

SILENCE AND TRUTH IN DEATH AND DYING

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Abstract—Since about 1960 a socio-medical literature has emerged which asserts the importance of truth in the dialogue between dying patient and medical attendant, at the same time the former regime of silence is condemned. This paper argues against the implication that truth and silence are in opposition, and moreover that it is only since 1960 that it has been possible to speak the truth about death. Rather what has changed is the nature of truth itself which is manifested in the shift from the interrogation of the corpse to that of the dying patient.

Key words—death, dying, doctor-patient relationship

Over the last 20 years there has been a considerable literature on death and dying. These writings have come from many disciplines, including psychology [1, 2], sociology [3, 4] and medicine [5, 6] but their constant theme has been the promotion of a new humanist regime of care for the dying. It has fallen to the historian to put this new concern into some sort of context and perhaps the most comprehensive and celebrated account of the history of death is that of Arnes who has documented the slow, almost imperceptible changes in social ritual surrounding death over the last thousand years [7]. Arnes concluded his history with the observation that in the middle of the 19th century a major change occurred in the social response to death which represented "a complete reversal of customs". This reversal involved "the beginning of the lie" in which the dying patient was no longer told their prognosis and "death is driven into secrecy" (p. 562), it involved the medicalisation of death such that the dying were removed to the sanitised space of the hospital to conceal the new indecency of death, and it involved the privatisation of death through the rejection and elimination of ceremony, ritual and public mourning. "Once, there were codes for all occasions," Arnes argued, "codes for revealing to others feelings that were generally unexpressed, codes for courting, for giving birth, for dying, for consoling the bereaved. These codes no longer exist. They disappeared in the late 19th and 20th centuries" (p. 579).

This apparent regime of silence and denial which began in the mid 19th century reached its greatest hold at the end of the 1950s, but then, almost as suddenly as it started, it would appear to have weakened, especially in the Anglo-Saxon world. "A complete reversal of attitudes has been taking place," Arnes observed promoted by "a group of psychologists, sociologists and psychiatrists who became aware of the pitiful situation of the dying and decided to defy the taboo" (p. 589).

In Arnes' history of death the hundred years between about 1850 and 1950 marks a curious interlude. Without it, the history of death maps the slow and gentle evolution of the dialogue between society and death, but during that century there was only silence and denial. What was this strange taboo which so effectively silenced speech for one hundred years?

What power could so effectively suppress the truth which the dying and their attendants so passionately wished to speak?

SILENCE AND DISCOURSE

There are two grounds for challenging the argument that the discourse on death and dying was effectively silenced during the late 19th and first half of the 20th centuries. The first is that it is mistaken. Indeed since the mid 19th century there has probably been more thought, spoken, written and discussed about death than ever before. The second, and more fundamental, is that it assumes silence is the negative side of discourse. In the liberal view of power, thoughts will be freely spoken unless they are prevented or suppressed, thus power is essentially something which forbids or negates or represses. Such a view of power can be seen in Arnes' observation that the inherent wish of the patient to speak was blocked by both the transfer of the dying man's bedroom from the home to the jurisdiction of medicine within the hospital and the complicity of the family and relatives with the medical regime of silence.

Alternatively, power can be seen, following Foucault, as not simply something able to repress discourse but actually to produce it [8]. In this schema "there is no binary division to be made between what one says and what one does not say. Silence itself—the things one declines to say, or is forbidden to name, the discretion that is required between different speakers—is less the absolute limit of discourse, the other side from which it is separated by a strict boundary, than an element that functions alongside the things said, with them and in relation to them" (p. 27). In this sense the regime of silence and its lifting in the last two decades is not to be seen as a manifestation of the operation of a repressive power which is recently banished, but of a productive power which at certain points produces silences and at others incitement to discourse. What then would be the mechanism of power which at one point demanded silence and at another talk of liberation?

In the domain of silence which Arnes claimed marked the medicalisation of death, the hospital became "the place of the solitary death" the only

Truth About Death And Dying

KJ Lindholm-Leary



Truth About Death And Dying:

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