Policy Restraint and the Cultural Context of Death

Surely, the fear of death is not unique to citizens of the United States. Nor is the avoidance of death a new development. Interest in perpetual life can be traced across cultures and through the ages. The Egyptians, for example, mummified the dead, sometimes alongside their mummified pets. And Ponce de Leon is just one of many who sought a “fountain of youth”—some spa, elixir, life-style, or treatment that would provide a measure of immortality for those who chose to indulge themselves in the hope of everlasting life. So the easy and short answer is no, Americans are not unique either with regard to their fear of death or with regard to their interest in avoiding it.

Americans are unique, however, in the degree to which they deny their own mortality. For whatever reason, other societies generally seem to be more at ease with death and dying. A brief survey of other Western and non-Western cultures will put the American treatment of death into context. Then we will turn back to the United States to wrestle with the underlying question of why this is true. The nature of American culture, it turns out, holds some telling clues to the answer.

Other Cultures

Those who study the culture of death note that there seems to be a dividing line between Western and non-Western cultures. Western European civilization as a whole seems more uncomfortable with the idea of death than civilizations that evolved separately from the West. For instance, “the Chinese look upon death not with fear, but with pleasure” (Rzhevsky, cited in Charmaz, 1980, p. 87). Russians likewise seem fatalistic when compared with those living in Western European countries (Charmaz). Indeed, for whatever reason, cultures outside Western Europe seem less troubled by the prospect of death, Becker’s claims about the uni-
versal nature of death fear notwithstanding. A brief survey of some non-Western cultures will help to illustrate the point.

**Non-Western Cultures**

Kwasi Wiredu (1990) notes that African societies tend to be deeply communalistic: Africans are defined by their relations to the social order as much as by who and what they are as individuals. According to Wiredu, the Akan society of Ghana is representative of others on the continent in this regard.

The Akan, he states, put great weight on the web of social bonds that link the individual with immediate family members and other kin. Clan members also play a role in looking after the good of the individual. Absent from the Akan culture are the economic and individualistic considerations that make the right to die so problematic in Western societies. The Akan are religious and do believe in a supreme being, but they look to humanistic ethics as guides to behavior when it comes to dealing with death. If questions about a right to die are raised when a seriously ill individual is unable to speak for him- or herself, the Akan defer to the family’s judgment.

DeSpelder and Strickland (1992, p. 62) note that the LoDagaa people of Northern Ghana take a similarly communalistic approach to death. They do not fear death but confront it openly in long and elaborate funeral ceremonies. Mass participation by the community is an important feature of mourning rituals, and when young members of the community show signs of fear, they are socialized to accept death by being invited to participate in digging a grave for the deceased.

In the Islamic perspective, as M. Adil Al Aseer (1990) writes, death is viewed as merely a stage in human existence. Though Islamic teachings lay down strict prohibitions against outright suicide, natural death—or death for a good cause—is not to be feared. Indeed, deaths under such circumstances are welcomed. And despite their conservative reputation, Islamic courts have tended to take a progressive “benefits-burdens” approach in considering the preferences of the medical community and family and the good of society in general when weighing end-of-life decisions for terminally ill patients.

The Japanese exhibit what is probably the most interesting approach to death of any of the non-Western cultures typically studied. With its “kingdom of suicide” reputation, Japan tends to go farther along the right-to-die road than any other non-Western society. The Japanese have traditionally been indifferent to death, lacking the tenacity for life that is more common among Western cultures (Kato, 1990, p. 71). Under some conditions, they actually glorify the act of suicide. Examples include hara-kiri, the ultimate act of chivalry, and kamikaze acts, representing the ultimate sacrifice for love of country.

Buddhist traditions help explain the acceptance of death in Japan. A central tenet of Buddhism is captured in the word *mujo*, meaning impermanence. All
things in life, according to mūjo, have a fleeting, almost evanescent, quality to them. A Western phrase that might begin to capture the notion would be "all good things must come to an end"—but mūjo does not have the same grave, foreboding tenor that the Western translation has. According to mūjo, cherry blossoms will fade, pastoral summer days will pass, golden autumn leaves will fall, and blankets of snow will melt with the morning sunlight. So, too, will life fade to death. As such, death is not an extraordinary event but one of many endings in the cosmic scheme of things. In this sense, Buddhism is a very progressive religion, looking forward and accepting change as a natural state of the earthly world (LaFleur, 1974, pp. 229–232), where the fine line between life and death is not particularly distinct or significant. This, of course, contrasts substantially with the more conservative Judeo-Christian tradition in which change and death are both things to resist.

These Buddhist influences have been largely responsible for the Japanese attitude that elevates sonshi, or beautiful death with dignity (Kato, 1990, p. 80), to such prominence. In addition, religious influences lead more people in Japan than in any of the leading nineteen industrial nations to believe in reincarnation: 51 percent (cited in Shapiro, 1992, p. 39). The prospect of worldly life after death may very well make it easier for the Japanese to treat death as just another phase of existence. It is only recently—with the Westernization of Japan's culture, where a premium is put on individuality and technology—that euthanasia has become a "problem" for the Japanese.

**Western Cultures**

Feelings about death in Western cultures seem to be arrayed along a wider continuum than they are outside the West. Attitudes range from the sublime denial of death (as in the United States) to an open acceptance of euthanasia (as in the Netherlands), with attitudes in other cultures falling somewhere between these two extremes.

**Europe.** No Western culture rivals that of the Netherlands when it comes to acceptance of death for the Dutch tacitly accept euthanasia. Indeed, the Netherlands leads the world in assisted suicides, with an estimated 2,300 cases of mercy killing annually (Katzman, 1992). Although euthanasia had been expressly prohibited by statute until 1993, the law was never enforced by Dutch courts for at least four reasons.

First and maybe most importantly, Dutch physicians have maintained an exalted position in society over the years. Rarely do patients or their families sue physicians for medical malpractice. Second, the Netherlands is a small country with a relatively homogeneous population that has a long tradition of taking liberal positions on issues related to family and morality. The Dutch attitude with
regard to the right to die fits nicely into this mold. Third, there is the influence of religion or, rather, the lack thereof. The sway of the relatively conservative Roman Catholic church is not nearly as strong among the Dutch people as it is among other Western Europeans. Indeed, even though 37 percent of the Dutch claim Roman Catholicism as their religion, these Catholics are renowned for their progressive, antistablishment rejection of dogmatic pronouncements from the religious hierarchy. Add to this progressive Catholic tradition the fact that nearly two-thirds of the rest of the population claim no religious denomination at all and it becomes clear why Dutch soil has been such fertile ground for the euthanasia movement (Humphry and Wickett, 1986, p. 180).

Fourth and finally, the judiciary in the Netherlands has a long-standing liberal tradition when it comes to individual rights. Dutch judges (like Dutch physicians) are held in the highest esteem, and when the judiciary speaks, its decisions are rarely rejected by the legislature or by the body politic more generally. So when the Dutch Supreme Court issued its important Schoonheim decision on euthanasia in 1976, this tended to carry much more weight than the New Jersey Supreme Court’s Quinlan decision—a far more modest ruling—rendered the same year (see Chapters 6 and 7 for more on the case of Karen Ann Quinlan). The details of that Dutch case are worth retelling to add some context to the acceptance of mercy killing in the Netherlands.

Dr. Schoonheim was the attending physician for Marie Barendregt, a ninety-three-year-old nursing-home resident who had signed a declaration directing Schoonheim to terminate her life by medical means. Barendregt was bedridden with a fractured hip and could sit up only with help. In addition, she was permanently catheterized and almost totally dependent on the nursing staff for feeding, bathing, and toileting. Through all this, she remained fully conscious, coherent, and adamant about being put out of her misery. After having consulted with his patient, the patient’s son, two other independent physicians, and the nursing-home staff, Dr. Schoonheim finally acquiesced. Schoonheim administered a series of three injections, the first of which put her to sleep and the last of which arrested her breathing and caused her death.

Schoonheim was charged and convicted of violating the Dutch Homicide Act. But on appeal to the Dutch Supreme Court, he was acquitted of all wrongdoing. In its decision, the Dutch court laid down several guidelines as operative in this and future cases, making it legal, as a matter of case law, to administer euthanasia as long as (1) there is clear and convincing evidence of a well-considered, voluntary request, (2) the patient is suffering unbearably without reasonable recourse, and (3) the euthanasia is carried out and documented with care by a qualified physician, with the concurrence of a colleague.

This three-part test became codified as a matter of statutory law in the Dutch criminal code in the spring of 1993, decriminalizing an act that had been legal as a matter of case law since 1976 (Simons, 1993). During that time span, prosecutors had occasionally charged doctors with violating the Dutch Homicide Act, and in a
very few cases, convictions had been handed down. But in each instance, a higher court overturned the conviction on the ground that the doctor acted out of "higher necessity"—a catchphrase used by the Dutch judges to legitimate what they view to be the inevitably good-faith actions of medical professionals (Fumento, 1991; Newman, 1990).

However, the Dutch position is clearly outside the mainstream of Western political and legal thought. To be sure, Europeans seem more accepting of death than Americans. For example, when William Douglas went to Spain to study the Basques, he found them open, candid, and resigned to the idea of death (Charmaz, 1980, p. 87). And Mary Rose Barrington (1990, p. 85) reports that the public in England is overwhelmingly in favor of euthanizing severely ill patients. Moreover, the fact that doctors occasionally euthanize their patients seems to be widely accepted among the citizens of Great Britain, although the law does not specifically permit this.

Nonetheless, the political order and legal doctrine of most Western countries today also reflect general and enduring cultural predispositions associated with the denial of death and the refusal to even consider managing death by law. Germany, Italy, France, and Spain are more reflective of this conservative mainstream.

Germany must cope with the ghosts of Nazi atrocities whenever the subjects of euthanasia and the right to die are raised, which has a chilling effect on the attitudes of individuals in the German republic. In Italy, France, and Spain, the central role played by the Catholic church has shaded public attitudes in a conservative hue. The Catholic position—that life is God's gift and that humans should not tinker with it—predominates in ways that it does not in the Netherlands. Indeed, although the European denial of death is not as elaborate and manifest as it is in the United States, it is clearly skewed in that direction (with the Dutch position serving as the exception to this general rule).

The Americas. The denial and fear of death are even stronger on the west side of the Atlantic. But one should not think of the North American continent as monolithic in this regard for variations on the denial theme exist both south and north of the U.S. border, as well as within the United States itself.

For example, Mexicans believe there is a deep connection between death and life and are relatively comfortable with the idea of death. Symbols of death are seen everywhere in Mexico, especially in the churches, where bloody representations of Christ and glass-topped coffins of martyrs and saints are commonplace. Mexicans celebrate death and the dead in a national festival known as *Días de Todos Muertos* ("Days of the Dead"), which provides an occasion for communication with the dead. Some rituals (featuring sugar-candy skulls and tissue-paper skeletons) are geared to appeal to children in order that they might join in the socialization process surrounding death at an early age.¹ The Days of the Dead also
present an occasion to picnic on tombstones by day, and gamble and play board games on them by night (Green, 1980), all in a good-hearted attempt to put death in perspective.

Looking to the north, we find that in certain Eskimo cultures, old or sick individuals are allowed to petition for euthanasia by telling their families they are ready to die. Family members then take their dying relative onto “Mother Ice,” where the individual is abandoned. Exposed to the elements, death comes in short order. Eskimos believe that anyone dying in this way spends eternity in the highest of heavens (Humphry and Wickett, 1986, p. 2).

Even within the United States, denial is not universal. For example, certain religious and ethnic American subcultures are quite at ease with death. For the Amish, it is simply considered a part of the natural rhythm of life (DeSpelder and Strickland, 1992, p. 46). Putting their own special cast on the whole right-to-die debate, Christian Scientists refuse medical treatments altogether, preferring to let nature—or the will of God—take its course: If death comes, so be it. And some groups of ethnic Catholics (most notably, Irish Catholics) are known for their celebrations after the death of a family member. Even though they may fear and avoid death as much as the next American, many Irish-Americans hold lively wakes, gathering friends and family to share food, drink, and revelry in a sort of death celebration that is very much out of character for mainstream America.

Charmaz (1980, p. 315) also finds that denial of death is less prominent within the African-American and Mexican-American communities. Likewise, Native Americans are relatively accepting of death. They tend to consider it as something neither to be ignored nor feared, and when death comes, Native Americans teach that one should “make room for it” (DeSpelder and Strickland, 1992, p. 58).

Clearly, given all the exceptions to denial (e.g., in non-Western and Dutch cultures) and variations on the denial theme (e.g., in Mexican and Eskimo cultures and in Irish-American, Native American, and African-American subcultures), high levels of denial are not as universal as Becker (1973) suggests. Rather, it is probably safe to say that, as a rule, non-Western cultures are more accepting of death than are Western cultures, and Western cultures are a bit more accepting of death than certain American subcultures. These subcultures are, in turn, more accepting of death than American culture more generally described. Denial exists throughout but at dramatically different levels, with the United States occupying the position at the end of the continuum one might label “greatest sense of denial.” A close look at American culture gives us some important clues as to why this is true.

**American Culture**

There are a number of constants or aspects of culture in America that encourage the denial of death. These constants form a shared consciousness among mem-
bers of American society, making their culture somewhat unique in this regard. We have sifted the evidence and identified five such constants: individualism, liberty, scientism, the entitlement syndrome, and religious taboo. Each of these cultural thought patterns set Americans up to act the way they do when death is near, making denial easy, natural, and, to a degree, almost inevitable. As a result, what has generally been an accepted phase of life for two millennia in most parts of the world has been transformed in the late-twentieth-century United States into a lonely, disconcerting, and disconnected process to be avoided at all costs.

**Individualism: The Lack of Community**

Certainly, part of the contrast between the United States and the non-Western world can be attributed to the different roles the individual plays in these cultures. In most Asian and African cultures, the sense of obligation to family and community is a key element of the social order. This contrasts sharply with the American cultural creed, in which individual rights is the concept around which society is organized. The non-Western emphasis on obligation tends to keep the ego in check, and it forces individuals to see their significance as relative to the larger collective. When, on the other hand, societies organize about the principle of individual rights, egos become larger because individuals see themselves by definition as significant in their own right. Thus, the old saw “Western man knows how to live, and Eastern man [and, according to our argument, African man] knows how to die” can be explained, in part, by this difference in the individual’s role in the respective cultures.

This also brings up the issue of community. Where community ties are strong, as they often are in non-Western cultures, the reality of death seems relatively manageable. In Japan, for example, the sense of membership in the community runs so strong that traditionally there is very little clear consciousness of personal identity (Kato, 1990, p. 72). The community operates as the body, and as long as the body endures, the death of a single individual is not particularly significant. Moreover, when a community member dies, that death is treated as a community affair, with all the support structures that community involvement suggests.

Sociologists have found that in cultures where the sense of community and interconnectedness is strong, the loss of single individuals touches more people and the loss of single relationships is more easily absorbed. As more people are affected and on more occasions, individuals become accustomed to and thereby desensitized to death. In contrast, in American society, “selves tend to be situated in relatively few, intense, stable relationships” (Charmaz, 1980, p. 281). Death comes less often and impacts more seriously the lives of those who survive. As a result, grief is experienced “less frequently, but more intensely, since ... emotional involvements are not diffused over an entire community, but are usually concentrated on one or a few people” (Blauner, cited in Pine, 1980, p. 91). In support of this
hypothesis, Philip Slater found that in cultures where individuality is a high cultural priority, the fear of death logically follows. When the sense of connectedness based on community erodes, as it often does in industrially advanced societies, death fears tend to blossom (Charmaz, 1980, pp. 86–87).

There is another side to individuality in American society that makes death so problematic. The strong sense of individualism that most Americans have may lead them to feel more personally responsible for death, both their own and those of people around them. In societies less driven by individualism, death is commonly seen as the work of God or gods (Kalish, 1980a, p. 1). But in contemporary Western society, where individual autonomy also means that the individual is viewed as being responsible for whatever happens in life, death can produce a profound sense of guilt. Dying is seen as evidence of weakness, and the dying person may feel personally at fault. Family members, friends, and even health-care professionals may also blame themselves for the death.

Ultimately, in a culture that emphasizes the value of power and control of one's own destiny, death, by definition, represents the lack of both power and control, and for that reason it must be avoided at all costs. Moreover, when it is not avoided, Americans tend to see the death as an individual loss that really has very little to do with the community at large. When Americans attend the funerals of others in the community, they do so as individuals out of respect for the dead person, rather than as members of the community out of respect for the whole. It is no wonder that Americans find themselves asking “for whom does the bell toll?” when the church bells chime to mark someone's passing. In societies where community bonds are strong and the nature of the public good is conceived as something more than the simple sum of private passions, the question never comes up because the answer is so obvious: “For whom does the bell toll? Of course, it tolls for thee.”

**Immortalism: The Endless Pursuit of Happiness**

It has been suggested that at least some part of the difference between the way Western (especially American) and non-Western cultures cope with death can be attributed to the manner in which old people are treated in society. In ancient China, the highest achievement in Taoist society was a long life and the wisdom assumed to come with the passing of years. The Aranda people—hunter-gatherers of the Australian forests—accorded supernatural status to those who had achieved extreme old age (Dychtwald, 1989). The Japanese also esteem the elderly, focusing on the value that long life provides for accumulating experience and perfecting spiritual development. By comparison, David Gutman (1991) finds that esteem for elders in America is rare compared with the twenty-six other countries he studied.
The way a culture treats its elderly cannot help but color the way it treats the subject of death. Where the elderly are celebrated, death is confronted head on as an important rite of passage. The culture stays in contact with death in this way, and its members become more comfortable with it as a result. But where the elderly are thought of as irrelevant, death tends to be glossed over as something that happens to others—a deviant behavior that one would do well to avoid, if at all possible. Why do Americans treat their elderly the way they do? We contend that denial of aging—an outgrowth of the liberal “pursuit-of-happiness” axiom that is central to the American political, cultural, and economic creed—is largely to blame.

Americans are proud of their constitutionally grounded rights and have exhibited a general predisposition to celebrate individual liberty, broadly construed, at the expense of almost everything else. The right to free speech (even when libeling public figures in the press), the right to bear arms (without restriction), the right to freely associate, protest, and petition the government (regardless of how unpopular the group or the cause), and the right to privacy (including the exclusion of illegally obtained evidence in criminal proceedings) are just a few manifestations of the rights-oriented culture in which we live. Liberty—the freedom to do what we will in pursuit of our own desires—is an essential element of our political heritage.

Yet, paradoxically, when it comes to death, Americans apparently would rather deny their mortality than champion some abstract right to die. Instead of accepting death, they do everything possible to deny its inevitability. “In this world nothing could be said to be certain, except death and taxes,” wrote Ben Franklin in 1789, the year the U.S. Constitution was written. It is interesting to note that two hundred years later, Americans have come to deny the inevitability of both.

It seems that Americans have drawn the line on liberty at death’s door. In a culture obsessed with rights and choices, death—the point after which the ideas of rights and choices have no currency—seems pretty much beyond the pale. “In a society that emphasizes the future,” notes Feifel, “the prospect of no future at all is an abomination. Hence, death and dying invite our hostility, repudiation and denial, and assume taboo status” (in Weisman, 1972, p. ix).

Attitudes that drive avoidance behavior in America are rooted in the thoughts of John Locke, the British philosopher who is generally considered the primary author of the classical liberal approach to life. Thomas Jefferson gave voice to the American version of liberalism with his Declaration of Independence claims regarding inalienable rights to “life, liberty, and the pursuit of happiness.” The logic of liberal ideology, taken to its natural conclusion, argues that death should be avoided at all costs and whenever possible, so that individuals can do with life and liberty what they have the inalienable right to do: seek individual gratification as part of the American dream. Acknowledgment of death implies a sense of limits that flies in the face of American consciousness. Moreover, the contradiction be-
tween the life-oriented cultural ethos (activism, hedonism, conquest, liberty) and the death theme (passivity, failure, loss of ability to make choices) intensifies the denial of death (Chang and Chang, 1980, p. 742).

Death is un-American, claims Larry Bugen (1979, p. 257). Basic to our failure to confront death, he argues, is the fact that “American society in its preoccupation with perpetual youth, beauty, and strength, has typically disguised, avoided, denied, and embellished death” (Bugen 1979, p. 252). And there seems to be plenty of evidence to support this claim for our culturally based pursuit of individual gratification is manifest in a variety of curious rituals and behaviors geared toward self-delusion and egoistic aggrandizement.

For instance, Americans treat death as a great surprise when it overcomes a friend or family member, even if the departed was relatively old and ill, as if such a thing were not entirely natural. And, of course, many go to great lengths to camouflage signs of their own aging and infirmity. Widespread use of plastic surgery, wrinkle creams, hair transplants, exercise equipment, and aerobic videos all point toward the seemingly insatiable search for a fountain of youth. Those who design and market equipment, cosmetics, therapies, and procedures that purport to slow (or at least give the illusion of slowing) the aging process have turned the denial of mortality into a multibillion-dollar industry in this country.

Food and Fitness Fads. The proliferation of food fads, diet regimens, weight-loss programs, and eating disorders in the United States also manifests the American pursuit of happiness that leads to the denial of aging and dying. Americans are deluged with advertising that reinforces the desirability of being slim and trim. And if that were not enough to keep the diet business afloat, recent reports speak about doubling the normal life span of laboratory mice with a regimen called “caloric restriction.” Some scientists are even wondering if a human life span of 140 years or longer might be achievable through a more controlled dietary regimen (Shurkin, 1992, p. 9). Such talk is music to the ears of many Americans.

More evidence of the American obsession with health can be found in the popularity of various exercise gurus (Jack LaLane, Richard Simmons, Jane Fonda, Cher), exercise programs (aerobics and variations on that theme, including dancercise, jazzercise, low-impact aerobics, and water aerobics), and exercise equipment (thigh and tummy shapers, treadmills, exercycles, step climbers, ski machines, rowing machines). Bodybuilding regimens (weight lifting, power lifting), fad sports (running, power walking, softball, golf, and various racquet sports), and the proliferation of commercial gyms and fitness clubs also provide good indications of American sentiments with regard to health and longevity. Walter Bortz, former president of the American Geriatrics Society, suggests that physical fitness can help stretch an individual's life span to its more natural limit: 120 years (cited in Krucoff, 1992). And once again, it appears that Americans are acting accordingly.
In the end, as J. D. Reed observes, the typical American seems obsessed with the shape of the body: "Paring, preening it, pumping it up and pounding it down, the body national is being rejuvenated with a relentless impatience, slimmed with a fanatic dedication. ... The country runs and runs, from fear of death ... and old age as well" (cited in Stein, 1990, p. 119). And when all else fails, many feel it is necessary to equivocate about their age. They certainly do not broadcast it, and they may even lie about it.

The "Contributions" of Modern Medicine. For those with the money and interest in remaking the body in ways that diet and exercise cannot, modern medicine offers a dizzying variety of procedures and elixirs that can make people appear healthier and younger than they really are. Silicone implants for breasts and hips can add curves to the body where once there were none, and liposuction has become a popular way to do just the opposite. And "face jobs" and "tummy tucks" can surgically nip and gather the skin to create a more youthful appearance.

Interest in synthetic growth hormone therapy is also on the rise. For about $20,000 a year, genetic engineers can produce hormones in the laboratory and inject them into the bodies of aging Americans in hopes of stalling or maybe even reversing the effects of aging. And the compound called Retin-A—the prescription acne medication turned antiwrinkle cream—has kept Americans streaming into dermatologists’ offices ever since 1988, when a study in the Journal of the American Medical Association reported on the ability of that drug to help restore sun-damaged skin. Shortly thereafter, dermatologists were besieged with prescription requests, and annual sales of Retin-A are now somewhere between $20 million and $60 million.

Minoxidil is another drug with an interesting side effect. Developed initially to control hypertension, Minoxidil was found to stimulate hair growth in some patients and is now sold as a prescription drug to treat hair loss in men. Balding Americans who are considering wigs and weaves and those thinking of surgical hair-plug transplants now have another option.

For older men troubled by failing libido, testosterone-replacement therapy is an increasingly popular antiaging strategy. Injections of testosterone, prescribed by a physician, can help restore the sex drive and treat impotence in men who want to feel, act, and be viewed as "young again" ("Dr. Ponce de Leon," 1990, p. 14).

Those interested in bulking up have sometimes turned to the illegal use of steroids, bought on the black market. According to one report, an estimated 1 million Americans use steroids today (half of them adolescents), accounting for $400 million in annual sales. Although many individuals who take steroids are interested in improving athletic performance, a substantial percentage take them simply to achieve the dramatic enhancements in body shape that steroid use can produce.
In the legal, over-the-counter world, megavitamin therapy has become extremely popular as a strategy for warding off aging. Two books by Durk Pearson and Sandy Shaw (Life Extension: A Practical Scientific Approach and the Life Extension Companion) spawned a great deal of interest in the ability of vitamins and minerals, taken in large doses, to ameliorate age-related deterioration in physical appearance and abilities. The combined sales of these two books—over 2 million copies, with gross receipts of some $30 million—suggests just how hungry Americans are for information on this subject. Indeed, interest in this and all the other developments in immortalism have been sufficient to spawn a loose federation of organizations (such as the Life Extension Foundation of Hollywood, Florida), magazines (like Longevity Magazine, with a circulation of a 225,000), mail-order houses, newsletters, and hotlines to keep an eager pool of subscribers abreast of the latest medical developments.

All these figure-altering and age-masking efforts are designed to change or misrepresent the state of one's actual physical condition, and the cost is substantial. It has been estimated that Americans spend approximately $2 billion per year on nostrums to ward off aging, $3 billion per year on food supplements, another $10 billion on efforts to disguise the visible signs of aging (Beck et al., 1990, p. 50), and $33 billion trying to lose weight. To be fair, some of these outlays are spent in an earnest desire to improve health, for the here and now. But at least part of this spending can be attributed to two overlapping motivations: an interest in enhancing longevity and a fear of aging. Both drives, it seems, are typically American, and both forestall private or public discussions about the inevitability of death.

"To be sure," writes Paul Starr (1982, p. 7), "many observers, beginning with de Tocqueville, have remarked that Americans are singularly concerned with their individual well-being. ... Today, were a revived de Tocqueville to observe Americans jogging in parks, shopping in health food stores, talking psychobabble, and reading endless guides to keeping fit, eating right, and staying healthy, he would probably conclude that, if anything, the obsession is now more pronounced." Immortalism is a cultural ethic with Americans, part and parcel of our liberal democratic tradition in which the pursuit of happiness is taken literally by most. It should come as no surprise, then, that Americans as a whole have been slow to consider political issues surrounding death and the right to die as worthy of their interest. The flood of information that they crave—and get—about ways to control the state of their bodies and their lives contributes mightily to death-denying behavior: Why think about death when there is so much one can do to avoid it?

Scientism: An Abiding Faith in Technology

American culture can also be described as scientistic. Scientism refers to the predisposition to have an abiding faith in technological advances, almost as a good in
and of themselves. Like the sports enthusiast who expresses his or her desire to climb the mountain "because it is there," Americans tend to climb technological mountains, reflexively rather than reflectively, "because they are there," embracing whatever results from the ascent as good by definition. This cultural predisposition to embrace technology, a social by-product of the industrial revolution, is rooted much more deeply in the American experience, tracing back to the frontier days of the eighteenth and nineteenth centuries.

Daniel Elazar, a political scientist who has devoted much of his professional career to writing about America's political culture, sees the idea of "frontier" as central to the American cultural experience. Early pioneers—the first generation of nonnative Americans—opened up what was, for them, an entirely new world by pushing westward across the North American continent. They did this largely out of wanderlust: Travel, adventure, challenge, and the promise of a big payoff were thought of as good things in their own right. For the first several hundred years, the frontier meant the land frontier, and Americans were drawn to it like a magnet. Since the industrial revolution, however, the lust for land development has been slowly transformed into a scientifically based wanderlust. As Elazar (1984, p. 109) puts it, the modern frontier can be thought of as "the constant effort of Americans to extend their control over their environment for [their own] benefit."

That Americans treat technology as a frontier—something both conquerable and worth conquering—is nicely illustrated by U.S. encounters with technology over the years. In 1961, President John Kennedy told Americans that the United States should put a man on the moon by the end of the decade, a goal that was accomplished in dramatic form. And fulfillment of his prophecy only bolstered the already entrenched predisposition to believe in the frontier. Questions about whether going to the moon was really the right thing to do with the billions of dollars spent on that pursuit got very little attention at the time. Instead, it seemed as if the collective American reaction to the idea was "if we can (and of course we can), then we should."8

There are plenty of other (albeit less spectacular) examples of the frontier phenomenon at work in the American milieu. For example, members of Congress—perennial believers in the technological tooth fairy—passed a number of air- and water-quality laws in the 1970s that presupposed technology developments would make it possible to reach the standards set by federal regulations: If we could go to the moon, surely we could manage the pollution problem. Americans were not quite as lucky with the environment as they were with the space program, however. Instead, science lagged, and air quality, water quality, and fuel efficiency requirements that Congress originally mandated were diluted, delayed, and, in some cases, abandoned altogether over the years. Congress did not get its way for a number of reasons, but for present purposes, it is enough to note the hubris
with which that body acted in the first place for it illustrates well the arrogance of the American political culture more generally regarding the faith in technology.

Energy policy—or, better, the lack thereof—represents another good example of the trust that American people and, by extension, the U.S. Congress put in technology. The United States has no real energy policy because Congress is betting that when the fossil fuels really do run out, technology (e.g., cars that run on solar power or hydrogen, or maybe we will jump right to magnetic levitation runabouts a la George Jetson) will step into the breach to save the day. It is no wonder that Americans were so quick to buy into the charade “cold fusion” turned out to be a few years back. They wanted to believe there would be a quick, technological fix, and with cold fusion, they thought they got it.

The same phenomenon is at work in the defense business. Americans celebrated the success of the Patriot missile during the Gulf War, but a General Accounting Office analysis of the missile’s performance suggests that it hardly worked at all. Indeed, some evidence suggests that even when Patriots intercepted Scud missiles, the falling debris caused more damage and loss of life than the attacking Scuds would have caused if they had been allowed to fall unintercepted. The public also reveled in the gun camera footage of U.S. aircraft striking Iraqi targets. Played over and over on Cable News Network (CNN), these bomb-damage shots showed direct hits on bridges, vehicles, and factories—never mind the hand-selected, unrepresentative nature of the clips. Also ignored was the fact that some of the footage, described by the top brass as showing “Scud mobile launcher kills,” were really just pictures of exploding troop-supply trucks.9

The point is that stories that run counter to the American belief system—about space program failures, environmental technology falling short of expectations, ineffective Patriots, and misleading damage-assessment films—get little or no play in the media. This is true partly because they are not as entertaining as the ornamental version of the news. At least part of the explanation for this can be attributed to the fact that accurate stories did not synch out well with American cultural predispositions. Be it a matter of faith, wishful thinking, or scientism, it is clear that Americans would rather believe in technology than face reality.

The same mind-set is at work when it comes to issues of medical technology and, ultimately, the denial of mortality, even in cases where the patient is terminally ill. Why pull the plug or even think about it when procedures that would restore a worthwhile quality of life might be available just around the corner? When one has faith in society’s ability to conquer frontiers (in this case, the medical-technology frontier), it makes no sense to even contemplate death: Surely, one of the big university hospitals or one of the well-endowed research clinics will be able to treat the affliction in question. That is the attitude of the cryonicists, and it is shared, to one degree or another, by most Americans in regard to more mainstream medical technologies.
In this vein, Daniel Callahan (1990, p. 50) writes that "a denial of the limits of the possible in effecting cures is thus a central part of the ideology of scientific medicine. It is sustained in part by its actual success in overcoming earlier obstacles and curing illnesses once thought beyond reach, and in part as an act of faith that is at one with the general faith in science." Ultimately, Callahan continues, "there are no fixed limits to the therapeutic possibility of cure ... and thus, no boundaries to the meeting of individual needs." The more we witness in the way of technological progress, the more we expect, to the point where Americans now believe that science will conquer illness, the effects of aging, and even death itself (Charmaz, 1980, p. 90).

The media exacerbate the situation when they magnify and distort the significance of unexpected recoveries and technological advances. Unexpected remissions are attributed to miracle cures instead of random chance, dumb luck, or misdiagnosis of the case in the first place. And that tends to stimulate hopes that doctors can always pull off yet another miracle. By treating spectacular cases as if they have the prospect of becoming the norm, the media create medical mirages that raise the expectations of Americans, fueling their faith and reinforcing existing beliefs about the limitless potential of modern medicine.

We would suggest that, for Americans, belief in technology has become part of a national ideology—a secular religion, even an addiction (Callahan, 1990, p. 92)—in which faith in the goodness and effectiveness of technology operates as the central premise. Ivan Illich notes that Americans have a "deep-seated need for the engineering of miracles" (cited in Humphry and Wickett, 1986, p. 193), and U.S. research institutions and teaching hospitals have engineered one medical miracle after another in response to that need. To speak of managing death in this context would be tantamount to a countercultural surrender, an acceptance of the notion that technology has its reasonable limits. It should come as no surprise, then, that we include scientism as a force of policy restraint in the right-to-die debate.

At the same time, however, Howard Stein (1990, p. 58) believes it is important to realize that "so long as unexamined interests and popular passions govern public policy decisions about the development and use of technology, we will continue to define every problem as a technological one and prescribe solutions in terms of narrow technique devoid and denuded of context. Sometimes a culture’s most cherished values are not in its best interest. Sometimes they become a dead end." Scientism is a faith, not a truth, and technology is not always good by definition. Sometimes rockets blow up, and sometimes, perhaps, they should not have been built in the first place. Sometimes the very sick cannot be cured. And it may be that sometimes it does not even make sense to try.

The Entitlement Syndrome. To individualism, immortalism, and scientism, we now add a fourth aspect of the American culture that feeds into the denial of
death: the entitlement syndrome. This concept refers to the feeling that Americans have—and deserve—the very best goods and services that the public and private sectors have to offer.

The entitlement syndrome is evident in all aspects of American culture, and medical care is no exception. Not only do Americans have faith in medical technology, they also demand the best treatment that the medical-industrial complex can render—because they feel entitled. Medical ethicist Daniel Callahan is quite clear on this score: “There is, most of all, the power of public demand, which has come to expect medicine to improve not only health, but life more generally, and which has come to see a longer and better life as not simply a benefit but as a deep and basic right” (1990, p. 21). The fact that there is not enough money to pay for all the diagnostic tests, transplants, technologies, and therapies Americans would like to avail themselves of seems irrelevant.

Paul Tsongas, unsuccessful candidate for the 1992 Democratic presidential nomination and benefactor of state-of-the-art treatments for his own rare form of cancer, was often asked what he thought of the Canadian health-care plan as a model for reform. He invariably replied that he was no fan of that system, pointing out that if he were a citizen of Canada when he got sick, he probably would have died. Members of his audience would usually bob their heads in agreement. “Tsongas is entitled to the best, and so are we,” those bobs seemed to be signaling, “so don’t bother raising questions about limiting access to sophisticated medical treatments.” Indeed, one reason why the Canadian model of health care is given so little consideration as a policy alternative in this country is directly tied to the general limits on technology and the waiting lists that are reportedly generated for access to the high-tech medical procedures offered in the provinces to the north. Some say that Americans would not stand for that (Callahan, 1990, pp. 87–88), and they are probably right.

There seems to be a Maslowian aspect to this entitlement phenomenon. According to psychologist Abraham Maslow, we are each driven by a needs hierarchy, and when basic needs are satisfied, the desire for higher-order needs are stimulated to keep us preoccupied. For example, when survival is in question, survival needs predominate. However, once the basics (food, clothing, and shelter) have been secured, worries shift to a second tier of concerns, such as income security and friendship. And once level-two concerns are satisfied, level-three concerns move into the breach. In Maslow’s world, individuals are never really satisfied; they just graduate from level to level in an insatiable urge to achieve complete self-actualization.

The same sort of psychology seems to be at work with regard to the right to die. Once one begins advancing up the technological ladder toward ultimate health, concerns about death become displaced to the point where one does not even think about death. It is off the map, and when it tries to pop up on occasion, it is denied. The success of medical progress begets these higher expectations, pushing
Policy Restraint and the Cultural Context of Death

us up through a hierarchy of desires that are ultimately insatiable (Callahan, 1990, pp. 33, 81).

As A. J. Barsky notes, "There is a progressive decline in our threshold and tolerance for mild disorders and isolated symptoms, along with a greater inclination to view uncomfortable symptoms as pathologic—as signs of disease. ... The standard we use for judging our health appears to have been raised, so that we are more aware of—and more disturbed by—symptoms and impairments that previously we deemed less important" (cited in Callahan, 1990, pp. 54–55). Callahan applies this line of thought to high-tech medicine, as well. A century ago, he argues, before the advent of heart transplants, people never thought that they “needed” a heart transplant; when someone became ill with heart disease, death was simply accepted. But with the development of transplant technology, awe has been converted to need: Now, people “need” transplants, and death is not accepted.

As people get healthier, infirmity becomes that much harder to accept, as well, and death becomes that much more foreign a prospect. In addition, as people get healthier with improving technology, life expectancy goes up. People now live longer, so they desire more technology for a longer time. Callahan calls this the “twice cured, once dead phenomenon” (1990, p. 101). In the past, one got mortally ill and then died; today, according to Callahan, we may be cured of serious illness a number of times before we die. Indeed, when 10 percent of the people account for 75 percent of overall medical costs (Callahan, 1990, p. 101), it is not hard to imagine that some of these people have enjoyed the equivalent of a cat’s fabled nine lives.

The nature of the U.S. health-care system also helps to fuel the entitlement fires in other ways. For most Americans, health care is a private-sector commodity. But only a very small percentage of coverage is paid for out of pocket, on a fee-for-service basis. Most Americans are covered by insurance, and the insurers pick up the bulk of the bill for services (after deductibles and copayments). This “third-party” financing arrangement means that care is essentially limitless: an all-you-can-eat health-care buffet, charged on a company credit card. Insurance companies may cap coverage at some point, but for the most part, once the insurance premiums are paid, there is no real incentive for beneficiaries to limit the care they seek. Indeed, there may actually be some incentive to maximize care—to get one’s money’s worth, as it were. After all, having paid the premiums, one is certainly entitled.

In response to abstract polling questions about end-of-life decisionmaking, Americans overwhelmingly say that they would not want to be sustained artificially. But when push comes to shove and death is imminent, Americans tend to shrink from making tough choices about life and death. Instead, they tend to demand that the latest technology be available and employed in every case and to every extent, almost as if access to such advanced medical procedures were a right
of citizenship. It is not likely that right-to-die questions will get much of a hearing in an environment like this, where, when it comes to death-defying technology, more is better and—for a number of reasons—we feel entitled to benefit from everything the medical community has to offer. That, it seems, is the American way.

Religious Taboo

The fifth and last dimension of the American cultural psyche that we see as important to the denial-of-death phenomenon is the role that Western religious traditions (primarily Judeo-Christian traditions) have in shaping the response to death. These traditions have generated religious taboos about managing death—playing God, as it were—that undergird the entire culture’s predisposition to sidestep public debate about end-of-life decisionmaking. Pressure from religious interest groups plays an important role here, as well. Together, individual religious predispositions and collective interest-group pressures create a formidable force of restraint on the right-to-die policy environment.

Religion is not particularly important in the public life of Americans, generally speaking. Church attendance in the United States has dropped off substantially in recent decades and lags behind attendance rates in other countries. And when it comes to public policy, the United States leads the world in the degree to which matters of church and state are explicitly and constitutionally separated. This does not mean, however, that Americans are irreligious: Survey data actually suggest that religion is very important for Americans in their private lives. According to the World Values Survey, “Belief in God is more widespread in America than it is in any of the nineteen major industrial nations” (cited in Shapiro, 1992, pp. 39–40). The overwhelming majority of Americans—98 percent—say they believe there is a god, 70 percent say they believe in the devil, 90 percent say they believe in heaven, and 73 percent say they believe in hell (see Table 2.1).

Importantly, the dominant religious orientations in America—Judaism and Christianity—are in lockstep when it comes to death. Each puts a high premium on the sanctity of life, and each has strong proscriptions against individuals taking death into their own hands. Ancient Greek and Roman cultures tolerated and even embraced euthanasia under honorable conditions (e.g., unremitting pain), but Christianity has traditionally deplored the idea. Christians who attempted euthanasia were excommunicated in earlier days, and those who succeeded were given “an ignominious burial on the highway, impaled by a stake” (Humphry and Wickett, 1986, p. 6). “All things for a reason,” argued Christian theologians of the time, believing that the premature taking of a life for any reason would be irreligious.

Early American Protestant beliefs have also helped shape modern American attitudes toward death, according to Charmaz. The Protestant ethos, she writes,
TABLE 2.1 Spiritual Beliefs: Percentage of the Population Saying They Believe in God, the Devil, Heaven, and Hell, 1981–1983

<table>
<thead>
<tr>
<th></th>
<th>God</th>
<th>Devil</th>
<th>Heaven</th>
<th>Hell</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>98</td>
<td>70</td>
<td>90</td>
<td>73</td>
</tr>
<tr>
<td>Ireland</td>
<td>97</td>
<td>62</td>
<td>89</td>
<td>59</td>
</tr>
<tr>
<td>Canada</td>
<td>93</td>
<td>44</td>
<td>75</td>
<td>42</td>
</tr>
<tr>
<td>Spain</td>
<td>92</td>
<td>38</td>
<td>56</td>
<td>38</td>
</tr>
<tr>
<td>Italy</td>
<td>88</td>
<td>33</td>
<td>44</td>
<td>33</td>
</tr>
<tr>
<td>Belgium</td>
<td>86</td>
<td>24</td>
<td>41</td>
<td>21</td>
</tr>
<tr>
<td>Australia</td>
<td>85</td>
<td>42</td>
<td>64</td>
<td>40</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>81</td>
<td>34</td>
<td>62</td>
<td>29</td>
</tr>
<tr>
<td>Germany</td>
<td>80</td>
<td>18</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td>Norway</td>
<td>73</td>
<td>30</td>
<td>49</td>
<td>23</td>
</tr>
<tr>
<td>Netherlands</td>
<td>71</td>
<td>22</td>
<td>44</td>
<td>16</td>
</tr>
<tr>
<td>France</td>
<td>65</td>
<td>18</td>
<td>27</td>
<td>15</td>
</tr>
<tr>
<td>Denmark</td>
<td>63</td>
<td>12</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>Japan</td>
<td>62</td>
<td>22</td>
<td>37</td>
<td>29</td>
</tr>
<tr>
<td>Sweden</td>
<td>60</td>
<td>13</td>
<td>32</td>
<td>11</td>
</tr>
</tbody>
</table>


leads us to treat death as a family secret, almost as if it were something to be ashamed of—something to be “handled” only by relatives and close friends. And if death is to be kept out of public view, surely it is something to be kept outside the reach of public policy.

The influence of the traditionally conservative Roman Catholic church has also had a chilling effect on the right-to-die debate. Some Catholic-based organizations have extended their pro-life position on the abortion question to include a strong pro-life stance on the right to die. Right-to-life organizations have demonstrated both outside and inside hospitals where families have tried to exercise the right to die. On occasion, these pro-life groups have gone to court to request that a guardian be appointed to make decisions for seriously ill, incompetent patients, in lieu of family members. Right-to-life organizations have also been active in the halls of state capitols, where the various state chapters of the Catholic Conference have been quite influential. Other Catholics continue to argue that suffering at the end of life may serve a redemptive purpose and that we should not interfere with what they believe is “God’s plan.”

On top of this, there are general religious taboos in the cultural psyche that argue against dealing forthrightly with the right to die. Americans may not attend church services as often as their counterparts elsewhere in the world, but that does not mean that religious teachings about managing death carry no weight. To the contrary, the religiously legitimated sanctity of life and traditional proscriptions against the management of death are important dimensions of our political culture that should not be overlooked. Even those who do not consider them-
TABLE 2.2  Thinking About Death: Percentage of the Population in Sixteen Western Countries Saying They “Often” or “Sometimes” Think About Death

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>65.1</td>
</tr>
<tr>
<td>Italy</td>
<td>65.1</td>
</tr>
<tr>
<td>Australia</td>
<td>61.9</td>
</tr>
<tr>
<td>Canada</td>
<td>60.8</td>
</tr>
<tr>
<td>Finland</td>
<td>59.7</td>
</tr>
<tr>
<td>Spain</td>
<td>59.0</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>56.7</td>
</tr>
<tr>
<td>France</td>
<td>56.7</td>
</tr>
<tr>
<td>Japan</td>
<td>55.2</td>
</tr>
<tr>
<td>Ireland</td>
<td>55.2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>54.1</td>
</tr>
<tr>
<td>Germany</td>
<td>53.0</td>
</tr>
<tr>
<td>Norway</td>
<td>52.9</td>
</tr>
<tr>
<td>Sweden</td>
<td>51.6</td>
</tr>
<tr>
<td>Denmark</td>
<td>51.1</td>
</tr>
<tr>
<td>Belgium</td>
<td>46.6</td>
</tr>
</tbody>
</table>


selves religious tend to get weakhearted, on spiritual grounds, when right-to-die scenarios arise.

In sum, the right to die is a sensitive religious issue that causes most to opt for prolonging life, urging that everything possible be done to save the life at stake at the time. The reasons to prolong life would be substantial even if only secular concerns were involved. But when the spiritual life of the decisionmaker is perceived to be at risk, the stakes are raised substantially. In a society that claims to believe so firmly in God and that is so ill at ease with the idea of death to begin with, it is not hard to understand how the religious dimension of American culture operates so effectively in forestalling public debate of right-to-die issues.

Summary: The Forces of Restraint

According to the World Values Survey, Americans think about death more than citizens of any other country in the Western world except for Italy (Italy is tied with the United States; see Table 2.2). But our thoughts on death apparently are not constructive. Instead, we euphemize death when it happens to those close to us. And when we watch so many deaths on television and in the movies, death becomes sanitized and objectified: It is something that happens to someone else, not to us. Some even try to avoid it altogether through what advocates purport is something of a frozen fountain of youth—cryonic suspension.
Changes in U.S. society since the turn of the century have put even more distance between Americans and the reality of death. Professionally conducted funerals relieve us of the responsibility for tending to our dead. The breakup of the multigenerational household, together with escalating rates of retirement among the old, means that those most likely to die—the elderly—are increasingly out of sight and out of mind. So, too, are their deaths. And, of course, medical progress has added to the distance between Americans and death. With death rates down and life expectancy up, death is simply not as common an experience today as it was in the past. And when death finally does come, the patient is not at home but off somewhere in an institution of higher medicine. We visit when we can, if we can.

Other cultures do not seem to be in the same situation, and much of the difference can likely be attributed to the importance of the individual in the United States. Where the community is more important than its individual members, death is more likely to be treated openly and supportively as a community phenomenon. And where grieving occurs more regularly and more openly, it is easier to take death in stride with everything else life brings. But in the United States, where individualism is so important, interest in community is traded away for the pursuit of long and healthy (or at least healthy-looking) life. With all the emotional energy Americans spend seeking the twin fountains of youth and youthful looks, it is no small wonder that they have so little time or predisposition to devote to coping with death.

Technology is also important. In countries where technology is not particularly advanced, death is simply a more common experience, witnessed personally on a regular basis. It is considered a frequent visitor and even a friendly visitor at times. But in the United States, technological successes have created an insatiable appetite for curative medicine. In such a nation, where technology is advancing rapidly, it is harder and harder to accept death. The entitlement syndrome and prevailing religious attitudes have also conspired to suppress the right-to-die debate. And thus we argue that American culture itself has been a significant force of restraint in the development of right-to-die policy.

But a survey of these restraint forces tells only half the story. Forty-six states and the District of Columbia have living-will laws on the books today, and the Supreme Court is on record in support of the right to die. Superior courts in several dozen states have come to the same general conclusion. Moreover, the federal government passed a law in 1990—the Patient Self-Determination Act—requiring that hospital personnel inform patients of their rights under state law to refuse medical treatment should they become seriously ill during their hospital stay. And medical ethics committees have been springing up in hospitals across the country. How can all this happen in a land where the people seem so obsessed with the denial of their own mortality?
The answer is tied to the fact that the forces of restraint do not operate in a vacuum. There are also powerful forces of activism at work that have thrust the right to die onto the public-policy agenda, in spite of cultural predispositions to the contrary. The forces of restraint may have delayed these efforts and slowed policy developments that have ensued, but forces of activism have succeeded to the point where the right to die is—or soon will be—a matter of public interest across the country, now and for some years to come.