

CHAPTER TWO: WHAT IS DEATH? WHAT DOES DEATH MEAN?

LEARNING OBJECTIVES

1. To help students realize that death has been assigned many different meanings across the centuries, that there are a broad range of circumstances that can influence ideas and images that we have about death, and that these circumstances can be more clearly identified through examining ways in which death has been observed, proclaimed, and imagined through science, the arts, and the media.
2. To provide an overview of the medical, social, and ethical challenges posed by the major biomedical approaches that have been utilized to define and determine brain death, including the Harvard Criteria, which currently focuses on the need to establish whole brain vs. only neocortical death.
3. To assist students in developing a better understanding of the major distinctions between death as an *event* and death as a *state*, through providing a diverse range of examples of interpretations and definitions associated with each concept.
4. To examine the ways that metaphors pertaining to death or the dead have been used to describe aspects of life that resemble the state of being dead, such as the constructs of social death and phenomenological death.
5. To assist students in recognizing the significant role that the “Undead” and the “Undead Complex” continue to have in relation to our ongoing fascination with, and efforts to better define, to what extent an “in-between state” exists between life and death and, if so, what the nature of beings may be that exist within this realm.
6. To explore the various ways that we interpret our death-related experiences and how these ways can serve to either support the status quo of life or have a powerful influence on personal, political, and social change.

CHAPTER SUMMARY

1. The chapter begins with examples that illustrate several of the dominating perspectives in mainstream Western tradition pertaining to meanings assigned to death across the centuries. These examples are followed by an opening discussion of the parallel that exists between the concept of death denial (presented in Chapter 1) and astrophysicists who choose death as the most enticing metaphor when discussing cosmic matter. The concept of programmed cell death (PCD) is introduced, which relates to the perspective that death lies within every cell of our earthly bodies. *Iris* is one of the many deities who have been linked with this connected commerce that has been made between life and death. Sigmund Freud brought death into the psychological realm of our being with his concept of the “death instinct” which he named *Thanatos*, after the Greek god who delivers a peaceful

death. While this concept has been mostly rejected from a psychological vantage point, it has recently been resurrected by neuroscientists, who find it a heuristic idea to pair with PCD (Cole & Perez-Prado, 2004). In this realm, Thanatos is regarded as part of the larger process that generates new cells and maintains organ function (though not forever).

The point is made that there is still another challenge to assumptions made about life and death: While cells are programmed to die within us, might cells live when we are sort of dead? Medical Professor Kenneth V. Iverson reminds us that our body is primed to fight for survival, so there could be local manifestations of life even when we have been pronounced dead. The additional questions are posed: Then, when is a *person* dead? And what then, is death? A range of responses from a variety of historical figures and other individuals is then provided to illustrate the diverse perspectives that have existed over time and continue to exist with regard to these questions.

2. The discussion then moves into examining another equally complex question: Is death the end of life, *per se*, or something that occurs *after* the end of life? The answer to this question is very much influenced by what we mean by “death.” There may also be different responses to death across individuals and even from the same individual, across different situations. One person may accept death while another denies it; one person may give death little or no thought while another is obsessed with it.

There are a broad range of circumstances that can come into play (such as near-death experiences) as well as competing ideas and images that we may have about death. The individual who is dealing with a mental health disorder who displays the classic symptoms of catatonia is used to illustrate the distinction between the state of *feeling* dead (i.e., a “dead man walking” condition or “zombie”-like existence that can result from severe trauma) and actual physical death. The vampire, symbol of our desire to believe that it is possible to “commute” between life and death, is introduced. The compelling image of the “Archer” is offered, that of an elegant, agile, and life-like figure that has been part of a larger art exhibit of corpses whose tissue has been preserved through a technique known as *plastination*, developed by an anatomist and exhibitor, Dr. Gunther von Hagens. This exhibit serves as a creative and powerful example of our ongoing search to find ways to create a space and place between the state of death and that of actual physical decay, in which the beauty of the human body, whether in life or in death, can be preserved and sustained.

3. To better understand the complexities that underlie what meaning(s) one might assign to death, we must examine in greater depth the variety of ways in which death has been observed, proclaimed, and imagined. While

the perspectives presented may not be in agreement with one another, they provide intriguing insights into some of our deepest fears and fantasies.

This section of the chapter begins with a more in-depth analysis of the major personal and cultural forces that led to the conceptualization of *Frankenstein*. Mary Wollstonecraft, an early proponent of women's rights, died while giving birth to her daughter, Mary Shelley. Her untimely death had a profound effect on her daughter, whose resulting curiosity about death coincided with the controversy generated over use of "galvanized" (electrical) experiments by scientists who obtained corpses through suspicious means and rumors being circulated that people were being buried alive.

Drawing from the growing fascination with the notion that death may not be permanent or irreversible and that the dead may be able to be reanimated, Mary created the main character of her novel, Victor Frankenstein. Through Victor's character and the suffering that he bore after creating life through science, readers were given the first glimpses, not only of what might be the outcome of any attempts to disrupt death, but also into what has now become one of the most controversial medical and ethical issues, to date—the practice of gene-splitting and cloning. Mary Shelley's novel set the stage for many future literary, film, and theatrical works through which the main "characters" (vampires, werewolves, and other human-like beings) were used to raise complex questions about death, the state of being dead, and the dead.

Scientists as well as other scholars from a variety of disciplines have also offered their perspectives on these matters. Based on experiments aboard his ship, the *Beagle*, Charles Darwin shared his observations about insects who engaged in the process of *thanatomimesis* (the simulation of their own death to avoid being killed). Children sometimes "mimic" this process in play as a means of managing their anxiety about death. Medical Professor Kenneth V. Iserson introduced the concept that death is not a sudden, massive event wrapped up by the signing of a death certificate but rather a complex process that takes place over time.

Drawing from ancient Islamic treatises, Dr. Bakr Abu Zaid, along with others from many societies, have cautioned us against taking a purely materialistic or objective approach to determining death, emphasizing that death is certain and final only after the soul has left the body. In contrast to this perspective, Epicurus (circa the third century B.C.) posed the possibility that since the universe is comprised of atoms in motion, we never really experience death; rather, it is simply one more event in a long sequence of events that has no intrinsic meaning or value. This philosophy later became

the basis for a model of harmonious living that Epicurus created, from which an entire community emerged, *The Garden*, consisting of women and men across social classes.

While Epicurus represents one interpretation of how death may be portrayed that is associated with early Christianity, in the New Testament views on death vary from gospel to gospel. For example, not only the “deathification of sex” but also the “sexualization of death” is put forth by James, who maintained that lust—sexual feeling, thoughts, and activity—is intimately associated with death. The premise that sexuality itself is sinful and carries with it the penalty of death is also prevalent in other passages in the New Testament, as are the links that are made between virginity and abstinence, and salvation, suicide, and martyrdom as appropriate alternatives to sexual indulgence. In contrast, the interpretations of Paul the Convert offered an alternative version of the connection between death and a mystical union with God. Other perspectives emerging around the same time focused on the increased worthiness one might attain by choosing to direct one’s energies towards devotion to God rather than a sexual union with another human. These writings and teachings served to set the stage for the link between celibacy and priesthood, a requirement that is still in place today in many religions.

Before the emergence of Christianity, other religions focused, not on the link between sexuality and death, but rather on the connection between the loss of one’s fertility and death as a natural outcome of the progression of the cycle of nature. The view that it was possible to regenerate life through death also resulted in the practice of creating elaborate rituals involving the use of human and animal sacrifices in hopes that such “payments” might persuade the gods to save lives and bring about good fortune.

The New Age movement views life as a journey through multiple lives, with both death and life having a purpose and a progression. The spirit and soul are viewed as entities whose value does not depend on the state of the physical body. Related, yet distinct from this perspective, is another current societal view offered by a student that death is a life-like force that assumes positive, human-like qualities—i.e., that of a “watchful companion” who knows and respects us throughout our lives and whom we should not be surprised to see when the time comes.

The concept of death as a “symbolic construction”—something we have constructed from our experiences, guesswork, needs, and ignorance—has also been proposed by contemporary scholars. Like water, a substance that has many different and unique forms, death has many symbolic constructions that are challenging to capture. Our conceptualization of death

is deeply affected by the words, concepts, and ways of thinking currently being utilized. For example, how we each interpret the concepts of “dead” and “death” can greatly influence how we treat others.

The media and the Internet each bombard us with constructed depictions of death conveyed in a sensational and violent manner. In a study conducted by Schulz and Huet (2000/2001), such violent acts are typically portrayed as resulting in little or no grief response, either from the perpetrator or griever. An examination of how the roles that men and women typically portray in such genres proved to be very compelling. Men were six times more likely to instigate death and women were twice as likely to be portrayed as victims. While such messages certainly have a negative impact, in general, it is particularly disturbing to consider how these images and ideas are likely to affect children.

On the other hand, a positive outcome noted in the study was the fact that films that had received awards were much more likely to present a depiction of death that included sorrow and sadness. A key question to consider, however, is the extent to which these particular films are the ones most likely to be viewed by the broader society.

The last matter raised in this section of the chapter relates to the current fascination with the question of when someone is “dead enough.” The debate on this matter has been intensified by the medical profession’s increased reliance on the removal and transplantation of organs to save another person’s life. This process, which is currently largely dependent on human donors, has led to further scrutiny of what formal criteria should be used to make the determination of under what conditions a person should be considered to be dead.

4. The next section of the chapter focuses on providing an overview of biomedical approaches to defining and determining death. Traditionally, the most common signs of death have been lack of respiration, pulse, heartbeat, and failure to respond to stimuli such as light, movement, and pain. Lowered body temperature and stiffness are also indicators, followed by bloating and signs of decomposition. In the past, a competent physician was viewed as the acceptable person who could evaluate these signs, with no technology needed. Over time, however, this approach began to be viewed as insufficient based on presumptions of death having occurred that turned out to be major errors. Some examples included victims of drowning and lightning; those who had suffered a stroke, epileptic seizure, or diabetic coma; and those experiencing an episode of hysterical fainting. Such errors fueled, among the general public, an increased fear of and preoccupation with the possibility that one could actually be buried alive.

Fictional accounts as well as medical writings and research work are cited as illustrations of the continued fascination with this matter. For example, in an issue of the *Transylvanian Journal of Medicine*, Dr. Nathan Shrock provides an overview of circumstances that had almost led to his own uncle being buried alive. Mark Twain conveys a very chilling account of his observations of a municipal “death house” that he visited in Munich, Germany, during which he observed a very elaborate system rigged to corpses attended to by a watchman, ready to spring to their aid should any one of them wake from death and make a movement. In the early days of his career, while working as a pathologist, Dr. Jack Kevorkian, M.D. found that the status of the eye at death changed significantly and identified criteria for documenting these changes as a means of confirming death. Despite his efforts, this procedure was not embraced by the broader profession.

Medical advances enabling the body of an unresponsive individual to be maintained have provided hope about restoration of functioning, and added to confusion about when and where to draw the line between life and death. Three examples of situations are provided, the resolution of each of which is dependent on a firm definition of death and understanding of the different ways in which death may be manifested.

- Situation #1 relates to whether, if family members make a decision to “pull the plug” on the life-support systems being provided for another family member who has no chance of recovering, this member’s death would constitute an act of murder on their part.
- Situation #2 relates to whether a kidney that could be used for a transplant needed to save another person’s life should be removed from a patient who is comatose and unresponsive but not being sustained by any life supports, even though the patient may not be strong enough to withstand the surgery involved and may die as a result of it. Furthermore, if this patient dies, should the operation be viewed as a crime or as a laudable act?
- Situation #3 relates to whether a comatose woman who is in a persistent vegetative state requiring the use of elaborate life-prolonging procedures with no chance of restoration should be maintained until a living fetus within her becomes more viable and has a stronger chance of survival, even though this woman is, in essence, a dead person.

By the 1950s, physicians began to recognize the status of those individuals who were beyond “a coma” and in a state in which, although one’s heart might still be beating, no electrophysiological activities could be detected from the brain. Despite access to a ventilator, these individuals had experienced destruction of brain tissue, resulting in permanent brain

damage and loss of brain functioning and therefore, should be considered dead. This condition came to be known as *respirator brain*. While such a distinction proved to immediately be useful in assisting physicians who need to determine the suitability of removing, in such circumstances, an organ that could be used for transplantation, it also created a “twilight zone” in which ethical standards and value priorities became elusive and existed in a vacuum. Both the health care and just systems felt the need for guidance.

In response to this, in 1968, an ad hoc committee of Harvard Medical School faculty developed and issued the *Harvard Criteria*. While the first three criteria—unreceptive and unresponsive, no movements and no breathing, and no reflexes—drew from prior criteria viewed as common practice at that time—the last two criteria—a flat EEG and no circulation to or within the brain—introduced new considerations based on the most recent technological advances of the time. It was recommended that an EEG only be done if the cessation of brain functioning was in question and, if so, that it be done about 24 hours later.

Designated as an official diagnostic category in 1981, a definition of *brain death* was put forth with the intention of avoiding a mistaken medical diagnosis that focused on irreversible brain damage that has resulted in destruction of all functional brain activity, including loss of the brainstem’s capacity to enable spontaneous breathing. Residual brain functioning that may be “on hold” based on other factors (drug overdose, severe metabolic or endocrine disturbances) or hypothermia (shock) must first be ruled out. Some argued that this criterion was too conservative and that permanent loss of functioning in the cerebral cortex should be sufficient. Regardless, the current criterion focuses on the establishment of *whole brain death* and requires destruction of both the cerebral cortex and brainstem.

With the improvement of neurological assessment techniques and the growing recognition of variant states of brain dysfunction, several additional phenomena have been identified are the subject of ongoing research as exemplified in the medical terms presented in Table 2-1. This table reflects the various “states” that currently comprise what has become a complex continuum that continues to have major implications for decision-making, management, and outcome and, thus, requires the involvement of specialists who make the most accurate diagnosis possible.

The quest for the best possible definition and determination of death continues through the present time. Perhaps the most significant development is a report issued by the President’s Council on Bioethics (2008) which raises major challenges with regard to a concept that has recently emerged: “total brain failure.” Prepared by experts who attempted

to examine all sides of this concept and the issues that it raises, this extensive report has received worldwide attention. A summary of a few of the most major points outlined in this report, presented by Zamperetti and Bellome (2009), are as follows:

- The term “total brain failure” excludes “death” because this condition should be verified, not assumed.
- The assumption should be questioned that “a patient diagnosed with whole brain death is a mere group of artificially maintained subsystems” (p. 1306).
- Coordinated brain functions can continue because the brain is not the only integrator.
- There have been enough observations conducted to take seriously the possibility that certain areas of the brain may remain intact even though failure seems total.
- Experts involved in developing the report have put forward a surprising alternative perspective to prevailing concepts and practices: “Determining whether an organism remains a whole depends on recognizing the persistence or cessation of the fundamental cited work of a living organism – the work of self-preservation, achieved through the organism’s need-driven commerce with the surrounding world” (p. 60). As noted by Kastenbaum, this perspective shifts the focus from being entirely on physical symptoms and systems to also include the consideration that even the most severely impaired person continues to interact with the world and can be fighting hard for survival.

5. The next section shifts into further discussion about the importance of distinguishing between death as an *event* (something that occurs in a specific way and at a specific time and place) and death as a *state* that follows the event, in which life has ceased. Table 2-2 provides an overview of some meanings that have been assigned to death as an event. The focus on an individual’s time of death as well as how much time has passed since the death took place is one way in which “survivors” who remain behind can both remember the deceased as well as measure their own lives. The point is made that for the deceased, however, who has been transported to heaven (a state of being), this conventional manner of marking time (since the event occurred) no longer has any relevance. Several examples of other interpretations of death as a state that have had a long-term influence on how we view death are presented. A brief summary of the major points relating to these interpretations, often viewed as competing with one another, follows:

Interpretation
Enfeebled Life

Major Premises
Although this view is prevalent among

children of this generation, it dates back to Mesopotamia and portrays death as a less vigorous form of life, in which the deceased exists as a repulsive and pitiable creature in the underworld.

Continuation

Originating from some tribal societies, this perspective portrays the passage from life to death as a continuation of the deceased's prior state of existence—including the ability to engage in similar activities and again be at risk for death. The Dayak of Borneo also believed that after seven deaths, the soul of the deceased returns to earth and enters a fruit or mushroom. If consumed by a live human, one can be reborn as a human. Otherwise, one may face the prospect of returning in animal form.

Perpetual Development

In 1836, Gustav Theodor Fechner proposed a Hindu-influenced model of the death state itself as perpetual development that can serve as a kind of birth into a freer mode of existence in where continued spiritual growth can occur. Individuals can be at different stages of spiritual development up to the moment of the death event, which in turn, can influence their developmental course after death. Samuel Alexander (1920) and Lloyd Morgan (1923) further maintained that life itself is an emergent quality from a universe that continues to transform itself. As such, God is still being created and the relationship between life and death continues to evolve. In contrast, cosmologists believe that the universe will evolve to a point where it does itself in. Planets, solar systems and

galaxies will become just memories, with no life forms remaining to witness the terminal phase.

Waiting

This perspective maintains that after death occurs, there is a waiting period consisting of three phases: suspension (a transitional state where souls or spirits remain between the end of earthly life and new realms of being), judgment (self-explanatory), and disposition (one takes their respective place in either heaven or hell, for eternity or for all of time). The emphasis placed on how long one stays in each phase, why, and what happens there varies, based on religion and culture.

Cycling and Recycling

From this vantage point, death is a temporary condition that alternates with life. Part of a constantly evolving wheel (a core symbol of Buddhism), a person may be “dead” for a while and then arise (like the phoenix, a mythical bird that represents both death and regeneration) and return to one’s life, unaffected. Captured in Phillip Kapleau’s classic work, *The Wheel of Death* (1971), this perspective is often expressed by children and even by some adults.

Nothing

While dying involves significant bodily changes and the death event results in the final cessation of life process, what if death, itself, is really just, nothingness? This perspective maintains that death is more about *absence*: of life, process, and qualities. As noted by the author, this concept of death is repugnant to many people and can generate great anxiety; therefore, most people

choose to ignore or reject it as a possibility.

Virtual; Therefore, Not Death

Through advancements made in technology, death has been catapulted into the realm of “virtual reality” and “cyberspace.” Through games, simulations, and other mediums, people live, die, and regenerate. Death fantasies can be acted out with the click of a button. Via the internet, virtual cemeteries allow the dead to be immediately accessed, rendering traditional “face-to-face” bereavement and funereal rites obsolete. As the author points out; however, the more engrossed we become in virtual reality, the greater the tendency to view death as something without dimension and place and life and death as somewhere else (non-reality).

6. The ways in which a culture or society interprets the state of death has a major influence on how its members approach a deceased person’s body. Accountings of elaborate decontamination rituals prescribed for those who may have contact with a corpse date back to the Old Testament. In addition to this, because of the difficulties involved with trying to interpret death as any kind of state, an alternative approach, that of comparing death to conditions that death resembles and with which we have more direct knowledge, has often been utilized. A brief overview of these analogies, which have served to both assist us in our quest to find the perfect definition of death as well as led to problem areas that require further attention, follows:

Inorganic and Unresponsive – The analogy is drawn between death as a condition characterized by a total lack of activity and the hard, unyielding surface of a rock or stone. This image was also used as a representation of death in Greek mythology (i.e., being turned to stone by the glimpse of Medusa or through a background glance from Orpheus). The term “pulling the plug” in reference to the removal of a life support system reflects the current analogy that has been made between death and the body as a machine that has just stopped working.

Sleep and Altered States of Consciousness – The analogy between death and sleep, as well as death and altered states of consciousness occurring in sleep or in a state resembling sleep, has been drawn in Greek mythology, cultural traditions, and fairy tales. It has also been made in reference to individuals whose state may be altered due to trauma, disease or the intentional use of alcohol or other drugs.

Beings Who Resemble or Represent Death – Bird-like creatures with heads of women who tried to lull Ulysses to sleep in Homer's *The Odyssey* as well as hybrid birds, winged creatures, harpies, fish-people, and death-beings have been portrayed in art and mythology for many centuries. Such entities have had a variety of functions ranging from bringing death, obliterating memory, representing the spirit leaving the body at death, and resurrection. While males have historically been in the role of promulgating wars, paradoxically, peaceful deaths have predominantly taken on male forms and painful, violent deaths have been given female forms. Only the Muses who sang at funerals and guided departed souls on their journey have been portrayed in a kinder light. While Orpheus symbolized our desire to have power over death, the image of the skeleton, which cuts across many centuries, civilizations, and cultures, has served as a common symbol of our continual fascination with the dead and death.

7. In this section of the chapter, the concept of “death as a person” is explored. Personifications of death can be found throughout the spectrum of human expressive activity—such as in the arts, literature, and even children’s games—from ancient times to the present. Two studies of death personification have been undertaken, in 1971 and 1996. The findings of the first study offered four types of personification: The *macabre* (either an aged, ugly, and vicious male creature or powerful and menacing presence that is felt rather than seen), the *gentle comforter* (a older, gentle, kind, understanding, patient, and yet very firm man who is sure of his actions and attitudes), the *gay deceiver* (a young, elegant, worldly and enticing figure that seeks to persuade others to embark on what may, at first, seem like a mysterious, exciting adventure but, too late, is recognized, in actuality, as death) and the *automation* (an entity that appears in human guise but lacks human qualities and is very business-like, whose role it is to just get the job of death done).

In the first study, the most typical death personification was that of the *gentle comforter* and least frequently selected was the *macabre*. Masculine personifications were given much more frequently than feminine. In the follow-up study, male personifications still dominated; however, there was a sharp increase in female personifications from female respondents. Women continued to favor the *gentle comforter* while men tended to view death as

either the *automation* or *macabre*. Only the *gentle comforter*, however, still tended to be viewed as an older adult. It was also found that when respondents were asked to identify Jack Kevorkian, M.D., (someone who has received a great deal of media coverage and has been sometimes dubbed "Dr. Death" by the media), while they were correctly able to identify him and what his work has involved, none of the respondents mentioned him as a person who came to mind when they thought about their death personifications. As noted by Kastenbaum, one interpretation of this finding could be that our personifications of death come from deeper levels of the mind and are thus, less subject to passing faces, figures, and events.

8. The next section of the chapter focuses on conditions that death resembles. *Social death* relates to the ways in which others may disconfirm or isolate someone who is perceived as being for all intents and purposes, "dead" to them, even though the person is very much alive and seeking out social interaction and involvement. Some examples of reasons why others may engage in this behavior include if the person has violated any group taboos, moved into an institutional setting, acquired a disease or condition that others fear (such as AIDS or a physical disability), or experienced a trauma that has resulted in a severe deformity (such as a burn victim).

Phenomenological death is an internal process involving two types of experiences. The first type of experience relates to when a part of the person dies in the mind of the surviving or observing self but the person is able to mourn the loss and readjust. An example of this is a young man who has life-saving surgery, which results in the loss of the capacity to have children. The second type of experience relates to when one's total sense of self is deeply affected by an occurrence, resulting in diminishing or even deadening the ability to fully connect with either future life experiences or feelings in relation to them. An example provided includes a young athlete who has high aspirations and who suffers an injury that leaves her physically fit but renders her unable to achieve her prior goals. Individuals who have had psychotic episodes, who engage in abuse of alcohol or other drugs, or who may experience chronic, severe pain may also experience this type of death.

9. The next section of the chapter examines the concept of the "undead." Our ongoing fascination with the borderline between the "alive" and the "dead" has resulted in the crossing over of human imagination into the realm of the "undead." Our fascination with those who "reside in the shadow lands between life and death" - such as vampires, ghouls, witches, zombies, and werewolves - has resulted in what the author refers to as *The Undead Complex*. This culturally shared, emotionally charged belief configuration focuses on explanations that seek to legitimize the existence of this "in-

between state” and vacillates between the image of Mother Earth as a terrible force that literally devours her children and a Mother Nature who, as the keeper of the planetary cycle, must draw from and rely on death to “fertilize” the Earth and bring forth new life.

10. This section of the chapter focuses on the perspective of death as an agent of personal, political, and social change. Examples of six different types of death interpretations are provided as follows:

The Great Leveler – Throughout the ages, various groups have experienced discrimination based on a variety of factors (such as race, ethnicity, social class, religion, gender, age, disability). Death has been used as an opportunity to both support and promote the cause of equal worth and rights as well as to bring forth the message that death “levels the playing field” because it is something that, regardless of social class, social position, wealth, and power, none of us, ultimately has any control over.

Death as a Force that Unites/Separates – Death can be viewed as an act that separates us from our loved ones forever or unites us with those who have “passed” before us and can even bring us together with others—both friends and foes—to experience the one thing we may have in common, our grief. Death can also be viewed by some who are dying as the force that unites us with God or another higher power. Although, typically, children may not comprehend death in the same way as adults, they can experience the sorrow of separation from another. Regardless of age and life stage, children, adolescents, and adults may express their strong need to continue the relationship with the deceased through demonstrating denial that the final separation has taken place.

Death as the Ultimate Problem/Ultimate Solution – The introduction of the guillotine during the French Revolution was perceived by some as a more humane way of bringing about death than other slower, more painful methods being utilized at the time. Death as the ultimate “solution” has been used as a rationale for justifying acts of mass annihilation such as the Jewish Holocaust and to perpetuate genocide in other part of the world such as Angola, Burundi, Haiti, Somalia, Darfur, and Rwanda. As the same time, death has been also been portrayed as our worst enemy and most profound problem because it represents the end of our existence as we know it and forces us to confront our worst fears about the unknown and what it may—or may not—mean for us.

Death as the Ultimate Meaningless Event – Death that occurs randomly or due to a senseless act or event (such as a fatal accident, natural disasters or a homicide committed by a stranger) can bring forth shock, disbelief, and strong feelings of confusion and doubt about the true purpose and meaning of both death and life.

11. A summary is provided of the some of the most compelling questions raised and examined in this chapter such as: What is death? What does death mean? And, when (under what biomedical and social conditions) is a person dead? The role of the Harvard Medical Criteria as groundbreaking in providing useful guidelines as well as the continual challenges that still remain as highlighted by the report completed by the President's Council on Bioethics is also emphasized. Other major themes are also summarized, including an overview of the various interpretations of death, objects and conditions that resemble death, the concept of the "undead" and death as an agent of personal, political, and social change.

KEY TERMS (The following terms are outlined on page 66 of the course text.)

Brain death: A condition in which vegetative processes of the body may continue, although the capacity for thought, experience, and behavior has been destroyed.

Catatonia: A neuropsychiatric disorder that at times takes the appearance of stupor, rigidity, immobility, and mutism.

Coma, comatose: A deep state of unconsciousness from which the individual cannot be aroused.

EEG: The electroencephalogram presents a visual display of the ongoing electrical activity of the brain.

Intravenous fluids: Liquids that are introduced directly into the veins to restore metabolic balance and provide nutrition, avoid dehydration, or treat infections.

Martyrdom: The heroic sacrifice of one's life for a cause or faith.

Respirator brain: Physical destruction of the brain as observed in postmortem examinations.

Minimally conscious state: Severe impairment distinguished from coma or *vegetative state* by occasional and limited evidence of awareness.

Revenant: An undead wanderer who does not necessarily behave like a vampire.

Transient vegetative state: Characteristics are those of the VS (following entry) but caused by drugs, extreme cold, or injury that has some potential for recovery.

Vampire: A nocturnally reanimated corpse who seeks fresh blood.

Vegetative state: Sleep-wake cycles, respiration, and other vital autonomic activities continue, but awareness and thought are absent. A persistent vegetative state may be reclassified as a permanent VS after long duration.

Virtual reality: Computer-generated scenes, beings, and events that simulate actual or possible versions of the "real" world.

Zombie: A reanimated corpse whose death and resuscitation involved sacred rituals but perhaps also drugs. He or she now functions in a lifeless and automatic ways. Associated primarily with the West African, Haitian, and Creole voodoo practice.

NOTES

1. The chapter begins by providing examples of works of art, literature, religion, and science that illustrate the diverse range of meanings assigned to death across the centuries. In keeping with this focus, ask students to identify and come prepared to discuss an example that draws from one of the following media: a work of art (such as a painting or piece of sculpture), a piece of literature (such as a poem, short story, or a novel), a religious work (such as a writing treatise), or a work of science (such as a scientific theory or invention) that exemplifies a particular meaning that has been assigned to death. The instructor might then ask students to share these examples when presenting a lecture relating to this section of the chapter.

2. As noted in the chapter, the role of the media, Internet, and “virtual reality” games and simulations have contributed greatly to the distortion of our perceptions of the unreality of death as well as the association between death and violence. Table 2-2 presents an overview of some of the meanings that have been assigned to death as “an event” and additional information follows in the chapter that provides examples of ways in which death has also been portrayed as “as a state.”

Assign students (either individually or as a small group) the task of identifying 1–2 examples of a DVD, YouTube clip, “virtual reality” game, Internet website, or “reality show” that depicts death in a very unrealistic or violent manner. Ask students to examine the example(s) they have selected and come prepared to present to the class a 2–3 minute segment of the source selected and a brief presentation that shares their views of the following: a) the typical “death surround” portrayed, b) the role that unrealistic images/messages or violence plays in relation to the death, c) how death was typically portrayed—i.e., as a state, an event, or as both, d) what interpretations of death most closely fit the ways in which death is presented (i.e., enfeebled life, continuation, perpetual development, waiting, cycling and recycling, nothing, or virtual death), and e) why the medium selected reinforces stereotypes. Student responses and what they learned from this activity might be processed in class as part of a small-group presentation, lecture, and/or large-group discussion about these topics.

3. When presenting an overview of the definitions of “social” and “phenomenological” death, ask students to consider the following questions:

- What are some examples of situations in which, looking back, you might have observed someone who was treated by others in a manner that could fit with the definition of a “social death”?
- In each of these situations, how might “phenomenological death” have also related to the person’s experiences? What aspects of the person (“the self”) might that individual have been likely to have experienced as a loss? Why?

4. The concept of virtual cemeteries and memorials has received a great deal of attention and is growing in popularity. Have students go online and locate an example of a virtual cemetery or memorial or online cemetery or memorial site and develop a brief written description (½–1 page) that includes: the website address for the site, who it seeks to memorialize, a brief overview of what other information is available on the site, and what the student views as the strengths and drawbacks of the current site as a mechanism for effectively honoring the deceased. These examples might be used when presenting a lecture or discussion on the increasing reliance of the public on these types of sites in place of “in-person” funerals or memorial services.

ESSAY AND DISCUSSION QUESTIONS

1. Our ongoing fascination with the “undead” has led to the development of what the author refers to as *The Undead Complex*. Several analogies are also presented that serve to illustrate the challenges involved in finding a perfect definition of death. To assist students in developing a more in-depth understanding of these aspects, have students complete an analysis of a movie that focuses on a creature or other similar entity that exemplifies those that “reside in the shadow lands between life and death.” Students might choose a movie or be required to select from/assigned one of the following three options:

- *Interview with a Vampire* (1994 – Director: Neil Jordan)
- *From Dusk Till Dawn* (1998 – Director: Robert Rodriguez & Sarah Kelly)
- *I Am Legend* (2007 – Director: Francis Lawrence)

As an alternative, students might be asked to select a current TV show that focuses on vampires, werewolves, or zombies as a major theme (i.e., there are several series that are currently popular among college students and young adults).

Assign students the following essay questions: a) How are the main characters portrayed—i.e., what life-like qualities and other-world

characteristics are the main character(s) presented as possessing?, b) Do the main character(s) appear to experience death as an event? If so, when/how did this event take place?, c) Are they presented as being in a death-like state at any point? If so, what behaviors or actions do they engage in while in this state?, d) What analogies most closely fit the way or ways in which the main character or characters are portrayed overall (i.e., inorganic and unresponsive, sleepy or with altered states of consciousness, as resembling death, or as a person)? What impact did this have on how you felt about the character or characters, overall, by the end of the movie? Why?

2. When presenting an overview of medical advances that have taken place, the author presents three examples of situations, the resolutions of which are dependent upon a firm definition of death and the ways in which death is manifested. Instruct student to select (or assign) *one* of these situations and write a short essay or come to class prepared to verbally present: a) their recommendations for how the situation should be resolved and b) what factors they have taken into account in formulating their recommendations including specific personal values and beliefs they currently hold as well as objective medical criteria that they believe should be applied. Their written essay or verbal explanation should draw from the following information presented in the chapter: *The Harvard Criteria* (p. 44), the current definition of *brain death* as well as other related concepts provided in Table 2-1 (p. 45), and the points raised about current challenges regarding “total brain failure” (p. 46).

3. When presenting an overview of the different ways in which death has been interpreted, draw from the following discussion questions:

- The Great Leveler: What are some examples of events that have taken place historically that may have resulted in death being viewed from this vantage point?
- Death as a Force that Unites and Separates: In what ways might occurrences such as 9/11 have served as a unifying force in relation to our experiences with death as a broader society? In what ways might the media’s treatment of casualties in recent wars served to separate us from death?
- Death as the Ultimate Problem and Ultimate Solution: In what ways might our current battle with cancer and other life-threatening diseases relate to the concept of “death as the ultimate problem”? How might the current debate about whether the practice of euthanasia should be legalized relate to the interpretation of “death as the ultimate solution”?
- Death as the Ultimate Meaningless Event: How might this interpretation of death influence our views on issues such as the death penalty and

other matters such as mandatory sentencing for repeat offenders and forgiveness?