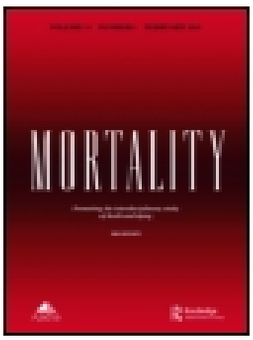

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ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/cmrt20

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**To cite this article:** Brenda Mathijssen (2021): The human corpse as aesthetic-therapeutic, Mortality, DOI: 10.1080/13576275.2021.1876009

**To link to this article:** https://doi.org/10.1080/13576275.2021.1876009



Published online: 21 Jan 2021.

MORTALITY
https://doi.org/10.1080/13576275.2021.1876009

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# The human corpse as aesthetic-therapeutic

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**ABSTRACT**

This paper shows how the human corpse can function as an aesthetic-therapeutic for the deceased, the bereaved and for death care professionals. It understands the human corpse as a liminal entity that is characterised by a specific materiality, biography and self-referentiality. Because of these attributes the corpse can be employed as an aesthetic-therapeutic by the bereaved and by death care professionals in response to a death. On the basis of participant observation in the death care industry and qualitative interviews with bereaved people and funeral professionals in the Netherlands, the paper discusses four engagements with the dead body in the period prior to the funeral: i) caring, ii) sustaining, iii) restoring, and iv) disregarding the dead body. Crucially, it shows how such engagements can contribute to the well-being of those involved, including the deceased, who is often understood to be sentient. Furthermore, by focusing on cases where the corpse is disregarded, the paper argues that an aesthetic-therapeutic understanding of the human corpse is hegemonic in the death care industry. The analysis and conclusion offer insights to scholars in the interdisciplinary field of death studies, as well as reflections for practitioners in end-of-life and death care.

**KEYWORDS**

Human corpse; embodiment; death care; aesthetics; therapeutic

## 1. Introduction

During ethnographic fieldwork in 2016, I was accompanying a funeral director in the region of the Dutch capital Amsterdam. After meeting a family to arrange the cremation of their deceased brother, the funeral director told me about her custom to view the deceased. She wanted to ensure that the deceased was laid in state in a 'good' way. As we entered the mortuary my understandings of the dead body were challenged, which in turn led me to reflect critically on the Dutch death care industry. Although I had seen dead bodies at wakes and funerals, most of them were profoundly different from the one that I now encountered in the mortuary. They had been prepared – being washed, dressed, and cared for – whereas this body had yet been left untouched. Moreover, the emerging discourse between the funeral director and the mortuary technicians revealed a variety of norms regarding how the body should be treated, perceived and understood by professionals as well as by the bereaved. As clean, clinical, and transparent as the mortuary looked, it was clearly full of implicit social and moral obligations.

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The human corpse has been of interest to scholars in a variety of disciplines, such as anthropology, philosophy and art history. Existing studies have explored the attributes, meanings and functionalities of the corpse in different times, places and situations (Foltyn, 2008; Tarlow, 2002; Troyer, 2020; Verdery, 1999) Less attention has been given to the lived experiences and embodied practices of those dealing with the dead today. Therefore this article investigates how the human corpse is engaged with and understood by death care professionals and the bereaved family and friends in the period prior to the funeral or final disposition of the mortal remains. My intention is not to offer an exhaustive analysis of the human corpse. Rather I will present some 'poetic possibilities' of the human corpse on the basis of qualitative interviews and participant observation in the death care industry in the Netherlands (Foltyn, 1996, p. 72). I argue that the corpse has the potential to function as an aesthetic-therapeutic for the deceased, the bereaved and for death care professionals. Here, the notion of the aesthetic-therapeutic indicates that the therapeutic and the aesthetic are increasingly associated with and (partially) constituting of each other (Collins, 2007).

To make this argument the paper critically discusses the concept of the human corpse (§2) and examines literature on therapeutic deathscapes (§3) and the aesthetic-therapeutic (§4). Subsequently, offering insight into the socio-cultural and legal context of the empirical cases discussed in the article, attention will be given to some particulars of the Dutch death care industry and its dealings with dead bodies (§5). After discussing methods (§6), the chapter then zooms in on concrete practices and attitudes regarding the dead body (§7). It focuses on four engagements with the body in particular: How is the human corpse being cared for? In what ways is the human corpse sustained? How is it restored? And fourth, can the human corpse be disregarded?

## 2. Encountering the human corpse

The human engagement with death starts and ends with the *thereness* of the dead body and the issue of putrefaction (Engelke, 2019; Verdery, 1999). In many societies in the contemporary west the decomposing body presents a problem to the living, not only in terms of public health, but mainly in a social sense because 'the body is the locus of the beloved individual [and their] distinct and personal identity' (Tarlow, 2002, p. 85). The continuing existence of this identity is threatened by the death of the body, and the living employ a wide variety of strategies or 'technologies' to respond to it (Foucault, 1997; Troyer, 2020, pp. 57–58), softening, obscuring, delaying, increasing or counteracting the process of decay.

Although the dead body is indisputably there, it is difficult to assess *who* or *what* this body constitutes. The dead body is a highly ambiguous and liminal entity (Mathijssen, 2017b), an 'almost-person' (Troyer, 2020, p. xxxvi). On the one hand, the dead body can be understood as a deceased and embodied *subject* who exercises energy and control (Kopytoff, 1996; Shilling, 2012). On the other hand, it can be seen as a dead *object* that is subject to control (Troyer, 2007).[1] Importantly, in both of these understandings, the dead body is 'exposed to social crafting and form' in a similar vein as the living body (Butler, 2009, p. 3). Living bodies are constructed by ourselves, for example, through dress and posture, as well as by others, raising questions of ownership and power. In many ways this is equally true for, and impacts on our understanding of, the body after its biological death.

Because the dead body has many ambiguous and therefore dangerous characteristics – which are related to its social and material decay (Prendergast et al., 2006), rendering it 'matter out of place' (Douglas, 1966) – it has a strong symbolic efficacy (Krmpotich et al., 2010). This efficacy can be employed by the living to respond to death, for example, in humanity's ongoing attempts to 'win' against the phenomenon of death in general (Canguilhem, 1989, p. 236), or to speak 'words against' a particular death (Bailey & Walter, 2016; Davies, 2002), for instance, by making the deceased present or by mediating the deceased's final rite of passage. In addition to this ambiguity, the dead body has other specific characteristics that enable the living to employ it. Drawing on the work of Katherine Verdery (1999), I highlight three of them.

First, the tactile dead body has a specific materiality. It can be dressed, preserved, moved, displayed and disposed of in a number of ways. The dead body can be employed to symbolise or signify something, or anything, depending on those involved (Hallam et al., 2005). Think, for instance, about the dressing of the body to reinforce an aspect of the deceased's identity, or moving it to particular places, such as homes or public venues (Mathijssen, 2018). The dead body can be put on display (Falkof, 2018; Penfold-Mounce, 2016), or on the contrary, can be hidden or disguised (Foltyn, 2008). The dead body and its symbolic meaning are thus malleable in view of specific needs and circumstances, and because the body is polysemic; it can mean different things to different people (Harper, 2010).

Second, the dead body has its own biography. The body can evoke memories of the life of the deceased, and it allows the living to highlight particular aspects of the deceased's identity. It thus is a symbol of self (Howarth, 2000; Synott, 1992). By manipulating the body, bereaved people are able to tell stories or make a statement. As Verdery (1999, p. 29) vividly states: 'Words can be put into [the dead body's] mouth'. Voice can thus be given to the deceased, but the body also is a means to craft and express the histories and biographies of other people's lives (Hallam et al., 2005; Van der Pijl, 2016). It is a site for imagination, expression and meaning-making.

Third, the dead body is self-referential. We can recognise something of ourselves in the dead body. Therefore, the dead body engages emotions (Verdery, 1999). Although not all bodies may evoke the same feelings, they make us aware of human mortality and of our own decay. Some can remind us of earlier losses. Moreover, in addition to signifying the end of the life of the deceased, the dead body reminds us of our changing relationship with the deceased. It renders visible the loss of self, including the self that was shared with the deceased (Howarth, 2000; Shilling, 2012).

## 3. Therapeutic deathscapes

Since the 1990s, therapeutic landscapes have increasingly been studied as places of physical and emotional health and well-being (Conradson, 2005; Gesler, 1992, 2005). Therapeutic landscapes include formal sites such as parks, pilgrimage sites, hospitals and clinics, as well as everyday places such as homes or gardens (Bignante, 2015). Recent work also pays attention to non-physical spaces including social, symbolic, emotional, and virtual landscapes (Agyekym, 2019; Williams, 2013). The central argument that underlies this rich body of scholarship is that place, understood as dynamic and processual (Massey, 2005; Seamon, 2014), might offer therapeutic or healing resources that can impact the health and well-being of humans and other species (Lea, 2008).

In the humanities and the social sciences some recent work has focused on the therapeutic qualities of deathscapes, in particular cemeteries and crematoria. This includes studies of the consolatory qualities of these sites (Jedan et al., 2018; Worpole, 2003), of crematorium design (Grainger, 2020; Klaassens & Groote, 2014), and of the comforting role of nature and gardening at cemeteries (Clayden et al., 2015; Davies & Rumble, 2012; Francis et al., 2005). Also, the therapeutic aspects of funeral care and funeral services have been documented (Adamson & Holloway, 2013; Laderman, 2005; Mathijssen, 2017a; Schafer, 2012). Interestingly, funeral homes or mortuaries have not been conceptualised as therapeutic environments contributing to health and well-being. This, I would suggest, is particularly due to the presence of the liminal putrefying corpse. It is often in these places that those who have recently died are *becoming dead*. At the same time, however, these places may enable the living to engage with the human corpse in order to care for, socially sustain and/or restore the deceased. Such engagements may impact the well-being of the deceased, who might be understood to be sentient (Venhorst, 2012), the bereaved and death care professionals.

## 4. The aesthetic-therapeutic

The therapeutic is increasingly associated with 'the beautiful'. Focusing on acute care hospitals in the UK, Peter Collins (2007) has shown that the aesthetic qualities of therapeutic environments are considered more and more important, and are sometimes prioritised over therapeutic qualities. By improving the visual appearance of the environment, for instance, through artworks or design, it is thought that the experiences of patients (and professionals) are improved (Caspari et al., 2007). Collins (2007) refers to this as the 'aesthetic-therapeutic' turn, indicating that the aesthetic and therapeutic are partially defining and constituting of each other. The aesthetic-therapeutic thus implies that the therapeutic has become the aesthetic and vice versa.

The idea of the aesthetic-therapeutic is profoundly visible in death care environments in the Netherlands: during my fieldwork I regularly found 'soothing' artworks in the cremation chamber, 'consolatory' writings on the mortuary walls, as well as funeral homes that are meticulously designed to 'comfort' the bereaved (figure 1). What is unique to the context of death care, I would suggest, is that the aesthetic-therapeutic is not confined to the physical location, such as a room or building, nor to the living individuals, for example, the professionals. Rather, the aesthetic-therapeutic is typically connected to the preparation, positioning, display, and movement of the human corpse.

Although the aesthetic-therapeutic qualities of the human corpse have not been explicitly examined, it is hardly new to associate the corpse with aesthetics. Archaeological excavations have long evidenced a concern with the presenting and positioning of the dead body (Stutz & Tarlow, 2013). From the 16$^{th}$ and 17$^{th}$ century onwards, death portraits were manufactured in Europe, typically of those of higher socio-economic classes, which convey a specific aesthetic and begin to normalise a particular appearance of the dead body (Sliggers, 1998). In the 18$^{th}$ and especially the 19$^{th}$ century, the emphasis on the beauty of the corpse increases in the west in part as a result of emerging techniques such as embalming and photography (Troyer, 2020). This made it possible for a much wider demographic to preserve and manipulate the dead body, and it enabled the living to move around and exhibit the dead. In the 21$^{st}$ century the


**figure 1.** Consoling poetry on the walls of the cremation chamber at Crematorium Ommeland and Stad in Groningen, The Netherlands. Source: Crematorium Ommeland and Stad.

personalisation, individualisation and mediatisation of death play a key role in the aestheticising of the dead body (Foltyn, 2008; Venbrux et al., 2009).

How can we understand this intricate connection between death and beauty throughout history? According to Foltyn (1996) death and beauty are characterised by paradox, by a specific alignment/disalignment. Where they share in some attributes, such as stillness and repose, they are antithetical in others, such as decay and pollution. By cultivating beauty humans participate in a symbolic system that enables them to be part of the world of culture, rather than the world of nature, and thus transcend their own individuality (Solomon et al., 2015). In other words, humans 'wield beauty to attract and reproduce, to affirm and celebrate life, to combat and to deny death, and to console the dead and the living (. . .)' (Foltyn, 1996, p. 73). Beauty, thus, is a necessary aspect of responding to death, and of grieving and honouring the dead.

Understanding beauty in this way, it is no surprise that many scholars have associated aesthetics with the social and psychological dimensions of death and bereavement; with the therapeutic. In her study of contemporary wailing practices of Yemenite Jewish women, for example, Tova Gamliel (2014) has shown that the honouring of the deceased is typically judged in terms of beauty. In the beauty of disposition practices, we can then observe a sense of social responsibility and moral obligation to the deceased and the living. In psychological terms, the beautification of the corpse has been associated with regulating emotions of disgust and discomfort (Linke, 2010). Moreover, it has been connected to managing grief and facilitating detachment (Testoni et al., 2020), with redefining relationships between the living and the dead (Mathijssen, 2018), and with overcoming death anxiety (Solomon et al., 2015). Elam and Pielak (2018, p. xii) even speak

of an 'aesthetic soothing' in relation to the corpse. They suggest that we attempt to anesthetise ourselves by aestheticising the dead body, but ultimately fail in doing so because the thereness of the corpse continues to remind us of what could have been. Thus, while we aestheticise the human corpse, the corpse simultaneously resist aestheticising (Troyer, 2020). It is the corpse's omnipresent potential of resistance that evokes the need for ongoing care for the dead body (Friese, 2013).

## 5. Death care in the Netherlands

As the human engagement with death and the dead varies cross-culturally, and depends on local and national forms of governance, it is pertinent to outline some particularities concerning the treatment of the dead body in the Netherlands. The Dutch death care industry currently, in 2019, exists of three large funeral cooperatives, and nearly 2000 small and medium-sized enterprises, which together organise about 150.000 funerals a year. Three types of bodily dispersal are legalised under the national Corpse Disposal Act: cremation (66%), burial (34%), and donation to science (approximately 500–750 cases a year).[2] Concerning cremation, the Corpse Disposal Act stipulates that the ashes may be retrieved from the crematorium from one month after the cremation onwards. They may be taken home and may be divided into parts; e.g., by scattering them. Concerning burial, the deceased may be buried in a coffin or a shroud, and there is a minimum period of 10 years grave rest. No eternal graves exist and grave clearance is a common practice.

The Corpse Disposal Act prescribes that the burial or cremation of the deceased has to take place on the sixth working day after death at the latest. This means that people usually have one week to organise the funeral of their deceased. During this week the deceased is washed and dressed, and will typically be installed in a cooled room in the funeral home or crematorium. It is also possible to instal the deceased at home, and it is a common practice to view the deceased or to hold a wake prior to the funeral. Because of the limited time between death and the funeral, there has been little need to embalm dead bodies in the Netherlands. In fact, embalming is prohibited under law, with the exception of the Royal family. Since 2010 thanatopraxy, a light form of embalming that preserves the body for ca. 10 days, has been allowed. According to the Dutch Institute for Thanatopraxy, about 5900 deceased (ca. 4%) received this type of treatment in 2015.[3]

## 6. Methods

This paper draws on fieldwork conducted in the death care industry in the Netherlands between 2012 and 2016 (Mathijssen, 2017a). Most importantly, it is based on qualitative interviews with 20 ritual experts (ministers, celebrants and funeral directors) and 15 recently bereaved people (between the ages of 34 and 84, who had up to a year previously lost an immediate family member). The interviews followed a semi-structured guide, lasted between 1.5 and 2 hours on average, and were recorded, transcribed and analysed. The experts were invited to share their professional experiences, whereas the bereaved were invited to tell their story of losing a significant other. All interviews included the moment of death, the funerary preparations and practices, as well as experiences of bereavement. The deceased and the dead body were important

interview topics. All participants gave informed consent for participation in the research project and use of their interviews in academic publications.

In addition to the interviews, I conducted participant observation in the death care industry, especially of funerals, and in funeral homes and crematoria (total of 6 months). I was invited to accompany different funerary professionals and, as such, was able to participate in and observe most aspects of organising a funeral: the preparation interviews, the care for the deceased in the mortuary, the mourning or viewing room (chapel of rest), the wake, the hearse drivers, the funeral ceremony itself, the coffee table, and the actual cremation or burial. I kept a fieldwork diary and wrote notes during the observations, which were later analysed. Since 2016, I have continued to study and empirically engage with death care professionals in the Netherlands on a regular basis. I draw on these engagements in my reflections.

## 7. The aesthetic-therapeutic corpse in practice

This section explores the aesthetic-therapeutic qualities of the human corpse by focusing on four engagements with the dead body: i) caring, ii) sustaining, iii) restoring, and iv) disregarding the dead body. In doing so, it also draws attention to some of the hegemonic norms of the death care industry in the Netherlands.

### *7.1. Caring for the dead body*

After death has occurred, the body of the deceased is cared for until the funeral takes place. It is washed and dressed, and can be stored or put on display in a (cooled) room. While hygiene is an important reason to care for the dead body, it is by no means the only one. Most corpses pose limited risks to health and are safe to handle with some basic sanitary precautions.[4] These basic precautions do not entail the aestheticising of the human corpse. Moreover, they do not demand to be conceptualised as 'care'. Reasons for conceptualising these practices as care, and for emphasising the beautiful, can be found in the ambiguous character of the dead body: it is not only the human corpse that is being cared for, but rather the deceased subject. How the body continues to be the locus for the individual's identity, becomes clear in the following account of Maria, whose mother passed away in a hospital in the south of the Netherlands[5]:

> [After she passed away] we pushed her into the freezer [in the hospital mortuary]. Really. "Bye mum, bye mum" [. . .] I never had expected myself to do that. I was always afraid of death, but [we] spoke to her all the time: "We are going home now mum". "[Your hair looks] beautiful again". "Well mum, now you will go into the freezer". [And then] she went in on a stretcher. I said: "Cheers mum, I will see you tomorrow."
>
> Interview with Maria, 50s

Maria's account reflects an intimacy with the deceased that is mediated through the dead body. The deceased is addressed as 'Mum', and is spoken to and kept informed about the steps that are taken in the mortuary. She is soothed and comforted, in part by referring to her beauty, in a much similar fashion as one would comfort a living person during moments of unease or insecurity. The expressed care not only served as a therapeutic for the deceased but also for Maria. In the interview she explained that she used to be

'frightened of death' but now was 'comforted' by seeing her mother and felt it was good to be able to wash, dress and visit her in the subsequent days. Similar sentiments were expressed by other interviewees, like Jan, who cared for his deceased father:

> I made it very clear to the funeral director that I wanted to [take care of my father]. [. . .] I thought it was lovely, it was very beautiful. You are with your father again. You can still do something for him. [. . .] Washing, dressing, tidying him up. Just, working with him. I also talked to him now and then. I would say: "I will make sure you wear your best shirt and [. . .] look neat". [. . .] Things like that. I am very happy that I did, that I had this opportunity. [. . .] And uhm, I had hoped it would help me to accept and adapt to the new situation, which it has.
>
> Interview with Jan, 60s

In the period prior to the funeral, it is common for many bereaved people to interact with their deceased through the dead body, which is treated as if it is alive. During a funeral arrangement interview, for instance, I met two daughters who were choosing clothes for their deceased mother. The daughters quickly picked her favourite blue dress, but when the funeral director remarked that the deceased also needed her undergarments, a more reflective conversation began. The undergarments, the daughters suggested, had to be pretty and, equally important, needed to be comfortable: 'A good fit, feeling soft on her skin'. Thus both the aesthetic appearance as well as the senses of the deceased were taken into account. I observed a similar concern with the experience of the deceased among funeral professionals, who, for example, would use a comfortable temperature of the water to wash the body, or who adjusted the temperature to the preferences of the deceased.

The preferences of the deceased were also considered on other occasions. One of the daughters whom I just mentioned, for example, did not want to store her mother in a cooled room with the other dead. 'I would like a private room for mum, as she doesn't like people', she explained. Therefore, mother was given a private mourning-chamber in the funeral home where she stayed until the day of the funeral, and which granted the family 24/7 access. Both in the dressing and the storing of the body of their mother the daughters attributed an intentional psychology to the dead body, implying that it has a conscious existence (Harper, 2010). The lifestyle of the deceased – her character and preferences – became a source of social and moral obligation in making decisions regarding the care for her body (Davies, 2002, p. 98). By caring for the dead body, the well-being of the deceased is thus considered *and* improved.

### *7.2. Sustaining the dead body*

The aesthetic engagement with the human corpse becomes most visible in the dressing of the body. Through dress, or by making decisions in that regard, the bereaved can sustain their deceased, and highlight and shape the deceased's identity. We can observe this in many ways, varying from bold statements to small gestures. During one funeral arrangement interview, for example, the son asked me whether the family could help with dressing their deceased father. When he discussed this with his mother, she explained that she did not feel comfortable having to dress her husband. However, she wanted to be involved and immediately went upstairs to look for his glasses. 'Without those, it just isn't him', she said. Through the glasses, useless as they may seem after death, the human

corpse, a dead object, turns once again into a deceased subject: her husband, who is being cared for.

In another instance, a funeral director and I visited a man whose mother, Amira, had passed away. Amira had always looked refined, wearing beautiful clothes, and having immaculate hair and make-up, until she had suffered a stroke a few years back. Since then she had been unable to care for her appearance, and had only continued to wear a particular colour of nail polish. In making arrangements, the family insisted that that particular shade of nail polish had to used, and they wanted to dress her as she used to dress herself before she fell ill. By doing so, they not only sustained their deceased, but also restored her identity to who she was in times of good health (see next section also).

The identity of the deceased can thus be shaped through the dressing of the dead body. The human corpse becomes a symbol of the deceased as it is employed to express the deceased's lifestyle and core values. During a participant observation at a crematorium, for example, I helped to decorate the open coffin of Mark who had died of cancer in his 40s. Wearing his pink-blue swim shorts with flowers, an off-white polo t-shirt, and shiny sunglasses, he was dressed as if he was about to have a piña colada on a sunny beach. Notes and cards were sticking out of the lining of the coffin, written by some of the mourners, and at his feet were matching flip-flops. I was supporting a family member to place a pair of boxing gloves in the coffin, the sport that Mark had loved during his life. Although I personally did not know Mark, the aesthetic engagement with his body taught me something about his life and character. More specifically, it showed how his next of kin wished to commemorate him. Through dress and decoration, we were imprinting his identity on his dead body. We were telling a specific story about his life and about who he was as an individual, a story to be shared with the other funeral participants during the open-coffin ceremony. A story to show respect to Mark, to socially sustain him, and to offer consolation to the mourners.

### *7.3. Restoring the dead body*

The aestheticising of the human corpse enables the living to care for and socially sustain their deceased, expressing a particular relationality; it can contribute to a sense of comfort, consolation and well-being. In addition to this, the aestheticising of the human corpse can play a fundamental role in people's dealings with fraught experiences of illness, dying and loss. With fraught experiences I refer to those experiences that are personally, socially or culturally understood as undesirable or that are experienced as particularly harmful. Examples are (traumatic) encounters with illness, incidents or mal-treatment in healthcare settings, and experiences of untimely or other types of 'bad' death. In such cases, the dead body can be employed as an aesthetic-therapeutic to heal the deceased subject, who is often attributed a form of consciousness, to console the next of kin, and to make a bad death good.

In the Netherlands a good death typically assumes an autonomous rational subject, who passes away at home, surrounded by loved ones, at an old age, and without pain (Lemos-Dekker, 2020). Importantly, it is not always possible to die in a way that is deemed good. This is reflected in the following account of Gerrit who, during an interview, recounted a list of deaths that he had witnessed:

> With my father-in-law, we kept vigil beside his bed before he died. And my mother-in-law [passed away] at home. […] Those who were at home, were present. […]. My mother had a cerebral infarction and everyone was called to the house. […] I was present with all of them, but I did not get that chance with my own wife, with whom I shared most of my life.
>
> Interview with Gerrit, 80s

Gerrit's voice got higher when he told me that he had been absent at his wife's passing, and had been unable to care for her immediately after death. He felt he should have been given that opportunity and called it 'his only regret'. 'It hurts me more now, than it did at the time', he explained, emphasising the emotional impact. When one's ideal of a good death isn't met, the body of the deceased can be employed to counteract that experience, as it allows the bereaved to create a good experience. Gerrit, for instance, brought his wife's ashes to the Waal, a river in which they used to swim together, and which would bring her to her home town in Zeeland, and towards the North Sea where her brother had passed away. The intimacy that Gerrit had missed at the moment of death was now found in the final disposition of the dead body.

Another example of counteracting a less favourable death can be observed in the account of Ton, whose partner Linda had suffered from Alzheimer's disease:

> I actually wanted to have Linda at home during her last weeks, but that was impossible […] Because she really needed the medical support, I left her in the hospice. But I did say: "When the time comes we will embalm her and bring her home". So, I felt that we still had a bit of that homecoming. And from Sunday till [the funeral] on Thursday, she lay here at home, [in her red dress], underneath her own painting. [Shows pictures] And that was pleasant. [It was like] she was part of it. […] I didn't really talk to her. Yes, I'd kiss her, but … And also for the children. It looked very warm and cosy. They came over and could sit with their mum […] I feel I did everything the way it should be. That I did everything that I could. And that consoles me.
>
> Interview with Ton, 60s

Ton's account illustrates how the post-mortem care for the body affords the deceased the homely death that he had wished for her. Furthermore, his narrative reveals that the placing of the body is of importance, and influences one's understanding of the deceased. As Linda had needed much medical support one could argue that during her last days she was predominantly a medical being, an object of medical intervention. By being brought home, Linda became an individual subject again, a part of the family. The homecoming was symbolised by displaying her body, embalmed and wearing her favourite red dress and counteracted the illness and the death in the hospice.[6]

The human corpse can support people in coping with episodes of illness during the end of life, and the associated physical and/or mental degradation. Such degradation was experienced by many of my interviewees and their deceased, particularly those who encountered long-term illness. Often my interviewees expressed that 'their' deceased, the person who they knew, was already dying during the period of illness, as we have seen in the previously discussed case of Amira, who suffered from a stroke. Another example of this unfolded during an interview with Yvonne, who had lost her brother Tim to cancer. Tim was in his 50s and took good care of his health and his appearance. He loved to swim on a regular basis, but due to surgery and chemotherapy he could no longer enjoy this. As Tim lost this ability, and felt his beauty was fading, Yvonne experienced she was losing her brother. Furthermore, the subsequent period of severe illness and unsuccessful treatment

was traumatic to Yvonne. After Tim's death, Yvonne began to engage with his bodily remains to recover his dignity and identity, and to counteract his physical degradation and suffering. In addition to dressing him and aestheticising the coffin, like we have seen in other cases in this paper, Yvonne uses Tim's cremated remains and their final disposition to achieve an implicit therapeutic goal:

> When we arrived at Lake Garda [. . .] we scattered the ashes [. . .] He always loved the ocean so I said: "Go swimming. You have your freedom back [. . .]." Beautiful isn't it?
>
> [. . .]
>
> Afterwards, [my friends] found out that some ashes had stayed in the urn, and they knew how I felt about this. [. . .] I told them: "My brother was whole, complete. Then he was broken by his illness, but they made him complete again. He has to go as a whole." [. . .] So [my friends] drove back to the same place and made sure his remains were scattered completely.
>
> [. . .]
>
> If you look at the lake [she shows pictures], you can see what a wonderful view he has. [. . .] I know that he is intensely happy over there; this is what he wanted, so it's good.
>
> Interview with Yvonne, 50s

Not only is Tim's broken body physically healed, made whole in death, his emotional well-being is simultaneously restored. Through an engagement with the dead body, here in the form of bodily as well as cremated remains, Yvonne is contributing to the 'freedom' and 'happiness' of her deceased brother, and therefore her own.

### *7.4. Disregarding the dead body*

Thus far, the fieldwork observations have indicated that it is common for bereaved people to assist in caring for the dead body. In everyday funerary practice, as well as in documents that aim to inform the (future) bereaved, the importance of this process is stressed and this is typically substantiated by referring to the therapeutic qualities of participation:

> People have to do things themselves when they have lost someone. You have to choose the clothes yourself and it is even more beautiful if you assist in taking care of the body [. . .]. That is good for you. Afterwards you can find comfort in it.
>
> Interview with funeral director, 50s

> After a death [. . .] 'the final care' of the body will take place [. . .]. Not so long ago, surviving relatives were usually not present during this matter. Fortunately, a lot has changed in recent years and the next of kin increasingly want to be involved [. . .]. It is encouraging, and it offers comfort, to personally fulfil [such] a task. This can play a positive role in processing grief.
>
> *Funeral information website*[7]

However, a closer look at post-mortem caring practices reveals that the amount and types of care that people are expected to give are unclear, and even debated:

> There is a certain culture [in which] the funeral director takes care of everything. And it is not like the funeral director is not doing a good job, but death has been pushed away. [. . .] I find that difficult sometimes. My mum died in hospital, and I told the nurse that I wanted to join

> her to the funeral home, as I work there. They did not appreciate that at all. Someone passes away, and you lose her. They have the mortuary technicians, they take the body, they decide where it goes, and you know nothing.
>
> Interview with funeral director and celebrant, 50s

Although many people are supported to care for their deceased, this account evidences that medical and funeral professionals sometimes set limits concerning the amount and type of care that can be given, which can produce friction. Certain practices and places are demarcated as 'professionals only' and we can observe a distinction between us, the bereaved individuals, and them, the professionals: 'They have the mortuary technicians, they take the body, they decide where it goes, and you know nothing'. This distinction between 'front- and backstage' (Goffman, 1959) is further emphasised in the account of the funeral director when she remarks that she ought to be allowed to participate in the process because she is a professional too .

The possibilities and limits of engaging with the dead body are also tied up with the consumer-oriented character of the undertaking business (Venbrux et al., 2009, 2013). It is not uncommon, for example, that the bereaved are charged extra if they choose to assist in the washing of the deceased. The same is true for more elaborate make-up practices, for thanatopraxy, and for additional wishes, such as fingerprinting the deceased (e.g., for mementos), or placing the dead body in a private mourning-chamber that affords the family 24/7 access to the deceased. The existence of different 'care packages' neatly fits the funerary market, with is emphasis on profits and services. The packages and their charges not only create personal choice for the bereaved, but can also evoke monetary boundaries which may result in emotional distress, especially since the dominant professional and public discourse stresses the importance of caring for the deceased as a social value and for its therapeutic purposes.

In fact, it might be quite difficult for people to not engage with caring for the deceased, for instance, through washing, or more generally via funeral preparations. To explore this, I'd like to return to the case that opened this paper: My accompaniment of a funeral director in Amsterdam. Prior to our visit to the mortuary, we had visited the family in question to make funeral arrangements. During this meeting, and on the basis of the deceased's wishes, the family had chosen to have a technical or direct cremation. Furthermore, they did not want to participate in caring for the body and neither did they wish to view it. 'Death is death, no fuss', they said, and they had 'already had the opportunity to say goodbye in the hospital'. As 'no one would be viewing the body', the family told us that their brother did not need to be dressed in a particular way, and could wear the hospital clothes he was in. To this family, it seemed, the body was no longer connected to their brother. It was being disregarded as a residue, a dead object that had to be disposed of as practically as possible.

Although the Dutch death care system encourages personal funerary practices, one should ask whether it also supports people's wish to not perform personalised funeral practices or to not elaborately dress and prepare the dead body. When the family told the funeral director that she could leave the deceased as he was, she responded: 'We then will only give him basic care, and we will make sure your brother's body is allowed to rest'. What is revealing about her response is the ongoing discourse of care, evidenced by the words 'basic care' and 'rest'. By allowing the body to rest, which only seems to be possible

after some 'basic care', rather than leaving it the way it is, the family's desire to not engage with the body is transformed into a caring act. While both the dead body and the bereaved resist caring, resist the aesthetic-therapeutic, the funeral professional is confronted with and follows the norms of the death care industry.

These aesthetic-therapeutic normativities became equally explicit in the mortuary, which we visited an hour later, and where a similar discourse could be observed among the mortuary technicians. Because of his previous illness, the body of the deceased was not in a good shape and his clothes from the hospital had already been removed. Whereas the family had said the clothes did not matter, as no one would be viewing the deceased, the actual situation in the mortuary evoked a response among the mortuary technicians. They stated that they 'could not leave the deceased lying like this', and that they would wash him and place him in a burial shroud in the coffin. Although there are no formal prescriptions with regard to the washing and caring for the deceased, the corpse *must* be cared for, reflecting a hegemonic core value within the death care industry. An imperative exists to care for the dead body, and this is typically related to its aesthetic-therapeutic qualities.

## 8. Conclusions

This paper has illustrated how the human corpse can function as an aesthetic-therapeutic for the deceased, the bereaved and the death care professionals. It has understood the human corpse as a liminal entity, as both a deceased subject and a dead object, that is characterised by a specific materiality, biography and self-referentiality. Because of these attributes, the human corpse embodies a symbolic power that can be employed by the bereaved and by death care professionals. In response to a death, the engagement with the human corpse can be therapeutic as it enables the living to make-meaning and find comfort in the face of loss. Furthermore, such therapeutic engagement with the body is typically connected to the aesthetic, to the beautification of the corpse. In this way, the therapeutic and aesthetic (partially) constitute each other.

I have discussed four distinct ways of engaging with human corpse to offer insight into its aesthetic-therapeutic qualities. First, I have illustrated that the human corpse is being cared for: it is washed and dressed. These acts of care can comfort the bereaved, who are able to do something for their deceased. Furthermore, it is thought that these acts improve the experience and well-being of the deceased, who is often understood to be sentient.

Second, I have shown that the human corpse can be employed to sustain and shape (the identity of) the deceased. The dead body is the locus of the individuals' identity and death threatens its continuing existence. Through an aesthetic engagement with the corpse the putrefaction of the dead object is obscured, and the identity of the deceased subject becomes imprinted on the body. The body thus becomes a site for biography and, in a social sense, is instrumental in keeping the deceased alive.

Third, I have evidenced how the dead body can be used to restore the deceased after suffering from illness or experiencing a bad death. By engaging with the visual appearance and the positioning of the dead body, the deceased can be brought back to their 'true' self, for instance, the self as it was understood prior to experiences with cancer or Alzheimer's disease. Moreover, through the beautification and positioning of the body the deceased can

be engaged with as a loved individual rather than a medical subject. The dead body can thus be employed to heal wounds, to create a good death or to counteract an unfavourable one.

Fourth, and finally, I have illustrated that the corpse can also be disregarded as an aesthetic-therapeutic. However, it can be difficult to do so in practice because the understanding of the corpse as an aesthetic-therapeutic is hegemonic in the death care industry in the Netherlands. It is normal to wash, dress and care for the human corpse, and the success of these acts is largely judged on the basis of their visual appearance. From this perspective, a beautiful or well-tended corpse indicates a dignified deceased who is appropriately cared for by the next of kin, and this act of care is seen as something that will have a positive impact on the well-being and the grief of the bereaved. To refrain from engaging with the corpse, on the other hand, can be seen as problematic. The aesthetic engagement with the corpse thus not only constitutes a therapeutic, and vice versa, but also reveals a practical ethics within the death care industry that shapes the human engagement with the dead body.

## Notes

1. In this article the terms human corpse and dead body are used interchangeably, unless specifically indicated. When I present the words and practices of my interlocutors, I follow their choice of wording.
2. For a full overview of cremation numbers, access Dutch Statistics or the National Association of Crematoria via https://lvc-online.nl/cremeren-in-nl/aantallen/, accessed on August 6 2020. For details on body donation, see Bolt (2012).
3. https://curamortuorum.nl/2016/11/29/thanatopraxie-de-stand-van-zaken/, accessed 21 July 2020.
4. For more information, see the WHO: https://www.who.int/news-room/q-a-detail/management-of-dead-bodies-frequently-asked-question, accessed August 6 2020.
5. All personal names in this chapter have been changed to pseudonyms to ensure the anonymity of the interlocutors and their deceased.
6. Here embalming thus refers to thanatopraxy.
7. https://www.uitvaart.nl/infotheek/artikelen-en-rapporten/verzorging-overledenen/verzorging-van-overledenen, retrieved and translated at 3 December 2017.

## Acknowledgments

I would like to thank the peer-reviewers, Yvon van der Pijl (University of Utrecht) and the members of the Ethnographies of Religion reading group (University of Groningen) for their stimulating discussions and their helpful feedback on this paper.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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