CLASSICS REVISITED

The hour of Philippe Ariès

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Western attitudes towards death from the middle ages to the present

PHILIPPE ARIÉS

Baltimore, MD: Johns Hopkins University Press, 1974

The hour of our death

PHILIPPE ARIÉS

London: Allen Lane, 1981

Philippe Ariès (1914–84) first won fame for his provocative rethinking of the history of childhood and the family [1], though his contributions have subsequently been severely criticized [2]. What then of his studies of the history of death? These too opened up an exciting new field of inquiry [3]. Have they stood the test of time, or suffered a similar fate? Indeed, has the whole history of death itself passed on, reflecting new concerns and posing fresh questions? [4].

Ariès' views were delivered first in a thin and then in a fat book. The former, Western attitudes towards death, published in 1974, started life as a lecture series given at Johns Hopkins University [5]. The latter, L'Homme devant la mort, appeared in 1977, being translated four years later as The hour of our death [6]. Whatever current verdicts, these still make absorbing reading for their brilliant explorations of the material culture of death and all its symbolic meanings: caskets and urns, limbo and purgatory, the devotional and the ex voto.

One problem posed by Ariès' approach is that he did not offer a simple linear periodization, but a mélange of the synchronic and the diachronic. While mentalités change, old beliefs, Ariès presumes, are not wholly superseded, and sometimes he seems to subscribe to dated notions respecting the timelessness of folk wisdom [7]. Broadly speaking, however, The hour of our death presents a sequence of five main attitudes, tracing a decline and fall in European relationships with the Grim Reaper. Modern times come off worst.

The initial stage was characterized by a oneness between the living and the dead. Death was tame and individuals yielded as if to sleep. This acceptance—typical, Ariès implies, of primitive societies—proved compatible with early Christian teachings [8].
‘Natural death’ was elbowed out, from the high Middle Ages, by a terrifying new ‘death of the self’, brought about by the combined intrusions of humanist individualism and the salvationism of the Papacy. New humanism threw down the gauntlet (‘Death, thou shalt die!', in John Donne’s later Baroque trope), turning death from a release into a mortal enemy. And, with the Church promising Last Judgment deliverance from eternal damnation, dying became the finale in a liturgical melodrama of sin, penance and absolution, stage-managed by the priesthood. Symptomatically, burial moved from the open-field site characteristic of ‘natural death’ into the protective bosom of the church itself, where grisly effigies would serve as a *memento mori* for the survivors. Life was now to be understood as one prolonged *ars moriendi*, with holy dying as the climax of holy living. The Middle Ages thus bequeathed divided outlooks: peasants continued to accept death as natural, while the elite battled against it, being passionately attached to earthly delights and terrified of the Beyond.

Here Ariès introduces in *The hour of our death* a third outlook which he, rather cryptically, styles ‘La mort longue et proche’ (‘protracted and imminent death’), leading to what for him was the *débâcle* of the Enlightenment. From Reformation times, Lutherans and Catholics alike began to criticize extravagant burials, pressing for a spiritualization of dying; by 1750 such attitudes had grown into a virtual denial of death, and health reformers were calling for the removal of graveyards from churches and cities—thus prefiguring the comprehensive banishment of the dead from the community of the living typical of our own century [9].

An outlandish aspect of the ‘age of reason’ was its coupling of sex and death through a new fixation upon the corpse. The terms Ariès selected for this kind of death were ‘untamed’ and ‘savage’—fitting, in his view, since that ultimate and inescapable fate had become scandalous to physicians and *philosophes*. It is this moment which forms the turning-point in his saga, inaugurating as it does the modern flight from death—an abyss from which elite society was rescued only by the timely advent of the fourth stage.

Labelled ‘thy death’ (or ‘the death of the other’), this occurred in the 19th century alongside the emergence of the modern family with its new structures of feeling. Attention was now fixed not on the decedent but on the survivors. Influenced by Romanticism, the rituals of death grew more sentimental, indeed morbid, and mourning became a family concern, perpetuating the beloved memory of the departed—conventionally, a radiant youth expiring of consumption [10].

Ariès’ term for the fifth and final stage, ‘forbidden death’ (‘la mort inversée’), reveals his revulsion against recent developments. Modernity is marked by the waning of faith—above all, in the afterlife—and by a bureaucratization and hospitalization which have robbed dying of all dignity. Rather as the *philosophes* rationalized death, modern man has in effect denied his own mortality, and death has become taboo, the modern pornography.

Covering two millennia of history, Ariès’ bold tableau inevitably raises more questions than it answers. His selection of evidence is sometimes wilful, and
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questions of cultural diversity are not addressed: is Ariès writing, as he declares, about Europe at large, or, as it seems, essentially about Catholicism [11]? By contrast with another great French historian of death, Pierre Chaunu, whose work bristles with statistics, Ariès’ account reads as impressionistic and idiosyncratic [12].

Ariès’ work has drawn trenchant responses. Lawrence Stone has challenged his chronology and periodization, especially querying the third phase (“the least comprehensible and convincing of all”) [13]. Critics have complained that he failed to address the dynamics behind the sequence of phases: surely material forces—demographic trends, social conditions and medical progress, to name just a few—played their part in shaping the changing modes of death [14]? This omission, however, appears intentional: Ariès regarded consciousness as autonomous, not a mere expression of socioeconomic forces. In this respect, he has been unfavourably contrasted with other scholars, notably Michel Vovelle, who has attempted to correlate attitudes towards death with shifting life expectations [15].

Further criticisms have been levelled. Many have pointed out how profoundly Ariès’ views reflected his Catholicism, his reactionary politics (he came from an ultra-royalist family), and his luddism. These prejudices explain value judgments which have a curious ring—“at no time”, he wrote, “has man so loved life as he did at the end of the Middle Ages” [16].

Limitations of space and expertise preclude any systematic evaluation of his views here. I wish, however, to emphasize two key points. One concerns Ariès’ tendentious reading of the early modern period, in particular the Enlightenment, a phase which evidently caused him severe conceptual problems. The Contents list of Western attitudes towards death (1974) runs:

I. Tamed Death
II. One’s Own Death
III. Thy Death
IV. Forbidden Death

Turn to The hour of our death, and the comparable list stands as follows:

Part I. The Tame Death
Part II. The Death of the Self
Part III. Remote and Imminent Death
Part IV. The Death of the Other
Part V. The Invisible Death

What led, one wonders, to this later insertion of ‘Remote and Imminent Death’?

In characterizing this stage, Ariès made much of calls to end conspicuous consumption upon costly funerals. In reality, however, there is little sign that the royal and the rich actually foreswore the glory of a dazzling departure. His account thus seems off-beam [17]. Likewise, while Ariès was right to draw
attention to the fascination with the corpse involved in 18th-century dissection [18], he was wrong to view it as new. The ‘culture of anatomy’ developed far earlier, and it was steeped not in reason but in traditional religious values [19].

This section of The hour of our death also fails to give a fair account of the new attempts to spiritualize or philosophize the afterlife. A sympathetic approach to Enlightenment thinking would have registered the transformation of Christian dogma in matters such as suicide, and noted the neo-Stoic turn. The funeral was reported in 1733 of a Cambridgeshire man who had left instructions that six other gentlemen—not to be dressed in black—should follow him to the grave and sing one of Horace’s odes, and that he should be buried with a copy of that Roman poet at his head and of Milton at his feet. Whereas Ariès evidently regarded such a demythologizing of the Grim Reaper as an evasion, it might instead be read as a mark of a recovery of nerve among an elite concerned with affirmation not renunciation, with practising an *ars vivendi* rather than an *ars moriendi*, and orientated around friends and family rather than the sacerdotal Church [20].

There is something *parti pris* in Ariès’ assumption that the philosophes’ attempts to tame death were desperate defences against pathological anxieties. Like Ivan Illich [21], he believed that, with secularization, the recasting of death as nothing but physical dissolution inevitably rendered it more traumatic than ever—thereby accounting in his mind for the perverse liaison of death and beauty in Gothic fiction, the merging of death and art in the Romantic agony, and the sado-masochistic confusion of thanatos with eros in de Sade’s necrophilia. These are partisan readings, reminiscent of ancien régime priests spreading tales of the deathbed agonies (or conversion) of Voltaire [22]. It is revealing that Ariès commended the peasant acceptance of death but never felt so benignly disposed when secular intellectuals like David Hume faced extinction calmly. While he emphasized the problematization of death in the Enlightenment, what was actually being problematized was the entrenched Christian eschatology.

My second point is that Ariès nowhere took adequate account of death as theorized by medicine and science. Respecting the last few centuries in particular, it is odd to ignore medical meanings, since it has been the medical profession which has been orchestrating the dying process. I wish briefly to redress the balance by sketching some key shifts in medico-scientific attitudes, largely absent from Ariès’ narrative [23].

In traditional medical thought, life and death were regarded as opposites, construed as ‘possession’ and ‘privation’. From Galen (second century AD) to the mid-18th century, death was mere negation. Physicians investigated the effects of dissolution upon the body—for instance, rigor mortis—but understood these as mere physical phenomena, evidence that the chemistry of vitality had finally succumbed to the laws of matter. Such notions coexisted, however, with the Hippocratic belief in the ‘healing power of nature’, described by the 18-century Dutch medical professor, Herman Boerhaave, as “the conjunct Power of all these Actions of the Body for preserving its own Health”. Overall,
living beings were viewed as impermanent islands of vitality in an ocean of materiality forever threatening to engulf them. Life was thus defined by the French anatomist, Xavier Bichat, around 1800 as “the totality of functions which resist death”.

At that time medical conceptions of life and death were in flux. Death was to assume a positive character of its own, and its theoretical locus moved from the exterior into the very core of life. As the Paris medical school made the autopsy routine, pathological anatomy redefined disease theory, with the organic lesions of the corpse replacing the symptoms of the living patient as the key to biomedical truth. The view of the Scottish physician, John Brown, that life was a state provoked by the environment, also gained ground. Along these ‘Brunonian’ lines, François Broussais asserted that “the life of the animal is maintained only by external stimulations”, while for his early 19-century compatriot, Jean-Nicholas Corvisart, the normal functioning of the organism was intrinsically pathogenic: “Each one of us comes into the world more or less vitiated”.

Changes in pathological science thus rewrote the relations between life and death: the environment provoked life, life provoked disease, and disease provoked death. Later in the century, the classic criterion of death—putrefaction—was shown by Louis Pasteur to result not from the lack of life, but from the very superabundance of living pathogens. Bacteriology thus taught that life itself was the cause of death. Malthus’s influential population theory painted a similar picture: life (the sexual drive) caused death (overpopulation). This insinuation of death within life prompted pessimistic attitudes towards treatment among doctors. On heart disease, Corvisart pronounced that “it is sometimes possible, I think, to prevent the disease, but never to cure it”. Many embraced therapeutic nihilism, while others, like Broussais, were driven to a desperate, heroic activism. This medicalization of death was dramatized and reflected in Burke-and-Hare struggles over the possession of the corpse itself. All such medical developments, however, receive little attention from Ariès.

To grasp their true significance for the history of death one must furthermore take into account changes in bedside medicine—another topic he largely ignored [24]. To the traditional ‘good death’, medicine had been almost a stranger: living and dying had rested in the hands of Providence or Nature. Hippocratic physic was more the art of care than cure—and certainly not ‘miracle cure’, snatching sufferers back from the brink.

What then had doctors done? Pre-modern physicians had believed their job was to make a prognosis, informing the dying of their imminent fate. The physician would then withdraw, leaving the dying person to compose his mind and his will, and make peace with God and his family. “He groaned horribly like a dying man...then judging the issue to be settled I bade farewell to him and his friends. At evening he died.” Thus ran Dr Thomas Willis’s notes on a patient around 1650.

Though there was no sudden switch of perceptions or practices, a new medical ideal was to emerge. This is not to say that the deathbed suddenly
became a site where doctors fought to keep patients alive at all costs—Dr John Ferriar was to insist, around 1800, that “the physician will not torment his patient with unavailing attempts to stimulate the dissolving system, from the idle vanity of prolonging the flutter of the pulse for a few more vibrations”. But death did become medicalized through bedside management. Ferriar’s Manchester contemporary, Thomas Percival, insisted that there was much the conscientious physician should be doing at the deathbed, “by obviating despair, by alleviating pain, and by soothing mental anguish”. Even with the dying, affirmed Ferriar, “it is still the duty of the physician to soothe the last moments of existence”. Physicians newly claimed that they possessed unique skills for managing the last days. One consequence was that the dying person might cease to be in charge of his or her own death. “Very few now die”, Thomas Sheridan wrily observed in the 1760s: “Physicians take care to conceal people’s danger from them. So that they are carried off, properly speaking, without dying; that is to say, without being sensible of it”.

A spectacular instance of medical management of the deathbed is offered by the career of the 19-century society physician Sir Henry Halford. He believed his duty was to “smooth the bed of death”, making it his “rule in all cases” to supply strong pain-killers. “A lady of the highest rank” supposedly declared she would “rather die under Sir Henry Halford’s care than recover under any other physician”.

In 1850 no less than in 1650, a ‘good death’ was critically important. Formerly, dying well had meant meeting your Maker fully conscious, fully prepared, and jousting with Death. By Victoria’s time, however, a doctor-assisted peaceful death had become the desideratum. From womb to tomb, the empire of medicine was spreading.

By largely excluding the medical dimension from his gaze, Arie’s gives us but a partial story, and a skewed one at that. He fails to engage with the (medical) reasons why the abandonment of religious rituals had powerful attractions. Closer integration of the medical aspects of death with its religious, cultural and social dimensions remains an urgent desideratum. It will thereby be recognized that there is not one single, but many histories of death. Despite these shortcomings, Arie’s remains the doyen of the historians of death.

Notes and References


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