel too sorry for us. We want recognition for our loss, but we do not want to draw attention to ourselves and our loved ones. In Jeanette’s experience with bereaved individuals, she often hears them say they don’t want others to “make a fuss.” We wear a mask of coping because in our culture, dependence on others and appearing weak are negative signs. Yet everyone dies! The only absolute fact we may learn from this book is that each one of us will die.

CONCLUSION

Sociology is not about reinforcing the status quo but about unpacking and critically analyzing how, where and why we practise the rituals of death and dying that we do. In this chapter we introduce you to some of the key issues in the various disciplines which examine and discuss a variety of topics related to death and dying. In the following ones, we are social detectives discovering clues about the social processes and behaviours involved in death and dying.

SELF-REFLECTION AND THOUGHTFUL CONVERSATIONS

1. What social issues have changed our thinking about death and dying over the past twenty years?
2. Why and in what ways is Canada a death-denying society?
3. How are your views about death different than the views of your grandparents?
4. Why is there a renewed interest in the topics of death and dying?

IN-CLASS ASSIGNMENTS

1. Bring items to class that discuss death and dying in Canada, such as newspaper or magazine articles. What do they tell you about common notions of these concepts?
2. Write down a list of positive and negative thoughts associated with death. What are the similarities and differences between the items on your list?
3. If you were dying, what three things, events or behaviours would you most want to be remembered for?