

To what extent is death socially constructed?

Death is essentially defined as the permanent cessation of all vital functions such as a beating heart, breathing and brain activity, resulting in the end of life (Segen, 2006), offering a physiological understanding to the more physical aspect of death. An alternate definition derived from Buddhist beliefs, 'is the cessation of connection between the mind and body' (Kadampa, 2015), which would go some way to perhaps describing the concept of a social death and may also be interpreted as implying an extension of life beyond the physical, which may be a comforting thought for many when contemplating death. Both of these definitions are themselves representations of social constructs. Social constructions are mechanisms made by society which are subject to change over time and space (Hacking, 2001). Death in this respect is a perfect example of a social construction as it highlights how ideologies and practices surrounding death change according to cultural beliefs and social values. This assignment will explore the extent to which death is socially constructed in three sections. The first will investigate the notions of dying and social death, particularly focusing on how society tries to manage known impending deaths, such as those of the terminally ill and/or the elderly. The second will delve into the social constructions surrounding death itself as explained in the physiological definition above, by examining the management of the deceased and funeral practices. The final section will assess the psycho-social aspect of death in terms of bereavement and grieving processes, in attempt to understand how this is socially constructed and the benefits these may bring to societies.

Dying:

Despite death being the only guarantee in life and completely inevitable in contemporary society, Durkheim (1952) considered death to be the ultimate threat to social order as it challenges ontological security by addressing the reality of life. Perhaps then, it is for this reason that westernised societies appear to have tried their very hardest to distance themselves from their mortality and any reminders of it. Teno (2013), reported that in 2009,

42% died in hospice care, double the amount from 2005, which is indicative of an increasing trend of moving death outside the home environment. However, it could be argued that with varying lifestyles, taking on carer responsibilities is not seen as much of a feasible option in ensuring the best possible care for a loved one (Lawton, 1998). In support of this argument, the National Health Service (NHS, 2014) suggest that due to the increasing demand of care as health deteriorates, the trend may be reflective of practicality. Needless to say however, when death does become a more impending threat, be it through a terminal diagnosis or natural ageing, family and friends are emotionally affected, as not many like to anticipate that deep sense of loss which accompanies bereavement (Leming and Dickinson, 2011). As such, there is a noted tendency in creating a distance between the soon to be deceased (Mulkay, 1993), in many cases, even the dying begin to withdraw themselves from relationships, i.e. sequestration, and this can result in a 'social death', whereby the dying are essentially disconnected from social ties (Lawton, 1998).

It has been found that as terminal illnesses progress and an increasing number of distressing symptoms are suffered, such as incontinence or breathing difficulties, in addition to pain, the dying now request to be removed from their home environment (ibid). Lawton (ibid), cites that this is because health deterioration was seen as a form of embarrassment to which the dying did not want their dearest to bear witness to. It was also felt that this added unnecessary burden and pressure to unskilled relatives when health professionals were more equip to deal with their end-of-life care to a greater extent (Lawton, 1998; Cavaye, 2009). Therefore, it was almost considered to be a relief when admitted into a hospice in these instances so that they did not have to worry about the toll their continued decline was taking on their loved ones (Lawton, 1998). By creating a distance it can be argued that it is mutually beneficial to all parties (Cavaye, 2009), those who will be left behind can structure their 'goodbyes' in a series of ways so they hopefully do not feel a sense of regret after, having taken the opportunity to do so (Leming and Dickinson, 2011). Similarly, the dying not only extend the gratitude of allowing this to happen, but then perhaps as a protective barrier to their own emotions, proceed to allow the sequestration to progress so that they too do not feel the burden of their impending departure in the form of guilt (Parkes, 2003).

Conversely, it is recognised that many also treat their known upcoming death as a celebration. Barriers of social conformity that were once kept, are let go, bucket lists of

desires that had thus far remained unfulfilled are designed and worked through. Stephen Sutton, a nineteen year old boy was the epitome of this claim, as he fought his way to death with a brave show (Stephen's Story, 2014). In doing so, not only did he make his last years more bearable for his loved ones, but also pulled the heartstrings of many whilst outwardly smiling as he battled through his ambitious list (ibid). Others have been known to finally divulge family secrets, proclaim everlasting love, especially when such information would have previously been forbidden or potentially disruptive to their respective societies, and to inhibit risky behaviours (Allen, 2007). Conceivably, this could be because that ultimate threat and fear of death is suddenly no longer an elusive risk, as Beck (1992) argued is the motivational state of behaviour in modern society, and as such, there is no deterrent factor for finally living and not suppressing what Freud (1949) considered the Id's desires. Perhaps then, in this sense known impending death can also be seen as a release, and as highlighted above can either be an isolating endeavour or a new freedom. It is therefore evident that there is no set right or wrong to how the dying are managed (Rosenblatt, 2003), and social constructions surrounding this are most often aimed at being reciprocally favourable for all that are involved.

Death:

In itself, death is a very personal experience to those that undergo the loss. Whether the death is expected or not, death is often considered a time of great reflection and uncertainty (Mauksch and Fogarty, 2015). As extensively described by Prior (1989), there are many ideologies on what happens to the deceased after death in the notions of their soul, reincarnation or potentially nothing. It is therefore unsurprising that funeral practices, and the practicalities of disposing the corpse, greatly differ across cultures and societies (Parkes, 2003). For example, in England, corpses are usually kept in a morgue before being sent to a funeral parlour prior to being buried or cremated in a cemetery whilst encased in a coffin/casket (Blanco and Vidal, 2014). However, in India, possibly due to lack of appropriate facilities, funerals usually happen within a 24-48 hour period following the death. Corpses are most often wrapped in white muslin and placed within a wooden pyre to be set alight (Laungani, 2003). Unlike common practices in westernised culture, the ultimate necessity of disposing the body is not as hidden. In India bodies are often put on display in

the home or street so mourners may condole themselves (ibid), whilst in England this is mostly practised within 'chapels of rest' (Prior, 1987), and rarely considered as appropriate viewing for children. This reveals how constructs of death vary according to the constructs in which they exist but also maintain a shared set of practices surrounding the various customs (Varga, 2014).

Despite the variation in funeral practices across cultures, the symbolic nature of them appears to remain the same. The dead are re-dressed and lay out with flowers usually adorning the body in some format, be it garlands or wreaths (Leming and Dickinson, 2011). From an economical view, such practices could be considered a waste of money as the deceased does not actually get to appreciate them. It then begs to question why such rituals are practised. Funerals are often thought to be final displays of affection, hence why the grieving will spend elaborate amounts of money on perishable items that are merely decoration (ibid). Little expense is usually spared, to the point where it has been suggested that some are even 'too poor to die' (Woodthorpe, 2014), it can therefore be debated that such displays must then serve a greater purpose. Societies have essentially constructed such practices as comfort for the grieving, to disputably maintain social order and prevent psychological breakdowns as ontological security is questioned during such a vulnerable time (Seale, 1998). Bearing this state of fragility in mind, it is consequently a horrendous conception that funerals have been commodified to exploit this misfortune (Leming and Dickinson, 2011). However, interestingly, as Prior (1989) highlights, the deceased are often addressed in three dimensions: as a corpse, a soul and a social being, none of which escaped the hold of capitalism, but different cultures tend to exploit one more than the other depending on their social values and beliefs, once again representing how death has been moulded into a social construction.

In westernised cultures, cadavers are handled by a number of professionals so that lay members of society do not have to perform these purely practical duties. For example, nursing staff perform last offices to contain and conceal the body before transported to the mortuary by porters (ibid); from there it is the duty of undertakers to maintain the discretion of the dead so that the truth of mortality is as undisruptive as possible. These examples draw on the practicalities perceived by society to deal with the cadaver itself, other practices are questionably constructed for the benefit of those left behind. Funerals

are fashioned to be commemorations of the deceased's life so that society is comforted into believing there is something more to life than being born to die (Seale, 1998). Living in the highly rational but insecure society we do today, where life beyond death is one of the only things that scientists have yet failed to evidence, but nonetheless work towards trying to postpone for as long as possible; it is understandable why society then turn to each other and metaphysical narratives for support at such a thought provoking time (Kubler-Ross, 1997). Symbolic practices are socially constructed based on what will aid the mourning in process their loss and managing their grief, i.e. eulogies, where thoughts that may have been left unsaid in life can finally be shared and expressed (Bradbury, 1999), despite arguably being pointless to the departed.

Bereavement:

Grieving is a very prominent emotion heavily associated with bereavement (Leming and Dickinson, 2011). Attig (1991) asserted that grief is an emotion that evokes feelings of helplessness, and passivity due to the finality that death brings with it. Such emotions, as Durkheim (1952) highlighted, if prolonged would undoubtedly threaten social order and would be very detrimental to society. It is therefore in society's interest as a whole to assist in managing the grieving process as strategically as possible, so that as Marx would argue, the workforce can remain productive and therefore economically viable for capitalist gain. Whilst it is recognised this is a very cynical view, and more humanistic explanations may offer a softer motivation to social constructs surrounding death, it remains highly valid. The grieving process, much like the process of dying is a chain of behaviours influenced by attitudes to aid coping with the distressing situation in a tactful manner (Leming and Dickinson, 2011). Seven elements of grief, which may not present in a linear order or even within a set timeframe, were identified by Kavanaugh (1972). These elements consisted of shock and denial, disorganisation, volatile reactions, guilt, loss and loneliness, which all tend to carry negative connotations, then relief followed by re-establishment, the latter two perhaps indicating a more healed state of mind reaching coming to terms with the loss.

Sometimes however, individuals need more help than others in dealing with their bereavement, and in such cases Kavanaugh's (ibid) findings may assist in guiding the

mourner through the process. Bereavement counselling is a well-established practice, and a form of psychological therapy that has the least stigma attached to it (Marshall, 2007). This in itself is a social construct, once again aimed at returning members of society to a more normed and acceptable level of functioning within a given society. Whilst in westernised culture, this practice has very much joined the professional industry, it does not mean similar practices do not occur within other cultures. As previously mentioned, a significantly socially constructed aspect of death, is that of reflection and the sharing of memories (Seale, 1998). This could also be considered a presentation of what Durkheim discussed as collectivism, with individuals uniting together for a greater good, hence why informally many societies engage in some form of talking and sharing memories of the deceased, as evident throughout Earle, Bartholomew and Komaromy's (2009) anthology. This holistically therapeutic practice supports resurrecting ontological security, offers faith that life isn't meaningless and reassurance that we will not disappear from existence upon our inevitable demise (Seale, 1998). According to Freud (1957) it can also help rebuild that part of self that may have died when the loss was suffered, as social beings construct their respective identities in relation to one another, so when a death occurs, essentially, it can be argued we partly feel death so strongly, because in this sense, part of ourselves correspondingly dies with the deceased, forcing us to question our identity, which is of course central to our ontology (Giddens, 1991), which is also inherently socially constructed.

Presumably, in encouragement of concealing the trauma of death, or less pessimistically, to encourage the grieving process, employers most often offer some form of 'compassion' leave (Seale, 1998). Such leave, is disputably granted as an attempt to also mask the disconcerting nature of death, shielding the rest of society from the unfortunate reality death brings, so disruption is as contained as possible. On a less disparaging note, it also emphasises the humanity of granting space for recollection in a sphere outside of public scrutiny, so in Goffman's (1959) terms, identity isn't spoiled, as would easily be possible in light of the feelings presented above. This is however dependant on the relation, what qualifies as an acceptable relation to mourn is uncontestably socially constructed. For example, leave would be granted for the death of a mother, but far unlikely for that of a dog. However, the value of the relationship to the individual may be in favour of the beloved animal, nonetheless, society on the whole would not deem this permissible

reasoning to be absent from the workforce. In a dynamic society where the significance of varying relationships is increasingly acknowledged (Giddens, 1991), there remains a distinct possibility that attitudes towards the example provided above may overturn which would be completely indicative of the social construction surrounding bereavement due to the nature of change stemming from society itself.

In conclusion, whilst physical death is of biological nature, the surrounding temperament of death is almost completely socially constructed. It would be very hard to conceptualise a practice encircling death that isn't intrinsically socially constructed. How society manage the dying is socially constructed, as is evident in cross-cultural practices, otherwise there would be no variation in how this is managed, as outlined in the first section. Further to this, the concept of a social death implies that death can occur before physiological functioning ceases, depending on the engagement of the society in which the dying exist. The notions behind death itself and the resulting management of it is also socially constructed as perceptions and practices around death clearly change across cultures, as evident with the westernised custom of attempting to keep death as concealed as possible, in comparison to traditional funerals in India (Laungani, 2003). And finally, even post-death ideologies in terms of bereavement conducts are socially constructed as described in the third section, from the grieving process right through to socially acceptable leaves to accommodate various losses. All these constructions exist in aid of maintaining a functioning society and a normed psychological state. Taking the myriad of arguments presented throughout this assignment into consideration, it is suitable to claim that death is socially constructed to an immeasurable extent and that principles encompassing death will continue to change over time as society transform, reflecting the complete construction of society itself.

References:

- Allen C, (2007). The poverty of death: social class, urban deprivation, and the criminological consequences of death. *Mortality: Promoting the interdisciplinary study of death and dying*. Volume 12, Issue 1, pp 79-93.
- Attig T, (1991). The importance of conceiving of grief as an active process. *Death Studies*. Volume 15, Issue 4, pp 385-393.
- Beck U, (1992). *Risk Society: Towards a New Modernity*. London. SAGE Publications Ltd.
- Blanco M and Vidal R, (2014). *The Power of Death: Contemporary Reflections on Death in Western Society*. Oxford. Berghahn Books.
- Bradbury M, (1999). *Representations of Death: A social psychological perspective*. London. Routledge: Taylor & Francis Group.
- Cavaye J, (2009). The First Death: A Student's Experience, Refection 63 in Earle S, Bartholomew C and Komaromy C, *Making sense of Death, Dying and Bereavement: An Anthology*. London. Sage.
- Durkheim E, (1952). *Suicide: A study in Sociology*. London. Routledge: Taylor & Francis Group.
- Earle S, Bartholomew C and Komaromy C, (2009). *Making sense of Death, Dying and Bereavement: An Anthology*. London. Sage.
- Freud S, (1949). *The Ego and the Id*. London. The Hogarth Press Ltd.
- Freud S, (1957). Mourning and Melancholia. *The Complete Psychological Works of Sigmund Freud*. Volume XIV, pp 237-243. London. Hogarth Press.
- Giddens A, (1991). *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge. Polity Press.
- Goffman E, (1959). *The Presentation of Self in Everyday Life*. London. Penguin Books.
- Hacking I, (2001). *The Social Construction of What?* London. Harvard University Press.
- Kadampa, (2015). Death and Dying: What is Death? [online] Available from: <http://www.death-and-dying.org/what-is-death.htm/> Accessed: 06th April 2015 @ 15:24.
- Kavanaugh RE, (1972). *Facing Death*. Baltimore. Penguin Books.
- Kubler-Ross E, (1997). *On Death and Dying*. London. Routledge.
- Laungani P, (2003). Death in a Hindu Family, Chapter 4 in Parkes CM, Laungani P and Young B (eds), *Death and Bereavement Across Cultures*. Sussex. Brunner-Routledge.
- Lawton J, (1998). Contemporary hospice care: the sequestration of the unbounded body and 'dirty dying'. *Sociology of Health & Illness*. Volume 20, Issue 2, pp 121-143.

Leming MR and Dickinson GE, (2011). *Understanding Dying, Death and Bereavement: 7th Edition*. United States of America. Wadsworth Cengage Learning.

Mauksch LB and Fogarty CT, (2015). Reflections. *Families, Systems & Health*. Volume 3, Issue 1, pp 1-2.

Mulkay M, (1993). Social Death in Britain in Clark D (ed.), *The Sociology of Death*, pp 31-49. Oxford. Blackwell.

NHS, (2014). End of life care: Hospice care. [online] Available from: <http://www.nhs.uk/Planners/end-of-life-care/Pages/hospice-care.aspx> Accessed: 08th April 2015 @ 09:55.

Parkes CM, (2003). Conclusions II: Attachments and losses in cross-cultural perspective, Chapter 13 in Parkes CM, Laungani P and Young B (eds), *Death and Bereavement Across Cultures*. Sussex. Brunner-Routledge.

Prior L, (1987). Policing the dead: a sociology of the mortuary. *Sociology*. Volume 21, Issue 3, pp 355-376.

Prior L, (1989). *The Social Organization of Death*. London. The Macmillan Press Ltd.

Rosenblatt PC, (2003). Grief in small-scale societies, Chapter 3 in Parkes CM, Laungani P and Young B (eds), *Death and Bereavement Across Cultures*. Sussex. Brunner-Routledge.

Seale C, (1998). *Constructing Death: The Sociology of Dying and Bereavement*. Cambridge. Cambridge University Press.

Segen JC, (2006). *Concise Dictionary of Modern Medicine*. New Jersey. The McGraw-Hill Companies.

Stephen's Story, (2014). About Stephen. [online] Available from: <http://stephensstory.co.uk/about-stephen/> Accessed: 08th April 2015 @ 08:57.

Teno JM, Gozalo PL, Bynum JPW, Leland NE, Miller SC, Morden NE, Scupp T, Goodman DC and Mor V, (2013). Change in End-of-Life Care, and Health Care Transitions in 2000, 2005 and 2009. *The Journal of the American Medical Association*. Volume 309, Issue 5, pp 470-477.

Varga M, (2014). Do Funerals Matter? The Purposes and Practices of Death Rituals in Global Perspective. *Death Studies*. Volume 38, Issue 8, pp 546-547.

Woodthorpe K, (2014). Research finds many are too poor to die. [online] Available from: <http://www.bath.ac.uk/news/2014/01/21/funeral-payments-system/> Accessed: 08th April 2015 @ 15:08.