



**Culture e Studi del Sociale-CuSSoc**

**ISSN: 2531-3975**

**Editor-in-Chief: Emiliana Mangone**

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ANDREA S.A. BARBIERI

**Come citare / How to cite**

BARBIERI, A.S.A. (2020). Men and Death in the West. Towards a New Interpretive Paradigm?. *Culture e Studi del Sociale*, 5(1), Special issue, 195-209.

Disponibile / Retrieved from <http://www.cussoc.it/index.php/journal/issue/archive>

**1. Affiliazione Autore / Authors' information**

IRPPS-CNR of Rome, Italy

**2. Contatti / Authors' contact**

Andrea S.A. Barbieri: a.barbieri[at]irpps.cnr.it

**Articolo pubblicato online / Article first published online: June 2020**



- Peer Reviewed Journal

INDEXED IN  
DOAJ

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### **Note of Editor-in-Chief**

This is the first Special issue of the journal *Culture e Studi del Sociale-CuSSoc*. The idea behind the special issue comes from this consideration: around the world, individuals are facing a critical moment, the COVID-19 pandemic and its consequences require some reflections on many topics, often forgotten by scholars. This is the reason why many Italian and foreign scholars have been invited to give their contribution. Furthermore, now more than ever, it is crucial to share knowledge coming from multiple disciplines and that's why it was decided to write an entire issue in English.

For scientific and intellectual correctness, the contents of single articles refer to the situation as in mid-May 2020. It is necessary to clarify that because this Special issue was published when many countries were starting to reduce their emergency measures to cope with the pandemic.

# *Men and Death in the West. Towards a New Interpretive Paradigm?*

Andrea Salvatore Antonio Barbieri

IRPPS-CNR of Rome, Italy  
E-mail: a.barbieri[at]irpps.cnr.it

## **Abstract**

Up until recently, contemporary Western society seemed to voluntarily ignore death, wrapping itself in a silent cocoon. Death disappeared from the public discourse unless it was spectacularised and mediatised. While ‘true’ death receded from individual lives, ‘fake’ death was omnipresent – widespread and thus anesthetising. After being one of the great taboos of our time, it is now becoming visible again. Three aspects, which can be framed as individual civil rights, have promoted this change: bioethics (which forced the public to ponder challenging topics), cultural pluralisation (which introduced novel ways of thinking and experiencing death) and a tendency towards the creation of institutions attentive to a new humanisation of death (e.g. pandemics give rise to *pandethics*, with the need to harmonize individual and community rights). We are perhaps at the beginning of a cultural turning point, though punctuated with many ambivalences and contradictions. To better understand it, we should look at its antecedents and at the history of the death-related imaginary in the West. We will consider Ariès (1975) schematization of four subsequent phases in societal attitude towards death and hypothesize the beginning of a fifth stage: *death postponed* but also *rediscovered* (even if not yet truly *reconciled*).

**Key word:** Death, Social practices, Western society.

## **1. The debate on death today: from the removal to the recovery of emotion**

Death is the ultimate universal and irrefutable event: the only thing we are sure of – even if we ignore the day and time, the whys and hows – is that we must die (Thomas, 1975)<sup>1</sup>. As Augustine of Hippo said: *Incerta omnia. Sola mors certa* (Everything is uncertain. Only death is certain).

And yet, in the face of this unavoidable certainty, we delude ourselves that death can be forgotten, excluded from our horizon, that society can ‘pretend that’, and live ‘as if’ death did not exist. As if we could understand the meaning of a story – any story, first and foremost our very one – regardless of how it ends. As if the way of dying and of conceiving death did not influence individual lives or their idea of society. Indeed, contemporary societies have cultivated this illusion with conviction and wide deployment of means.

This cumbersome absence – a deafening silence – is reflected in sociology<sup>2</sup>. It is no coincidence that the entry ‘death’ is often missing from its manuals and dictionaries. It is not mentioned and even less analysed.

The individuals constructed and imagined by sociology are, or appear, immortal: their only task is living, never dying. A considerable absence in a discipline

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<sup>1</sup> Thomas, one of the founders of Thanatology, prompted the rediscovery of death but was also a severe analyst of its removal in Western societies (1975; 1978; 1988).

<sup>2</sup> A science which, by definition, is concerned with analysing society (particularly advanced Western societies, for which sociology is both expression and means of self-reflection).

aimed at reading and interpreting society – and, indeed, it is beginning to be questioned, albeit timidly. Conversely, other humanities (anthropology and philosophy, for example) have never forgotten it and/or are today refocusing on its study. So strange is this absence that it deserves our searching for a plausible explanation. We will not find it in sociology, but upstream and further back, in a cultural climate that comprises it and yet goes far beyond it, leading Edgar Morin, who analysed this aspect of the social construction of reality, to define ours as an “amortal society”<sup>3</sup>.

In recent decades (but stemming from an older trend dating back at least to the Enlightenment), death has been one of the great taboos – the last, perhaps, and the most inconvenient<sup>4</sup>. Man is the only animal that knows to be mortal – at least culturally, while biologically speaking other living species most certainly hold the same knowledge. Furthermore, we are speaking of the contemporary Western man: not so in other epochs and cultures. And yet, in the face of death, man often prefers to abdicate his cognitive abilities. While we lavish vast resources and enormous scientific, cultural and financial capital to lengthen life, improve its possibilities and duration, slow down the ageing processes, soothe pain, heal or at least contain previously inexorable diseases, when we are faced with this last barrier, we still prefer neither knowing nor investigating. The meagreness of our discourses on death does not match the scientific progress around life – and this not only for scientific discourses but also philosophical and religious ones, although religion is one of the few areas in which the discourse on death is still ‘allowed’ as if only its language could find words in the face of the unspeakable.

Nowadays, things are somehow changing. Death is becoming visible again, even in medical-scientific discourse and hospital practice. It is returning to be what it cannot help being: evident. We are perhaps at the beginning of a cultural turning point, though punctuated with many ambivalences and contradictions. To better understand it, we should look at its antecedents and at the history of the death-related imaginary in the West.

We must understand why Western society, which seems to enjoy (and indeed shows vocation for) breaking all taboos, has long erected an impenetrable barrier around death. We must also understand why things are slowly but progressively changing; or rather, why there are countertrends which do not however deny or contrast other long-established tendencies in society. We will start from the premises.

## 2. Man and death in the West: short history

While the average life expectancy has increased considerably, the traditional difference between men and women is still confirmed across all ages: men die earlier than women. These tendencies exist since the Renaissance in the West, while in other latitudes and cultures the opposite is still true. The differences are due to social roles and the related lifestyles and are now decreasing. The longer life expectancy is considerable progress, if we consider that in the 1850s only 5-6% of the population was over sixty years old – just a tenth of today’s share. Considering the

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<sup>3</sup> Morin (1951) in the introduction to the Italian edition (2002) of his text, largely ahead of its time.

<sup>4</sup> This interpretation has prevailed for at least forty years in the reflection on the theme. It probably dates to the rapid and deliberate oblivion of the Second World War and the optimistic years of reconstruction and the economic boom

more economically developed part of the world, and particularly the West, we could say that death is increasingly postponed: the race against time undertaken by medical science in the name and on behalf of society is successful. We do not die as we did before. Every society produces its 'right' ways of dying. And death, like everything else, has a history<sup>5</sup>.

Demography and statistics provide important information, reminding us that in the Middle Ages, even before the great plagues, the average life expectancy in Europe was 30 to 35 years and 40-50% of the population did not live to be twenty years old. Life expectancy did not increase much until recent times, even until the last century – if it is true, as Vovelle reported (1974; 1983), that it still amounted to 25 years in France in 1795 and 32 years in the Netherlands in 1816.

Unlike in contemporary society, death was at that time mostly violent, caused by the brutality of either men (wars, violence, working conditions) or nature (epidemics<sup>6</sup>, famines, illness and childbirth, but also storms or animal attacks, dangers now surviving only in fairy tales or horror fiction). The latter, however, are mostly events with social causes and, despite the rhetoric about equality before death, often hit rich and poor differently.

But beyond these considerations, how has the attitude towards death changed? Ariès (1975) proposes to distinguish four different phases, which he summarizes as follows.

The first phase is that of *domesticated death*. Death is somehow part of the landscape, it is “natural”, obvious. The prevailing attitude is resignation, and the living and the dead habitually coexist; both belong, so to speak, to the same world, they share it. Death is awaited as an accepted destiny, and it is organized as a public ceremony with relatively simple rites, devoid of any drama and almost even of emotion.

From the Late Middle Ages, there is a phase of death of the self, of the *discovery of individual death* and its drama. The *artes moriendi*, the manuals of good dying, spread, and art proposes themes such as the *danses macabres* and the triumphs of death (such as in the cemetery of Siena in Italy). Their morbid description of decomposition of corpses and skeletons reveal a strong love for life and the fear of its loss. Death emerges as the place where man becomes more aware of himself. We also witness a ‘personalization’ of the very figure of Death, which becomes somehow independent from God and no longer His instrument. With time, thanks also to the ‘invention’ of purgatory, the investment in heaven through legacies increases, at least for the nobles. In 1438, a specialized institution was created in England, the All Souls College, whose main purpose was celebrating masses and praying for the soul of King Henry V and those rich who could afford it, a practice charged on destitute schoolchildren. From the 1200-1300, the rich also start enjoying ‘living’ representations of the dead in painting and sculpture – the “standing dead” (rather than lying down) as Panofsky calls them. Gradually, with humanism, there is a re-evaluation of life and love; one faces death, but does not insist on it: Cardinal Balduino will summarize this with the aphorism “he who lives well dies well, and he who lives badly also dies badly”.

The third phase, the *death of the other*, began in the 18<sup>th</sup> century. Death is

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<sup>5</sup> This is not the place to reconstruct a history of death in the West. Others have done so in a heated discussion on its interpretation (see Ariès, 1975; 1977; Vovelle, 1974; 1983; Lieutenants, 1957; Kellehear, 2007).

<sup>6</sup> Including the pandemic caused by the new coronavirus SARS-CoV-2 or COVID-19, which started spreading at the end of 2019 and, by the end of March 2020n had infected 178 countries in the world and made thousands of victims.

dramatized, dominant, but, through the romantic conception, we overcome self-contemplation to observe the destiny of others: we mourn their death, we question it and suffer for it. It is the death of 'you', of the beloved, within a stronger family sensibility. And the idea of death, even that of others, moves us, sometimes with complacency. Death becomes secularized, it loses many of its religious characteristics – in Vovelle's words (1974), it becomes de-Christianized. The cult of the dead is spread through monuments and celebrations, in a new civil religion linked to the budding nationalism and the emphasis on the collective glories of the State<sup>7</sup>. The cult of the tombs, the attention to our dead, the daily, intimate dialogue with them, is born.

The fourth stage, the current one, is that of *forbidden death*, and it begins roughly after the Second World War. Death disappears from the social panorama, an object of shame and prohibition, "because by now it is generally accepted that life is always happy or must always look like it". The rites remain the same but emptied from within of their pathos and dramatic charge. We no longer die at home among our family, but in a hospital and often alone, surrounded at most by a few family members rather than by the extended circle – up to neighbours and friends – which characterized the previous phase. Death is removed, it disappears from both the social and the individual horizon. It is no longer seen or thought of: Ariès (1975) speaks of this "death throes" as a "brutal revolution", an "unprecedented phenomenon".

This schematization has been criticized by many, even from a historical viewpoint, accused of excessive rigidity and drawing questionable conclusions. We are not interested here in the historiographic debate but in some of the sociological indications that we can draw from it. We will take note of Vovelle's observations (1974), who spoke of an "irreversible turning point" as early as the 18<sup>th</sup> century, with "the end of the plague, which concludes an entire cycle of the history of death in Western Europe" and when the population doubled.

This period witnessed a significant increase in life span and, consequently, a lower degree of insecurity. On the cultural level, we see the beginnings of the *philosophes'* demystification and almost trivialization of death, for which it is now considered a natural phenomenon rather than divine punishment: "nothing but limit, accident". Not a fatality, but a natural law to fight against. We can date back to this era the birth of the modern gamble against death, to be 'beaten' rather than accepted as a given.

We also observe the emerging habit for the dying to have a doctor at their bedside, who first flanks and then gradually replaces the priest. There is, therefore, an explicit attempt, if not to eliminate death, at least to understand and fight it. The secularization of last wills, the lesser emphasis on masses and the reduction in religious aspects, including the presence of religious figures, are all clear signs of this changed mentality. From a 'technical' point of view, we see the introduction of the coffin and a progressive 'exile' of the dead in the name of public hygiene. It is another form of desacralization: death is no longer linked to a holy place (such as the parish cemetery, situated around the church), visited and traversed daily, integrated into the urban and sentimental panorama, but to a place outside the city, 'outside the walls', less and less visible, visited only occasionally.

From a social point of view, given that the city population enjoys fewer direct ties, specialized 'announcers' are created, 'angels of death' who will progressively

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<sup>7</sup> The glorious death interpreted by the motto *dulce et decorum est pro patria mori* (it is sweet and fitting to die for the homeland).

also be put in charge of organizing funerals – the ancestors of today’s funeral parlours<sup>8</sup>. Mourning attendance is introduced, to communicate a death of which otherwise there would be no news.

For what concerns the burials, family graves start to become established, thus marking a switch from individual burials. Memory and remembrance take on another statute, a civic value, almost a ‘lay’ incentive to a life spent for the common good; as Comte (1851-1854) said: “to live for others in order to survive through and in others”. Remembrance, memory, commemoration have a reassuring role: we will die, but others will remember us. This certainty, however, is being lost in the progressive decrease of visits to cemeteries, even in dedicated days. Finally, in several European countries, death-related activities, which have always been considered impure, are increasingly delegated, like other dirty jobs, to others, to *strangers*. Perhaps we should reflect on what it means for a society to leave to others, not fully considered its members, the functions linked to memory, remembrance, tradition, rootedness – in sum, to its history. The dead are a link with the earth and a very concrete one at that.

Finally, cremation practices are beginning to gain a foothold in society. One of the first such-aimed groups in Europe was founded in Milan in 1875, although the practice spread mainly in Protestant countries, while in Catholic ones it still enjoys little support. These are all signs of the end of the Christian monopoly on death, which, however, is not yet as overturn as it would seem at first sight. We can still see today the centrality of religion in many European countries: birth, marriage and other rites of passage are secularized – but in the face of death one still seeks, often, the church, the synagogue, the temple, and a religious sense, sometimes only because there are no others available.

The fact remains of the radical change undergone by life expectancy, which in the West rose from 30 to 50 years during the 19<sup>th</sup> century, and then again from 50 to 80 years during the 20<sup>th</sup> century: fifty more years on average in everyone’s life, in just two centuries! A real revolution, more decisive than many others. It is a simple fact but overwhelming in its impact on society, culture and the death-related imaginary.

So, it is true, we seem to be witnessing a progressive removal of death, of which we will analyse some signs further on. But this is also because death has become a rarer, less frequent phenomenon, and one that is much more difficult to encounter, so to speak, ‘live’.

### 3. Death in contemporary societies: ambivalent signals

Socially speaking, the outward, visible signs would prompt us to say that we are accustomed to this paradoxical social fiction: that death does not exist. And that, even if we suspect it does exist, we should not talk about it – least of all with the dying and even less with the children. The society of information and knowledge has in this case voluntarily chosen to ignore, hide, silence. With major social and individual costs.

“*Der Mensch ist zum Tode*” [Man is his death] (Heidegger, 1927), he carries it with him from birth, he begins to die from the day he is born (*quotidie morior*), as philosophy teaches us – from Epicurus, with his well-known “sophism of the non-

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<sup>8</sup> The expression derives from the Baroque age, which theatralised death in elaborate and sumptuous (pompous, hence the Italian *pompe funebri*) ceremonial events, for the rich and above all the nobles.

existence of death”, onward, from the Latin Stoics to existentialism. But this observation, far from becoming individual awareness, risks being only a dead phrase – pun intended. The intellectual approach to death is too cold and distant to touch sensitive strings. The only approach is the one rooted in feelings: the death of someone we know, someone we love. This is the only death that questions us personally, about *our* death, and perhaps also about the meaning we give to our life. Even if society can lull itself into the illusory tranquillity of concealment, the individual, alone, has to deal with the “extreme enemy”. True, she does not know when, but she knows it will come: *Mors certa, hora incerta*.

The concealment, the removal of death, appears therefore harmful for the individual precisely because it takes away their opportunity of coming into contact with what will ultimately be their future, and therefore to take stock: themselves, their feelings, family, work, existential goals achieved or missed – in short, the meaning of their life. A famous iconography of the *memento mori* from the Middle Ages is precisely that of the dead who say to passers-by: “We were what you are. What we are you will become” – they warn them, in essence. For the modern man, who lives in the illusion that death does not exist, and who in any case no longer meets it, “death comes only as a catastrophe” (Scheler 1957). It is something senseless and alien that we do not understand and that leaves us shocked, speechless and adrift. Death always surprises and amazes us, we never consider it natural. Indeed, when faced with a dying person, even an old one, if we do not ask “who killed them?” in so many words, we still ask “what did they die of?”, which amounts almost to the same thing. As if it were impossible and unheard of to think that one could die of *natural* death: simply because one ceased to live, because ‘their hour had come’. Someone once said that “death is a detective story in which you have to find the culprit” (even if those who die, if they are aware of it, are often more interested in the meaning of their death than in its cause, more or less objective or that can be made objective). This is demonstrated by the increasing diffusion, in the more economically advanced world, of the autopsy, to *explain* (e.g. in the case of sudden deaths) and not only when it is necessary for judicial (or, more often, insurance) reasons. Almost a desire to explain what we unconsciously consider inexplicable.

Of course, we are continually confronted, at least theoretically, with various forms of death. For example, the threat of death as an instrument of political struggle (from the arms race to terrorism, from nuclear deterrence to tribal wars, from capital punishment to genocide). Or social death, be it in the form of disability and exclusion, degenerative diseases or life in a hospice – which is both an example of social death and its most refined instrument of uselessness, of lack of a social role (the dead is the *de-functus*: devoid of functions). But for most people, these are abstract, metaphorical images of death, until they are experienced personally.

Conversely, we are not sufficiently confronted with what we call *natural death* – a meaningful expression indeed. It is not by chance that today, like *death by old age*, it has disappeared from the classification of causes of death.

After years with the slogan *let’s take back our life*, some people suggest to also *take back our death*: to take it away from doctors, nurses, and even priests, to take it back home, in our family, in our thoughts, in our discussions – in short, in our life.

For example, we could start again to organize it. It may seem strange, and yet thinking about death was in the past also the occasion to make a will, which meant not only “to divide the spoils”: it was the occasion to motivate choices, to give advice. To teach something to those who remain, perhaps, and say one last *strong*



word, including to the children: Ariès (1975) mentions that until the 18<sup>th</sup> century there were no images of a dying room without children. Conversely, today's silence likely reflects other concerns than the supposed "good of the children". As Norbert Elias (1982) points out, adults who avoid talking about death to their children fear, perhaps rightly, that they may communicate to them their anxieties and fears. But in doing so, the child is raised "like an immortal in an immortal world" (Yonnet, 2006).

Death is not only an individual fact: it is also a social fact, which speaks volumes about the societal structure and its inequalities. The greatest and most radical inequality, and the most obvious of the injustices, even if it is strangely less perceived than others, lies in the differences in life expectancy: *differential mortality*. It differentiates rich and poor within a country and is also projected on a global scale: between rich and poor countries. Moreover, it discriminates between social categories, sexes, ethnicities, etc. To a lesser extent, this is also true today in the West. It is enough to allude to the accidents and death in the workplace, whose real numbers are, at least in Italy, unknown if not deliberately hidden. Not to mention the effects of living conditions (income, food, housing) on mortality in the various social classes, or the availability and accessibility of medical and hospital care and their different efficiency in the various areas of the country. The mortality rates by educational attainment, occupational status and socio-economic family characteristics show that individual qualification is a highly predictive indicator of mortality (it is three times higher among illiterates than among graduates), as is occupational status (again, mortality among the unemployed is three times higher than among active workers, and the difference is even starker when considering suicides). However, few people are interested in these of statistics or grasp their power as indicators and symbols of social issues.

Similarly, the recollection of the dead is a source of difference, as having a past is often a form of luxury. The memory of the most "prestigious" dead lasts longer, if only for 'technical' reasons: long-lasting marble statue and sarcophagus for the nobleman vs. a burial in the bare earth with a wooden cross for the poor man, destined to rot like their remains. But there are also social consequences and cultural costs caused by today's removal of death.

The social convention wants death not to be talked about, not even mentioned. It must be wrapped in a smokescreen of metaphors, which hide reality rather than explaining it. In this way, people delude themselves to erase and negate it. This practice of denying illness and death belongs to the whole of society and translates into the language used *not* to mention it: from journalistic communication (no one ever dies of cancer, but always *after a long illness*) to the technicalities of medical-hospital jargon, to the hypocritical delicacy of everyday language (no one ever dies: at most, they are *lost*, as if they got lost along the way) to the demure wording of funeral agencies (for which death has become *passing*, the relatives *grieving*, the grave a *burial*, the funeral service *exequies*, the coffin the *casket*, the corpse the *remains*, etc.).

It is as if society does not wish to know it has to die, lulling itself into an illusion of eternity – and the same goes for its members. What is true for nature, and for the individual of a species, society also wants for itself. The community, with its social removal of death as a topic, seems to want to claim this privilege as well. As if society could not function were this axiom questioned. Society, Morin (1951) noted, does not work despite and against death, but for, through and within it, almost as a consequence of it. The very existence of culture acquires depth and meaning precisely because older generations die and the collective heritage of

knowledge must be relentlessly transmitted to the new generations: it has no sense but as a reproduction, a term that acquires its full meaning because of death.

There are many more examples of social removal and it is not just a matter of ‘not saying’ or linguistic hypocrisies. A form typical of modernity is the division of work: creating specialized institutions to deal with death (to hide it), thus freeing the rest of society, starting with the relatives, from the obligation to even think about it. The fact that fewer people die at home, among their family, and that we go directly from the hospital to the cemetery, makes us strangers to the very fact of death. But we also pay a price for this: ‘hospitalized’ death also becomes depersonalized death, because the hospital institution takes charge of the disease rather than the individual – something that struck with great force in the dramatic days of the CoViD-19 pandemic. As Elizabeth Kübler-Ross pointed out (1969), the overload of bureaucratic and technical work risks that, in this increasingly elaborate system, the sick person becomes less important than their electrolytes, even for nursing staff. Death, and with it everything that can remind us of it (old age, illness, pain) is increasingly ‘privatised’ and hidden, perhaps also for structural reasons, as Elias (1982) suggests, but mainly for cultural ones.

As mentioned, fewer people are now dying at home among healthy, *normal* people. The funeral is held in the church<sup>9</sup>; the funeral procession in the neighbourhood disappears, and less and less symbols (*e.g.* decorations, vestments) are seen. Even the most noisy existences discreetly pass away, with the notable exception of the VIPs, Edgar Morin’s *olympiens*, whose death becomes news and collective ritual – *e.g.* the death and funerals of Diana Spencer, but also, almost at the same time, of quite different characters who died in completely dissimilar circumstances, such as Mother Teresa of Calcutta and Gianni Versace, or, more recently, John Paul II<sup>10</sup>. Except for dramatic events, notification is entrusted to newspapers’ obituaries: the last possible fifteen minutes of fame in a society where an event, if it is not shared by the media, does not exist. The extreme masterpiece of a society that devotes colossal energies to desperately trying not to grow old, prolonging life at all costs, if only by one minute, and thus to remove pain and death from the social landscape: “it is not polite” to die in public, just as it is unseemly to express sadness and weeping. A society that has rightly been called “analgesic”.

### 3.1. And yet... the paradox of the mediatization

Görer’s first pioneering research in the 1960s (1965) showed that about 70% of the people interviewed had never seen a burial, and the children had not even been allowed to attend the funerals of their closest relatives.

In contemporary society, death is “burdened with communicative inhibition”. In a culturally advanced society, it is the silent witness of our backwardness; it is in a sense, “the most primitive sector of industrial society” (Fuchs, 1969). It cannot be talked about. We spend more and more resources hiding it. In front of it, we remain

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<sup>9</sup> When it is not, as in the U.S. and increasingly elsewhere, a special funeral home, an example of the American way of death, a specialized institution that serves essentially to hide and disguise death, and, literally, even the dead, dressing and making them up to give them back colour and pretence of “life” – so much so as to make plausible, on the style of Waugh’s (1965) mockery of these behaviours, expressions such as: “beautiful, he looks alive!”.

<sup>10</sup> It is as if the death of celebrities has a cathartic role, becoming one of the few cases of *allowed death*, or rather of *allowed discourse on death*. One can – and indeed must – speak about it openly, albeit in a bombastic and rhetorical way, not reflective but only descriptive, also a spectacle.

speechless: “as silent as the grave”. But then death, the pain it causes, the funerals, are seen on TV. So what is the meaning of this concealment? Why is death hidden?

Linguistic hypocrisies are but one of the many deceptions and self-deceptions around death. The other, even greater, concerns the mass media, which desacralized death and, at the same time, “replaced spectacle with ritual” (Thomas, 1978). Paradoxically, this concealment occurs in a society in which we are surrounded by death, or rather by a spectacle of it, which is the other side of the removal: its trivialization.

The society of the spectacle has turned death into an everyday and everyday display – mostly, but not exclusively, fake. Famous suicides or live executions remind us that these are followed and well-paid media events: a photo or video of a tragedy is worth money and generates it. It is the ‘real’ death, which, however, is not experienced ‘directly’ but by means of television screens. In the case of a famine or a terrorist massacre, death enters our homes through the evening news, at dinner time. Now it is the privileged object of entire programmes based on death-centred *voyeurism* (e.g. the various ‘Real TVs’, or the sale of accidents or terrorist massacres DVDs).

The ‘fake’ deaths are even more widespread and, consequently, anaesthetizing. Like drugs, they are addictive: death has to be ‘big’, or it is no longer effective. We can learn from Hollywood, where long and profitable careers have been built on this ‘genre’. Death becomes serial, like the *Natural Born Killers* and the protagonists of various *pulp fictions*, B series *splatter* movies, or horror films. The latter cover a vast, profitable but little-analysed share of the film market, from *Nightmare* to the various *Halloween*, *Saw*, *The Hole*, *Hostel*, etc., not to forget George Romero’s *Night of the Living Dead* and following, with the many zombie epigones, the vampires *Dracula* and *Nosferatu*, the most intellectual horror film à la Stephen King, and many others, such as the catastrophic trend of earthquakes, damaged planes, hurricanes, fires, up to the ironic and kind necrophilia of the Addams family, today a cartoon for children.

The medieval macabre dances had an educational role, they contained a teaching – *memento mori*. Cinema and mass literature somehow perform the same function, as do youth necrophilia (Giovannini, 1998), dark rock music, comics, manga and wearing symbols of death (for example, skulls, as pleasant, cute and *kawaii* as they may be). It becomes a reflection precisely where reflection and verbalisation had been expelled, perhaps a semi-conscious response to that very removal, perceived as false, hypocritical and perhaps dangerous – indeed, deadly. Leaving aside a detailed analysis of the contents of these modes of communication, we want to underline a significant social fact: the gap, almost a form of social schizophrenia, between the substantial disappearance of the ‘true’ death from people’s lives and the massive diffusion of the ‘represented’ death. One might say it is the unconscious response to a need.

#### 4. The beginning of a fifth phase?

As mentioned, Ariès (1975) spoke of the fourth and final phase in the history of death in the West as the *forbidden death*. We are perhaps today at the beginning of a fifth phase, although with strongly ambivalent features. Death is no longer denied nor forbidden. The discourse on death exists and is of increasing interest: but for two opposite reasons. On the one hand, it is explicitly addressed, but to defeat it: *death postponed*, we might say. On the other hand, we are witnessing a progressive

acknowledgement of death as a natural occurrence, to be accepted, sometimes even to be searched for, even despite and against that medical science that tries to postpone it by technological means. In any case, it is to be humanized: *death rediscovered*, perhaps (even if not yet truly *reconciled*).

Again, on the one hand, we have the powerful technological push towards a *postmortal society* (Lafontaine, 2008), what Remo Bodei (2010) calls “the age of anti-destiny”, characterized by the cultural obsession, pursued with a gigantic deployment of economic and scientific means, to technologically postpone death, living without ageing (or to reduce to the point of annulling, and not only on an aesthetic level, its consequences, following media-imposed models), prolonging life indefinitely. This is the concrete answer to the perspective imagined by Condorcet (1795), today pursued by technoscience at various levels: from preventive to curative medicine, from genetics to regenerative medicine, from nanotechnology to transplantation, pursuing immortality. This research is supported by a vast scientific-industrial complex<sup>11</sup>, endowed with immense resources and a vast cultural consensus, at least in the West. It is a struggle, not by chance often characterized by war metaphors that, from the advertising of anti-ageing products to the vulgarization of research (whether to fight ageing, declare war on pain or vanquish death tout court), pervade this entire sector. This war has built its mythology: from biotechnology to cyborgs<sup>12</sup>, from *cryony* to widespread transplantation, from cloning to DNA interventions through nanotechnologies, accompanied by the relative mystique of the gene, this mythology carries us – without us realizing it – into an imaginary where the man/machine and body/technology fusion to fight, postpone, and finally overcome death becomes possible and even obvious, somehow a paradoxically *natural* outcome of current evolutions. And for the new generations, it could indeed be so: just as it is obvious and natural for them the infinite availability of energies and the permanent connection, directing society, in both culture and practice, in the direction of rejecting the very idea of death, not only of its continuous and effective removal.

On the other hand – in the face of this very powerful and pervasive tendency – we are witnessing the emergence of a new reflection on death, and its progressive neo-humanisation: its return, so to speak, to the bedrock of the thinkable – indeed of what *must* be thought – and, even more important, of the experiential, what is felt and lived, collectively and not only individually. In short, a countertendency to the one outlined.

There are at least two reasons for this countertrend. The first is the emergence in the public space of the bioethical debate, also through highly mediatized and politicized individual cases. This forced a large part of the public opinion, though personally unrelated to the events, to ponder challenging individual choices, according to the classic mechanism of identification: what would I do if I were in their shoes? The second is the ongoing cultural and religious pluralisation of society, with the return to the public sphere of ways of feeling and thinking that biomedical culture, which had influenced the general *zeitgeist* up to religious culture and, had previously managed to marginalise. This biomedical culture is based on the official Western medicine, with its boundless presumption, technological firepower and aspirations to cultural hegemony – or even exclusivity. Today, it evokes dissatis-

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<sup>11</sup> We deliberately choose a metaphor akin to the ‘military-industrial complex’ at the origin of the gigantic war effort that characterized the Cold War and the nuclear race.

<sup>12</sup> It is no coincidence that the dying man intubated in increasingly complex machinery seems to become the ideal type of cyborg (Hables Gray, 2002).

faction and, to some extent, discredit or even fear, bringing to the surface desires of different kinds of knowledge and with social practices from the various realities now visible in our societies.

As far as the bioethical debate is concerned, some individual cases have been pivotal, such as the Welby and Englaro cases in Italy or the Schiavo case in the USA. These stories have become almost social psychodramas, with political and religious interventions, directly opposing individual consciences rather than scientific reason. They showed that, as death becomes something that can be decided, it also becomes utterable again, and is bitterly debated. Beyond individual opinions, they have highlighted that modern medicine confronts us with a series of problems somehow opposite to the horizon promised by the progress of science – an assumption of mass awareness that should not be underestimated. Indeed, far from distinctly separating the space of life from that of death, the border between the two has become evanescent, doubtful, spurious, making them more and more interrelated and confused. So much so that modern science and technology, through the mechanical excrescences that surround and invade the body, have been able to invent an unthinkable paradox: “a dead person with a living body”. Besides, these innovations highlight that – at least in the developed western world, and for some groups of patients (creating questions about internal and international inequalities) – the problem today is not to *start*, but to *suspend* therapy. This implies new definitions of life and death, and attempts to sacralise and desacralize it, which divide public opinion.

The other aspect refreshing the reflection on death has been the progressive cultural and religious pluralisation of society. This affects more specifically hospitals and funerary and burial practices. It forces a direct and, so to speak, face-to-face comparison with death, and above all with different ways of seeing and experiencing it, which strongly clash with Western biomedical science’s single thinking. This pluralism is produced by both internal and external dynamics: on the one hand, the increased cultural and religious diversity (*e.g.*, for Italy, the reduction of the Catholic monopoly); on the other, migration, which strongly accentuates its visibility in public space.

This new cultural and religious pluralism, which incorporates different beliefs and social practices in the face of illness, birth, body, death, forces a new reflection that, despite its modest numbers, has very relevant effects. The main reason is that it impacts first and foremost on hospital facilities and routines, and the hospital has become the final place and horizon of the death of an increasing number of individuals. These are practical problems, but with strong ethical correlations and bearers of significant religious resonances, and they have been paramount in giving visibility to the issue of death in structures that had grown more and more accustomed to hiding its presence (starting with the progressive concealment of the terminally ill, and then the corpse). Their effect, deconstructive at first, prompted us to further reflection.

Among the “upstream” effects, so to speak, there are also important consequences at a systemic, feedback and cultural crossbreeding level.

An ideal-typical pattern of cultural feedback in the health field, due to the presence of migrants (but also of indigenous minority cultures), can be described as follows:

*the sick (and dying) foreigner (or from a different culture)*, with its different understanding of the body, health, illness, death, is confronted with the

→ *native doctor*. Who starts a

→ *reflection on cultural diversity* in the face of disease and death, which, in turn,

can lead to a

→ *new conceptualization*, which may include heterochthonous elements (*i.e.* belonging to another culture). This new conceptualization is manifested first in the doctor himself, as a sort of internal “resonance” (new, unexpected questions begin to arise), but it can subsequently translate into a

→ *collective reflection*, with colleagues engaged in the same kind of research, which can go as far as the

→ *elaboration of a new interpretive paradigm*, at the same time opposing the previously dominant paradigms and seeking synthesis and mediation. The existence of a growing market for different ways of conceiving the body, the dying, the death (of a cultural and economic *threshold*, therefore<sup>13</sup>) is, of course, a powerful help in developing this process.

As it is an ideal-typical model, it can accommodate many empirical variants, up to the very inversion of the actors (native sick/dying individual and foreign doctor), and to the production of this same process from below (the cultural change occurs in this case in the sick and dying, and in general among the users of medical knowledge, even before its producers).

These two aspects (bioethics and cultural pluralisation) – which we can frame as individual civil rights – have greatly increased the reflection on death and, concretely, on the sick and dying. To them we should add another element: a tendency, which they certainly influenced, towards the creation of institutions focused on a new humanisation of death. The latter can also be seen in the context of collective civil rights: *e.g.* pandemic deaths (HIV, SARS, H1N1, H5N1, Ebola, Mers and Covid-19) give rise to *pandethics* (pandemic ethics) with the need to harmonize individual and community rights in the face of a high mortality rate widespread in different countries. In the case of COVID-19 in Italy, *pandethics* has developed in two directions. On the one hand, more attention has been paid to the needs, relationships and affections of the sick and potential patients. On the other hand, the Italian Society of Anaesthesia Analgesia Resuscitation and Intensive Care (SIAARTI) drafted in March 2020 the document *Clinical Ethics Recommendations for the Allocation of Intensive Care Treatments in exceptional, resource-limited circumstances*, which clarified that “An *age limit* for the admission to the ICU [Intensive Care Unit, N.d.A] may ultimately need to be set. The underlying principle would be to save limited resources which may become extremely scarce for those who have a much greater *probability of survival* and life expectancy, in order to *maximize the benefits* for the *largest number* of people. In the worst-case *scenario of complete saturation* of ICU resources, keeping a ‘first come, first served’ criterion would ultimately result in withholding ICU care by limiting ICU admission for any subsequently presenting patient” (SIAARTI, 2020, p. 5). This attention goes as far as reflecting in a new way also on the *afterwards*: whether it is the individual destiny or, more banally, the destiny of the corpse, and the sense and the way of managing the cemeteries, and more generally caring for the memory of the deceased.

### Conclusions: “Normalising” death?

There is no doubt that there is a positive side to the restrictions on the arbitrari-

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<sup>13</sup> We deliberately pursued the assonance with that of the ethnic threshold, which allows immigrants to reproduce culturally, speaking a common language, etc.

ness of death that man has been able to establish, particularly through advances in hygiene, medicine and science. The progressive extension of life span, the defeat of many endemic causes of death (we should not forget that a disease that has repeatedly decimated the European population, the 'Black Death', has become a symbol of death itself – indeed, it was also called 'The Great Mortality'), today's therapeutic wonders, all testify to the titanic aspect of this fight against death, this Promethean rejection, this knife fight to steal life one day after the other.

But this progress, on the social level, has so far been paid for by what Elias (1982) defined as the progressive *loneliness of the dying* – a mirror of other widespread kinds of loneliness – with the “silent exclusion of senescent and dying individuals from the human community”, with the cooling and almost cessation (through hospitalization) of relations between living and dying, causing a further detachment from the affections and places that give meaning and security to life, and also the desire to live. This cost, however, does not seem to be ineluctable.

Among the topical moments of life, birth and marriage tend to be, for most of the population, increasingly separated from religion. Conversely, death still finds its 'natural space' in so-called sacred places (the number of religious funerals tends to be much higher than that of other rites of passage), as if religion (today, religions, plural, but also secular cultures attentive to the dignity of dying) were among the few to have words to say death or at least one of the few areas in which it is not denied. Perhaps this could be considered an unconscious response to the cultural evolution detailed above. As Ariès (1975) reminded us, the cult of the dead is the only religious manifestation common to believers, non-believers and unbelievers<sup>14</sup>; and there is more “tolerance” towards a religious way of understanding it even in environments and among people individually perhaps not inclined to linger on religious questions, even in the hospitals themselves and in the medical corps.

Although almost always unconsciously, the extreme farewell to the dead before their 'journey', is saying goodbye in its etymological sense<sup>15</sup>: an entrustment to God, although a God who is often vague and indefinite, of whose existence we are not certain.

Perhaps it is only a matter of cultural survival, destined to decrease. It is significant, however, that it is today returning, proposed, in atypical forms, by the very dynamics of a multicultural society, by the different visions of death and life which other cultures propose to us, and with which hospitals have begun to deal with. But beyond the religious aspects traditionally understood, the process of 'normalisation' of death – considering it a natural occurrence and, therefore, not ignoring it; recovering the courage to 'look it in the face' – also affects other cultural spheres.

We do not know if our body is the chrysalis that frees the butterfly with death, as Kübler-Ross (1969; 1974; 1995) maintains after years of “physical” closeness to death and the dying. We know, however, that our attitude in the face of death is not irrelevant compared to our attitude in the face of life.

Perhaps man is not the only animal who knows he is mortal, but he is certainly the only “animal who buries his dead”; and the only one, too, who remembers them. As Thomas points out:

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<sup>14</sup> We find a beautiful literary testimony of this aspect in Henry James' (1915) short story: the only form of worship and the only way to find meaning in history and a place in the memory for a man who does not believe in much else.

<sup>15</sup> The expression 'goodbye' dates from the 1590s. Together with its other forms (good bye, good-by), it derives from 'godbwy' (1570s), itself a contraction of God be with ye (late 14c).

among all living beings, man represents the only animal species to which death is omnipresent throughout his life (and even if only at the level of ghosts); the only animal species that accompanies death with a complex funeral ritual rich in symbols; the only animal species that has been able to believe, and often still believes, in the survival and rebirth of the dead; in short, the only species for which biological death, a fact of nature, is continually overtaken by death as a matter of culture (Thomas, 1988, p. 96).

It is, therefore, possible that even the current ways of seeing (or rather, of not wanting to see) death, are subject to cultural fashion, and may change: just as, at least in certain sectors of society, there is a tendency to recover a more natural diet, life hours not subordinate to working hours, a new culture of childbirth, a different conception, more holistic and natural, of illness, the body, health. The concealment and removal of death (or the gladiatorial combat against it) is certainly a societal 'long trend'. However, it could be hypothesized that, in the face of it, society is capable of producing antibodies, in the form of individuals and social groups capable of seeking a better 'quality of life', and correlatively also the awareness of the importance of an adequate 'quality of death'. After all, they go hand in hand and recall each other. This is not a luxury, but a necessity that we think of as vital.

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