Policy Restraint
and the Denial of Death

If you suddenly became unable to make treatment decisions about your health care, would anyone know your choices regarding treatment? Who would you want to make those decisions for you? Would that person or persons know what treatments you would accept or refuse given little or no chance for recovery?

Okay, admit it. It's not something you think about a lot. Heaven knows it isn't pleasant to think about, but the possibility does exist, nonetheless.

—Health Smart, 1992

The right to die may be among the most legally complex and culturally sensitive areas of civil rights to emerge in our time. The thorny issues associated with a seriously ill individual’s right to make a right-to-die decision and the disposition of individuals who are incompetent to make such decisions for themselves promise to keep all parties involved—health-care professionals, medical ethicists, counselors, clerics, families, lawyers, judges, and legislators—busy for some time to come.

As the excerpt from Health Smart suggests, Americans do not find these sorts of end-of-life decisions easy to make. Indeed, the sentiments conveyed in this lead article of a hospital newsletter capture quite accurately the profound sense of uneasiness that Americans feel when it comes to the subject of death. Americans find the idea of “managing” death—consciously making decisions that would hasten the moment when one slips over the edge of eternity—hard to cope with. Privately and individually, decisions to end the lives of terminally ill patients have been made for years at hospital bedsides and in doctors’ offices. But in public,
general questions about when someone should be allowed to die have tended to be swept under the rug. Rather, the question usually is framed: What more can be done to save the life? That, it seems, is the American way.

Evidence of Denial

The shelves of the library are filled with psychology and sociology books that describe how humans, in general, and Americans, in particular, try to cope with the idea of death by denying its reality (Charmaz, 1980, p. 95). The Denial of Death by psychologist Ernest Becker (1973) is one of the classic and definitive texts on the subject. In his preface, Becker observes that “the idea of death, the fear of it, haunts the human animal like nothing else ... fear of death is a universal” (p. ix). It is no wonder, he opines, that we hold heroes who defy death in such high esteem. Courageous soldiers on the field of battle, fearless astronauts diving deep into space, survivors of life-threatening ordeals, and daredevils of all descriptions receive our adulation, largely because they have endured in the face of the thing we fear most: death.

Conversely, those who invite death—through suicide—court society's condemnation. Although suicide and attempted suicide are no longer illegal in most states, such acts continue to be considered a sign of weakness or a blight on one's record, something for the family to cover up if circumstances allow. Health-care and social service experts believe that the actual suicide rates for senior citizens may be twice the estimated rate because suicides are so routinely underreported, especially in this age category (Douglas, 1992).

Herman Feifel's (1959) The Meaning of Death is another classic work on the subject. Feifel's enduring contribution to the literature is his use of the word taboo to describe the status of death in American society. Revealingly, Feifel had to battle against his publisher's “better judgment” to keep that obscene, five-letter word—death—in the title of his treatise (Kastenbaum and Kastenbaum, 1989, p. viii).

Geoffrey Gorer's classic contribution to the literature, Death, Grief, and Mourning in Contemporary Britain (1965), uses the term pornographic as a descriptor of the Western response to the subject of human mortality. And of course, there is the best-seller by Elisabeth Kübler-Ross, On Death and Dying, that talks about the stages one passes through upon being confronted with the prognosis “terminal.” Not surprisingly, given the general tenor of the literature on death, denial is the first stage (the others are, in order, anger, bargaining, depression, and, finally, acceptance). The Kübler-Ross book has been criticized on many grounds since it was first published in 1969, but the notion that denial of death is a widespread phenomenon in contemporary Western civilization has never been seriously challenged. In fact, themes like haunting fear, taboo, pornographic, and
widespread denial serve as the foundation for almost everything else that is written on the subject.

**Euphemisms**

One need not refer to the scholarly literature on death to find out about denial for evidence of our denial is everywhere in our culture, including our language. Proper etiquette requires us to speak in hushed and euphemistic tones when the subject of death comes up. In fact, death has a language all its own: Examples of referring to death without actually saying the word are legion and well known. All we need is a bit of context in order to determine what phraseology is most appropriate.

Cowboys *bite the dust* and after being buried are said to be *pushing up daisies*. Street gang members are *smoked* or *wasted*, although mobsters and gangsters of days gone by were more worried about being *rubbed out*, *deep-sixed*, or sent to Davey Jones’s locker with cement overshoes on because, for them, *it was curtains*. Today’s tough guys *liquidate* or *exterminate* their prey, but farmers simply *kick the bucket*. Aviators do not talk about crashing and burning; for them, *buying the farm* is the accepted expression. Those who have struggled against an illness and lost are said to finally *succumb*, and, if they had found religion by the time of their *passing*, they can be expected to *go on to their final reward* and *meet their maker*. They will find everlasting peace because they have been *called home*.

Professionals who deal with death on a regular basis have their own language, as well. The medical community talks about patients who have *expired*, the clergy speak of *the dearly departed*, and funeral directors refer to *the deceased* in earnest and compassionate tones. And members of the family do not say their loved ones died; rather, they *passed away* or *passed on*. Though some of these expressions are more vivid than others, they all serve to neutralize the event being described, sterilizing it of much of its inherent physiological meaning for the speaker and listener alike. According to Kathy Charmaz (1980, pp. 78–79), such objectifying language builds emotional distance between the speaker and the event in order to reinforce the notion that death is something that happens in the abstract and to others, not to oneself.

The same sort of evasiveness is manifested in other ways, as well. Greeting cards provide one good example. In a study of 200 “sympathy” cards (the term itself is a euphemism), Marsha McGee found that death was mentioned directly less than 3 percent of the time (cited in DeSpelder and Strickland, 1992, p. 22). The words *death* or *died* were absent in another set of 110 sympathy cards studied by McGee. Instead, the verses referred to the dead only indirectly, apparently in order to free the card’s sender to choose his or her own favorite euphemism. This is done to avoid violating the cultural taboo against speaking openly and frankly about death.
When one's time finally does come (yet another euphemism), families arrange calling hours in a funeral parlor, a space sometimes referred to as a "slumber room" by those for whom even the word *funeral* is a bit too descriptive and coarse. Beautifully adorned and highly polished caskets (some are sold with inner-spring mattresses) are used to frame a body made up to look better than in life. Then, after all is said and done, the deceased will probably be taken to the cemetery—that final resting place—where those around the dearly departed will pray that he or she rests in peace. Clearly, the image being portrayed with all this language and paraphernalia is that death is really just a long nap, rather than the complete and utter end to biological life. The same even applies to family pets: They are not killed; instead, they are put to sleep.

**Media**

The media might seem to present something of a contradiction to our thesis that Americans tend to deny their own mortality. Unlike the greeting cards and personal conversations that skirt the idea of death, television, movies, and newspapers focus on death regularly in all its graphic and violent detail.

News anchors narrate vivid pictures of violent death, then beam their signals into American living rooms, kitchens, and bedrooms on a daily basis. Horrendous crimes, natural disasters, highway and airline accidents, house fires, wars, and calamities of all descriptions are always good material for a lead story; this is the stuff of which the front pages of newspapers are made. News editors serve up mortality plays daily for breakfast, lunch, and dinner. And the more death and violence, the better, especially in competitive markets where the percentage of coverage devoted to gore translates directly into percentage of market share. As the old aphorism in the news business goes, "If it bleeds, it leads."

Brutal death sells just as well in the movie theater as it does in the news. Americans are deluged with tough guys doing jobs—dirty jobs—with death as the common and natural conclusion to much of the action. The Dirty Harrys, the Rambos, the Terminators, and the Elm Street Freddie Krugers of the film world take no prisoners if they can help it. And Americans seem to eat it up. Television's one-hour death vignettes are equally popular. According to one estimate, anyone watching television on a typical weeknight will see a death once every twenty-three minutes on average (Gerbner, 1993). It is no wonder that the children of one family, when informed of their grandfather's death, asked, "Who shot him?" (cited in Humphry and Wickett, 1986, p. 63).

But why, then, given all this exposure, are Americans so afraid of death? Is this not a contradiction? Actually, what we have here is not really a contradiction but a paradox. Print and electronic media commercialize and depersonalize death. Importantly, the players are detached from the viewers: Those who perish are "others," not us or those with whom we have personal contact. Strangers die, not
friends or family members. And seeing others die actually reinforces the sense of immortality that is central to the denial reflex. Viewers always emerge whole and healthy—at least physically—after being exposed to violence and death second-hand through news and entertainment outlets. The lesson derived from that kind of exposure is not that death is natural and real but that it is fictional and repressible. Thus, those touched by death in real life feel detached from the process, almost as if they are viewing a movie. They are trained by popular culture to view death as a fiction that they can emerge from unscathed after the credits roll.

There is also a forbidden-fruit attraction to death as portrayed in the media. It is almost as if viewers are driven to peep at the unthinkable, their interest piqued rather than dulled by denial instincts. Indeed, death-related violence is probably second only to sex as a drawing card in terms of the forbidden-fruit premise. As often as not, Americans get some of each in the media: Sex and death are, in this way, a natural pairing. But again, this kind of surreal exposure to death does not help individuals cope with their own mortality anymore than exposure to explicit sexual material helps them to become better lovers. Instead, saturation exposure tends to inoculate Americans against reality, and they become desensitized to the whole idea of death in the process.

In the end, violence-oriented entertainment anesthetizes us to death as a reality in our own lives. As Lynne DeSpelder and Albert Strickland (1992, p. 32) argue, death becomes something that happens to others, not to us or to those we love. Consequently, all this exposure to death fails to prepare us for the real thing. Indeed, we would argue that just the opposite occurs: When death becomes dramatized, fictionalized, and, ultimately, trivialized, we actually become less able to cope with it in real life. And thus we are shocked when death does come.

There is another side to this conundrum about our willingness—even desire—to be exposed to death in the media while denying its reality in our own lives. Deaths in American movies and on American television tend to be “deserved” rather than tragic. Americans long for happy endings where the bad guys die and the good guys—to whom the audience supposedly relates—survive. European filmmakers have noted this predisposition in Americans for years and have felt compelled to alter their products to make them more marketable in the States. In one example, the popular Dutch thriller *The Vanishing* was recut before being released in the United States. In the original version, the boyfriend of a kidnapped woman is buried alive in a grisly and tragic conclusion, but in the remake, it is the kidnapper who is treated to premature burial as part of a “happy” ending.

*The Player* received a similar treatment. When released in Europe, this movie included a scene involving a mistaken gas-chamber execution. When released in the United States, however, a heroic, last-minute rescue was tacked on. According to the director, “European movie goers accept film as a reflection of life’s ups and downs, U.S. audiences want only the ups” (“Film Gets Upbeat Ending,” 1992). Romantically optimistic endings, complete with gauzy sentimentalism and “overtly
nostalgic tableaux,” are actually something of a thematic paradigm in American cinema (Ray, 1985, p. 70). Americans apparently prefer to believe that bad things (e.g., death) do not happen to good people, a premise that was undoubtedly part of Harold Kushner’s motivation in writing his best-selling treatise on the subject, When Bad Things Happen to Good People (1981). Americans need help in this area, it seems, because the entire premise—that bad things (like death) happen to regular people—is foreign to them.

Pets
Not only are Americans shocked when personally confronted with the death of friends or family, they also find it difficult to deal with the deaths of their pets. This is the whole point of Pet Loss and Human Bereavement, (Kay et al., 1984), a book that urges pet-care professionals to become sensitized to the problems that owners have when their pets die. The need for more sensitivity to the bereavement of pet owners evidences the strong bonds that are created between pets and owners in a society that emphasizes individualism and discounts, relative to other Western cultures, the importance of extended family relationships and extra-kinship bonds within the community. In that respect, the United States can be thought of as a lonely society, where pets often fill the emotional void that might otherwise be filled by humans.

That is why we think Americans’ response to pet death can be linked to the level of denial they exhibit about human mortality. The existence of pet-loss support groups and pet-grief hotlines, pet funerals, and pet memorial parks all tend to reinforce the notion that, for many, animals have become surrogates for human companionship, thereby making reactions to pet death a corollary for reactions to human death.

Dennis Hoegh knows how seriously owners take the death of their pets; he sells 30,000 caskets and hundreds of cremation urns, plaques, and other memorials each year to bereaved former pet owners. “Pets are a part of the family for many people,” he explained, “and when they die, there’s a grieving process the owner goes through.” Pet turkeys, skunks, snakes, and an ape have been laid to rest in Hoegh caskets, along with Charlie Lindbergh Pheasant, “a competitive fowl who used to run beside taxing airplanes at the Jacksonville, Florida, Airport as though he were racing them. Charlie became a local celebrity, until he ventured too close to a propeller one day” (“He Fills Need;” 1992). Not only was Charlie laid to rest in a donated Hoegh casket, he also had a huge funeral in which the navy marked his loss with the ultimate form of military commemoration: a missing-man formation flyby.

The pet-cemetery business has flourished in postmodern America, with over 400 parks nationwide. Bonheur Memorial Park in Maryland—the final resting place for 28,000 pets, including a goldfish and an elephant—is one of the few fa-
ilities in the nation where humans can be buried side by side with their animal friends. As one staff member there suggested, one should "think of [one's] pet as a child with four legs" (Rosenbaum, 1992). For $295, a Bonheur staff member will bathe and embalm the pet, then lay it out in an open casket for private viewing. This charge also includes burial in a deeded lot.

Another such site, the Long Island Pet Cemetery in Wantagh, Long Island, is the final resting place for thousands of pets, including several horses from New York City's mounted police force. "Here lies Muggsie, 'born a dog, died a gentleman'" is the epitaph on one stone there (Lyall, 1991). One can also find a marker for Worries, a mouse buried in a matchbox. The politically significant dog named Checkers is buried there, as well. According to the New York Times, "The grave is covered with flowers, but the Nixons don't visit much" (Lyall, 1991).

Recently, the Long Island Pet Cemetery gained some notoriety when the park's owners were convicted of fraud for mishandling as many as a quarter million pet carcasses since 1984. Some dead pets were burned in mass incinerators, after which portions of the ashes were doled out to unsuspecting owners. Other pet bodies were thrown into a large open pit in the woods. According to news accounts, emotions ran high during the trial: Some pet owners challenged the defendants to fistfights in the parking lot; others scaled the fences of the pet cemetery in a hysterical effort to search for and exhume the remains of their dead pets (Lueck, 1992).

In one lawsuit, plaintiffs who had paid $1,083 in 1989 for the burial of their pet argued that finding out how their ten-year-old sheepdog had been treated had caused them to suffer psychological trauma. In August 1992, a New York State Supreme Court justice appeared to be sympathetic with the nature of the complaint and ordered the pet cemetery's owners to pay the couple $1.2 million for "tossing their dog into a mass grave instead of burying the animal under a headstone with its collar, its toys, and its pink blanket," as arranged for by the owners ("Pair Get $1.2 Million," 1992).

For pet owners hoping to keep their charges alive and out of places like the Long Island Pet Cemetery, there is increasing interest in advanced medical technologies applied for the sake of pets. For example, Buster, a seven-year-old West Highland terrier, racked up $4,000 in medical bills for his owner; Buster's veterinarian used a CAT scan to assay the dog's cancerous throat before ordering a seven-week regimen of chemotherapy and cobalt radiation treatments (Nordheimer, 1990). Americans spend over $6 billion a year on veterinary services, and pets now routinely benefit from some of the most advanced technologies available to humans, including brain and heart surgery, pacemakers, bone-marrow transplants, and nuclear medicine.

"I like to say we work out the bugs on humans and when it's safe enough, we adopt the procedures for animals," quips Dr. Michael Garvey, medical chairman of the Animal Medical Center in New York, where Buster was treated.
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(Nordheimer, 1990). “If expense is not a consideration, veterinary medicine can
do anything on dogs and cats that we can do on human patients.” Increasingly, it
seems, expense is not a consideration, and pet owners will go to great lengths to
prolong the lives of sick pets like Buster, even if only for another year or two.
When things look hopeless, many veterinarians now even offer home visits for the
purpose of euthanizing beloved pets, in an effort to make death physically and
emotionally easier on animals and owners alike.

Cryonics

Less widespread but more dramatic than high-tech pet medicine and the prolifer­
ation of pet cemeteries is the growing interest in human immortality. Denial
seems to have been taken to its ultimate extreme in cryogenics: Maybe we never
have to die. Cryonic suspension, touted by some as a shortcut to immortality, in­
volves infusing the body with glycerine, then super-cooling it in a vat of liquid ni­
trogen, to be maintained at $-320^\circ F$ until medical technology makes thawing a vi­
able option. Glycerine is used as an embalming fluid in order to minimize
damage from the crystallizing and clotting of body fluids at very low tempera­
tures. And very low temperatures are used to minimize the deterioration of cell
structures within the body’s vital organs while the suspended individual waits for
medical progress to catch up with his or her hopes.

Cryonicists believe that in the not-too-distant future—optimistically 50 years,
more realistically 300 years—the technology required to thaw the body parts, re­
pair any damage that results from the freezing process, and successfully treat the
original cause of “death” will have been developed, making death as we under­
stand it essentially obsolete. The Immortalist, the appropriately named newsletter
of the American Cryonics Society, pulls no punches about the group’s mission:
The “goal is the preventing and reversing chronic degenerative disease including
‘old age’ or senile debility leading to indefinitely extended youthful good health”
(M. Ettinger, 1992, p. 1).

The Prospect of Immortality, a book by Michigan physics professor Robert
Ettinger (1964), is cited by advocates as the founding document of the cryonics
movement. The book lays the groundwork for the science and technology used in
the 1967 case of Dr. James Bedford, the first human to be cryonically suspended
under controlled conditions. Since then, approximately 100 individuals (and sev­
eral dozen pets) have undergone cryonic suspension.

Today, a half dozen not-for-profit cryonics associations operate in the United
States as clearinghouses for information about cryonic suspension; they also pro­
vide social support for members and advocate for the cryonic alternative within
the public at large. These associations have also begun serving as the legal custo­
dians for suspended bodies in order to prevent the kind of financial foreclosures
that have caused the premature thawing of nearly half of all those who have been
suspended. These associations typically charge about $135,000 for a full-body suspension. Part of that assessment defrays the costs of the initial infusion and suspension procedure; the remainder is placed in a trust fund. The association then uses the interest to pay the annual cooling and storage charges, leaving the principal intact.

If $135,000 is too steep a price, there is also the head-only option, available for about $40,000, though prices vary depending on the location and the state of health of the head in question. In this procedure, the head is surgically removed from the body and suspended in a hatbox-sized cylinder, in hopes that it will be thawed and reattached to a healthy body at some future time. Even more economical is the brain-only option, available for some $25,000. Of course, in this case, it would be necessary to expropriate an entire body, including the head in which the suspended brain would be surgically implanted after thawing. Approximately 500 individuals have arranged for one of these three options, including a thirty-five-year-old marine captain who, in 1991, signed up for suspension just prior to leaving for the Persian Gulf as part of the Desert Storm contingent (Cieply, 1991).

Another candidate for suspension is Thomas Donaldson, forty-six, a senior mathematician at MIMD Systems in Belmont, California. Donaldson is noteworthy because he filed a lawsuit—the first of its kind—to block state and local officials from preventing him from cryonically suspending his head before being declared legally dead. Donaldson suffers from an inoperable brain tumor and hoped to proceed with decapitation and suspension before the tumor damaged his brain any further. Unfortunately for Donaldson, he lost his case in Santa Barbara County Superior Court, and his appeal was summarily denied.

We should note that the technological feasibility of freezing and thawing is not particularly advanced at this point, and no humans have yet been the subject of experimentation. But advances are being made in this area. Cryonicists proudly note that two animals have been successfully infused with glycerine, cooled to near freezing, warmed, and reinfused with their own blood. At the lowered temperatures, neither animal showed any traditional signs of life (no heartbeat, no respiration), yet both survived the ordeal. Miles, a beagle, was revived after fifteen minutes of suspension, and Daniel, a baboon, was brought back to life after an hour on ice.

Given these successes, cryonicists assert it is only a matter of time until the same can be done with humans. And if bodies are kept at $-320^\circ F$, cryonicists claim they will have all the time they will need to learn how to avoid death entirely. Even if they are wrong, however, cryonic suspension illustrates well the general predisposition of Americans to deny, equivocate, and even try to cheat when it comes to death: The United States is the only country in the world where cryonic suspension is offered. This is partly because Americans have the technology and the disposable income to spend on such things. And partly, we would argue,
it is because they are more predisposed than members of other cultures to deny their own mortality.

**Americans Part Ways with Death**

Primitives were not particularly bothered by death. Indeed, death was accompanied by rejoicing and festivities in the early days of civilization—celebrations that survive today in the spirit of the traditional Irish wake. This was true even in the earlier days of the American experience. It has been said that death was, for the most part, a familiar friend in previous generations. What, then, has changed to make modern America so uncomfortable with the prospect?

Part of the answer can be found in reviewing the profound changes that have taken place in American death in the past hundred years, changes that have fundamentally altered the nature of dying. Death used to take place in the home. It no longer does. Death used to be common among the young. It no longer is. When old people died in the past, a significant member of the family and a respected member of the community was considered to be lost. Americans no longer seem to feel this way. Life used to be a tenuous commodity, and death might be expected to strike at any time. Americans no longer believe this to be true. And the deathbed used to be a place where family would come together to make peace with the dying individual. The deathbed is now typically located in a hospital or a long-term health-care facility, where the dying individual is physically and emotionally removed from the family.

Funerals have changed dramatically in the last hundred years or so, as well. Rituals and ceremonies that were conducted on the occasion of death used to bring people into intimate contact with the physical realities of human mortality. But the modern funeral is designed to insulate participants from reality and responsibility. Paying others to run our funerals for us means we never have to really cope with the death event. And thus, we never get a chance to prepare for our own inevitable demise.

**Profound Changes: Who Dies, Where They Die, and Why**

Who dies in the United States? Where do they die? What are the typical causes of death? Answers to those questions have changed dramatically since the turn of the century. Overall death rates have dropped precipitously. More people are living longer, and fewer are dying at a young age than ever before. As R. Fulton has observed, “Increasing life expectancy and declining mortality rates have produced in contemporary America a ‘death-free’ generation. For the first time in history a
family may expect statistically to live twenty years without the passing of one of its members" (cited in Jackson, 1980, p. 51).

The nature of death has clearly changed in this century. It has shifted from the young to the old, from the home to the institution, from an event that strikes swiftly and surely to a process that can drag on for months and even years. Not surprisingly, these dramatic changes have had an important impact on the ability of Americans to deal with death.

**Death and the Home.** The shift from a largely agrarian society to our current postindustrial world has had profound effects on the degree to which Americans are exposed to death. In a farm-based, multigenerational household, death—of family members and farm animals, alike—was a natural and common experience to be taken in stride. Ill members of the family were cared for in their homes, where members of the extended family lived—and died—together. In America before the twentieth century, death was an accepted part of the life cycle that spanned the birth-death continuum.

But the separation of work from residence that came along with the industrial revolution made it more difficult to attend to the sick in the home. With industrialization and geographic mobility, “the conjugal family grew more isolated from the threads of kinship, and so fewer relatives were close by in case of illness” (Starr, 1982, p. 73).

The downsizing of family residences became problematic, as well. As one observer wrote in 1913, “Fewer families occupy a single dwelling, and the tiny flat or contracted apartment no longer is sufficient to accommodate sick members of the family. ... The sick are better cared for [in hospitals] ... their presence in the home does not interrupt the occupations and exhaust the means of the wage earners. ... The day of the general home care of the sick can never return” (cited in Starr, 1982, p. 74). As Americans lost touch with caring for the sick, they also lost touch with the entire process of dying. In that respect, our society has regressed.

Today, death is an exceptional event. The classic deathbed scene, with family gathered around to say good-bye, is now largely an anachronism. Americans just do not witness much in the way of death anymore, and as with any emotionally charged phenomenon of this nature, the less contact, the harder it is to cope (Pine, 1980, p. 91). Ultimately, the technological advances and economic developments that have transformed twentieth-century society in the United States have improved our lives in many ways—but our ability to deal with death does not appear to be one of them.

**Death and the Young.** The medical revolution had its own important impact on the degree to which Americans were exposed to death, especially with regard to children. At the turn of the century, over half of all deaths occurred in children under fourteen. But thanks to successes in conquering childhood diseases, as well
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as vast improvements in prenatal, neonatal, and pediatric medicine, only 3 percent of all deaths occur in this age group today (DeSpelder and Strickland, 1992, p. 13).

The fact that half of all deaths occurred in youngsters at the turn of the century meant that many families—and probably most extended families—were touched at least once by the death of a child. Indeed, childhood death was a relatively common occurrence. Today, of course, the death of a child is a relatively rare occurrence, which is one reason why, when it does occur, it can have such a devastating impact on parents and siblings. Childhood death has certainly never been easy to accept, but relatively speaking, it was easier to deal with in the past because it was more common, in the same way that it may be easier for a family to accept the death of a child in a Third World country today. When death is a frequent visitor, it does not have such a lasting impact.

Death and the Aged. Today, it is predominantly the old who die. And in many cases, the elderly have largely been disconnected from family in particular and from mainstream society more generally.

The elderly used to represent a vital, integral part of the multigenerational family, with all members living under one roof. In the multigenerational households of the preindustrial United States, aged relatives had important family roles to play as caretakers, counselors, and sources of knowledge. But the industrial revolution brought important changes. The population began migrating to the cities, where living quarters were more cramped than they had been in an agrarian setting. Family businesses and self-sufficient farms gave way to factory work and specialized professions. The need for—and the desirability of—the multigenerational household melted away in the process.

Most modern households consist of only one or two generations: the nuclear family. As a result, those who are most likely to die are less likely than ever to have close intergenerational relationships, and when aged members of the family die today, their deaths have much less of an impact on the rest of the family. The deaths of society's senior members are not witnessed up close and personally as they were at the turn of the century, and Americans get less exposure to death as a result.

The value attached to knowledge and wisdom accumulated over a lifetime has also changed, making the old even more expendable in the fast pace of mainstream society. In the past, anyone who lived to a "ripe old age" was considered wise by definition and treated with respect (Lerner, 1977, p. 444). Today, advances in technology can be disorienting to old people. And changes in the social mores that accompanied the industrialization, urbanization, and then suburbanization of a geographically hypermobil United States have rendered obsolete much of the knowledge that old people were once thought to possess. Grandmothers now thought of as out of touch and grandfathers who are thought of as stuck in the old
ways are commonly believed to have lost much of their relevance and importance to the modern American family. Moreover, there is no pressing social need or identifiable benefit for the whole family to live together anymore; Sunday, monthly, or maybe even annual visits are enough.

In addition, the very social status of the elderly has significantly eroded. Seniors of today may be more independent and active, but their lives are disconnected—physically and emotionally—from a mainstream society that is defined by their progeny. Now they live—and die—out of sight, out of mind, and maybe even out of state so that members of the younger generations are not touched by their passing to the same degree that their predecessors were in years passed. Without exposure to death, Americans have become clumsy and tentative about the whole prospect. As the connection between the aged and society has weakened, so, too, has the link between society and death. And that feeds into the denial that is already there.

Old people also became disconnected from workplace society. One hundred years ago, two-thirds of all men sixty-five and over were still in the labor force. But that picture has changed substantially since then. The surge of returning GIs after World War II helped to hasten the retirement of older workers, as the elderly were “shoehorned” out of the work force (“The Forgotten Talent Pool,” 1992). The allure of early retirement in an age where increasing emphasis was placed on leisure and creature comforts added to the exodus, as did Social Security rules that tended to penalize those over sixty-five who kept working. By 1950, only 42 percent of those over the age of sixty-five were still part of the full-time work force; today, less than one American in eight continues to work past sixty-five.

For many younger Americans, being retired means being passive, even irrelevant, an attitude that is partly responsible for the declining visibility and eroding social status of older Americans in recent decades. In the nineteenth-century Calvinist tradition, old age was considered a special favor from God. There was also the notion that age provided older people an opportunity to advance their spiritual development. Thus, old people were considered worthy of veneration. But today, the “aged are both avoided and excluded from the subjectively defined worlds of many Americans” (DeSpelder and Strickland, 1992, p. 325). In the end, many of our parents and grandparents die outside the home; we hear about the death when the phone rings and an anonymous third party informs us that grandpa has passed on. And as those most likely to die in America today—the elderly—move out of the workaday limelight, so, too, does the consideration of death.

**Increases in Life Expectancy and Decreases in Death Expectancy.** As if the impact of changes in the social, economic, and demographic order were not effective enough in distancing Americans from death, a revolution in medicine has had profound effects on the degree to which we are exposed to people who are dying. Life expectancy in ancient Greece was a mere twenty years. Centuries later,
Christ could have been considered a relatively old man, having reached his early thirties in an era when the life expectancy was, on average, only twenty-two. By the Middle Ages, an average Englishman might live to be thirty-one or so, and a resident of the Massachusetts Bay Colony could expect to live to a ripe old age of thirty-five. By the nineteenth century, Englishmen were living, on average, into their early forties. And by 1900, the average American lived to forty-eight. Then the explosion came. In the ninety years since the turn of the century, life expectancy has increased some thirty years in the United States—a sustained increase of about four months in life expectancy for every passing year. Life expectancy had not increased that much in the previous three millennia!

Only part of this dramatic increase can be attributed to increased longevity per se, for, as we have noted, the decrease in childhood mortality has played an important part in the life-expectancy picture. Still, a number of advances in adult medicine in the last few generations have dramatically altered the nature of what kills us, with important implications for the degree to which Americans are exposed to death.

For example, at the turn of the century, illness had a relatively sudden onset, and the sick tended to die quickly. Communicable diseases were the most common cause of death then and for all of recorded history up to that time. In 1900, influenza and pneumonia were the leading causes of death in America, accounting for 12 percent of all fatalities. Tuberculosis followed close behind at 11 percent, and stomach-related disorders ranked third, at 8 percent. These kinds of afflictions, which today are easily treated with modern antibiotics, have now dropped almost completely off the chart as significant causes of death. Chronic, degenerative diseases—age-related afflictions that take a slower and more progressive pace toward death—have taken their place.

As in most other economically developed countries in the world, only about one in twelve people in the United States dies from some form of communicable disease today. Heart disease and cancer now head the list of leading causes of death: Together, these two maladies account for well over half of all U.S. fatalities. Largely as a result of this shift in causes of fatality and thanks to the many advances in medical technology that have redefined the nature of health care in this century, the deathrate in America now stands at a low tidemark of 8.6 deaths per 1,000 individuals per year—only about half of the annual deathrate that existed at the turn of the century (17 deaths per 1,000 per annum). Simply put, there is less death around and, consequently, fewer opportunities to become accustomed to it.

The Deathbed Scene. Just as the prospect of death has become more remote, the location of the deathbed scene has become more distant, as well. Before the turn of the century, a deadly illness ran its course relatively quickly, and there was usually no time and little reason to move the sick to a medical institution, assum-
ing one were even available. Death was a frequent visitor in the home, where 80 percent of all deaths still occurred in 1900. Consequently, it was the rare child who did not come into close personal contact with death, at least once during his or her youth. And, of course, most adults had plenty of experience with it.

Today, the tables are very much reversed. Now, 80 percent of all deaths occur in a medical institution (DeSpelder and Strickland, 1992, p. 19). Death has also been transformed from an event into a process that takes place over the course of an extended period of time during which the dying individual—usually an old person—is disconnected physically and emotionally from the workaday world in which healthy Americans operate. Death is now very much an extraordinary and disconcerting experience, and, understandably, Americans find themselves struggling to adjust.

Thus, the overwhelming majority of those who die today are institutionalized, chronically ill, and elderly. They are institutionalized because they are chronically ill, they are chronically ill because they are elderly, and they are elderly because they are lucky enough to live in a time when medical advances have eliminated the causes of death that may well have struck them down much earlier in life a hundred years ago. As a result, the traditional deathbed scene of the nineteenth century has largely been replaced with scenes like the one related by Pat Conroy (1987, pp. 146–147) in his best-selling novel, The Prince of Tides:

My grandmother, Tolitha Wingo, is now dying in a Charleston nursing home. ... There are times she does recognize me, when her mind is sharp and frisky and we spend the day laughing and reminiscing. But when I rise to leave, her eyes register both fear and betrayal. She clutches my hand in a hard, blue-veined grip and pleads, "Take me with you, Tom. I refuse to die among strangers. Please, Tom. I know you understand that, at least." My departures kill her a little bit more each time. She breaks my heart. I love her as much as I love anyone in the world, yet I do not allow her to live with me. I lack the courage to feed her, to clean up her shit, to ease her pain, to assuage the abysmal depths of her loneliness and exile. Because I am an American, I let her die by degrees, isolated and abandoned by her family. She often asks me to murder her as an act of kindness and charity. I barely have the courage to visit her.

At the front desk of the nursing home, I spend a great deal of my time arguing with the doctors and nurses. I scream at them and tell them what an extraordinary woman is living among them, a woman worthy of their consideration and tenderness. I complain about their coldness and unprofessionalism. I claim that they treat old people like meat carcasses hanging on steel hooks in freezers. There is one nurse who ... told me, "If she's such an extraordinary woman, Mr. Wingo, why did her family put her in this hellhole to rot away? Tolitha ain't meat and we don't treat her as such. The poor chile just got old and she didn't walk in here by herself. She was dragged in here by you, against her will." ... I am the architect of my grandmother's final days on earth, and because of a singular absence of nerve and grace, I have helped make them
squalid, unbearable, and despairing. Whenever I kiss her, my kisses mask the artifice of a traitor. When I brought her to the nursing home, I told her we were going for a long ride in the country. I did not lie ... the ride has not yet ended.

It is clear that those most likely to die—the elderly—have been segregated from the mainstream to the point where their lives and deaths are not viewed as particularly relevant to the rest of society. Kin, friends, and acquaintances have stepped back from the deathbed, both literally and figuratively, as hospitals and nursing homes now fulfill the role of deathbed host. As a result, the opportunities to be exposed to death are far fewer, less intimate, and more drawn out.

In the end, Americans feel out of place in the foreign, intimidating, antiseptic surroundings of a hospital or nursing home, as they struggle to find the right words during brief and irregular visits. Seeing death in this light, it is no wonder that they have come to fear and deny it. Intimate experiences with death and home-based care for the dying have been traded away for an institutional setting and all the benefits of professional attention and sophisticated technology. But our ability to cope with death has suffered mightily in the process.

Making Arrangements: The Rise of the Funeral Business

The changes in who dies, where, and why since the turn of the century have put distance between American society and dying. But what happens when we are dead? Answers to that question have changed dramatically in the last century, as well. These changes, too, have built a buffer between Americans and mortality, insulating them from death in ways that makes it harder to accept in the long run.

In nineteenth-century America, family members of the deceased were responsible for washing and dressing the dead body, in preparation for viewing. Public viewing of the body took place in the home, usually in a parlor room that was specifically set aside for just such occasions. Undertakers were available, but often, their role was restricted to renting funeral paraphernalia that could be used to adorn the viewing room. Family members touched and felt the dead body, bringing them into intimate contact with the physiological reality of death. Moreover, a family member, a neighbor, or occasionally a local carpenter was responsible for building a simple coffin. Sometimes, a prefabricated, one-size-fits-all container had to be purchased, and if the body was too big to fit, the legs of the deceased were broken by friends or family members so that the box would, at last, accommodate the corpse. Members of the family would also dig the grave and see to it that it was filled in after its contents were respectfully deposited. Children were present throughout.

During the Civil War, the problems associated with sending dead bodies home—in rotting condition—over long distances helped give rise to the tech-
niques and respectability of embalming. Gradually, from that point on, Americans began ceding responsibility for handling the deceased to members of an increasingly professionalized and commercialized class of entrepreneur: the incorporated funeral director. Today, funeral directors soften the touch of death, making it "friendly," to the degree possible (Aries, cited in Charmaz, 1980, p. 188), by taking full responsibility for everything from the point of death onward.

Funeral directors remove the body from the home or hospital, putting emotional and physical distance between the deceased and his or her family. Then, safely in the basement of the mortuary, funeral directors work their cosmetic miracles to restore the body to a peaceful, almost healthy-looking pose. This, of course, puts even more distance between the survivors of the deceased and the reality of death. Indeed, cosmetic restoration symbolizes our predisposition to waffle about what happens to us at the end of life. Restoring the body—primarily the face—to a vision of an earlier time, before age and disability took their toll, literally masks death, making it easy to set aside the reality of growing old and ill in favor of a more soothing fantasy.

Of course, public viewing has been removed from the home, as well. And as the body is displayed in the commercial parlor, someone else is paid to dig the grave. The excavated dirt is covered up with little green rolls of simulated grass carpeting, lest we dwell during the graveside service on the dirt that will soon cover the deceased. The grave is filled in only after family and friends are safely out of earshot and eyesight, and the body beneath that dirt has been embalmed and sealed in a casket that purportedly prevents decay (as if that should make a difference). This knowledge, too, puts emotional distance between us and the physical realities of death.

Some see the entire American funeral ceremony as having taken on the characteristics of a staged production, with the funeral director (appropriately named) serving as the theatrical choreographer, stage manager, and overall producer of the death-scene vignette (Turner and Edgely, cited in Charmaz, 1980, p. 201). The attentive funeral director ensures that the death scenes are appropriately staged (in the parlor room and at the gravesite) and attends to the props (the casket, candles, flowers, carpet, curtains, and so on) in order to set the appropriate tenor for the occasion. Funeral directors also set the mood by presenting a solemn but supportive demeanor, accompanied by a bit of organ music lilting softly in the background. Casting is something else the funeral director manages, identifying pallbearers and sometimes securing a member of the clergy to conduct the religious portion of the service. And, of course, the funeral director manages the action, positioning the members of the family at the funeral parlor, at the service, and at the gravesite, regulating the flow of visitors, and choreographing the vehicle procession between parlor, church, and cemetery. It is not uncommon for funeral directors to even help visitors with their "lines" when they whisper, "How should I act?" and "What should I say?" before confronting members of the family.
The whole production takes on a fantasylike character. The players are relieved of almost all responsibility in this scenario: They have only to follow directions and to go through the motions without ever really confronting, in a personal and physical way, the body or the event. All this effort is designed to tame death, euphemizing it and sanitizing it of its true meaning in order to make it more palatable, at least in the short run. Of course, in the long run, death becomes more foreign, less natural, and, ultimately, less acceptable to our everyday state of consciousness. Funeral directors make it easy to compartmentalize death by coaching us along and allowing us to turn exposure to death on and off, at will. (A Mississippi mortuary now offers “drive-in” service, in which mourners can pull up to a window—as with a drive-in bank teller—and push a button to select one of two dead people. The selected corpse will be displayed on a color television monitor.) It is no wonder we have become less and less at ease with death over the years.

Summary: Policy Restraint and Death

Changes in funerals, families, and medicine represent a confluence of forces that have dramatically decreased the typical American’s exposure to death. This, in turn, has led to a decline in the degree to which Americans seem willing and able to take responsibility for the dying and the dead. Changes in family structures have served to break up the multigenerational household, isolating the old to the point where their families and society have almost no responsibility for their emotional and physical well-being as they approach—the dying time. And the great advances that have been made in medicine have led to the institutionalization of medical care for those who cannot see to their own health needs, relieving Americans of that heretofore family- and home-based responsibility. Then, when the dying is done, professionally directed funerals relieve us of the responsibility for dealing with dead kin.

All the distance that Americans have put between themselves and death is symptomatic of the denial that is so much a part of modern culture. The euphemisms sugarcoat death, and the overexposure the media provide only serves to objectify death to the point where Americans become numb to their own mortality. Indeed, Americans are so obsessed with and repulsed by death that they cannot even seem to cope with the mortality of their pets. Some have even turned to cryonics—both for themselves and for their pets—in a desperate effort to prevent the inevitable.

In the end, according to David R. Counts (1980, p. 39), “The institutionalization of death and the dehumanization of the dying has become something of a cause celebre in North American society.” The jobs of caring for the aged and infirm that were traditionally assigned to families have now passed into the hands of
strangers employed by bureaucratic institutions. With the transfer of responsibility for caring for the dying goes the ability to prepare for death. "And therein," writes Counts, "lies the problem. It seems not so much that the preparation for death is done badly as that it is hardly done at all."

Part of the willingness of Americans to divorce themselves from death may have to do with its demystification. In cultures where a belief in ghosts and hauntings is prevalent, it is important for friends and family members to make peace with the dying. Attending the deathbed scene and settling old disputes in richly personal encounters is a part of this process. To a degree, this is prompted by a fear that a restless soul, having died without resolving important conflicts with the living, would come back to haunt his or her survivors. The side payments of this belief, of course, are that the dying are not left alone and that the living become accustomed to death. In the less superstitious modern United States, less importance is attached to making peace in any ritualistic way that brings the living and the dying into intimate contact during the dying process. That may help explain why attending to the dying slipped so easily as a priority in American society over the last hundred years.

Whatever the reason, however, it is clear that developments in the twentieth century have fundamentally disconnected life and death in America. This was a radical departure for a society in which care of the dying and disposition of the deceased had traditionally been the responsibility of family and friends. Death was difficult to deny before the modern age since there was simply too much of it around. But geographic mobility increased the emotional and social distance between family members, and industrialization helped put senior citizens—those most likely to die—out to pasture. And urbanization facilitated the scattering of the extended family and precipitated the abdication of responsibility of caring for both the dying (to hospitals) and the dead (to funeral directors).

Charles Jackson (1980, pp. 52-53) sums up developments well when he notes that "in the present century, Americans have been steadily reducing the degree of time and resources they are willing to provide the dead." Largely as a result, he concludes, we end up “treating the dead badly. We avoid them, isolate them, and generally approach them as if their status were an embarrassment ... such treatment is not surprising in a culture which has allowed so much distance to develop between itself and the dead.” As a matter of fact, it is to be expected in a culture so obsessed with the denial of death. It is not surprising, then, that public policies having anything to do with death have developed slowly. Indeed, given the tide of denial and the drift of the life-death disconnection in modern American society, it is a wonder that policymaking in the area of death has any vitality at all.