

Philippe Ariès:

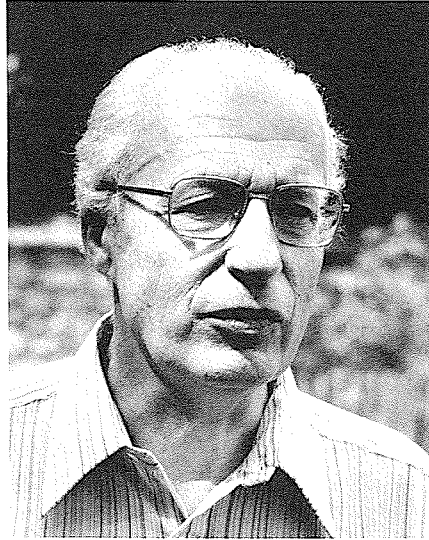
MENTALITY AS HISTORY



"Every November," Philippe Ariès recently recalled, "I was impressed by the migratory instinct that brought flocks of pilgrims to the cemeteries, in the cities as well as in the country. I wondered about the source of this piety. Had it existed since the beginning of time?"

With that question, historian Ariès embarked on a 15-year scholarly ramble through the eccentricities of medieval wills, the evolving grandeur of church ritual, the topography of ancient graveyards, and the symbolism of tombstones—the debris, in short, of man's "collective unconscious." Ariès had long been drawn to phenomena "located at the border between nature and culture." In earlier works, notably *Centuries of Childhood* (1965), he had examined attitudes toward *life*, as revealed by changing Western notions of family and childhood. Then, during the mid-1960s, Ariès began to explore man's evolving attitudes toward death and dying. The result of this illuminating quest will be published in English, later this winter, as *The Hour of Our Death*, from which his essay below is drawn.

Philippe Ariès is something of an anomaly among that handful of pioneering French historians who have revolutionized their craft, on both sides of the Atlantic, in the years since World War II. He is not entirely an intellectual historian, nor a practitioner of "pots-and-pans" social history; rather, he is interested in how the common people perceived the nature of things, in ideas, perhaps never consciously articulated, that "were simply lived, naively, as if self-evident." Ariès does not claim affiliation with any one school of history, such as the *Annales*. Indeed, until he accepted a directorship at the *École des Hautes Études en Sciences Sociales* in 1978, he had never held a university post; professionally, he pursued a career in the French civil service as a specialist in tropical agriculture in Africa and Latin America. Aloof from academe, Ariès has been free to play the maverick: original, imaginative, impressionistic.



*Historian
Philippe Ariès.*

Photo Anne de Brunhoff.

He has, as a result, been faulted by some for a lack of scholarly "rigor." Yet, his critics concede that even his errors have been brilliant ones.

Ariès is involved in a guessing game whose rewards (and risks) are great. His chief tool is the prying, offbeat question, which he employs like a wedge to exploit a promising crack in the evidence, to widen it and expose it to the light. Is it significant, he wonders, that on French tomb effigies carved before the 13th century, the folds of the sculpted garments fall as if the recumbent figures were actually standing up? Was it coincidence, he asks, that the medieval fascination with the macabre coincided with a lapse in the custom of viewing the corpse? And why, in the 17th century, were the French Protestants demanding to be buried in old Catholic cemeteries?

Drawing his examples from prehistory and antiquity as well as modern times, Ariès identifies a cluster of durable beliefs at the core of Western attitudes toward death—protean beliefs that periodically molted over the course of two millenia but always left evidence behind. One of these beliefs recognized the dying individual's place in the social order, for death was not merely a personal drama but an ordeal involving the entire community. There was the deep-seated vision of an afterlife, originally perceived not as Paradise but as numb repose in Na-

ture. And there was the brooding presence of evil, a grim constant lurking on both sides of death.

All of these concerns were linked, one to the other; they were rooted, too, in the variable circumstances of the here and now. He discerns, for example, a shift in the constellation of popular belief during the 13th and 14th centuries, as literacy and prosperity fostered a new spirit of individualism in Europe's cities. With individualism came a weakening in the communal character of death—and a sense of one's own biography as unique. Epitaphs, once rare, became "a kind of *Who's Who* laid open for the perusal of passersby." Funerary monuments reappeared. Inevitably, the idea of an afterlife mutated. Strong-willed burghers, lovers of life, balked at the notion of death as passive biological anonymity; better to think that one's individuality—one's *soul*—would survive in perpetual bliss.

What is noteworthy is not that attitudes toward death have greatly changed over the centuries but that for so long they remained loosely faithful to a certain ageless concept of individual and society, of individual and nature. Even the bathetic romanticism of the 19th century drew in part on traditions (albeit greatly disfigured) that were no stranger to Charlemagne.

Yet, in the 20th century, Ariès argues, all of this has changed. Western man has banished the idea of evil, tamed nature, discarded the afterlife, doused the last embers of communal spirit—and in the process "restored death to its savage state." The break with the past, he concludes, has been sudden, decisive, and complete. Like all Ariès' arguments, it is worth pondering.

—*The Editors*

INVISIBLE DEATH

by *Philippe Ariès*

Death is not a purely individual act, any more than life is. Like every great milestone in life, death is celebrated by a ceremony that is always more or less solemn and whose purpose is to express the individual's solidarity with his family and community.

The three most important moments of this ceremony have long been *the dying man's acceptance of his active role, the scene of the farewells, and the scene of mourning*. The rites in the bedroom or those of the oldest liturgy expressed the conviction that the life of a man was not an individual destiny but a link in the unbroken chain, the biological continuation of a family or a line that began with Adam and included the whole human race.

One kind of solidarity subordinated the individual to the past and future of the species. Another kind made him an integral part of his community. This community was gathered around the bed where he lay; later, in its rites of mourning, it expressed the anxiety caused by the passage of death. The community was weakened by the loss of one of its members. It proclaimed the danger it felt; it had to recover its strength and unity by means of ceremonies, the last of which always had the quality of a holiday, even a joyous one.

In the early 20th century, before World War I, throughout the Western world of Latin culture, the death of a man still solemnly altered the space and time of a social group that could be extended to include the entire community. The shutters were closed in the bedroom of the dying man, candles were lit, the house filled with grave and whispering neighbors, relatives, and friends. At the church, the bell tolled.

After death, a notice of bereavement was posted on the door (in lieu of the abandoned custom of exhibiting the body or the coffin by the door of the house). All the doors and windows of the house were closed except the front door, which was left ajar to admit everyone who was obliged by friendship or good manners to make a final visit. The service at the church brought the whole community together, and after the long line of people had expressed their sympathy to the family, a slow procession, saluted by passersby, accompanied the coffin to the cemetery. The

period of mourning was filled with visits: visits of the family to the cemetery and visits of relatives and friends to the family.

Then, little by little, life returned to normal. The social group had been stricken by death, and it had reacted collectively, starting with the immediate family and extending to a wider circle of relatives and acquaintances. Not only did everyone die in public like Louis XIV, but the death of each person was a public event that moved, literally and figuratively, society as a whole. It was not only an individual who was disappearing but society itself that had been wounded and that had to be healed.

Concealing the Truth

All the changes that have modified attitudes toward death in the past thousand years have not altered this fundamental image, this permanent relationship between death and society. Death has always been a social and public fact. It remains so today in vast areas of the Latin West, and it is by no means clear that this traditional model is destined to disappear. But it no longer has the quality of absolute generality that it once had, no matter what the religion and the culture. In the course of the 20th century, an absolutely new type of dying has made an appearance in some of the most industrialized, urbanized, and technologically advanced areas of the Western world—and this is probably only the first stage.

Two characteristics are obvious to the most casual observer. Its novelty, of course, its contrariness to everything that preceded it, of which it is the reverse image, the negative. Except for the death of statesmen, society has banished death. In the towns, there is no way of knowing that something has happened. The old black and silver hearse has become an ordinary gray limousine, indistinguishable from the flow of traffic. Society no longer observes a pause; the disappearance of an individual no longer affects its continuity. Everything in town goes on

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In this illumination from a 15th-century Book of Hours, St. Michael and Satan battle for a dead man's soul, depicted as a child. The idea of an immortal soul gained universal acceptance during the Middle Ages, giving rise to such circumlocutions as "he gave up his ghost."

Private collection.



as if nobody died anymore.

The second characteristic is no less surprising. Of course, death has changed in a thousand years, but how slowly! The changes were so gradual and so infinitesimal, spread out over generations, that they were imperceptible to contemporaries. Today a complete reversal of customs seems to have occurred in one generation.

After the second half of the 19th century, an essential change occurred in the relationship between the dying man and his entourage.

Obviously, the discovery that one's end was near has always been an unpleasant moment. But people learned to overcome it. The Church saw to it that the doctor carried out the role of herald of death. The role was not a coveted one, and it required the zeal of the "spiritual friend" to succeed where the "earthly friend" hesitated. When the warning did not happen spontaneously, it was part of the customary ritual. But during the later 19th century, it became more and more problematical, as we see from a story in Tolstoi's "Three Deaths," which appeared in 1859.

The wife of a rich businessman has contracted tuberculosis, as happened so often at that time. The doctors have pronounced her condition hopeless. The moment has come when she has to be told. There is no question of avoiding it, if only to allow her to make her "final arrangements." But here is a new element: The distaste of the entourage for this duty has increased. The husband refuses "to tell her about her condition," because, he says, "It would kill her. . . . No matter what happens, it is not I who will tell her." The mother of the dying woman is also reluctant. As for the dying woman, she talks about nothing but new treatments.

Behind this reluctance, even when it grates under the satirical pen of Tolstoi, there is the love of the other, the fear of hurting him and depriving him of hope, the temptation to protect him by leaving him in ignorance of his imminent end. The modern attitude toward death is an extension of the "affectivity" of the 19th century. The last inspiration of this inventive affectivity was to protect the dying or very ill person from his own emotions by concealing the seriousness of his condition until the end. When the dying man discovered the pious game, he lent himself to it so as not to disappoint the other's solicitude. The dying man's relations with those around him were now determined by a respect for this loving lie.

Yet, in order for the dying man, his entourage, and the society that observed them to consent to this situation, the protection of the patient had to outweigh the joys of a last communion with him. The last communion with God and/or with others was the great privilege of the dying. For centuries there was no question of depriving him of this privilege. But when the lie was maintained to the end, it eliminated this. Even when it was reciprocal and conspiratorial, the lie destroyed the spontaneity, pathos, and public nature of the last moments.

The beginning of the 20th century saw the completion of this psychological mechanism that removed death from society and eliminated its character of public ceremony. This is the first milestone in the modern history of death.

"Not Receiving"

The second great milestone in the contemporary history of death is the rejection and elimination of mourning. Mourning in the true sense of the word comes after the funeral and burial. The pain of loss may continue to exist in the secret heart of the survivor, but the rule today, almost throughout the West, is that *he must never show it in public*. This is exactly the opposite of

what used to be required. In France since about 1970, the long line of people offering their condolences to the family after the religious service has been eliminated. And in the country, the death notice, though still sent out, is accompanied by the dry, almost uncivil formula, "The family is not receiving," a way of avoiding the customary visits of neighbors and acquaintances before the funeral.

But generally speaking, the initiative for the refusal is not taken by the survivors. By withdrawing and avoiding outside contact, the family is affirming the authenticity of its grief, which bears no comparison to the solicitude of well-meaning relatives; it is also adopting the discreet behavior that society requires.

The Denial of Death

Indeed, the transition from the calm and monotonous world of everyday reality to the inner world of the feelings is never made spontaneously or without help. The distance between the languages is too great. In order to establish communication, it is necessary to have an accepted code of behavior, a ritual that is learned by experience from childhood. Once, there were codes for all occasions, codes for revealing to others feelings that were generally unexpressed, codes for courting, for giving birth, for dying, for consoling the bereaved. These codes no longer exist. They disappeared in the late 19th and early 20th centuries. So feelings too intense for the ordinary forms either do not find expression and are held in, or break forth with intolerable violence because there is no way to channel them. In the latter case, they threaten the order and security necessary to daily activity. Therefore, they must be repressed.

It is for this reason that everything having to do first with love and then with death became forbidden. This taboo became necessary after the gates and dams that had contained these wild forces for thousands of years were abandoned. Thus, a model was born, especially in the English public schools, of virile courage, discretion, and propriety, which forbade public allusion to romantic feelings and tolerated them only in the privacy of the home.

A new situation appears around the middle of the 20th century in the most individualistic and middle-class parts of the West. There is a conviction that the public demonstration of mourning (like love), as well as its too-insistent or too-long private expression, is inherently morbid. As British sociologist Geoffrey Gorer has written, "At present, death and mourning

are treated with much the same prudery as the sexual impulses were a century ago." Weeping is synonymous with hysteria. Mourning is a malady. This disparaging attitude begins to appear in subtle form in the postromantic sarcasm, still mingled with romantic beliefs, of Mark Twain. Twain is both annoyed and moved by theatrical demonstrations, and defends himself from antiquated sentiments with humor. Today, this attitude has become common. The period of mourning is no longer marked by the silence of the bereaved amid a solicitous and indiscreet entourage, but by the silence of the entourage itself. The telephone does not ring. The bereaved is in quarantine.

The suppression of mourning is not due to the frivolity of survivors but to a merciless coercion applied by society. Society refuses to participate in the emotion of the bereaved. This is a way of denying the presence of death in practice, even if one accepts its reality in principle. As far as I can see, this is the first time that the denial has expressed itself so openly. For some time, this denial had been rising from the depths where it had been thrust, moving toward the surface without yet reaching it: from the Victorian fear of being buried alive, to the time when



The death of Prince Albert, husband of Queen Victoria, at Buckingham Palace, 1861. In the 19th century, Ariès writes, death came to be seen as "moving and beautiful, like the immensity of nature, the sea, the moors."

From the collection of Mrs. Betty O'Looney. Used by permission of Studio Vista, London.

one concealed the death of the other out of love and concealed the sick person from others out of disgust. From now on, the denial of death is openly acknowledged as a significant trait of our culture. The tears of the bereaved have become comparable to the excretions of the diseased. Both are distasteful. Death has been banished.

Resting in Peace?

As we have seen, the romantic model as it existed in the middle of the 19th century underwent a gradual dismantling. First, in the late 19th century, there were the changes that occurred in the early stages of dying, the period of very serious illness during which the patient was kept in ignorance and isolation. Then, in the 20th century, came the taboo against mourning and everything in public life that reminded one of death. There remained only the actual moment of death, which long retained its traditional characteristics: the reviewing of the life, the public quality, the scene of the farewells. But after World War II, even this last survival disappeared, owing to the complete medicalization of death. This is the third milestone.

The essential fact is the well-known advance in surgical and medical techniques. As soon as an illness seems serious, the doctor usually sends his patient to the hospital. Advances in surgery have brought parallel advances in resuscitation and in the reduction or elimination of pain and sensation. These procedures are no longer used only before, during, or after an operation; they have been extended to all the dying, in order to relieve their pain. For example, the dying man is given food and water intravenously, thus sparing him the discomfort of thirst. A tube runs from his mouth to a pump that drains his mucus and prevents him from choking. Doctors and nurses administer sedatives.

By a swift and imperceptible transition, someone who was dying came to be treated like someone recovering from major surgery. This is why, especially in the cities, people stopped dying at home—just as they stopped being born at home. In New York City in 1967, 75 percent of all deaths occurred in hospitals or similar institutions, as compared with 69 percent in 1955 (60 percent for the United States as a whole). The proportion of deaths in hospitals has risen steadily since then.

This transfer of death to the hospital has had profound consequences. It has accelerated an evolution that began in the late 19th century and pushed it to its logical conclusion. Death has been redefined. In the traditional mentality, the sense of the moment of death was softened by the certainty of a continuation:

Death in the Hospital (1926) by José Gutiérrez Solana: "Hospital personnel have defined an 'acceptable style of facing death.' This is the death of the man who pretends he is not going to die."



From José Gutiérrez Solana by José L. Barrio-Garay. Bucknell University Press, 1976.

not necessarily the immortality of the Christians but a subdued prolongation of some kind. After the 17th century, the more widespread belief in the duality of the soul and the body and in their separation at death eliminated the margin of time. Death became an instant.

The medicalized death of today has restored this margin, but by borrowing time from this life, not from the beyond. The time of death has been both lengthened and subdivided. The doctor cannot eliminate death, but he can control its duration, from the few hours it once was, to several days, weeks, months, or even years. It has become possible to delay the fatal moment; the measures taken to soothe pain have the secondary effect of prolonging life.

Sometimes, this prolonging of life becomes an end in itself, and hospital personnel refuse to discontinue the treatments that maintain an artificial life. The world will remember the Shakespearean agony of Franco, surrounded by his 20 doctors. The most sensational case is no doubt that of Karen Ann Quinlan, an American girl of 22 whose mechanical respirator was turned off in March 1976 to allow her to die but who was still alive nearly

five years later being fed and given antibiotics intravenously. No one expects that she will ever regain consciousness. It is not our purpose here to discuss the ethical problems raised by this rare case of "therapeutic tenacity." What interests us is that medicine can cause someone who is almost dead to remain alive almost indefinitely; and not only medicine but the hospital itself, that is, the whole system that turns medical activity into a business bureaucracy and that obeys strict regulations regarding method and discipline.

Death has ceased to be accepted as a natural, necessary phenomenon. Death is a "failure." This is the attitude of the doctor, who claims the control of death as his mission in life. But the doctor is merely a spokesman for society, although more sensitive and radical than the average person. When death arrives, it is regarded as an accident, a sign of helplessness or clumsiness that must be put out of mind. It must not interrupt the hospital routine, which is more delicate than that of another professional milieu. It must therefore be discreet. The patient's passivity is maintained by sedatives, especially at the end, when the pain becomes unbearable and would otherwise produce the "horrible screams" of Ivan Ilyich or Madame Bovary. Morphine controls the great crises, but it also diminishes a consciousness that the patient then recovers only intermittently.

Such is today's "acceptable style of facing death." Death no longer belongs to the dying man, who is first irresponsible, later unconscious, nor to the family, who are convinced of their inadequacy. Death is regulated and organized by bureaucrats whose competence and humanity cannot prevent them from treating death as their "thing," a thing that must bother them as little as possible in the general interest.

Nature Imprisoned

From the earliest times, man has regarded neither sex nor death as crude facts of nature per se. The necessity of organizing work and maintaining order and morality in order to have a peaceful life in common led society to protect itself from the violent and unpredictable forces of nature. These included both external nature, with its intemperate seasons and sudden accidents; and the internal world of the human psyche, which resembles nature in its suddenness and irregularity, the world of the ecstasy of love and the agony of death. A state of equilibrium was achieved and maintained by means of a conscious strategy to contain and channel the unknown and formidable forces of nature. Death and sex were the weak points in the defense sys-

tem, because here there was no clear break in continuity between culture and nature. So these activities had to be carefully controlled. The ritualization of death was a special aspect of the total strategy of man against nature, a strategy of prohibitions and concessions. This is why death was not permitted its natural extravagance but was imprisoned in ceremony, transformed into spectacle. This is also why it could not be a solitary adventure but had to involve the whole community.

The Retreat of Evil

How are we to explain the current abdication of the community? How has the community come to reverse its role and to forbid the mourning that it was responsible for imposing until the 20th century? The answer is that the community felt less and less involved in the death of one of its members. First, because it no longer thought it necessary to defend itself against a nature that had been domesticated once and for all by the advance of technology, especially medical technology. Next, because it no longer had a sufficient sense of solidarity. The "community" in the traditional sense of the word no longer existed. It had been replaced, first by the family, next by an enormous mass of atomized individuals.

But this disappearance does not explain the powerful resurgence of other prohibitions. This vast and formless mass that we call society is, as we know, maintained and motivated by a new system of constraints and controls. It is also subject to irresistible movements that put it in a state of crisis and impose a transitory unity of aggression or denial. One of these movements has unified mass society against death. More precisely, it has led society to be ashamed of death.

This shame is a direct consequence of the definitive retreat of "evil." As early as the 18th century, man had begun to reduce the power of the devil, to question his reality. Hell was abandoned, at least in the case of relatives and dear friends. Along with hell went sin and all the varieties of spiritual and moral evil. They were no longer regarded as part of human nature but as social problems that could be eliminated by a good system of supervision and punishment. The general advance of science, morality, and organization would lead quite easily to happiness. But in the middle of the 19th century, there was still the obstacle of illness and death. There was no question of eliminating that. The romantics circumvented or assimilated it. They beautified death, gateway to an anthropomorphic beyond. They preserved its immemorial association with illness, pain, and agony;

these things aroused pity rather than distaste. The trouble began with distaste: Before people thought of abolishing physical illness, they ceased to tolerate its sight, sounds, and smells.

Medicine reduced pain; it even succeeded in eliminating it altogether. The goal glimpsed in the 18th century had almost been reached. Evil no longer clung to man, it was no longer part of human nature, as the religions, especially Christianity, believed. It still existed, of course, but outside of man, in certain deviant behaviors such as war, crime, and nonconformity, which had not yet been corrected but which would one day be eliminated by society.

But if there is no more evil, what do we do about death? To this question modern society offers two answers.

The first is a massive admission of defeat. We ignore the existence of a scandal that we have been unable to prevent; we act as if it did not exist, and thus mercilessly force the bereaved to say nothing. A heavy silence has fallen over the subject of death. When this silence is broken, as it sometimes is in America today, it is to reduce death to the insignificance of an ordinary event that is mentioned with feigned indifference. Either way, the result is the same: Neither the individual nor the community is strong enough to recognize the existence of death.

And yet this attitude has not annihilated death or the fear of death. On the contrary, it has allowed the old savagery to creep back under the mask of medical technology. The death of the patient in the hospital, covered with tubes, is becoming a popular image, more terrifying than the *transi* or skeleton of macabre rhetoric.

A small elite of anthropologists, psychologists, and sociologists has been struck by this contradiction. They propose not so much to "evacuate" death as to humanize it. They acknowledge the necessity of death, but they want it to be accepted and no longer shameful. Death must simply become the discreet but dignified exit of a peaceful person from a helpful society that is neither torn nor overly upset by the idea of a biological transition without significance, without pain or suffering, and ultimately without fear.

