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## A Sociologist Looks at Death and Dying

Lee A. Blasko

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The study of death and dying is currently very popular in America. Most college students are familiar with the work of Elisabeth Kübler-Ross (*Death and Dying*, 1969). Mother Teresa of Calcutta draws standing room only audiences at colleges and universities throughout the country. She has been nominated for the Nobel peace prize. Books on death and dying are enjoying brisk sales. College courses on death and dying are extremely popular. At one nearby college, a class on "Death and Dying" had a larger enrollment than all other classes offered by the school, except for one subject: "Human Sexuality" drew the largest number of students. I suppose a basic law pertains, i.e., we must have the one to have the other.

What does all this concern for death and dying mean? A few years ago, we enjoyed a booming interest in "Peace Studies." A

proliferation of seminars, books and college courses nourished the "Peace Study" fad for a few years. But "Peace" factions began to argue and fight with one another and the people lost interest. "Peace Studies" faded into the background.

We could cite many movements that flourished for a time, sometimes reaching tremendous popularity, then quietly fading into the background with American society being no better off than before the movement. Some examples include the Peace Movement cited above, the sensitivity training movement, ethnic or Black studies, and many innovations in education. Will the current interest in death and dying do any better? Will we achieve any lasting insights that will improve our attitudes and behavior toward the aging and dying people in our society? Or will the aging and dying population continue to be written off and ignored—allowed to die in loneliness and hygienic isolation—as is their lot at the present time?

We conducted a survey recently to sample the benefits, if any, that students obtained from a college class on "Death and

Dying." A questionnaire evaluated changes in their attitudes or behavior toward the aging and dying population. The survey was taken in the semester following the class, so, about five months had passed since the course was completed. The results indicated that most of the benefits were personal. The students gained a somewhat better understanding of the dying process; they were very interested in and retained information about the five stages of dying (initial denial, anger, bargaining, depression, acceptance—from Kübler-Ross' book *Death and Dying*). The students' interest in death, while personal, remained remote in that they could examine the topic yet remained isolated from the actual process of dying going on around them. Finally, the people going through the aging and dying process didn't seem to get any additional attention or concern from the students. In general, the students seemed to display reactions and attitudes similar to previous fads. Only the topic changes—"Death and Dying" instead of "Peace Studies" or some other educational fad.

### **Rationalizing and Denying Death**

Taking a sociological perspective, one thing seems clear. Most of us have developed an enormous tolerance for the condition of death or dying. We can sit back calmly and literally view, via the TV screen, millions on the

way to an early death by means of starvation.

Hardly a day goes by without large numbers of people being massacred in some part of the world. Most of us don't even shudder while reading of widespread genocide in recent times.

Murder, occurring right around us, can somehow be dismissed or ignored. Hundreds of people are able to look out their windows, literally sitting in a box seat, while some unfortunate is being stabbed or beaten to death. While this is going on, many citizens wouldn't even bother to call the police.

Thousands of older people are engaged in the process of slow starvation in the middle of the relative affluence that surrounds us. Their menu might include animal food or they may go for days with nothing at all. Their living conditions are often deplorable. Yet we can sit by while the process of a slow and miserable death moves along an unflinching course.

All the studies seem to indicate clearly that smoking causes cancer and other serious ailments, and these ailments in turn cause an earlier death. Yet the smoking rates continue to rise.

All these examples of forms of death and dying illustrate our increasing and passive acceptance. We can apparently tolerate any outrage to avoid concern or hassles and preserve our state of numbness to conditions around us. Freedom that is not cherished and defended can fade away.

Our attitudes and reactions to death in any form, e.g., traumatic or natural, provide us with one of the clearest examples of what happens to a society when traditions are abandoned without suitable replacements and values are ignored or actively destroyed because they interfere with "doing your thing" or the "I want to be me" approach to living.

Many other problems are reaching epidemic proportions; e.g., crime rates continue to climb each year, divorce rates are setting records, and VD statistics continue to shoot upward. All these problems provide striking examples of the slow disintegration in modern society and the condition of alienation and normlessness that surrounds us.

Yet, of all the problems surrounding us, our callous attitudes toward death should shock us into some form of action before all remaining vestiges of human concern desert us.

In the United States at the present time, there are over twenty million people 65 years and over, about 11 per cent of the population. Considering modern medical technology, which has controlled infant mortality and brought the major communicable diseases under more and more control, the process of death and dying is being reserved for the people in the older age categories. In the past, death was all around us; large numbers of infants died, children died younger and adults succumbed in large numbers to the serious communicable dis-

eases. In other words, death surrounded us at all times and equally at all age levels. In addition, the extended family was firmly entrenched and we had immediate contact with many families who in turn were surrounded by the death process.

Most people died at home, surrounded by family and friends. Death was said to have a certain dignity. Whether family and friends surrounded the dying individual out of choice, fear, or necessity was not always clear. But it is clear that most persons died at home in familiar surroundings and tradition dictated that the person receive care, concern, and attention. The funeral wake was also held in the home, continuing the family based concern for the process of death and dying. Children were indoctrinated early in the socialization process and traditions were nourished.

### **Changing Traditions Toward Death**

The traditions surrounding death in American society slowly changed and we started to develop "death-remote" attitudes. Gradually the death and dying process shifted from the home to various dying centers, e.g., hospitals, old age homes and retirement centers. The aging population was isolated and the old were made obsolete. More than two thirds of deaths now occur in institutionalized dying centers. The terms aging and dying are getting to be synonymous in American

society. Dichotomies such as old and young, useful and useless, living and dying, etc., are used to reflect negatively on the aging population and emphasize the dominance of the youth oriented culture.

As medical technology improved, the degenerative diseases started to account for more and more deaths since the major communicable diseases could be brought under better control. Dying became associated with the aged.

While waiting for the dying process to run its course, most older people are tucked away in retirement homes or similar facilities. The dedicated workers who are seriously interested in the welfare of these older residents make heroic efforts to provide meaningful activities. However, since American culture is primarily youth oriented, the retirement home workers have few worthwhile activities to choose from and fewer outsiders step up to engage the older residents in any meaningful activity. Except for occasional visits from family members, which usually become less frequent in relation to the time the person has been in the retirement home, the residents are faced with a routine schedule that does little more than help pass the time. It is perhaps an act of mercy that the intellectual processes become dulled with increasing age. At least many of the aged are not fully aware of the place society has set aside for them.

## **Euthanasia: The Happy Death?**

If trends toward a value free and normless society continue, we can expect to move from considering the aging population useless and obsolete to taking steps toward hurrying their demise.

There is a strong movement toward legalized euthanasia in the United States. Several factors make it possible to predict the movement toward death by personal request and/or just about anybody else's request—all nicely and hygienically packaged by a small but vocal group within the medical profession.

1. The success in legalizing abortion by a U.S. Supreme Court decision of January 22, 1973 has given the proponents of euthanasia the confidence to continue their battle. At the present time 13 states have Euthanasia and Death Determination Bills before their State Legislatures (Iowa, Oregon, Pennsylvania, Virginia, Rhode Island, Massachusetts, Maryland, Illinois, Idaho, Florida, Hawaii, Delaware, and Montana).

There are slight setbacks, but continued progress is inevitable if present trends continue.

2. Religious sanctions have been weakening at a steady pace. Religious leaders seem to be trapped by the same factors of value disintegration, normlessness, and uncertainty that influence most lay people. Most Protestant groups are plagued by dissension and disagreement on basic principles to the point

where they retain few if any of their former traditions and theological teachings. A significant number of ministers even question the existence of God.

Conditions are not much better in Catholic circles. Too many young clergymen are dissipating their energies in pursuit of unclear causes while many older priests have simply given up and are letting the world go by while they make a feeble pretense at conducting a meaningful ministry.

The Catholic nuns do not seem to be able to direct their energies in significant directions. Many are trapped by the "I want to be me" or "I want to do my thing" philosophy of life and are pursuing personalized activities, wasting money for travel to form questionable coalitions, and doing everything but finding the fulfillment they are seeking. The world can use more Mother Teresa types who seek fulfillment in the only possible way, e.g., by working with and giving service to others.

We can't expect too much help from the religious groups in reversing the roller coaster movement toward legalized euthanasia unless they clarify their goals and adopt a unified approach to help combat the euthanasia movement. (Some may find certain statements in part 2 above to be on the harsh side; the author will be happy to provide the interested reader with empirical documentation.)

3. Too many sociological and psychological studies indicate that people are insulating themselves, closing off concern for others, and tolerating just about any outrage to their person to avoid hassling and involvement. Briefly, people just don't seem to care about others or at least they prefer not to get involved.

4. As the recession continues and more inflation sets in, more elderly persons will have to apply for additional welfare assistance just to continue a marginal form of existence. Evidence is already clear that people in the tax paying age range are resenting the fact that more welfare money is being used for the aged and disabled.

Attitudes such as "why waste the money on these useless groups" are already being expressed. With these attitudes, euthanasia will be easier to accept.

We could all add more to this brief list indicating why we are moving toward a more active elimination of the "non-producing" or "obsolete" aging members in our society. Since they have been all but relegated to a "non-person" status, it should not be too difficult to actively help them in the process of dying.

### **Negative Predictions**

Speaking as a Christian, these developments are horrendous, destructive and indicative of imminent breakdown of our contemporary social structure.

Speaking as a sociologist, we can only report on trends in mo-



tion at the present time. These trends indicate that we will continue to rationalize the process of our personal aging, continue to isolate and ignore aging and dying members in our society and continue to cultivate "death-remote" attitudes to the point of denying the presence of death on the one hand and helping to hasten death for "useless" members of society on the other hand. Hopes for a reversal of present trends are not good in view of all the evidence that we are fast becoming a sociopathic-schizophrenic society.

#### SUGGESTED READING

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