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AN EXPLORATION OF DEATH CAFÉS IN CANADA

AN EXPLORATION OF DEATH CAFÉS IN CANADA

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Lay abstract

Is death denied or revived in contemporary western society? Many people believe that death is a taboo subject, and to break this taboo people have hosted death cafés, which are pop up events where people are meant to talk about death. My research involved attending death cafés around southern Ontario to find out what happens at death cafés: who attends and what is talked about. Much of the literature in the social sciences on death and dying focuses on institutional settings where death is present, or focuses on how death is coped with in “other” cultures. This thesis explores how people think about death in casual settings where death is not immediately present.

Abstract

Do people talk about death? Many scholars argue that people in our society do not talk about death; that it is taboo, it is denied or sequestered into hospitals and funeral homes and exists outside of everyday life. And yet, others argue that death is “a very badly kept secret” with hundreds of books published on the topic in the last few decades, most of them claiming that we cannot talk about death. This disconnect leads some to argue that there is a revival of death happening instead.

My research sits at the nexus of this tension; I attended death cafés around Southern Ontario to explore the dialogues that emerge in spaces set out to break the presumed taboo around death. At a death café people are meant to “drink tea, eat cake, and talk about death.” The objective of these events is “to increase awareness of death with a view to helping people make the most of their finite lives.” This statement, from the official death café website, assumes that facing death will help to make sense of, and give perspective to, life. I explore how and if death cafés accomplish their intended purpose of encouraging existential discussion, and if such a discussion was in fact beneficial to the attendees. I argue that the discussions at the death cafés I attended did not seem to fulfill the purpose stated on the website of encouraging existential discussion about one's own death. I then situate this observation in the context of broader understandings of the denial of death thesis generally and in terms of residual Victorian romanticism and attachment to others.

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Introduction

Over the past few decades, since at least 1956 when Gorer famously wrote about the pornography of death, there has been an assumption, both in academic circles and in the general public, that death is something people do not talk about in contemporary western society. The explanations given for this taboo include changes in cultural ideas, new ways of existing, changing influence of various industries and the professionalization of medical care. However, within the last 30 years there has been a counter-argument, that death is not hidden, or “denied.” Rather, according to this perspective, there is a revival of discussion around death. However, this idea has not gained much ground among the general public and many people still believe that death is a taboo topic, and feel the need to do something to break the taboo.

One way that people are attempting to break this silence is through death cafés, which are pop up events designed to give people an opportunity to discuss death. The rationale behind the death café movement is that discussing death will be beneficial to people and give them a different perspective on life. However, through the research for this thesis, I have questioned whether death is indeed taboo, and whether discussing death in a café setting would actually be of any benefit to the participants. This question is important to address because while there has been much research on people who are dying, and about people who work in death related industries, there has been relatively little anthropological research that aims to understand what people who are not immediately connected to death in some way think about it, or why they would choose to

talk about it. Key anthropological and sociological works on death and dying in Western contexts have focussed on the process of death in medical settings (Chapple, 2010, Kaufman, 2005, Sudnow, 1967, Glaser and Strauss, 1965, Bluebond-Langner, 1978), grieving and mourning (Katz et al. 2001, Walter 1999), hospice care for the dying (Saunders and Kastenbaum 1997), and death related professionals (Mitford, 1963, Laderman 2003). One of the few social science studies to focus specifically on the issue of how ordinary people think about death is Becker's (1973) book, *The Denial of Death*, which as I discuss below, has been influential in shaping the popular conception that death is a taboo subject in contemporary society.

In order to address the question of whether, in fact, we live in a death-denying society, I carried out ethnographic fieldwork in southern Ontario during 2016 and 2017 which involved participant observation at death cafés and interviews with people organizing and attending the cafés. I participated in conversations, writing up detailed field notes after each one to analyse who was there, what was talked about, and increasingly, what was not talked about. I also analysed websites, newspaper articles and social media postings related to the larger death café movement, both within southern Ontario and beyond. To formulate a response to my research question, in this thesis, I explore the conversations that took place at the various death cafés I attended, and interpret the patterns of topics that were covered, the types of attendees, and the topics that were *not* discussed as well.

Before considering my fieldwork findings, I will first look at the prevailing academic research on death in western society. I will explore both the “denial of death”

and “revival of death” arguments. In addition, I review the literature on a couple of the industries that are said to be partially to blame for the so-called denial of death: hospitals and funeral homes.

Beginning with the theory that death is denied, there are three important authors who I will discuss. The first is British sociologist Geoffrey Gorer, who in 1956 wrote about the “pornography of death,” advancing the thesis that attitudes toward death at the time were similar to those of the Victorians toward sex a century earlier. While sex had become more openly discussed over time, allusions to death had turned to mere inuendo, and it was assumed that children were unable to handle the realities of death and thus had to be shielded from it. Finally, Gorer argued that when death was discussed publicly, for example, on the news, that it was sensationalized and graphic, and all of the genuine emotion related to death was removed from these media portrayals (Gorer 1956).

The second researcher to discuss on the topic of “forbidden death” as he chose to phrase it, is the French historian Phillip Ariès. In his books *Western Attitudes Towards Death* (1974) and the more extensive *The Hour of Our Death* (1982) he outlines changes in the way people understand and experience death, both others' and their own, from the Middle Ages to the second half of the twentieth century when the book was written. Ariès outlines four prevailing modes of living with death that changed through time. The first he called Tame Death, which characterized the early Middle Ages. At that point death was something natural, expected, and people knew what to do both as someone accompanying a dying person and as a person who was dying. The second, One's Own Death, was a transition period when people became concerned with the fate and

judgement of their soul. In the third period, which Ariès calls Thy Death, changes such as the rise of Romanticism and the importance of family units meant that people became concerned with the death of someone else, specifically their loved ones. Throughout these periods, which represent about 1000 years of history, death was gradually distanced from the world of the living and became something to be feared rather than accepted. The fourth period or mode of relating to death, Forbidden Death, was what Ariès considered to be typical of his own time. He noted that while there had been a gradual defamiliarization of death, it had been slow, and that in the previous few decades there had been a sudden shift. Writing in the 1970s, he claimed that death could not be discussed, that ordinary people had become unfamiliar with the process of dying, and that the majority of Europeans and North Americans rarely, if ever, encountered a dead body.

Finally, it is important to discuss Ernest Becker and his work *The Denial of Death* (1973). The relevant part of the book for this discussion is his second chapter, titled “The Terror of Death,” in which he outlines two competing theories on humanity’s natural attitude toward death. In the “Healthy Minded” argument, proponents claim that fear of death is not natural and that it is created by poor parenting or some other aspect of a person’s childhood. In the “Morbidly Minded” argument, proponents claim that fear of death is natural and present in everyone. This is the argument that Becker supports, and it separates him from the previous two authors I have discussed. Significantly, the Ernest Becker Foundation continues to promote Becker’s theories into the 21st century through its website and activities, seeking to “advance understanding of how the unconscious

denial of mortality profoundly influences human behaviour” (<http://ernestbecker.org>, consulted July 25, 2018).

In the context of the denial of death model, there are researchers who argue, not so much for a complete denial of death, but rather that it has been sequestered or professionalized. The increase in life expectancy means that many people die slowly and from a sickness rather than suddenly, and this also means that many people die in hospitals rather than at home. Funerals are often arranged by funeral directors and tasks that were previously done by family members or friends are now accomplished professionally. According to this argument, because so many aspects of death are handled professionally and outside of the home, death is less familiar than it used to be (Mellor and Shilling 1993).

The counter to these arguments is made by Tony Walter in *The Revival of Death* (1994). He argues that in fact, death is talked about frequently. He also claims that certain proponents of post modern ideas that expressive talking is important to living life well have pushed discussions of death into the mainstream. Two key figures he cites are Cecily Saunders, the founder of the hospice movement, and Elizabeth Kübler-Ross, who wrote the book *On Death and Dying* (1969), which describes the five stages of dying, referenced in many places in pop culture. Walter argues that the influence of these writers, along with many others, means that death has gone from being denied to being revived, and that it is not taboo to talk about it anymore. Rather, Walter suggests, many experts encourage open discussion of the topic of death.

Despite Walter's position, it still seems to be believed by most people that death, if not necessarily taboo, is at least not something easily or openly discussed. Part of this perception arises because Walter's argument is based on situations where either the individual or someone close to them is dying. The fact that individuals in such situations talk freely about death does not necessarily preclude a lack of discussion about death in society more generally. This is where movements like death cafés come in, seeking to bring discussions of death out into the open in society at large. But of course, participants in death cafés are a self-selected group of people, and while death cafés are advertised on the official Death Café website (deathcafe.com), you have to already be thinking about death to find the website in the first place, unless you happen upon a newspaper article or radio segment about death cafés. Nonetheless, the existence of radio segments and newspaper articles on death cafés shows that there is some interest among the general public in discussing death. The people interviewed in these reports tend to believe that death should be discussed more, and that such discussion will help people. This observation leads to my research questions that concern whether death is taboo, and if discussing death will be beneficial to death café participants.

In order to answer these questions I have looked for patterns in conversation topics at death cafés, and the participants' own stated reasons for attending the events, to understand the possible motivations behind attending and to better understand why certain topics were discussed. If we are to believe the dominant narrative that death is denied or sequestered, then it is worth investigating the places where people are actively

trying to break the silence, such as death cafés, outside of places where death is already present like hospitals and funeral homes.

I will begin with a literature review, where I discuss in depth the topics I have outlined here. Then I will briefly discuss the history and expansion of the death café movement to further explain what death cafés are and why they exist. This section is followed by a brief discussion of my methods, and then I will go into the analysis of my data. First, I will analyse the participants, to give a better understanding of who attends and hosts these events and why. Then I will argue that death cafés are *not* places to discuss mortality and our own deaths, despite what the official Death Café website suggests. Instead, I show that the majority of participants in death cafés do not discuss their own death. As my observations indicate, conversations at death cafés overwhelmingly stick to topics that are either concerned with practical issues connected to death or focus on the deaths of other people rather than on one's own death.

Chapter 1: Literature Review

While there has been a large amount of research done on death and dying, bereavement, and funerary rituals in anthropology (see Green 2008, Kastenbaum 2012, Rosaldo, 1989, Fabian, 1972, and Robben 2004 for some examples) I am choosing to focus on a few key sources for my literature review. While anthropological research has provided important insights for understanding death in cross-cultural contexts, for my thesis I am focusing on the main ways of understanding death in western societies. Most of the anthropological work in this area is about professionals in death related industries, and while I touch on that issue I am more interested in the way the public generally thinks about death and dying.

There are two major modes of thought that dominate scholarly discussions of death in modern Western societies: I will refer to them as “denial of death” versus “revival of death”. The “denial of death” framework claims that death is taboo and any talk of it has been silenced to the point that people no longer acknowledge death. The “revival of death” framework, claims, the opposite; that people do in fact talk about death in modern western societies and are actually pushing the idea that we need to talk more about death.

In this chapter, I will cover the major themes and authors of both theses, supplemented by other relevant information to understand what people think about how we “do” death today. To start, I will explore the thesis that death is denied, or hidden, or forbidden. As noted in the Introduction, the major proponents of this thesis are Phillippe Ariès (1974, 1982), Geoffrey Gorer (1956), and Ernest Becker (1973). This perspective is

the dominant trend in academic research on how our culture conceives of and deals with death, and is also the prevailing perspective held by those who host and attend death cafés.

Ariès: Tame to Forbidden Death

Western Attitudes Toward Death (1974) originated as a series of lectures summarizing Ariès' extensive research on how understandings and customs around death have changed over the past 1000 years of history in "the west", meaning primarily Europe but including the United States (Ariès 1982). He shows how over time, humanity's relationship to death changed, albeit very slowly, from familiar to unfamiliar, until the rate of change increased in a few decades in the beginning of the 20th century, to the point where death became "shameful and forbidden" (pg. 85). The first period Ariès covers, which is titled "Tamed Death" lasted roughly through the early middle ages, though he is careful to say that the changes between one mode of understanding death to another were gradual and there was mixing of beliefs and rituals. During the early middle ages, he claims that there was a familiarity with death, and even dead bodies, that made death feel normal. Some people even had premonitions of their own deaths, which were accepted as part of the natural order of the world (3). There were also known rituals to be done at the time of a death, both by the dying person themselves and by the people around them. What all of this amounted to was that death was not inherently a source of fear, or even particularly noteworthy. It was natural; an expected part of the lifecycle that every person had to go through.

As Ariès claims,

“Familiarity with death is a form of acceptance of the order of nature, an acceptance which can be both naïve, in day-to-day affairs, and learned, in astrological speculations. In death man encountered one of the great laws of the species, and he had no thought of escaping it or glorifying it. He merely accepted it with just the proper amount of solemnity due one of the important thresholds which each generation always had to cross” (28).

The important thing to note at this time was how unremarkable death was; it is not just that people did not fear death; rather it was familiar and they were comfortable with it.

After this period, changes started to occur in how people thought about death. More specifically people became concerned with the idea of judgement and the fate of their souls. In the later middle ages, “a series of new phenomena introduced the concern for the individuality of each person into the old idea of the collective destiny of the species” (28). These influences could be seen in the way that people thought about dying, the afterlife, and especially judgement. For a long time, the belief was that everyone who was buried in a church would awaken again. Then, the idea developed that each person would be judged individually and then be either saved or damned (29-31). Later still, the timing of judgement changed from judgement on the day of Christ's second coming to the moment when a person dies, in other words, at their deathbed (33). These developments occurred over a period of about 300 years, when people in western Europe (specifically places like France and Britain) became more aware of themselves as individuals and there was a corresponding change in how they conceived of their own deaths.

The concern for one's own death lasted up to the eighteenth century. During this time, death was also seen differently in that it was beginning to be treated as a rupture

from normal events and everyday life rather than as a natural and inevitable part of existence. This change is important to Ariès because it marks the beginning of death's move away from the familiar and predictable parts of life. The previous "tame" attitude toward death was, according to Ariès, the longest held, whereas this new perspective illustrates the beginning of modernity and the preoccupation with individuality.

Even greater changes in attitudes toward death began in the 18th century. Ariès discusses changes in artistic depictions of death, with death being not only anthropomorphised but also eroticised. Death was depicted as assaulting the living, which emphasizes the change in understanding death from being a natural part of life to becoming a rupture from everyday life (56-58). Additionally, death moved from being erotic to being beautiful, and the Romantic death, linked of course to the broader Romantic movement, was born. At this time death had gone from being almost banal in its ordinariness and expectedness, to becoming an overwhelming and emotional experience (59). Sorrow, not only on the occasion of someone's death, but also at the thought of death, became the subject of much discussion, art, and literature at the time.

Another equally important change at the time involved the relationships among members of a family. In the second half of the 18th century, family ties were based on relationships of feeling or affection, which Ariès claims had not been the case previously (65). The most significant change between this and previous ways of dying was that the people around the dying person were overcome with emotion. Death at the time was characterized by preoccupation with "thy death." The question was no longer, what will happen to me and my soul, but rather, how shall I live without you?

At the time his research was conducted, Ariès believed we were living in an era of “forbidden death”. He describes it as:

“In our day, in approximately a third of a century, we have witnessed a brutal revolution in traditional ideas and feelings. A revolution so brutal that social observers have not failed to be struck by it. It is really an absolutely unheard-of phenomenon. Death, so omnipresent in the past that it was familiar, would be effaced, would disappear. It would become shameful and forbidden.” (pg. 85)

This approach to death is exactly what it sounds like: people do not talk, see, or think about death because it is shameful. As Ariès notes, people in the second half of the 20th century would lie, and not be willing to tell a person that they were dying, to save them from that knowledge. Family member of the dying would take on the burden of the knowledge of the imminent death of a loved one, without sharing that information with the dying person themselves. This desire to lie about death and to hide one's feelings about someone who is dying is connected, according to Ariès, to the imperative to be happy. He claims that this imperative requires people to avoid any discussion or show of emotions that could diminish the appearance of happiness or could bring down the spirits of others, and so death must be hidden.

Ariès also discusses the changes from dying at home to dying in a hospital. I will discuss these in more detail in a subsequent section, but it is worth noting that this transition in the locale of death is an important aspect to the denial of death hypothesis.

Although there are numerous historical works that attempt to show how people understood death in the past, I have chosen to discuss Ariès' work in detail, because it has

been highly influential in shaping the “denial of death” school of thought.¹ Ariès central argument is that for a long time, death was normal, or at least familiar, and he claims that there was a “brutal revolution in traditional ideas and feelings” (85) in a matter of a few decades during the 20th century that completely changed how death was viewed in society. This argument is largely accepted by researchers who are aligned with the “denial of death” perspective, professionals in death-related industries, and much of the general public

Gorer: The Pornography of Death

Gorer, like Ariès, sees the contemporary attitude toward death in his society – Britain of the 1950s – as both problematic and relatively novel. His concern is less about how much it has changed and more about the current state of things. He likens the way people talk about and depict death to pornography, which in itself shows how badly he thinks things have become, as pornography, especially in the 1950s, was never viewed positively.

To begin his comparison, Gorer claims that over the past two hundred years, sex and childbirth were the unmentionable yet ubiquitous human experiences that were the subject of pornography. The Victorians were notoriously prudish about sex and so discussion or even allusion to it was forbidden. That had changed by the time Gorer's article was written, and this trend toward openness about sex and sexuality has arguably

¹ Some historians have criticized Ariès' schema for changing attitudes toward death, claiming that the historical eras he defines are not as clear-cut as he suggests, nor were deaths quite as peaceful in the time of “tame death.” See Whaley 1981 for a critique of Ariès' model. Other historical works that deal with western attitudes toward death include Gordon and Marshall 2000, Jalland 1996, Morley 1971; Stannard 1979.

only increased since 1956, while death had become increasingly unmentionable. Whereas prior to the 20th century, it could be expected that most people would have seen someone die at some point, by Gorer's time it had become increasingly rare for people to have been at a death bed. This aspect will be discussed further in the section on the professionalization of death, but it relates to increased numbers of people dying in hospitals as opposed to in the home.

Gorer, much like Jessica Mitford (1963), dislikes the practice of embalming, calling it “the art of complete denial” (51). His point here is that making someone look as though they are sleeping enables the mourners to pretend that the person is not dead, and so it infuses the procedure with a sense of fraud. Gorer also makes a connection between the decline in discussion of death and the decline in discussion of the afterlife as though it were a certainty, in England at least. Secularization has been suggested as a reason for the denial of death, because religious practice, at least in Christianity, focused on the importance of the immortal soul and how to live the right kind of life to be guaranteed a spot in heaven.

Gorer points out that by the mid 20th century, decreasing mortality rates and an increase in life expectancy had resulted in deaths of young people steadily decreasing to the point that the only way for young people to die was violently (in war or, during times of peace, in automobile accidents). Moreover, he argues that violent death has become an increasingly common part of popular culture. At the same time, “natural” death is hardly ever mentioned in the same way that “natural” sex is excluded from pornography, and instead substituted with explicit graphic examples of an extreme version. Gorer parallels

the two pornographies by showing that in neither case – death and sex – are the usual accompanied emotions mentioned. He claims that this denial of emotions relating to death has harmful consequences for people who are grieving. Forcing people to hide their emotions about the death of a loved one increases the stress and loneliness that bereaved people feel.

What is important to understand about Gorer's argument is that he claims that both types of pornography are unrealistic. Death while it may be hidden, is still a normal and inevitable part of life, and the violent types of death that are frequently shown in pop culture are rare. However, they are the only depictions available, and hiding actual death and replacing it with these graphic depictions does a disservice to society. Gorer concludes with the idea that if we dislike the idea of death being like pornography, then it must become acceptable to talk about natural death openly once more.

While Gorer's comparison of death to pornography is perhaps extreme, it is worth noting two things. One is that people who believe that death is being denied tend to feel very strongly about this issue and see it as a very serious problem. The second is that, viewed from the perspective of 2018, people have been talking about how we are hiding death for about as long as death had been hidden, according to Gorer: that is about 50 or 60 years.

Becker: Healthy vs. Morbidly Minded

The final source I am using for the denial of death argument is *The Denial of Death* by Ernest Becker (1973). He approaches the debate from a psychological perspective, although he comes from an anthropological background. Becker's ideas

merge with those expressed in psychological literature on terror management theory, which states that fear of death influences people's lives. For Becker, this fact inspires heroism and hero worship among humans. The reason that fear of death inspires hero worship is that people admire those who are willing to face the thing they fear most, and heroes are willing to die if necessary.

The chapter of Becker's book most useful to discuss here is titled "The Terror of Death." In this chapter, Becker looks at the argument of whether fear of death is natural for humans or unnatural, which he terms the "morbidly minded" vs. the "healthy minded" arguments, respectively. The morbidly minded argument claims that fear of death is natural, that humans are always going to be afraid of dying and that this inspires humans to find different ways to conquer death. The healthy minded argument states that people are not naturally afraid of death and that something in our society, or in our psychological development, has gone wrong which makes us afraid of death now. Becker argues in favour of the morbidly minded thesis, which supports his ideas about heroism as an attempt at a kind of immortality.

This observation is interesting because it opposes Becker to Ariès and Gorer, who seem to argue more in favour of the healthy minded argument, though they do not express it as such. Becker's adoption of the "morbidly minded" argument puts him in the position of claiming that the denial of death is not an inherently bad thing, and that fear of death is normal and healthy. This is an important perspective to remember going forward, as it is unique among the perspectives adopted both in the literature and among the death café attendees.

Sequestration theory is a slightly different version of the denial of death theory. Researchers who argue that death has been sequestered in modern western society claim that death is not necessarily denied, but rather sequestered out of public life and relegated into “private” life. Of course, this process coincides with the professionalization of death, since much of dying happens in specialized zones such as medical institutions. I turn here to the literature on sequestration and professionalization.

Sequestration

Now I am moving on to a less extreme view of the attitudes toward death in western society; some theorists argue that rather than denied, death is sequestered. What this means is that death is permitted to exist only in certain spaces, which are private or professional. So instead of death being a taboo, something that is forbidden or denied, it has places where it is allowed to exist and then it is excluded from the rest of social life.

Mellor and Shilling (1993) look at the state of death and dying in society and point to three factors that they claim are part of why death is sequestered: reflexive ordering of biographical narratives, identifying the self with the body, and the shrinking scope of the sacred (412). Their view of sequestration is highly individualistic, and they view sequestration as a means by which people are able to hold on to their ideas of self identity and the related projects by which they make meaning in their lives in the absence of larger institutional (mostly religious) forms of meaning. Mellor and Shilling thus relate sequestration to the declining role of the sacred.

Mellor and Shilling discuss the importance of the body in modernity, and how linking the self to the body, which can display the physical signs of aging and death,

causes sequestration. They discuss how the presence of another person who is dying, and the sight for their body can incite fear of death because of the fact that moderns are “unable to confront the reality of their own inevitable deaths, the self-identities of individuals is often made insecure by the presence of death in others” (Mellor and Shilling, 1993, 417). They also discuss the historical influence of Protestantism for promoting an increased ethos of individuality in general and a more private relationship with god/divinity. As they observe, greater individualism changed the experience of death into an individual one from previously being a collective problem of society losing a member (like Robert Hertz first wrote about in *Death and the Right Hand* (1960)).

Hugh Willmott (2000) argues that the sequestration of death is often portrayed too negatively, and that in doing so scholars (sociologists in this case) are furthering the sequestration process. Willmott makes an existentialist argument that the fear and uncertainty the death engenders creates space for possible creativity in how to live life. Thus, for example, a concern for health and the extension of life can be a response to fear and the sequestration of death. He claims that the absent religious or other pre-modern forms of legitimation are substituted by, not a new form of institutional religion, but that attempts to find legitimation or create meaning becomes “an integral, parasitic feature of the business and performativity of the central institutions of modern society – including family, as well as education, work, and even leisure” (656). Thus, the response to the fear evoked by death (which Willmott claims is natural, much like Becker), need not be so extreme if one does not depend on social institutions for a sense of ontological security. The positive side for Willmott is the possibility that confronting death can lead to

changes in social institutions and understanding of self-identity as both important and inherently fragile without it causing a crisis.

Stanley and Wise (2011) take a different approach in terms of the sequestration of death. They have a problem with some of the other works already discussed, specifically regarding the way that death is discussed as an individual experience, both for the person dying and for the bereaved. Instead they look to Norbert Elias and his ideas about “domestic figurations” from his book *The Loneliness of Dying* (1985). Stanley and Wise argue that sequestration of death should be understood not in terms of individuals, but as a phenomenon experienced by members of interconnected personal relationships.

The characterization of death as “private” generally refers to people who are grieving and implies that they are meant to hide their emotions in public and may only show their sorrow in private. This private aspect of grieving is something Gorer also noticed, and which he compared to masturbation in that it is only done alone and in the privacy of your home, possibly even only your bedroom (50).

Many of these papers on sequestration focus on problems of meaning for people in the current moment (alternatively called modernity, high modernity, late modernity, or postmodernity) and attempt to look at an experiential understanding of what death means to people personally. Mellor and Shilling explore problems of the self and the meaning of one's own life, and how death can nullify the purpose given to one's own life which causes anxiety and thus the sequestration of death. Willmott takes this same view of death, stating that “death's ‘transpersonal’, ‘existential’ significance resides in its capacity to place in unfamiliar perspective, and thereby potentially render absurd and

futile, the projects and institutions that endow lives with meaning and value” (Willmott 2000, 650). There also a focus on death as an “absent presence” (Willmott, 2000 654) since “in the hour of our death” there is both an absence of the person who was there but still a physical presence in the form of their body.

Modern sequestration is also closely related to the professionalization of death care and the death related industries. According to sequestration theory, death does not exist in private spheres so much as it does in the myriad professions that exist to take care of the dying person and to take care of the body after the person has died.

Professionalization

In the recent history of death and funerals in the west, there has been a move toward professionalization of all aspects of death. This trend has resulted in death becoming increasingly unfamiliar to people. As discussed in the previous section, the by-product of professionalization is lack of familiarity with death for the majority of the population, so people become disconnected from death because it has been removed from “normal” life. While there are many aspects of death that have become professionalized, I will be focusing on two of the most commonly discussed in the literature: the existence and proliferation of funeral directors, and the move from dying at home to dying in a medical institution.

Funeral Directors

One of the major works written on funeral directors, and arguably the one that has received the most attention from the general public, is Jessica Mitford's *The American Way of Death* (1963). It was meant to be an exposé and indictment of an industry that

Mitford felt was avaricious. Mitford's description of the funeral industry includes upselling of what she considers to be unnecessary expenses for grieving families, and taking advantage of the disorientation caused by bereavement. Some unnecessary expenses include lavish caskets and expensive floral arrangements that may look nice but cost a lot of money. Mitford makes an anti-capitalist argument, and asserts that people working in death related fields (mostly funeral directors, though she takes issue with some grief counsellors as well) are exploiting people when they are at one of the most vulnerable points in their lives to turn a profit, and that the services they provide and the products they sell are unnecessary and have inflated prices.

To return to the concept of denying death, Mitford takes funeral directors to task for the euphemistic language they use for advertising “slumber rooms” or “processional cars”. This language masks the truth of what is happening at the various stages of the funeral (i.e. the person is not sleeping, they are dead, and the cars are being used to carry the person's body or ashes to the cemetery, regardless of whether it is called a processional car or a hearse). In this way, Mitford is making an argument that the people working in funeral homes are contributing to death denial.

One of the biggest critiques of the funeral industry that Mitford makes concerns the practice of embalming. She takes issue with the idea that it is valuable for the grieving process for the bereaved to have a final viewing of the person (corpse) before burial. Mitford also argues that the idea that embalming is necessary for public health is spurious. If anything, embalming is hazardous to the health of the people doing the embalming (Bedino, 2004), and many people currently critique the practice largely due to

the environmental problems associated with the practice (Uslu, Bariş, & Erdoğan, 2009). In the case of floods, hazardous amounts of various harmful chemicals such as formaldehyde contained in buried corpses can contaminate water systems (Chiappelli & Chiappelli, 2008). Critiques of embalming are not unique to *The American Way of Death*, but Mitford was among the first to publicly criticize the process (Mitford, 1963).

Rest in Peace, by Gary Laderman (2003) reads to some extent as a rebuttal to *The American Way of Death* and is a defense of funeral directors and a history of the profession. Embalming is once again a key focus in this book, as it was in Mitford's. Embalming is one of the key features of a funeral director's job, and it is argued by Laderman that this practice allowed bereaved people to maintain a connection to the body while other aspects of conducting American funerals were changing.

Laderman traces the changes in the latter half of the 20th century and highlights the way that multiculturalism has affected the funeral industry. Greater cultural and religious diversity in North America has meant that funeral directors have had to change their services (or the types of services offered) to reflect the fact that not everyone using their services comes from a Christian background. Apparently, the main concern of the funeral industry has been to keep funeral directors in charge of the body itself.

Increased Corporatization of Death Industries

While many North American funeral homes are still small businesses there are a few large corporations that own many funeral homes. Some of these corporations even keep the original names when they buy out old family businesses to hide the fact that they are now a corporate entity. One such company is Service Corporation International, or

SCI, which owns 141 funeral homes and 10 cemeteries across Canada (2016 Service Corporation International annual report).

The differing perspectives on funeral directors and the changing character of the funeral industry that I have outlined in this section highlight some of the ongoing conversations and questions that people in North America have been posing about death and the way we treat our dead over the past half century or so.

Biomedical Professionalization

“It can be argued that the *discussion* of death occupies a form of public space. However, hospitals can be seen as the institutional expression of the modern desire to sequester *corporeal* evidence of sickness and death away from the public gaze” (Mellor & Shilling, 1993,418)

The idea that death is sequestered means that it must exist somewhere, and there is a general agreement that the place where it is most commonly found now is in the hospital, to the point where “in one sense the hospital has a monopoly on death” (Mellor & Shilling 1993, 418). Whenever death denial or sequestration is brought up, the fact that people mostly die in hospitals is always used in contrast to a past when people often died in homes and death was more familiar. There is an extensive literature on the problems with dying in hospitals, and how medical institutions treat dying people. This literature is broadly in agreement that death poses a fundamental contradiction to biomedical professionals, since it represents a failure to accomplish their mission of preserving life. The literature in critical medical anthropology argues that this biomedical perspective is detrimental to both patients and hospital workers themselves.

Part of the problem is that people in hospitals are uncomfortable with dying people. In *No Place for Dying* Chapple (2010) discusses how American culture more generally and hospital culture in particular seek to ignore the process of dying. She shows how this attitude affects how people die in hospitals and whether people are able to die a “good death” in those circumstances. One problem Chapple describes concerns the ideal of heroism, especially in emergency rooms, according to which health care providers are expected to undertake extreme measures at all costs to save people from the brink of death. Technological advances have also changed how people are dying, particularly the ventilator, nasogastric intubation, cardiopulmonary resuscitation, and defibrillation.

...*And a Time to Die* by Kaufman (2005) also provides an ethnographic overview of death in U.S. hospitals, but focuses primarily on the ability of healthcare professionals to control when people are allowed to die. Technology is also a major factor here, since Kaufman describes decisions about when and who can choose when to discontinue the use of life-sustaining machinery. In many cases, family members choose to keep their loved one alive for as long as possible, asking the medical workers to do everything they can to save the person. Kaufman concludes that there are three elements which contribute to the ways hospitals deal with death: the work and goals of biomedicine, American individualism, and a market-oriented healthcare delivery system.

Popular rejection of biomedical control of death and dying, and of the corporate character of the funeral industry led to a backlash in the form of attempts to “reclaim” death in the latter part of the 20th century. One of the first manifestations of this movement involved the work of Elizabeth Kübler-Ross. Her books, primarily her first

one *On Death and Dying* (1969) which outlined the five stages of the dying process, but also later publications (1974, 1991), were immensely popular and paved the way for the present-day “death awareness movement” and emphasis on openness about emotions relating to death and dying which Tony Walter terms the “revival of death.”

In some ways, Kübler-Ross (1969, 1974, 1991) is part of the revival of death, as is the more recent green burial movement and rejection of undertakers in favour of keeping the body at home between death and burial.

Revival of Death

Moving on from the idea that death is not denied, but sequestered, comes the argument that death is instead being “revived.” According to this perspective, conversations around death in our society are increasing and becoming more common, rather than being hidden and taboo. The biggest proponent of this theory is sociologist Tony Walter, whose book *The Revival of Death*, discusses the difference between “modern” and “postmodern” (1994). To link this argument to the previous section, the “revival” perspective asserts that some of the industries and social spaces where death has been sequestered have become spaces of revival and increased openness around death, especially regarding people’s emotional responses to death.

Walter claims that while there may have been a time when death was denied, this approach was related to the modernist ideals of the first half to three quarters of the 20th century. According to his argument, what most people consider to be the taboo around death can be explained by understanding the ideals of modernism. At the time,

rationalization was being implemented to increase efficiency throughout all aspects of society by giving positions of authority to the people with the most knowledge and expertise on a given subject or task. Thus the moderns, as Walter calls them, believed that death should be handled by experts, like all other aspects of life at the time. What was referred to as sequestration in the previous section - was thus a result of the rationalization of the dying process, which involved putting experts in charge of the different stages of a death.

As Ariès also argues, the moderns believed that death should not be discussed, to avoid emotional trauma for both the person dying and the people around them. This reticence was meant to spare people the pain of the knowledge that they were dying. In such situations, a sick person who was dying was under the control of the doctors treating them and the doctors might choose to withhold the truth from their patient. This biomedical control of knowledge about death and dying is part of what the revivalists, as Walter calls them, are fighting against in their critique of the “taboo” or “denial” of death.

The postmoderns, who become the revivalists, believe in a “do it my way” (à la Frank Sinatra) approach to dying, but also believe that it is important to talk about death. Increased individualization which exists in most aspects of society, is seen as progress and is advocated for dying as well as other stages of life. Everyone should be in control of how they die. Not everyone considers this development a good thing however. Mellor and Shilling point out that this individualization has coincided with “a shift towards informality [which] has caused a whole series of traditional patterns of behaviour in the great crisis situations of human life, including the use of ritual phrases, to become suspect

and embarrassing for many people. The task of finding the right word and the right gesture therefore falls back on the individual.” (1993, 417) This inability to know what the right thing to say is, causes many people anxiety when confronting either a dying person or a bereaved person, and this makes talking, which the revivalists believe to be so important, difficult.

As Walter points out, the revivalists do not necessarily want an exact recreation of mourning rituals from earlier historical periods, although they often claim that these rituals were better than current approaches to death. Rather, revivalists want to talk and thus: “we find ritual displaced by discourse, mourning behaviour by expressive talk” (34). Here, too, Walter's argument connects with Ariès' critique of the demise of shared community rituals surrounding death, particularly the public deathbed scene. It is interesting then, that those who decry modern death do not necessarily seek to revive specific rituals. Rituals can be individual, but for many postmoderns, the idea of ritual is associated with institutionalized religions and is seen to be prescriptive, which goes against the grain of postmodern individualization. To some, this lack of ritual is in fact something that makes death harder for modern individuals since there are “no definite prescribed rituals anymore” 1993, 416-417) The idea that talking and verbalizing one's emotions is important pertains not only to postmodern ideas about death, but relates to many aspects of life, and is closely associated with the high value placed on individualism or “doing it my way.”

Related to individualism is the rise in voluntary associations, which Walter claims is an important part of the revival of death. One example he cites is the

proliferation of support groups, which can range from general grief support to groups with a specific focus, such as parents who have lost a child from a particular disease. This development could be related to sequestration, if it is assumed that people only feel that they are permitted to talk about their grief in specific contexts, but that is not the argument Walter is making. He is linking the growth of voluntary associations like support groups to “the twin features of postmodernism: advanced communication systems and the celebration of inner experience.” Essentially, Walter is claiming that the ability to talk openly with people with whom you share emotional common ground and with whom you have chosen to spend time enables you to express yourself in a way that is comfortable and feels safe. Similarly, Raymond Lee (2008) argues that the taboo of death has been exaggerated. He instead offers the idea that death has a potential for emancipatory qualities, and argues that after the disenchantment that Weber described as typical of capitalism and modernity, there is a re-enchantment happening with death, in the form of New Age religious movements and the exploration of Near Death Experiences. Walter also observes that technological changes like Facebook have played an important role in enabling one to connect with people who share similar interests or experiences, thus supporting the creation of more voluntary associations. While this factor is only mentioned briefly here, it will be important to bear in mind in my later discussion of the death café movement. Death cafés would seem to be a prime example of the type of voluntary association, facilitated in part through the Internet, that Walter is discussing.

The characterization of death as taboo can mean two fundamentally different things, and they are important to delineate. In one sense, the phrase is used to refer to mentioning the topic of death in the presence of a dying person, or public discussion about someone who has just died. More broadly, the concept of death in and of itself can be referred to as taboo. The rationale behind death cafés and the goal of the revivalists, then, may be focused on different aspects of breaking this taboo. Moreover, the desire to break the taboo may be restricted to specific scenarios. In *The Revival of Death*, Walter deals primarily with situations in which death is happening, or when it has already happened. In other words, the revival he delineates concerns people who are dying, or people working with or emotionally connected to someone who is dying or who has died. So what is happening to break the silence around death in society more generally?

If there is truly a revival of death happening, can it be said that it extends throughout society or is it just taking place within spaces where death is already present? Although the books of Kübler-Ross (1969) and Mitford (1963) have become part of popular culture in North America, is it accurate to conclude that death is present in the mainstream of the social world of the living? While the revival of death may be apparent in the case of hospices and support groups, has it crossed over into general social life? Walter claims that it has; in fact, on the back of the paperback version of his book, the first line reads: “talking about death has is now fashionable, but how should we talk?” As this question implies, discussion is happening though there is still uncertainty. Yet, over 20 years after *The Revival of Death* was published, people still think that there is a taboo

around death, and feel a need to respond to it. So how are people choosing to respond? I will look at one attempt to bring death out into the world, and that is the death café.

Chapter 2: Death Cafés

The first Death Café was held in London in 2011. The idea originated from Swiss sociologist Bernard Crettaz's idea for a Café de la Morte, an event which he organized in 2004. Crettaz, and the founders of the current death café movement, believe that death is denied in modern western societies, and therefore wanted to create a space to break the silence and talk openly about death. It is assumed that denying death is problematic and so the hope is that by creating spaces for discussing death, it may be possible to break the "taboo". Since the first death café, the idea has spread, and grown into a movement. It has spread throughout the world, with death cafés being hosted on six continents. People volunteer to host death cafés on their own time using the model provided on the death café website (<https://deathcafe.com/how/> accessed August 2, 2018).

At a death café, one is meant to "drink tea, eat cake, and talk about death" with the objective being: "to increase awareness of death with a view to helping people make the most of their (finite) lives" (<https://deathcafe.com/> accessed April 30 2016). The official death café website does not offer any further instructions, as there is not supposed to be any kind of agenda at these meetings, and discussions are intended to be open, so participants have the freedom to talk about whatever aspect of death they want to address. Death cafés can be hosted by religious people and in religious places (and many of them are) but in order to be an actual death café there can be no proselytizing. The death café is also not supposed to be a support group, though in my experience many of the people who go to death cafés do want to talk about some sort of grief they are experiencing.

A death café can be hosted in many different places, such as a coffee shop, library, church basement, art gallery, or anywhere there is space for people to meet. Participants can bring people they know, but unless one attends a death café that meets regularly, it is likely that one will not know the majority of other participants. There are usually some refreshments and there may be a request for a donation to help pay for the space or the refreshments. While the official death café website suggests that the latter include tea and cake, since it is managed by people in the UK, any refreshments are acceptable.

At the beginning of a death café, it is common for people to take turns introducing themselves and explaining why they came to the event. Depending on the size of the gathering, people might be split off into smaller groups for discussion or there may be just one group. The discussion may be prompted by questions, or it may just arise from a topic raised by one person in particular. There may be a topic raised when people explain their motivations for attending that sparks discussion, or people may be more shy and need some prompting on subjects to discuss. If the group is split into smaller groups, group membership may be switched part way through the event so that people can have discussions with different people throughout the event. All of the death cafés I attended took place in either the afternoon or evening.

I conducted research on the death café movement through nine months of ethnographic fieldwork, from October 2016 to June 2017, which involved attending death cafés in the Greater Toronto and Hamilton area (GTHA). I sought permission to attend death cafés as a researcher and once permission was given, I attended the events. During

the introduction period at the beginning of each death café, I introduced myself to all participants, and explained the nature of my research. When attending death cafés, I noted the types of discussion that took place, what the atmosphere was like, and some general information about who attended (such as their type of employment or if they had recently experienced a loss) while keeping the details about individual participants to a minimum. This approach allowed me to observe and participate in death cafés while respecting the confidentiality and anonymity of other participants. Participant observation enabled me to get to know people who had chosen to attend death cafés, and often why they had chosen to be there. In order to avoid “objectifying” fellow death café participants or causing them emotional distress, I did not tape record discussions or write notes at the death cafés themselves. Once I had left the death cafés, I would quickly write up as much as I could and in as much detail as possible about the discussions that had taken place.

To evoke the experience of participating in a death café, I now present a vignette from my fieldnotes describing a death café hosted by an artist in an urban GTHA setting:

... I was anxiously trying to find the place, I had the address but I couldn't find the number on any of the doors. Then I saw two more people talking to each other, and I heard one of them mention a death café, so I said I was looking for one too. I thought I had the right door, but I was not sure. One of the other women rang a small doorbell and we were let in.

The space was a small gallery where the person hosting, an artist, displayed her work, and there was a workshop in the back. On the walls were pictures of bones and teeth, arranged on sand to look like flowers. There were two pictures of naked bodies, with the head out of frame, cradling a skeleton in their arms. There were different kinds of chairs set up around the perimeter of the room, and on one side there were snacks and tea, so I helped myself and then sat down. The room slowly filled, and there were over twenty people in attendance, which was higher than at any other death café I had been to yet. It was intimidating but exciting. Because the host was an artist, there were several other artists in attendance.

The event began like all the other ones I had been to, with the host introducing herself. Then we took turns around the room, giving our names, and saying why we had chosen to attend. The host herself explained that her parents had often recalled that when she was three years old, she had told them that her grandmother living in another country had died before anyone could have known about this event. The host did not remember the experience herself but wanted to figure out how she could have known that her grandmother had passed away. This curiosity had caused her to seek out death related experiences and she had volunteered at hospices and worked with children with cancer. She recounted that she had seen many young people die, had visited a

war-torn African country, and travelled in India where she spent time with someone who owned bones that were never sent away.

Some of the other participants that stood out for me included a woman who was there with her husband, who said she had felt like she was able to avoid death for most of her life. Anytime someone close to her came was seriously ill, they always pulled through and escaped dying. Now, one of her parents was dying and the woman said she did not know what to do about it and wanted to talk because death suddenly felt so much more real. She told a story about her daughter learning a short song to be sung with her family the last time they saw this parent, and it was so beautiful I got shivers when she sang:

When you were born you cried

And the world rejoiced

Live so that when you die

The world cries and you rejoice.

Next an artist spoke who has lost her assistant and close friend to suicide and had been unable to cope with the loss. She said that she was sad and having problems for a long time, until one night she suddenly started writing poetry about her friend's death. Writing poetry was like a catharsis for her and she was able to heal.

I was interested in the differences between what people talked about, and the way people talked, compared to other death cafés I had

attended, such as the one in a church basement in a small rural town. There was one other artist who came to the death café in the urban gallery, who said he was a fan of the host and her work. He talked a lot about collective memory and building artistic pieces about death. He had plans to build a memorial for 19th century Irish immigrants who died of typhus emigrating to Canada. His focus in this memorial would be the promise of a better life and honouring those who died attempting to achieve it. He also talked about a film he had made to memorialize his father, which was a recording of waves crashing on a beach for three hours. Some of what he said came across as pompous, though I had trouble understanding why I felt that way. It seemed that I found his manner of speaking off-putting, yet it was not so different from the way that many people in the social sciences write.

There were some other discussions about the idea of extending life through biomedical care for older people or people with terminal diseases. Most participants preferred the term “extending death” to describe these biomedical interventions, and commented that the process seemed to make things more difficult for everyone. The husband of the woman with a dying parent was bothered about the idea of “dying young” and said that the age at which people can be said to “die young” keeps increasing. He felt that people should be more concerned about having led a full life than the quantifiable age. He was

also concerned about taking medication and mentioned that he thought it might be a good idea to stop taking life-prolonging medication at 70.

Related to this topic was a discussion of the individualization of death in western modernity. Participants commented that it seems unrealistic or unfair that we can be so privileged that we assume we will die of old age. This observation led to some discussion on retirement and participants pointed out that people in our society spend a great deal of time saving for a good life up to the end but never mention the fact that we will die.

The death café lasted for two hours, and I was one of the last to leave. I thanked the host for allowing me to attend and she wished me well on my research. I left in the grey afternoon light to make the long commute home...

Chapter 3: Themes from Death Cafés

I will begin with some observations I made, and follow up with more details.

Some notable patterns I found at death cafés were:

The cafes are mostly populated with people who work in death related fields, are considering working in death related fields, or who have been care givers for dying people in some capacity. This includes people who work directly with dying or bereaved people, such as death doulas or funeral directors, and people who worked or volunteered in hospitals or other places where there are high rates of mortality, such as retirement homes.

Discussions were not about any sort of spirituality or anything about the afterlife (other than a very brief “in my religion we believe x”). The lack of any kind of spiritual talk was noteworthy given that death has previously been dealt with through religious means, and still is given meaning through institutionalized religion for a large number of people.

Discussions barely touched on what happens when we (meaning the specific members of the group) die, but had much more to do with what happens when other people die, or how people die “in our society.” This observation was also interesting, given the tagline for death cafés. A lot of discussion followed the pattern of: “death happens. X people do it wrong.” This statement was occasionally followed with “Y people do it right.” X is often the amorphous “us” or “medicine” or occasionally “they,” meaning “the people who refuse to talk about this stuff which is clearly so important to talk about. Look at these problems that happen because of that refusal to discuss death!”

While each death café I attended was unique in some way, even the ones that were offered several times in the same place hosted by the same people, the vignette I quote above was fairly typical of what it was like to attend a death café. While I was not sure going into this research what people would talk about specifically, I had some ideas about broad topics that I was sure would be discussed. Given that the rationale for the death café is “to increase awareness of death with a view to helping people make the most of their (finite) lives” my expectation going into fieldwork was that people were going to talk about their own death. To me, the most obvious implication of the stated goal of death cafés was that people should be talking about their own death and confronting their own mortality, to help them “make the most of their (finite) lives.”

Practical Discussions

One of the first death cafés I attended was in a small town. It was hosted in a church basement, and the facilitators and organizers were members of the church where the event took place. One was a leader of a grief support group, and the other used to be a hospital chaplain in the Netherlands before moving to Canada. Many of the attendees appeared to know one or both of the organisers and most participants seemed to be members of the church that provided the space for the event. The hosts did not mention their religious beliefs or advocate them in any way, which is a prerequisite for a death café, but almost none of the attendees mentioned anything about religious beliefs. Neither was there any mention of anything spiritual or having to do with an afterlife, except in one case. There was a widow in attendance who had lost her husband recently, and she briefly mentioned that according to her beliefs she will see him again in the afterlife. That

was the extent of discussion of the afterlife, and I was surprised considering the makeup of the attendees and the location, since I had expected more discussion about heaven.

I discovered, however, that this absence of references to spirituality and afterlife beliefs was common to all the death cafés I attended. This observation was surprising to me, but perhaps it should not have been. The official death café website clearly states that there should be no fixed agenda and no promotion of any particular belief system at the meetings, and that conversations should be free to pursue whatever the attendees wish to discuss. It is possible that people were concerned that mentioning their beliefs or insisting too strongly on the “truth” of their own religion would have been imposing on other participants.

At another death café, this time hosted in a café in Toronto, the closest the discussion came to anything spiritual involved one woman talking about how she had first heard about a death doula, or Thana doula, a few weeks previously. The woman remarked that since learning about the existence of death doulas, she had encountered the topic several times. She thought of this coincidence as an example of kismet (known as the frequency illusion, or the Baader-Meinhof phenomenon). The woman thought the coincidence stemmed from fate, and was a sign that death was an important thing to be talking about. The experience had influenced her decision to attend the death café in the first place. At the same café, another participant was training to be a hospital chaplain. Surprisingly, in my view, that person did not respond to the woman's story, and did not talk at all about spirituality.

This observation leads to my assertion that death cafés are not a place for people to contemplate their own deaths or the meaning of their lives. The assumption behind the death café movement is that talking about difficult topics makes them easier to understand, and that confronting them head on is the healthiest way to face uncomfortable truths about ourselves and our lives. Concerning death cafés, whether or not death is actually a taboo subject in our society is irrelevant. What matters is that the people who organize and attend these events *believe* that we live in a death-denying society. This belief is what drives the death café movement and more broadly, the death awareness movement. There were several topics that came up at most or all of the death cafés I attended, but these topics did not include contemplating death in order to make the most of one's life.

The idea that we should talk about death to live well throughout our finite lives always sounded to me like an existential or spiritual pursuit. The motto of the death café movement, “to increase awareness of death with a view to helping people make the most of their (finite) lives,” suggests that in order to live life fully, we must understand and accept the fact that we are going to die. Thus, in acknowledging the finitude of life we will be able to live out the rest of our time better. This perspective fits with Buddhist traditions that the founder of the death café movement adhered to, and also resonates with the famous five stages of grief as set forth by Kübler-Ross (1969). However, the discussions I participated in at death cafés in the GTHA rarely if ever brought up this aspect of thinking about death. Instead, conversation focused on practical aspects of

dying such as how to organize a funeral, or critiqued the ways in which death has changed and become medicalized.

Practical tasks related to dying came up frequently at death cafés. In some cases this meant talking about the importance of planning for funerals and about legal issues such as wills. Other practical issues that were discussed included whether you have to call the police if someone dies or is dying in your home, or if you have to bury a body in a cemetery. These types of conversations provided practical help to people with questions who need to know how to navigate these processes. I expected to hear these kinds of conversations, and walked away with some surprising information. For example, according to the attendees of the death café in a small town, in Ontario a person can be buried on their own property rather than having to be buried in a cemetery or graveyard. At another death café, one participant expressed concern about their partner being resuscitated against their will by emergency services. This participant had assumed it was a legal requirement to call emergency services if someone is dying at home. However, she shared with the group that her doctor had informed her that if a person is being treated for a terminal medical condition, the police do not have to be contacted when he or she is dying and the doctor can instead report the death.

Focusing on practical aspects tackles issues that are necessary to deal with, but are still removed from death itself. Such discussions remain existentially neutral because they are about plans and planning that people have can control while they are still alive. The topics involve navigating systems with which most people already have some familiarity, and the participants likely have a mix of understanding and confusion that makes such

subjects comfortable and convenient for discussion. Funerals, wills and legal requirements are important things to understand and know about. However, these topics do not lead to any questions about what happens to the person themselves when they die, just what happens to their stuff or the people around them.

I attended one death café hosted by a social worker who had hosted many cafés over a period of about five years. She asked me if I had any preliminary findings to discuss at that point in my research. We had met previously when she hosted another death café at the same location and she knew already that I was researching death cafés for my thesis. I was a bit hesitant to talk about my findings, because I was questioning some of the core tenets of the death café movement, mainly whether talking about death is taboo or if people just believe it is taboo. However, I admitted that my research was prompting me to pose this question. The social worker seemed taken aback and asserted that she did “absolutely” think that death is a taboo subject in our society. As she went into more detail I was interested to hear her view that the taboo may be more apparent when it comes to certain aspects of death. For example, she remarked that talking about what happens to dead bodies, especially when they decompose, is not accepted at all.

Based on the death cafés I attended, the social worker's statement is open to question. On the one hand, the decision to be cremated or buried was a topic of discussion that came up in every death café I attended. While there are some death café attendees who will not talk about this decision, in my experience it was one of the most common discussions to have about death, because it relates to some of the practical concerns that people are more willing to share than spiritual beliefs. People would also

bring up alternatives to cremation or burial, such as donating your body to science or green burials, and planting a tree to mark the burial site.

On the other hand, there were very few discussions about actual decomposing bodies or dead bodies in general. A participant at one death café in Toronto had gone to Japan to volunteer to clean up after the 2011 tsunami, and she recounted that she had become friends with a woman who lived in the area devastated by the tsunami. This woman had lost most of her social network, but was so busy having to dig through rubble and clean up that she had no time to be concerned or think about what had happened.

On occasion, death café participants were able to think a little bit about their mortality in the sense that they imagined how they would feel about their body being interred in a certain way if they were alive and aware of what was happening. For example, someone said that they would not want to be buried because they are claustrophobic and the idea of being in a tiny box frightens them. This discussion about being afraid of being disposed of in a certain way was one of the few that touched on the topic of our own actual deaths.

Another topic that came up was assisted dying, because my research took place during the time that Bill C14, legalizing medical assistance in dying throughout Canada was put in place. As a result, assisted dying was a common topic in public discussion at the time. At death cafés, some people used assisted dying as a segue to bring up issues they have with the healthcare system more broadly. One person said that they felt that medicine had done too much to “prolong, not life, but prolong death” and that if the healthcare system let people die earlier in their illness rather than making them live as

long as possible we would not need recourse to assisted dying. This position of course fails to account for people who have a terminal illness, but do not know how long they will remain functional and in tolerable amounts of pain or discomfort, but know they will suffer terribly as their illness progresses. Outside of the topic of assisted dying though, the idea was frequently expressed by death café attendees that the medicalization of death has caused people to suffer and prolonged life (or the process of dying) to an unnecessary degree.

Professional Attendance

As for the attendees at the death cafés, many were death professionals of some kind (death doulas, funeral directors, people involved in green burials, nurses) and people who had been caregivers to dying people. While death cafés are meant to be open to anyone who might want to talk about death, I found that most of the people who attended already had an outside influence that made them interested in death. Of course, I did meet a few people who showed up at a death café and said they were “just curious” or they wanted to “check it out” when doing their introduction. However, once we would start to talk there was usually some specific event or aspect of their lives that had led even these individuals to start thinking about death already.

One woman who attended two of the same death cafés as me (in the same location and hosted by the same people) introduced herself by saying that she wanted to talk about death because she was old and going to die soon. The fact that most people attending death cafés already seem to have some connection to or interest in death makes me unsure about whether the spirit of the death café movement is being fulfilled. If the idea

is to get everyone talking about death, or maybe even to get people who would not want to talk about death interested in talking about it, then I did not see much evidence that this process was happening at the events I attended.

I also encountered attendees who may not qualify as death professionals in the strictest sense, such as volunteers and doctors in cancer hospitals. Technically they are not only working with people who are dying or dead, but while cancer is not always the automatic death sentence that it once was, depending on the type of cancer, the mortality rate can still be high. There were many death café participants who had worked or volunteered in cancer wards, and specifically with children. Specific individuals I remember included:

- A former hospital chaplain in a children's hospital in the Netherlands who told a sad story at a small town death café in a church basement about a girl who was on the point of death and how he persuaded her parents to visit her in hospital in time before she passed away.
- A volunteer for several years at the Princess Margaret cancer hospital in Toronto attended a recurring death café several times in Toronto.
- Likewise, at another recurring Toronto death café, a former pediatric oncology nurse from the Middle East talked about how hard it was to work with dying children all the time.
- At the same recurring death café, one of those who attended often was a massage therapist who was part of a study looking at the effects of massage on childhood cancer patients.

Some of these participants said that it was hard to find outlets in their regular lives where they could talk about their jobs or volunteer placements, which entailed a high level of stress. They said that the inability to talk compounded their stress. Thus, the death café provided these individuals with a space where people are able to openly talk about death without judgement or agenda and enabled them to open up about issues they would otherwise have few opportunities to discuss.

Healthcare professionals and volunteers that work with children, expressed the view that it is especially hard to talk about their work in regular life. In death café discussions, such individuals often remarked that while people are uncomfortable with talking about death in general, they are especially uncomfortable with the idea of children and young people dying. The massage therapist said that she was not able to talk to her colleagues about her volunteer work. There was a sense that they thought she was weird for wanting or being able to volunteer with dying children. Colleagues told her it was good that she was doing this volunteer work, but they didn't want to hear about it.

One nurse, originally from Israel, explained that working with the dying was particularly hard because even though she would become close to her patients it was not acceptable or permitted for her to grieve when they died. She said she would not get any mementos to remember her patients by and had "only the memories".

The need for death-related professionals to find a space to grieve came up in one of the recurring Toronto death cafés. One person who had been a funeral director for about 10 years said that there was no support for the mental health of people working in

the funeral industry. She said that along with several other women who worked in funeral homes, she had organized a one-day event where they had invited speakers and talked about the emotional and mental health impact of working in the funeral industry. She said that the day was very useful for her, but it took a lot of organization and initiative on the part of the organizers so it would not become a regular event unless there were more people willing to put in the work required to make it happen.

To summarize, there appears to be a specific silencing of talk about death among people who work in places where death is a common part of their daily lives. Thus, they seem to gravitate to death cafés as places where you are permitted, encouraged and supposed to talk about death openly. Such professionals, who are constantly faced with death, may be particularly aware of the discomfort that other people have in about talking about the subject.

Talking About Talking About Death

On rare occasions at death cafés I met people who claimed that in their families or social circles, people are very comfortable talking about death. These individuals told me that they had never felt that death was a taboo subject. However, there were only two people who expressed this opinion in all the death cafés I attended.

This observation brings us back to the idea that we should be talking about death, and that doing so will make our lives better. This premise is fundamental to the death café movement. This idea is reiterated at the death cafés themselves, both in introductions by those hosting the cafés, and in the discussions that follow. People talk about the heavy emotional burden of being unable to talk about death in a death-denying society. Death

café organizers and attendees remark on how strange it is that everyone is going to die and yet people do not want to talk about this fate. Death-related professionals often tell stories at death cafés about how they have seen situations play out over and over in which people did not have the “important discussions” with their families before dying and things end up going horribly wrong as a result. Other participants recalled incidents involving family members who refused to have the conversations about death that their loved ones needed, and as a result, all those involved experienced psychological trauma. Even if a person who refuses to talk about death is not currently seriously ill or facing death, it is assumed that their refusal to engage in such conversations will inevitably lead to difficulties for themselves and their family members in the future.

What is significant in this discourse is the insistence on *needing to talk about dying*, rather than just talking about dying. If the problem is that we do not talk about death (and definitely the people who attend death cafés think that is indeed a problem) then it seems strange that the discussions that happen at death cafés often still dance around the actual issue of dying. Instead of addressing death itself, attendees talk about the need to talk about death. Discussion only approaches death itself tangentially, focusing on issues like the importance of having a will, and talking with your family about what you would want done at your funeral, and about do not resuscitate orders (DNRs). Perhaps the ease with which such practical or bureaucratic matters are discussed at death cafés stems from the familiarity of these issues and the fact that they relate to situations which can be imagined and planned in advance. In contrast, the actual experience of dying and the nature of any possible afterlife are fundamentally unknown and unknowable.

One person at one of the recurring Toronto death cafés talked about how unskilled people have become at communicating with the dying, remarking that most people simply do not know what to say in such situations. She said she had noticed that friends and family members often avoid talking to a dying person and sometimes stop visiting altogether. In response, I commented that many people communicate poorly in general and therefore it is not surprising that they are inept at dealing with something as charged and uncomfortable as death. My interlocutor then said that poor communication in the face of death was especially problematic because so many people opt to do nothing, and given the finality of death, it is impossible to fix whatever mistakes have been made or to restore broken relationships.

At another recurring café, a participant shared that when one of her friends was dying, she asked everyone who came to visit her to bring a picture of the two of them together, and to tell the story of when that picture was taken. This ritual was useful for both the dying friend and her visitors. It was nice for the dying woman, who kept the pictures to look at and was able to relive memories of happy moments with her friends. The ritual was also good for the visitors because it gave them a structure to speak within and a ready-made topic of conversation that overcame the awkwardness of the situation. Finally, there was the added benefit of collecting a large number of photographs that were used at the funeral.

Thy Death

Throughout the project, as I attended more death cafés, I wondered why it seemed that, for the most part, no one was talking about their own death. I asked myself if this

was a sign that people in contemporary society are not really interested in talking about death, if death is still something that people, even those who seek out places to talk about death, are not ready to face. I concluded that facing death is actually a problem for many people who attend death cafés, and I wanted to understand why this is the case.

Often, the closest people got to talking about death directly involved talking about other people's deaths. In some cases these conversations concerned the deaths of people whom the speakers did not know intimately, especially when participants at death cafés worked in death-related industries. Many attendees, however, were caring for someone who was dying or they had recently lost someone who had died, so talking about such deaths was much more personal. This observation led me to remember Ariès' discussion of Victorian Romanticism. This era marked a change in attitudes toward death. Instead of fear about one's own mortality and the fate of one's soul, concern about the death of a loved one became the primary emotion expressed with respect to death.

The fact that over the twentieth century death has become professionalized and medicalized, and the fact that for many people in the west, or global north, life expectancy is well into the late 70s and early 80s, (81 for men and 85 for women according to the World Health Organization 2016 report) has meant that death is not a part of regular life for most people. Many people can live for several decades before experiencing the death of someone close to them.

Once again, I return to the stated goal of the death café, which is “to increase awareness of death with a view to helping people make the most of their (finite) lives.” While this statement seems to assume that people should be talking about and accepting

their own mortality, perhaps, since we live in a social world, we must understand and accept that other people – people we love and care about and whom we may have known our whole lives – will die, before we begin to consider or comprehend our own deaths.

In the context of the death café, people who work in death-related fields may witness the psychological problems caused, not to the people who are dying, but to those left behind or those caring for a dying person who are not sure how to handle the loss or what to say in the face of death. In addition, death café participants who experience the death of a loved one do not know who to talk to or how to behave because they have likely spent their lives so removed from death that they have no models for what to do when confronted with it. Given the explicitly non-religious, non-proselytizing mandate of the death café, it can be hard to find a language even in this setting to talk about the death of oneself

Maybe then, death cafés do actually help people live more meaningful lives, by increasing their awareness of the deaths of others, if not their own. Such awareness could help people to lead more meaningful lives, by accepting, not *my* death, but *thy* death. At the end of the death café meeting, people usually leave feeling good. Conversations continue past the official ending of the café, and occasionally phone numbers are exchanged or people look forward to seeing someone again at the next meeting. These people seemed to find meaning in their experience at death cafés, even if the events did not follow the official death café mandate.

Chapter 4: Conclusion

Is death denied in our society, or is it revived? While that question may be impossible to answer with any certainty, there is a belief among many people that death is taboo, and some people have chosen to break this taboo by organizing or attending death cafés. After attending death cafés in the GTHA I noticed several commonalities among the attendees and the discussions. Death cafés were attended mostly by people who already had a connection to death in some way. These included people whose professions or volunteer work was either in a death-related industry or in places with high mortality rates, such as various types of biomedical settings. Also included in this category were people who were caring for someone who was dying, or had recently lost someone close to them. Very rarely were there attendees who had no immediate connection to death in some way.

The discussions focused mainly on practical aspects concerning death, including wills, planning for funerals, and choices about disposal of the dead body. Discussion of spirituality was almost non-existent. Most importantly, one's own death was not discussed, only the deaths of "others". I believe that this reluctance to talk about one's own death stems from the fact that death has become so unfamiliar that even in a space specifically dedicated to discussing death, people are uncomfortable or unwilling to discuss their own. I cannot state categorically whether or not this discomfort derives from fears about the annihilation of the self and the processes of identity and meaning construction in modern/high modern/post modern society. However, I do think that

focusing on the deaths of others who are close us is a legacy of Victorian Romanticism, and that for many people, the primary concern is still with “thy death.”

Mine is a limited study, based only on death cafés in a relatively restricted geographical area. My conclusions are not meant to be generalized to death cafés generally, or even all death cafés in the area where I conducted my research. It is possible that at other death cafés people did discuss their own death, or there may have been more people who attended purely out of curiosity. Also I was limited in my ability to take notes and interview participants. University ethics board requirements prevented me from notetaking at the death cafés themselves, to avoid making participants feel uncomfortable because of the presence of a research. Furthermore, I was not able to approach death café participants directly to request an interview, again because of ethical and privacy concerns. I was permitted by my university ethics board to inform death café participants that I wanted to conduct interviews and to provide participants with my contact information, but if they did not take steps to contact me, I was unable to contact them.

For further research, it would be useful to interview participants after attending death cafés, to get perspectives from the participants themselves about why certain topics were brought up and others were not, and to find out whether participants felt that attending the death café was beneficial to them in the ways that the organisers intended. In spite of these shortcomings, however, what this research is able to show is that in our society, the desire exists among some people to talk about death outside of a “critical moment” such as the imminent death of a loved one or themselves. My study also shows that while there is a desire to talk about death, and a perception that society would benefit

from greater openness about death, there is still reticence, at least among the attendees of the death cafés I attended, to engage in direct discussion about the inevitable reality of one's own eventual death. Perhaps the 17th century French thinker François de La Rochefoucauld was right when he coined the maxim that “death and the sun are not to be looked at steadily” (quoted in Enright 1983, 39).

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