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THE PSYCHOLOGY OF DEATH AND FUNERAL SERVICE

SUBMITTED

BY

BY

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This Independent study is submitted by Douglas McMillan, Jr., a senior Psychology major at Pembroke State University from Lumberton, N.C. He has been employed in the funeral profession for many years, having begun in the business which his father organized and established in 1936. He is an honor graduate of Gupton-Jones College of Mortuary Science Atlanta, Georgia, and is a licensed funeral director and embalmer by the N. C. State Board of Embalmers & Funeral Directors. His clinical training in the profession was done at Sellers Bros. Funeral Home, and Haugabrooks Funeral Home in metropolitan Atlanta, Georgia, and at McMillan Funeral Home, Lumberton, North Carolina

## STATEMENT OF PURPOSE

This independent study was conducted to illustrate the psychological reactions that are exhibited during the time of death, and to enhance the knowledge of other members of the profession, and students of this institution who may have interest in the study of the psychological relationship to death, that is experienced by the funeral director.

In a great human service field such as funeral service, the ability of an individual to work with people, to understand them, and to serve them becomes a prime interest. Seminars, lectures, educational conventions are being held within the funeral profession to better aid the funeral director in his chosen field. I do hope that this independent study will be beneficial to someone toward broadening their knowledge of the psychological reactions during the time of death.

## METHODS OF STUDY

### I. Personal Experiences As A Mortician

During the years I have been in the funeral profession, I have witnessed and observed many situations of which involved the reactions of individuals. The greater percent of my experiences are so dramatic and vivid, that they can not be put into words.

I began in the profession during my Jr. high school years by working with my father in his funeral home, which he organized and established in 1936. I continued to work around the funeral home during my high school days, mostly on the weekends. During the fall, I performed on the varsity football team, which would take up the afternoons in practice. Many times I would be working on a funeral and some people would walk up and commend me on my athletic ability.

After high school, I began my apprenticeship at Hargett Funeral Home in Greensboro, North Carolina, where I was attending A&T State University. Here I was exposed to a large educational area, whereby I observed it in the clientele of this funeral home. While employed there, I had the opportunity to observe one family who made arrangements for the deceased member of their family's body to be donated to the medical school for research. Also there was one family who made arrangements for a former professor of the university who died to be cremated.

During the summer months, I would return home and work with my father at McMillan Funeral Home, until I completed my apprenticeship, after which time I entered Gupton-Jones College of Mortuary Science in Atlanta, Georgia. Atlanta was a very large metropolitan city, and with it was numerous experiences for an individual pursuing a profession as I was.

While in Atlanta, I received my clinical training at Sellers Bros. Funeral Home and Haugabrooks Funeral Home. Haugabrooks Funeral Home was four doors from the historic Ebenezer Baptist Church, where the late Dr. Martin Luther King began his ministry. These funeral homes did a great percentage of the black population of the city. While employed at these establishments, I was confronted with numerous experiences. One incident that lingers in my mind, is one afternoon after leaving the college, I went over to the funeral home, and there were two young beautiful black ladies who had been murdered in a very plush apartment complex in southwest Atlanta. Both were sisters from St. Louis, Mo. and were making their home in Atlanta. One was a graduate of Spelman College in Atlanta, and the other was a graduate of U.C.L.A. Their family arrived in Atlanta the next morning and arrangements were made for their bodies to be returned to St. Louis by airline. I thought about this incident the balance of the week, and was very shocked.

Another employee and I were instructed one morning to take the body of a man, who had been in the city morgue for over a week and had no relatives, to a city cemetery for burial. We were met at the gate by a car driven by an employee of the cemetery, who led us around and down the slopes of the large grassy lawn, until we came to a section in the rear. As we unloaded the hearse, we were met at the grave by a chaplain who read briefly a few scriptures from the Bible. Then there was a moment of meditation, and it was all over. The chaplain shook hands with us as we all departed up the hill to where we left the hearse. The man we had buried was white, whether the chaplain knew it or not, was not important.

While in Atlanta, one of my clinical cases was a young Black Muslim, who was killed by policemen in the heart of downtown Atlanta, while he was selling newspapers. It occurred on a busy sidewalk in front of a large discount store. A group of men from the Muslim sect came to the funeral home that night, to view the body of the young man. The city was in a state of tension after this incident.

## II. Interviews With Morticians

During my study, I talked with James L. Stephons, Jr., a licensed funeral director and embalmer in Lumberton, N.C. who has been in the funeral profession for many years, and who I would feel would be qualified to make statements concerning it. He stated that, "The funeral profession is really not a profession, but it is a trade." He went further to say that "The people you serve are very emotional at the time of the death of a loved one." Mr. Stephons feels that many funeral directors are so worried about what their clientele expect of them, that they are becoming too soft and modest. "The funeral business is a tough game from every angle that you look at it, whether it be psychological, spiritual, or emotional.

Mr. David Heck, a licensed embalmer and funeral director, and also chemistry and psychology instructor at Gupton-Jones College in Atlanta, Georgia stated that "People are highly emotional at the loss of a loved one, and the more experience and training a funeral director can obtain, will be to his advantage. Many times the family will express bitter words at the funeral director during their hours of grief and anger, the funeral director with training and experience can recognize this and continue on with his task."

Many funeral directors and morticians state that there are many things that happen and occur around the mortuary and relevant to the funeral service that are never uttered in words. The funeral director places them in the back of his mind, and continues on. I found that the greater percent said that the funeral director witnesses a highly state of emotion by a family at the loss of a loved one.

III. Review of Literature

During the process of carrying out this independent study, I found several research articles and research material that were very relevant and informative. The article written by Dr. Edgar N. Jackson, in the DeCeCo Magazine, illustrated psychological information that was very helpful. Many of the texts used during my mortuary training contained interesting material from a psychological point of view. The Science Digest article written by Mr. Hendin brings to light some of the many surveys and experiments done to show the psychological reactions that are exhibited by individuals during the time of illness and death.

In the text, Complete Guide to Funeral Service, which was written by W.M. Kriger, and the Psychology of Funeral Service, written by Edward A. Martin, were expressed numerous aspects that the funeral director and family members should be aware of from a psychological standpoint.



## History Of Funeral Service

Funeral customs are as old as the history of man, preceding such more recent developments as the treatment of disease, the formation of governments, and even the formation of definite religious beliefs. Nothing that man devise, or affection suggest, has been left undone to express grief at the loss of a loved one by death, or to provide for their future welfare. Even the earliest, most primitive man had some form of procedure to be followed in disposing of the remains of fallen comrades.

Primitive man lived in a world of fear. He was terrified by the manifestations of nature, by the storms which threatened him, by the lightning which flashed and killed, by the floods which swept away his frail shelter. Many were the unknown terrors which assailed him, against which he had little or no defense, and of which he had the most fear. Slowly, the mind of early man began to advance hypotheses which explained the existence of these strange phenomena. To his primitive mind each mysterious circumstance was the result of a spirit's action. Because man did things that he wanted to do, he believed that the rocks, the trees, the streams, and the winds did things that they wanted to do. To him, everything inanimate, as well as living, was possessed of a spirit; he saw spirits everywhere. The will of the spirits was reflected in everything that happened. Because he was unable to see these spirits and was aware only of their presence when he suffered pain, he lived in a state of constant fear. He was ever in combat with invisible enemies; he lived in perpetual ambush.

In an effort to establish a truce with his unknown enemies, he devised charms, ceremonies, rites, disguises with which to outwit the spirits. These practices, developed into superstitions and customs, many of which persisted through the ages to form social and religious customs of our day. Few of our highly educated men and women are free from superstition, and many of these superstitions persist as

a survival of childhood practices, while others are retained as amusing, and playful fancies. The customs, usages and practices pertaining to death and the desposition of the body show marked development during recent years, in fact, the funeral of today requires the consideration of many details which were unknown and unthought of even as late as fifty years ago. Yet the methods of preparing the dead for burial, and the manner of conducting funeral ceremonies have been thoroughly modernized, but we still have with us, in some form or other, the customs, practices and beliefs of olden times.

The first burial ceremonies were crude efforts to protect the living from the spirits which had caused the death of the deceased. In spite of our scientific knowledge today, many of our modern funeral customs and superstitions are deeply touched by these ancient fears. Observances connected with death and burial conform to custom more than any other function common to humanity; and of the many usages, practices and beliefs regarding the dead that have become obsolete and should be relegated to the past, there is one prominent above all the horror and taboo of a dead body. To most people a dead body is taboo. And, as one of the most remarkable characteristics of taboo is its excessive contagiousness, the strictest care is needed in approaching or dealing with a corpse. It is not clear whether the corpse is feared because of its connection with the disembodied spirit. We may expect our own analogous customs to be due to the same origin as that of those in ancient times. Many of our present day customs are obsolete, not to say inconsistent and absurd. The average person dreads to touch a corpse, and in many sections it is still believed that the sight of a dead body is highly dangerous to a pregnant woman.

The Aryan tribes which followed the Iberian race in the East burned their dead and placed the ashes in urns built in the shape of huts. These graves, known as "round barrows", have been found in ancient Aryan burying grounds during recent times.

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Fear of the dead caused the burning of bodies to destroy evil spirits. Many savage tribes, including some American Indians and many primitive tribes to this day, do not attempt to dispose of the body but run away, allowing it to rot where it lies. This practice also prevails among certain of the Australian bushmen. Others throw dead bodies into the jungle to be devoured by the birds and animals. Some Mongolians throw their dead to a horde of dogs, wolf-like beasts that inhabit barren spots just outside the city wall. In Tibet there is said to be a sacred race of puppies bred for this special purpose. Dogs are similarly used by the Kamchatkans, who take special comfort in this practice because they believe that all those eaten by dogs will hereafter drive fine ones in the other world.

One of the most unusual of all methods of disposition was cannibalism or the Galatian fashion of eating one's deceased friends, for it was said by Herodotus that the "Galatians, being asked by Darius on what terms they would consent to burn the bodies of their parents, burst into tears and begged the king to inform them why he thought they were so deficient in reverence to their honored parents as to suppose that they would do otherwise than to eat their hallowed remains." The aboriginal Australians used, as did the ancient Norsemen, the skulls of their deceased warriors as drinking cups, and to this day certain of the African tribes grind the bones of their dead, and in accordance with the most advanced physiology, mingle them with their food.

History tells us that the Balearians made the same final disposition of their dead, whom they first chopped and potted. And some African travelers have reported that the unfortunate priests in Dahomey were required to eat, or pretend to eat, those who had been killed by lightning. A similar duty fell to the priests in Tartary where the very wealthy were sometimes burned with great solemnity, after which the ashes were made into cakes and eaten by the priests.

The modern Parsees expose the Bodies of their dead to be devoured by vultures because they consider this method most appropriate and satisfactory, for in accordance with Zoroaster's teachings, they consider fire too sacred to be put to any such use, and the burial of the dead as a defilement and an injury to the earth, which they consider as the mother of mankind.

Characteristic of the attitude many ancient peoples is the practice of the Zulus who burn all the belongings of the dead to prevent evil spirits from hovering in the vicinity. The fear of the dead is evinced in the Hebrew belief that one who touched a corpse was unclean for a certain period of time. In the Old Testament we find "Whosoever is unclean by the dead shall be put outside the camp, that they defile not the camp in the midst of which the Lord dwells." Such persons were unclean until the evening, and might not eat of the holy things unless they bathed their flesh in water. A high priest might on no account "go in to any dead body" (Lev. XXI 2)

The common experience that where one has died another is likely to do so may also have contributed to this taboo; though, of course, there was no scientific idea of infection. The old Persian scriptures are full of this taboo. He whose touched a corpse was "powerless in mind, tongue and hand," and the paralysis was inflicted, by the unnumberable evil spirits which invested a dead body.

In Rome and Greece the dead were buried by night, lest they should pollute the sunlight; and a trough of water was set at the door of the house of death so that men might purify themselves when they came out, before mixing with general society. Orthodox Jews in many parts of the world still follow an ancient racial custom of allowing the spirit to escape from the house after death. The next of kin opens the window immediately after death so that the spirit may escape. Various devices and practices were created by man to protect the living from contamination by the dead. Some savage tribes set up a circle of fire about

the bodies of their dead to singe the wings of the spirits and prevent their attacking other members of the community. Other tribes throw spears and arrows into the air to kill vampires and hovering spirits, and ate bitter herbs to drive out spirits which got into their bellies. The military custom of firing a salute of guns over the dead soldier's grave is today a tribute to the dead hero. Its origin, however, is the ancient belief of protecting the living from the dead. In many lands grief found public expression in fasting, unkempt hair, rags, sack-cloth and ashes, or daubing the body with dust and pigments. Mutilation of the body was also an exceedingly common practice among barbarous nations, such as the ancient tribes of Canaan, the East Indies and the Maoris of New Zealand.

Wife burning has almost entirely disappeared from the face of the globe but at one time it was the almost universal custom among eastern nations, and until comparatively recent times was extensively practiced in Hindustan. Suttee, as the practice is known, has been eliminated only by the most stringent laws on the part of the English government during the past generation. Before that time, the widow was expected to dress herself in her finest clothes and lie down by the side of her deceased husband on the funeral pyre where she was securely tied with ropes. The oldest son of the dead man then came forward with a torch and applied it to the pyre which had been saturated with oil so as to make it burn quickly. As the flames arose, the crowd raised a great shout, and the noise of the drums was added, in honor of the heroism of the woman, but really to drown out her cries. The Quakelith Indians practiced semi-suttee, so to speak, for the wife was tied to a stake at which place her husband was cremated. Here she was left until, half-roasted, she was dragged away just in time to save her life. Among many savage tribes the burial of women was different from that of men.

Our modern custom of wearing mourning undoubtedly originated in the fear of the dead. Mourning costumes were first worn as disguises. Fearing the return

of the spirits, the survivors attempted to deceive them by wearing strange and unusual clothing. They believed that the returning spirit, failing to find them in their usual attire, would be confused and overlook them. The fashion of wearing mourning was a highly developed social institution among the Egyptians of several thousand years ago. They shaved their eyebrows and wore yellow cloth in mourning for a deceased kinsman. They displayed even more pronounced mourning for the death of a cat or dog, for they were regarded as divinities. At death they not only shaved their eyebrows but plucked out every hair on the body.

The custom of lighting candles around a dead body, and watching at its side all night, was originally due to the belief that a corpse, like a person asleep is especially liable to the assault of demons. The custom of sitting up at night with prominent personages deceased, is referred to throughout history. In describing the funeral of Queen Elizabeth, for example, Lady Southwell says in part; "Now the Queen's body, being cored up, was brought by water to Whitehall, where, it was watched every night by six and several ladies, myself, that night watching as one of them." The custom became a recognized institution for several reasons, not the least of which is the hope for a return to consciousness. This accounts for the Jewish custom of leaving the sepulchre unsealed for a period of three days, during which the body was frequently visited by the relatives in hopes of finding signs of a return to life.

The practice of tolling a bell at death must have been founded upon the fear of evil spirits. It was common medieval belief that the sound of the consecrated bell drives off the demons which, when a man dies, gather near in the air and waylay the fleeing soul.

In the middle ages professional mourners or wailers were employed to precede the body and express, with loud wails, the grief of the survivors. This practice, though still followed in certain pagan areas, is seldom seen in America.

## Egyptian Embalming

To Egypt, land of phenomenal ancient civilization, is credited the discovery of embalming. The prehistoric people who preceded them are believed to have made feeble attempts at preservation of their dead, but they left no record of their achievements. The embalmers of this period were members of the priesthood, but beyond a doubt were trained in branches of the medical profession, in order to intelligently apply the drugs and perform necessary surgery that fell to their positions. The scribe, marked location and length of incision on left flank of body as prescribed by law. The dissector or paraschistes made incision along this marked line with blank flint or Ethiopian stone (knife). Priest-doctors then would continue with the embalming procedure.

Embalming among the Egyptians was not a matter of choice. By their religious laws, it was compulsory, being performed not only for every native Egyptian, but also for strangers dying in the land, as was done for Jacob and Joseph (Gen. 50-2), as well as for slaves, captives, criminals, lepers, and certain of the lower animals.

The word "embalm" occurs three times in the entire Bible. Genesis 50-2, "And Joseph commended his servants the physicians to embalm his father and the physicians embalmed Israel", Genesis 50-3, "And forty days were filled for him; for so are fulfilled the days of those which were embalmed, but the Egyptians mourned for him three score and ten days"; Genesis 50-26, "So Joseph died being a hundred and ten years old; and they embalmed him, as he was put in a coffin in Egypt." And this is the only time "coffin" is mentioned in the entire Bible. Herodotus, a Greek historian, 484 B.C. and considered the "father of history," states that the Egyptians were first people to believe that the soul is immortal. They also believed that the soul would never fully forsake the body, as long as the body remained intact. Embalming then was resorted to for preservation, in order that the soul might revisit the body after the "circle of necessity".

The term circle of necessity refers to the religious circuit the soul was required to make, which took 3,000 years, before it could return to its body, at which time the whole man would arise from the dead to live with the gods thereafter.

Necropolises in Egypt, would usually consist of the cemeteries or places for the burial of the dead, including crypts, tombs, etc., as well as the mortuary temples. The mortuary temples were places for the preparation of the dead and were located just outside the city proper. The Necropolises were walled suburbs of the city, and contained the workshops for the embalmers, carpenters, coffin-makers, wrappers, painters, artists, in fact, everything that was necessary for carrying on the operation of preparing the dead for disposal. Also, in this walled suburb resided the mortuary workers, helpers, embalmers, priests and their families. There were some private tombs located elsewhere for the wealthy and the royalty.

When death occurred, the body of the deceased was brought to the embalmers by friends or relatives. To these people were displayed various models of completed mummies and explained the varying degrees of material, workmanship, and cost. A favorite model was that of the god Osiris, which was reserved for those who had led worthy lives, and also, undoubtedly those who had led sufficiently productive lives to enable their survivors to pay the cost. When the price and model had been agreed upon, the family withdrew, leaving the body to the embalmers. Mummification of the body was the ultimate aim, regardless of what disposition would finally be made of the body.

The earliest Egyptians buried their dead in earthen jars. Later graves were used, but because of the periodical overflow of the Nile, they eventually turned to the erection of tombs above the earth. Most tombs were large brick, clay, or stone structures. The most imposing of these structures, the pyramids, still stand after more than 4000 years as a memory of the glory that was Egypt and proof of the reverence she held for her dead.



Embalming in Egypt declined at the time of the Roman conquests, although it was occasionally practiced as late as the sixth century. The effectiveness of the Egyptian process is attested by the fact that mummies still exist in the museum at Cairo and are elastic and soft to the touch, despite the passage of three or four thousand years according to Kriger(5) in his report. It is even possible to demonstrate scars, lesions of disease, and similar tissue changes. It is said that the mummy of Ramesus II, appears today in this form.

## J E W I S H

The characteristics of the Orthodox Jewish funerals of today, with its simplicity of burial arrangements and great reverence for the dead body, are remnants of early Jewish history. The early Jews objected to both embalming and cremation because of bodily mutilation. Even the arterial embalming of today is usually not sanctioned by those of Orthodox faith. In ancient Israel the usual mode of disposing of the body was by burial. Cremation was exceptional. When we read that Jacob and Joseph were embalmed, we must clearly understand that they were treated as Egyptians. Embalming as spoken of in the scriptures consisted of anointing the body and wrapping it in spices; the use of a shroud or special grave clothes is also mentioned, and candles were buried at the head and at the feet of the corpse before burial. The body of Jesus was anointed with precious oils, embalmed in aloes and spices, and swathed in a long linen sheet, which was wound around the body many times.

The early Jewish rites were exceedingly simple and a decent burial was insisted upon. The bodies were wound with linen cloth, and anointed with spices. The poorer people, at death were wrapped in cheap cloths and covered with a coat of asphalt, which was plentiful and easily obtained. This process resulted in a black, hard, odorless mummy which was dry and heavy. The Hebrews provided for their burial in caskets which contain glue made from animal matter, because such substances are regarded as unclean and polluted. They also frown upon the use of any decay-resisting burial receptacle which will delay the return of the body to the soil from which it sprang. Some even insist upon the use of wooden pegs instead of metal nails in the construction of the casket.

## ROMANS

Among the ancient Romans the touching of a corpse entailed pollution and the near relatives and the house itself were deemed impure, requiring ceremonies of purification. They remained at home and avoided all feasts and amusements. No fires were lighted for several days. After death, the house was left unswept for three days and it was imperative that the broom then used be burned immediately. The men allowed their beard to grow and the women cut off locks of their hair. These and many other mourning customs evidenced a desire to reverse the garb and habits of ordinary life.

The Romans, like the Egyptians, employed outside persons to arrange for the funeral. A group of slaves called "pollinctores" took charge of the dead bodies and of the temple where funeral accessories were sold. Funerals were usually held at night, due to the belief that if the funeral procession should cross the path of magistrates or priests, they might be made unclean by the sight of the corpse. The funeral procession was managed by a "Designator" somewhat like the funeral director of today.

The body was washed daily for seven days with hot water and oil to prevent premature burial. Embalming was not practiced. Like the Greeks, the Romans first practiced earth burial, but later took up cremation. The famous catacombs of Rome furnish a record of the early interments of the Romans. These excavations were so extensive that, if they were continued in a line, it is estimated that they would stretch the entire length of the Italian peninsula, whereas, in their actual arrangement they do not extend more than three miles beyond the city of Rome.

## EARLY CHRISTIAN CUSTOMS

The early Christians obtained their burial customs from the Romans, Jews, and Greeks. Interment was usually made in the catacombs because they furnished a meeting place where the Christians were safe from persecution. Both the Jews and the Romans had a strong traditional respect for burial places. In keeping with the Jewish belief, embalming and cremation were forbidden. The ancient practice of perfuming and wrapping the body was followed. This practice was undoubtedly popular with the early Christians because of its use in connection with the preparation of the body of the Savior. With the growth of Christianity and the removal of oppression, cemeteries such as we now have were established. The dead interred in graves dug from the surface of the ground, and as many as ten bodies laid one above the other, each separated from the next by only a slab of stone.

## G R E E K S

The Greeks based their ceremonies on the belief that the deceased must make a journey across the river Styx to the land of eternity. Consequently, a coin was placed in the mouth of the deceased to pay his passage over the river and beside him was a cake of honey with which to pass Cerberus, the three-headed dog which guarded the entrance to Hades. Premature burial was guarded against by delaying the interment until three days after death.

At first, earth burial was resorted to, but about the third century B.C. however, cremation came into practice. With the advent of Christianity it was given up. The Greeks were credited with being the first among ancient people to practice cremation. The procedure was very crude, however. A pile of wood was arranged, the body on a bier was laid on top and a torch was applied. Often the body was only partly destroyed by the flames. It was customary for the nearest relative of the deceased to ignite the funeral pyre.

## D E A T H

The greatest mystery of life, it has been said, is death. Here is a natural phenomenon which will or has affected all the countless billions of persons, and plants and animals as well, who have ever lived. And it is a condition about which we know relatively little.

Physical death is something which must occur eventually to all living things, with the possible exception of bacteria and protozoa. These tiny organisms never die of natural causes, for their system of reproduction consists of splitting to form two new cells from the original one. This form of reproduction insures perpetual life to the organism. In higher forms of life a limited physical immortality occurs as a result of the transmission of characteristics through the reproductive cells.

Death is obviously a very important subject to the mortician, for it deals with the changes, both physical and chemical, which the body undergoes after life becomes extinct. To understand the scientific fundamentals of embalming; to make a correct pre-embalming analysis and case diagnosis; in order to determine the proper treatment, technique and procedure in the actual embalming operation, it is necessary that the embalmer have a complete knowledge of death and its accompanying changes.

Life, in such highly complex organisms as man, is maintained by the cooperative action of the many cells, tissues and organs which compose the body. Death results when the metabolic and functional activities of these component parts come to a halt. Death is the cessation or extinction of life, as manifested by the absence of heartbeat and respiration.

Dr. Kubler-Ross states in her book, "On Death and Dying," "man is not freely willing to look at his own end of life on earth and will only occasionally and half heartedly take a glimpse of the possibility of his own death."

Dr. Ross goes further to say that "Death is the most traumatic experience we face in life". The effects of death on the lives of the members of the family of a loved one are so great that their lives will never be the same. Those of us who live with death day after day can appreciate the many therapeutic values of the grief process. We are reminded that life has been created, that a meaningful life has been lived and that this life through death can continue into life hereafter."

## PSYCHOLOGICAL REACTIONS TO DEATH

## I. Grief

Grief is derived from distress, and is dependent upon an intellectual development sufficient to understand the loss or injury of loved ones. The emotion of grief is a crisis in the life of the person experiencing it. Grief probably upsets the individual more than most of the other emotions, because it is a feeling of helplessness. Nothing can be done to restore the former relationships. It is the emotion of weakness, for at such times there is one principal impulse, the cry for help or assistance.

Grief is a complex emotional state. The individual, being frustrated by the loss, realizes at least these two factors as indicated by Martin(6) in his report: (1) an appreciation of the value of that which is lost and (2) an awareness of the loss itself. The situation is not merely the physical environment, but includes the total behavioral relationships. The psychological situation includes memories, thoughts, and imaginations, as well as perceived events and objects.

Grief, being a complex emotional state, involves many other emotions in its during its process. There might be the emotions of guilt, envy, remorse, humiliation or frustration. Grief might be said to be an emotion of frustration because of the helplessness of the situation. Often times this creates in the individual an attitude of hostility toward the world and everyone in it. The individual is unpleasant toward everyone or toward those who are closest in relationship. Feeling sorry for one's self accompanies these feelings in many instances. Normally a state of grief remains until the individual can make some readjustment to changed circumstances. The acquiring of new interest or moving to other surroundings or merely keeping busy will aid in the readjustment.



## II. Anger

Angry behavior is often observed among grief-stricken people. It is reasonable to believe that anger in one form or another tends to be a component of the complicated emotion we call grief, as indicated by Jackson(3) in his report. Anger is exhibited in a direct manner many times. For example, a tractor accident produced a display of anger when it turned over crushing the youth who was driving it. When the physician who rushed to the scene pronounced the victim dead, the brother assaulted the physician. The anger was so great that the physician had to be hospitalized in the intensive care unit several days.

Often anger is directed toward nurses in the hospital as the ones closest to the event of death. Sometimes it is directed toward the clergyman as one whose influence with the divine and the miraculous should have been employed to prevent death, as indicated by Jackson(3). There are times when the death of a parent lets loose a flood of angry feelings among the children. An angry display was exhibited by a normally mature and well controlled school teacher when a cousin came to remove the dining room table that had been given to her by common agreement of all the relatives after the death of the mother. The school teacher threw herself on the floor and began to kick and scream. This table had been the center of family life when she was a child. The family ate together around it, studied around it and played under it. Now with the death of the mother, the home was being disorganized. The pain of confronting this new fact of life was so painful that she felt abandoned. She became a little girl for a few moments so that she could release her anger toward the parent who had left her.

The angry response to death may also be delayed or expressed in such a modified way that it is difficult to recognize it for what it is. Jackson(3) made an illustration of a teenage girl whose father died suddenly, and she grew angry at her father for dying and interpreted his death as desertion. Shortly after his death, she became very promiscuous. After seducing a man she would take him to

the cemetery where her father was buried, then would excuse herself for a moment; quickly return to the car, and leave the man alone in the cemetery. She would never go with the same man twice. So over a period of a couple of years she left stranded in the cemetery with her father, quite a large group of men. It seemed that in her suppressed anger she was saying to the men she met and indirectly to her father that she could have any man she wanted, but that she didn't want any of them.

Several studies in recent years have related violence, acts of vandalism and delinquent behavior with anger. Often vandalism is directed toward the institutions that serve as extensions of the parental image in society; the school, the church, the law, and those who enforce it. Pathological symptoms of repressed anger associated with unresolved or unwisely managed grief may show up in social behavior, changes in psychological patterns, or in the types of illness. This may be seen in skin rashes, hypertension or other ailments related to anger. So we see that anger may be directed at the person who dies, at society or at the self that cannot manage it wisely.

### III. Sentiment

Sentiment can be defined as emotional attitude; it is the way a person feels toward or about something. Without sentiment there would be nothing in life that would be worth while, as pointed out to us by Martin(6) in his studies. Our family life, even our entire civilization itself is sentiment. Strong character results from the harmonious organization of the sentiments. To be founded upon sentiment, then, is the finest thing that can be said of the funeral profession, for sentiment consists of those finer elements in human living. The funeral profession is founded entirely upon sentiment, as is religion, art, literature, science, and all of the finer things of life.

The importance of sentiment toward death and the influence of this attitude upon the nation as a whole has been expressed by the famous English statesman, Gladstone, who said, "Show me the manner in which a nation or a community cares for its dead and I will measure with mathematical exactness the tender sympathies of its people, their respect for the law of the land and their loyalty to high ideals."

Long before this time, back in the 5th century, St. Augustine said, "The care of the funeral, the manner of burial, the pomp of obsequies are rather for the consolation of the living than of any service to the dead."

A dead human body is valueless, a menace to public health. But it is not this inanimate thing which is entrusted to the funeral director. If it were, he would not be a funeral director. What is entrusted to him is the symbol of everything that body represents, everything it means, to those surviving. It is a symbol surrounded by sentiment and memories, values which are beyond price.

We hold funerals to bear witness of our regard and affection, to acknowledge worth and honor virtue, to make recollection vivid and remembrance enduring, to enrich life with memories and to inspire it with understanding. This is the sentiment that makes life worth living, that makes it meaningful. It is life as humans live it.

## E M O T I O N A L   B R E A K D O W N

There have been instances of physical and mental breakdown where the emotions experienced proved to be too much for the individuals. There are cases of physical and mental pathology caused by emotions of overpowering strength or of unsupportable duration. They are seen in soldiers, physicians, and persons made ill by scenes of carnage and disaster. They are found among the patients of psychiatrists and the occupants of psychopathic wards. In such cases, under a maximum intensity or undue prolongation of emotion a more or less complete disorganization of physical and mental functions may occur. One may find loss of coordination, uncontrollable trembling, loss of control of the muscles regulating the emptying of the bladder and colon, or complete paralysis. Serious glandular disorders may ensue; or the disorganization may be largely mental involving more or less complete loss of touch with reality. Hallucinations, hysteria, and psychoses of all degree of severity sometimes develop out of these disorganizing emotions. In general, the picture is one of thoroughgoing breakdown of normal function with hospitalization immediately necessary.

These are extreme cases, however, as such experiences occur only in a small percentage of people because most emotional experiences are of comparatively short duration and are not so intense, because the body is able to return to normal conditions when the emotional experience has passed and other interests occupy the attention of the individual.

Passive sorrow, grief, or despair seem to arise from frustrations experienced under conditions which force the individual to feel that he is completely powerless in the face of circumstances. Such emotions occur upon the death or other loss of a person who is dearly loved or upon whom one has been very dependent.

Bodily reactions to emotional stimuli are not willed movements, although the will does usually enter into the situation to the extent of modifying the individual's responses. We have seen how the average person's emotional responses are not as violent as they were many generations ago. Not that the loss felt is any

## R E S E A R C H M A T E R I A L

A fifty year old man recovering from an operation in which part of his stomach was removed because of cancer, had a desire to sleep, sleep, sleep, and die in peace. but his wife was continually assuring him that he would be fine. Brian was 50, but looked younger. After the operation he had looked forward to his retirement. Instead of improving, he lost weight and grew increasing weak. he became more and more depressed at the thought of his condition. His wife assured him that nothing was wrong and that he would soon regain his former health and vigor. Still the man's condition worsened and soon forced him to enter the hospital again. This time malignant tumors were discovered in his lungs. Nevertheless his wife seemed to remain convinced he would recover, and during visits to the hospital she continually reminded him of his promise to buy a "retirement" home in the southeast. When the couple's daughter came home from college for a visit with her father she was shocked to see his condition. "You have to get well," she told him. One afternoon a hospital psychiatrist visited him and said that she would be available if he wanted to talk about anything. The patient spoke in a soft, weak voice and told her that each of his waking moments was agony because he had failed to fulfill his family's expectations. "I want to sleep, sleep, sleep and not wake up. How can a man die in peace when everyone wants him to get well?" he asked. The psychiatrist then intervened with the family in an attempt to help them help the patient die more comfortably. She explained that the man was facing his impending death courageously, but their refusal to "let him go" was making it infinitely more difficult. The patient was ready to separate himself from this world, the psychiatrist said, so ordering additional medical treatment would only prevent him from finding the relief he sought in sleep. Once his relatives were able to accept the reality of the situation, they stopped trying to urge him back to health and the man was able to die in peace.

Daily in the United States some 5,000 persons die. Some die easily, more do not. Some die suddenly of trauma and others die lingering deaths. But of vital

importance is that many of them die with a great deal of mental anguish because they or their relatives did not know what to expect or how to react to each other. How many individuals must suffer agonies similar to Brian's, because there were no willing or available family members, nurses, or physicians who would discuss the real situation with them? Death, like birth, is natural. It is a part of life that cannot be escaped. Nevertheless, more often than not, we avoid going to the aid of family and friends and helping them through life's final experience in an understanding way. One reason this is true, perhaps, is that by doing so individuals are forcefully reminded of the inevitability of their own death.

"Our embarrassment at the individual face of death," says Dr. Herman Feifel, professor of psychiatry at the University of Southern California, "forces the seriously ill and dying person to live alone on the brink of an abyss with no one to understand him."

But dying, natural process that it is for mortal men, need not to be so difficult. After a 29-year-old mother of two boys learned of her fatal illness she said, "I was always worried about the bills and making ends meet. After the doctor told me I had cancer, I stopped and took a hard look around. I never realized how wonderful simply being alive could be. I don't think this new feeling will make my end more difficult. At least I was really alive for a few months."

The famous psychologist Abraham Maslow made similar observations shortly before his death in 1970. Recalling his feelings after a previous heart attack, he wrote of the satisfaction he felt in just having completed what he considered his most important work. "I had really spent myself. This was the best I could do and here was a good time to die . . . It was like a good ending in a play." After his heart attack Maslow referred to "his post mortem life" which he keenly enjoyed. "If you're reconciled with death or even if you are pretty well assured that you will have a good death, a dignified one, then every single is transformed because the pervasive undercurrent (the fear of death) is removed."

Most men do not so readily accept death or obviate their fear of it. Perhaps, however, it is the fear of death and dying that is exaggerated. A 1970 study of 183 middle-aged to elderly persons at the University of Southern California found that 63 percent of the sample said that they were not afraid to die. The men and the women ranged in age from 50 to 86 and were generally found to be well adjusted and not pre-occupied with death or dying. Furthermore, in addition to the 63 percent who said they were not worried at the prospect of death, another 28 percent described themselves as "not very fearful," while the rest, only 9 percent, were "fairly fearful."

Along the same lines it has been found that younger individuals are equally unafraid of their own deaths, or at least say they are. Recent but informal studies have mirrored a classic 1935 study of college students at DePauw and Butler Universities in which Warren O. Middleton found that only about 12 percent of the subjects had a strong fear or horror of death, 25 percent were absolutely unafraid, and 62 percent said their attitude toward death was one of indifference. An overwhelming majority of these students (93 percent) said they thought of their own deaths very rarely and only 8 percent imagined that death would be painful.

Indeed, death may be profoundly significant for the individual experiencing it as well as his family. It is a climax, the end of a relationship, the last stage of life. A dying man may view his life in perspective and increase his maturity or strengthen his faith. As psychiatrist Russell Noyes, of the University of Iowa, observes: "The person who maintains his dignity and courage while dying in effect preserves it for a lifetime and for the memory of his surviving family." According to Dr. Noyes we fear most three aspects of the prospect of our own death. First, we fear the unfamiliar ideas that surround death today. Fear of the ending of life itself is the second aspect of death-caused fear. The dying person fears the end of wealth and status, the end to family relationships, and the end of striving toward still unrealized goals.

When the living grieve, they usually are faced only with the loss of a single friend or family member, but the dying individual must grieve the loss of all friends and relatives as well as himself. The final aspect of death which contributes to fear concerns the afterlife. Death has always been thought to be a type of punishment; is it not natural to fear punishment, especially when it is an unknown.

These fears are often intensified in the patient who is unsure of the true status of his health. One middle-aged woman, a victim of cancer, complained to her physician that she felt nervous; she had lost some 60 pounds, her priest kept visiting her, and her mother-in-law had never been so pleasant, even though the woman admitted "I have never been meaner to her." "You mean you think you're dying?" the physician asked. "I do," the woman answered. When the physician told her she was right, she broke into a smile and said, "Well, I've finally broken the silence barrier. Someone has finally told me the truth."

The woman was one of 16 incurable cancer patients, in the Boston area, whose reactions were studied over a five-year period in the late 1950s and early 1960s by two Harvard psychiatrists, Thomas Hackett and Avery Weisman. The result of the study was the contention that dying patients should be told the truth, even if only to relieve them of the terrible duty of pretending to be optimistic about their chances when they expect the worst. The physicians found that the patients they studied all had some suspicion of their impending death, even though they had not been told of it. All patients were relieved to have their suspicions confirmed. Hackett and Weisman concluded that even if the truth encourages the dying person to let go of his hold on life, the telling is proper. When the scientists presented their findings from this study to the 1961 meeting of the American Psychiatric Association, many of their colleagues disagreed. A dozen years later, the same controversy is still reflected in seminars and articles in professional journals.

With man's tendency to reject the dying, and his tendency to avoid or exaggerate



his own fears concerning the future, the question may rightly be asked: how are we to learn about the dying? A similar question was asked several years ago of Swiss-born psychiatrist Dr. Elisabeth Kubler-Ross by four theology students who were writing a paper about behavior in time of crisis. Death, they agreed, was the greatest crisis imaginable. Dr. Ross, a member of the University of Chicago Hospital staff, decided to interview those who knew most about the experience, the dying themselves. After many months of seminars and interviews, Dr. Ross concluded that most terminally ill persons experience a series of five stages in their anticipation of death.

The first stage is denial, when the patient refuses to admit the seriousness of his illness. During this stage the patient often visits several different physicians searching for one who will make a different diagnosis, asking for new drugs, new tests, or yet another consultation. In short, the patient searches for affirmation of the fact that he was right in saying at the outset, "This can't be happening."

When a patient lets go of denial as a defense he often enters a stage of profound anger, a why-should-this-happen-to-me attitude. One man, for example, was extremely resentful that his serious illness could not have happened to someone else, perhaps the local drunk and troublemaker in his home town. In the stage of anger a patient may lash out at doctors, nurses, family or friends. Such offensive behavior in the patient is understandable, though it may be trying. The patient is attempting to martial all of his life forces. He is reacting to the life and energy of others, for these are the very things he is in the process of losing.

Resentment gives way to the third stage of the process of dying, a period of bargaining. This stage is more subtle than the others, and more private. The difficult patient may suddenly become cooperative, and the reward he seeks for this good behavior is a stay of execution, a few more days or weeks to live. Often the patient, like a small child, tries to make a deal with God for more time and less suffering. One does not usually observe patients in this stage because the bargain-

ing is often carried out late at night in their prayers, wishes and dreams.

One woman who had been in the hospital for a long time, in acute pain from a terminal disease, wanted more than anything else to have one painless day away from the hospital so she could attend her son's wedding. "We arranged permission," Dr. Ross recalls, "and she went out looking radiantly beautiful." When, after the wedding, the woman returned to the hospital, she immediately told her doctor, "Don't forget, I have another son."

After denial, anger and bargaining, the dying person will become deeply depressed in a period of preparatory grief. The person mourns for what he has already suffered and grieves the loss of everything and everyone he loves. As a person in this stage contemplates death, he often will turn away and cry privately. Sometimes staff members or relatives will react to this behavior by being overly cheerful, making statements such as, "Come on now, things aren't so bad."

"Not so bad for whom?" Dr. Ross asks. "Why should he be cheerful? Simply because those around him are uncomfortable by his appropriate sadness?" With the proper reassurance and preparation the patient next reaches the fifth and final stage, acceptance. "I think this is the miracle," one patient said shortly before her death. "I am ready now and not even afraid anymore." The stage of acceptance is a courteous time when a person has accepted the reality of mortality. It marks victory over resignation. Instead of giving up, the patient recounts his life and serves his relationships with the knowledge that the end will bring relief.

## F U N E R A L   S E R V I C E   O A T H

I do solemnly swear, by that which I hold most sacred:

That I shall be loyal to the Funeral Service Profession, and just and generous to its members;

That I shall lead my life and practice my art in uprightness and honor;

That into whatever house I shall enter, it shall be for the benefit and comfort of those bereaved;

That I shall abstain from every voluntary act of misconduct and corruption;

That I shall obey the Civil Laws;

That I shall not divulge professional confidences;

And that I shall be faithful to those who have placed their trust in me.

While I continue to keep this oath unviolated, may it be granted to me to enjoy honor, in my life and in my profession, and may I be respected by all men for all time.

### C O N C L U S I O N

The reason for the study of psychology by the funeral director is to obtain a better understanding of the reactions of individuals experiencing the loss of a loved one. I feel that this independent study has been very beneficial in bringing out the psychological standpoint of funeral service. Several points of interest, I felt were very significant. One, being the historical information on funeral service, and the other, the five stages mentioned in Hendin(2) article by Dr. Elizabeth Kubler-Ross, which were the anticipation of death. Dr. Ross is a Swiss-born psychiatrist. But to conclude, I would say that this independent study would aid any member of the funeral profession or any individual interested in the psychological aspects of death and funeral service.

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