DEATHBED
"Life is a short-term loan from death." A. Schopenhauer

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The concept of "deathbed" refers to a social process in which emotions are shared collectively while sending a dying person to their last journey, accompanied by different rituals across cultures. The dying person's family members, but also relatives and friends, as well as medical professionals and religious officials invited according to the individual's beliefs, are actively involved in the deathbed process. This process also produces a social space where many common values and religious activities emerge.

While in pre-modern societies death was accepted as a natural part of life, in modern societies death is tabooized, treated as a technical phenomenon and medicalized. Therefore, hospitals become centers where death is fought against rather than places of healing.

In particular, it is a reality that an individual can never feel psychologically ready for the possibility of death, either his/her own or that of those closest to him/her, and cannot accept the situation. Therefore, one tends to struggle with death in two ways. The first is to deny this bitter reality of death as if it does not exist, and feel that they are keeping it under control by directing it to the subconscious and tabooizing it. Although the feeling of death, which is thought to be rendered passive and postponed, makes the individual feel safe in the short term, in the long term, this feeling, which reaches the level of consciousness as it multiplies even more in the long term, leads to an increase in fears in the individual as it gets out of the individual's control. Secondly, as individuals try to find remedies against death, they create a collective consciousness rather than an individual one, perceive death as a technical phenomenon, and actively resort to various methods and rituals in an effort to challenge it and remove it from life.

Assuming that most people desire their own death to be a good one, a good death is one that takes place after a long life, after debts have been paid and obligations fulfilled, arguments and disputes resolved, in a spiritually and spiritually strong, peaceful atmosphere, in the presence of loved ones and in one's own bed.

According to Levinas: "Death is a pure question mark. It is an event that we cannot experience. What we experience is the death of another. The dying person's facial expression disappears, it is not known what he or she is experiencing. Death is enigma, ambiguity, incapacity. It is a departure without an address, without a destination, without return" (Levinas, 2021, 20).

Bauman states as follows: "Death challenges the power of reason. Reason is a guide for choices, but death is not a matter of choice and undermines trust in reason. Reason cannot justify itself in the face of death. It can only cover up the situation" (Bauman, 2000, 28).

As the two famous thinkers point out, death will always remain a question mark and push the limits of reason. Death is the end of earthly life, the return to the Lord and the connection to the essence. Islamic philosophers, who regard death as the divine essence of the body, consider death as the accounting of this essence and what has been done in the world. In this context, life after death is a time of harvest. Ontologically, death is a change that the subject experiences in itself. Epistemologically, death is the culmination of the subject's self-realization. At this point, death is access to consciousness from heedlessness. (Yiğit, 2020, 737).

As mentioned in Islam, many other religions also have different beliefs about death. For example, according to Buddhist belief, there is no death; the transformation of the soul from one body to another form of life is like changing worn-out clothes. Therefore, death is more important than life, which is a short process in an eternal chain (Güç & Sharafafullina, 2016, 72-73). In Christianity, death is accepted as a consequence of the original sin committed by human beings. God took this sin away from believers by sending Jesus to earth and sacrificing him on the cross. Death is therefore not the end for those who believe in Jesus, but the beginning of eternal happiness. The resurrection of Jesus after the cross is the main proof of the existence of life after death. Some practices to prepare believers for death have led to the spread of religious services in hospitals. This became a tradition, especially in the Middle Ages, in the form of the Catholic Church's last rites of anointing. It is also seen that Protestants are increasingly using religious services in hospitals and nursing homes to facilitate the departure from this world (Kızılabdullah, 2019, 132).

According to Aires, in the pre-modern period, people greeted death with a sense of familiarity rather than fear and despair, in the midst of surrender and mystical trust. The dying process is determined by public rituals that do not destroy the human personality. Despite the apparent continuity of rituals in the modern period, death is challenged and secretly removed from the familiar world. The old attitude, in which death is both familiar and intimate, not inspiring fear or awe, is in marked contrast to the attitude that death is so terrible that we dare not speak of it. This is why Aries calls death at home "domesticated death". Thus, he is not saying that death was once violent; on the contrary, it has become violent today. One no longer dies at home, in the bosom of one's family, but alone in a hospital. While the hospital used to be a place where people were healed, a shelter for the poor and the sick, it has become a medical center where death is fought. People no longer go to the hospital to get well, but to die. Death is now considered as a technical phenomenon that occurs when care is interrupted by the decision of the healthcare team (Aries, 1976).

In pre-modern societies, human life span was relatively shorter due to reasons such as wars, diseases, epidemics and famine. Therefore, death, which could occur at any time, was accepted as a part of the natural cycle of human life. In addition, theological and metaphysical explanations about death have helped societies to accept it more easily (Erbuğ, 2021, 47).

Death is a process that strengthens collective bonds within the scope of some social practices. The content of these practices is built on the presuppositions that death is a natural, inevitable end to life. By domesticating death, traditional society has transformed it from a wild or horrible phenomenon. The acceptance of death as natural and its intertwining with social life has been supported by various social institutions. In modern society, death is sought to be suppressed by confining it to the world in which we live. In particular, the challenge to death has been fed by the age of enlightenment and reason. In this direction, a process has emerged in which the evaluation of death as the wrath of God or divine reward is replaced by reason and science, and death is explained medically. This approach is evidence that death has been reduced from a metaphysical, spiritual or spiritual dimension to a physical phenomenon (Aksakal, 2019, 90).

They state that the approach that sociologists in modern society call the "denial of death thesis" first emerged in the literature of social sciences, psychology and clinical medicine between 1955 and 1985. Contemporary western society uses various arguments to reinforce this approach. One of them is the taboo of talking about death. Another argument for the denial of death in Western society is the medicalization of death. There is also the segregation of the dying from the rest of society as an important piece of evidence. This emphasizes that dying people are increasingly isolated from the rest of society (Zimmermann and Rodin, 2004, 121-128).

According to Illich, through the medicalization of death, health care has become a world religion that excludes spiritual beliefs. The content of this new religion is taught in the classroom and its moral framework is structured. In industrial societies, the image of death is culturally commercialized. Today, "natural death" is now considered to be the moment when the human organism refuses treatment. People no longer breathe their last breath or die because their heart stops beating; they die when the electroencephalogram becomes a straight line. Death occurs when man becomes useless not only as a producer but also as a consumer (Illich, 2004, 107-120).

Başok Diş makes the following observation about the modern view of death: In modern society, the social visibility of death has declined. Death no longer takes place in homes, but in hospitals, nursing homes and clinics. No one other than medical professionals can accompany such deaths (Başok Diş, 2018, 377-393).

As Demir states, death in modernity is not an element of belief in daily life; it is mostly an academic and artistic image. In modern society, death is regarded as a disruptive enemy that cannot be resisted or a virus that cannot be eliminated despite scientific and technological developments. The modern individual has removed expressions related to death from his/her personal vocabulary and considers talking about death as a jinx or a curse.

The privilege of dying at home, which represents belonging and memory, has been replaced by professional isolated death, which is increasingly secularized and shaped under the control of the health mechanism. Thus, the accessible dying on the deathbed has been transformed, as if it were necessary, into a technology-assisted, disconnected and clinic-centered silent dying. This transformation is an expression of how the unchecked pressure of medicine and the inhuman scientistic approach has enveloped the modern world. The bed, which carries the value of individuality and uniqueness in death on the deathbed, is symbolized as memory lessness in intensive care culture. Unlike the deathbed, which is an intermediate space that witnesses life and death, the intensive care unit corresponds to a non-space where there is neither life nor death. In intensive care units, isolated patients die, their pain as well as their peace suppressed by medication. Thus, dying is seen as a bad moment that must happen immediately and its traces must be quickly erased. In these places where the soul is reduced to the body, the only thing that is tried to be repaired is the body (Demir; 2017, 198-199). On the other hand, all the paintings depicting the moment of death in previous centuries have similar settings. At the center of the narrative is a patient who is always in bed. The room is filled with many people. These people seem to be countless and they stand in a cramped position. Everything that will happen during the dying process is shared openly (Aries, 2004, 213-214). This depiction has led to the discussion of the concept of good death.

According to Kellehear, a good death is not a sudden death, but one that is usually well prepared by the dying person. In this sense, a good death is one that conforms to the broader societal expectation to make death as positive and meaningful as possible for as many people as possible. A good death can use this time to settle affairs and say goodbye, even to prepare spiritually and psychologically for the journey to the next world. Bad deaths do not allow the payment of debts and obligations to play a controlling role in putting one's social and economic affairs in order (Kellehear, 2007).

In a good death, according to Strange, the prominent element is that dying takes place in the home environment. A good death is being able to make a will with the dying person's desire to put family affairs in order. The dying process becomes collective, with medical professionals, clergy, relatives and friends visiting the dying person, as well as prayers and messages of sympathy for the dying person at a distance, for example, during prayers (Strange, 2015, 198-199).

Dying in peace is considered a good death. It is dying after a long and good life, after resolving arguments and conflicts, with loved ones, without suffering (Van der Geest, 2004, 908).

In a broad sense, a good death is the perception of life as preparation for death. It is forbidden to leave a dying person alone. Social participation in a good death reduces, to some extent, some of the loneliness of the dying person. The group takes an active role in the process. It shows its interest in the sick person through its behavior (Bar-Levav, 2018, 13).

According to the ancient Israelites, as expressed in the Hebrew Bible, death is good after a long life, when one dies peacefully, when one is in contact with ancestors, when one is buried in one's own land. Death is bad when it is early, when a person has no heirs, and when there is no proper burial (Spronk, 2004).

An important dimension of death is how it is given meaning by people. This meaning finds value according to the characteristics of societies. However, today it is emphasized that people are increasingly moving away from death. For this reason, death, which is

accepted as an important stage of life, needs to be introduced especially to young generations. The most effective way to do this is death education in schools. Death education originated in the USA and is now widely taught in many secondary schools in the UK. The question of including death education in primary schools is at the forefront of discussions (Higgins, 1999, 79).

Beginning in the 1960s, significant efforts have been made to develop and improve death education programs. Attention has been paid to important aspects of death education. In the context of educational programs, these include ensuring that objectives are articulated, content and perspectives are evaluated, teaching methods and teacher competencies are assessed. There are advances in death education offered to a variety of stakeholders, including university students, the general public, primary and secondary students, health professionals and bereavement counselors (Wass, 2004, 290).

People desire a good death. By anticipating and preparing for death, they hope to die with the basic comfort provided by their loved ones - and at the right time (Kellehear 2007, 249). Important principles of a good death include knowing when death will come, being in control of what happens, having dignity and privacy with respect for wishes, choice and control over where death occurs (at home or elsewhere), access to necessary spiritual or emotional support, time to say goodbye, and control over other aspects of timing (Smith, 2000).

In many cultures, the assessment of a good death is similar. People in a rural town in Ghana see a peaceful death as a 'good death'. A peaceful death means having finished all one's work and made peace with others before dying and being at peace with one's own death. A good and peaceful death follows a long and well-lived life. Such a death preferably takes place at home, surrounded by children and grandchildren (Van der Geest 2004, 898). A good death implies, above all, that the dying person is at peace with other people. Before dying, conflicts must be ended and enemies reconciled, debts paid and promises fulfilled. Someone who can achieve this is ready for his final departure. He is a person respected by others (Van der Geest 2004, 908). In a study investigating the thoughts of Mexican American older adults about death, being with their families at the time of death was evaluated as one of the most critical issues for the participants. Closeness with family was recognized as an important aspect of the end of life. Some participants stated that they preferred to die at home and that this was seen as part of a good death. The hospital was defined as a place that prevents a peaceful dying process, whereas the home was recognized as a place that is peaceful and allows individuals to die in the presence of family (Ko, Cho, Perez, Yeo, & Palomino 2013, 16).

However, in modern societies, death mostly takes place in hospitals. In these places, a good death is often far from communal. For patients in a palliative care unit, dying in their sleep, dying quietly, with dignity, painlessly and suddenly are important qualities of a good death (Payne, Langley-Evans and Hillier 1996, 307). In addition, providing hospital conditions in their homes is also increasingly observed. Members of the upper class who benefit from good health facilities are increasingly choosing the place of death as a "deathbed at home" under the supervision of doctors and health professionals, rather than in a hospital. On the other hand, it can be argued that many terminally ill patients and their relatives would prefer to die at home when they are convinced that death is imminent (Nerse 2020, 150). These efforts can be taken as an expression that death at home is still significantly desired.

The deathbed is a kind of preparatory space where death is collectively affirmed and accompanied by humble rituals. Here, dying is not seen as the opposite of life, but rather as a necessary element, an immanent dimension and complement of life. It is a transitional time in which the dying person can talk to loved ones, get their advice approved, and thus turn towards death in a lighter way. This situation is also about the past with internal reckoning and the future with guiding wills (Demir 2017, 195). The deathbed is a place of voluntary rendezvous with death, a personal section of time when one is alone with this reality by accepting it sincerely (Demir 2017, 200). While this exceptional situation involves a reckoning, it also enables some promises and even contracts to be made for the future. This is because what is expressed in the last moments is unlikely to be rejected. In this final process, the participants send the deceased off to the afterlife in a more relaxed state. Moreover, this state of tranquility is also transmitted to themselves. Therefore, this state of life will be more easily accepted mutually.

The deathbed involves dying at home, with children and grandchildren, in a spiritual and emotional atmosphere where holy books are read, in peace, making wills and advice, resolving resentments, making peace, leaving behind peace and tranquility. Therefore, based on the participants' statements and the literature, dying in one's own bed, on one's deathbed, can be considered a good death. In addition, the deathbed also contains Aries' (1976) qualities of "domesticated death". In this death process, there is passive surrender, mystical trust, hope and familiarity. Death is familiar and close.

Death brings relatives together, maximizing the social support that people can offer each other at this time (Kellehear, 2007, 116).

The house where someone is expected to die is frequently visited in villages. These visits are made collectively with the living people or as individual visits by relatives and neighbors. These visits can be evaluated in two aspects: First, they are directed towards the relatives of the dying person. In this case, the visits are considered as an indicator of solidarity. These visits, which can be characterized as informal social support, help family members to become psychologically stronger. This makes the process more comfortable when families feel that they are supported both financially and morally. These visits are considered very important by family members. The second dimension is related to the dying person. Visits cause peace and tranquility in these people. Good wishes, wishes and prayers have a comforting feature. Elements such as reminiscing about the past and making goodbye during visits lead to mutual consent. In addition to these, the person also receives positive feedback for his/her own life. It is also considered as a sign that the life lived by the dying person is accepted, accepted and even approved by people. This situation is very promising for the dying person for the afterlife court where he/she thinks he/she will be held accountable. In addition, this evaluation also carries a refreshing dimension for the children left behind. This care and consent shown to relatives makes it easier to face death.

Many people return to the places where they have lived for part of their lives before they die. One of the reasons for this is to account for the life they have lived. These places bring the experiences of the person back to the surface and the person can account for them. The place can also be considered as an element of keeping one's past alive. The place and the people they live with enable them to come to terms with the past. Some participants stated that people who returned to their villages observed the serenity of saying goodbye to everyone. It is understood that the uneasiness of being buried in an orphaned burial in the expatriate country is eliminated in this way.

These returns lead to many opportunities. When it is necessary to make peace with one's past, restorative actions and justifying one's life can be considered as one of these opportunities. People weigh their sins and good deeds. Heartbreaks, enmities and longings can be compensated. The place offers an opportunity for repentance or rectifying mistakes. Modern life does not have the right qualities for dying. Therefore, one wants to return to the homeland and die there. It can be argued that this situation means the rejection of the modern in the micro dimension. It can also be argued that the individual who wants to escape from this space where belonging and social bonding cannot be established tries to overcome this with the idea of being buried in the homeland.

Those around the deathbed comfort the dying person by sincerely listening to what he says. The dying person's will and advice are binding for his relatives who accept them without question. At this point, the dying person takes on the role of a wise teacher, while his children and grandchildren take on the role of students. In this interaction, regrets lead to forgiveness and mistakes to forgiveness. The life lived by the dying person is thereby purified and purified from deficiencies (Demir, 2017, 197).

What dying people say is very binding. Each word is carefully listened to by the interlocutors and promised to be realized. Regrets are expressed for the mistakes made and advice is given to stay away from wrongdoings. This unrepeatable interaction will carry a special meaning for everyone and will be remembered for a lifetime.

The sociological significance and analysis of farewell behavior was examined in a study with a sample group of terminally ill cancer patients. Vedas are an important social ideal for this dying group. Farewell behavior has important sociological functions. Farewells are expressions of mutual respect and consent. Vedas are an important way of reaffirming social bonds, making dying a social fact and shared experience, and a way for people to die comfortably. In addition, conversation, looks and conversations are very important for those who want to say goodbye on their deathbed. Based on the participants' statements, it can be argued that the deathbed produces

a social space and is a special socializing tool in this context. This is because the subject is not an individual but a group relationship with strong ties. While death itself is an instructive element, the entire group is active in the interactional dimension of the process. They are involved in this process, sometimes as listeners and sometimes as acceptors and approvers. As a member of the group, the dying person also has various demands from other members. The consent shown to these demands will contribute to a good and desired death (Kellehear and Lewin 1989, 284- 285).

In some states in the West, various educational programs and policies are produced about death, which modern society denies and excludes from society. How children should deal with this absolute fact of life is discussed in the education process. Because death is known to be destructive in terms of its consequences. It produces social and spiritual emptiness. People of all ages encounter death. For this reason, it is argued that children should be subjected to education in the face of death. Various studies have been conducted in this direction.

In a cross-sectional study of Irish parents' and school teachers' knowledge, attitudes and perspectives on the concept of children's grief and death education, both parents and teachers strongly supported the view that death should be discussed with children before they encounter it. Despite discussions about death in the classroom and at home, both teachers and parents reported feeling uncomfortable talking about death with children. At this point, there was general support for the inclusion of death education in the school curriculum. Children's understanding of death therefore depends on the healthy attitudes of parents and teachers. Both adults and children can benefit from appropriate educational experiences about death.

McNeil notes that parents find it a difficult task to talk to their children about death. Although they often feel inadequate to provide the necessary answers and many prefer to avoid the subject altogether, they also feel a strong obligation to meet their children's needs in this sensitive area (McNeil, 1985, 307).

Wass states that death education means encouraging students to confront personal understandings and attitudes about death. According to him, this education has a personal component that aims to help students cope with their anxieties and develop qualities of empathy that make it a humane and compassionate task to interact comfortably with people in crisis (Wass, 2004, 298).

According to Higgins, death education helps to eliminate the fear of the unknown and provides the basis for a child to talk about death. By taking into account feelings of loss and grief before discussing facts about death and ideas about the afterlife, the school can also meet children's emotional needs and provide an opportunity for spiritual growth (Higgins, 1999, 89).

In this context, it can be said that what is experienced during the deathbed process is a practical informal death education. In this process, many people experience death in different dimensions. In addition to relatives and relatives of the deceased, children and grandchildren also experience this experience. The fact that death increasingly takes place in hospitals and medical centers is an important obstacle for people to witness it. However, experiencing death at home in the ordinary process of life will weaken its traumatic emergence. Therefore, although it is far from being controllable in this process, making sense of death as a normal phase of life for children will reduce the traumatic level of facing it in their future lives. The deathbed can be considered as an important place that keeps death in life.

As a result, it is determined that there is a strong network of relationships between the deathbed state, which can be evaluated within the scope of the death phenomenon, the meaning attributed to death carried out in the context of being on the deathbed or the relationships experienced around the deathbed, and the values and activities formed within its framework. People consider death as a spiritual transition. The realization of this transition in a peaceful and good way will be the product of a collective effort and the roles expected from many statuses must be fulfilled in this process. Farewell, farewell and farewell means that these efforts have been fulfilled. The main conditions for a peaceful farewell are the presence of children around the deathbed, the reading of sacred books and prayers, and the making and approval of wills.

Dying on the deathbed is a good example of domesticated death. Death is recognized as a familiar reality. It has been determined that the place and place where death takes place is very important for the interlocutors and that many wills and activities are carried out in this direction. It is also possible to conclude that the experience of death throughout a process is a practical informal education for many people.

Reference

1. Levinas E. God, death and time. Trans: Işık Ergüden. Istanbul: Sel Publishing (2021).
2. Bauman Z. Mortality, immortality and other strategies of life. Translation: Nurgül Demirdöven. Istanbul: Ayrıntı Publications (2000).
3. Yiğit F. "The nature of death according to Islamic philosophers". Journal of Pamukkale University Faculty of Theology 7.1 (2020): 717-741.
4. Güç A and Sharafullina A. "Principles of belief and beyond death in Tibetan Buddhism". International Journal of Social Inquiry 9.2 (2016): 57-88.
5. Kizilabdullah S. "Pre and post-death rituals in Christianity: A phenomenological analysis". Journal of Theological Research in Turkey 3.1 (2019): 117-135.
6. Aries P. "Western attitudes toward death: From the Middle Ages to the present". Translated by: Patricia M. Ranum, London: Marion Boyars (1976).
7. Erbuğ E. "Sociology of death: Social meanings of death in traditional and modern society". Journal of Society and Culture Studies 8 (2021): 46-61.
8. Aksakal E. "On death and the sociology of death from domesticated to forbidden". Researcher 7.2 (2019); 77-93.
9. Zimmermann C and Gary R. "The denial of death thesis: Sociological critique and implications for palliative care". Palliative medicine 18.2 (2004): 121-128.
10. Illich I. Death against death. Cogito 40 (2004): 107-120.
11. Başok Diş S. "A modern attempt: Death denial and the struggle against death". Beytulhikme: An International Journal of Philosophy 8.1 (2018): 377-393.
12. Demir ST. "Modernity and death: The changing face of the body and dying from open access deathbed to isolated intensive care units". Global Media Journal TR Edition 7.14 (2017): 190-202.
13. Aries P. "From deathbed to grave". Trans: Bülent O. Doğan. Cogito 40 (2004): 213-242.
14. Kellehear A. "A social history of dying". Cambridge: Cambridge University Press (2007).
15. Strange J-M. "Historical Approaches to Dying". In A study of dying: Individual integrity, bodily decline and spiritual transformation. Ed: Allan Kellehear. Trans: Barış Zeren, 179-211. Istanbul: Boğaziçi University Publishing House. (2015).
16. Van der Geest S. "Dying peacefully: Considering good death and bad death in Kwahu-Tafo, Ghana". Social science & medicine 58.5 (2004): 899-911.
17. Bar-Levav A. "Death in Jewish life. In, Burial and mourning customs among jews of europe and nearby communities". Edited by Stefan C. Reif, Andreas Lehnardt and Avriel Bar-Levav (2018).
18. Spronk K. "Good death and bad death in ancient Israel according to biblical lore". Social Science and Medicine 58 (2004): 987-995.
19. Higgins S. "Death education in the primary school" [1]. International Journal of Children's spirituality 4.1 (1999): 77-90.
20. Wass H. "A perspective on the current state of death education". Death Studies 28.4 (2004): 289-308.
21. Smith R. "A good death. An important aim for health services and for us all". Bmj 320.7228 (2000): 129-130.
22. Ko E., et al. "Good and bad death: Exploring the perspectives of older Mexican Americans". Journal of gerontological social work 56.1 (2013): 6-25.
23. Payne SA, Langley- Evans A and Hillier R. "Perceptions of a 'good' death: A comparative study of the views of hospice staff and patients". Palliative medicine 10.4 (1996): 307-312.

24. Nerse S. "The relationship between place of death and death experience of the elderly in rural areas". Journal of Social and Cultural Research (SKAD) 6.13 (2020): 133-156.

25. Kellehear A and Terry L. "Farewells by the dying: A sociological study". OMEGA Journal of Death and Dying 19.4 (1989): 275-292.

26. McNeil JN. "Death education in the home parents talk with their children". Issues in Comprehensive Pediatric Nursing 8.6 (1985): 293-313.

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