Following the battlefield death of her youngest son in 1914, Prussian-born artist Käthe Kollwitz's lifelong passion for social justice became focused in a struggle against war. The loss of a child and the mother's attempt to protect her children grew to be central themes of her work. In later works she often depicted death as a friend, as in this 1921 woodcut, "Death with Woman."

Rosenwald Collection, National Gallery of Art, Washington, D.C.

The Death and Dying Movement

Psychologies and the Formation of Culture

Bonnie J. Miller-McLemore

IN THE LATE SIXTIES and early seventies the name of Elisabeth Kübler-Ross gained prominence in what many have called the "death and dying movement." Her five stages—denial, anger, bargaining, depression, and acceptance—became the "dominant, exemplary paradigm for understanding dying—one without significant rival either in the health sciences or the general culture," according to medical ethicist Larry Churchill (1979:24). People talked about these stages when trying to understand many different experiences of loss and grief, from football injuries to miscarriage. Nurses listened to her tapes as part of in-service training; chaplains and pastors recommended her insights rather than those of Scripture or theology; laypeople began to know her stages without even reading her books. Her ideas about what it means to live and die seemed to fill the vacuum that had come to surround life's final moments. They oriented public estimation of "right" and "wrong" in the dying process.

Kübler-Ross's appeal rested partly on the real failure of traditional approaches to deal with the acute problems that dying and grieving people face. She confronted the realities of denial and depersonalization that had kept the hospital doors of terminal patients closed. With genuine caring, she soothed the troubled spirits of those facing death. As she claimed so many times, people need to talk. And indeed they did. They talked about their fears of doctors, their resistance to being in hospitals, the problems of families and others unable to respect the needs of the dying. For this serious recon-

Each of these psychologies embraces a distinct, albeit implicit, theory of obligation, as well as an orientation to life that at times functions religiously.

sideration of life's ending, we owe Kübler-Ross and those who followed her our appreciation.

Yet gratitude should not prevent our examining the moral presuppositions of Kübler-Ross's observations. We have reached what theologian and medical ethicist William F. May calls a "second phase" in our modern understanding of dying. We have gained a certain measure of self-consciousness about the problem; now we need to attend carefully to the norms and ideals that inform the diagnosis (May 1973:108). If the work of various psychiatrists and psychologists has permeated parts of the general culture, we need to understand what operating images they promote and on what grounds. If their diagnoses are coming to replace the answers of philosophy and religion, we need to recognize that they have moved beyond the narrow, limited definition of psychology as an empirical, descriptive science of human behavior. If they are in fact promoting hidden quasi-religious and moral assumptions, we need to ask how adequate these are.

Using the tools of practical theology and moral philosophy to draw some crucial distinctions, I would like to consider these issues as they relate to two different psychologies of death: the work of Kübler-Ross and her circle, and the reflections of psychologist Erik Erikson and psychiatrist Robert Jay Lifton. Each of these psychologies embraces a distinct, albeit implicit, theory of obligation, as well as an orientation to life that at times functions religiously. In probing the assumptions and ramifications of these psychologies, we will gain a sharper awareness of distinctions among psychological, ethical, and religious language.[1] We will be better able to detect the careless intermingling of psychological descriptions with sometimes questionable prescriptive moral judgments and quasi-religious hopes. We will recognize when psychological "fact" contains biases that may not fit alternative convictions and traditions. And we will perhaps become more conscious about the formation of culture and its effects.

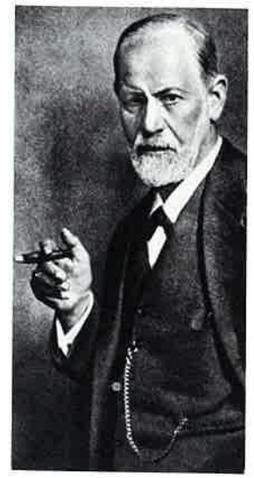
I should state at the outset that I do not claim in this article to have addressed the diverse approaches to death among different ethnic subcultures; I suspect that we would find religious responses quite different from those studied here. My focus is the mainstream, largely white, primarily Protestant culture, which in turn exerts a strong influence upon other communities within society. Nor do I consider here the more empirical question of the efficacy of these psychologies in working with the dying and the grieving. My intent is to analyze the assumptions behind the death and dying movement and their influence on the dominant culture.

Freud as Founding Father: A Lesson in the Formation of the Culture

A survey of the bookstore's stack of self-help and popular religious literature tells us that death has become psychologized. Much of the advice for the terminally ill and the grieving comes from particular psychologists, psychiatrists, and, digging slightly deeper, from Freud. Sociologist Philip Rieff (1968) argues forcefully that Freud and his creation of "psychological man" have completely subverted former ways of defining the good or virtuous person and community, along with the "religious man." Many in the modern world use psychological jargon more readily than religious language, talk more comfortably about unconscious wishes than about the hunger of the spirit.

But not only do we possess new vocabulary, Rieff contends, we act differently. We make decisions guided by new psychological ideals that have begun to function moralistically. Freud participated in a moral revolution that some lament (see Robert Bellah's *Habits of the Heart* [1985], for example, or Allan Bloom's *Closing of the American Mind* [1987]). But few have turned their analysis to the specific question of how we think about death.

In a significant article, "Reflections upon War and Death" ([1915] 1963a), and in his hypothesis of a death instinct ([1920] 1961a), Freud transformed the topic of death into a legitimate subject for scientific inquiry. Finitude, once considered an ultimate reality for philosophy and religion to ponder, became the property of psychological study. Despite some of his moral suggestions and despite his abstruse speculations about the death instinct, however, Freud insisted that his theories remained purely scientific. He wanted to see his psychology of the mind as a hard science akin to physics, chemistry, and biology in spite of the



Austrian neurologist and founder of psychoanalysis Sigmund Freud (1856–1939).

Historical Pictures Service, Chicago

Many in the modern world use psychological jargon more readily than religious language, talk more comfortably about unconscious wishes than about the hunger of the spirit.

moral and philosophical nature of certain premises.

But in investigating questions concerning death, Freud moves beyond the discipline of empirical psychology as he himself defines it and into the realms of philosophy (see Ricoeur 1970:63–64, 86, 153–57, 255–59). On the one hand he tries to dispel rumors of this flight into philosophy. He tries to dispel the idea that his theories reveal a troubled reaction to the departure of his two sons to the front in World War I, the unexpected death of his daughter, and ultimately, his own suffering with cancer of the jaw that plagued him for sixteen years (Jones 1961:391–92, 402; Hughes 1977:136; Becker 1973:97–105). Yet at the same time he clearly begins to propose philosophical answers to some of life's most troubling existential questions. He claims that the aim of all life is death. We can explain all life, from the evolution of civilization to the activity of cellular life, by the conflict between these two " 'Heavenly Powers,' eternal Eros. . . [and] his equally immortal adversary. . . Death" ([1930] 1961b:69). In so arguing Freud establishes a premise about the nature of life that is not unlike religious formulations. As practical theologian Don S. Browning acknowledges, here his "positivism ends in a fideism"—a belief that these and only these two forces, love and death, "give exhaustive account of the effective forces determinative of human destiny" (1984:150).

And it is the "impartial instrument" of psychoanalysis, not the illusions and delusions of religious hope, that must educate us to this reality. In one more arena, Freud calls us away from wishful thinking to the harshness of existence. "If you would endure life, be prepared for death. . . . To endure life remains, when all is said, the first duty of all living beings" ([1915] 1963a:133). Acquiesce to fate and free your energies for finite life. Listen with King Lear to the message of "eternal wisdom" that bids us to "renounce love, choose death and make friends with the necessity of dying" ([1913] 1963b:78).

But in making psychology responsible for examining the meaning of death and for suggesting the duties of human response, Freud deviated subtly from his original postulation of moral and religious impartiality. This transformation illustrates what Browning describes as psychology becoming "culture" (1980:20–22; 1987: 5–6, 29–31). Scientific psychology, interested in charting material causes and consequences of human actions and feelings, seldom abides by this strict definition of its boundaries. Psychology, though narrowly conceived, becomes a broad enterprise that shapes culture and projects an ideology based upon its own metaphors, models, and norms. This is particularly true when existential questions of death are the subject of investigation. Inescapably the death and dying movement enters the philosophical and religious debate over life's purpose and meaning.

Many of Freud's ideas have infiltrated modern attitudes, largely through psychiatrists and psychologists, yet seldom do these thinkers note their ambiguous debt to Freud. The development from Freud's writings on the death instinct to the mass production of death literature began slowly with social scientist Eric Lindemann's research in 1944 on the symptoms of acute grief ([1944] 1965:186–201). About a decade later sociologist Geoffrey Gorer's often quoted "Pornography of Death" ([1954] 1965) appeared, its themes reminiscent of Freudian assumptions. In the following year (1955) psychologist Herman Feifel battled with the American Psychological Association over the appropriateness of death as a subject of psychological study at the annual meeting. He forced the discussion of death into academic circles, publishing *The Meaning of Death*, one of the first collections of essays on the psychology of death, in 1959.

Other books like Jessica Mitford's *American Way of Death* (1963), Kübler-Ross's *On Death and Dying* (1969), and Ernest Becker's *Denial of Death* (1973) popularized the subject. On one level, these authors intended to examine the circumstances of dying or the relationship between death and neurosis. On another level, however, they promoted psychology as a new source of guidance replacing dated religious counsel. Becker's book is an excellent example. He asserts that belief in the providential and the sacred has collapsed. The "new belief system" of psychology must come to the rescue (Becker 1973:ix–xi, 272–73, 284).

Yet most scholars continued their allegiance to Freud's premise of moral and religious neutrality despite the nature of their work. Almost inevitably what they considered purely investigatory study—the gathering of data, the testing of hypotheses, the formulation of observations on human behavior—grew into recommendations about how individuals and society should regard the fact of mortality. In shifting from a focus on early childhood experiences to judgments about the other end of the life cycle, even Freud's "value-free" observations grow into value-loaded visions. A look at some psychologies of death reveals several implications of this movement from psychological fact to religious metaphor.

Contrasting Psychological Models: The Culture of Joy and the Culture of Care

The Kübler-Ross Circle: Death as Personally Fulfilling

I group within the Kübler-Ross circle the writings of Kübler-Ross herself and selected writings of Avery Weisman, Edwin Shneidman, Herman Feifel, Robert Kastenbaum, and Ruth Aisenberg. Their work, focusing specifically and solely on death, constitutes a subspecialty among less well known theoreticians in psychology. If we recognize the names of these authors at all, it is for this singular expertise, and within the subspecialty Kübler-Ross is the best known among professionals and laypersons alike.

These writers are united in their wholesale endorsement of a particular normative view of death. The

"Culture of joy" psychologies consider life, or death in this case, as an ordinary fact of nature to be accepted, an occasion for the unfolding of innate individual potentialities and growth.

Psychiatrist Elisabeth Kübler-Ross, a pioneer in the death and dying movement.

UPI/Bettmann Newsphotos

characteristics of their work place them in what Browning describes as the "culture of joy." In this description Browning singles out two beliefs shared by humanistic psychologies: that human nature consists of inherent "creative potentials which are straining to express themselves," the release of which "brings enormous quantities of spontaneous joy and a deep sense of personal fulfillment"; and that provided a warm, accepting environment free of the "oppressive hand of tradition and cultural expectations" these basic potentials will naturally express themselves (1980:195). These psychologies consider life, or death in this case, as an ordinary fact of nature to be accepted, an occasion for the unfolding of innate individual potentialities and growth.

Several characteristics distinguish the writings of the Kübler-Ross circle. For Kübler-Ross, our problems with death lie in the institutionalization of modern society, never in humanity in its natural state. She longs nostalgically for a romanticized past. The impersonal forces of technology have caused denial of death; they have obscured the self-evident facts of nature. If people could put aside the impositions of modernity and technological society, they would see death as "an intrinsic part of life just as they do not hesitate to mention when someone is expecting a baby (Kübler-Ross 1975:x; 1969:14–15). Others liken death to birth naturalistically in an attempt to dispel the so-called modern view of death as horrible, destructive, frightening, or tragic. Weisman and Kastenbaum state that we should consider death to be as natural "as any other phase of life—as natural as childbirth, for example" (1968:2, 42–43). Hence we ought not view death as a "dreaded stranger" or an "enemy to be conquered" (Kübler-Ross 1975:x). Death comes as a "friend" and an avenue to "fulfillment, quiescence, resolution, and even . . . personal development," as Weisman says (1972:33). Like "watching . . . a falling star," we await death and the "peaceful cessation of the functioning of the body" as a brief moment in the changing seasons or the cycle of nature (Kübler-Ross 1969:276).

These writers argue that we have drifted away from our "traditional moorings"—"conceptual creeds or philosophic-religious views with which to transcend death," in Feifel's words (1977:4). Weisman states adamantly that religious traditions, communities, and dogma no longer shape behavior nor should they. The individual should avoid at all costs traditional answers that provide only cheap "moralisms," "platitudes," and "unsubstantiated generalities which often sound more homiletic than scientific" (Weisman 1974:4, 22; Weisman and Worden 1977:55). Decisions have become private matters, freed from a context: "The *individual* is the primary unit now. He is free to pursue his own self-actualization" (Kastenbaum and Aisenberg 1976: 163–64).

Psychology therefore must create fresh "strategies" to guide individuals. Each psychologist or psychiatrist attempts to devise better models or "remedies" to use in "coping" with death. They want to make it easier to die; they endeavor to make possible, in the words of Peter Steinfels, "a surefire progression to a happy ending" (1974:3).

At this juncture the death and dying literature "does not simply report"; it "recommends" (Branson 1975:464). Freud's "talking cure" becomes an ironclad obligation: the presumption is that the dying need to talk. According to Kastenbaum, communication is "probably the most useful single prophylactic measure to avoid unnecessary suffering" (1969:51). Internalizing emotions makes people sick. Kübler-Ross contends that "those patients do best who have been encouraged to express their rage, to cry in preparatory grief, and to express their fears and fantasies to someone who can quietly sit and listen" (1969:119). Complicated emotions like fear or guilt are viewed as socially determined, unnecessary, and psychologically manageable when properly expressed.

These premises about emotional catharsis dictate the obligatory role of the care giver (whether nurse, relative, or friend) as one who sits and listens. Kübler-Ross forbids the companions of the dying either to judge the feelings expressed or to impose their own values or perspective; she places a premium upon an accepting, nonjudgmental environment. "We have to elicit the patient's needs, hopes, and unfinished business, and then we have to find out who is able to gratify those needs" (1981:35).

Beyond eliciting and fulfilling individual needs, however, each scholar promotes a similar goal: *Each individual ought to achieve for herself or himself a more per-*

Undergirding all the writings of the Kübler-Ross group is an assumption that we ought to interpret death's meaning autonomously. Therefore moral concerns tend to become matters of personal preference, aesthetic taste, or subjective feeling.

sonally satisfying and "appropriate" death and be helped to do so. Thus Kübler-Ross wraps up her overview of the five stages by affirming that "if we can accept our patients the way they are with denial, anger, bargaining, depression, they will. . . reach a stage of acceptance enabling them to die in peace and dignity" (1970:169). The first four stages contain negative emotions which can be destructive if they are not forsaken in order to reach the final stage.[2] "Genuine" acceptance entails a passive withdrawal and a peace-filled turning inward, comparable to the "primary narcissism" of early infancy in which the self experiences itself "as being all." A person's "circle of interest diminishes"; he or she wishes to be silent, solitary, sleeping, or "at least not stirred by the news and problems of the outside world" (1969:113, 119–20). Nothing should be asked of the dying; all should be given.

Acceptance is not to be the goal only of the imminently dying. It is something we should "teach our children even before they go to school." If we did so, we would teach people to "live a different quality of life with different values, [to] *enjoy today and not worry too much about tomorrow*" (Kübler-Ross 1981:48, emphasis added). We should all learn an important lesson from the dying: "we have only NOW—'so have it fully and find what turns you on, because no one can do this for you!' " (Kübler-Ross 1975:xxii).

Others in Kübler-Ross's circle point out her normative bias toward a five-stage progression to acceptance yet fail to make a similar critique of their own work. Their criticism implies that they have a better idea of how persons should die. Kastenbaum, Shneidman, and Weisman contend that the universal application of Kübler-Ross's stages ignores individuality; they therefore become even more individualistic. Weisman, for instance, argues that instead of a stage theory we should proceed case by case. All resources for determining a "good" death lie within each person: "We have only our own reality. . . set into a mirror reflecting how life-styles might become death-styles. We have our own life to live and our own death to die. . . . We cannot trust established authorities" (1977:110–11). Although he hopes to differ from Kübler-Ross here, he simply builds upon her belief that each of us has the capacity to make of our own death what we will and the ability to choose death as a moment of final growth or rebirth. Weisman takes literally the epistemological position that individuals totally create the world in which they live and die. Thus an "appropriate death" is one in which we "confront our own mortality as if we had created it," one that "we might choose, had we a choice" (1977:119).

Since a good death can be only what is personally suitable and internally desirable, what is suitable for one person may not be for another. "What might seem appropriate from the outside, might be utterly meaningless to the dying person himself. Conversely, deaths that seem unacceptable to an outsider, might be desirable from the inner viewpoint of the patient" (Weisman 1972:37). In the end, Weisman concludes, "the final judge is the patient—whether it feels right to die at that moment" (1974:151). There are no other possible criteria; there is "no ideal" of a meaningful or valuable way to die. Since rules and expectations obstruct individuation, the only acceptable standard is the terminally ill person's own preferences.

Nevertheless, Weisman, Kastenbaum, and Shneidman have their own implicit ideals of what makes for an "appropriate" or "purposeful" death. "Successful management" and "psychiatric intervention" can help people achieve peace and equanimity; the resolution of conflicting feelings; the satisfaction of all "remaining wishes"; a "highly personal realization of completeness"; and perhaps even a "greater self-esteem [at death] than was possible during life" (Weisman and Kastenbaum 1968:35–37; Weisman 1977:118–19).

Erikson and Lifton: Death as a Measure of Mutuality and Continuity

Erik Erikson and Robert Jay Lifton put death in a distinctly broader context than do Kübler-Ross and her colleagues. They entertain ideas about death within more extensive psychologies, within "a psychology of life," as Lifton says. Death involves a psychological dimension for Lifton, but he asks us to consider several additional elements like familial patterns of interaction, historical and cultural themes, random happenings. He describes this approach as "formative-symbolic" or "psychohistorical" to emphasize the importance of historical, cultural, and ethical as well as psychobiological factors. He relies upon colorful field study—of Japanese youth, Vietnam war heros, Nagasaki and Hiroshima—with an eye toward discerning universal implications.

Lifton's work has been significantly influenced by Erikson's own psychosocial approach. One of Erikson's chief contributions is his demonstration of the important relation of the ego to society. He integrates a view of intrapsychic conflict taken from the psychoanalytic model with ideas of the self as existing in mutual relationship with other selves in society. Even the title of his first book, *Childhood and Society,* and its three interrelated parts dealing with biology, ego, and society exemplify a transformation of Freud influenced by ego psychology and by studies of child play, ethology, ecology, and anthropology. He places Freud's concept of the death instinct within a canvas of instinctual patterns.

Lifton expands Erikson's tripartite network of biology, ego, and society to include, along with cultural analysis, an emphasis on "specific historical currents." Ultimately he carries Erikson's approach another step: he focuses on the human capacity for symbolization and its relationship to the ideas of mortality and immortality. Drawing upon this emphasis on symbols, he aspires to redefine the central conflict of our era as the "impaired capacity to feel and to give inner order to experience in general" (1976:81).

From this brief sketch of their general approach, we already see that these psychologies are quite distinct

Lifton and Erikson differ from the culture of joy in their mutual adherence to an alternative interpretation of life which Browning names the "culture of care."

from those of the Kübler-Ross group, with crucial consequences for their respective views of the moral horizons of death. We may not be familiar with approaches like Erikson's, for he considers death within a more comprehensive theory of the personality. Lifton, in addition, both gives prominent place to death and builds an entire psychology of life.

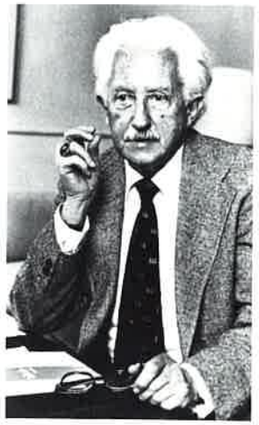
What are the ethical ramifications of relying upon a Kübler-Ross or a Lifton, a Weisman or an Erikson? Lifton and Erikson differ from the culture of joy in their mutual adherence to an alternative interpretation of life which Browning names the "culture of care." They suggest an ethical model based on the priority of care for the common good, related to the good of the individual but broader than that (Browning 1980:41). They presuppose a "generative ethics" centered on concern for the wider horizons of family, community, and succeeding generations of communities. This ethic retains but transforms the self-actualization motif by seeing self-actualization as an avenue for the fulfillment of each person only in integral connection with other persons.

In further contrast to the Kübler-Ross circle, both Erikson and Lifton acknowledge that psychology often functions ethically and must be judged on that basis. To different extents, they acknowledge that their studies invariably lead them from empirical data to comparative observations and ultimately to speculation on the general principles of universal human nature. Lifton's work in particular reflects the return of ethics to greater prominence in the social sciences and in public consciousness in the 1970s. The psychological professions have in his words " 'outlived' the period of ethical neutrality." They no longer can regard their work as "beyond moral scrutiny" (Lifton 1976:152); they do not simply "analyze," they "construct" (Lifton 1979:3). Hence they must admit their moral commitments—what he calls their "advocacy"—and remain attentive to dialogue with other disciplines.

In a real way Erikson stood at the forefront of this new awareness. Initially, he notes, psychoanalysts had no choice but to operate as modern scientists in order to free themselves from philosophy and theology. However, "the causal and quantitative terms" of the founders no longer do justice to certain aspects of life (1970:741, 754). A science that defines "normality" or "reality," a "science so close to questions of health and ethics," must include methods of self-observation and criticism, especially when it influences, intentionally or not, the processes of history, personality, and culture (1982:103).

Lifton states more directly than Erikson that he aims to "provide a framework for addressing the domain of 'ultimate concern' " which depth psychology has hitherto "abandoned to the theologians" (1979:35). Because he writes about a decade after Erikson, he has a good deal more to say in direct response to the death and dying movement. In his opinion the Kübler-Ross circle lacks appreciation for the psychological and moral significance of the human capacity for transcendence and the desire for enduring continuity beyond the self. Despite an emphasis on individual fulfillment not unlike theirs in some of his earlier books, by the time of *The Broken Connection* published in 1979 he directly identifies his misgivings about their narrow "stress on individual self-realization" inherited from the Enlightenment and from Freud. He now wants to position the idea of individual potential within a larger network of concerns. Theorists such as Shneidman, Weisman, and Kastenbaum see humans as literally "existing psychologically only in here-and-now relationships." They underestimate "the scope of the temporal imagination" and "the anticipatory importance of enduring continuity beyond the self" (Lifton 1979:101–2).

Erikson is more reluctant, given the era in which he wrote, to discuss the domain of "ultimate concern." Nonetheless, albeit in a more limited way, he affirms the necessity of generativity when facing "the great Nothingness": "If there is any responsibility in the cycle of life it must be that one generation owes to the next that strength by which it can come to face ultimate concerns in its own way" (1964:133). Shneidman directly and Kübler-Ross indirectly refer to his idea of generativity. Yet their extrapolations of this concept, although they argue in opposite directions, betray their ethical biases and miss the point of Erikson's definition. Kübler-Ross implies that persons who care about others will experience greater personal "ease in accepting death." Shneidman argues on the other hand that talking about "ego-integrity or generativity" does "not mollify the terror of death . . . even though one can be grateful to Erik Erikson for the almost persuasive way in which he has



Erik H. Erikson (b. 1902), German-born American psychologist who conceptualized the eight stages of psychosocial development.

Historical Pictures Service, Chicago

An ethic of personal realization falls far short of an ethic of care that recognizes the larger web of our relationships to communities and societies.

made a generative death sound ennobling and nearly worthwhile" (1970:66).

Both these comments obscure Erikson's point. He does not propose the ideas of integrity, generativity, and wisdom as a means to assuage personal anguish and fear in the face of death, although that is a positive and desirable side effect. For him, integrity and wisdom mean far more.

First, integrity represents the fruition of seven previous life cycle crises and their successful resolution. That is, adults cannot expect to face death with wisdom or integrity without building upon prior developmental foundations. Maintaining integrity before death requires some constructive resolution of the childhood conflicts of trust and mistrust, autonomy and shame, initiative and guilt, the adolescent conflict of identity and identity confusion, and the adult conflicts of intimacy and isolation, generativity and stagnation.

Second, the outcome of every age-specific conflict between the two polarities is never complete victory of the positive and vanquishing of the negative but delicate balance and synthesis of stage-specific "strengths" and "weaknesses" in favor of the positive. This synthesis gives rise to what Erikson calls "ego strength" or "virtue." Development involves moral choice and pain in a universe in which some actions are better than others. He recognizes even more poignantly with his own aging the mixed quality of every developmental resolution. Even the healthy person faces a remorse and disquiet triggered by the "increasing state of being finished, confused, helpless" in growing old (1982:61; 1964:134). Integrity and generativity do not eliminate despair, but they integrate it within the tensions of living and dying.

Third, successful resolution of the conflict of integrity and despair in life's last stage (as with every conflict) can only occur through interactions between different persons in the cycle of generations. In general, facing and resolving life crises depends to a great extent not only upon intrapsychic resources and mechanisms but also upon human interaction with "significant others" in the self's social environment.

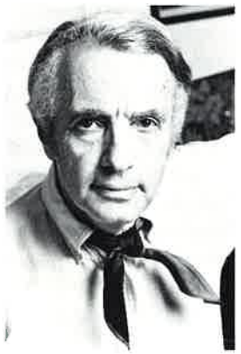
Finally, an implicit moral principle of generativity governs every stage, including the last. For Erikson the highest good is the "maintenance of life" or the "regeneration of the cycle of generations." Maintenance and regeneration mean explicit care for what one has created. On occasion he discusses this in terms of "mutuality," "an ecology of mutual activation," or even as a modern version of the Golden Rule: "Truly worthwhile acts enhance a mutuality between the doer and the other—mutuality which strengthens the doer even as it strengthens the other.... Understood this way, the [Golden] Rule would say that it is best to do to another what will strengthen you even as it will strengthen him—that is, what will develop his best potentials even as it develops your own" (1964:231, 233). By contrast Kübler-Ross's "golden rule" is "to help the ones who limp behind in the stages" (1981:47).

Thus in the integrity of life's final stage two cycles of life, not one, come to completion—"the cycle of one generation concluding itself in the next, and the cycle of individual life coming to completion" (Erikson 1964: 132–33). The virtue with which a person meets death reaches beyond that person into "the beginnings of future generations." Lack of meaning at one stage of life can endanger the vitality of those at other stages. The degree of an adult's integrity before death determines the infant's developing trust: "healthy children will not fear life if their elders have integrity enough not to fear death" (Erikson 1963:269).

Erikson concludes that integrity in the face of death appears in that person who has taken care of things and people and has adapted to the triumphs and disappointments of life. The person experiences a "comradeship" across barriers of race, time, age, and cultural differences, transcending death through a "responsible renunciation" which paradoxically rests upon the ability to remain engaged in the sequence of generations. The person who lives and dies wisely faces dying with detached yet active concern *"with life itself, in the face of death itself"* (Erikson 1968:140).

Similarly, the bedrock of Lifton's work is the concept of "evolutionary responsibility." He offers five "modes of immortality" through which we may express our need for continuity and our moral obligation to remain connected to persons and ideals beyond ourselves —from biological propagation, cosmological immersion in nature, and creative achievements to spiritual attainment and transcendental experience. He hopes that we can move beyond a therapeutically oriented obsession with "personal self-exploration" to a "psychohistorical" perspective that involves us expansively in "a new relationship to the world" (Lifton and Olsen 1974:142–43). All five modes embody this value. In one way or another, each mode permits the person to perceive the "entirety of the larger universe and of one's own being within it" and to see one's "experience in relationship to the larger rhythms of life and death" (Lifton 1976:144; 1973:110). People use the modes to situate themselves and their particular needs in time and space and yet, ultimately, to detach themselves from direct involvement in order to make judgments about and contributions to events and principles beyond themselves.

With this undergirding theme, Lifton retrieves modes of connectedness that seem to have lost their viability for modernity. For example, Freud's thought has tended to induce an overconscientiousness about the harmful consequences of parental possessiveness or of dependence upon others, whether children, parents, or siblings. By contrast Lifton tries to reinvest with meaning the idea of biological and social interdependence of family and "tribe" as a crucial factor for human survival. Aware of the dangers of neurotic dependencies, he advocates a balanced relationality that recognizes connections with others, both intimates and those distant in time and place. He, more than any of the others, points to the ways in which the world has become a global village that demands our looking beyond ourselves, despite human tendencies toward ethnocentrism and self-centeredness.



American psychiatrist Robert Jay Lifton has studied throughout his career the relationship between historical situations and the psychology of individuals. He has interviewed Japanese survivors of the atomic attack and is the author of The Nazi Doctors: Medical Killing and the Psychology of Genocide *(1986).*

Photo courtesy of John Jay College, New York

Psychology in a Broader Context

Psychology's insights have been invaluable in providing ways of understanding death and dying. We need not, however, adopt the various psychologies wholeheartedly or uncritically. Evaluating the role and limits of psychology within a broader context allows us to discern options in our moral reflection on death and dying.

Each of the psychological interpretations of death rests on a distinctive moral principle, even if that principle is unacknowledged. The Kübler-Ross interpretation rests on what moral philosopher William Frankena calls the principle of ethical egoism. Ethical egoism asserts that one ought to act so as to promote one's own welfare and advantage (1973:14–16). This does not entail an egotistic or even egoistic or selfish personality theory. Rather implicit in their argument is an obligatory promotion of the greatest balance of *good* over evil *for oneself*, whether the recommended behavior is self-effacing or selfish (Frankena 1973:17–18). One makes moral judgments according to an assessment of what is to one's own advantage. In a nonhedonistic ethical egoism, the good is defined generally rather than as pleasure; within the Kübler-Ross circle the desired good is defined in terms of self-realization. Thus, the argument goes, one must learn to accept death in order to increase personal fulfillment through inner happiness and freedom from conflict and guilt. The primary obligation is to live in such a way as to secure one's own self-actualization and to develop, right up to the moment of death, one's unique potentialities.

Undergirding all the writings of the Kübler-Ross group is an assumption that we ought to interpret death's meaning autonomously. Individuals must decide according to individual conscience. Therefore moral concerns tend to become matters of personal preference, aesthetic taste, or subjective feeling. Note, for example, how Abraham Maslow defines a good death: "The right moment for a good ending [is] a phenomenological sense of good completion. . .entirely personal and internal and just a matter of feeling pleased with myself, self-respecting, self-loving, self-admiring" (1970:16). The implicit ethic operating here resembles the ethic articulated by moral philosopher David Norton: the "internal reward that consummates" life is the concluding recognition that "I lived the life which was my own" (1976:190).

According to this line of thought, individual desires and feelings dictate needs, and needs will ultimately dictate rights and moral obligations. After weighing one's feelings, needs, and wants, the right course of action is that which comes closest to satisfying all one's needs in the situation. These premises lead to what ethicist Kenneth Vaux labels an "autonomy ethics," in which all good revolves "around one's own needs and wants" and the primary concern is "self-assertion and advocacy of rights" (1984:107). This ethic makes personal happiness, defined as gratifying individual desires to maximize self-realization, synonymous with virtue. Any sense of the larger public is reduced to the plurality of individual consciences making decisions in private contexts based on personal desires. "Public" means the sum of private consciences. Authentic public debate becomes relatively unnecessary and even intrusive to the emotional process of each individual.

Presupposing the vision of the culture of care, Lifton and Erikson offer an alternative to psychologies that envision connection and relationship as a means to the further end of autonomous individuality and fulfillment. The humanistic psychologies of the culture of joy often consider dependence upon and even sacrifice for others a fraudulent escape from the authenticity of "creating one's own death"; they identify authentic selfhood as the separation of self from the influence of the social order. In sharp contrast, the motif in the thought of Erikson and Lifton is reciprocity between self and other, between individual maturation and growth of the wider community.

In terms of moral philosophy Erikson and Lifton represent variations on the theme of utilitarianism. In this ethic "the ultimate end is the greatest general good"; an action is right and obligatory if "conducive to at least as great a balance of good over evil in the universe as a whole as any alternative would be" (Frankena 1973:15–16). Like those in the train of Kübler-Ross, Erikson and Lifton assume the position that one ought to act so as to advance certain goods. Erikson and Lifton part from them, however, over the question of whose good one ought to promote. For them the ultimate end, even in approaching one's own death, is the greatest general good. The best integration of death into life is

Psychology, though narrowly conceived, becomes a broad enterprise that shapes culture and projects an ideology based upon its own metaphors, models, and norms.

guided by the "grand-generative" function of mutual care and "meaningful interplay" between the cycle of generations (Erikson 1982:63). According to Lifton we can only transcend the unalterable brokenness of death through commitment to our "biological fellows" as well as to our common "history, past and future" (1976: 31–34).

These observations do not deny other important ethical assumptions that operate in much of the discussion led by Kübler-Ross. It has undoubtedly promoted a serious concern for obligations and duties to the sick and dying, an awareness of the need for honesty, and an intensive caring for human welfare. In addition, Kübler-Ross raised awareness about the importance of telling the truth in patient-physician relationships. Indeed, a genuine person-oriented quality characterizes much of the discussion. Weisman states, "If cure is impossible, then care and safe conduct ensure a dignified exitus. It is our mutual obligation" (1974:190). Similarly Kübler-Ross asserts, "The primary physician does not desert the patient. This simply means that we still care for him as a human being, when a patient's condition cannot gratify the physician's need to cure, to treat, to prolong life" (1981:25).

However, in critical ways these moral considerations remain secondary. They are seldom self-consciously articulated as such or cohesively integrated into a larger philosophy of life. But more important, not only do the foundational justifications behind these statements move in an entirely different direction, so do the controlling moral objectives and practical outcomes or consequences. The obligation to care remains secondary to the premise of individual satisfaction or fulfillment. Care is not a duty or a virtue in and of itself, as theological ethicist Paul Ramsey would contend, nor ought we care because of love of a greater good, as Augustine and many Roman Catholic theologians maintain. Rather we ought to care *in order to enable individual patients in and of themselves to develop personal potential and achieve inner peace.* We care because this will nurture the seed within each individual and allow it to grow to its full potential. If we care enough to foster proper acceptance, death becomes a means to enhanced emotional growth.

Given these observations, Erikson and Lifton offer a more adequate approach than do the Kübler-Ross circle. Granted, in meeting our end, personal realization has a crucial place. This premise has special merit in a society in which many lack a stable sense of self-esteem that can weather the threat of life's limits. Indeed one critic of Kübler-Ross, George Kuykendall, observes that part of the appeal of the death and dying movement lies in its very responsiveness to the problems of a narcissistic people who cannot face the threat of their own dissolution (1981:46). The movement answers this need by suggesting that individuals have the inner capacity to eliminate such painful ambiguity and by giving permission for a healthy narcissism even before death, rather than demanding further sacrifice of self.

This approach nonetheless raises serious questions: Do individuals, if listened to reflectively, have the capacity to master death? Even if they do, is emoting indiscriminately the most appropriate or adequate means to mastery? More fundamentally, how should we define or understand mastery, or should we even apply this word in discussing attitudes toward death? In many ways, personal mastery is not the only nor the most appropriate metaphor. Almost despite its best intentions, the Kübler-Ross discussion moves toward an isolation of the self. Because Kübler-Ross views each patient as a lone individual needing help to work out his or her own personal death and because she sees acceptance as peaceful withdrawal, her approach "tends to isolate dying people from others." The goal becomes "emotional self-sufficiency" rather than a renewal of covenantal commitments (Kuykendall 1981:47). It may be true, as existentialism impresses upon us, that everyone meets death alone, but we are not detached islands awaiting our end with no binding connection to others. We exist in relation to one another and sometimes for one another and not simply for ourselves. Death then has important moral implications that extend beyond the immediate self. The Kübler-Ross conversation tends to constrict moral meaning by limiting its reference point to the individual.

An ethic of personal realization falls far short of an ethic of care that recognizes the larger web of our relationships to communities and societies. A problem arises when personal realization becomes the primary or sole basis for determining action and when connections between this ideal and other important ideals (justice, for example) are not made. Several moral philosophers even question whether ethical egoism as such is an "ethical" stance, much less an adequate one. Because humans are already prone to look out for themselves, talk about moral duties must preclude considering one's own good foremost (Frankena 1973:19–20, 54–55, 113). Ethics by definition must address the impact of actions upon others.

Certainly Erikson and Lifton have failed, along with Kübler-Ross and her circle, to consider the complex relationship between the implicit values of their psychologies as representatives of the culture of care and other important ideals. They do not claim to think coherently as philosophical ethicists, and we should not expect such qualified reflection from them. Still, Erikson's and Lifton's psychological theories come closer to leaving room for a more comprehensive ethical position. They acknowledge that in some measure a good and right death requires responsiveness and relatedness in genuine human community. Satisfaction of need is a basic component of the culture of care, but when defined in a larger context the concept of human need assumes new meanings. Individual desires must be understood in light of maintaining a mutuality of met needs and a continuity with past and future generations.

The Scene of Modern Medicine

The contrast in psychological and developmental understandings of the person can and should have significant implications for how we understand the medical context and some of the specific ethical issues that arise therein. Not only do Erikson and Lifton recapture certain moral and religious meanings of death and surpass the discussion in comprehensiveness and depth, they suggest new paradigms for sorting out the complicated choices surrounding illness, dying, and death. Although neither of these scholars intended their psychologies to be used to resolve medical dilemmas, they can teach us about the nature of human decision making. They remind us that in our "age of psychic numbing" death entails individual *and* collective responsibility for destiny. This ideal has crucial implications for the modern medical state.

The ethical and psychological assumptions of the Kübler-Ross discussion operate often, though subtly, in contemporary medical decision making. An emphasis on meeting all desires of patients characterizes American health care generally, and certainly this has had many sources. But the basic tenets of the death and dying movement, their appeal, and their promotion in hospitals, clinics, and homes certainly encouraged the triumph of this ideal. The movement demanded that chaplain and doctor alike begin to respond to a patient's feelings rather than inflict their own. Psychiatrists were called in as the newly recognized professional experts who could determine and mediate the needs and desires of dying patients. Chaplains were more prone to imitate techniques from the social sciences than to draw on less esteemed religious resources. In varying ways, all this contributed to a tendency in the emerging field of medical ethics to reduce all important moral principles to an emphasis on the principles of patient autonomy and unrestricted rights to "one's own death." Only recently have some begun to question the adequacy of this focus on personal rights and suggest its appropriate relationship to other important moral considerations like responsibility and commitments to broader communities of concern.

Unfortunately, the Kübler-Ross discussion stops short with asking whether a particular act diminishes personal anxiety and promises individual serenity. Although helpful in particular instances, this guiding principle cannot serve in complex situations, such as deciding whether to provide the maximum artificial feeding to patients with rapidly degenerative intestinal cancer. What do we do when a patient desires it to calm his or her fears of dying or to allow time to "accept" death but when the treatment is not always physically helpful, when it is often very expensive, when funds and availability are limited, or when treating that patient means not treating several others in dire need?

Lifton responds with a different focus to what he calls "psychological dislocation" or "psychic numbing" in hospitals and clinics. He encourages a general renewal of symbols for life continuity, for immortality. In place of past images of heaven or judgment which no longer illuminate (including some in the death and dying movement such as peaceful acceptance) and in light of future images of nuclear holocaust which desensitize and destroy the capacity to create symbols, he suggests that we need new ways to conceive death's meaning. Nevertheless, his idea of modes of immortality is laced with problems. Besides the human tendency always to want more and to lust after infinity, there are practical problems when the modes are offered as a solution to the dying person or to people in general. How, for example, can we recommend the mode of biological reproduction in a world plagued by overpopulation and its related dilemmas? Or, for that matter, how do we recommend this mode of immortality and continuity to a twenty-seven-year-old who has been diagnosed with cancer of the colon but is childless? Erikson's greater concern for care and generativity than for survival and immortality provides more discretion in dealing with such complex issues. The quest for immortality through scientific endeavors and medical achievements can be readily perverted into an end in itself, breeding insensitivity to other goods of human relationship and life. Obviously, the reassurance that one's self is "immortal" through various modes of immortality and that one's life survives past one's death does not justify certain actions and can become dangerous in itself when it means total disregard for one's neighbors.

Nonetheless, both Lifton and Erikson bring more adequate ethical assumptions to the complicated choices surrounding death and medicine than members of the Kübler-Ross discussion. Lifton recognizes the dangers of a moral decision-making process that is guided by "personal salvation" or by "technical-scientific transcendence" (1979:376). In a nuclear age, he maintains, we need rather to assume responsibility for wider networks of relationships that connect us to one another.

Erikson likewise coaches us to win the game of technological progress not through a quest for personal glory but through teamwork. When he addresses a graduating class of medical students, he does not shy away from the ethical complexities of the hospital world that they are about to enter. He emphasizes that "every technique has to be reconsidered from the point of a joint social responsibility" for humanity's physical and mental health (1972:32). *Wisdom*, he holds, will always remain a valid term for the appropriate response to death and its problems, regardless of changes that have occurred or are still to come. Beyond this, medical advance calls for new rituals that will affirm a continuous interplay between those beginning life and those ending it. We need new ways of insuring "some finite sense of summary and, possibly, a more active anticipation of dying." Above all, Erikson cautions against any illusory "one-way street to never ending progress" (1964:132). Rather we must renew our commitments to care for what we have already generated. In his words, we need a new standard that acknowledges the "responsibility of each individual for the potentialities of all generations

***Beyond eliciting and fulfilling individual needs, however, each scholar in the death and dying movement promotes a similar goal:* Each individual ought to achieve for herself or himself a more personally satisfying and "appropriate" death and be helped to do so.**

and of all generations for each individual and this in a more informed manner than has been possible in past systems of ethics" (1964:157).

Erikson's analysis reveals the importance of attending to the implicit moral assumptions and ramifications of the psychological theories that guide our thinking, not just in the area of medical ethics but generally. Given the erosion of many traditional moral and religious resources for understanding death and the significant transformations in our views through the work of social science in recent years, the ability to weigh the pros and cons of various psychologies becomes especially critical. Not only do psychologies of death offer limited, controllable findings; they recommend. They not only validate facts and observations but formulate quasi-religious and moral orientations to existence and nonexistence.

Those who use psychology as a tool for understanding death can find other options besides Freud's prudent acquiescence to fate. Moreover, to understand death psychologically does not necessitate an ethical egoist position; other positions are available. But it is important to distinguish the psychological from the ethical: these two kinds of statements, language, and understanding need to be more carefully identified and less freely confused. This has special import in certain "psychological" considerations of death which advance definite moral obligations and values with little or no consciousness. Despite minor differences, the members of the Kübler-Ross discussion share the moral assumptions of the culture of joy. In many ways the culture of care advocates the evolution of ethical alternatives better suited to the complexities of our modern world. Through discernment of the differences between the two cultures, we will find ourselves better prepared to face the troubling questions about life's meaning and death's place.

NOTES

1. Although I look primarily at predominant ethical frameworks, I am also interested in how religious or quasi-religious language and orienting metaphors influence everyday understandings of moral obligations. By no means do I intend to collapse the moral and religious spheres or maintain that moral thinking depends upon religion; moral thinking can and does stand on its own. Yet beliefs, faith, and overarching metaphors play a significant role in informing, shaping, and motivating moral postures. Theological ethicists in both Protestant and Roman Catholic traditions (for example, James M. Gustafson and Richard McCormick, respectively) have expressed similar opinions.
2. According to Kübler-Ross, denial is "usually a temporary defense and will soon be replaced by partial acceptance"; relief of anger in the next stage is important primarily because it helps move a person "toward better acceptance of the final hours"; and depression is "necessary and beneficial if the patient is to die in a stage of acceptance and peace" (1969:40, 54, 88).

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