

Book Reviews/Comptes rendus

ALLAN KELLEHEAR, *A Social History of Dying*. New York: Cambridge University Press, 2007, x + 280 p., index.

In *A Social History of Dying*, Allan Kellehear explores the topic of human dying through a historical review of dying experiences in four different time periods. In doing so, the author aims to demonstrate that contemporary experiences of dying have been shaped by ideas about death that began to emerge at the beginning of human history. Starting from our animal roots, Kellehear outlines the social experience of human dying through four historical periods, the Stone Age, the Pastoral Age, the Age of the City, and the Cosmopolitan Age, in order to identify key features of dying in each time period. It is argued that these key features provide the basis on which our current understanding of dying rests. Kellehear utilizes a historical-sociological approach to the topic which enables him to successfully bring together an extensive and disjointed body of literature into an accessible text. The value of this historical review is attributable to its questioning of the existence of “good” or “well-managed” death in contemporary society and the identification of the stigma presently associated with dying. By illustrating current forms of dying as “shameful,” Kellehear challenges readers to look beyond dying as a medical or health issue in order to see the moral and political dimensions that influence experiences of dying. As a whole, this book provides a useful and comprehensive overview of the inter-relationship between the social and economic organization of societies and human dying experiences.

This book is divided into four major sections, each of which represents a historical time period characterized by a certain type of social and economic organization. The first chapter of each section describes the main characteristics of the respective time period. This preliminary chapter establishes the context in which an analysis of the dominant style of dying of each age can be carried out. The second chapter of each section focuses on the moral and cultural features that influenced the style of dying representative of each time period. These chapters also highlight the tensions and inconsistencies that dying individuals experienced. The third chapter of each section presents a discussion of the rationale underlying cultural expectations of dying behaviour during each time period. Specifically, in each of the third chapters, Kellehear examines the expectations placed on the dying by others and those placed on survivors by the dying in order to explicate the social nature of dying. The organization of the text into four major sections containing a common

structure is useful in that it allows the reader to make comparisons across time periods.

A notable feature of this book is Kellehear's identification of the dominant style of dying in each of the four time periods. It is important to note that the dominant style was an ideal form of dying, rather than a universal experience, and does not necessarily reflect dying in all communities across the time period. The author proposes that the social and economic organization of a society largely determined the way in which dying was conceived by its members. For instance, drawing upon archaeological studies, Kellehear purports that dying practices in the Stone Age were shaped by the fact that members of hunter-gatherer societies typically died sudden deaths as a result of attacks, accidents, or death during childbirth (28). As a result, dying in the social sense was displaced to survivors and constituted the rituals and traditions carried out after biological death. Consequently, the social experience of dying involved others rather than the affected individual. Emerging from this aspect of Stone Age existence is the notion that life and death were continual, rather than contradictory. This idea was manifest in the belief that dying individuals engaged in an otherworld journey after biological death that depended largely on the actions of survivors. Thus the key feature of Stone Age dying was a belief in the continuity of life demonstrated by the emphasis on the afterlife.

During the Pastoral Age, Kellehear argues that experiences of dying shifted as societies became tied to specific geographic locations. With the introduction of agriculture and the domestication of animals, individuals became more likely to die gradually as a result of ailments such as infectious diseases and at the hands of others. Famine was also a leading cause of death. Accordingly, a gradual death meant that dying became more embedded in "this-world" as opposed to the "other-world" (81). During this time period, individuals began to participate alongside survivors in their own dying. The outcome of this shift was a greater emphasis on preparation for death and the emergence of the notion of "good death" (85). A "good death" was one that was predictable and allowed for greater control in the dying experience. It was during the Pastoral Age that social expectations for the dying first emerged, many of which have influenced and continue to shape dying experiences in contemporary society.

The third section of this text explores the social experience of dying in the Age of the City. During this time, the structural changes in social relations caused by the rise of the city led to shifts in experiences of dying. Kellehear posits that during this time the notion of the "good death" was replaced by the "well-managed death" (145). Related to the emerging management of death was the desire for individuals to make their death good by having professionals present during the dying process. At this time, dying was not only a family and community matter, but also a public administrative and private problem (150). Thus dying individuals sought the services of doctors, lawyers, and priests, who assumed control over the dying experience. As a result, dying became an increasingly private event

that was removed from the community, which is still evident in contemporary society.

Finally, in the fourth section of the text, Kellehear argues that dying in the Cosmopolitan Age has become “shameful,” because it lacks the qualities of the “good death” or the “well-managed death.” The author proposes that urban living has led to the prevalence of certain diseases and longer life expectancies that can be troublesome for individuals to deal with. In particular, Kellehear characterizes the dying experiences of aging individuals and those with stigmatizing illnesses like AIDS as “shameful” (210). This characterization results in part from the difficulty of identifying the onset of dying for these individuals in comparison to the past. Thus individuals’ awareness of dying has decreased, as has support for the dying in contemporary society (211). The outcome is the sequestration of the dying from the rest of society, which leaves them powerless to manage their dying. This has ultimately led to the “shameful” death becoming the dominant style of dying in the Age of Cosmopolitanism.

Kellehear concludes with two major developments that summarize the shifts in dying experiences that have occurred. First, the experience of dying has become more private. Second, the dying experience has become more publicly controlled and defined over time (251). These developments highlight the current practice of sequestering the dying from others in the community, which places control in the hands of professionals who define and regulate dying. As a result, dying typically lacks the personal meaning and social recognition it had in the previous time periods. Kellehear asserts that dying in nursing homes or other health care institutions mirrors the dying experiences faced by individuals who are persecuted or live in poverty (254). This comparison insinuates that these forms of dying can both be considered “shameful” because they are privately experienced and publicly controlled. In making this point, Kellehear demonstrates the negative implications that the two major developments have had for dying experiences in contemporary society, suggesting the need to re-evaluate societal expectations of dying.

Despite the thorough exploration of the topic of dying by Kellehear, there is relatively limited discussion of the role of religion in the social experience of dying. In particular, Kellehear fails to address the differing world-views of Eastern and Western religions and how these varying perspectives may influence dying experiences in different societies. Although Kellehear claims that the religious imagination has declined in modern society, especially in Western industrialized countries (198), it remains imperative to include religion in the analysis of dying to a greater extent because of its significant role in dying experiences for much of human history.

As a whole, the argument put forth in this book is sound and defensible. Through the engagement of sociological theories of medical power, stigma, and time, Kellehear exposes the secluded and impersonal ways in which individuals are dying in contemporary society and puts forth a call to others

to address this social problem. As much of the existing social scientific literature on death and dying comes from archaeological or psychological perspectives, it is refreshing to engage with Kellehear's ideas about the social dimensions of dying. In particular, these ideas are especially useful for other scholars working in the area who wish to go beyond the study of physical remains and existential concerns in order to more fully understand how dying experiences reflect the moral and cultural features of a society. Therefore, I would recommend this book to sociologists, anthropologists and social historians who are interested in exploring the social processes that influence dying experiences in different historical time periods. This book is also of relevance to individuals in the health care field who may derive benefit from expanding their knowledge of the social construction and organization of dying, as well as the current problems related to dying in contemporary society.

Meridith Burles, University of Saskatchewan

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