



Death-care practices in the shadow of the pandemic: *Can history help us?*

An interview with Cody J. Sanders



Cody J. Sanders is American Baptist chaplain to Harvard University; adviser for LGBTQ+ affairs in the Office of Religious, Spiritual, and Ethical Life at the Massachusetts Institute of Technology; and pastor to Old Cambridge Baptist Church, Cambridge. Here, he is interviewed by David Denborough. Cody can be contacted by email at: cody.j.sanders@gmail.com

Abstract

In the West, there has been a significant shift towards the medicalisation and professionalisation of the end of life, with people more likely to die in hospital than at home, and bodies tended by the funeral industry rather than by loved ones. David Denborough interviewed Reverend Cody J. Sanders about his research on the history of attitudes, practices and understandings in relation to death and dying, particularly our own dead loved ones and community members. They discuss culturally and historically located notions of the 'good death', and how they have been challenged by the COVID-19 crisis in which many people have died alone and conventional funeral practices have been curtailed. This disruption provides an opportunity to imagine new ways of practicing death care, including funerals that take account of the more-than-human world. The interview is followed by responses from practitioners from various cultural and religious experiences.

Key words: *death; death care; dying; suicide; rituals; funerals; religion; COVID-19; narrative practice*

DD: Cody, I'd like to start by saying how sorry we are for the devastating effects of the Coronavirus in your country, at this time. On this day we are speaking, New York City in particular is suffering profoundly. I know you are based in Boston, Massachusetts, and that your communities are not as directly affected at the moment, but these are really troubled times in your country and I know in your role as a priest you are responding to many people.

In this interview, I'm really interested in some of the research, writing and thinking you have been doing about attitudes, practices and understandings of death and dying, and how these have changed over time in your country. Why do you think it's important at this time to be able to conceptualise our understandings of death, dying and practices of care in a historical context? What can this offer us?

Cody: Thank you, David. These are profoundly difficult times here and I appreciate the opportunity to speak with you and your readers. It seems a time when reaching out to each other is important.

I'm in the field of pastoral and practical theology, and for almost three years I've been part of a collaborative inquiry team. One of my collaborators is a New Testament scholar, one is an English literature professor with expertise in memorialisation practices in the US, and one is a nurse and home funeral guide helping families care for their own dead.

This work preceded the current pandemic and the questions that it is raising for us. One of our primary concerns is how we relate to the dead, particularly our own dead loved ones and community members, and how we relate to the body when it dies. In recent times, care for the body or corpse is something that, at least in the US context, has been given over to the funeral industry. This industry began with family-run funeral homes that cared for the dead of their community, but today in the US and many other places around the world, it has been transformed into a highly industrialised practice of death care within multinational conglomerates. The history of that arc toward the industrialisation of death care has seen a removal of the care for our own dead that families and church and other religious communities used to hold.

Our collaborative inquiry team is really interested in what these changes mean in terms of our abilities to experience the relationship we have with our dead loved ones. If we are no longer involved in those vital acts of care for their bodies, what wider implications does this have? We are interested in the implications for funerary practices, and also what it means in terms of Christian liturgical practice. Within our religious practice, these changes have meant that rituals and practices around death don't have a body related to them anymore.

There is also a bigger question for me that relates to environmental concerns connected to death care. So many of contemporary practices in relation to the dead body are the outcome of ideologies of individualism and human supremacy. The detachment from the larger web of life that these ideologies result in has pretty disastrous environmental implications. The current pandemic has completely disrupted our conventional status quo death-care practices, many of which have been very problematic. Amid the current fear, grief and sorrow, I hope some imaginative space is opened up for us to reconsider what we do in relation to our dead.

DD: Before we come to the present, could you say a bit more about some of the key moments in the social and cultural history of the US that have shaped contemporary ideas about death care?

Cody: Death practices have been a major part of American history. In early contact between First Nations peoples of this continent and Europeans, exchanges about the death practices of different cultures were at times a way of bridging communication and understanding among groups. And yet, the death practices of Native peoples and the notion of what it meant to care for a dead body also became weaponised and used against Native peoples by the colonisers. Death care has a profound history that involves so many of the important pieces of American history, from colonisation and the Civil War to current practices of industrialisation.

DD: In your writings, you mention the Civil War as a turning point in death-care practices. This time of mass deaths through the current pandemic has me thinking of other events of mass deaths such as the 1994 Rwandan genocide against

the Tutsi, the Holocaust and other pandemics like HIV/AIDS. These are all times when people trying to come to terms with mass deaths have had no choice but to consider other forms of remembrance, mourning and care for the dead or their remains. In the situation of the Holocaust and the genocide in Rwanda, so many people could never locate the physical remains of their loved ones. Could you describe some of the implications that the Civil War had in American history in relation to death-care practices?

Cody: Prior to the Civil War, it was very rare for anyone to die far from their home, so they could be cared for by family members and funerary practices took place in people's own community. The Civil War was the first time in American history when people were dying far away from home by the thousands. The typical 'good death' pictures people held in their imaginations, and the narratives about what it meant to die well, were shattered by that war. In Gettysburg alone, 7 000 corpses were strewn on the battlefield. There were too many dead bodies for the military or nearby townspeople to adequately care for. Most died with no-one to hear their last words or assess their spiritual state, and no-one to lovingly care for their remains. This disrupted the deathbed scene that had previously been so important and comforting for families: to be at the bedside of their dying loved ones, to hear their last words in the family home, to make spiritual or religious meaning of that scene. None of those things could happen. Nurses and field hospitals did their best to record those last words and get in touch with the families to try to give them some assurance that their loved one didn't die alone, and that they died in full consciousness that their death was coming, that it wasn't a surprise to them, and things of that nature. But our understandings of death-care practices changed.

The biggest cultural shift came with the invention of the embalming, which began in embalming tents on the battlefields of the Civil War, preserving corpses for wealthy families. About 40,000 embalmed bodies were sent back to loved ones for funeral rites and burial. This was a major rupture to our sense of what it meant to care for a dead body. Prior to this, any kind of invasive procedure performed on a body after death was a detestable notion. Donating a body to scientific research or having doctors

teach on a cadaver was something families never wanted to do, and doctors had to rely on sending students to retrieve corpses from graveyards for teaching purposes. Yet this very invasive procedure of embalming, replacing the entirety of the body's fluids with carcinogenic chemicals, became a new norm because of the Civil War. The embalming of Abraham Lincoln's body is what solidified the shifting consciousness of American society about what it meant to practice care for a body. Embalming became the standard for a long time, and is still the dominant practice in US funerary care. Even for bodies being cremated, the funeral director will oftentimes sell the family an embalming for that body that's going to be sent directly to the crematorium after the family viewing.

DD: Can you say a little about how those histories have led to what had become the dominant ideas about what is a good death in the US leading up to this current pandemic?

Cody: In recent decades, there has been big shift towards the medicalisation of the end of life. For decades now, people have been dying far more often in hospital settings, and those deathbed scenes have often been disturbing to family members. So unsatisfying are many of these deaths in hospital settings that the hospice movement in the US grew up in response – to create an alternative to deaths occurring within a medicalised production. In some ways, the hospice movement represents a shift back toward the narrative of the good death happening at home with family.

In this moment of the pandemic, this is, of course, one of the major emotionally difficult disruptions happening right now. Many people are dying alone, of the coronavirus or for other reasons, in nursing homes that are locked down and family members can't visit, or dying of cancer in hospitals that are necessarily shut down, or with families being in quarantine.

This necessity is requiring us to create alternative work of what could be called 'cyborg mourning', following feminist thinker Donna Haraway (1985). Attempting to bridge so many of the barriers in this time, priests are offering last rites over the telephone with the family watching from a video screen in their quarantined home. Funerals are occurring with

a webcam set up at the edge of the casket so viewing of the body can take place in the nonphysical space of the internet. Nurses are using iPads to convey final words to loved ones separated by physical distance. These kinds of practices are helping families to bridge that really emotionally difficult rupture of the not being present with the body of their loved ones in their last moments, or not being able to attend a funeral.

DD: In your article, 'How the COVID-19 Pandemic may permanently change our "good death" narrative' (2020), you write beautifully:

We are living and dying now at the cusp of a long period of mourning that will rupture what we've known as a Good Death. May it also be a period of learning and transformation as we enter together into a changed reality and renewed relationship – with one another, with the more-than-human, with meaning and life, and with our collective hopes for a Good Death.

Can you say more about what you mean in relation to 'with the more-than-human'?

Cody: I'm hoping that we can consider relating to our loved ones and their deaths through the relationship with the larger more-than-human world, and what relationships might be intermediaries for us between grieving families and dead loved ones. Let me again refer to history to explain what I mean by this.

Here in Puritan New England, where I am living now, in the colonial settler society, burial used to take place in a burial ground in the centre of the city. The concept of a cemetery – which means a 'resting place' – was not in the narrative of death practice at that point. The burial ground was a place where people were buried and that reminded people of their own deaths. The engravings on the tombstones were things like 'memento mori' (remember your death) or 'tempus fugit' (time flies); winged death's heads were on the tombstones. These were not places of natural beauty where people went to visit or remember their loved ones.

Events of the early 1800s called into question that practice of city-centre graveyards. A population boom meant the four historic graveyards the Puritans started in Boston

literally couldn't contain any more bodies. This, alongside the development of miasma theory, which purported that disease was spread by noxious smelling fumes like those from the graveyards, led to what became the garden cemetery or rural cemetery movement in the US. Burial practices were moved outside the city to a pastoral scene. Horticulturalists developed cemeteries as places of beauty for people to visit and remember their loved ones. This was an entirely new development and, as it turned out, a precursor to the public parks movement in the US.

In this historic moment, some specific problems led to a reimagining of what we did with our dead. It was now a commonplace idea to relate to the dead through the natural scene of a beautiful garden cemetery, and to allow nature to lift our spirits in the same vein as the transcendentalist movement of the times. Seeing the divine in nature and relating to our dead in relation to the natural world converged.

DD: When you speak about this, even through Zoom, I can tell that there is something about this that is very significant for you. Can you say more about connecting the divine in nature and relating to our dead? And why this is particularly significant to you at this time of the pandemic? What does that history offer to you at this time?

Cody: Well, if we are able to think carefully and critically about questions being raised by the pandemic in relation to how we care for our dead, I think this can open up space for imagination and creativity. If we consider how the cemetery movement began as a convergence of factors – a population boom, miasma theory and the transcendentalist movement honouring the divine through nature – then perhaps we can notice convergences at this time. Here in the US, we are now facing a crisis in relation to how to care for the dying and dead during this pandemic. At the same time, there is a growing movement of people interested in reclaiming the care of their dead. There are increasing numbers of people practicing as death midwives, or death doulas or home funeral guides helping families recover the knowledge necessary to care for our own dead loved ones. There is also a growing interest and practice in green burial. Part of our collaborative research has taken us to some really significant green burial preserves at the highest level of

certification by the Green Burial Council. Here we see an activist form of burial, where people are using burial to preserve attractive land from development, or to rehabilitate tracts of land that have been badly damaged by industrialisation. Green burial preserves are held in a land trust, so they can't be developed for other purposes. There is another movement too, which started in the UK and is now really popular in the US – death cafés, in which people come together for the sole purpose of talking about death, with no agenda or speaker, just having robust conversation about all sorts of topics related to death. Perhaps all these convergences, and the profound crisis of the pandemic, will open up imaginative space for us to question what it means to be alive today, and to die today.

DD: In your writings, you describe that common death-care practices separate the corpse from earth:

Our common practices of deathcare make the corpse toxic through the practice of embalming, then insulate the body from contact with the earth – perhaps a good thing only because we have created of it a toxic waste, rather than a nutrient-rich gift of human-to-humus. Alternatively, we cremate the corpse at 1600 degrees Fahrenheit, removing any nutrient-rich properties from the cremated remains, subverting its return in any meaningful way to the web of life (Sanders, 2019, p. 123)

And that perhaps we can conceptualise a way for our 'mortal remains' to become 'moral remains':

In an era when the earth has lost half of its topsoil in the last 150 years, creating nutrient-rich compost from our bodies represents a moral return of our mortal remains to a more-than-human web of life (2019, p. 123)

For our mortal remains to become moral remains, they must contribute to the enablement of a livable life on and for the earth through participation in the agential aliveness of the more-than-human that desires something in relation to our corpse. The dead body thereby becomes 'alive-in-connectedness' even in death. (2019, p. 125)

I found this quite beautiful to read. Does this placing death in relationship 'with the more-than-human' offer you any different comfort in relation to thinking about your own death? Sorry, that's a bit of a personal question!

Cody: That's okay! For me at least, it's a comforting part of my own good death imagination and the post-death part of it. The dying process is different, and a lot depends on whether that happens suddenly or over time. I guess my own wishes for that include continuing to cultivate my relationship with loved ones through that dying process, but, yes, I have been leaning into a natural disposition of my body itself after death.

DD: You have also written about reimagining funerary practices in this pandemic moment in ways that honour the dead's connection to the larger organic web of life.

Cody: In this moment, I do believe that we have to think with some degree of imagination, and need to get beyond the act of replicating something we can't have right now. At the moment, most of the 'alternative' funeral practices involve doing the same things as usual – the visitation of the funeral home, a funeral in a chapel or gravesite – but putting these rituals online for people to view. Treating this with a bit of imagination really opens up the potential to do something creative, to create different rituals.

For example, we might imagine recorded remarks from loved ones, filmed words of remembrance at varied sites of significance to the deceased: a back-porch rocking chair, a local fishing pond, a beloved hiking trail, the site of a first date or a family vacation or a long-held job. This could draw together a deceased person and a community of human and more-than-human others sharing a mourning space. Then, via whatever platform, everyone views the compilation and remembers the dead and joins together in the work of mourning loss and celebrating life. In such a funeral, we wouldn't be all together in one place, but we could be all together in cyberspace. These sorts of rituals might also allow us to maintain some connection to the soil, the landscape that was as much a part of the life of that loved one as the humans were part of their life.

DD: I'd like to talk about a different theme now. I think the ways in which you speak about how

the narrative of a 'good death' has been shaped through culture and history is really significant. I'd like to consider, now, that throughout these histories, and across cultures, there are many, many people who are never likely to experience a 'good death' as the dominant culture defines it. I am wondering what the implications are of truly acknowledging this.

Cody: Well, as we speak, New York City is needing to use mass graves to bury the number of dead due to the virus. Necessity is calling into question our typical practices of burying an embalmed body in a hardwood or metal casket, in a cement or metal vault in our own private property that we presumably hold for all eternity. There are histories in relation to this that are also significant. The history of Hart Island, the very place where New York is practicing those mass burials of unclaimed bodies, has over 130 to 140 years seen perhaps a million burials of prisoners, stillborn babies, homeless people without families and bodies that were not claimed. This highlights another layer of history in death-care practices: a history that is not widely spoken about.

DD: I'm thinking not only of burial or funeral practices, but also deaths through violence. Those who have died in mass killings, in genocide and in war, as you described earlier; deaths so far outside the ideal of a 'good death', where loved ones could take no care of the dying. Also, folks who have lived and died way outside the mainstream. For substantial numbers of people, the dominant cultural notion of a good death – dying at home, without pain, surrounded by loved ones – is completely unattainable. Is there anything about these deaths that can provide different meanings at this time?

Cody: I think the good death narratives that our society holds are often indicative of what people of economic, racial or religious privilege enjoy. I think here about Claudia Rankine's famous article, 'The Condition of Black Life is one of Mourning' (2015). She was talking to her friends who had young Black boys about how fearful they were every time their sons left the house – that they would be killed by the police. The number of Black men killed by police in this country and the number of families whose grieving is both caused by and interrupted by the

prison system does cast conversations about death practices in this country in a different light. Good death narratives are ones that people have access to through the embodiment of privilege. There is work and imagination that can take place around thinking more justly or equitably about death narratives.

DD: I also wanted to ask how these considerations influence us in preparing for our own deaths. In my own life, some deaths have left the bereaved in very different spaces than others. One person, who chose the time of her own death, took extraordinary care in preparing us for this. No one could be with her when they died, so in many ways this was far from a conventional 'good death', and yet her loving, thoughtful, skilled and quite brilliant preparations of care left those who cared for her in a very different place than is usually the case when someone chooses the time of their own death. Can these histories and considerations that we've been talking about also influence how we prepare for our own deaths?

Cody: I think about this in a variety of ways. A major issue, at least in my context, is that taboos around talking about death are still very strong here. This is a major hindrance in attending to questions about how you want to die, or how you want your loved ones to care for you. Aside from my research and writing, I really try to talk openly, frequently and matter-of-factly about death with people in my communities, with my partner, my family, my congregation. These conversations can help us to speak about our wishes about end-of-life care, and how we want to be memorialised.

One of the things I speak about with others is the comfort I find in thinking about my body returning to the earth in a very natural way, rather than through chemical embalming and placement in a casket and vault, so when someone speaks the words 'ashes to ashes, dust to dust' over my grave, I hope that will be a literal meaning, rather than being metaphorical.

DD: For me at this time of the pandemic – and I guess also through knowing quite a lot of people who have lost loved ones through violence – and because of the example of the person I mentioned earlier who prepared us for her death with such care, I am thinking more

about how little we are in control of whether our death is a 'good one' or not. Rather than trying to make preparations for a good death, perhaps I should be trying to prepare for a not-good death and thinking how I could possibly make such an occurrence better for those who care about me. Do you know what I mean? Perhaps a lesson I am drawing from your work, and from this time of pandemic, is to face the possibility of a not-good death and to start preparations that could soothe loved ones if this were the case.

But let me ask you a different question, this time about theological considerations as the comfort and influence of religion is for many people very central to experiences and understandings of death. Are there particular approaches to theology that you find helpful in considering death-care practices?

Cody: We are speaking just after Easter, and these themes we are discussing have a really clear relation to Christianity's theology of incarnation. Five or so months ago, I planned during the Lenten season (the season leading up to Easter) to preach a series on grief, mourning and lament, having no idea that the beginning of Lenten season this year would coincide with the emergence of the pandemic, at least in the US. Moving through this season of incredible disruption, grief and death into the pandemic, we have been leaning in to these narratives of grief and mourning and lament in the biblical tradition.

At Easter, Jesus appeared to his disciples in an embodied form. In Matthew's gospel, when the women come to the tomb early in the morning, the story is that an angel appeared to the women and said, 'you've come looking for Jesus who was crucified. He's not here, he is risen just as he said he would' – noting the means of this death, not just his resurrection. The women who were going to the tomb that morning were going to lovingly prepare the body of their loved one who had suffered execution by the empire.

DD: You remind me that Christianity is based around a story of an execution, hardly a 'good death'.

Cody: There is so much theologically that we have ignored about death in the Christian tradition that could help us to recover our sense of what it means to care for the bodies of our loved ones and to practice care at the time of

death. The collaborative inquiry project I mentioned earlier is involved in thinking through the theology of the body, in particular the dead body (Sanders, 2019).

DD: While not religious myself, that is a topic I'd be really interested in learning more about. To close, I'd also like to ask you what LGBTQ perspectives have to offer at this time. I believe one of the reasons things are going better with the coronavirus here in Australia than they could have been is due to how Australia responded to HIV/AIDS (see <https://www.afao.org.au/about-afao/history/>). There has been 35 years of community action – led by activists from the LGBTQ community – that influenced a bipartisan approach to health promotion. There was also a significant emphasis on recognising that the health and safety of those most at risk (including intravenous drug users), and those marginalised by society, was extremely precious not only in relation to themselves but to everybody's health in an epidemic. I believe it's legacies from that action that are saving many lives in Australia now.

Cody: Well, in contrast to Australia, the US didn't handle HIV/AIDS very well. There are interesting connections there to death care and stigmatisation. The history of HIV/AIDS being one in which gay men were left to die, with the government being perpetrators of those deaths by their lack of concern and response. What's more, at the time of death, many religious communities abdicated responsibility for caring for the dead who had belonged to those communities for all of their lives. Families would have nothing to do with the care of the dead, even medical workers and funeral professionals often treated those deaths with a degree of stigma. And so, the work of caring for the dead was taken over by the deceased's community. The work we would now call hospice care was done by the community of those who loved the men who were dying. There's a picture of genuine community at the time of death that I think could be really inspiring for people to learn about and learn from. At this moment in time, perhaps we as a society can turn to learn from the margins that we have created in society. The degree of faithfulness and care that was practiced by the LGBT community in the midst of the HIV/AIDS epidemic in the US was really incredible.

DD: Thank you so much, Cody. I've really appreciated speaking with you and reading your work. I can think of many friends and colleagues who will be very interested in reading this conversation. I'm particularly thinking of an Aboriginal colleague, Tileah Drahm-Butler, who's a social worker in a hospital and convenes death bed rituals. She is trying to rethink how she and colleagues can do this. And I'm thinking

of Rwandan colleagues who are in lockdown during the commemoration period for the 1994 genocide. I will share this with them (and many others) and let you know their responses. I really appreciate your work, your scholarship and your obviously profound spiritual care for people.

Cody: Thank you. I have really appreciated having this conversation. I'm really honoured by it, too.

References

Haraway, D. (1985). A manifesto for cyborgs: Science, technology and socialist feminism in the 1980s. *Socialist Review*, 80, 65–108.

Rankine, C. (2015, June 22). The condition of Black life is one of mourning. *New York Times Magazine*. Retrieved from www.nytimes.com/2015/06/22/magazine/the-condition-of-black-life-is-one-of-mourning.html

Sanders, C. J. (2019). Mor(t)al remains: Pastoral theology and corpse care, *Journal of Pastoral Theology*, 29(2), 116–131. doi: 10.1080/10649867.2019.1633036

Sanders, C. J. (2020, April 2). How the COVID-19 Pandemic may permanently change our 'good death' narrative. *Religion Dispatches*. Retrieved from www.religiondispatches.org/how-the-covid-19-pandemic-may-permanently-change-our-good-death-narrative/

For more information about Cody's collaborative research inquiry team, see: www.louisville-institute.org/our-impact/awards/collaborative-inquiry-team/14137/



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A letter to Cody and David

By Tileah Drahm-Butler, Aboriginal narrative practitioner and hospital social worker

Dear Cody and DD,

Thank you for sharing this conversation. There are many things that stood out to me, both in relation to death care generally and in relation to deaths in the context of Covid-19 specifically.

One of the things that I have thought about is the changing ways that we do death care and ceremony around death, and how this has been shaped by culture and history. For Aboriginal people, our death and dying practices have been changed through colonisation and injustice. So much so that for my family, I do not know what these were before colonisation. Furthermore, Christianity has shaped (and changed) the narrative of where a 'soul' goes after death, which has continued, even in my lifetime, to change death from a celebration of life, to a sombre unknown journey of a soul, or something like that. I remember as a young child in an urban Aboriginal community, thinking of how enjoyable our family funerals were. These were some of the best parties! Funerals lasted for days, there was music and laughter and of course, funerals would bring families together. I experienced death very early in my childhood; however, I have the privilege to be in a family who enjoy relatively okay health, therefore my children have experienced less death. For many families from rural and remote communities, due to injustices in systems of ill-health, death and funerals are a too-regular occurrence. Many people who I talk with discuss the fatigue that they experience due to the rate of death, which we know is caused by colonisation. For some, they are attending funerals fortnightly. The 'good death' is among the too many things that have been denied to Aboriginal people for a long time.

Our 'decided' rituals of family, music and laughter have been shadowed by fatigue at the grief caused by huge disparities in access to health care and the gaps that still exist in life expectancy between Aboriginal and non-Aboriginal people.

In my work in the hospital, when this fatigue is present in death care, it can be harder, and I guess more important, to hold on to and bring forth our long-lasting cultural practices. For example, it is important for some people to be able to practice wailing soon after a death. Making space for this cultural practice within a medical institution has taken some work on my part in

collaboration with families. It is the institutions that must change in order for us to hold on to, in a reimagined way, our cultural death practices. In the hospital in which I work, we continue to witness ongoing acts of resistance to colonisation through the ways that people still do as much as they possibly can to create a culturally 'good death' in this context.

This leads me to think about how this skill in holding on to cultural practice, while also reshaping ceremony around death, can be enacted during this difficult time and, importantly, how institutions can change the ways they make space for different practices while keeping people safe.

When we think about people who have chosen when they die and prepared their loved ones for this, or about people who have died of terminal illness and therefore have taken the time to prepare for death even if they haven't known the day it would come, I think there is a lot we can learn.

When I am there with families as their loved one dies, I invite them to nominate a spokesperson or people. Perhaps the importance of the role of a funeral director or religious leader could be moved more towards this person, as the leader of their family, to decide on the cultural practices, the music and the stories that get shared, either in cyberspace or recorded to be shared separately.

Thank you both for inviting these thoughts on doing both of these things: reimagining and holding on to cultural practices that have existed since the beginning of time.

With warmth,
Tileah Drahm-Butler

About Tileah Drahm-Butler

Tileah Drahm-Butler is an Aboriginal woman of the Darumbal/Kulilli and Wanyurr Majay Yidinji Nations of Queensland, Australia, and lives in Cairns, North Queensland. Tileah is a social worker with a Master of Narrative Therapy and Community Work. Tileah works in the emergency department of a busy regional hospital and is on Dulwich Centre's international teaching faculty where she leads the teaching of narrative therapy and community work through an Aboriginal lens. Tileah has also been appointed as Co-chair of Feminisms, Intersectionality and Narrative Practice at Dulwich Centre. Tileah can be contacted at: tileahdb@dulwichcentre.com.au

A reflection on death and dying from an Islamic Sufi perspective

By Mehmet Dinc, narrative practitioner in Istanbul, Turkey

In Turkey there is no funeral industry. All funeral services are provided by city councils for free, because for Turkish people the loss is understood as everyone's loss and the grief as everyone's grief. Funeral prayers are held at mosques during regular prayer times, and whoever comes for daily prayers will attend the funeral prayers, even if they have no idea who has died. Attending funeral prayers is everyone's responsibility. Therefore, the most aggressive statement to end a relationship is 'I will not attend your funeral prayer' or 'don't attend my funeral prayer'. After the funeral and a ceremony at the cemetery, the family of the dead person accepts condolences for three days in condolence houses, which are established mostly by city councils or local governments. In most places, because the family is mourning, the city council or neighbours will bring food to the family for three days. Most of the time there will be praying nights for the first week and on the fortieth day after death.

From my perspective, which is informed by the Sufi tradition within Islam, a good death is not only related to dying in bed at home. If a person dies during prayer or while doing something good like helping someone else, or dies while they are doing their job, or dies without suffering in hospital too long, these are all assumed to be a good death. Significantly, if anyone suffers too long from illness or any other hardship, they are assumed to have paid for all their sins and go to the other world as a clean person.

Neither embalming nor cremation are accepted in Islam. The body of the dead person is so much respected. They are carried on the shoulders of people in the ceremony and no-one steps on graves. Moreover, because the body is from the soil, it should go back to the soil.

In Islamic culture, there are two festivals each year during which Muslim people visit their dead relatives in the graveyard. For Muslim people, every dead person deserves respect, even by simply not saying negative things about them after their death. If you know

something good, talk about it, and if you don't know anything good about them then don't say anything.

The remembrance of death is strongly recommended by the Prophet Mohammad. That's why our graveyards are in the middle of cities. They remind people in their daily lives of death. Moreover, in Sufi teachings, there is a time to contemplate your own death every day. As a part of this remembrance of death, everyone, no matter their age, should prepare a will. This will is not just about money but the person's understandings and suggestions about life.

For Muslim people, death is not something we should be afraid of, but something we are already yearning for. We are in a foreign land in this world. Our soul belongs to another world. As Rumi, a Sufi poet, says from the voice of the reed-flute:

From reed-flute I hear what tale it tells;

What plaint it makes of absence' ills:

From jungle-bed since me they tore,

Men's, women's, eyes have wept right sore.

He is describing that for Sufis, our body is the prison of our soul. That's why we are forced to eat and sleep and practice all other bodily necessities. When we die, however, our soul will be free from all these things and, as Rumi says, 'Our death will be our wedding with eternity'.

About Mehmet Dinc

Mehmet is a narrative therapist living in Istanbul, Turkey. He works as a clinical psychologist for POEM (Psychology Organisation Education Centre) and as a faculty member of the psychology department at Hasan Kalyoncu University. He has a Master of Education from RMIT University, a Master of Clinical Psychology from Okan University, and a PhD in counselling psychology from Marmara University. He has been connected to narrative practices since 2012 and is a member of Dulwich Centre's international faculty. Mehmet is passionate about bringing narrative ideas and practices to Turkish contexts. Apart from narrative therapy, he also works on online addictions and resilience. He can be contacted at mehmetdinc@gmail.com

A reflection

By Shelja Sen, psychologist in Delhi, India

Reading this interview brought alive so many images from my childhood. I recall visiting my mother's ancestral home in a village near a small beautiful mountain town called Kasauli. When somebody died, people would gather from nearby villages, and it did not matter if they knew the deceased or not. For me, as a child, the excitement was almost the same as it would be when I visited this village for a wedding. Initially, everybody would be very subdued as the body was being prepared for the *antim yatra* (last journey) and the Hindu rituals were being performed. Traditionally (though this has changed in the past decades), it was not considered 'right' for women to accompany the procession to the *shamshan ghat* (cremation ground) a few hills away.

I remember that a sense of lightness would take over once the men had left. The hushed exchanges would give way to relieved laughter and festivities would take over, especially if it was believed that the person who had died had lived a full life. The same ladies who had been crooning lamenting songs in the corner would break into a lilting *pahari* (mountain) song. Food would be cooked in open fires outdoors, and everybody who came to pay respects or peep in with curiosity would stay for a meal. Everybody would be made to sit down in the cornfields or on the verandah depending on the numbers that had turned up. Then, as the night came in, mattresses would be lugged from attics and laid out in the halls for the family members and friends who stayed for the night. As the adults gathered in a group, laughing, crying, reminiscing, the children would play outside late into the night until we were gathered and tucked into beds. Invariably there would be discussions about all the people who had died.

Paharis – mountain people – believe that our deceased stay with us in our homes; they are a benign and loving presence. But then there were always eccentric ancestors who some believed made their presence felt by playing tricks. There would be a few giggles while people exchanged which corners in the house to avoid at night, lest they creep up on you.

If I were to find a word to describe the rituals around death in a city like Delhi – where I live now – in the present times, then I would not use the word industrial or medical but rather *individualised*. It is not that the pain or loss that people go through is any less, but it is highly individualised and time bound. People are

expected to come together in short spurts for rituals but then carry on with their lives. Each person is expected to grieve on their own within a certain time or to seek professional help. For the death of people who are struggling with poverty or marginalisation the reaction is *indifference*, as if their lives did not really matter. COVID-19 came to India through the privileged sections of our society; however, the ones who will pay the price for it will be the people who do not have access to health services or a dignified death. It is the individualisation and indifference towards death that I see as being problematic. It deceives us into thinking that death is nothing to do with us. Especially when it comes to people who are different from us – low income (their lives do not matter) or a different religion (Islamophobia says that 'they deserve to die').

When I remember my village and its rituals around dying, I do not think they were meant only for the deceased. It was as if we were all coming together to restore ourselves. I am an atheist and do not practice any religion. However, I am deeply spiritual, and Buddhism is something I connect to, particularly the teachings of Zen Master Thich Nhat Hanh. In a spiritual retreat with him, he reminded us that we are not separate organisms, but one organism, and we all have to come together to heal. This echoes Cody Sanders' words: 'in an era when the earth has lost half of its topsoil in the last 150 years, creating nutrient-rich compost from our bodies represents a moral return of our mortal remains to a more-than-human web of life' (2019, p. 123). Thich Nhat Hanh (1988) talks about all of us interbeing: we are all connected. When I die my body will turn to the soil and that soil will nurture a sapling and life will continue.

I was fascinated with some of the ideas discussed in the interview, and I liked the idea of death cafés and reclaiming the care of the dying. In a country where the idea of a 'good death' might be quite unattainable for many, it might be interesting to explore ways we can create our little village, a death village to honour the dead. There is that African saying: 'it takes a village to raise a child'. Maybe it takes a village to honour the dead.

Reference

Nhat Hanh, T. (1988). *The heart of understanding*. Berkeley, CA: Parallax.

About Shelja Sen

Shelja Sen is a clinical psychologist, family therapist and writer. She is co-founder of Children First Institute of Child and Adolescent Mental Health in New Delhi, India. Shelja's latest book is *Reclaim your life* (2018). Shelja is a TED speaker and a columnist with a national newspaper, *Indian Express*. She has been working as a narrative practitioner and teacher for over 20 years in the UK and India, and is a member of Dulwich Centre's international faculty. Shelja is a curator of the unique skills, expertise and know-how of children and young people she has the honour of working with. She can be contacted at shelja.sen@childrenfirstindia.com

A letter to Cody Sanders

By Marnie Sather, narrative practitioner who speaks to people who have lost a loved one to suicide

Dear Cody,

I was excited to read your work and felt a sense of solidarity. I am a western woman with Christian heritage who lost her husband to suicide. Notions of what constitutes a 'good death' are particularly relevant to me and others in similar situations. Suicide is very much seen as an undesirable death.

In my context there are also taboos talking about death, and talking about suicide can be doubly difficult. Suicide has not always been considered a 'bad death'. In some cultures, practices of suicide have been seen as politically motivated and even a heroic act performed in the interest of society. I have thought about two particular themes in relation to historical understandings of suicide which seem significant: suicide as a 'sin' in Christian understandings and suicide as a criminal act.

I too share an interest in changes to cultural attitudes that shape how we make sense of death. Thinking about how death narratives have arisen in the past provides the opportunity for new possibilities in our times. As you beautifully state, 'there is work and imagination that can take place around thinking more justly or equitably about death narratives'. I imagine a time when people who lose a loved one to suicide might create a multi-storied death narrative that captures everything that was important to the person, and not a single story that consists only of the final act. People

have shared with me their loved ones' full lives – playing music, helping others, adoring their children. I imagine a time when suicide is not considered a 'bad death' and not seen in ways that promote stigma and marginalisation.

Many people I have spoken to have been kept away from their loved ones' bodies, as it was considered a 'crime scene', and they didn't get to hold their loved one's hand. Sometimes they were never allowed to see the body. My husband was wheeled away in front of me under a white sheet, but I was fortunate to have time to sit with him at the funeral home where he was embalmed. I appreciate your work, Cody, as you name things that I had never thought about before my husband's death, such as green burials, how to take care of the dead and to 'lovingly care for their remains'.

I was drawn to the part of the conversation that, although a death might not appear to have been a conventional 'good death', people can take thoughtful and loving steps to bring comfort to those left behind. I have spoken to women who have lost their male partners to suicide about how those men carefully chose the place of death to minimise its impact on the family, left their financial affairs in order, or wrote a note to help their loved ones make sense of the death.

I have often wondered what caring death practices could look like. Your work has cultivated a space for me to imagine new death practices. My hopes are for families dealing with loved ones who die by suicide to have access to their own wisdoms, encouraged to hold on to dignity and remember their loved ones in whatever ways are true for them.

Warm regards,
Marnie

About Marnie Sather

Marnie Sather works as a narrative therapist in Melbourne, Australia. She has a long-standing passion for making room in therapeutic and community work for complex understandings of suicide, including by those bereaved by suicide. Her current research interest is in women's experiences of bereavement as a result of suicide. She can be contacted at marnie3@mac.com

A 'good death': Chinese perspectives

By Ming Li, narrative practitioner and teacher
in Beijing, China

This conversation about 'good death' and 'care for a dead body' reminded me of two friends. Both of them are scholars of Chinese culture. One has already passed away, one is alive. Here I will not mention their real names. Let's call the first friend Li Wei. One day I asked him, just after a dinner in a Japanese restaurant in Beijing, 'Hey my friend, how would you celebrate your death one day?' He was surprised, a happy surprised. He said, 'Ah, that is a good question. I will die a good one. I will find some place high and warm, say on top of a hill, facing the sunshine. And I will go there alone, this is important.' I asked him the reason for this. He said that is the death of Dao. He is a Daoist. 'I just step back into the web of life from which I came'. In Daoist tradition, 'good death' means not only death without disease and pain, but also a death after which the dead body returns to nature from which it came.

The other friend, let's call her Wang Jing, passed away almost 10 years now. A very nice person. Her last words were inscribed on her tombstone: 'Life is good stories and good memories, that we are responsible to create'. She told me a lot of her stories. These stories didn't disappear with her death. When we think of alternative forms of funeral, it is a great idea to link important sites and events to make good stories of the dead, and to spread the stories to the person's children and grandchildren, if they have them, or to people who care about them. In Confucianism, filial love or Xiao (孝) is believed to be embodied in the 'creation of good stories and retention of good intentions of deceased ancestors' (孝也者, 善继人之志). With internet technology, there are new ways to keep good stories and good memories alive, even after the death of loved ones.

About Ming Li

Ming Li is an associate professor in the Department of Psychology, Beijing Forestry University. He has published papers and books on narrative therapy in China, and organised many narrative workshops and conferences in collaboration with Dulwich Centre. During the coronavirus (COVID-19) pandemic, he organised an online psychological volunteer project which has served over 50 000 people nationally and internationally, engaging 3 000 volunteers. Ming can be contacted at limingxinli@bjfu.edu.cn

A letter to Reverend Sanders

By Lani Castan, social worker in Australia

Dear Reverend Sanders,

Thank you for this thought-provoking and heartfelt piece, and thank you David Denborough for facilitating this discussion.

As I read your interview, I thought about a man, Joe, I have been speaking with in the last couple of months. Joe is 97 years old, and I was asked in my capacity as a volunteer with the Jewish Response to the Coronavirus Group to call this man to offer him connection and any other assistance he required. Joe and I agreed to speak once a week. I have had the privilege of hearing many stories from Joe's colourful and adventurous life. Some of these relate to his experiences of the Holocaust. One that stood out for me was Joe's description of his father and stepmother being taken away by the Germans one day and all of a sudden. The German police barged into Joe's home as the family sat and ate lunch, and referred to a list they possessed, calling out his parent's names. This was the last time he ever saw them. A further trauma was not knowing how they died or where. This story, unfortunately, is not an uncommon one among Jewish people. And there have been many ways that Jews have responded to this 'not knowing'. It isn't something I thought about before reading your interview, but indeed there are ways that Jews have coped with this deep well of erasure. For Joe, I think this has involved telling the stories of his family to his community and beyond. Joe volunteers at the Holocaust Museum in Melbourne, talking to school children. He regularly tells the sad stories of his family (and his own incredible tale of survival). The telling of stories is at the heart of Judaism, I think. Whether it is done through personal one-to-one family stories on Friday night Sabbaths, or ritualistic traditions like Passover, or larger initiatives like The Shoah Foundation project, where digital stories are recorded of individual's experiences of the Holocaust. At the heart of all of these gestures is the healing power of storytelling.

In my own community, the funeral tradition is very much processed through a religious lens, and for many who are not religious, although the dying rituals can be a source of comfort, the summarisation of the dead's life coupled with Jewish biblical wisdom – done by a rabbi – has not felt relevant. It is not surprising, then, that in the last 10 years or so, a new tradition of having family members talk about their dead loved ones within the

formal funeral proceedings has emerged. I think the power of storytelling has seeped through the cracks and has made connections with funeral attendees who want a heartfelt connection to memory.

Can I add to my response a very powerful story of death from my own family? (Hopefully you are saying yes!). My grandmother was sent to Auschwitz, the death camp, with her mother. My grandmother told me the story of the moment her mother was taken away to the gas chambers. She said she cried and cried, so much that she developed an eye disease. Then one night, in a dream, her mother came to her on a white horse and said, 'Ida. Stop crying! You will live'. My grandmother did live and so does this story. And so does my great-grandmother – who will be forever remembered on a white horse, encouraging her daughter to live. This story had a huge impact on me for many reasons. Although it did not take away the pressing sadness of the dark intangible 'well of erasure' for our family, it brought my great-grandmother's voice into this tragic tale. And instead of just her absence there was her strong, caring presence.

Reverend, thank you for your insights. I had not thought about my history in quite this way until reading this interview.

Warmly,
Lani Castan

About Lani Castan

Lani Castan is an accredited mental health social worker who works with children and families. She trained as a child-centred play therapist in Perth, Australia, and completed a Master of Narrative Therapy and Community Work through Dulwich Centre in 2019. Lani currently works in schools across the Mornington Peninsula in Victoria, Australia, using both narrative and play therapy, seeing primary school aged children and their families. Lani can be contacted at lanicastan7@gmail.com



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