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AUTHOR DeVries, Raymond G.
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ABSTRACT

A comparison of the social structuring of birth and death in modern American society is proposed as a new area of study: cosmic status passage. The author compares the two events as cosmic, universal transformations. The similarities of the experiences are explored in six categories. First, the role of the birthing or dying individual is structured according to the degree to which the event is desired, controlled by the individual, scheduled, voluntary, a defining feature of the individual, visible to others, and a singular or group experience. The second category concerns the role of the modern family which is characterized by smaller size and more autonomy than families of earlier times. The result is that birth and death have a greater social-psychological significance and that moments directly following each event are regarded as a time of isolation for the immediate family. Similarities in the third category, control of information, include the appropriateness of birth and death experiences for "polite" conversation, legal arrangements such as birth and death certificates, and the dissemination of news about either event. Fourth, the role of medicine in both experiences affects the individual's capacity to define and control the situation and redefines the limits of acceptable risk and the nature of a normal birth or death. Fifth, collective concern about the status of these cosmic experiences leads to social movement in the form of hospices and alternative birth centers. Finally, the biological occasions of birth and death are often followed by culturally constructed rituals. The author concludes that the cosmic qualities of the two events cannot be ignored. (KC)

Birth and Death:

The Social Construction of Cosmic Status Passage

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Raymond G. DeVries
Department of Sociology
University of California, Davis
Davis, California 95616

ABSTRACT

Birth and death are distinguished from other points of status passage because they connect humanity with the unknown. By comparing the social structuring of birth and death, this paper proposes a more generic area of study: cosmic status passage. After a discussion of the changes in the experience of birth and death fostered by modernization, the similarities of these experiences are explored in six general categories: the role of the dying and birthing individual, the place of the family in cosmic transformation, the control of information surrounding the cosmic event, medical components of the experience, collective action pertaining to birth and death, and the uses of ritual. The reasons for the similarities in the structuring of birth and death are examined as are the benefits of comparing these two events.

...one day we were born, one day we shall die, the same day, the same second, is that not enough for you? They give birth astride of a grave, the light gleams an instant, then it's night once more...

Beckett, Waiting for Godot

Introduction

Because human existence provides the substance out of which the field of inquiry loosely referred to as social science has been forged, it is safe to say that social scientists have always had at least a peripheral concern with the parameters of that existence, death and birth. But until recently these

events have been treated with either strict academic detachment -- as in demographic studies where death and birth are reduced to rates -- or with a halting fascination which mirrors the interest of social science in the aberrant -- as in investigations of unusual aspects or circumstances surrounding birth and death. It has only been within the last two decades that students of society have directed their attention toward the routine conditions under which these experiences occur and the social relations which surround them. This latter approach to death (e. g. Sudnow, 1967; Glaser and Strauss, 1965; 1968) and to birth (e. g. Kovit, 1972; Rosengren and DeVault, 1963; Shaw, 1974) has served to demonstrate the social structuring which not only attends, but helps to shape a manifestly biological occurrence.

This new perspective on death and birth has revealed the presence of several common social elements in these experiences capable of allowing a higher level of generalization dealing with "significant biological" or perhaps "cosmic" status passage.[1] Not much work has been done in this area. Earlier in the century, in his now classic work on rites of passage, Van Gennep (1909) compared death and birth with regard to their importance as periods of transition, but he joined them together with other social and biological transitions in a way which obscures the cosmic and universal nature of death and birth. Birth and death tie mankind with the unknown in ways that other points of status passage do not. At birth a previously non-existent individual appears, at death an existing individual passes into non-existence; from where these individuals come or where they go is either a matter of transcendental speculation or is relegated to the realm of the uninteresting by strict adherence to scientific explanation. This universal tie with the unknown has engendered a second approach to birth - death comparison; the impact of birth and death on human behavior has been the concern of

psychologists and has occasionally led to a consideration of the mutual implications of these experiences (see Rheingold, 1967; Kastenbaum and Aisenberg, 1972:173-190; Sagan, 1979). But comparisons of birth and death based in the psychological perspective focus on behavioral effects and generally are not concerned with the ways in which death and birth are socially structured. A final route to the juxtaposition of death and birth has been the study of death at birth (Sudnow, 1967:109-116; Klaus and Kennell, 1976:209-239; Kennell et al, 1970), but here the major emphasis has been on the impact of expectant life denied. It is the intent of this paper to establish cosmic status passage as a generic type, transcending earlier comparisons of death and birth by highlighting the many similarities in the way human groups structure these experiences.

Aside from providing further insight into the conditions under which social relationships are constructed and destroyed, this exercise serves to merge the insights of two fields of sociological inquiry which have previously been seen as unrelated. The benefits of this juxtaposition include the provision of a paradigmatic framework for the increasing number of studies of birth (see Macintyre, 1977; Oakley, 1979). Recent years have witnessed an expansion in the number of sociological investigations of childbirth which recalls the beginnings of the "sociology of death" two decades ago; the comparison provided here suggests that the "sociology of birth" can benefit from and extend the knowledge gained by studying death.

In order to demonstrate the common social elements found in these cosmic experiences materials have been classified into six separate categories. A framework for the presentation is provided by briefly exploring two items: the ways in which dying and death and pregnancy and birth are socially constructed, and the changing conditions of birth and death. After these

preliminary remarks the following areas of birth - death similarity are investigated:construction of the cosmic role and interaction with the affected individual; the role of the family; control of information surrounding the cosmic event; the medical components of the experience; collective action pertaining to birth and death; and the uses of ritual. While the purpose of this endeavor is to outline the nature of the extant similarities in the social components of these cosmic events, it should be noted that several aspects of birth and death are inherently non-symetrical.[2] Furthermore, some might argue that all of the similarities presented reflect nothing more than the increased medicalization of birth and death. In part this is an accurate observation, but the ensuing discussion will show that not all similarities are traceable to the institutionalization of the cosmic experience; in fact, it might be argued that medicalization only reflects a larger theme of the shift from traditional to rational contexts.

Death and Birth as Socially Constructed

Sociologists working in medical settings have demonstrated that what might appear to be objective physical conditions are often more properly thought of as "negotiated realities" (cf Roth, 1963; Goffman, 1961; Freidson, 1970). Because of their certainty and universality birth and death would seem less subject to negotiation processes than disease states such as tuberculosis or mental illness; however, in several important ways dying, death, pregnancy and birth consist not in biologic but social reality. To be dying or to be pregnant implies more than the presence of a series of biochemical reactions.

In his ethnography of death work, Sudnow (1967:61-116) discusses "death

and dying as social states of affairs." Sudnow begins by noting that even though we are all dying from the moment of our births, "the notion 'dying' has a strictly circumscribed domain of proper use" (p. 61). Consider the differential treatment accorded a 20-year-old who has been given a five-year life expectancy as compared to the treatment of a healthy 80-year-old. Sudnow concludes that the idea of dying "appears to be a distinctly social one, for its central relevance is provided for by the fact that [it] establishes a way of attending a person...as a predictive characterization, [it] places a frame of interpretation around a person" (pp. 68-69; see also Glaser and Strauss, 1968). Later, in his comments on emergency room work Sudnow shows how the likelihood of dying or even being dead systematically varies with hospital organization and perceived social value of the stricken individual. In an interesting example (p. 101) he shows how persons exhibiting similar physical conditions receive different treatments based upon evaluations of emergency room staff as to their social worth -- in this particular case estimations of social value resulted in the revival of a young child and a death pronouncement for an elderly woman.

Pregnancy and birth can also be viewed as socially determined states. Rothman (1977:9) points out that while pregnancy is commonly assumed to begin at conception, a woman who has worn an I. U. D. for five years will claim she was not pregnant during that span -- in spite of the fact that she probably conceived several times in those five years. As with dying, pregnancy is a social construction which offers a framework within which the actions of an individual are interpreted by self and others. Negotiation forms an integral part of the actual birthing process in that perhaps the most crucial variable governing treatment decisions -- length of labor -- is one which must be arrived at in concert by clients and birth attendants. Finally, Sudnow's (1967:109-116)

examination of death at birth reveals the problematics in defining the separation of mother and fetus as a "birth". Fetuses with identical physical characteristics are subject to a range of definitions extending from "baby" to "abortus" depending upon such things as length of pregnancy and the beliefs and motivations of patients and/or doctors. In one case the physical event will be defined as a birth, in another as a miscarriage or spontaneous abortion.

Clearly, then, there is an unmistakeable social element present in death and birth. Later discussion will extend these preliminary ideas by showing the conditions under which, and the ways in which these social elements vary and are employed. But before delving into specific categories of comparison, it is important to note changes in the objective circumstances surrounding these events. While birth and death <u>are</u> socially constructed experiences, the conditions out of which this construction takes place play a critical part in defining its limits and character.

The Modern Experience of Death and Birth

Death and birth have been presented as experiences subject to negotiation, but it must be acknowledged that the process of negotiation is significantly affected by its context.[3] The term "context" here implies both the immediate social location where the negotiation takes place and the larger historical setting. Changes in medical capabilities and social conditions have worked to make the modern experience of birth and death qualitatively different from the experience of these events in earlier times.[4]

In her consideration of "the situation of modern dying" Lofland (1978: 14-43) asserts that dying in the modern world is characterized by prolongation, bureaucratization and secularization. She accounts for the change in the nature

of the dying experience by isolating six conditions of pre-modern dying which are not generally found in modern societies. These items include (p. 18) 1) a low level of medical technology; 2) late detection of fatality-producing conditions; 3) a simple definition of death; 4) a high incidence of death by acute disease; 5) a high incidence of fatality-producing injuries; and 6) fatalistic passivity toward dying persons. The combination of these conditions made dying in pre-modern times a common and fairly visible experience but one which was of short duration. By way of contrast, the increased capacity for medical intervention found in the modern world has worked to lengthen the process of dying (i. e. earlier detection of and the capability to decelerate the progress of fatal conditions) and to reduce the visibility of death (i. e. decrease in death rates and institutionalization of the dying). As will be shown below, these changes have significantly impacted the social elements of death.

The experience of birth has likewise been appreciably altered by the increased capacity for medical intervention. The introduction of reliable contraceptive techniques has resulted in birth becoming a more premeditated and less common occurrence. With the development of new medical technologies, pregnancy has become a more closely monitered condition, less prone to be visited by death or injury.[5] Richard and Dorothy Wertz (1977:3-5) suggest that in colonial America the frequency of birth and the manner of attendance (typically a midwife and a "coterie of women") made childbirth a "social event" and an "occasion for female solidarity". On the other hand, modern birth can be properly viewed as a private affair structured within the context of the immediate family[6] and the realm of physician (or other birth attendant)-client interaction.

It is worthy of mention that the shift of birth and death from traditional

(i. e. family) to more rational and bureaucratized settings (i. e. the hospital) is not something unique to these events.[7] Lofland (1978:41) has discerned a tendency among commentators on the contemporary death scene to see bureaucratization as the result of a "conspiracy of cruelty and avoidance". There is a similar tone in much of the literature concerned with physician-attended hospital birth (see for example the facetiously titled chapter "The New, Improved, Quick-and-Easy, All American Hospital Birth" in Arms, 1977:62-104). Not recognized in either of these implicit conspiracy theories is the fact that the bureaucratic handling of birth and death is to be expected in societies characterized by bureaucratic structuring (see Blauner, 1976:41-44). In fact, the remanants of many traditional elements in these experiences is probably more remarkable than their bureaucratic nature.

The implications of these changes in the experience of birth and death will be more fully detailed below, but at least one aspect not covered in the following categories deserves note. Medicine's increasing ability to tinker with the parameters of human existence raises significant medico-legal, if not moral, questions. New capabilities for sustaining lives makes problematic the early termination of the course toward birth or death. Questions regarding the sanctity of life become more poignant when it is possible to sustain a fetus of six months gestation or a comatose individual. Significant in this dilemma is the way in which increased technological capacity has pushed humankind further into the philosophical and metaphysical realm in the search for direction on how to properly use their creations.[8]

The framework established above will be evident in what follows; in each category it will be possible to observe the social construction of cosmic experience in the context of the modern nature of the condition. We turn first to the construction of the cosmic role.

The Individual in the Cosmic Role

Diagnosis of the precursors of birth or death necessitates individual action to deal with this new definition of self. The changing circumstances of birth and death in the modern world make the creation of a cosmic role problematic. Medicine contributes significantly to the difficulty of the creation of this role because it expands the options for behavior while it reduces the visibility of the experience. Having witnessed few, if any, cosmic transformations, the individual must construct a suitable pattern of behavior, an important feature of which is the decision as to the extent of medical intervention desired. With regard to the latter is it possible to conceive of a continuum ranging from a self-attended experience in the home all the way to a medically directed experience in the hospital. While the possibilities for the construction of the cosmic role appear limitless there are a few common dimensions of these roles.

Dying and pregnancy are transitional statuses marking the passage between existence and non-existence. The management of this transitory state is influenced by the cosmic nature of birth and death; passage to and from the unknown implies certain characteristic, structural elements. Foremost, birth and death share the invariant feature of non-reversibility. Furthermore, cosmic passage varies in the degree to which it is: 1) desired; 2) controlled by the central figure; 3) scheduled; 4) voluntary; 5) a defining feature of the individual; 6) visible to others; 7) a singular or group experience.[9] Individuals caught in this cosmic transition will react differently, but their behavior will be structured around these dimensions.

In her work on the dying role, Lofland (1978:48-56) simplifies the structural dimensions outlined above by recasting them into four central

elements, "space," "population," "knowledge" and "stance". Because these apply equally to birth, they can be used to discuss variations in cosmic role creation. "Space" refers to the extent to which awareness of impending death or birth will be allowed to dominate and define other facets of individual existence. Will the future event be central to all actions or will it be pushed to the margins of life? "Population" connotes the choice between experiencing this transition in the presence of like situated individuals or in a more singular setting. "Knowledge" refers to the visibility of the transition, the degree to which information pertaining to the condition is shared with others. Is it a secreted fact known only to intimates or is it shared with larger audiences? "Stance" is a less concrete concept, referring to the attitude adopted toward the event. With both birth and death the coming experience is capable of being viewed as welcome or dreaded, an occasion for outspoken criticism of societal techniques for handling cosmic transitions or a time to quietly seek individual pleasure. There is a certain degree of interaction among these dimensions. For instance, if one chooses to share the cosmic experience with a large audience, it is unlikely that it will occupy only a marginal amount of life space; similarly, if one chooses to enter a hospital or other care facility it will be difficult to push the cosmic condition to the margins.

Central to the creation of a cosmic role is the ability to control the experience. Several factors impinge upon the individual's capacity to manage cosmic transition; these include biological process, medical intervention and access to resources.[10] The desire to devote a certain portion of one's life to the cosmic condition will be significantly impacted by the biological progression of that condition. This is especially apparent in cases where the individual tries to suppress the condition and maintain life as usual;

eventually the physical reality of impending birth or death will require some visible modification of behavior.[1] The medical intervention typically found in modern birth and death is a second element which limits individual controls; those who choose -- or who are unable to avoid -- medical settings for these transitions will have important institutional parameters placed upon their ability to control and define the experience. In fact the decision to avoid medical institutions when dying or birthing is often predicated upon a desire to be seen as something more than a dying or birthing person (see Wertenbaker, 1957; Ward and Ward, 1977). The third limiting factor, access to resources, largely subsumes the other two contingencies in that such access implies greater freedom of choice and hence more control. The term "resources" is used here to refer to financial, social and ideological supports. Adequate financial resources insure the ability to choose the setting of the event, be it American or foreign hospital or some less institutionalized location; money can also alter the biologic process by allowing the purchase of treatment to mask ordinary effects (e. g. pain). Social and ideological resources become especially important for those who seek to avoid standard medical treatments. Where the medical model is the norm, the decision to reject the "benefits" of medicine must be supported by immediate friends and/or relatives and a system of belief which condones the rejection of medical assistance.

The interaction patterns of dying and pregnant people share certain unique characteristics. The concept of trajectory, developed by Glaser and Strauss (1968) in relation to death is equally applicable to birth; the fixing of an expected date of termination results in structured management of the period extending from diagnosis to that chosen date. Although Glaser and Strauss developed the trajectory notion largely in relation to medical settings,

it can be used to analyze non-medical responses to death and birth as well. In medical settings trajectories are essentially used to organize the care which is given; in non-medical contexts (and the non-medical aspects of medical settings) trajectories are used as guides to interaction. With both death and birth, extension beyond the trajectory creates problems; the terminal patient who lingers or the long-overdue baby necessitates modification of schedules set up in relation to expected "normal" trajectories (see Glaser and Strauss; 1968:85-87). The trajectory also serves as a "cushion," a period of preparation for the individual and significant others. This cushioning becomes most evident in its absences; cases of unexpected birth and death can have severe psychological effects on those involved.[12]

The idea of "awareness contexts" offers another useful way of examining interaction patterns surrounding dying and pregnant individuals (see Glaser and Strauss, 1965). Interactions with others will be modified in relation to the degree of shared awareness of the cosmic condition. While some individuals may attempt to "pass" (see Goffman, 1963) for a time, there is usually a point after which the physical signs will be difficult to conceal. With both birth and death there is a period where interactions have a tendency to become strained because of the ambiguity of observable physical evidence. With regard to this ambiguous period it is possible to distinguish pregnancy from dying because of the socially sanctioned signal afforded by maternity clothes.[13]

A final distinguishing feature of the cosmic role is its capability to encompass the significant others of the affected individual. In a general sense, significant others assume a new role, frequently being defined and interacted with in terms of the cosmic event before it occurs (e. g. expectant father, individual with a dying spouse) and once it is accomplished (e. g. new father; bereaved person). More specifically, this "encompassing effect" is made visible if dying and pregnancy are viewed as special cases of the larger notion of the

"sick role" (Parsons, 1951; chapter 10; 1978:17-34; see also Segall, 1976); although not all elements of the sick role apply to these conditions, it appears that in each instance there is an exemption from routine social responsibility. Interestingly the biological and social uniqueness of birth and death expands this exemption to those close to the individual actually experiencing the cosmic transformation. In fact, in some cases the suspension of social obligation for significant others has been routinized with the establishment of paid leave from work for a death or birth in the family.

The following category extends the consideration of the effect of cosmic status passage upon significant others to the larger realm of the role of the family in these experiences.

Cosmic Status Passage and the Role of the Family

In the preceding section the family was shown to be an important part of the birth and death process in that it often provides support for the individual involved and frequently comes to be defined on the basis of the presence of the cosmic transition in its midst. But there are a few more aspects of the relation of the family to modern birth and death that should be considered.

The nature of the modern family is subject to much dispute, but there is at least some consensus that it is characterized by smaller size and more autonomy than the extended families of earlier times. One major import of this change which affects both birth and death has been a tendency for increased affective attachment among family members. With the shrinkage of the extended family -- implying a narrowing of those who are able to play "father," "mother" or "child" roles -- death and birth come to have a greater social-psychological significance (see Volkhart, 1976) Identities structured within family contexts

are sharply influenced with the addition or loss of a member of that group.

Interesting similarities are also exhibited in family activity during the post-death and post-birth periods. The moments directly following the cosmic event are generally regarded as a time for isolation of the immediate family. Sudnow (1967:155-157) has observed that even intimate friends of the family may feel to be "intruders" in immediate post-death scenes; similarly DeVries (1978) notes the desire among nursing personnel in alternative birth centers not to disturb the family during the period immediately after birth.[14] The occasions of birth and death frequently mobilize otherwise inert extended family bonds. Research has indicated that seldom-seen members of the extended family often are drawn to the scene of the cosmic event (see Kalish, 1977; Brosehart, 1978; Bowker, 1977; Mead and Newton, 1967:187-188). There appears to be a certain degree of socialization occurring at these reunions, where the more experienced family members, with varying levels of subtlety, instruct others in appropriate conduct for the situation.[15]

Families are often the primary network for the spread of news of the cosmic event. The following section outlines this and other aspects concerning information on birth and death.

The Cosmic Event and the Control of Information

There is a remarkable similarity in the ways information pertaining to birth and death is managed. On a cultural level, access to cosmic transitions has been reduced with the shift from open to closed dramaturgics in the management of these events (see note 7.) Furthermore, discussion of both death and birth (especially as actual events) are excluded from "polite" conversation and are usually judged as inappropriate for children. Gorer (1976:74)

emphasizes this fact in his analysis of death as the "new pornography":

> The natural processes of corruption and decay have become disgusting, as disgusting as the natural processes of birth and copulation were a century ago; preoccupation about such processes is morbid and unhealthy, to be discouraged in all and punished in the young. Our great grand parents were told that babies were found under gooseberry bushes or cabbages; our children are likely to be told that those who have passed on are changed into flowers or lie at rest in lovely gardens. The ugly facts are relentlessaly hidden...

While there is some debate as to the level of death denial found in American society (see Dumont and Foss, 1972; Lofland, 1978:90-93), it is probably safe to regard talk of death and birth as "controlled information".

The legal arrangements of society require the bureaucratic control of information pertaining to birth and death. Although they are frequently seen as imperfect documents (see Shneidman, 1976:241-251; Houts, 1967) records of birth and death are useful for documenting family relationships, property rights and insurance claims, and can be useful in the instigation of litigations and in the study of health patterns in a specified area (see Houts, 1967:3-3; Eastman and Hellman, 1966:13).[16] Records of birth and death are routinely included in newspapers. Obituaries typically provide more information than birth announcements largely because one who has existed for a time has had a chance to create a social identity capable of being documented (see Roberts, 1975; Boston Athenaeum, 1972).

On a personal level, the dissemination of news of a specific death or birth appears to follow characteristic patterns.[17] Sudnow (1967:153-155) asserts that the spread of death news can be conceptualized by a series of concentric circles surrounding the individual where each circle denotes the amount of time and method by which friends and relatives of the deceased are informed. Ongoing work with birth suggests that this notion is transferable to birth news without modification. With birth as well as death "it is possible to learn a good deal about a person's position in a variety of social structures by mapping out the circles of those persons entitled to learn about his [cosmic transformation]" (Sudnow, 1967:154). It should also be noted that in cases of death or birth among famous personages, in unusual circumstances, or in cases of of multiple birth or death there is a tendency for the media to pre-empt these usual channels of communication.[18]

As mentioned in the introduction, the medical component of birth and death has had a significant effect on the nature of these experiences. It is to an elaboration of this medicalization we now turn.

Medicine and the Cosmic Experience.

Earlier discussion has shown how increased capacity for medical intervention in birth and death has altered the content of these events. This section will consider the nature of the increased reliance upon medicine including a description of this shift and a more precise evaluation of its ramifications.

The movement from the home to the hospital has significantly modified the care and treatment accorded dying and birthing individuals. Lerner (1976:141) has indicated that "the proportion of all deaths in this country occurring in institutions has been rising steadily...It may now be as high as, or higher

than, two thirds of all deaths." Devitt (1977) has documented a shift in the proportion of United States births occurring in the hospital from 36.9 percent in 1935 to 96 percent in 1960. What does this imply for the care offered to dying and pregnant persons?

First, the presence of medical technology in the form of equipment and training serves to redefine the limits of acceptable risk and the nature of a normal birth or death. A birthing situation once considered normal and low risk becomes abnormal and high risk simply because of the use of electronic fetal heart monitoring (see Office of Technology Assessment, 1978:39-41). A terminal condition which once naturally eventuated in death is redefined as a struggle for control over the disease process where every available resource is mobilized to prolong life. In both cases physical signs once interpreted as normal and within the realm of acceptable risk are now regarded as risk-laden enough to require medical intervention.[19]

Second, the common knowledge of the sociology of medicine informs us that the quality of care in hospital settings is linked to the perceived social worth of the patient (Denton, 1978:140; Ver Steeg and Croog, 1979). Sudnow (1967) described the ways in which perceived social value affects efforts at revival for those on the brink of death. The situation is the same with regard to birth. Shaw (1974:142-144) explains variations in treatment accorded birthing women by status differences between physician and patient: "the greater the status difference the worse the treatment."

Third, institutional settings reduce the individual's capacity to define and control the situation. The hospital environment is capable of overwhelming individual approaches to birth and death. Nash and Nash (1979) have shown the tendency of medical definitions to dominate "natural" approaches to childbirth when birth occurs in a hospital. Strauss and Glaser (1970), in their

reconstruction of the death of "Mrs. Abel," portray one woman's largely unsuccessful battle to retain some control of her dying in the face of a routinized system of medical care. In both instances personal needs and desires become subservient to organizational needs; for example, those who wish to fully experience their birth or death can expect some type of intervention if such a desire upsets established hospital routine. Medication is frequently administered to laboring women simply to prevent them from disturbing others with their expressions of discomfort.

Fourth, the institutionalization of birth and death becomes part of the general informational control of these events. These experiences come to be defined as properly visible only to medical personnel. It is interesting to note that with both birth and death there are routinized and accepted "viewing" periods after the event; after being "cleaned up" by professionals the product of cosmic transformation is regarded as suitable for public viewing. With death this observation period takes place in the funeral home, with birth in the hospital nursery.

Finally, medical control over the cosmic experience raises questions as to medicine's rightful place in these natural occurrences. The issues of abortion and euthanasia discussed earlier center on this latter dilemma, with typical arguments revolving around the legitimacy of premature medical termination or excessive prolongation of the cosmic trajectory.

Before concluding this section, a few observations can be made concerning the medical occupations which surround birth and death. Birth work and death work are dissimilar in that there has been some competition for the privilege of attending birth which has not existed with regard to attendance of death (see especially Korbin, 1966). While medicine has always been concerned with death and its prevention, birth until recently was not regarded as worthy of medical attention. The development of the obstetric specialty (especially in the United States) has been characterized by a series of struggles to

displace midwifery. Recent collective activity with regard to death and birth (see below) suggests a similarity in birth and death work; in both instances the workers are responsible for the creation of an experience. As managers of this transition they vary in the degree to which they structure the experience to meet their needs or the needs of their clients.

The medicalization of birth and death has provided the impetus for social movements concerned with redefining these experiences as "natural". The next section considers these collective activities.

Collective Concern with Cosmic Experience

Increased medical domination of birth and death has resulted in almost matching social movements concerned with the potential for dehumanization when individual control over the experience is lost. These are typically diffuse movements -- "general social movements" in Blumer's terms -- but at certain points in time and space there appears to be enough coordination to warrant viewing this collective concern as a "specific social movement" (see Blumer, 1969). These movements are interested in reforming the treatment of cosmic transformation and offering alternative settings and styles of dying and birthing.[20]

An important strategy of both movements has been what Lofland (1978:88) calls "the evocation of the enemy". A description of the ideal death or birth is offered -- usually from the past -- and is posed against the way such transformations are currently handled.[21] Kübler-Ross (1969:5-6) sees the preferred way of dying typified in her childhood experience of the death of a Swiss farmer. The scene is described as quiet, reverent and open, occurring in the farmer's "own beloved home...among his friends..." In

their Home Birth Book, Ward and Ward (1977) constantly counterpose the "dehumanizing" experience of birth in the hospital with the warm, loving environment of the home (see also Arms, 1977). In both cases this lack of fit between the "real" and the ideal provides the raison d'etre, the mission of the social movement.

The "happy death movement" and the "home birth" or "natural childbirth movement" attempt to encourage reform in characteristic ways. First, there is an emphasis on education. Because they feel the cosmic subject is a taboo topic, both movements expend much effort in getting the subject out in the open; free discussion is seen not only as a method for calling attention to and encouraging options for the cosmic experience but is often regarded as having therapeutic value (see Lofland, 1978:79-81; DeVries, 1979). Second, these movements have promoted (with some success) the construction of alternatives for the cosmic experience. The hospice and the alternative birth center represent responses of the medical establishment to collective demands for more personable care while dying or birthing (see Wood, 1978; DeVries, 1978).[22] Third, there is an attempt to foster legislation which would alter typical patterns of cosmic transformation. Two recent issues in California illustrate this; the fight to legalize lay midwifery and to institute the "living will" represent efforts to reduce medical, and increase individual control over birth and death.

The outlining of appropriate styles of birthing and dying is another important component of the collective concern with cosmic status passage. The institutionalization of the cosmic event is seen as prohibiting a full experiencing of that event which in turn denies individuals the potential for personal growth. The respective movements regard birth and death not as experiences to be feared, but as positive experiences important to the

personality of the affected individual and his or her significant others. In the context of their discussion on maternal - infant "bonding," Klaus and Kennell (1976:2) state that

> [It] is necessary to note that crucial life events surrounding the development of both attachment and detachment have been removed from the home and brought into the hospital over the past sixty years. The hospital now determines the procedures involved in birth and death. The experiences surrounding these two events in the life of an individual have been stripped of the long established traditions and support systems built up over centuries to help families through these highly meaningful transitions.[23]

The respective movements also state that the location of birth and death in institutions has emphasized their painful aspects and obscured their potentially orgastic qualities (see Gordon, 1970; Wertz and Wertz, 1977:190). The response to these observations is the provision of more or less subtle "scripts" for the appropriate "natural birth" or "happy death". Interestingly, this outlining of what comprises an appropriate death or birth is capable of having damaging consequences for those unwilling or unable to follow the prescribed course. This is especially visible in childbirth where there are frequent reports of women who feel they have "failed" at birth because they were unable (or not allowed) to proceed without medical intervention (see Wertz and Wertz, 1977:191).

At this point it is interesting to speculate on the degree of articulation

between social movements concerned with death and birth and larger societal themes. DeVries (1979) has shown the ways in which collective concern with birth capitalized upon ongoing social movements, especially the women's suffrage movement in the 1920's, and more recently, the "women's liberation" movement. The current collective activity around death and birth can perhaps also be linked to larger concerns such as the "return to nature" ideal and the increasing focus on self implied by Wolfe's reference to the 1970's as the "me decade". In the first instance, the return to nature theme--emphasizing harm implicit in increased technological capabilities--supports a view of medical intervention in death and birth as unnatural and capable of reducing the "quality" of the experience. The focus on self encourages individuals to use every occasion -- including death and birth -- as an opportunity for growth and advancement.

Inasmuch as the rites and crises of cosmic transition have fallen into the professional hands of physicians and funeral directors, collective concern has been extended to the ritual aspects of these experience. The following section details the similarities in the uses of ritual in death and birth.

Ritual in Cosmic Transformation

The biological occasions of death and birth are often followed by culturally constructed ritual confirmations. Funerals and christenings are ritual events with largely religious overtones, although in each case there has been an increasing trend toward secularization.

Birth and death are perhaps the best examples of Van Gennep's (1909) three phases of passage rites: separation, margin and aggregation. The individual is separated from earlier status, passes through a marginal, sacred period, and is finally confirmed in a new position in society. Warner (1976:366-367)

discusses the symbolic recognition of these passages in the rituals of the church:

> The rite and facts of birth separate the new individual from the womb of the mother, and, following the events between the rites and facts of death, complete the life cycle by returning the human body to the maternal body of nature. The Christian rites of baptism and those surrounding death symbolically recognize the meanings assigned these facts...baptism is both a death and birth rite [and] extreme unction and Christian funerals...symbolically state the meaning of death as both an ending and a beginning.

With increased secularization of the modern world there has been a decline in the use of ritual to mark these transformations. Bocock (1974:126) has documented a "sharp decline in the statistics for [infant] baptisms" during the 1960's; Blauner (1976:44) speaks of the "decline of the funeral in modern society". But of the two the funeral has proved to be the more persistently employed (see Gorer, 1965). A few preliminary reasons may be offered for the decline of christenings and the persistence of the funeral. The doctrinal dispute over the appropriateness of infant baptism (see Schlink, 1969:131-142) has undoubtedly affected its survival. Even among clergy advocating the practice, Bocock (1974:126-127) observed a hesitancy to baptize infants whose parents are only loosely connected to the church. Also, unlike birth, death

presents the very real problem of a body in need of disposal -- the completion of this disposal without some ritual commemoration apparently would seem highly improper to those close to the dead person. Finally, the funeral serves to relieve the greater social - psychological pressure of death. Fulton (1976:169) claims that the funeral allows for the controlled expression of anger and hostility and the lessening of guilt and anxiety, thereby relieving the most prominent emotions associated with death. Blauner (1976:45) posits that funerals are not "mere ritual" but are "significant adaptive structures" which function to ease the disruption which characterizes death, especially in simple societies.[24]

Another birth - death similarity is visible in Warner's (1976:369-370) interesting assertion that transition rites have an informal component which serves to allow the expression of paradoxical emotions common to these events. He sees post-funeral gathering and the "unofficial behavior of father during the period of birth and confinement of the expectant mother" as informal means of expressing feelings not allowed by the traditional method of organizing these events.

A final similarity in birth and death rituals is the annual commemoration of the date on which the cosmic event occured. Anniversaries of birth and death are typically occasions for reflection and celebration of the life involved. In cases of famous personages it is not unusual for commemorations to be scheduled at significant intervals from both their dates of birth and their dates of death.

Birth and death rituals have a significant impact on the control of information relating to cosmic transition because they are the events which attempt to "make sense" out of transcendent experience. These ritual acknowledgements of biological processes serve to define the larger meaning of human existence and reflect, not without some lag, the ways in which the supernatural is regarded.

Conclusion

The similarities between the social structuring of birth and death have been presented in a series of general categories which could serve to obscure the interaction between elements of the categories. For instance, the social movements concerned with death and with birth have affected and are affected by elements in each of the other categories. They have been motivated by the professional encroachment upon the cosmic transformation (both in medical and ritual realms), seek to influence individual cosmic role construction, including re-establishing the place of the family in these events, and are concerned with the way information relating to the cosmic experience is presented.

What can be learned by this comparison of birth and death? Academically, studies of birth and death share similar goals and similar problems. In both cases there is an attempt to get at the structure of the social bond -- in the first instance by investigating its creation, in the second case by looking into its destruction. Problems of access plague both areas -- the privacy and intimacy of birth and death make it difficult to acquire first-hand, or even survey, data. In light of the birth - death similarities outlined above, these shared academic interests suggest the benefits of interaction between these fields of inquiry. To briefly summarize, the prolongation of dying has created a period of time preceding unplanned status passage analogous to the period of gestation; the movement of birth and death into institutional settings has resulted in similar limitations being placed upon individual control over these experiences. These and other structural similarities will allow the insights gained in the analysis of death and dying to be applied to relatively new exploration of birth. Sociological investigations of childbirth are a fairly recent phenomenon, but like studies

of death, there is a potential for expansion which could lead to a distinct field of inquiry. Even if the "sociology of birth" is never established as a sub-area in the discipline, it would be a needless repetition to ignore applicable analytical contributions from investigations of death.

The move to alternative settings witnessed in both birth and death invites inquiry as to the meaning of this shift. On the surface such a trend seems to imply a movement back to traditional modes of behavior, but this is not the only possible interpretation. The desire for alternative approaches to these events indicates a shift in concern from "product" to "experience". Non-alternative settings and indeed traditional (i. e. primitive) settings share an emphasis not on the experience of dying or birthing but on its outcome. The focus on experience found in alternative centers for birth and death indicates a situation where the outcome of these events is problematic -- i. e. the infant has no pre-ordained niche in social structure and the deceased is not passing into another realm of existence. Seen in this light, alternatives in the treatment of birth and death are not a step backward but a step forward.

Finally, the marked similarities between birth and death require more explicit explanation than has yet been offered. Birth and death have always been the concern of more than individuals; because they define its existence, communities have a legitimate interest in these cosmic events, an interest which manifests itself in similar responses to the experiences. Temporally, the fact that both share common features of status passage (e. g. largely unscheduled, irreversible) might account for the similar structuring of birth and death. But, as suggested in the introduction, the cosmic qualities of these events can not be ignored. The tie with the unknown requires cultural constructions which in some way serve to explain human existence as part of a larger metaphysical realm.

Footnotes

1. In sociological parlance, death has become "terminal status passage" (see Marshall, 1976); likewise, birth could be termed "original status passage". For an extended discussion of the variable dimensions of status passage, see Glaser and Strauss, 1968:237-250.

2. For example, death can be inflicted instantaneously, a fact which allows for mass death; there is no counterpart to this in birth. Also, birth necessarily involves two people -- one of them always a female -- while death does not; this implies that the treatment of birth will be conditioned by the culturally defined role of female. The duality of birth and the singularity of death might appear to hinder comparison, but because the units of comparison are social events, not individuals, this does not present a serious problem.

3. For a more complete treatment of negotiations and their contexts see Strauss (1978). It should be noted here that ethnic contexts have important ramifications for the treatment of death and birth (see Kalish and Reynolds, 1976; Mead and Newton, 1967).

4. The focus of this paper is on death and birth in the modern industrialized world, although occasional references will be made to anthropological literature.

5. Although some would argue the merits of technological intervention in birth. See Mehl et al (1977) and Pearse (1979).

6. Family is to be loosely construed, not necessarily implying the classic nuclear family.

7. In an interesting discussion on the changes in the staging of state executions, John Lofland (1976) suggests that changes in the management of birth and death reflect a larger societal shift from "open" to "concealed" dramaturgics.

8. See Kohl, 1974; Veatch, 1976; Shils et al, 1968.

9. These dimensions were drawn from Glaser and Strauss, 1968; 245.

10. The following represent a modification of Lofland's (1978;56-70) four "externals" which impinge on the shaping of a dying identity.

11. It is also possible to conceive of the reverse situation where the appearance of "normality" makes it difficult to convince others of impending death or birth.

12. This is especially true in cases where death and birth fall outside of the range where such events can be expected. Thus it is a more "remarkable" occasion when a young person dies, or when a pre-teen or elderly female gives birth.

13. This is especially true with the new genre of "message" maternity blouses which leave no doubt for the observer; the typical design has the word "BABY" printed across the chest with an arrow below directed at the stomach.

14. However, after a period of time visiting by friends is deemed proper and the family is open to all those who wish to extend sympathy/congratulations (see Sudnow, 1967:156).

15. With the decline of the extended family other avenues for gaining information about birth and death have been devised. A prime example is the "Tel-Med" system which allows an individual to hear a packaged tape which gives information on a variety of conditions, including birth and death.

16. A reflection of the medicalization of birth and death is found in the fact that death and birth certificates typically require the signature of a physician.

17. What follows also applies, although less rigorously, to news of the diagnosis of the cosmic condition.

18. The current public fascination with birth and death has allowed some individuals to choose a "media" birth or death where they are followed through the cosmic transformation by someone who in turn reports the experience to

the public.

19. Silverman (in Arms, 1977:142-144) discusses the necessity to balance risk factors with quality of experience factors in birth.

20. The following discussion is heavily influenced by Lofland's (1978:74-104) discussion of the happy death movement.

21. It is significant to note that although medicine has impacted death and birth in all modernized countries, the United States is often singled out for its dehumanized treatment of these events (see Haire, 1972; Aries, 1974).

22. Of course the question remains whether such settings are best viewed as true alternatives or as medical cooptation of the movements demanding change.

23. See Silverman (in Arms, 1977:142-144) on this same point. More generally, see Haire (1972) for the ways in which institutionalization has hindered the birth process.

24. Read (1966:72) points out that the rituals surrounding death and birth in primitive cultures often are seen as protections from the "pollution" associated with those processes.

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