



DEATH, SOCIETY, AND HUMAN EXPERIENCE

Robert J. Kastenbaum

SECOND EDITION

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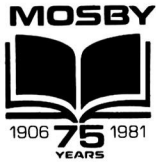
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**DEATH, SOCIETY,
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**For Velvet—
a good cat**

❖ PREFACE

❖ The physician looks away and begins to speak in an overcontrolled, disembodied tone of voice. . . . A telephone rings unexpectedly and late—much too late—at night. . . . We are invited to the funeral tomorrow of a person we were talking with just the other day. . . .

In such ways does death intrude itself into our lives and thoughts. To be sure, death has never truly been absent either from our personal lives or from the human community in general. But we live in a society in which it is possible to be jolted and astonished by reminders of mortality. People who are otherwise worldly and mature often find themselves unprepared to cope with the intrusion of death into their own sphere of experience. And some people insist there is no point in bringing up this “morbid subject” in advance. The assumption is that our only choices are to ignore death until “our number is up” or to simmer in the juices of anxious depression instead of enjoying life while we have it.

Obviously, neither this book nor anybody interested in picking it up fully shares the assumption that we prepare best for death by not preparing at all. But this book does not address itself solely to musings about mortality. Attention is also directed to the interplay of life and death throughout all levels of our society. How much there is to learn about the structure and themes of society in general by exploring the

way we come to terms with mortality! The interplay between the individual and the *death system* richly deserves the keenest sensitivity that any of us can bring to this challenge. This book is concerned, then, not exclusively with the individual or society, but with the individual *in* society. It is deeply concerned with the quality of life—how else to understand whatever is within our power to understand about death?

May I say a few words to the student or instructor who uses this book in association with a course. As a matter of fact, these words apply whether this book is used or is set aside in favor of another. It is extremely difficult to maintain psychological and intellectual balance in a course focusing on death. You start to read or lecture in an objective, open frame of mind, but suddenly you have become engrossed in very personal thoughts and feelings. Or you try to concentrate on the intimate, subjective side of death orientations and find yourself overgeneralizing from your experiences to conclusions about life and death writ large. It is possible to insist that in this course we will focus only on the “gut level,” and it is possible to insist that we will instead focus on logical analysis and firm research findings. For what my experiences and suggestions might be worth, I would encourage an approach in which both emotional and intellectual, both individual and socially oriented, both experiential and scholarly facets of the educational process are welcomed.

A book or a course in “death education” can make its most significant contribution if it helps us to integrate our total selves rather than leads us to either “emotional trips” on the one hand or aloof intellectual analysis on the other. There is no better area in which to bring our thoughts, skills, and feelings together.

Tolerance, patience, true *listening*—these are among the qualities that can serve us well in exploring the area of death, society, and human experience. Both instructor and student may stumble occasionally or be momentarily assailed by feelings that might seem to be “irrelevant” or uncontrolled. We have so many self-discoveries to make in this realm (and easier to make when in the company of good-willed, sensitive people) that the ability to tolerate, appreciate, and learn from our occasional “hang-ups” or “missteps” is a precious one. It is also helpful to remember that death concerns may be very close to the person sitting next to you in class, even if today the topic appears to be chiefly an “academic” one to you. A person with serious thoughts of self-destruction, another person either anticipating or mourning the death of a loved one, somebody else whose own life is threatened by illness—people in situations such as these are likely to bring a different set of sensitivities and needs to the situation. Furthermore, tomorrow it may be somebody else (you or I) who feels a more intense involvement with the subject. Instructors will recognize that their responsibilities include but also transcend the responsibilities for offering any type of course. But there is also a basic human responsibility for the students as well that reflection and sensitive attention will gradually reveal. Perhaps it is enough to say that a death education course is not the ideal place for either the instructor or the student who conceives of the learning process as the transfer of “points” from lecture or text to the notebooks and examinations of the student, and nothing more.

This book is also intended for the person of any age who is willing to be his or her own instructor and student combined. The same orientation suggested above applies to this person as well. Be kind and tolerant to yourself. Accept the existence of whatever thoughts and feelings are touched off in you—but, after a pause, reflect on them and see if you can integrate them with the observations offered in this book and the suggested readings. So much the better if you can enter into dialogue with a friend or relation! Sharing of emerging thoughts and feelings not only will help you to articulate and sort them out but also will likely help you to discover new facets of your relationship with the other person.

In the first edition I tried to make sense out of the multitudinous observations and opinions that arose from a decade of renewed death awareness. It was obvious that this phenomenon had its faddish aspects, but it has become increasingly obvious that there are enduring and consequential aspects as well. The closet marked *Death* has been opened, and it is not likely to be locked again.

The author of this second edition is no longer a professor of psychology free to dispense opinion to any and all takers, but the director of a hospital that cares for approximately 500 aged men and women. This was a sought responsibility. I felt the need for a return to substantial contact with people embedded in critical “real life” (and “real death”) situations. How, if at all, this different perspective might have affected the revision will perhaps be easier for the reader than for me to determine.

Although the interval between editions has been fairly short, a number of important developments have appeared. The *hospice* has moved resolutely from concept to actuality. It has been my pleasure to add more information on the hospice movement, but it has also been my responsibility to insert some cautions and questions. New studies on *bereavement* have

suggested that more attention be given both to its psychophysiological aspects and to individual coping styles. *Innovative and follow-up research* on various death-related topics has continued to appear, and some of the most illuminating investigations have been included throughout the book. Our death system has continued to change so rapidly that I have provided a *mini-history of the death-awareness movement*, bringing it right up-to-date.

“Life after life” has become such a provocative topic in the past few years that at times it has commanded more attention than terminal care, bereavement, suicide, and other basic problems. I welcomed the surfacing of interest in this fascinating topic, although enthusiasms have run far ahead of critical thinking. A new chapter has been devoted to this topic. I have placed the current interest in *near-death phenomena* within the all-but-forgotten historical context and included material on case histories suggestive of *reincarnation* as well. This chapter is intended as an evaluation of what has been done up to this point and a guide to what the future might bring forth.

Throughout the book I have added various other materials that I thought might increase its usefulness. The suicide chapter, for example, includes a *risk-taking self-assessment questionnaire* that you might want to take yourself and share with others. *Case history material* has been added in several places, such as a transcript from ongoing research on parents’ perceptions of their children’s knowledge of death. The concept of *denial*, so often invoked in

death-related situations, has not often been examined critically. I have tried to clarify this concept and also to add and to “touch up” in various other places to take advantage of this opportunity for second thoughts.

The *death system* concept have been found useful by many teachers and researchers. I have freshened it up a bit with new examples drawn from a variety of sources in our own and other cultures.

There are more changes as well, but why deprive those who know the first edition from discovering these themselves? For those who come to the second edition first, I have found no occasion to revise the concluding paragraph of the preface:

I am more grateful than I can say to all those I have learned from in various ways. I cannot utter the ritualistic appreciative words for the person who typed this manuscript, although I think I did a pretty good job of it. But I can and must say that those who author books of this nature in the future definitely should have a live-in consultant with the knowledge and acumen of Bunny Kastenbaum. In fairness, however, I cannot encourage any hopes that she will be available to provide such services to any but this fortunate writer.

Robert J. Kastenbaum

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AND HUMAN EXPERIENCE**

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CHAPTER 1

❖ INTRODUCTION

❖ A man is falling out of the sky. For just one instant more, he is a living person, a super-executive whose success one might envy. But in the next instant there will be no life in this body, nor will the body itself resemble a human being.

What will society find interesting about this death—and why?

❖ Is she alive? Is she dead? Or some place between life and death? The attractive young woman has been in a deep coma for weeks. She is not aware of the interpersonal, medical, and legal conflict that swirls around her. Anonymous while alive and flourishing, this “sleeping beauty,” as one journalist has called her, is now a page-one celebrity.

What is really happening inside and outside this person? Why has society responded in this particular way to her plight? How is such a situation to be understood? And what ought to be done?

❖ The young man has family and friends: Or at least he thinks he has family and friends. His relationship with them has not been the same in recent months, not since it was discovered that he is suffering from leukemia. He now feels as though an invisible but all too effective forcefield separates him from most of the people who had been important

in his life. This disturbance within his intimate social network troubles him even more on a day-by-day basis than the medical problem itself.

Why do so many of us have difficulty relating to a person who has a life-threatening disease? What if anything might be done to improve this situation?

❖ The bed: not her own. The room: somebody else's. The smell of the place: certainly not home. Nothing of home is here. The other people? They do not really know her. The showy rhododendron in the lobby receives more affectionate care. What a place to be. What a place to die.

How is the final phase of life experienced by an aged and dying person? Is the present typical style of death one that should be perpetuated or are there better alternatives to be developed?

❖ The nurse finds herself hospitalized for a vascular condition that is somewhat unusual for her age. She will probably be on her feet again soon, but there is a definite threat to life here that must be controlled. The physician has no way of knowing that this is the third time this woman has become physically ill on the anniversary date of a significant and traumatic event in her personal life.

It is possible that the timing of our deaths or of the crises that threaten our lives could have some relationship to very personal *meanings*? Are we also to believe that people have the ability either to will themselves safely through a crisis or conversely to induce their own death without actually committing suicide?

❖ So quiet is the apartment that the ticking of the kitchen clock dominates the scene. The table is set. The nice dishes. Cloth napkins. Although there is food on the plate before her and she really should be hungry, the woman is hardly eating at all. There is no food on the other plate. There is no person in the other chair.

Do we truly leave the past behind us when a loved one dies? Or do we find ways to keep the lost one alive in our thoughts and feelings? What is the “healthy” way to function after a death? How long should it take for a survivor to “get back to normal”? How well does our society understand and support the bereaved?

❖ “Grandma’s been sleeping a long time. A whole, whole month. But she’s going to come back soon.”

“No, she won’t, stupid! Grandma is dead!”

“I *know* that, and don’t call me stupid. I just mean that when she gets all through being dead, *then* she’ll come back.”

“Don’t you know anything? *Dead* means she won’t ever come back. She never gets through being dead.”

(Very quietly, to herself and her doll), “Don’t cry. A brother doesn’t know *everything*. Grandma will come back when she’s through being dead . . . won’t she, Taffy?”

How do ideas of death develop from childhood onward? What are children capable of understanding at a particular time in their lives? How can parents, teachers, and others be help-

ful to them in interpreting death-related phenomena?

❖ Two young people have discovered each other at a party. Mutual fascination is rapidly growing.

“Say, Randy, what do you do between parties?”

“Do?”

“You know, work, go to school, whatever.”

“I work for my Dad.”

“Doing what?”

“Well, Dad, he’s sort of a funeral director. . . . Sue? Sue?”

“Oh, that’s perfectly all right, Randy. I mean, somebody’s got to do that, I guess. But, listen, Randy, it’s nothing personal, you know, but I just couldn’t, I mean . . .”

What is the social status of people who are closely associated with dying, death, or the dead? How do we treat them? What do we expect from them? Furthermore, why would anybody choose a death-related occupation? Are they mostly very dedicated people, weirdos, or what?

❖ “I appreciate your telling me about this, Mrs. Lynch. I will make sure Danny gets his homework done and that he gets his classroom work back to where it should be.”

“It is not just Danny’s schoolwork that concerns me, Mrs. Arnold. I don’t know quite how to say this, but he doesn’t seem to be, well, he’s not really the same boy lately. He seems to have trouble concentrating, and he will do things that are just not like him at all. Could there be anything happening lately that . . .”

“You mean at home? No, nothing wrong that I can see. We are all doing . . . as well as can be expected. Everything is under control.”

“I don’t mean to pry, Mrs. Arnold, or to,

um, but do you suppose that Danny could be reacting to, um . . .”

“Reacting to what?”

“Mr. Arnold, his father.”

“That? No certainly not. He took it very well. A real trooper. We have all pulled together. I’m very proud of Danny, you know. I’m proud of my little man. Anyhow, that was more than a year ago, and he never even talks about it.”

How are children affected by the death of a parent—both immediately and over a longer span of time? Does the death of a significant person influence us somehow throughout our lives? Is it better to talk about our losses or to keep the problems to ourselves?

❖ “I felt so-o good. Really peaceful with myself and everything. Maybe this is death, I was thinking, but then what have I been afraid of all this time? If this is what it is, then I could (smiling) stay dead forever! But that figure, that person, that one-man light show I was telling you about: he just wouldn’t let me stay dead. I don’t know whether he said anything or not, but he blocked my way and made it clear I had to go back. And I didn’t want to get back into that body and get back into that life. I was just getting to enjoy myself!”

Reports of near-death experiences have been appearing with increased frequency during the past few years. Have these experiences demonstrated human survival after or through death? And what do they tell us about the times we live in?

These have been a few glimpses of the ways in which our lives interpenetrate with death. We will encounter these situations again and give them more sustained attention. Many specific death-related phenomena are explored on these pages, but the actual variety of such phenomena in our lives is so great that one could

not realistically hope to catalogue, let alone analyze and explain, all such experiences that might await us in our lives. We can, however, address ourselves to many situations and issues. And we can hone our abilities to comprehend the unexpected, unpredictable confrontations with death to which none are immune.

Do we study death in hopes of relieving some of the anxiety and dread that this topic can induce in us? Not a bad idea, although success is not guaranteed.

Or do we study death with the aim of becoming more effective in helping others when they are in peril or in sorrow? Again, a reasonable idea.

Perhaps we study death with a resolve to change the world in some way, unsatisfied with the length or quality of life today. Perhaps we study with the intention of reading the future—how *is* the world changing, and how will these changes affect life and death, whether or not we have the power to influence the outcome?

Yet again, we might study death because like Mt. Everest, it is there, a universal phenomenon, a mighty challenge to both heart and intellect. How could we persuade ourselves that we know life if we maintain a state of ignorance or nonrecognition concerning death? An incisive study of death might provide fresh perspective on our general assumptions, values, and actions.

Clearly, there can be more than one reason to study death. Perhaps your own reason has not even been guessed at here; perhaps it is not quite clear to you at this time. No matter. Curiosity about death and its place in our lives hardly requires justification. Humankind has been curious about death for a long time. Given the choice, we might as well orient this curiosity in a promising direction. Think along with some of the best thinkers. Look at the facts along with some of the best scientists. Explore images and feelings with some of the

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most sensitive and creative poets, artists, musicians.

One book will not do the job for us: not this book, not any one book, not all the books we might read. Just as death is interwoven with our personal and cultural experiences on many levels, so our inquiries must be varied. And it is doubtful that the persistent mind will ever be fully satisfied. The view of death that you develop now with this book, with a teacher, perhaps, with some friends to talk things over with—this view will endure until it is time to be re-viewed and revised. We change. The

world changes. Today's mode of understanding may not stand us in quite so good a stead tomorrow.

This book, then, does not promise a simple package of answers that can be applied to any death-relevant phenomena at any time. It does offer the services of a guide and companion. The book itself has had the advantage of guidance from the best available resources of library and laboratory and from many good people whose experiences and wisdom it has been my privilege to share.

Shall we begin?

CHAPTER 2

❖ DEATH HAPPENS

“While taking my noon walk today, I had more morbid thoughts. What *is* it about death that bothers me so much? Probably the hours.”¹

Woody Allen is not the only person to have asked this question, although few have provided so quick and concise an answer. But another question demands prior consideration: What is death? There is more than one way to define this key term. Each definition carries with it a different set of meanings and potentials for action. This chapter focuses upon one type of definition.

We often think of death as an *event*, something that happens. As a happening, it can be associated with a specific time and place (e.g., early this morning in City Hospital). This view of death seems straightforward enough. In practice, however, the concept of death as event lends itself to a variety of meanings and uses. Consider the following examples.

IN MEDICAL SETTINGS

❖ The surgical team worked together brilliantly. Although it was a very high-risk procedure, there was a definite sense of optimism in the operating room. But the patient’s debilitated condition could not withstand the stress and

And the patient was subsequently pronounced dead, in the recovery room. Given

any latitude at all, hospitals typically prefer to delay the pronouncement of death until the patient has been removed from the operating room. It makes for bad morale, perhaps, and bad statistics to show a high death rate in the surgical arena itself. The death event occurs a little while after the operation, in a different room, when this can be arranged; for example, by terminating what appears to be a losing battle soon enough to have the patient moved elsewhere or by postponing the pronouncement while there is still some ambiguity as to whether life has completely ceased.

The nurse’s face is almost as white as her uniform. She is near exhaustion from constant and demanding work throughout her shift. Her emotional energy has been drained by responsibility for the care of a terminally ill patient to whom she had become attached over the past weeks. The patient has been sinking rapidly this afternoon, yet the nurse has other sick people to look after as well and also has not forgotten that her husband is counting on her to be fresh and vivacious tonight when they entertain some old friends. Only 15 minutes left on her shift now as she passes the failing patient’s room. The nurse mutters to herself, “Oh, Lord! Please don’t let him die on me.”

In a situation such as this there is not much likelihood that the patient will be moved to an-

other *place*. The death event will happen *here*, on the ward where this nurse works. The timing of the event is uncertain, however. The uncertainty itself creates tension among staff members and among any of the patient's family who might also be on the scene. Whether the death event is considered to occur on or off her own shift is a matter of some concern to the nurse. She herself is not authorized to pronounce a patient dead; officially, the death event is not certified until that judgment is made by a physician.

❖ The old woman is feeling more chipper today. When she entered this hospital, one of the few devoted exclusively to care of the sick aged, she was in low estate both physically and mentally. Good medical and nursing care have helped her to feel stronger and more comfortable. But there is another reason as well for her rise in spirits. When she first realized that she was coming to a hospital for the aged, it was as though a great heavy door had clanged down behind her. Life was over. She had come to the death place. Now she has had some chance to become acquainted with the hospital and observes that, as a matter of fact, there is life as well as death here. She herself has been transferred from the intensive-care unit to a more residential-type ward. There is even a kitchen she is free to use when she feels a little better.

In our society a geriatric facility is often seen as the place to which old people come to die. From an insider's viewpoint, however, the death event may be understood as limited usually to certain areas within the general facility. Death takes place there, not here. It is comforting to know that the death event obeys certain spatial patterns; because it happens most often in a specialized area, this means that one can breathe a little freer so long as one is functioning in another area. The old woman can

think about getting on with life again; the death threat has been limited to that far unit a long way down the corridor and off to the right.

IN GENERAL SETTINGS

❖ "It was a perfect apartment. Just what we had been looking for. But when the landlord told me that the last occupant had . . . well, I just didn't feel good about it anymore. Well, what do you think? Would you want to move into a place where a person had just died? It gives me the shivers!"

When death is regarded as an event that occurs in a particular place, it can take on a power to influence our attitudes toward that place. Even among intelligent and educated people there may arise the distressing feeling that a place somehow belongs to death or is contaminated by it.

❖ The guide spoke in a hushed and sober tone. "Yes, this is the place. Here, in this very room, one of the bloodiest deeds in our nation's history. . . ." The tourists listened intently. Two young adolescents in the group nudged each other and giggled for no apparent reason.

The place where death happened can be an attraction instead of a threat. If death happened a long time ago, this seems to reduce the peril. And if it happened in an interesting way or to important people, then the attraction aspect is highlighted.

❖ "Naw, I wasn't scared. I volunteered because somebody had to do that job, and it might as well be me. Anyway, how I figure it is that if your time has come, it's come, and there's nothing you can do about it. And if your time hasn't come, then you're going to get through it OK, know what I mean?"

The interpretation of death as an event makes it easier to take a fatalistic view of one's

own survival chances. Death will happen when it is going to happen.

COMMENT

The preceding examples, and others that could be given, illustrate some of the functions and implications of the tendency to regard death as an event. Note that specifying a particular time and place for the death event can have the anxiety-lowering benefit of keeping other times and places free of this threat and contamination. This does mean, however, that we pay for this apparent decontamination by loading certain times and places with more than their share of death saturation.

Note also that people in various occupations may have rather different conceptions of death. The nurse providing care for a terminally ill person, for example, senses death as an event edging closer in time. The funeral director becomes an important figure *after* the death event. Within restricted limits, the physician has some control over the specification of the death event: Should it be recorded as of this moment? When the body was discovered half an hour ago? Before that? While medical personnel generally specify the death event within a limited time-space framework, broader classifications may be used elsewhere. Did this soldier die in battle, behind the lines, or off duty? Is it possible to determine the precise hour and place of death, or must this be guessed at? A soldier's widow or child might find it even more difficult to accept and adjust to the death if the particular circumstances remain indeterminate. The military official who releases the information may have some decisions to make regarding how specifically to locate the death event in time and space, given the ambiguities of the information available to him.

By contrast, the minister may be less concerned than the medical personnel who are responsible for terminal care with death as an event. And any of us as individuals may give

either much or little attention to the when and where of a death compared to some of its other dimensions and meanings.

ACTIVE OR PASSIVE EVENT

In thinking about *any* kind of event, we are likely to express some impression of its active or passive character. Did this happening happen to us? Or did we make it happen? The work of J. B. Rotter² and other social psychologists has called attention in recent years to this aspect of our relationship to life events. Our relationship to the death event often implies either a passive or active characterization as well.

"Death strikes!" is the type of expression that endows the event with a force of its own. By implication, death has attacked its victim, moved aggressively. It is not only an event but an intrusive event. With just a little imagination, we can see death as more than an event: it is an act of malignant intention, aimed at us by outside forces.

The death event can also be seen as having an internal source and a more passive quality: "He passed away to his final reward." The individual himself is in motion. When characterized this way, the death event does not arouse the image of an external act of aggression or of a targeted victim. Instead, we are inclined to think of the death event as the culmination of a process that somehow belongs to the individual himself. Other combinations of internal and external and passive and aggressive features in the death event can also be observed. The person who raises his hand against himself in a suicidal act, for example, may make death happen through an internal, that is, self-motivated, and aggressive route.

There are also circumstances in which we speak of the death event as though it were an interaction: "He met his death on the lonely, windswept highlands." Life and death meet each other halfway. It is neither invasion nor