

PERSPECTIVES ON DEATH AND DYING

The research on which this book is based is situated in a sociohistoric moment in which there is a proliferation of academic and popular literature on death and dying, and a growth of social movements to change the way in which people can die. Counterpoised with societal concerns about the cost of extended care and keeping people "artificially" alive, are concerns about the lack of control people have over the way they die and the apparent meaninglessness of death. Recently we have witnessed the reemergence and growth of hospices and living wills, seen the emergence of groups such as the Hemlock Society arguing for the legality of assisted suicide, and heard arguments that withholding active treatment should not be considered passive euthanasia. Broadly speaking, the concerns and initiatives are focused on what some have called "death with dignity" (Roy 1986) and are aimed, in part, at making dying more "natural" (Marshall 1985, 58). The current concern about the way we die is reflected in the thanatological literature of recent years which has attempted to define Western attitudes toward death and identify their underlying causes.

Western Perspectives on Death and Dying

The use of the term "Western" requires a few words. I find it an unsatisfactory label for just one level of the entire complex culture of the geopolitical West. Among other things, it denies the significant variation both within the mainstream and amongst more obviously culturally distinct groups living in "the West"; a variability mirrored, incidentally, in the complexity of death practices in India. For example, Hutterians living in the Canadian prairies, have a process of dying which in idealizing a long, drawn-out death, markedly contrasts with the mainstream ideal (Stephenson 1983-84). Further, the term "Western" used in comparison suggests a more absolute distinction with others than there probably is—there are very few places on earth without "Western" structures or ideals and classes of people who aspire to

be more or less "Western." With these hesitations I use the term in order to look at the literature which use it as common currency.

Most treatments of the subject begin with the Philip Ariès's history of changing "attitudes" to death in the West (Ariès 1974, 1981). Death prior to the Middle Ages, he argued, was less something which happened to an individual than an assault on the community. Now, Ariès argued, death has become a personal drama which is "shameful" and "forbidden." More generally, the Western "attitude" toward death has been described as one of "denial." This idea was fully developed by Ernest Becker (1973) who, assuming universal fear of death, argued that it has manifested in modern Western culture as the proclivity to pretend death does not exist. As one example of how this popular conception is used, Palgi and Abramovitch (1984, 410) speculate that the central position of the restored corpse in Western funerals has to do with the fiction of the deceased as peacefully sleeping. Much of the sociological and psychological literature on death assumes the validity of the premise that people in Western societies "deny" death and attempts to explain this attitude on the basis of one or another social-structural condition. Much of it assumes that there has been some change for the worse, and, explicitly or implicitly, makes comparison to either the past or to simpler societies.

Blauner (1966) wrote that the key determinant of the social impact of mortality is the age and social situation of those who die. Death, he said, is particularly disruptive when it strikes persons who are most relevant to the functional and moral activities of the social order. Riley (1983, 191), speaking more specifically of the West, argued similarly that death has taken on new meaning with the recent trend that death now generally occurs not among the young but among the old. Kaistenbaum and Aisenburg (1972, 205-8) called this trend the "transposition" of death and speculated that as death and old age have become equated in the Western psyche, death has come to be regarded, at least in the early years, as a distant and remote possibility. Death has become a social problem, in part, because the living find it hard to identify with the dying (Elias, 1985, 3).

Other literature finds the explanation for Western attitudes to death in our mode of societal arrangement. Stannard (1975) reasoned that when societies were smaller, more integrated, and consisted of extended families, death had more meaning for both individual and community. Further, he argued that factors such as specialization and diversification in commerce, individuality, and the recent mobility in social relations have led to a sense of insignificance when faced with death. Similarly Badone (1989, 18-19) has argued that the denial of death is most likely to be found in a secular society where humanist

ethical values are emphasized and where face-to-face social interaction is minimized."

One specific societal change which has been linked to the shift in Western attitudes toward death is the location in which dying occurs. Between the 1930s and the 1950s, the site of death changed from at home, with the family, to alone in a hospital. Kaistenbaum and Aisenburg (1972, 207) suggested that when people die in hospitals, those outside the hospital are protected from the sights of death. Thus, from the perspective of society, the institutionalization of death has allowed for the denial of death. From the perspective of a dying individual, it has been pointed out repeatedly that the hospital is not a good place to die. Mauksch (1975) argued that hospitals are committed to the recovery process, not to dying, and Sudnow (1967) demonstrated that among hospital staff efficiency is more highly valued than human dignity. Though according to Seale (1989) the attitudes of hospitals are changing with regard to death, a recent sociological study of dying in an oncology ward (Moller 1990) made the point that caregivers are often not comfortable dealing with death, and as a result handle dying patients quite poorly.

Other literature has suggested that the loss of symbols of continuity is responsible for new Western attitudes to death. Robert Jay Lifton in *The Broken Connection* (1979, 17) argued that people are on a "compelling and universal inner quest for continuous symbolic relationship to what has gone before and what will continue after our finite individual lives." Lifton felt that catastrophes associated with World War II, the subsequent Cold War, and the more recent threat of nuclear annihilation has raised doubts and loss of faith in the modes of continuity. Kaistenbaum and Aisenburg (1972) expressed a similar argument, associating a surge of interest in death with "multilateral development of overkill capabilities" which has confronted us with "the prospect that in one swift cataclysm we will lose not only our own lives, but all posterity" (1972, 234).

The spread of secularization throughout Western society is a common theme in understanding Western attitudes to death and dying. Palgi and Abramovitch (1984, 405) pointed out that secularization has weakened belief in an afterlife. Similarly, Jackson (1977) argued that, as a result of secularization, in the present century, the dead in American society have lost their social importance and visibility. Marshall (1980, 58) argued that, with the loss of religious meaning, people have focused their efforts at making death meaningful by making death and dying more "natural," as in the death with dignity movement.

As Moller (1990, 15) has observed, those very scholars who have

been writing about death denial have, over the last couple of decades, created or initiated a huge body of literature on death and dying which itself is evidence that we might not be as death denying as is generally assumed. Moller tried to see this recent fascination with death and the proclivity to deny death as aspects of the same thing. He linked them to the dominant themes of American life: namely technocracy, materialism, individualism, and self-actualization. Technocratic and materialist society, he argued, is characterized by individuals with a "having" orientation. Life itself is experienced as a possession, something that is *lost* with death. It is the loss of this most prized of possessions that is the source of the tremendous fear of dying. The human potential movement, efforts at self-realization, and the recent concern for dying a dignified death are not a drastic parting of the way with this attitude: the improvement of one's most precious possession—the self—and the desire that it not deteriorate during the dying process, follow logically. Moller wrote: "If . . . ways can be found to transform the experience of dying into a process of growth, dignity and enrichment, a final triumph—a final victory—is amassed for the self" (10).

Moller's analysis has the advantage of offering an explanation for the recent social movements concerning death. Moller's own research was with cancer patients; his analysis highlights the fact that much of the thanatological literature, and, I would argue, the death with dignity issue, is about young people. Though some of the explanations for death denial lie in the demographic changes which have associated death with old age, most of the research which has been done on Western attitudes toward death is based on people dying of terminal illness before the end of the life cycle (Marshall, 1980, 69). It is quite possible that the entire postulate of the denial of death in the West and the assumption of universality of the fear of death is based on the fact that research, such as that of Kubler-Ross (1969), is on *young* dying individuals.

Whereas in many other societies, people tend to die throughout the life span, in Western society people tend to die when they are old (Counts and Counts 1985a, 1). In the United States for example people over the age of 85 account for only 1% of the population but for 17% of all deaths (cited in Riley 1983, 192). In my view, a basic distinction must be made between "premature death," such as death from a terminal illness like HIV/AIDS or an accident, and "natural death" at the end of the life cycle. Many anthropological accounts have shown that such a separation is made in other societies. McKellin (1985), for example, reported that the Managalase of Papua New Guinea distinguish between, and react quite differently to "loss of life" and "passing

away" in old age. Counts and Counts (1992, 277) made the point that the perspectives on death held by many societies are shaped by the fact that most death is premature. I believe that the perspectives of death in the West may also be shaped by premature deaths, though not because they are in the majority, but because, as a result of our own disengagement with our elderly people, premature deaths remain the most visible.

On the basis of the literature reviewed above and in the face of the social movements to modify the way we die, it seems that there is general agreement that the meaning of death is ambiguous in North American society. As Marshall (1985, 269) argued, it is dying at the end of the life cycle which requires redefinition and understanding:

If it is necessary to make sense of death, then the nature of what must be made sense of has changed. Not capricious death, but predictable death; not death at an early age, but death as the culmination of life, calls out for new meaning in the North American context, since older systems of meaning were accommodated to a form of death that is now increasingly rare.

This research was carried out under the assumption that cross-cultural research is essential to understanding anything that is affected by cultural factors (Palmore 1983). Specifically, I believe that studies of dying at the end of the life cycle which show how it is conceived and experienced by various peoples can elucidate the potential for responding to and shaping this biological universal.

Anthropology and Dying

Much of the anthropological literature on death is rooted in functionalism and is about how society responds to the death of an individual. Here I am following in a smaller and newer ethnographic tradition in which the problem shifts in emphasis from how society responds to death, to how individuals die and make sense of dying within a particular social and cultural environment. I refer to the anthropological literature which deals with societal and survivor response to death as an "anthropology of death," and to that which deals with the way it is done and conceptualized by dying people within a cultural and societal context as an "anthropology of dying." In practice this distinction is not clear; it is a matter of emphasis. The anthropology of dying, and some of the basic insights which have led to some of the issues I am

concerned with here, have deep roots in some of the early work on death.

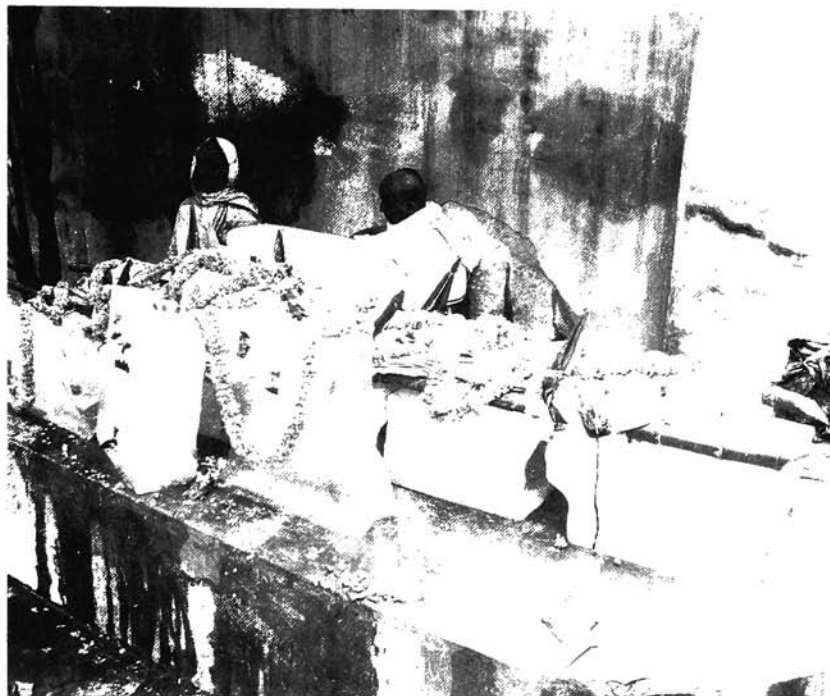
Here I rely on Palgi and Abramovitch (1984) for a basic organization of the topic. The very early anthropological work on death, such as that of Fraser and Tylor, sought to account for the origin of religion and beliefs about 'man's' posthumous fate. Themes which followed and continue to the present day are the socially restorative functions of funeral rites (Hertz [1905] 1960; Malinowski 1929; Radcliffe-Brown 1964; Mandelbaum 1965; DeCoppet 1981; Danforth 1982), the significance of death behaviour as an expression of the cultural value system (Hertz [1905] 1960; Bachofsen 1967; Bloch and Parry 1982; Humphrys 1981) and the theme of transition and concept of liminality (Hertz [1905] 1960; van Gennep 1960; Turner 1967). In another organization of the literature of anthropology of death, Goody (1971) argued that the evolutionists used organizational aspects to get at the conceptual realm, while the functionalists used conceptual aspects to get at social organization. In this schema, the lasting contribution of Hertz, van Gennep, and Turner was to *interrelate* the belief system and mortuary practice (Palgi and Abramovitch 1984).

Van Gennep's *Rites of Passage* (1960) dealt with death to the extent that he recognized in all rites of passage the common theme that between two categories there are three stages; between being alive and being dead there is a stage which is dying. This transitional stage is the hardest for the living to handle, as was shown by Turner's (1967) elaboration on this "liminal" stage. Robert Hertz (1960) had earlier recognized this idea of liminality by concentrating on the large number of societies in which death is not considered to be instantaneous. These societies enact a second burial with elaborate rites in order to assist the dead from their place on the margins of human habitation to the stable world of the ancestors. Rivers (1926, reprinted in Slobodin 1978) demonstrated the arbitrariness of the categories and boundaries between life and death.

The recognition that dying is best regarded as a process is based, in part, on such observations by anthropologists studying the views of other societies. These views were noticed and considered interesting because back home death was popularly conceived to be a singular, nonreversible event—an attitude which is part of a cultural bias toward rigid categorization. However, Western clinicians now recognize that, physiologically, death does not come to all organs simultaneously and, with technological intervention, the process of dying can be greatly extended. From a psychological perspective, dying is understood as beginning at the self-recognition of terminal status and pro-

FIGURE 1.1

A body on ice awaiting the arrival of family members
before being carried to the burning ghat



ceeding (through stages, according to Kubler Ross 1969) to final unconsciousness. From a social perspective, death is most clearly processual, and as Counts and Counts (1991, 278) have pointed out, it is often regarded as a transformative process that can extend well past the end of the body's vital signs.

Dying in a Social and Cultural Context

The early research on how individuals die and make sense of dying within a particular social and cultural environment occurred in Western institutional settings. Glaser and Strauss (1965, 1968) first suggested that in hospitals people can die socially, in the sense of being considered and treated as if dead, before they die biologically. Sudnow (1967) documented examples of what he considered social death pre-

ceding biological death in Western hospitals. As one example, he noted that "near death" patients, at admission to the hospital where he was conducting research, were sometimes left in the supply room throughout the night. If in the morning they were still alive, nurses quickly assigned them beds before the arrival of physicians and/or relatives (1967, 83). This is an outrageous situation but dramatically illustrates the idea that people near to death can be considered, and thus treated as already dead. Similarly, at a nursing home Watson documented that people, once they were defined as dying, were consistently removed from the visual and social presence of the well, with the result that they had decreased access to medical services commonly available to the sick (1976, 122).

The idea of social death has been elaborated by anthropologists, who have noticed that in many societies there is a disjuncture between the physical body and the social persona. The social persona and physical body may have different life spans and the social death or birth of a person may not coincide with his or her physical birth or death (Counts and Counts 1990, 280). For instance, Counts and Counts (1985b, 145) told of a Kaliai man who attended his own mortuary service (while alive) at the completion of which he was considered socially dead. Scaletta (1985) described the death of a Kabana woman who when dying was installed in a lean-to on the perimeter of the village and, as her condition worsened, began to be referred to by others, and then herself, as already dead.

Social and biological deaths are causally connected but have an uncertain temporal relationship. Though it seems to be obvious that biological death will cause social death, social death can occur before, during, or after biological death. The widespread occurrence of ancestor cults and entities we tend to gloss as ghosts may be regarded as manifestations of biological death preceding social death; although biologically dead, people can play an active societal role, carry on conversations, or simply be remembered; Keesing pointed out of the Kwaio that their world is one in which "the living and the dead are coparticipants in everyday life" (1982, 112). Social death may also precede biological death and, in some circumstances, social death may cause or accelerate biological death. A striking instance of this is provided by W. H. R. Rivers (1926, reprinted in Slobodin 1978), who recounted that in the Solomon Islands, people were sometimes buried when in the condition known as *mate*, a category which includes both the dead and people very near death, even when they were still moving and vocalizing.

Other celebrated examples of biological deaths connected to the

social realm are those that have been called "voodoo death" or "magical death." Cannon (1942) recounted many early reports of spells, sorcery, and "black magic" resulting in deaths often of apparently perfectly healthy individuals within just one or two days of the curse. These reports have been from various geographical locations, though Arnhem Land in Northern Australia is where most cases have been documented. Basedow (1925, 178–79) in *The Australian Aboriginal* described voodoo death thus:

The man who discovers he is being boned (cursed) by any enemy is, indeed, a pitiable sight. He stands aghast, with his eyes staring at the treacherous pointer. . . . His cheeks blanch and his eyes become glassy. . . . He attempts to shriek but usually the sound chokes in his throat. . . . He sways backward and falls to the ground. . . . From this time onwards he sickens and frets, refusing to eat and keeping aloof from the daily affairs of the tribe . . . his death is only a matter of a comparatively short time.

Warner (1937), in his book *A Black Civilization: A Social Study of an Australian Tribe*, documented withdrawal of the victim's social group immediately following a curse. He argued that the cause of death in these circumstances is this withdrawal of social support from the cursed individual combined with stimuli from the group which positively suggest death to the victim. Unsatisfied by this "ultimate" explanation of voodoo death, Cannon (1942), and then others, have looked for more proximate causes. Cannon speculated that an individual on whom a supernatural curse had been placed often died as a result of extreme fear which, through the actions of the autonomic nervous system, results in prolonged shock (174). The shock, he argued, would be exacerbated by dehydration resulting from the victim refusing food and drink "in his terror . . . a fact which many observers have noted" (178).

More recently, Eastwell, who visited Arnhem Land regularly to conduct psychiatric clinics, argued that the belief that death is inevitable on both the parts of the cursed individual and his immediate social group, leads, sometimes passively sometimes actively, to no fluid intake on the part of the victim, who then quickly dies of dehydration in Arnhem's very hot climate (1982, 14). Because of the difficulty in observing actual cases of voodoo death, Eastwell argued by analogy. In fact, what he used were cases of deaths of *elderly* aboriginal people. The pattern that he pieced together, based on reports from his "health-worker informants" and some hospital records, is as follows: The rela-

tives and/or the elderly person conclude that death is inevitable. The relatives withdraw and begin public mourning including wailing and chanting the dying person's ancestral songs. Though his informants are "adamant that chanting is requested by the dying person," Eastwell believed this to be not so in all cases, and stated that sometimes it is against the will of the dying person who is, however, powerless to prevent the sequence from continuing (12). At this point the person is "socially dead" and the social group denies him or her any fluids. Eastwell felt that such deaths range from "desirable euthanasia," in which a person is mercifully kept from dying a prolonged death, to outright "senilicide" (14).

The phenomenon of voodoo death has been generalized in two different ways, the first of which concentrates on societal motivation, the second on mechanism. Glascock (1983, 1990) considered voodoo death just one of the ways in which societies hasten the deaths of individuals who are decrepit or, in some other way, liminal or problematic. On the basis of a sample taken from the Human Relations Area File, he argued that death-hastening behavior, including abandoning, forsaking, and outright killing exists in about half of all societies, including the modern West. From a different perspective, Davis (1988, 197-212) argued that voodoo death is a recognizable phenomenon and is best called psychogenic death, a term which points to psychological factors as an intermediary between the social and biological processes (see also Lachman 1982-83).

The idea that important events in an individual's life can affect the timing of death is generally taken for granted (Kalish and Reynolds 1976, 38). For example, it is popularly understood that death of one member of a long lived couple may lead quickly to the death of the other, and that people can sometimes delay their death in anticipation of some important event such as the birth of a grandchild. These two phenomena differ in that the first is an acceleration of death and the second a retardation of death. Generally speaking, acceleration of the dying process has been largely substantiated by scientific inquiry (Shulz and Bazerman 1980, 260) which has shown a higher than expected mortality rate among the recently bereaved, and among persons who have undergone stressful events including divorce and job loss.

Retardation of death has been a much more elusive phenomenon, though there is popular agreement that the process occurs. As an example, Counts and Counts (1983-84, 104) reported the death of a man who appeared to hold on to life for a couple of weeks, anticipating the arrival of his eldest daughter, and then died within a couple of hours

of her arrival. There have been several attempts to find statistical links between death and ceremonial occasions, especially birthdays: the "birthday-deathday" phenomenon (Phillips and Feldman 1973; Baltes 1977-78; Schulz and Bazerman 1980; Harrison and Moore 1982-83; and Zusne 1986-87). The results of studies are contradictory and seem to be highly dependent on methodology. For instance Phillips and Feldman (1973) found that there are fewer deaths than would be expected immediately *before* birthdays, suggesting postponement of death until after the anticipated event. Harrison and Moore (1982-83), on the other hand, found fewer deaths immediately *after* birthdays and speculate that the birthday is a dreaded event. Harrison and Kroll (1985-86), who studied deaths around Christmas, found what they call a "clear dip" in deaths the week before, and a "highly pronounced surge" during the two weeks after Christmas. They speculated that anticipation of Christmas produced a "positive mood" which acts to "delay death" and that there is essentially the opposite effect after Christmas.

Though the literature cited above is based on relatively minor demographic phenomena, its theoretical significance is far-reaching as it points to the linkage between self and society. This literature points to two interrelated processes whereby individuals are sometimes motivated to manage the time of their own deaths, often to fulfill some social commitment, and society sometimes exerts control over the death of its constituents.

Good and Bad Deaths

Counts (1976-77) argued that the death-related behavior of the Kaliai is based on a set of ordered principles which define the nature of death and the relationship of the dead to society. Death-related behavior is performed with the objective of avoiding dying a bad death. Individuals draw on their cultural knowledge to make sense of death and dying, and some deaths are considered more appropriate than others. To the extent that an individual can shape his or her dying process, he or she will shape it into an appropriate one.

Ideas of what are good deaths are thus of some importance in understanding the dying process and have been looked at cross-culturally. People can often express what a good or bad death is. In the social realm the distinction between good or bad deaths is underlined by differential ritual activity. Bad deaths often receive more elaborate ritual treatment (Counts and Counts 1985a), an activity which can be interpreted as a sense-making behavior (Marshall 1985, 269).

One common element in people's ideas of good death seems to be that of control. Bloch and Parry (1982) argued that the pervasive distinction between good and bad death is a response by society to the challenge of the deaths of its members: "Both the impulse to determine the time and place of death and the dissociation of social death from the termination of bodily function, clearly represent an attempt to control the unpredictable nature of biological death and hence dramatize the victory of order over biology" (15). A good death, in this view, is one "which suggests some degree of mastery" over the biological occurrence by "replicating a prototype to which all such deaths conform." A bad death, in contrast, demonstrates the absence of such controls. Counts and Counts (1983-84) also argued that the good death for the Kaliai is one in which there is a degree of control, adding public participation and lack of disruption as important factors. Badone (1989, 56) suggested that an important part of the good death among certain people in a region of rural Brittany is awareness that one is going to die, though this, she says, is changing. The distinction between a good and bad death is also commonly a moral one; death at an old age in much of Oceania is considered good because old age is equated with a morally correct life (Counts and Counts 1985a; Scaletta 1985).

The position I take in this study is that dying is a process occurring at social, individual (or psychological), and physiological levels but that there may be a disjuncture between the various levels such that one can die socially before or after biological death. Social processes can affect the biological process of dying both directly and indirectly. The very category of "dying" is a social one: the length of time someone spends in it and how it is shaped depends on how it is defined. Cultural ideas of, for instance, what is a good or bad death are implicit in the physiological dying process.

In much anthropological literature, the physiological process is considered immutable; the social and cultural effect on the physiological dying process is seen as the *interpreting* of the physiological response and the *defining* of the behavior that is appropriate. Here I am also interested in exploring the other half of the dialectical relationship between culture and physiology, namely, the effect that the cultural interpretations and definitions can have on the physiological process itself. The major theoretical aim of this book is to document the relationship of an individual's understanding of a good death—seen in relationship to the spectrum of Hindu possibilities—to the individual's actual multifaceted experience of dying.

Other Theoretical Considerations

This is a topic-oriented, person-centered ethnography which focuses on the experience of dying in the context of the Hindu holy city, Kashi. Broadly, the ethnographic goals are to discover the cultural knowledge people are using to organize their behavior and interpret their experiences, and to contribute to general theoretical statements about the process of dying in the context of cultural and social life. Specifically, I provide empirically based descriptions of the process of the dying of pilgrims who are brought by their families at the last moment to die in Kashi, and attempt to understand the behaviour in terms of the beliefs, understandings, values, and attitudes which the behaviors are based upon and reproduce.

At the basis for my choice in this research topic is an interest in the interplay of culture and biology, especially in terms of how societal processes affect physiological processes. I see this as one aspect of what I consider to be a deep concern of humankind as to the features and quality of human nature. Though my concerns are both culture and biology, a synthesis of cultural and biological perspectives is difficult due to basic methodological differences. In the biological perspective, life is viewed and not engaged (Peacock 1986, 98): subject studies object. I prefer an interpretive cultural perspective stressing holism and a concern for culture which are enhanced by capturing the interplay *between* subject and object. The recognition of this interplay, of the necessary subjectivity of the work, is ultimately for the purpose of striving *toward* objectivity, an unattainable goal which has its reward in the journey.

I take a life-course perspective which sees dying as the culmination of a life-long process of aging and which assumes that there are three processes—biological, psychological, and social—which interact over the course of life and during dying (Marshall 1985, 253). Though I emphasize the social and cultural milieu, I do not see socialization or cultural prescription as causal, but rather as providing a range of possibilities in which an individual can struggle to find meaning and act on the basis of what makes sense (Counts and Counts 1985a). My theoretical perspective fits largely into the framework of symbolic interactionism. Following Blumer (1969, 2), I accept that:

1. People act not on things themselves but the meaning that those things embody.
2. Meaning derives from interaction with others.

3. Meanings are reinterpreted and change, and actions are not automatic responses but are evaluations based on cultural knowledge.

I feel that my first responsibility in writing is to document the human phenomenon I studied in all its complexity and variability, in a way that reveals meaning to the reader. I see ethnographic meaning existing primarily at the two levels Charlsley (1987) has identified as indigenous and anthropological exegesis. Most basic to this research is the meaning that individuals see in what they are doing, that they have conveyed to me and that I have struggled to understand. The content of each chapter of the book is based on this level of meaning. A second level of meaning is created by my analyses and juxtapositions of ideas on the basis of plausible connections between them. These connections form the organization of the book and the topics of the chapters.

Both the indigenous and anthropological exegesis are connected to bodies of texts. In this chapter, I have attempted to situate the book in the anthropological and other literature which has informed it. One of the underlying themes of the chapters that follow is to show how the meaning expressed by the individuals who informed me is also situated in a complex body of texts—though these are scriptural—which act as a pool from which individuals and small groups can draw in different ways and degrees. A concern for how the “system” is produced and reproduced places the book in the margins of what Ortner (1984, 146) describes as the diverse “practice approach” in anthropology.

In the next chapter, after introducing the city of Kashi, I describe how I deal with the problem of the place of the scriptural texts in the cultural knowledge which informs people about going to Kashi to die. Chapters 3 and 4 describe the historical and present contexts in which the pilgrims spend their final days and hours. The following four chapters are more analytically focused. Chapters 5, 6 and 7 look at the place of tradition, spiritual knowledge, and morality in the pilgrimage to Kashi to die. Chapter 8 describes aspects of the physiological dying process and my concluding chapter ties the physiological process into the tradition of coming to Kashi and its spiritual and moral implications. I return from the field in the final chapter and briefly discuss the implications of the book for the way “we”—in Fabian’s (1973) universal sense of the word—die.