

The good death?

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What do we mean when we say a death was 'good'? Peoples across the world engage in discussions as to whether a death was 'good' or 'bad' and it is useful to look to non-Western societies before discussing contemporary representations of the good death in Britain.

It has been argued that in non-Western societies 'good' deaths are those that demonstrate some kind of control over events (Bloch and Parry, 1982). Such good deaths can be seen to represent a victory over nature. For the Lugbara of Uganda, the 'good' death, described below, is one in which the dying predict that their demise is imminent and prepare for it. It is easy to identify with the account that follows:

A man should die in his hut, lying on his bed, with his brothers and sons round him to hear his last words; he should die with his mind still alert and should be able to speak clearly even if only softly; he should die peacefully and with dignity, without bodily discomfort or disturbance; he should die loved and respected by his family. (Middleton, 1982: 142)

Mortuary rituals serve to deny the finality of the good death by claiming that this death actually represents a kind of rebirth. Discussions of such good deaths serve to reassure the survivors that the deceased has indeed gone on to a new life. In a fascinating study of themes of regeneration in mortuary rituals in non-industrial societies, Bloch and Parry (1982) argue that a belief in the 'good' death may be harnessed to reassert the power of the group. They note that 'good' deaths may be seen to increase the productiveness of the group, in terms of crops, successful hunting or human fertility.

In contrast, bad deaths are uncontrolled; they happen at the wrong place at the wrong time. 'Bad' deaths preclude the chance of regeneration, both for the individual and the group. Suicide is often viewed as the ultimate 'bad' death. While suicide may be seen by an individual as the only way to assert control over their destiny, the survivors are likely to be left feeling helpless. To them, a suicide can appear to be a selfish act of personal frustration or despair. In contrast, 'selfless' self-sacrifice is often positively sanctioned by society (Durkheim, 1952). In reality, however, this is something of a grey area and, as Bloch and Parry point out, there can be disagreement as to whether a death was a 'bad' suicide or an example of 'good' self-sacrifice; one only needs to think of the gaol hunger striker to appreciate the subjective nature of such labels.

Contemporary representations of death in a segment of British society

Anthropologists such as Bloch and Parry have noted that one would not expect to find beliefs in the afterlife and the good death so strongly emphasized in contemporary Western cultures where the forces of individualism, secularism and the dominance of the natural and medical sciences have worked together to undermine religious and spiritual belief systems (see Houlbrooke, 1989). Changes in demography have also led to the death rate being concentrated in the elderly, who are often undervalued in this culture. The deaths of the very old and infirm do not always excite much comment. It is therefore interesting to examine the character of British good deaths.

A qualitative study in London looked at current representations of death among medical staff, deathwork professionals (such as the funeral director, the coroner and the registrar) and bereaved women (Bradbury, 1999). The findings from this study suggest that social representations of good or bad death continue to be used, although these representations are rather different from those found in a non-Western context. I came across several contrasting descriptions of good and bad deaths. These can be loosely grouped into three ideal types: the traditional sacred 'good' death; the medicalized 'good' death; and the 'natural' good death. As one would expect these representations are rarely presented in pristine form, yet it is still useful to consider these broad categories.

Sacred good deaths

For those with faith, the sorrow and pain of loss caused by the death of a loved one can be tempered by a sense of celebration or even joy. For such people the afterlife is a reality. The religious or sacred death is one in which great emphasis is placed upon the way in which the deceased lived their life and the manner of their death. While the details vary from religion to religion, being prepared and conscious are often key features of such deaths. Such accounts may appear to be very traditional and may seem at first glance to be similar to those described in non-Western cultures (see Bloch and Parry, 1982) or in pre-industrial Britain (see Ariès, 1987), but closer analysis reveals them to be quite different. I found that they were invariably married to descriptions of medical interventions and of the medical good death, outlined below.

Medicalized good deaths

The majority of deaths take place in a medical context of some kind, whether in a hospital, hospice or at home, under the supervision of a GP. In this context, it is not surprising that we have embraced those medical

techniques which allow us to control death to some extent, for example, by prolonging life or easing pain. In my study I found that the majority of deathworkers subscribed to a representation of the medical good death in which the dying patient was unconscious, and free of pain. In this struggle against death the locus of control had shifted from the dying person to those who care for him or her.

Natural good death

I came across two different types of natural good death. In both instances, the essential ingredient of control of the death has been reinterpreted. The first type of natural good death is quite straightforward. In this instance, people take control of their own expected deaths by becoming active agents in the illness. They become involved in decisions regarding their care and treatments, often rejecting what are increasingly seen as unnecessary medical interventions. In many ways these 'natural' deaths really represent 'less-medicalized' deaths. Yet, the theme of nature may continue into the post-mortem period. The dying person may plan their own alternative funeral, in which they choose, say, a shroud rather than an ecologically wasteful coffin, or have a tree planted to mark their burial spot, instead of erecting a headstone.

The second type of natural good death is slightly more unusual. In these instances the deceased is seen to have died a natural good death simply because it was sudden and unexpected. Often the person dies in some kind of 'natural' setting, such as at sea, or as a result of illness which struck during a leisure pursuit, such as trekking. Somewhat to my surprise, I found that my respondents felt that these sudden, unexpected deaths were both natural and good. These were deaths in which the deceased was spared the stress and pain of a lengthy dying trajectory, something that many of us fear in times in which the dying process has become prolonged. It is of note that the concept of 'natural' death which is also good is a modern, secular, development (see Beier, 1989).

Medical practitioners and deathwork professionals

Medical practitioners and deathwork professionals may cherish personal representations of 'good' and 'bad' death which affect the way they treat the dying, the dead and the next of kin. They may be unaware that others do not necessarily share their worldview. Indeed, sometimes there are conflicts between the representations of 'good' death held by the bereaved and those of the professionals.

If you bring them in and they are obviously dead, you will wait ten minutes so the relatives think you have done something. (Casualty doctor, 1991)

The representation of the medical good death, which is characterized by active interventions by medically qualified personnel, appears to have informed this team's decision to stand around a corpse for the benefit of the waiting next of kin. While the erroneous belief that the death followed a frantic fight for life may have been a comfort to the relatives, this team had no way of knowing that their assumptions about them were correct.

I once spent eight hours embalming a person, I had to suture an arm back on – the relatives didn't know. (Funeral director, 1991)

During the post-mortem period representations of death continue to have an impact on our speech and behaviour. I found that funeral directors made a great deal of effort to hide any evidence of violent, or bad, deaths. When preparing the corpse for viewing, staff tried to create the illusion that the deceased had died a good death, be it in sacred, medical or natural terms. Trying to make the body look reposeful is therefore not so much a symptom of our denial of death, but our denial of 'bad' death through the attempt to make all deaths appear as if they had been good.

I am against personal visual identification, unless [the body appears to] lie there serenely asleep. But, if the body is disfigured, then it's probably unwise to let somebody [view] who is not, as it were, used to it. (Coroner, 1991)

Getting access to the remains of a severely damaged body can be difficult for relatives, especially if the next of kin are female (women are often not viewed as being strong enough to cope with the sight of broken bodies). Our representation of the bad death lies at the heart of such prohibitions.

Summary

To summarize, we currently have multiple representations of what makes a death 'good' or 'bad'. These representations are formed by our cultural heritage, our biographies, our psychological states and the context of the death under consideration. Given the wide range of social representations currently in use, it seems particularly important that medical practitioners and deathwork professionals realize that bereaved people may not share their representation of what makes a death good.

References

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