Dismantling the boundaries between life and death

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ABSTRACT This paper explores some of the ways in which the conceptual boundaries between the living and the dead—once assumed to be as stark and solid as the walls around the asylums and prisons—are becoming blurred and are breaking down. It argues that the continuing relationships between bereaved people and their deceased relatives and friends are not new but have been marginalised by the discourses and practices of modernity. There are, however, new ways of remembering and the discussion will explore some of the mechanisms used by survivors who seek to maintain bonds with their dead. The paper will then show that dead or, rather, dying individuals, actively encourage this continuing relationship by finding ways of reconstituting themselves after death. The conclusion will critically examine the concept of the ‘new model’ of grief, arguing that models inevitably become prescriptive.

Introduction

Twentieth century Western frameworks or models of grief have tended towards the assumption that grief will be ‘resolved’ when survivors reach the point where they can emotionally detach themselves from the dead person (Bowlby, 1969, 1973, 1980; Parkes, 1986; Rando, 1992; Raphael, 1983: Worden, 1991). In so doing, they are not writing the deceased out of their lives but are instead allocating them a place within their own biography—at a point appropriate in time and space; in other words, as a memory. By definition, this place must be located in a past existence; a past from which the bereaved person will move on to a present, and forward to a future which does not include the deceased as an active participant. People who appear unable to achieve this goal have been largely viewed, within a broad medical framework, as suffering from a form of pathological grief. From a more sociological perspective, Blauner’s notion of ‘unfinished business’ (Blauner, 1966), a concept which has been useful for understanding the way in which people cope with death, again implicitly assumes that grief will be concluded and the dead ‘let go’ once ‘business’ has been completed.

These models of grief, whether we subscribe to the phase, task or process approach, emanate from a scientific approach to mortality, born of modernity;
one which relies for its validity on the assumption that life and death can be clearly divided from each other. Before discussing grief in detail, however, I will begin by characterizing briefly the way in which this separation is conceptualized.

The boundary between life and death

Although Protestant and Catholic societies have manifested different forms of accommodation to this process, from the early modern period there emerged in the West an increasing separation between the worlds of the living and the dead. For Protestants in particular, following the rejection of the doctrine of purgatory (Le Goff, 1984), there developed at the Reformation (Duffy, 1992) a belief that the living could no longer intercede on behalf of the dead. Accordingly, the boundary between the two, at least in Protestant countries, became impermeable. This separation of spheres was to become dominant in the late 18th and the 19th centuries when beliefs and practices emerged that encouraged this division. A modernist, scientific-rational approach to social problems demanded the dualism inherent in segregation and classification. It was this period that witnessed the creation of the asylums, built to separate the sane from the insane (Foucault, 1971; Rothman, 1971); the construction of the prisons, distinguishing the law-abiding from the criminal (Foucault, 1977; Ignatieff, 1978); the hospitals protecting the healthy from the sick (Foucault, 1973); and the public mortuaries and extra-mural cemeteries detaching the living from the dead.

Unlike the religious systems of the Middle Ages (and to some extent of later Catholic societies), which conceived of death as an integral feature of life, these scientific-rational approaches cast death as the enemy. So much so that by the twentieth century it was the role of the medical doctor to engage in a battle with death on the patient’s behalf (Illich, 1976). The quest for victory over death or, perhaps more realistically, the definingly modernist desire to exercise control over mortality, has been fundamental to its sequestration from life. The ideology of separation has been formalized and enshrined in legal requirements such as death certification, officially dating the departure from life (Prior, 1989); and disposal legislation (Davies & Shaw, 1995) outlining appropriate places for burial and cremation. It has also been implicit within (1) medical practice which separates the sick from the dying; (2) public health policies which focus attention on the ‘hygienic’ treatment of corpses; (3) health promotion approaches that avoid dealing with very old or dying people (Kellehear, 1999); (4) social norms and expectations that have encouraged the use of professional funeral agencies (Walter, 1990); and (5) the work of psychologists, building on the theories of Freud, to construct models of ‘healthy grieving’ which have required bereaved people psychologically to release themselves from their dead (Bowby, 1969, 1973, 1980; Parkes, 1986; Rando, 1992; Raphael, 1983: Worden, 1991).

We might add to this list anthropologists, whose focus on the centrality of death ritual within so-called exotic societies has served to reaffirm a belief in a
distinctively Western separation between life and death. For example, Van Gennep (1909), arguably adopting a Western framework for interpretation, has bequeathed to us the concept of liminality, based as it is on the requirement for boundaries. He adopted the concept of liminality to describe the experience of time and place between statuses, the space between ‘becoming’ and the rite of passage that marks it.

For bereaved people this liminal status may be perceived as the period between the death of their loved one and the completion of the funeral ceremony—the latter being the point at which their new status is acknowledged, for example, from husband to widower. Indeed, many of the dominant visual representations of cemetery memorialization in the 19th century underlined the change of status and the impenetrable nature of the tomb, keeping the dead (and hence, their former status) very much out of reach. In contemporary society, this period of liminality has been extended, perhaps stretched back to the point where it takes on a new meaning. Consider, for example, an elderly woman suffering from senile dementia or Alzheimer’s disease, mentally and physically deteriorating over time, and no longer recognizable as the woman she once was: the mother to her children, the partner to her husband, the professional to her colleagues. She may have experienced (although is probably unaware of it) a social death but physical death has not occurred (Mulkay, 1993). For her family and friends she may have ‘died’ long ago and in awaiting her physical demise they experience an extended period of liminality. The President of the Alzheimer’s Disease Society, Jonathan Miller, describes this extended period of liminality as a traumatic, living death: “I talk about it [the person] as an uncollected corpse, there is this terrible thing which is walking around, which the undertaker has cruelly forgotten to collect” (Miller, 1990: 230).

It might equally be argued that this extended period of liminality could serve to illustrate the increasing inadequacy of the concept of boundaries. For example, by facilitating life beyond the point where it might once have been viable, medical technology is contributing to a confusion of this life–death boundary. Moreover, it could be claimed that the boundary has never been more than a social construction that is now coming to be recognized as blurred and indistinct. Indeed, some commentators now argue that inherent in the nature of certain features of contemporary Western society is the blurring of these boundaries which separate life from death (Davies, 1996; Hockey, 1990; Walter, 1996a). Froggatt (1997), for example, contends that the hospice, a relatively recent phenomenon, obscures the life–death distinction by managing death in an open, participatory way and not hiding it. However, for others the nature of the modern hospice is such that the in-patient care now offered to dying people is restricted to those whose dying is so unmanageable that it needs to be hidden (Lawton, 1998). The latter position seems to claim that, in so doing, the hospice is actually reinforcing the boundaries between life and death.

Yet now, in late modernity, we are beginning to question the dualistic and binary-riven perception of society. The once seemingly obvious distinctions
between good and bad, moral and immoral, sane and insane, deviant and non-deviant are no longer so clear to us. People are no longer wholeheartedly supporting institutional solutions or relying on ‘experts’—the priest, the doctor, the funeral director or the psychiatrist—to rescue them from the anguish and insecurities of grief. Society is now moving towards more individual remedies to social problems and this is happening in many spheres. For example, the treatment of mental and physical illness may no longer be determined using a purely medical model and formulaic approach (Lowenberg & Davis, 1994). Ideally, appropriate treatment is more likely to be decided at an individual level taking into account the nature of the illness and the needs and desires of the ‘patient’ and the family (Matthews, 1983). Furthermore, people are increasingly turning to alternative and complementary medicine, arguably in an attempt to exert greater individual control over health (Easthope, 1986).

In Western societies since the 1960s there has been a growing ideological turn to individualism. The welfare policies and paternalistic systems of former governments have, more recently, given way to an enterprise culture based on individual survival. Traditional experiences of community have been replaced by new forms of communities which emphasize shared experience in a host of anonymous situations reminiscent of Anderson’s (1983) ‘Imagined Communities’. For example, an individual may feel part of a community of football supporters although s/he may personally know no other ‘member’ of that community. In general there has been a developing sense of self and individualism (Giddens, 1993) with people constructing their own worlds, their own meanings for those worlds and their own self-identity within those worlds.

So how does this modern, some would argue postmodern, fragmented and individualistic, approach to life affect the manner in which we grieve? And in what ways within contemporary society can we see a blurring of the boundaries between life and death?

The death of a significant person, whether loved or hated, results in a loss of self—a self that is inextricably bound up with the deceased. As Marris (1974) remarked, “the fundamental crisis of bereavement arises, not from loss of others, but the loss of self” (1917: 33). If the deceased is to be ‘let go’ completely, then this aspect of self must also be jettisoned. For example, according to this approach, a woman whose husband dies must not only come to terms with the loss of her partner but also with the loss of that part of her own identity as his companion. By shedding these components she relinquishes the status of ‘wife’ and begins to identify with the new status of ‘widow’. The activities and experiences with which she engaged as a wife, however, may be inseparably intertwined with her own sense of self. There may be no clear boundary between her role, say, as the preparer of meals for her spouse, and her identity as a person who continues to perform those same rituals around the preparation of food in order to nourish herself both materially and spiritually (Howarth, 1993).

To consider a further example, how do the parents of a dead child define their status in relation to that child? Do they retain their roles as parents?
Similarly, do siblings of dead children continue to be siblings? Of course they continue to be parents and siblings—parents qualify simply by conceiving and giving birth (arguably not even the latter)—but is their parental role compromised? The point is that the status of parent, of sibling, or spouse for that matter, is a status which cannot easily be discarded and separated from a fundamental sense of self. In the late modern age, as Anthony Giddens (1993) contends, in order to retain ontological security (a perception of the world, and our place within it, as meaningful) it is necessary to avoid experiences which threaten inexorably our sense of self. Bereavement, clearly, may do just that. It can turn the world of meaning inside out and lead bereaved people to crisis, questioning their place within it. To regain ontological security the individual must construct a biographical narrative, which not only restores a sense of meaning but must also provide continuity. In order to move forward to the future each individual must have a clear sense of who they are in the present and of how the past has led them to this present—continuity is extremely important here. Indeed, there is now research that demonstrates that bereaved people do not ordinarily discard a biography which includes the deceased and replace it with another in which the deceased is absent (see for example, Klass et al., 1996). Marwit & Klass (1994–95) and Klass (1992–93) contend that bereaved people construct ‘inner representations’ of the deceased which they carry with them throughout life. It would seem from this research that, in contemporary Western societies, grieving people are increasingly likely to continue relationships with their deceased friends and family members. These continued relationships, however, are not static and based solely on the deceased as s/he was in life, but are dynamic relationships within which individuals fashion new biographies for themselves and for the deceased. The dead person is then found an ongoing trajectory within the individual’s own changing self-narrative.

Let us briefly consider some of the ways in which contemporary survivors might seek to continue relationships with the dead and work towards keeping them alive. While there are many, diverse strategies, here I will allude to the following: talking about the dead; anniversaries; self-help groups; constructing biographies; commemoration; and communication.

**Keeping the dead alive**

First, people talk about the dead. Walter (1996b) shares his own experiences of the death of his father and, later, that of a close friend. At the funeral of his father he feels he was ‘given permission’ to continue to talk about him and, rather than cutting his emotional ties, allowed to retain a psychological bond with him. In a second example, following the death of a friend, Walter talked about her life at length with her other friends and in this way, together, they constructed a new understanding of her life; a new biography for her, based on sharing their collective experiences. The relationship to reality is not important here, whether she really was like that in life or not, their perceptions are what are real now. In a broader sense the deceased may be brought to mind by
poignant memories of significant moments or meaningful places, by pieces of music, particular scents, fleetingly captured expressions, dreams and so on.

Second, anniversaries provide constant reminders of the significance of the deceased in the lives of survivors. These anniversaries may be birthdays or deathdays; they might equally be wedding anniversaries; or anniversaries of specific events or achievements, which alert us to the continuing presence of the dead in our daily lives. Death notices and the in memoriam pages in local newspapers transform these private anniversaries into public announcements (Adams, 1997; Davies, 1996).

Third, and particularly following sudden, violent or ‘untimely’ death, people may join together with others in self-help groups, such as the Compassionate Friends (TCF) or Mothers Against Drunk Drivers (MADD), to campaign for conditions which would eliminate or reduce that manner of death in the future—groups which give ongoing meaning to the death and thus to the life of the deceased (Rock, 1997; Riches & Dawson, 1997). The self-help group also provides a forum for survivors to share what may be relatively unique experiences. As one parent whose child had died remarked: “We are a select club, which I hope you never have to join” (Riches & Dawson, 1997).

Fourth, people, and parents in particular, may construct ongoing or dynamic biographies for deceased children who grow with the passing of time (Clegg, 1988 cited in Mulkay, 1993; Rock, 1997). They may celebrate anniversaries, marking life course rituals and ages, building a portrait of the achievements and life stages which might have been, and in some ways are.[1] Hockey (1996) extends this portraiture by examining the treatment and behaviour of parents of stillborn babies. Although the baby has not lived long enough to take on an identity, one of the tasks of professionals in this sphere is coming to be seen as assisting parents to identify with their deceased baby by constructing a ‘son’ or ‘daughter’ (1996: 57).

Fifth, with the breakdown of traditional communities and the creation of more fragmented forms of community, people are finding new ways of commemorating or marking a death. For example, it is increasingly common to find bouquets of flowers placed near the spot where a sudden or tragic death (for example, a road fatality) has occurred. This is one method of expressing sympathy for the tragic plight of others whom we may not personally know. Moreover, these new forms of public ritual bring death out of the cemetery, out of the hospital and the private home and into the public eye, even onto the streets, where it becomes visible. Consider also World AIDS day, 1 December, when people come together for shared public remembrance of all those who have died of AIDS. Neil Small (1997) describes the ceremony in the city of Leeds in the UK.

We then moved outside on to the Town Hall steps. We carried candles, sang songs, “We are the World, We are the People ...” and released white balloons, one for each person from our region who had died—more balloons than you expected. The wind carried them towards and over the adjacent hospital and the ward where many of those deaths had occurred. (Small, 1977: 155)
AIDS is emphatically not a cause of death that will be shut away and made invisible.

Finally, people may continue to communicate with the dead. This communication may take many forms. There is now research which shows that elderly people, for example, often continue communication with a dead spouse (Bennett, 1985; Klass et al., 1996; Howarth, 1998, Hallam et al., 1999). On one level they may ‘talk’ with their dead partners, making believe that the partner is still present for company and advice. Communication may take place during semi-consciousness or in dreams where the deceased appears to reassure or to question the surviving partner. On another level, widows may actually perceive the presence of their dead spouse, seated in a favourite armchair or lying beside them in bed at night. These forms of communication are not restricted to elderly people but may be part of the encounter with loss experienced by people of all ages. Moreover, for many people, communication occurs while fully conscious and may be experienced as a two-way process.

There are many other examples of ongoing relationships between the living and the dead. Kellaher et al. (2000) discuss the way in which the cemetery, and especially the grave, provide an avenue for communication. Spiritualism and clairvoyance are not new phenomena but continue to play important roles here (Hallam et al., 1999). All these examples could be described as mechanisms for continued communion—a rejection of the spatial and temporal boundaries between life and death. What is particularly interesting about them is that they are not restricted to individual memory but may also keep the deceased alive in the collective memory, shared with other family members or friends, or even strangers. In other words, these are not psychological aberrations, pathologies or ‘understandable’ relapses of grief that might catch someone unaware and result in spasmodic anguish. Rather they are ways in which deceased people are permanently, and deliberately, integrated into our lives and carried with us in continued dynamic relationships throughout the life course. These relationships, like any others, can entail a range of emotions—sorrow, yes, but also anger, joy, yearning, and so on.

Yet it is not simply the case that bereaved people are remembering their dead by continuing to retain the bond with them. I would also argue that the breakdown of boundaries is a two-way phenomenon in which the dead encourage the living to retain the bond.

Staying alive
The dead have always left us material and spiritual legacies: literature, music, ideas, memories, portraits and, at a more mundane level perhaps, photographs, letters, inscriptions on tombstones, and so forth. Thus, culturally, we subscribe to the notion of them living on through us, carried in the memories of this generation and perhaps discovered and integrated into the lives of future generations (Bauman, 1996). But these legacies may not have been premedi-
tated—rather they may be interpreted as gifts from life, in their creation not primarily intended for consumption after death.

More recent legacies, such as the home video, can be viewed as attempts by the living, or rather the dying, to reconstitute themselves after death. In this sense we might say that the dead are finding new ways of continuing to live among us. One reason they are able to do so is because many now have a greater awareness of their status as dying people. It was during the 1960s that Glaser and Strauss (1965) drew attention to the awareness contexts of dying hospital patients. In the late 1990s there is an assumption that people dying of certain illnesses, especially of cancer and AIDS (Field, 1996), will have an ‘open awareness’ and will therefore have time to prepare themselves for death. It is not uncommon for people with a terminal diagnosis to write letters to be opened by their family and friends after death. The personal video is increasingly employed as a mechanism for leaving messages. A dying parent may leave a video recording for a child to view when they reach a certain age. The video when seen is viewed in an active rather than a passive fashion, the child responding to the visual and verbal messages left by the parent. In this way the video is a mechanism which encourages the ongoing communion between the living and the dead, presenting as it does the voice and a visual representation of the animated body of the deceased addressing us from ‘the life beyond’. Thus, by employing technology (the fruit of modernity) the dead can reconstitute themselves, bringing us animated images, representations which can convey their thoughts and messages transported to a future time: a time which they will not experience.

Perhaps nowhere is this more clearly the case than when we look to the famous dead. In a world where AIDS is striking down the famous as well as ‘ordinary mortals’, memorials are to be found in unexpected places, new forms of remembering are appearing and technology is facilitating a shared collective experience of loss and grief as well as the opportunity to enjoy continued communion. To illustrate this we might look to the example of the entertainer Freddie Mercury, lead singer of the rock band Queen. Although his prolonged illness was not public knowledge, shortly before his own anticipated death he used the media to record a message to be broadcast in a future without him. Through his song and accompanying video, ‘Those were the days of our lives’, he left us his voice, his face and his body. Through these animated images he continues to communicate with us, the living.

Conclusions

I have argued that we are witnessing new ways of experiencing, managing and understanding death and grief and that contemporary Western societies are beginning to dismantle the boundary between life and death. It may be suggested that these new forms of continued communion with the dead are quite different from those of traditional societies in that we are able to exert choice in our continuing relationships. I contend that this is not the case and, moreover, that such a view is merely a modernist perception of a world in which
we have control—the ultimate presumption being that our control reaches even beyond our own world and into the next. This is clearly not the case. We may have preferences and seek to engage in particular relationships but we cannot choose with whom among the deceased we continue to communicate. The dead cannot be controlled. They continue to surprise us with their presence—suddenly brought to life on hearing a special piece of music, encountering the waft of perfume, the fleeting sight of a familiar face or expression. For the dead are mobile, resisting practices which pin them down in cemeteries or consign them to past relationships, fading photographs or lost memories. The dead may also impose themselves where they are not wanted, their presence being neither welcome nor comforting (Hallam et al., 1999).

Finally, I would like to return for a moment to the theoretical models of grief discussed earlier. Recognizing that bereaved people often retain emotional ties with the deceased, Klass and Silverman (1996) argue that, “the dominant model of grief is based on inadequate assumptions about the nature of the self and is based on inappropriate social scientific methodology used to study bereavement” (Klass & Silverman, 1996: 22). While one might agree with this statement in relation to contemporary experiences of grief, it is difficult to subscribe to the notion that ‘the nature of the self’ is static. What was appropriate yesterday may not be appropriate today. Societies are dynamic; communities and individuals within those societies change and with these changes come new ways of experiencing the world: thus the ‘nature of the self’ changes. For example, in urban Western societies family life has changed dramatically during the twentieth century and elderly people are now more likely to be isolated. Perhaps in some cases, due to ‘social death’ (Mulkay & Ernst, 1991), they may well be enjoying greater social contact with the dead than with the living. Thus, what might have been appropriate for people in the middle of the century may now be inappropriate at the beginning of a new millennium.

For most of the twentieth century, and until relatively recently, we have clung to models that have reflected the dominant discourse of society—a medical, scientific discourse encouraging the separation of spheres. Not only have we subscribed to the boundary between life and death but we have looked to professionals and experts to define, mediate and police that boundary for us. Against this background the medical, scientifically derived model may have appeared appropriate.

In late modern society, however, we cannot simply construct a ‘new model’ of grief, because society is increasingly diverse and fragmented. Models, even those originally conceived as purely academic devices, become prescriptive. Yet, like strictly defined boundaries, they no longer complement the needs and expectations of the heterogeneous individuals who make up society. The experience of bereavement and the nature of any ongoing relationship with the deceased will be tempered by the relationship during life, by the mode of death, by social class, ethnicity, age, gender, sexuality and so on (Field et al., 1997). What may, or may not, be ‘healthy grieving’ will depend upon the psychologi-
cal, emotional and social impact that a continuing relationship may hold for a bereaved person. Essential to this awareness is recognition of difference and the need to develop new, complex concepts and approaches that may aid understandings of the differentiated experiences of bereaved people. For we are not forging new links with the dead. We are not discovering new relationships but uncovering a layer of communication which has until now been viewed as deviant or pathological and therefore hidden. The task now is not to produce a ‘new model of grief’. Rather it is to amplify the whispered communication across the boundary between the living and the dead that has hitherto been muffled by the noisy, dominant discourse and prescriptive professional rituals of modernity.

Note

[1] A particularly poignant example, linked to a point developed below, was the observation I made of a roadside shrine where fresh flowers were regularly placed to mark the death of a child. Passing the spot on one occasion, I could not help but notice the increased number of flowers and a wreath announcing an 18th birthday.

REFERENCES


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Biographical note

Glennys Howarth is a sociologist who has been researching in the field of death and dying for many years. She is currently working on studies of policy-making around euthanasia; and youth suicide. She is author of Last Rites, Baywood, 1996 and co-author (with E. Hallam and J. Hockey) of Beyond the Body, Routledge, 1999.