THE DEVELOPMENT of the death and dying movement in this country during the past two decades would therefore appear to be an event of major positive cultural significance. It would seem to offer American society a remedy for a deeply seated pathological condition. But, on close analysis, that movement seems to be more an expression of the pathology than a cure. Perhaps the best way to illuminate this situation is to turn to the aforementioned study by Kübler-Ross, On Death and Dying. This enormously popular work has come to function as the Holy Writ, as it were, of the death and dying movement.

Rooted in impressive clinical concerns, Kübler-Ross's efforts also emerge out of a more global set of interests. At the outset she refers to the mass destruction of our era, to the bomb at Hiroshima and to wars in general.

Taking a cue from Freud, she asks: "Is war perhaps nothing else but a need to face death, to conquer and master it, to come out of it alive—a peculiar form of denial of our own mortality?" She then suggests that if all of us would make an all-out effort to contemplate our own deaths, to deal with our attendant anxieties, and to familiarize others with our discoveries, "perhaps there could be less destruction among us."

The bulk of her study focuses on the now familiar idea of five stages of grieving through which, she believes, dying patients typically pass: denial, anger, bargaining, depression and acceptance. The validity of this stage theory has been challenged. In response, Kübler-Ross has argued that by stages of experience she means types of experience, that her analysis is intended not to be prescriptive, but descriptive. It seems, nevertheless, that she does want to be on both sides of the question at the same time, as the normative nuances of the word "stage" suggest.

Roy Branson of the Kennedy Institute for the Study of Human Reproduction and Bioethics at Georgetown University has argued convincingly (in "Is Acceptance a Denial of Death: Another Look at Kübler-Ross," Christian Century, May 7, 1975, p. 464) that Kübler-Ross does in fact advocate acceptance as the normative resolution of our anxieties about death. This, in other words, is where our feelings about death should come to rest, if they are allowed or encouraged to unfold naturally, and not inhibited or blocked by immature needs of the dying person or those who are close to or seeking to help that person. Kübler-Ross is not distressed, Bran-
historical situation in which people already have been socially programmed to think of death as something with little or no significance, the same people who systematically blink at, or otherwise avoid seeing, the death-wielding powers of our mass society?

It might be said that Kübler-Ross is dealing only with the terminally ill in hospitals, and that in this context acceptance is surely an appropriate response to be encouraged. But what if the patient who has cancer is one of the people who grew up next to Love Canal? Is not anger a much more appropriate response to his or her impending death than acceptance? Does not anger affirm such a person's human worth in a way that acceptance never could?

Kübler-Ross observes that the last two stages of the grieving process are depression and acceptance. Could it not be that depression is a sign of repressed anger, and should be dealt with as such? Could it not also be that acceptance—however peaceful it looks to the attending friend or counselor—might in fact be a sign of internal resignation to meaningfulness, a kind of entry into a state of psychic numbness, and that it should be treated as such?

Questions can also be raised concerning Kübler-Ross's normative image of the dying person as one who should increasingly be allowed to be alone, so that he or she can be in solitude with the immediate prospect of dying. In given situations, one can readily imagine that this strategy would be appropriate. But as a general principle, as a guideline for practice, can we really accept the idea of letting go of the dying and still hold on to our common humanity? Are not human beings existentially constituted, as Martin Buber, Karl Barth and others have maintained, not as isolated individuals but as selves in relation to others? Therefore it is a deeply legitimate human instinct to hold on to that world of relationships which constitute our identity. To do otherwise would be to suffer a diminishment of our humanity.

If we consider the stages of the maturation process depicted by Erik Erikson, the last three stages—intrigue, generativity and integrity—all require relationships with others. Should we encourage the dying to let go of the solidarity of human companionship, to jettison, as it were, half of one's identity? Is the infantile, undifferentiating, oceanic feeling Freud spoke of to be the final expression of human growth? Or is some communal reality, such as that suggested by the biblical image of the New Jerusalem, more appropriate as a goal for the end of life? Perhaps the traditional scene of the dying one calling others to his or her bedside for the deathwatch should be cherished as the kind of metaphor we need as we think about death and dying. It seems far more adequate than the image of a narcissistic infant drifting off to sleep in a blissful state of universalized egoism.

In terms of our essential "co-humanity" (Barth), we should instead consider resistance the highest form of a meaningful death. This motif cannot be allowed to stand alone; if it were, it might lead to futile and dehumanizing attempts to prolong biological existence, an occurrence well documented by those interested in death with dignity. The metaphor of resistance also would be problematic were it to be taken abstractly, apart from the matrix of human interconnectedness. To resist death in a humanly authentic way, one must always think and act in the name of human wholeness and human solidarity.

To suggest resistance in this way is not to encourage the denial of death. On the contrary, it may well signal the most radical kind of facing up to death and its destructive powers. Indeed, the person who wills to give his or her life in love for a brother or a sister, or for the sake of many, is resisting death in the highest way—by accepting it. In this sense, resistance may be viewed as the most authentic form of acceptance.

All these considerations point us toward a much more social construct of death, and away from the quasi-biological idea that death is natural. Therefore it will not be sufficient for us to focus our efforts mainly on the problem of training professionals to be more understanding of death and dying. Particularly in view of our isolation as individuals, facing the gargantuan, often destructive powers of the mass society, we will have to focus large amounts of creative energy on the challenge of inventing new communal structures: in hospitals, religious institutions, neighborhoods, unions, professional associations, universities, civic organizations, geopolitical regions—everywhere. We will have to invent new rituals that will help us to express our solidarity with each other and with the dying, so that we all might better join together in resisting the principalities and powers of death, to our last human breath.

The death and dying movement is a symptom of the disease rather than a cure.