

The Lost Art of Dying

Benjamin Franklin once said that there were only two things you could be certain of in life – death and taxes. After Tuesday, no one wants to hear about taxes, so I will discuss the art of dying in our society.

I thought about a couple of different ways to approach this topic. As Southern women we know it is important to plan a party or wedding or dinner. How do you plan for a graceful way of dying in our culture? My talk will start with an abbreviated cultural review, then I will highlight an historical perspective and finally I will give us a glimpse of where we are today.

In the 1800's there was a shortage of cemetery space in London, so people began digging up old caskets and moving them to save space. During this process they found scratches on the INSIDE of some of the coffins. Declaring someone dead was not an exact science back then. Some people were prematurely buried, just to wake up later deep in the earth. So, to combat this they started tying a string to the person's body that threaded out of the earth to a bell. A new occupation was born – the graveyard shift, workers who spent the night in the cemetery listening for bells from recently buried corpses. This is also the origination of "saved by the bell".

Other funeral and burial practices from around the world include Sky Burials. Tibetan Buddhists practice this by exposing the body of their loved one on top of a mountain or on a shelf on a cliff. The body becomes sustenance to animals and once they are only bones, the bones are ground and fed to cows. In Madagascar they “Dance with the Dead.” The person is entombed and ever few years they will open the tomb and rewrap the bones. They will speed decomposition so they can push the spirit to move on. Each time they open the tomb they dance and share stories with the decedent. This dance is known as “Turning the Bones”. In South Korea there is little space for burials, so most are cremated, and the ashes are made into colorful death beads, glass vases or dishes for in the house. I wonder if Martha Stewart knows of this new decorating trend. In the Philippines the Tiguan dress the body in fancy clothes and sit them in a chair at the entrance with a lit cigarette in their mouth. This ritual continues for several weeks. In Ghana they use carved fantasy coffins unique to represent the person to whom they are saying farewell. The coffin is colorful and may be a bird or a dragon or a salamander, something that was important to them in life. Amish women are buried in their wedding dresses. How many of us would fit in ours? Closer to home, in New Orleans, there are jazz bands that lead the coffin from the funeral to the cemetery. Somber dirges are played to the cemetery but once the person is buried, they play more lively music and lead the group to the party held

after the burial. These are just a few examples of respectful “goodbyes” from around the world.

One family vacation, the topic of conversation was about the fact that my husband and I have both willed our bodies to science, but we needed to know who wanted the cremated remains after our bodies were used. Interestingly enough, one said was not okay that we wanted our bodies disposed of in that way. Of course, we informed him that that was exactly why he was not the Executor of our wills. But then the rest of the kids took the subject and ran with it coming up with jewelry items or an hour glass. The conclusion was that our son, Clay, would accept the ashes and have bars of soap made. That way, when he or his siblings bathed, they would always think of our irksome habit of needling them just like when they were kids.

Seriously, I was overwhelmed by the research about current death and dying practices, so I decided to look at the evolution of these rituals over the years.

In the 1340's Bubonic Plague struck Europe. It was highly contagious, and death followed infection by about a week. An infected flea was a minuscule annoyance with a deadly power. Modern estimates indicate half of Europe's population – almost 100 million deaths – was wiped out before the plague subsided. I mentioned the plague because this seems to be the point in time when customs of caring for

the dying changed and not for the better. Before the plague, neighbor women would gather at the bedside, together with the family, to comfort and mourn. Once the sick had died, the women joined the kin in public displays of grief. The men filled a different role, waiting with the priests outside the house to transport the corpse to the church of the deceased's choosing. These practices, together with all that was normal and familiar, disintegrated with the plague. No one gathered at the deathbed. No one waited outside the home to shoulder the coffin in a funeral march. And almost no clergy came when summoned. Can you imagine the sheer magnitude of those dead and dying? It was in response to this unimaginable horror that the *ars moriendi* was born. This was a handbook on the preparation for death. The central premise was that, in order to die well, you had to live well and part of living well meant anticipating and preparing for death. It was for everyone. It taught that ALL people, young and old, rich and poor, religious and not, should give attention to the art of dying well by living well throughout their lives. The *Ars Moriendi* was intended to be, as the author Gerson said, "a complete and intelligible guide to the business of dying, a method to be learned while one is in good health and kept at one's fingers' ends for use in that all important and inescapable hour." In other words, rehearse for death while you are healthy and keep the instruction manual handy.

Some of us try Swedish Death Cleaning or just simply making lists of knowledge like in this book. One daughter goes shopping with me and states I don't need an item because she doesn't want to fool with it when I am dead. But seriously, a P.O.S.T., a Physician's Order Scope of Treatment is a gift you can give your family to ensure your wishes are followed. A Living Will is not binding and a DNR, Do Not Resuscitate, form does not go far enough.

The *ars moriendi* practices related to living and dying in the West for more than five hundred years. But then twentieth century society fixated on ushering in a modern age. Cultural habits changed dramatically with the automobile (independence), the suffragists (liberation), talking movies, television and jazz music (forms of entertainment) just to mention a few. As L. S. Dugdale said in her book "The Lost Art of Dying" "Antibiotics and anesthesia offered life beyond life." We stopped thinking about how to die well and the *ars moriendi* was forgotten.

Dr. Dugdale's premise is to revitalize the *ars moriendi* for our society today. The main problem is to accept our finitude. We have trouble imagining ourselves as nonexistent. The worldwide average life expectancy increased from 52.5 years in 1960 to 72.2 years in 2017. United States life expectancy in 2021 is now 77.5 years, 74.8 for men and 80.2 for women. With this data, apart from our

life-insurance policies, little reminds us of our mortality like it did when people routinely died as infants or of old age in their forties.

When a Roman general paraded in his chariot in the streets after great victories, he had a servant ride in the chariot with him who whispered repeatedly in his ear “Hominem te memento! Remember that you are but human!” Basically, don’t get a big head and think you are god.

So, does comfortable modern life tempt us to see ourselves as immortal? Dr. Dugdale believes that we must acknowledge the possibility of death while we are still healthy. Plenty of people die well even though they do not want to die. You can push back against death and still die well.

We die best in community. It is impossible to die well, if you die alone. Though we must acknowledge that you can die alone surrounded by people. A Japanese journalist, Norimitsu Onishi, wrote an article entitled “A Generation in Japan Faces a Lonely Death.” She describes the growing prevalence of lonely deaths in Japan’s large apartment complexes, or DANCHI. A complex with 4,800 apartments in 171 matching buildings which offered the latest amenities. A widow who moved there after WWII gradually outlived family, close friends, acquaintances, and siblings. These lonely deaths came to public attention in 2000 when a man had been dead for three years and no one realized because his

expenses were automatically withdrawn from his pension. In 2017 a popular Japanese magazine reported an estimated four thousand lonely deaths a week. We must build community and combat isolation for the elderly and marginalized persons.

There are three levels of community, family and close friends - the intimate community. The societal community which might include all those who support the aging and infirmed like Meals on Wheels, homes for the aged., hospice care. And lastly you have the biomedical community, the doctors, nurses, social workers, etc. People are not meant to die alone; we are meant to live and die in a community. We are relational creatures.

Are hospitals horror or hope? Hospitals started out as charitable institutions for the unfriended poor, lonely travelers or isolated elderly. But they are no longer just a place to go to die but awesome institutions of science and medical advancements. Prior to the rise of hospitals, families cared for the sick and dying because no other alternatives existed. Even today, over 16 million Americans provide uncompensated care for people with Alzheimer's and other dementias. That caregiving has been estimated to be worth over \$234 billion of care per year. But what toll does that take on the caregiver? But that is another story. It is reasonable to accept the possibility of dying well in a hospital, it is also prudent to

strategize how to avoid it. Medical equipment, although it can provide comfort and support, creates a barrier to physical touch.

Eighty percent of Americans want to die at home. Figuring out how to die at home requires planning and cooperation within the three levels of community. Most importantly, it requires the wisdom to discern when enough is enough and the will to shift attention from cure to care. Is life extension always the goal of health care? Should it be?

So, I have rambled some, but I feel strongly that we need to look at how we think and talk about death and that some of the “old ways”, going back to traditions regarding death, would be helpful today. I thought to leave you with a functional example of one of these traditions. I have a friend who lost her husband a few years back. He did have his final days at home after a long battle with cancer. I went to see her the next morning and she recounted how her husband died and what she did after his death. Before she called any of the family she bathed his whole body, a very intimate ritual associated with attending to dead bodies that only in relatively modern times was handed over to the professional care of an undertaker. Families used to do this all the time. It gave them time to say goodbye privately. My friend sang to her husband. I hope I can remember this gift and am able to do the same.