DOCUMENT RESUME

ED 043 068 CG 005 859

AUTHOR Clay, Vidal S.
TITLE The Management of Death in the Middle Class American Family.
INSTITUTION Connecticut Univ., Stamford.
PUB DATE 8 Oct 70
NOTE 20p.; Paper presented at the National Council on Family Relations Convention, Chicago, Illinois, October 7-10, 1970

EDRS PRICE EDRS Price MF-$0.25 HC-$1.10
DESCRIPTORS *Attitudes, Childhood Attitudes, Class Attitudes, *Death, Human Dignity, Middle Class, *Middle Class Culture, Middle Class Values, *Social Attitudes

ABSTRACT

Starting with the observation that attitudes towards death cannot be divorced from attitudes towards life, the author proceeds with a critical and reflective look at American society's poor management of death, both in terms of the dying person and the bereaved. Denial is the mechanism used to protect ourselves from facing the fact of death, and the result is a cold and inappropriate ritual which assigns the primary roles to the undertaker and the physician. Much is said about the stages through which a dying person goes in making his peace with death, and about the "grief work" of the bereaved in learning to live with his new situation. The unfortunate and lonely ways in which people are forced to handle these critical periods is examined. Specific suggestions for changing the attitude toward death includes: (1) stop denying its existence; (2) humanize the procedures that surround it; (3) redesign the rituals so as to humanize them; and (4) teach about death, appropriately, throughout life. (TL)

THE MANAGEMENT OF DEATH IN THE MIDDLE CLASS AMERICAN FAMILY

Vidal S. Clay,* Ed.D.

Given at Chicago meeting of
N.C.F.R., October 8, 1970

Birth, and copulation and death,
That's all the facts when you come to brass tacks;
Birth, and copulation and death.

--T. S. Eliot, Sweeney Agonistes, 1932

Attitudes towards death cannot be divorced from attitudes towards life. In America, the main thrust of life has been the competitive one of "making good," or as it is now said, of "getting a piece of the action." This means economic success which is proved by the acquisition of material property and physical possessions so that everyone can readily see just how well off you are. In a society with a predominantly materialistic set of values like ours, the fact that "you can't take it with you" is a kind of crashing contradiction of the whole basis on which we live. Therefore, the overall attitude in America toward the final, irrevocable termination of life is one of denial. It's not going to happen to me, at least not for a very long time; and I'm not going to think about it.

Of course death is recognized as a "fact of life," but the reality of it is felt to be so unpleasant, so disturbing, so in fact gut-level terrifying that the fear of dying is repressed and the fact of death is denied and blocked out of consciousness. So we find that in what someone has aptly called "our throw-away" society, the old people are encouraged to move out of the mainstream of life and into retirement communities and rest homes (what a euphemism!) where we won't notice them, and the actual physical management of the dead and the dying is turned over to institutions, to groups of specialists, most often men--now why aren't more women involved with death?--: the doctors, the clergy, the undertakers. These professionals manage the whole experience capably and

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*Lecturer in Child Development and Family Relations, University of Connecticut, Stamford, Conn., 06880.

efficiently so that those of us who are left have as little as possible to do with the whole unpleasant business. Also, the really painful separation that death involves is allowed to touch and trouble and hurt us as little as possible. So we think.

Some authorities have said that we Americans have a cultural inability to face death. Another writes, ". . . death is viewed as taboo, discussion of it is regarded as morbid, and children are excluded (from being near the dead and dying) with the presumption and pretext that it would be 'too much' for them." (Kubler-Ross, 1969, p. 6.)

It can be instructive to compare the management of death in American society with the management of birth, because they are in many ways treated similarly. They are both treated in a way that works well in one sense, that is, its expedient, but which fails to take into account the emotions of the human beings involved in these two critical life situations. Birth can be an experience of great joy in which the parents and the larger family reaffirm their commitment to the continuation of human life and in which they celebrate with thanksgiving and awe the launching of a new life after the buffetings of birth. But we don't treat birth this way. We see it as a medical problem which has to take place in a hospital, and we treat the delivery of the infant like an operation, which of course it isn't at all.

Dying can take place in peace with dignity. But just as we have dehumanized birth, we have left the human being out of his own dying. In dying, as in childbirth, the individual is likely to be in a hospital, surrounded by strangers using the tools of medical technology--for his own benefit--but his emotional needs as a human being in a crisis situation are completely disregarded. Both dying and giving birth are experiences that the individual has to go through essentially alone, for in most cases he does not have with him the very people who can give him love and emotional support. I was appalled to read in Gorer's study (Gorer, 1965, p. 5) that most of the children who died in hospitals died alone, that is, without family present.

Here is a description of the kind of dying that you and I can look forward to:

> . . . Dying becomes lonely and impersonal because the patient is often taken out of his familiar environment and rushed to an emergency room. . . . He may cry for rest, peace and dignity, but he will get infusions, transfusions, a heart machine, or tracheostomy, if necessary. He may want one single person to stop for one single minute so that he can ask one single question--but he will get a dozen people around the clock, all

busily preoccupied with his heart rate, pulse, electrocardiogram or pulmonary functions, his secretions or excretions--but not with him as a human being."

(Wainwright quotes Kubler-Ross, Life Magazine, Nov. 21, 1969, p. 42.)

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Every society has developed and institutionalized rituals to surround the inevitable crises of life. Consider the rites of birth and puberty, wedding ceremonies, and the rites which surround death and burial. At these times the community behaves in certain recognized and expected ways--ways which are related to the especial cultural values and traditions of that society. These rituals exist to help the human being cope with stressful experiences. It is unfortunately true that the way a society structures this support may not be the way to render the most assistance to a person in crisis. There are some situations where society provides no ritual at all. An example would be the contemporary denial of mourning. Also, because religious beliefs and attitudes change, those rituals which were helpful at a time when everybody believed in an afterlife may be nonfunctional today. It seems to me that the current concern with the management of death in this society may be an example of some self-correcting mechanism, an attempt to change the practices surrounding death to ways that will be more satisfactory for us all.

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How does the middle-class child learn about death today and what is he taught about it?

Most children grow into an understanding of death in small stages. At the age of three or four the child becomes aware of dead things--worms, birds, perhaps a dead gerbil or other pet. (I have known parents to replace one dead gerbil with another, with the thought that they were protecting their children from learning about death.) It isn't until above five years old that the child "understands" (not in the adult way, in his own way) that death can happen to human beings, his parents for instance, and that death lies ahead for him too. Unless there is preparation of the child, this knowledge can be very disturbing.

After the deaths of President Kennedy and Martin Luther King, studies showed that many nursery school and kindergarten children were very distressed and frightened. (Kirkpatrick, Help to the Grief Sufferer, n.d., p. 54.)

But even though each of us may come to some kind of realization of what death is around this time, it is likely that most of us never get consciously to the basic, gut-level

reactions of fear and anger that this unmentionable thing has to happen not only to the people we need and love, but most especially to us. This may relate to the problem of why, as adults, so few people are able to face squarely--or at all--the idea of death and dying. The following example illustrates the difficulty of the subject:

I had a conversation about death with two little boys, ages four and five, whom I've been rearing. Their family situation has been disturbed and all the children have been affected by it. Their older brother said one day, apropos of nothing, "There's one word I don't like at all. It's death." For some reason the two little boys seem to have had to understand about death all at once and in a way that was almost overwhelming to them.

We were eating lunch. I don't remember how the subject of death came up, but I must have answered some question about dying and said that dying was something that happened to everyone. The five-year-old picked up this idea immediately and started driving at me with questions.

Q. Am I going to die?

A. Yes, you will someday.

Q. Why should I?

A. Everyone dies eventually.

Q. I don't want to die. Why does it have to happen?

A. That's the way the world is. When things get old or sick, they die. New things are born into the world and the others get old and die.

Q. Are you going to die?

A. Yes, I am.

He started to cry.

Q. Well, who's going to take care of us then?

A. I'm not going to die for a very long time.

Q. I don't want you to die. It's not going to happen. Am I going to die?

A. Someday you will too.

I repeated that all living things have to die someday, and he took up the idea and started asking me specific questions about it.

Looking out the window:

Q. Will the tree die?

A. Yes. There's a tree in the woods over there that's dead already.

Q. Will the robin?

A. Yes.

Holding his shirt out away from his body:

Q. Will my shirt die?

A. No; it's not a living thing. Only living things die.

Catching sight of our little dog:

Q. How about Paprika, will she die?

A. Yes, she will, when she's very old. She's only a puppy.

Q. I don't want Paprika to die!

A. She's only a baby dog now . . .

Crying some more:

Q. Does she know it?

A. No, she's only a dog. Dogs can't understand things like that.

Q. But I know it. I don't want to die!

And then:

Q. Why do you have to tell us things like that??

And he sat there crying miserably.

The younger one had been listening to everything, and at this point he threw his bib over his face, pushed his fists into his eyes, and started weeping and sobbing that he didn't want to die, "Do I have to die too?"

For a moment I was sorry I had answered their questions honestly, and, thinking fast of heart transplants, etc., I was tempted to dodge the issue, and said that when they were very old, ". . . maybe the doctors will be able to fix you when you're wearing out" and they wouldn't have to die. The five-year-old took hold of this idea at once and I thought it was going to be reassuring to him, but, after thinking about it, he replied:

"No, it's not true. I'm going to die too."

I agreed solemnly, "Yes, that's right. But not for a very long time."

They both sat there at the kitchen table, crying and saying they didn't want to die.

Then the younger one, who is usually a boomer, announced his solution to the problem: "I'm not going to eat any more lunch, not going to get any bigger, 'cause then I ll die."

They both pushed their unfinished lunches away from them and sobbed. They were inconsolable.

I've raised a good number of children of my own, and although they had to cope with the death of their father when the youngest was only five, still they never went through a reaction like this. I was puzzled as to how to handle it. I sat one child on my lap and hugged the other and talked quietly about death and said that it wouldn't happen for a very long time.

"Look, you have just started your lives"(and I counted out four fingers on the four-year-old's hand and five on the other's. I said they'd probably live to be a hundred years old (they know that's a very big number). I said I was only halfway through my life, counting out how many fingers that was--"lots and lots." I said that before I die they will be grown-up boys and they will be married and have their own Mummies and their own children to look after. I said you get tired after living a long time, "you know how it is to be tired?" (they nodded); and sometimes you get sick, "you know how it feels to be sick?" (they did), "and you look forward to the end of the work of your life."

But they could not understand this and kept on grieving. I decided that this talk had gone on long enough and so, leaving the truth about death there, so to speak--stark but true, I began to talk about other things. And we went and got a popsicle from the freezer. (It is not my practice to manipulate a child out of his feelings with food, though this is a very common middle class device, but it was all I could think of at the moment. I had an appointment soon, and I did not want to leave the children disturbed.) When I returned, the younger boy ran out to the car to greet me and said, "Now you're home, Muz, I won't have to worry about dying any more."

I do not think this conversation is typical or even psychologically normal, but it does serve to show, I think, how very painful it can be really to face the fact of our own mortality. And I doubt whether many middle class parents would be comfortable, for the reasons mentioned before, with a conversation of this sort.

Ordinarily the middle class child first experiences death in the family when one of his grandparents dies. He is told that Grandpa has died and gone to heaven, or "passed away," or maybe even told that he has gone on a very long journey. I can recall my mother's tear-streaked face when her father died. I suppose I was about six. I felt nothing, except maybe curiosity about the disturbances of the grown-ups and wonder at why we were being left out of everything. Empathy for my mother's grief was beyond me, and I had no particular feeling for the old man. He was a remote, even awesome individual. My father's father was a Santa Claus kind of fellow. He was very much a part of our lives. At his death, several years later, I experienced real grief. For years afterwards I couldn't bear to hear a hymn that had been played at his funeral. It always made me feel like crying. No one helped us children with our feelings. We were ignored. I never saw my father cry, so it was impossible to learn how adults behave about grief, except that it is hidden. Later, when I read the ending of Black Beauty, and other tear-jerkers, I locked myself in the bathroom so no one would see me crying. As a young teenager I had a dog, and he was killed by a car. At first my grandmother told me he was sleeping, but when I asked where, she was forced to tell me the truth. I cried a lot. I wanted to see him, but he had been thrown onto the garbage dump. Someone had saved his collar for me. I wished that he had been buried properly, but I wasn't strong enough to insist upon it. I remember being angry at the callousness of the adults.

These experiences with death did not turn out to be of much help when I had to face the death of a spouse in World War II and again in 1959. I think they are typical, though, of the experiences of the middle class child.

In generalizing about how death is treated in the middle class it can be said that death and burial are contained within formal rituals and the feelings that go with these experiences are likewise contained within the demand for very tight emotional control. Grief is understood and accepted but it should be hidden, never ventilated or shared with another person and certainly not expressed publicly. Jacqueline Kennedy gave an example of this "stiff upper lip" behavior nearly seven years ago.

The ritual formalities surrounding death are well known. When death has occurred, the relatives come to call, but they talk about other things. Friends may come in and clean the house for the widow. Often neighbors bring in food. Flowers arrive. And telegrams. Later, letters of condolence. People offer to take the children. Some people send over games for the children in order, I suppose, to keep their minds off the tragedy and to keep them out of trouble. The funeral and interment are generally run according to some religious pattern.

At home afterwards, food and drink are served to close members of the family. Then everyone goes home feeling he has done his duty, and the bereaved are left to cope as best they may.

Everything about the physical management of death in the middle class family is handled expeditiously, but the emotions of the survivors are not dealt with at all. Life is supposed to go back to normal as quickly as possible, at least on the surface. In most cases the bereft are in a state of shock for the first week or so after the death has happened. This is the period of time when most of the ritual activity occurs. As a result the second stage of mourning, the period of most intense distress, takes place at a time when emotional and social support are lacking. The family members are left on their own to handle or cope with all the perfectly normal feelings that they have: feelings of grief, of loss, of separation-anxiety; of anger, rage and resentment; feelings of loneliness, of relief perhaps, of disorientation, feelings of guilt. All these feelings, whether socially acceptable or not, "nice" or not, have got to be worked through in order for the work of mourning to proceed. Some internal peace, some resolution has to be made with the feelings that surround the death so that in time the individual can begin to form new attachments and go about living again.

There are as well all the reality problems that the individual and the family have to face after the funeral is over. For example, loss of income, or the problems of the single-parent home. People get little help with these from religious or secular ritual, but at least these problems are of a kind that can be talked over with an understanding relative or neighbor.

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Over the past twenty-five years there has been a rising tide of protest against the customary management of the end of life. Jessica Mitford and others made devastating criticisms of the funeral industry, emphasizing especially the financial exploitation of the bereaved at a time when they were unable to make reasonable decisions. There has also been criticism of the clergy and medical professions for their handling of death and bereavement. Erich Lindemann began his pioneering studies of the process of normal grief in 1944. Two years later, Rabbi Liebman published his book, Peace of Mind, in which he attempted a synthesis of religious and psychological ideas. One chapter was on grief. It can be seen that the material on acute grief and the process of the grief work have been available to the helping professions for some time.

In doing her 1969 study of terminally ill patients, Kubler-Ross ran into a variety of significant reactions. Among the terminally ill themselves, only three out of more than two hundred refused to participate in the seminar on death and

dying (Wainright, p. 40). Dr. Kubler-Ross met a great deal of resistance and hostility from the doctors she contacted about interviewing their terminally ill patients. "Approximately nine out of ten reacted with discomfort, annoyance or overt or covert hostility." (Kubler-Ross, p. 220.) Although she found that chaplains, ministers, rabbis and priests showed less hostility to her study of terminally ill patients than some other members of the helping professions, "they were very occupied with funeral procedures and their role during and after the funeral, but had great difficulties in actually dealing with the dying person himself." (Kubler-Ross, p. 226.) Many of the clergy avoided talking to the patient by using prayers or by reading the bible." (Ibid.) These comments could easily be expanded to include a difficulty by the clergy in dealing with the feelings of the bereaved family as well as with those of the patient.

In his study, Death, Grief and Mourning, Gorer points out that the English people are less attached to organized religion than are we in the United States. (Gorer, pp. 24-36.) Although a clergyman is often asked to conduct the funeral service, the family does not expect to have a continuing relationship with him. However, Gorer suggests that the English clergy are missing a major opportunity for charity in failing to visit the recently bereaved in their parishes, even though they are not churchgoers.

The physicians have been criticized on two fronts. On the one hand, they are being asked very tough questions about what seems to be the needless prolongation of dying in the terminally ill. In the process of applying all the armaments of medical technology to the sick individual, the patient has lost the opportunity to die with peace and dignity. Kubler-Ross believes that dying today is more gruesome than it has ever been. (Kubler-Ross, p. 7.) Another area of criticism says that the medical profession has ignored the emotional needs of the dying patient. Because doctors are committed to the preservation of life, they often seem to find the fact of death difficult to deal with. In Kubler-Ross' study she found two subgroups of physicians who were able to listen and talk reasonably about impending death; they were the very young doctors and older physicians "who (we presume this) originally grew up a generation ago in an environment which used fewer defense mechanisms and fewer euphemisms, and which faced death more as a reality and were trained in the old school of humanitarianism." (Kubler-Ross, p. 219.) She added that they had less contact in the hospital with these older doctors not only because they were the exceptions but also because their patients were comfortable and rarely requested a referral . . .

Recently a growing number of doctors have become involved in a discussion of how they can best work with the terminally ill person and with the people close to him. This discussion

is about much more than the issue of whether or not the dying person should be told of his illness. The current concern is with the emotional relationship of the medical, nursing, and social work professionals (the chaplain and minister or rabbi are sometimes included as well) to the terminally ill person and to his family. Some physicians have called this work the psychotherapy of the dying patient. We might facetiously turn this around and call it the psychotherapy of the medical profession in relation to its denial of death.

Most of the articles and books I have come across lately on this subject have been written by Americans and Australians. It is interesting to speculate about why these two new countries, both aggressive, materialistic, pragmatic, both future-oriented and lacking a traditional past, should have what seems to be a similar inability to face death. However, it should be added that Gorer's study of death in England indicates that there, too, the institutionalization of death does not seem any longer to be helpful and supportive to the people who are left to face the bereavement process. Perhaps this is a crisis of Anglo-Saxon society as a whole. A crisis of morality, if you will.

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Where can we go for help in developing a more satisfactory orientation towards death and dying? This subject has usually been the province of the religionists. In Western religion we are told to accept death and to look forward to another life in the Beyond, but these ideas do not seem to have much validity today. Religious thought in the East has stressed an impersonal concept of immortality in which the unity or oneness of man with the whole creation is the important thing. There is also an emphasis on the ongoingness of life across time which is quite different from the Western thought that death is the end of everything for the human individual.

The psychologists have not contributed much to make death a palatable reality. Freud believed that the unconscious is unable to accept the idea of its own termination. In 1946, Liebman could write, "When we grow afraid of life and death, let us have the sense of the trustworthiness of the universe" (Liebman, p. 103), but this seems terribly out of date when we are all in a state of future shock and life has never seemed less orderly and predictable. Other writers have spoken of "the inherent worthwhileness of life" (Ibid., p. 169), but to be meaningful this surely must include the worthwhileness of death as well. Erikson (Erikson, 1950, p. 232) says that during the last of the eight stages of man, "death loses its sting" and he adds that "healthy children will not fear life if their parents have integrity enough not to fear death." (Ibid., p. 233.) But he does not tell us how to accomplish this goal. The humanistic psychologists want us all to become self-actualizing people but they say very little about making your peace with death. At least, I haven't come across it.

To me the attitude of Edwin Schneidman is perhaps the best one. He says there is no acceptance of death. We should not try to rationalize it or romanticize it, but we should realize that "cessation is the curse to end all curses and that being reduced to nothingness can be viewed reasonably only as the strongest and most perfidious of forced punishments." (Schneidman, Psychology Today, August, 1970, p. 64.) And take it from there. Which makes death, he says, a topic for the tough and the bitter. And that is perhaps the reason why so few of us are ready or able to take a look at it. All right, so let's be tough and bitter about death then.

Here we are in a society which is quite out of balance in its philosophical orientation. An hedonistic society which is directed towards present success and future pleasures. A society which refuses to face the fact of death and dying so as to live comfortably with the whole of life. Even though we refuse to think about the inevitable termination of our existence, we can never be far away from it. Death is too real. It never can be denied, ignored or hidden. The main thing wrong with using the mechanism of denial is that it just doesn't work. The parent who wants to protect his child from the experience of death is only adding confusion and anxiety to an already difficult world. The feelings that exist in a family cannot be hidden from the child. As we all know, emotional meaning is transmitted by many nonverbal clues which cannot be hidden, like facial expression (the face of grief is recognizable the world over), the tone of voice, body posture, etc.

When my stepdaughter was six, she and her mother were both in the hospital with polio. The child was recuperating, but the mother died in three days of bulbar polio. Judy stayed on in the hospital for another month. No one mentioned her mother's death to her. From that day on she changed from a child who every day asked her father how her mother was, to a child who never mentioned her mother at all. And showed no grief. Her father did not speak to her about her mother's death until he took her home from the hospital. Then she cried. But all the time she was in the hospital she must have known that something terrible had happened, something so awful that no one dared to talk of it.

Unfortunately one of the negative effects of the use of denial and repression is that this method of coping with a stressful situation becomes incorporated into the personality structure and patterns the way the individual copes with other stresses later on. Kubler-Ross writes of terminally ill patients who cling to the end to a denial of the severity of their illness. She feels they must be allowed to maintain this denial because it is their defense against mental collapse. (Kubler-Ross, p. 41.)

Denial of the pain of bereavement doesn't work either. People who delay or postpone their grief may develop the

so-called morbid grief reactions described by Lindemann. (Lindemann, pp. 12-15.) Gorer found three types of behavior among bereaved people who for one reason or another were unable to do their grief work. They were: hiding grief by busyness, mummification and despair. All are examples of pathological mourning. (Gorer, p. 148.) Kubler-Ross suggests that many of the widows and widowers who come to their physicians for help are showing "somatic symptoms as a result of the failure to work through their grief and guilt." (Kubler-Ross, p. 143.)

The personal difficulty of doing the grief work is of course compounded by living in a society which tries not to think about these unpleasant matters. In concluding his study, Gorer said that English middle-class society, which he felt was comparable with our own, did not allow a person room for mourning. In contemporary British society, I quote him, "the majority wish to ignore grief and treat mourning as morbid." (Gorer, p. 151.) Saffron believes that the suppression of grief and mourning is growing in the United States today. (Saffron in Schoenberg, Carr, et al., 1970, p. 334.) In the same collection Kutscher reports "the failure of anyone to provide the bereaved with comfort, information or understanding . . ." (Kutscher, ibid., p. 282.) Yet, it was twenty-five years ago that Melanie Klein pointed out that "if the mourner has people whom he loves and who share his grief, and if he can accept their sympathy, the restoration of the harmony in his inner world is promoted, and his fears and distresses are more quickly reduced." (Gorer, p. 140.)

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What can be done? What can we do? We can stop denying the existence of death. We can stop repressing the feelings that we have about it. We need to give up our defense mechanisms and our euphemisms and face death as a reality that waits there at the end of the road for everyone. We can begin to use an honest vocabulary--"death" and "dying," instead of "passing on," "going to one's eternal rest," "going to Heaven," or whatever. Instead of words like "funeral directors," "caskets," and "the deceased," we can speak of "undertakers," "coffins," and "the dead person."

We can try to humanize the procedures that surround death and dying. We can encourage a more sensitive and caring approach by all the helping professions, not only to the seriously ill patient but also to his family while he is ill and after he has died. We can give the individual a chance to die in peace with equanimity. We can understand, accept and work with the emotional steps that the human being needs to go through on his way to making peace with his own death. These stages have been described by Kubler-Ross as denial, anger, bargaining, depression, and finally the stage of acceptance. This process applies also to the feelings of the family

and loved ones of the dying patient. They, too, will say, "No, it can't be true" (denial), followed by, "Why should it have to happen to me?" (anger). We all try to make a bargain to gain a life or just a little more time. A young woman whose husband was dying dreamed of bargaining with God. She'd give up their six-month-old infant if she could have the father. Next we become depressed and think, "It's too much, I can't handle it." Finally, some of us can learn to accept the finality of life and say, "So that's the way it has to be . . ."

Must we all die in hospitals? Someone has asked why each one of us cannot determine his style of dying as well as his style of life? Surely, dying at home in a familiar environment, surrounded by family and friends, even children, and pets, the things we love, is a more comfortable death than the inhospitality of a hospital. It also has the very real advantage of showing the remaining family members what dying can be like. Almost nobody sees this today. Death need not be frightening. Most people die peacefully.

But if a hospital is the proper place to die, then we need a room for the dying and his family, perhaps a terminal care unit. In London, Dr. Cecily Saunders runs St. Christopher's hospital which is dedicated to the total care of the dying patient. She has developed what someone has called an "authentic atmosphere" in this hospital--no subterfuge, no denial. She "feels quite comfortable discussing [death] with her patients, and since she does not need denial, she is unlikely to meet much denial in her patients." (Kubler-Ross, p. 218.)

We can consider ways to redesign our funeral practices and our rituals. The simpler procedures of the nineteenth century seem to have been more functional as far as helping people cope with the emotions surrounding death than the methods used by our technologically sophisticated society today. We can try to make all the ritual activities that take place from the moment of death to the final interment or memorial service be of a kind that will help those who are left behind to accept and deal with their bereavement. They should accomplish a number of things. They should help the person and the family realize emotionally as well as intellectually that the dead person has gone and will no longer be part of this daily life. They should help the bereaved to accept the meaning of the death. In simpler times, in both the Protestant and Jewish religions, it was the custom for the family to wash and straighten out the dead and to dress them in appropriate clothing. Family and friends made the simple pine box, they carried it to the service on their shoulders and later to the grave which was nearby. They participated as a community in the service of farewell ending with the final ritual of throwing dirt into the grave, "dust to dust," or flowers, or perhaps a packet of food, if that was the custom. How different this is from what happens today. We make a phone

call to the undertaker: "Mother has died at such-and-such a hospital," and the reply: "We'll take care of it." (Kirkpatrick, 1967-8, p. 31.) It is no wonder that today the family members are left hung up on their grief. There is nothing for them to do to make the death real to them.

The ritual activities should also help the bereaved to express their feelings of loss and of grief. It is a heavy burden and a nontherapeutic one to expect people to have tight control over their emotions at these times. Gorer describes the reactions of his sister-in-law after the death of her husband in middle life. She had the New England fear of giving way to her feelings. He writes, "She did not wear black clothes nor ritualize her mourning in any way; she let herself be, almost literally, eaten up with grief, sinking into a deep and long-lasting depression." (Gorer, xxxiii.) The Italian Catholic weeps and wails at death, and in the Jewish religion the custom of "sitting Shiva" requires the mourner to tear his clothes, to weep and gnash his teeth. He is encouraged to talk about the deceased with family members. In Eastern Christianity it is appropriate for men and women to mourn, to really cry.

It is doubtful if any particular ritual is able by itself to effect the separation of the bereaved from the image of the deceased. Talking about the dead person--how he died, the good and the bad times in life, something funny that happened--is probably the most therapeutic way to accomplish this, but the psychological process of separation takes a long time. Rituals which emphasize this fact can be helpful. In the nineteenth century, changes in mourning apparel indicated one's progress through the bereavement period. All black was worn at first to show deep mourning and the costume was lightened with grey and touches of white at the end of the year. Today the Jewish and Greek Orthodox faiths have rituals that deal with the factor of the passage of time. Sitting Shiva requires one week of confinement to the home. During the following year certain ritual activities are required at the end of which a ceremony marks the finish of mourning. In the Eastern church the ritual surrounding death is carried on for a three-year period. Such rituals form a kind of rite of passage which tells the mourner where he is in the mourning process and which notifies him at the end of it by saying symbolically, "Now it is time for you to turn from the past and face the future again." Unfortunately for most people today, society allows neither the time or the room to mourn, so there can be no proper ending to it.

It should be added here in reference to time that the unconscious often lags behind the conscious mind in the acceptance of death. Dreams of happier days are quite usual for the bereaved, and it can be most painful to wake and find you have to face again the bitter reality that is bereavement.

A fourth and final area in which ritual is useful is in helping the bereaved to readjust to living in a world without the deceased. The ceremonies that occur around death take place not only in the family but also in the larger community. At these occasions the bereaved is surrounded by people who offer him emotional support. I went to call on a friend whose husband had suddenly died. I did not know her very well. When I arrived, she was sitting with close friends and family. Seeing me, she left them, came over to me and said with great emotion, "You've been through all this before. Now I know I can do it myself!" Mourners can take comfort from the people around them. Sometimes it is seeing grief in the eyes of another person that helps the bereft to reach his own emotions. Another function of the community is that through it new friends and new relationship can be formed to take the place of the one lost through death.

One of the very great weaknesses in the few mourning arrangements that we have is that the bereaved individual may not really experience the full extent of his loss and the very real pain and despair of it until after all the rituals are over. Most often this doesn't occur until after the funeral and interment.

It often takes a number of days really to comprehend the fact of death. The time between the death and funeral is often filled with busy work, and the funeral itself is organized to meet the needs of the dead and help him on his way rather than being a ceremony to help the bereft express and come to terms with their own feelings. In one study, widows and widowers discussed their reactions to the funeral. Many felt they were on display in the church, so they built up their defenses as high as they could. In most cases they didn't even know what was going on. Some listened for the name. Several said, "I wanted to be sure the clergyman knew who he was burying." (Kirkpatrick, p. 39.) So often it is only after the funeral, maybe several days later, that the full impact of the loss comes, and there's nobody there! I quote: "Just when you really need somebody to talk to, or even allow yourself to vent your feeling of hostility, anxiety, guilt or whatever!" (Ibid., p. 35.) Someone else said, "There is no support and there should be . . . Expression is good and expression is necessary. But the solitary's expression is not as healing as an expression of grief without such isolation." (Ibid., p. 36.)

There are other crucial periods during the months and years following the death that are not covered by any rituals or ceremonies, times when the bereaved needs personal emotional support and the support of the community. I am thinking of holidays; for example, Easter is especially crucial to Christians; or anniversaries, or birthdays. Christmas can be a bad time; or the wedding of a child whose father did not live to see him grow up.

A woman whose child died in an accident always knew just how old that child would be. She suffered especially on the child's birthday. Another woman lost a child through a miscarriage. Although consciously she had not wanted the infant, she became depressed at the time it would have been born. If it were generally recognized that the pain of bereavement recurs at certain emotionally laden times like these, something might be done to help the grief sufferer.

The fact that the adult in this society is supposed to be able to stand on his own feet and not need the help of others complicates this problem. Many people do not have the capacity to ask for the very help they need. They may not be able to ask for a good friend to talk to or a shoulder to cry on. Because so little is known about grief, they may not be able to understand their feelings. It can seem kind of peculiar to hurt again about something which happened a long time ago.

Those of us who are concerned with easing the burdens of life for others as we go through this vale of tears have a responsibility to talk about death and to teach about it. There is a body of material we need to become familiar with.

Erich Lindemann investigated the mourning process for twenty-five years. (Lindemann in Pastoral Psychology, September, 1963, p. 8 ff.) He compared acute grief to a disease which has certain physical and psychological symptoms: somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions and loss of the usual pattern of conduct. He described the "grief work" and pointed out that the length of a grief reaction depends on how well the person does the grief work. This means emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships. Lindemann stressed that one reason people do not do this work is that it is so painful "they try to avoid the intense distress connected with the grief experience and to avoid the experience of emotion necessary for it."

If the bereft individual realizes that the symptoms he is experiencing are quite normal and that they will pass in time, he can live with them more comfortably.

It is quite usual for an individual in the stress of a deep grief experience to lose weight, not be able to sleep well, not be able to concentrate. It is likely that he will also be bothered by feelings of guilt in relation to the deceased and that he may feel and express a good deal of hostility. Guilt and anger are especially difficult emotions to have to deal with in relation to a dead person but they do have to be worked through. A young widow was left with six children. Although she knew that her husband's heart attack was not his fault, still she was enraged at him for leaving her, but she was also terribly

ashamed of her feelings which she was quite unable either to accept or to understand. In therapy she expressed herself in these words. "She was goddamned mad at the son-of-a-bitch bastard for filling her full of children and then leaving her to bring them all up alone and without enough money!" Some of the criticism of doctors, hospitals, clergy, etc., has to be understood as resulting from the normal hostility of grief which is projected upon the helping professions who were unable to help.

Sometimes people go through what Lindemann has called anticipatory grief. Wives of servicemen in war have been known to be so afraid of their husbands dying that they have done the grief work in advance. When the serviceman returned home, there was nothing left of the relationship. This is hardly normal, but the same process can happen in other circumstances. A woman whose mother was becoming senile had a severe grief reaction when she realized that she was in fact losing her mother--or losing the relationship with her mother, which was the important thing. When the old woman dies, the daughter will probably not suffer very much. We should understand that even at death it can be normal not to have grief as well as to have it.

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Perhaps the most valuable suggestion than can be made as to ways to help in handling grief reactions is that we should teach about grief and the feelings that go with it all the way through life. Just the way we can talk about birth to children, we can equally well talk about death. Aunt Susie has a baby growing in her stomach, and old Mrs. Smith across the street is dying. In the same way that a child can be encouraged to feel the unborn infant moving and kicking in his aunt's uterus, so he can be taken to call on old Mrs. Smith when his mother stops by with some flowers or some soup.

In the family we can teach about death when a little bird flies into the picture window and is killed. A child can hold and stroke it and feel that it is cold and lifeless. We can teach about burial--a matchbox makes a very good coffin. Many families have a burial ground for pets. (My husband knew just where in Central Park he buried a pet white rat when he was a little boy.) We can teach that death is forever. Two preschool children beat to death a garden toad that had urinated upon them when they picked it up. I was sorry that they had killed it, but I did not punish them. They were sorry, too, when they realized that it would never be alive again. We can encourage the expression of tears and sadness. Crying is all right. "Everyone cries when they feel sad." Angry feelings are acceptable too. A child can be angry that his dog was killed. He can be sorry that he took the dog down to the bus stop which is a dangerous place for small dogs. He can learn that accidents happen, that we all make mistakes, and that no one is able to make this world perfect.

Death is not frightening in animals and death need not be frightening in humans. Since their father had died at home, I took the children to see him lying in the bed. They watched the undertaker carry the coffin from the house. They went with me to the funeral and to the interment service some months later. I did not know any other way for them really to know and to understand what happened.

As teachers, we can teach about death in school. I will admit that none of my college students want me to talk about death and dying, but I go on with it. They've been conditioned not to think about death too. At the end of the class there's not a dry eye in the house, for everyone has suffered a loss of some kind, perhaps not by death but by divorce or by moving from one area to another, or by experiencing homesickness on visits or at college. And most of these students knew nothing about their feelings except to be distressed and ashamed of them.

The subject of death and dying should also be taught to teachers, the clergy, the doctors--to all the helping professions.

Of course, in order to be able to talk about these things, each of us has to have made peace with his feelings about the end of life. There are certain very real advantages in having come to terms with your own mortality. Such a self-consciousness can be a powerful motivating force for living a better life. Teilhard de Chardin said that modern man has forgotten how to die with dignity because he does not know how to live. When these basic concerns of life are faced squarely, then we can say to others that life is a matter of loving and losing. The loving is fine but the losing hurts a lot. Still, loving is what makes life worthwhile.

It is true that the loss of any love-object leads to depression and malfunctioning. But we also hurt when we have to give up or do without things we are fond of. If we give up a way of looking at life, we may feel lost and depressed. If we have idealized a marriage partner and then find he has feet of clay, it can be painful. Some young married couples come for help with this problem. They have a kind of grief-reaction.

We are all familiar with homesickness. It doesn't happen only to children at camp. The wives and families of executives who have to move so often around the country suffer from disorientation and insecurity when they move into new areas. A young American woman who changed her life in several significant ways all at once became confused and developed psychosomatic symptoms. She had moved from Vienna to Paris, moved from suburb to city apartment, changed languages as well as domiciles, taken on a new husband from another culture and two stepchildren who spoke only French. After she spoke to me about this terribly difficult time, I said, "But surely you know that all your feelings were normal considering the stress you were facing." "Not at all," she replied, "I thought I was cracking up!"

Mothers grieve when the youngest child goes off to school. One mother told me that the summer her twins graduated from high school and left home, she found that her emotions were all over the place. Tears welled in her eyes at things that normally wouldn't have bothered her at all and she spent a lot of time remembering how it used to be when the boys were babies. Loving and losing. All these ordinary experiences of life can be used to learn about how to handle the grief reactions and the grief work. It is important to know the suffering of grief: the crying and craving, the ambivalent feelings, the confusions, the depression. But, like all emotions, normal grief does not last, and eventually the individual comes out of what I call the tunnel of despair and sees the daylight shining at the other end. The young widow I counselled with expressed it this way: "One day in the spring when I was driving my car as I've done a thousand times, I noticed the sunlight filtering through the brilliant yellow-green leaves, and a thought crossed my mind so clearly. 'Poor Dick,' I thought, 'to be dead and to miss all the beauty of life.' And for the first time I was glad that he was in the ground and not me." And I knew she was recovering.

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I have tried to discuss with you here some of the problems that surround death and dying in this society. It does appear that we are not giving the support and help to people that they need in order to cope wisely and well with the experience of bereavement. Gorer says that "the cost of this failure in misery, loneliness, despair and maladaptive behavior is very high." (Gorer, p. 135.) It seems that our society is most concerned with meeting its own needs in reference to death and dying--primarily denial--and is not concerned with the needs of the people who are dying or facing bereavement. Fortunately today there is developing a body of knowledge about the feelings of people as they face their own death or the death of people close to them, and there is real material available about the grief process. We can use this information to teach people better ways to face this crisis of life. Hopefully in time we will be able to develop a meaningful philosophy of death and we can begin to change the institutions of society--the funeral industry, the doctors and clergymen--so that they make the management of death and dying more suitable for us all.

(P.S. I would like to add that if we do not handle the fact of death well in this society, we handle even less adequately the death of a relationship that divorce implies. I have a lot of thoughts on that, but they will have to wait for another paper.)

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