

BOOK REVIEW/COMPTE RENDU

Allan Kellehear, ed., *The Study of Dying: From Autonomy to Transformation*. New York: Cambridge University Press, 2009, 298 pp. \$US 29.99 paper (978-0-521-73905-4), \$US 75.00 hardcover (978-0-521-51767-6)

This collection of twelve essays addresses the question, “What is it like to die?” It focuses on the dying process that unfolds in the minutes, hours, days, and sometimes weeks or months before death. In particular this book examines the physical, psychological, behavioural, social, cultural, and spiritual aspects of the experience of dying. The authors are scholars and clinicians who represent a range of disciplines, including social and behavioural studies, veterinary medicine, biomedicine including psychiatry and neurobiology, palliative medicine, nursing, sociology and demography, history, philosophy, art, literature, popular culture, theology and religion.

In the first essay, Kellehear reviews a range of social and behavioural studies of dying and develops seven themes in writings about dying. The first theme focuses on agency and the common belief that dying persons have at least a degree of personal control over their dying and are or should be active participants in the dying process. Of course, this is an ideal that is not always realized. Kellehear labels the second theme “linearity,” referring to the commonly used metaphor of dying (and life more generally) as a journey leading to death, and for believers to a life after death. In more sociological and anthropological terms, the linear view of dying is reflected in notions of dying as trajectory and as a rite of passage. In contrast to an orderly, predictable and linear dying, Kellehear’s third theme notes that dying may involve “oscillation” with cycles of illness and decline, and health and improvement. A frail old age, for example, may involve repeated cycles of decline and improvement occurring over a substantial period of time before ending in death. A fourth theme common in the literature on dying according to Kellehear is disengagement and withdrawal from normal life, and increasing passivity, dependence, and resignation. A fifth theme focuses more dramatically on dying as disintegration and collapse. A sixth theme turns the reader’s attention to disenfranchised dying, that is, to the denial and distancing from dying and death that came to characterize the 20th century in west-

ern countries. Finally, Kellehear focuses on dying as transformation and transcendence.

It can be argued that dying in its various forms, locations, and representations, for example, in palliative care or in artistic representations, may manifest some or all of Kellehear's seven characteristics and more. Indeed, Kellehear asked the authors of the essays in this collection to consider how and to what extent their various subject matters illustrated these seven themes and to identify additional salient messages. While this strategy gives this collection of essays some unity and coherence, the authors' attempts to connect their analyses to these seven themes occasionally seemed to be contrived, tacked on, and half-hearted, as if some of them did not find the seven themes useful for assessing their various topics.

In exploring what it is like to die, the essays in this collection range from the biology of dying (and the biological criteria for defining death at the end of the dying process) to social constructions of dying as evident in art, literature, and film. They also range from the experiential — for example, a discussion of near-death experiences — to the normative — for example, religious and social constructions of the good death and the art of dying well.

The reader is reminded that at bottom dying is a biological phenomenon. The exploration of what it is like to die begins with an overview of the biology of dying for both human and nonhuman animals. While cardiorespiratory criteria were once used to define death, increasingly brain death criteria have been developed, although ambiguities remain. The dividing lines between dying and death, and between living and dying, are not always clear. Indeed, there are other ambiguities as this collection of essays points out. Just as it is not always clear when dying ends (in death), it is often not clear when dying begins. Furthermore, there is ambiguity as to what constitutes a good dying (and therefore a good death), a "good enough" dying and death, or a bad dying and death. Palliative care has emerged as an attempt to facilitate the better death and has had some successes in that regard, although issues remain to be resolved. For example, attention to pain management may not be equaled by attention paid to the wishes (voice) of the dying person and his/her psychological, social, and spiritual needs.

Several essays deal with the "art of dying," that is, with normative cultural, religious, professional, etc., prescriptions about how one should die. Other essays focus on the art of dying, that is, on representations of dying in art (painting, sculpture, photography, video), literature, television and film. Despite the biological underpinnings of dying and death, the experience of dying occurs in a social context and is heavily

influenced by social factors and cultural discourses. Not only is dying conditioned by social context, dying itself may also be an experiential and social construction. That is, dying often occasions a life review and a narrative construction (or re-construction) for a real or imagined audience of the life lived and now coming to an end.

It is hard to disentangle the experience of dying from death itself and the discussion of dying often becomes a discussion of death (causes of death, criteria for determining death, cultural representations of death, etc.) This book's attempt to focus on dying rather than death is admirable, but it seemed to me that the discussion often shifted from dying to death and that even more attention could have been paid to dying. Nevertheless, this is a thought-provoking work for anyone with an interest, whether personal, professional, academic, or clinical, in the experience of dying.

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