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Introduction

The argument of this book is that social and cultural life involves turning away from the inevitability of death, which is contained in the fact of our embodiment, and towards life. This chapter provides an overview and summary of the key themes of the book, which explores the implications of this view. Study of the human experience of death allows us to understand some fundamental features of social life. Embodiment dictates basic parameters for the construction of culture, the key problem for which is contained in the fact that bodies eventually die. On the one hand this threatens to make life meaningless, but on the other it is a basic motivation for social and cultural activity, which involves a continual defence against death. Through a variety of practices, both routine and extraordinary, the threat to basic security about being in the world posed by knowledge of mortality, is transformed in human social activity into an orientation towards continuing, meaningful existence. At the same time the cultural forms made available to members of different societies to overcome the problem of death vary greatly. An understanding of cultural variation helps us perceive the degree to which our own constructions of death, dying and bereavement as well as broader issues concerning the formation of self-identity are in fact specific to the conditions of late modernity and, indeed, are dominated by the conceptions of particular social groups.

I begin with a chapter on general social theory which starts from the premise that a study of dying and of bereavement throws into stark relief the divide between nature and culture, made fragile by the temporary reversals and inversions that occur in marginal situations and fateful moments, chief among which are close encounters with death. The main theoretical contribution of this book lies in its analysis of the roots of the social bond, which is generally taken for granted in social theory. The role of embodied emotionality is of crucial importance in understanding why humans are motivated to participate in common membership of imagined communities. The social construction of the body and human subjectivity in discourse has been an important theme in social

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theory. I argue, however, that followers of the Foucauldian approach to social construction have at times presented an overdeterministic and dis-embodied analysis of human agency. Phenomenological perspectives are more satisfying in showing the involvement of human agency in the construction of culture, but are lacking in analysis of the ways in which objective structures can partially determine subjectivity as well as bodily experience. Attempted resolutions of the structure–agency problem, which incorporate a more embodied conception of the human subject, are then considered in an analysis of the work of Turner's sociology of the body, Bourdieu's development of the idea of a socially determined habitus and Giddens's structuration theory. The role of language as a medium for the appropriation of cultural scripts is identified. Giddens's work is particularly influential here, allowing a number of studies of the narrative reconstruction of self-identity among the chronically ill to be placed in a broader theoretical context. This analysis leads me to the view (drawing on Scheff 1990) that maintenance of a human social bond is a fundamental motive for social participation, reflected both in large-scale ritual events and the micro-rituals of everyday interaction, where minor currents of exclusion and inclusion underlie the smallest conversational exchange, generating feelings of pride and shame in the flux and flow of membership negotiations.

If we are to take seriously the project of a sociology of the body it is necessary to have a basic understanding of the biological parameters of human social life. Different forms of dying have different consequences for social participation, seen most clearly in the availability of an aware dying role for those with the terminal diseases of cancer and AIDS. Other types of dying, such as those involving gradual decline in extreme old age, or dementia, do not offer entry to this dying role, which is a manner of death particularly supported by the cultural scripts available for the formation of self-identity in late modern and, particularly, anglophone societies. Chapter 2 therefore gives an account of the variable biology of different forms of death. At the same time the biological reduction of dying to a collection of bodily symptoms is itself a cultural construction, as is demonstrated in this chapter in a case study of pain. This leads me to a view of 'bodily' symptoms as the body's communicative interjection into social life. Additionally, objective social structures, such as those of social class and gender, influence bodily events, most obviously in class variations in mortality rates. The impact of gender on the experience of ageing is taken as a case study of the determining influence of social structure on experience towards the end of life.

Having done this preliminary work I then assess a variety of socio-

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logical, anthropological and psychological analyses relevant to an understanding of the social aspects of death, dying and bereavement. Existing work in these human sciences has rarely pursued the relevance of a study of mortality for general human social organisation, although there are some notable exceptions to this, such as the work of Becker (1973) and Bauman (1992). I begin by considering macro-structural analyses which compare the organisation of small-scale tribal or traditional societies with large-scale, modern industrialised societies for their management of death. This analysis reveals the shortcomings of the thesis that modern societies are 'death denying' as, in fact, social organisation for death in late modernity is remarkably active, realistic and death accepting. I therefore distinguish between the psychological denial of death and the sociological, which can be more accurately seen as a 'hiding away' or sequestration of mortality in modern times.

At the psychological level, however, the construction of a meaningful approach to social life is rooted in a 'denial', or at least a turning away from the problem of death. Attempts to transform death into hope, life and fertility are seen in a variety of practices which combine to 'kill' death and resurrect optimism about continuation in life in spite of loss and certain knowledge of one's own future death. Durkheimian analyses of the mortuary rituals of tribal or traditional societies show how this is achieved by symbolic means. In modern societies nationalist ideologies have often been successful in transforming the meaning of individual deaths into heroic acts that sustain the fictive immortality of particular social groups, bonded together in an imagined community. The killing of other people, both in actuality and in acts of symbolic violence, exclusion and stigma, is also a means for sustaining personal security about being in the world (ontological security). Yet these means for killing death are decreasingly available in the civil society of late modernity, where restraints on interpersonal violence are strong and the values of tolerance and sympathy are promoted as desirable social virtues. Implicated with this are psychological versions of self-identity which can be said to offer a religion of the self with associated rites such as psychotherapy. Psychological discourse can help people, faced with the fateful moments of death and loss, to restructure narratives of self-identity and transform the event of death into a positive experience.

In this third chapter I introduce three concepts important for the rest of the analysis: those of the imagined community (derived from Anderson (1991)), revivalism (derived from Walter (1994)) and resurrective practice. The first of these is expanded in scope in comparison with Anderson's original usage, where it referred to the sense of community derived from participation in nationalistic ideals, promoted

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by the existence of print media. I retain this, but suggest that membership of a variety of imagined communities is available to people in late modernity, for example that which is constructed in medical knowledge, in the governmental promotion of normal behaviour, by life insurance systems and in psychological discourse. I retain, too, Anderson's insight that 'nothing connects us affectively to the dead more than language' (1991: 145). The second concept, revivalism, follows Walter in referring to the ideas promoted by certain late modern social movements such as hospice care that incorporate a critique of the modern way of death, which is perceived to involve a taboo. The revivalist alternative proposes an elevation of the (supposedly) private experiences of dying and bereavement, so that these are brought into the field of public discussion, as they are in psychological knowledge. Thus revivalist psychological discourse enables individuals in late modernity, faced with bereavement and death, to engage in practices (such as psychotherapy) that involve claims to membership in an imagined human community of anonymous others. This is an example of the third concept, that of resurrective practice. I intend this to refer, though, to practices of both a formal and organised nature for which there exists an established expertise and to the fine details of everyday conversation, since these have in common an affirmation of the social bond in the face of its dissolution. Resurrective practice restores a sense of basic security fractured by death, but is also a routine feature of daily life.

In the second part of the book I consider a variety of cultural representations of death that are available to individuals in late modernity. These can, alternatively, be described as discourses on death or cultural scripts, making available a variety of meta-stories to dying and bereaved people for the interpretation of their biographical situations. The first of these is the grand narrative of scientific bio-medicine which offers both technical intervention and symbolic means for the transformation of chaotic nature into the experience of order and control. The effectiveness of this sheltering canopy is extended by promoting a general awareness of life as a risky business, nevertheless controllable by health promoting activity, whose root purpose is to defend against the risk of death. Here, medicine is implicated in governmentality and population management along with other institutional forms of risk management, such as life insurance. Both life insurance and medicine involve a redrawing of traditional boundaries between the sacred and the profane, so that calculation of the value of human life and assaults on the sanctity of bodily boundaries (through organ transplantation for example) are made possible. Medicine and systems of social security, then, provide people with many of the comforts previously only available

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through religious belief since, like religion, they help to contain anxieties about the future. They also construct a sense of belonging in an imagined universal human community whose anonymous members are located at particular points of statistically defined spectra ranging from the normal to the pathological.

In late modernity, however, considerable distrust has arisen in the narratives offered by modernist medicine, so that at fateful moments people are required to make an increasingly difficult leap of faith in medical authority. The psychological sciences offer medically related but, ultimately, alternative scripts for understanding the meaning of death. They are also implicated in new medical practices whose effect is to generate trust between professionals and clients through emotional disclosure. A caring team, which incorporates lay members as 'volunteers' or 'carers', has been constructed in patient-centred or holistic medical practice, in which a space is also opened for the renegotiation of interprofessional boundaries, seen for example in nurses' claims to specialist expertise in emotional labour.

Patient-centred medicine encourages confessional moments in which bonds of trust are negotiated and patients are cast as inner adventurers. Care of the self is seen primarily as an individual project in Western, or at least anglophone, medico-psychological discourse. This differs considerably from cultures where there is both greater trust in authority and willingness to allow others (such as family members) to care for the self. Chapter 5 shows that these cultural differences are particularly noticeable in debates about informing individuals of the presence of a terminal illness. The construction of dying as an opportunity for personal growth is, then, possible under certain conditions and encouraged in 'revivalist' discourses on death, exemplified by such phenomena as psychological stage theories of dying and grief. These are promoted most energetically by the hospice and palliative care movement, which is primarily a phenomenon of English speaking countries and is premised on particular forms of death such as that from cancer. Sociological studies of hospital routine have become incorporated in revivalist discourse as sources of atrocity stories helping to distinguish revivalist practices from modernist medical care. Revivalism also points to the construction of the dying person as chief mourner since, in the liminal space offered people in the role of aware dying, anticipatory grief occurs. However, this discourse has limited applicability, shown most clearly in the lack of success in identifying communities of the aged as parallels to the temporary communities of the dying formed in hospice care. Participation in revivalist discourse also offers dying and bereaved people opportunities to transform symbolically their experience of death into

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an affirmation of life. Psychotherapeutic talk is an important technique for engaging in such resurrective practice, which allows people to assert claims to membership.

The third area of representation that I consider is that of the media, by which I mean both the conventionally identified broadcast media and the medium of research studies, since these are a primary source of legitimation, as well as a source of ideas structuring the practice of professionals working with dying and bereaved people. Broadcast media play a significant part in generating an imagined community and in writing the cultural scripts that many people appropriate when facing their own death or bereavement, yet analyses of their role in representing forms of dying are relatively rare. Although the media portray death in a number of ways (including, most obviously, violent deaths in fictional and news programmes), I focus here on a particular genre of heroic, confessional death that draws on similar themes to revivalism. Through a case study of one such confessional death, that of Dennis Potter, the British television playwright, I demonstrate the discursive construction of the aware dying role as a drama of inner adventure. In this discourse certain rhetorical devices – such as the juxtaposition of opposites – are routinely used to bestow an authority which derives from the dying person's special status as a liminal being. This transforms the experience of dying into an opportunity for growth. The parallels with symbolic transformations of death into fertility in mortuary rituals are drawn out. Similar rhetorical devices are to be seen in the research medium, particularly in qualitative and ethnographic studies of dying which are particularly suited to presenting authors as having the authority of the marginal observer. Quantitative studies more commonly make use of modernist scientific rhetoric. I analyse this through a detailed examination of particular studies and methodological debates. These assume the universal desirability of particular versions of dying that are in fact culturally specific and run in close parallel to debates in the sphere of medical ethics concerning information control. Research studies therefore act as moral tales or cultural scripts in a manner similar to broadcast media representations.

In the third part of the book I consider the experience of dying and of grief and here we see the extent to which the theoretical discussions of part I and the representations analysed in part II relate to people's experience of dying and bereavement in late modernity. In this part I draw on a number of investigations of the experiences of dying and bereaved people that I and others have carried out. The first of the chapters in this section describes the fall from culture and disintegration of the social bond that dying involves. As the body ages and decays,

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projects of self-identity are disrupted and reciprocity in social relationships becomes difficult to maintain. This decline is shown primarily through studies of elderly people living alone and through an investigation of the meaning of food and drink in terminal illness. Living alone towards the end of life is shown to involve attempts to maintain orderly regimes of self-care and resistance to the social death associated with institutional care. This places lay members of the caring team in an ambiguous position as both sustainers of the social bond and the agents of its destruction, occasioning considerable guilt and threatening carers' ontological security. For ageing and dying individuals, though, the creation of order through the maintenance of a clean environment and through adherence to mealtime patterns, is increasingly threatened. The disruption of commensality (eating together) and the transition from meat to vegetables, solids to liquids, and eventually to 'special food' or medicalised sources of nutrition and hydration run in parallel to the disintegration of the body and the social self, a sort of personal decivilising process. The declining intake of food then becomes a potent symbol for the fading of life itself, representing for many carers a final defeat for the cultural construction of the human social bond.

Yet possibilities for alternative constructions of the cessation of feeding and drinking exist. Chapter 7 ends with an account of a woman who took control by fasting to death, a manner of dying seen as entirely legitimate in some cultures. Chapter 8 therefore considers how people in late modernity can control the manner and timing of their deaths so that social death is brought to coincide with biological death. Two main strategies are available for this. The first is that which is offered people by revivalist discourse. Here, people with terminal disease have the opportunity to construct themselves as inner adventurers, transforming the experience of dying into an opportunity for personal growth and an affirmation of caring bonds, gaining entry to temporary liminal communities such as those constructed in hospice care, aided by professional members of the caring team. My work shows, however, that even within the individualistic environments of late modern, anglophone countries, this is an option which not all wish to take. Bourdieu's concepts of symbolic violence and class distinction are brought in here to explain the social distribution of open awareness. Appropriation of revivalist scripts for dying, too, are only available for those with medically recognisable terminal disease, reminding us of the influence which the material life of the body has over participation in cultural and social life. By contrast, euthanasia as a means for bringing social and biological death to coincide is more widely applicable to a variety of physical conditions. My analysis suggests that euthanasia is a response to the limited

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coverage of the sheltering canopy of revivalism, although it shares a common root in the desire to sustain the social bond and preserve an intact narrative of self-identity up to the point of death. Yet it represents an acceptance of the limits that our material existence places on the effectiveness of our cultural constructions and on our capacity to preserve each others' lives. It reflects at least as deep an acceptance of mortality as is contained in revivalist discourse.

The final chapter of the book considers grief and bereavement, initially by examining the situation of people bereaved by loss. I suggest that medico-psychiatric discourse, with associated practices of bereavement counselling and support groups, can be understood as a late modern ritual for repairing damaged security, allowing mourners to reconstruct narratives of self-identity so that they can imagine themselves to be contained within the secure bonds of a caring community, thus turning mourners away from death towards life. Yet in general there is an aspiration towards anticipatory grief in late modernity, so that intense grief after a death is by no means a universal experience. I then argue that to focus on such survivors as 'the bereaved' is somewhat misleading. In the role of aware dying the dying person is in fact the chief mourner for the death. Additionally, returning to the broader theoretical concerns outlined in the first chapter, there is a sense in which all social life is a defence against the 'grief' caused by realisation of embodiment. In everyday social life we continually engage in resurrective practices designed to transform an orientation towards death into one that points towards life. I demonstrate this by considering the role of resurrective talk in the research interviews on which I draw in the rest of the third part, seen particularly in retrospective accounts of the deaths of people who die alone. In such talk the ontological security of speakers is sustained by the defence of moral reputation as people who fulfil the obligations of the social bond, so claiming membership of a wider imagined community of care. The book ends with a restatement of its fundamental theme, which is to show that an adequate understanding of the role of embodiment in social life requires a recognition that our bodies give to us both our lives and our deaths so that social and cultural life can, in the last analysis, be considered as a human construction in the face of death.

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Part I

Social and material worlds

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1 Experiencing and representing the body

Our bodies are the means by which we have life, vehicles for our communal sense of what it is to be human. But they also set material limits to our experience, and ultimately dictate that our lives must end. As humans, we know these things, and this sets us apart from animals, who do not know they will die. So, on the one hand we orient ourselves, through our bodies, towards pleasure, emotions, libido, projects to create personal meaning and, increasingly in the 'West', an individually fashioned sense of self-identity. On the other hand, these things are guided, limited and ultimately undermined by the material life of the body, which moves inevitably towards eventual decay and a return to inanimate existence. Those who are left behind know that they too will go this way, but meanwhile must live through their sense of loss, and regenerate the will to live. Life, in a sense, can be understood as a deliberate, continual turning away from death.

Dying, and the sense of loss which death engenders, are episodes where the divide between nature and culture is seen in starkly clear terms. If human social life is an attempt to construct a refuge of meaning and purpose against the meaningless chaos that is nature, then study of the human approach to death and bereavement affords an unusually clear opportunity to perceive some of the most fundamental aspects of these constructions. Here we can see how we defend against threats to our basic security about being in the world, and construct lives of meaning, purpose and fulfilment. The essential parameters set by the facts of human embodiment can be perceived in the study of illness, ageing and death, as can their influence on our common social lives.

There is therefore a broader sociological purpose to this book than simply to understand how social theory can illuminate the topic of death. This broader purpose rests on the claim that an understanding of mortality is fundamental for an adequate theory of social life. This chapter will help to show this by outlining some of the more important strands in recent social theory involving attempts to understand the role

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