Death and the search for meaning: canonical, utilitarian and expressive thanatological cultural niches

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ABSTRACT

The bafflement, suffering and moral paradox that often surround death fuel the human search for meaning. Whereas traditionally religions provided meaning in the face of death, due to secularisation and rationalisation this search for meaning has increasingly become an individual project. We argue that in this process, people derive meaning from death-related cultural affordances. We define these as the opportunities for perception and action that are offered by culturally embedded meanings concerning death and dying that are embodied by observable carriers of meaning. They are grouped together in thanatological cultural niches: more or less consistent sets of mutually supporting death-related cultural affordances. We distinguish three thanatological cultural niches, based on differences both in mechanisms for selecting meaning and in content of meaning: a canonical niche (consisting of affordances grounded in religious authority and established tradition), utilitarian niche (consisting of affordances grounded in rational and utilitarian reasoning) and expressive niche (consisting of affordances grounded in authentic self-expression). Qualitative analysis of Dutch newspaper articles portraying people confronted with approaching death shows that they applied death-related cultural affordances from different cultural niches. Application of death-related cultural affordances stemming from different cultural niches may lead to personal conceptions of death that are mutually inconsistent.

Introduction

Humans experience a crisis of meaning when they are confronted with events that lack not just interpretations but interpretability. According to Geertz, such a crisis of meaning can be caused by profound bafflement, suffering and moral paradox (Geertz, 1966/1993, pp. 100–108). As the occurrence of death can, and will often, cause bafflement, suffering and moral paradox, it will generally induce a search for meaning. Traditionally, religions have been paramount in formulating answers to the existential concerns that are raised by death (Berger, 1967, p. 52; Malinowski, 1925/1954, p. 47). Therefore, in homogeneous traditional
societies where authoritative religious meanings are collectively embraced, the search for meaning caused by death may be marginal, since religion will provide ‘an image of such a genuine order of the world which will account for, and even celebrate, the perceived ambiguities, puzzles, and paradoxes in human experience’ (Geertz, 1966/1993, p. 108; but see Lipset & Silverman, 2016). However, North-Western Europe has experienced a process of secularisation, resulting in a persistent decline in church membership and church attendance. As a result, the salience of religious ‘grand narratives’ has decreased. Therefore, the quest for meaning evoked by death has increasingly become an individual project. However, we argue that in spite of individualism the conceptions of death of contemporary people are not without antecedents. People find meaning in the face of death in interaction with the values and meanings that are provided by their physical and cultural environment.

As Kellehear eloquently argues, ‘Every dying brings its own challenges to which we must respond, just as a stone axe has a handle designed for a handgrip, or as a flute is designed for fingers and lips’ (Kellehear, 2007, p. 3). The visual image presented by Kellehear strongly evokes the concept of affordances. Affordances are opportunities for action determined by the capacities of an observer and the nature of the environment (Gibson, 1979/1986; Franks, 2011, p. 173). The affordance provided by an object depends both on the object itself and on the capacities of perception and action of the observer: a teapot affords pouring tea, but only if it can be perceived (which can be difficult for a blind person) and if it fits the motor capacities of the perceiver (a human adult can pour tea, but not a baby, a horse or a bee). Gibson considered a set of affordances as a niche (Gibson, 1979/1986). The concept of affordance, that stems from ecological psychology, gains relevance for the Humanities when we distinguish two types of affordance: (a) the natural affordance, that has to do with ‘the fundamental ecology of our lives’ and (b) the cultural affordance, that is grounded in ‘historically specific meanings and values’ (Reed, 1988, p. 310). Cultural affordances can be interpreted as the opportunities that are offered by culturally embedded meanings; thus, they are a form of ‘cultural resources’.

Considering the field of thanatology, we define death-related cultural affordances as the opportunities for perception and action that are offered by culturally embedded meanings concerning death and dying that are embodied by observable carriers of meaning. For example, the cultural affordance of euthanasia is embodied by observable carriers of meaning such as physicians informing their patients about euthanasia, patient information leaflets and patient information websites. It is grounded in culturally embedded meanings (such as ‘unbearable suffering should be terminated’ and ‘death should be dignified’) that have been formalised in the Dutch Euthanasia Act. This cultural affordance offers the opportunity to request for and receive a lethal dose of euthanatica, but only to people that both conform to the legally prescribed bodily conditions of incurable and unbearable suffering (thus: the affordance is embodied) and live in cultures that have legalised euthanasia (thus: the affordance is encultured).

Cultural affordances do not stand alone, but cluster together in cultural niches: ‘patterns of more or less consistent and mutually supporting cultural affordances’ (Franks, 2011, p. 314). We view thanatological cultural niches as more or less consistent sets of mutually supporting death-related cultural affordances. We argue that during the search for meaning triggered by approaching death humans derive meaning from death-related cultural affordances. In order to elucidate this process, in this article we will address two research questions: (1) What death-related cultural affordances are embedded in contemporary thanatological cultural niches? and (2) What death-related cultural affordances do people
apply during their last life-phase? We will address the first research question by performing a review of socio-historical literature on culturally embedded meanings concerning death and dying. We will address both the first and the second research question in our qualitative analysis of death-related cultural affordances in newspaper articles portraying 85 residents of The Netherlands that were confronted with approaching death.

**Thanatological cultural niches**

We theoretically distinguish three thanatological cultural niches: a canonical, utilitarian and expressive niche. They have been demarcated on the basis of two criteria: (1) mechanisms for determining meaning and (2) content of meaning. Considering the first criterion, we argue that cultural niches reflect distinct cognitive mechanisms for determining meaning. In the canonical niche, meaning is determined by cultural authority, in the utilitarian niche, meaning is determined by utilitarian reasoning and instrumental function, and in the expressive niche, meaning is determined by authenticity. This theoretical distinction appears to be empirically supported by a Dutch survey study indicating three factors underlying ‘meaning of life and death’: ‘Christian meaning of life and death’ (grounded in traditional religious authority), ‘denial of meaning of life and death’ (representing the attitude that there is no perceived meaning to life, death and suffering – an attitude we interpret as stemming from utilitarian reasoning) and ‘personal meaning of life and death’ (grounded in personal convictions) (Wojtkowiak, Rutjens, & Venbrux, 2010, p. 367). Considering the second criterion, we observe that these niches reflect cultural developments in North-west European society, resonating with traditional, modern and postmodern cultural meanings. Addressing our first research question, the next three paragraphs present the death-related cultural affordances characteristic of each thanatological cultural niche, based on a review of socio-historical literature on North-west European death and dying.¹

**Canonical niche**

The canonical thanatological cultural niche, consisting of cultural affordances grounded in religious authority and established tradition, is historically rooted in traditional society and has as its institutional bearers church, the extended family and the village (Walter, 1994, p. 54). Although death is experienced as natural, a conception which normatively prescribes the acceptance of the inevitability of death (Ariès, 1981, pp. 27, 28, 603–605; Bregman, 2003, p. 20; Kellehear, 2007, p. 179), it is theologically explained as the result of sin (Walter, 1994, p. 57). Afterlife beliefs encompass the belief in a continued existence of the soul after death and a judgement by God (Ariès, 1981, pp. 97–110, 151–153; Binski, 1996, pp. 21–28). Traditionally, dying is a family and village community affair, in which the dying person is supported by the (extended) family and neighbours (Kellehear, 2007; Walter, 1994, p. 56). As ancestors are usually venerated for a long time in traditional societies, social death (characterised by interpersonal irrelevancy) tends to occur after physical death (Kellehear, 2007, pp. 114–116; Seale, 1998, p. 52; Walter, 1994, p. 48).

Traditionally, awareness of approaching death is valued, providing the opportunity to prepare for a ‘good death’, thus reproducing the social order (Kellehear, 2007, pp. 90–104). These preparations include offering suggestions for one’s interment, bidding farewell, making provisions for the continuity and welfare of the family and other important social
networks and prayer and religious rituals (Ariès, 1981, pp. 140–146; Kellehear, 2007; Walter, 1994, p. 55). The most common religious rituals to prepare for death since the Middle Ages have been confession, extreme unction and absolution (Ariès, 1981, pp. 140–146; Mischke, 1996, pp. 41–43; Paxton, 1990, pp. 201–209), although Protestantism reduced this Catholic sacramental apparatus to a minimum (Mellor & Schilling, 1993). The ultimate value surrounding traditional dying is respect: respect for the diseased, for tradition and for social mores (Walter, 1994, p. 59).

**Utilitarian niche**

The utilitarian thanatological cultural niche consists of death-related cultural affordances grounded in rational and utilitarian reasoning. This cultural niche is historically rooted in modernity and linked to processes of urbanisation, rationalisation, medicalisation, secularisation, individualisation and professionalisation (Kellehear, 2007; Walter, 1994). The rational and scientific stance of modernity, which rejects empirically unverifiable claims, led to the undermining of afterlife beliefs and the view of death as a random event leading into nothingness (Dahnke & Dreher, 2011, p. 101; Derksen, van Mousch, & Mijwaard, 2010, p. 206; Kearl, 1989, p. 11; Kellehear, 2007, p. 61). Death became deconstructed into an infinite series of medical causes of death that should be battled by sophisticated medical technology, striving to prolong life (Ariès, 1981, pp. 583–588; Bauman, 1992; Walter, 1994, p. 12).

Modern hospitalisation of dying people often led to the hiding of death (Kearl, 1989, p. 442). Firstly, death was hidden from patients, who were not informed about their serious condition (Seale, 1998, pp. 108–110; Walter, 1994, p. 50). Secondly, death was hidden from society, by separating dying people from healthy people (Bauman, 1992; Mischke, 1996, pp. 226–228; Walter, 2012, p. 128), often resulting in social death before physical death (Kearl, 1989, p. 467; Seale, 1998, p. 52; Walter, 1994, p. 48). In this respect, Mellor and Schilling (1993) speak of ‘the sequestration of death’. Although this tendency has evoked severe criticism, Kellehear also stresses a positive side to what he calls ‘urban dying’, since it led to the emergence of a ‘well-managed death’: a death that was made ‘good’ by having the right people attend to you at the right time (Kellehear, 2007, p. 145). Kellehear indicates three important professions for managing death: the doctor, the priest and the lawyer, although clerics increasingly lost power through secularisation (Kellehear, 2007, pp. 131, 134, 180). Therefore, we agree with Walter that in modernity, the medical profession has ultimate authority to manage dying (Walter, 1994, p. 54, 2012, p. 126). Typical values characterising the utilitarian thanatological cultural niche are a fighting spirit, healthy living, privacy, dignity, discretion and independence, while the courage to face death is found in silence (Mellor & Schilling, 1993, p. 425; Walter, 1994, pp. 55, 59).

**Expressive niche**

The expressive thanatological cultural niche consists of death-related cultural affordances grounded in authentic (and often aesthetic) self-expression. This cultural niche is historically rooted in postmodernity, which challenges the modernist, scientific, rationalist worldview (Christiano, 2007). Postmodernism implies incredulity towards meta-narratives and instead is characterised by eclecticism, pastiche or bricolage, leading to deinstitutionalised, non-dogmatic and multiform, individualised expressions of religiosity and
spirituality (Christiano, 2007; Walter, 1994, pp. 42, 55, 2012, pp. 132, 133), which are expressed in bodily techniques such as alternative healing and meditation (Knoblauch, 2008, p. 144). Postmodern afterlife beliefs tend to be vague (sometimes with no specific image or even presence of God) and rarely convey a sense of challenge (Derksen et al., 2010, p. 205; Kellehear, 2007, pp. 198, 199). A central notion of postmodern death culture is that of the ‘naturalness of dying’ (Bregman, 2003, p. 20; Mischke, 1996, p. 259).

Typical values characterising postmodern dying are social support of the dying person, the aim to reach acceptance, awareness of approaching death, autonomy, personal growth, subjective well-being, quality of life, informed choice, self-expression, communication about death (including the disclosure of ‘bad news’ to patients) and biographical self-reflexion (Giddens, 1991; Kellehear, 2007, p. 199; Mischke, 1996, p. 259; Seale, 1998, p. 108; Walter, 1994, 2012). The expressive thanatological cultural niche encourages the projection of one’s self-identity into the future by leaving a personal legacy, through creating works of art, music or literature, through the way one will be remembered by loved ones and through one’s offspring, thus creating a form of symbolic immortality (Vigilant & Williamson, 2003). This trend is illustrated by a postmodern rise in ‘pathography’ or published personal accounts of death or bereavement (Seale, 1998, pp. 124–131; Walter, 1994, pp. 126–128). A general feature of postmodernity, which may also be relevant during the last life-phase, is the expression of humour, in the form of playfulness and irony (Christiano, 2007). In the expressive cultural niche the ultimate authority concerning dying is the dying person (Walter, 1994, p. 54). The expressive cultural niche encourages ‘ritualizing’: ‘re-inventing’ and ‘reimagining’ ritual in an embodied and social process, using the materials provided by our cultures and traditions (Grimes, 2000, pp. 4, 5, 29). It also encourages the preparation of one’s own, personalised funeral (Venbrux, Peelen, & Altena, 2009; Walter, 2012, p. 132).

Postmodern society promoted the development of holistic and humane palliative care, aiming to synchronise social and physical death. This aim is conceived by the hospice movement and the euthanasia movement in different ways: by the former through delaying social death (by dedicated care), and by the latter through accelerating physical death (Seale, 1998, pp. 183–192; Walter, 1994, pp. 30, 51, 2012). Although both movements are manifestations of postmodern society, they do not fit the expressive niche equally well. In three respects, both are clear manifestations of the expressive niche. Firstly, both are expressions of the autonomous wish ‘to die one’s own way’ (Walter, 1994, p. 30). Secondly, both criticise excessive life-prolonging strivings of modernist medicine (Kellehear, 2007, p. 236). Thirdly, both aim for the coincidence of physical death and social death (Walter, 1994, p. 51). However, the medical-interventionist character of euthanasia is contrary to the postmodern ideal of natural death. Therefore, Kellehear situates the request for euthanasia in a modern context of well-managed death (Kellehear, 2007, p. 231). In contrast, Norwood views Dutch euthanasia talk as serving a palliative function, ‘prolonging life and staving off social death by providing participants with a venue for processing meaning, giving voice to suffering, and reaffirming social bonds and self-identity’ (Norwood, 2009, p. 21). As postmodern culture is eclectic and offers a diversity of meanings, we consider euthanasia as one affordance offered by the expressive cultural niche that fits postmodern society in several respects, although it is also controversial to some extent.
Research design

In order to address the first and second research questions, we performed a qualitative analysis of newspaper articles portraying 85 residents of The Netherlands who were confronted with approaching death.

Participants

The source material for our qualitative analysis was published in the article series ‘The last word’ (Dutch: Het laatste woord) that appeared weekly in the secular and liberal Dutch quality newspaper NRC Handelsblad (van der Hoeven, 2012, p. 460–479) between March 2011 and March 2013 (a selection of articles was published in van Es, 2013). These articles were selected as source material since the interviews they are based on were performed by a single, independent interviewer (NRC editor Gijsbert van Es), since they were very well-read and published in a national quality newspaper and since they give an account of the meanings concerning death expressed by people who were confronted with their own approaching death (due to a life-threatening disease and/or old age), who had made an effort to come to terms with death and who were willing to publicly present their view. Of the total series of 108 articles, 86 were included in the analysis.2 Of these 86 articles, 79 describe the last life-phase of people who were themselves interviewed (in two cases, due to ALS, interviewees could only communicate using computers operated by eye or head movement). Four articles portray the last life-phase of people whose wife (three articles) or close friend (one article) were interviewed. One article portrays a woman in her last life-phase based on an email the editor had received from her; however, she had been personally interviewed for a previous article. One article was based on citations from a weblog and one on the photo exposition of a photographer’s last life-phase.

The total number of people whose confrontation with approaching death was described (who will from now on be referred to as respondents) is 85, since two people were portrayed twice in separate articles, and one article describes the confrontation with death of two people that were interviewed together (a married couple that both had cancer). Respondents ranged in age between 18 and 106, with a mean age of 60. Fifty were female and thirty-five were male. Sixty-five had cancer, twelve had other life-threatening physical conditions and eight suffered from age-related health losses. Whereas all respondents had been confronted with approaching death by a life-threatening disease and/or old age, a few of them experienced a subsequent recovery. Therefore, not all respondents were actually in their last life-phase at the moment of the interview, although most of them were.3 Participants were contacted in two ways. About half were contacted by ‘snowball sampling’ in a process involving networks for palliative care, hospices, palliative care professionals, health care institutions and patients’ associations. The other half presented themselves after reading the article series. Since these are non-probability sampling techniques, the article series does not give a statistically representative description of the experience of the last life-phase of Dutch people.

Interview method

All interviews were conducted by NRC editor Gijsbert van Es. They were open, in-depth interviews that typically lasted about two hours. Shortly after each interview, a newspaper article
was written (typically counting about 900 words) about how the respondents experienced their last life-phase and how they viewed approaching death. In all cases, the interviewees read the story before it was published, and gave their consent. Although the vocabulary of the interviewees was used as much as possible, it should be borne in mind that the published articles have been edited and therefore do not represent raw interview data.

**Data analysis**

Qualitative data analysis was performed using the software package ATLAS.ti, version 7, according to the ‘NCT’ procedure that iteratively switches between processes of ‘noticing’, ‘collecting’ and ‘thinking’ (Friese, 2012, pp. 91–132). A codebook was created that was dynamically shaped and progressively changed during analysis. Data analysis consisted of three steps. The first, inductive step consisted of open coding of the texts, dividing them into fragments of narrative (‘quotes’) that were given a preliminary code. In an iterative process, each incident in the data was compared with other incidents for similarities and differences. Incidents found to be conceptually similar were grouped together, usually under a new, comprehensive, code. The method of ‘constant comparison’ was applied to keep checking if the data supported and continued to support emerging categories (Holton, 2007, p. 277). After this initial analysis step, which yielded over 100 codes, in a second analysis step these open codes were structured and combined into 38 codes indicating death-related cultural affordances, which were linked to 1.598 quotations. In a third, deductive, analysis step, based on the results of the literature review, these death-related cultural affordances were classified into one of the three theoretically distinguished thanatological cultural niches.

**Results**

**Description of death-related cultural affordances**

Addressing our first research question, Table 1 presents for each thanatological cultural niche an overview of death-related cultural affordances that were expressed by respondents. The frequency with which these affordances were mentioned in the analysed articles is indicated by the numbers between brackets. Affordances have been arranged in order of decreasing frequency.

Most death-related cultural affordances could directly be classified into a thanatological cultural niche based on our previous literature survey. For the others, their classification within a cultural niche will presently be discussed. Gratitude was categorised in the canonical niche, since it naturally follows from the religious conception of life as a gift from God. Being dutiful was also categorised in this niche, since it stems from the traditional norm of respect for tradition and social mores. Staying active and/or useful during the last life-phase was categorised in the utilitarian niche, since it flows from a utilitarian self-image. Hiding or restraining one’s feelings was also categorised in this niche, since it is related to the utilitarian cultural values privacy, dignity, discretion and silent coping. Expressing grief was categorised in the expressive niche, since it is an act of self-expression. Inspiration by art, music and literature was also categorised in this niche, since aesthetic self-expression is a hallmark of the expressive niche. The affordance of last special experiences was also grouped in this niche, since it reflects the postmodern emphasis on subjective well-being, self-expression and quality of life.
Table 1. Death-related cultural affordances that were described in the analysed articles, in order of decreasing frequency (indicated by the number between brackets), classified into their corresponding thanatological cultural niche. The bottom row indicates for each niche the sum of the frequencies of all affordances classified in this niche, both as number and as percentage.

<table>
<thead>
<tr>
<th>Canonical</th>
<th>Utilitarian</th>
<th>Expressive</th>
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<tbody>
<tr>
<td>Acceptance [177]</td>
<td>Medical care [84]</td>
<td>Acceptance [177]</td>
</tr>
<tr>
<td>Awareness of death [138]</td>
<td>Hiding death [38]</td>
<td>Expressing grief [168]</td>
</tr>
<tr>
<td>Social support [124]</td>
<td>Staying active/useful [28]</td>
<td>Social support [124]</td>
</tr>
<tr>
<td>Being dutiful [16]</td>
<td></td>
<td>Spiritual stance [61]</td>
</tr>
<tr>
<td>Prayer [9]</td>
<td></td>
<td>Personal growth [59]</td>
</tr>
</tbody>
</table>

[791] = 31% | [229] = 9% | [1.504] = 60%

The affordance of experiencing nature was categorised in the expressive niche, since empirical research has shown that a personal sense of connectedness with nature is correlated with the factors ‘inner growth’ and ‘contemporary spirituality’ (Hedlund-de Witt, de Boer, & Boersema, 2014), which are both features of the expressive niche. Expressing criticism was also categorised in this niche, since it is related to informed choice, autonomy and self-expression. Finally, being curious or open-minded was also classified in this niche, since it correlates with postmodern fluidity of identity. Table 1 shows that 31% of the death-related cultural affordances expressed by respondents were classified in the canonical niche, 9% in the utilitarian niche and 60% in the expressive niche. The following three paragraphs provide an in-depth description of all death-related cultural affordances belonging to each cultural niche, in order of decreasing frequency.

**Canonical niche**

Acceptance appeared in the articles as acceptance of approaching death, terminal disease and/or old age. Respondents described this acceptance as feelings of peace and happiness during the last life-phase, feelings of trust and surrender, the intention to enjoy life as long as possible, the absence of fear of death, living from one day to the next without worrying about the future, the acceptance of physical deterioration and enjoying things one can still do. Awareness of death was expressed by respondents as being conscious of their own mortality and their approaching death, as being informed by their physicians of their limited life expectation, and as remembering the death or grave illness of others. Family life was expressed as the description of respondents’ present or past, (happy) family life, the close connection they experience with their partner, (grand-)children, siblings, parents and other
family members, support received from and given to family members, and the wish and intention to be able to maintain a ‘normal’ family life as long as possible (despite physical deterioration). Social support was described as support respondents received from friends, colleagues, volunteers, caregivers, fellow church members, acquaintances and people contacted through social media, and also as support given to others.

Practical preparations for dying were described as taking leave of loved ones, ordering and arranging one’s affairs before death (including arrangements for the funeral and the destination of one’s mortal remains), delegating one’s tasks to other people, storing, ordering and dividing one’s possessions and making arrangements for the future bereaved. Gratitude was expressed as gratitude for one’s life (either directed towards God or not), as looking back on a ‘wonderful life’ and as gratitude for social support and moments of physical improvement. A religious stance appeared in the data as interviewees describing themselves as religious or Christian, interviewees describing their (positive) relationship with God, Jesus, Mary or Allah and by interviewees’ membership of a church or mosque. A religious afterlife belief was expressed in terms involving God or Jesus. Being dutiful was expressed as ‘doing your duty’, being of service to one’s fellow men and as feelings of guilt (for not living up to moral standards). Prayer appeared in the articles as people praying on behalf of the respondents, and respondents praying themselves.

**Utilitarian niche**

Medical care was expressed as being cared for by physicians, nurses and other professional caregivers and as receiving chemotherapy, radiotherapy, a medical examination, an operation, medication or other medical treatment. The hiding of death was expressed by respondents as having difficulty in thinking and talking about death (either because respondents themselves did not wish to think or talk about death, or because their loved ones did not wish to), as their inability to feel or believe that they are going to die, as the (erroneous) interpretation of physical symptoms caused by a terminal disease as insignificant and transitory, as keeping thinking they will recover (in spite of the evidence of having a terminal disease) and as not wishing to think about future physical suffering. Respondents expressed their fighting spirit as fighting their illness (with all available medical resources), as a psychological fight against death and as fighting on through difficult periods in life. Staying active and/or useful was expressed as intentions or (remembered) actions to keep working during the last life-phase, to stay active and informed, to avoid being a burden to other people and to keep learning new things, and as valuing hard work and diligence. Healthy living was expressed by respondents as actual healthy behaviour. Hiding or restraining of feelings was described as silent coping, difficulty to experience and/or express feelings, not coming to terms with one’s sorrow and controlling one’s emotions by one’s intellect. A rational stance was expressed as valuing common sense, not being religious, not believing in God and/or being agnostic. The belief that there is no afterlife appeared as respondents stating there is ‘nothing’ after death.

**Expressive niche**

The affordances of acceptance, awareness of death and social support, which the expressive niche shares with the canonical niche, have already been described. Respondents expressed their grief by telling about their sadness, their regret for having to leave behind loved ones, their suffering due to pain and other physical and/or mental symptoms, their fear and
uncertainty, their anger at having to die, and their feelings of frustration and loneliness. Biographical self-reflection was expressed by respondents as narrating and/or reflecting on important life events and/or their life story and as enjoying reminiscence. Respondents described inspiration by art, music and literature as artistic and musical self-expression during the last life-phase (by creating music, visual arts, poetry and/or prose) and as feeling supported by art, music or literature (made by others). Respondents described their creation of a personal legacy as (a) the creation of material things that will ‘live on’ after death, such as their life’s work (for example: books, ballet schools or works of art), personal letters, works of art or personal gifts for loved ones; (b) planning and/or designing commemorative objects such as funerary art, ash jewellery and ash tattoos; (c) the recording of their memories (in text, film or photography); (d) immaterial ways in which they (hope to) have ‘left their mark on the world’; by having helped people, special causes or the world in general, and by having been an example to others; and (e) having passed on something of themselves to their descendants, by way of their genes and/or their example.

Communication appears in the articles as respondents’ intention or remembered action of talking with family members, friends, fellow sufferers and others about their disease, their last life-phase and death, as their intent to ‘finish unfinished business’, as their hope to find special people with whom they can really communicate about their experiences and as their appreciation of a communicative attitude. A spiritual stance was expressed as the belief that everything is connected, the belief or experience that ‘things are not a coincidence, but had to happen as they did’, the belief in or experience of paranormal perception and/or precognition, and the experience of life as a ‘spiritual quest’. Respondents expressed personal growth as experiencing things more consciously and intensely due to their terminal disease, as being present in the ‘here-and-now’, as really being (and believing in) themselves, and as their awareness of their inner power. Autonomy was expressed by respondents as being independent, making personal choices (also about medical treatment) and controlling their own life (and death). Last special experiences were described as last special things respondents experienced, efforts other people made to give them last special experiences and ‘last wishes’ that had not yet been fulfilled. Last special experiences respondents mentioned were throwing a ‘last party’, making a last special trip, attending important (family or national) events (such as weddings, births or special sports events) and other special, funny or spectacular experiences.

Euthanasia was described as both active euthanasia (by 15 respondents) and passive euthanasia or palliative sedation (by 3 respondents); the latter being described as the withdrawal of medical treatment and administration of pain-relieving medication in order to ‘quietly slip away’. Two respondents wishing for euthanasia or palliative sedation were elderly people without a life-threatening medical condition who were ‘tired of living’; therefore, their wish could not be granted. Respondents expressed the affordance of euthanasia as the filling in of an advance directive stating their wish to receive euthanasia under certain specified conditions, the stating of their reasons for wishing euthanasia, the stating of the conditions under which they wish to receive euthanasia, the actual planning and/or act of euthanasia, the stating of their wish not to be resuscitated and/or tube-fed, communication about their wish for euthanasia with their family members, physicians and other people and the postponement of euthanasia after it had been planned.

Experiencing nature was expressed as love of nature, plants, animals, gardening, walking, cycling, sailing and otherwise travelling through nature, and as feeling supported by animals, plants or nature in general. Respondents mostly expressed criticism towards the health care system (27 times), but also towards society in general (8 times) and religion (4 times). A
spiritual afterlife belief was expressed as belief in a reunion with loved ones (and even loved objects) after death, belief in reincarnation, the expectance to live on after death in another dimension or some other beautiful place and belief in the possibility of contact between living and deceased people. Humour was expressed by most respondents by telling a funny and/or ironic anecdote related to dying. Others told about the importance of humour in their life and/or felt supported by humour. Hospice care was expressed by respondents as their profound appreciation of hospice care, as feeling better (physically, mentally and/or socially) after receiving hospice care, as feeling safe and peaceful in a hospice and as making arrangements for hospice care.

Respondents expressed the affordance of a personalised funeral as their preparations for a personalised funeral, such as choosing characteristic funeral songs, writing texts to be read at their funeral, choosing special grave-clothes, preparing a personalised coffin, choosing particular foods for after the funeral service and choosing specific plants and flowers for the funeral. In one case, a respondent described his ‘living funeral’, which had been arranged on account of his wish to attend his own farewell ceremony. Respondents expressed alternative healing as their experiences with alternative healing, as feeling supported by alternative healing, as mentioning the benefits of alternative healing and as describing their alternative view on health and illness. Being curious and/or open-minded was expressed as being open to experiences and as being curious, also about the experience of dying. Meditation was expressed as practising meditation, visualisation, relaxation techniques and tai chi. Ritualising was expressed as the intent, preparation or (remembered) action of ritualising, either before death (during the last life-phase or on the deathbed) or after death (ritualising at the funeral service, with the ashes or commemorative ritualising).

**Individual selection of death-related cultural affordances**

Addressing the second research question, we calculated how often death-related cultural affordances from each cultural niche were mentioned in the article text(s) portraying each respondent. Figure 1 shows for each respondent a percentage that corresponds to the number of times cultural affordances stemming from each cultural niche were mentioned in the article text(s) describing their last life-phase. Respondents have been arranged in order of decreasing percentage of cultural affordances from the expressive niche. Figure 1 shows that for all respondents, cultural affordances from different cultural niches were mentioned in the article(s) portraying their last life-phase. For most respondents cultural affordances from all three niches were described, although for 12 respondents cultural affordances from the utilitarian niche were not mentioned. For 71 respondents most cultural affordances from the expressive niche were mentioned in the article(s) describing their last life-phase, for 10 respondents most cultural affordances from the canonical niche, for three respondents most cultural affordances from both the canonical and the expressive niche and for one respondent most cultural affordances from the utilitarian niche.

**Discussion**

**Qualitative description of thanatological cultural niches**

To answer the first research question, firstly we have evaluated the death-related cultural affordances that constitute contemporary thanatological cultural niches in a review of
socio-historical literature, and secondly we have given an in-depth description of them based on a qualitative analysis of newspaper articles portraying the last life-phase of 85 residents of The Netherlands. Most affordances found in the literature also appeared in the qualitative analysis, although religious rituals to prepare for death (other than prayer) were not mentioned. The qualitative analysis also yielded 10 affordances that were not specifically found in the literature, but these could all be categorised based on our theoretical demarcation of the cultural niches. Table 1 shows that the qualitative analysis yielded most affordances from the expressive niche; therefore this niche has been most richly described in the data. However, since we used a non-probability sample, this does not necessarily indicate that average Dutch people mostly apply death-related cultural affordances from the expressive niche. Respondents preferring this niche were overrepresented in the sample, for four reasons.

Firstly, the expressive niche encourages communication and self-reflexion. Therefore, people who were willing to publicly reflect on their approaching death, will be inclined to prefer affordances from this niche. Secondly, NRC Handelsblad is described as appealing to the own responsibility of the emancipated individual (van der Hoeven, 2012, p. 468), which conforms with the emphasis that is put on autonomy, informed choice and self-reflexivity in the expressive niche. Since half of the interviewees presented themselves after reading the article series, and since NRC Handelsblad appeals to a type of readers that will prefer the expressive niche, this will have enhanced the proportion of respondents preferring the expressive niche further. Thirdly, many of the respondents died relatively young. It is expected that younger people will embrace postmodern cultural values more than older people, even more enhancing the preference of respondents for the expressive niche. Finally, most of the respondents were dying of cancer, which has a very specific trajectory which (combined

Figure 1. The percentage of mentioned death-related cultural affordances stemming from each thanatological cultural niche (vertical axis), indicated for each respondent (horizontal axis).
with palliative care) allows self-expression and self-reflection. This further enhanced the probability that respondents would apply affordances from the expressive niche.

Since the utilitarian niche affords hiding death, it discourages being interviewed about death. Therefore, it is telling that the one respondent whose story contained most affordances from the utilitarian niche was not interviewed himself, but his wife was interviewed about his last life-phase. Since respondents favouring the utilitarian niche were underrepresented in the data, this niche has been less richly described.

**Search for meaning in the face of death**

To answer the second research question, we evaluated what death-related cultural affordances people applied in the face of death. Our analysis shows that respondents applied death-related cultural affordances from different cultural niches. This finding corresponds with Walter’s observation that the population cannot be neatly categorised into one of his death-related ‘ideal types’ (Walter, 1994, p. 60) and with Franks’ statement that a single individual or group may be entrenched in multiple cultural niches (Franks, 2011, p. 315). The canonical, utilitarian and expressive thanatological cultural niches provide different coherent systems of mutually supporting death-related cultural affordances, based on different mechanisms for establishing meaning (grounded in authority, instrumentality and authenticity). Thus, if people apply affordances from these different niches, they employ different mechanisms for establishing meaning. In our empirical analysis we have shown that the meanings embedded in the three niches are (more or less) internally consistent, but that there is no consistency of meaning across these niches. Therefore, selection of cultural affordances from different cultural niches may lead to personal conceptions of death that are mutually inconsistent.10

**Affordances as tool in thanatology**

Our analysis raises the fundamental question whether niches and affordances could add an important tool to the death studies toolkit. Based on extensive qualitative research on afterlife beliefs, Singleton recently observed that ‘while people might imagine themselves as autonomous, their agency is circumscribed by culturally available possibilities’ (2016, p. 179). It is exactly these ‘culturally available possibilities’ that we refer to when applying the term cultural affordances. Using the term affordances instead of possibilities or resources highlights the interconnectedness of observer and affordance: while the same cultural environment might offer certain cultural affordances to one person, it might offer different cultural affordances to another person, depending on the possibilities for perception and action and the cultural learning of each person. Just as a shoe only offers the affordance of wearing it to the person who fits it, a certain afterlife belief will only be an affordance for someone who has been socialised with it, and awareness of approaching death will only be an affordance for someone who, during the last life-phase, still has the mental capacities to have cognisance of approaching death.

Singleton also observed that ‘while there is considerable variety in people’s beliefs, the possibilities are not limitless, and as noted above, belief clustered around several themes’ (2016, p. 179). We consider these themes as reflecting cultural niches that offer coherent clusters of culturally embedded values and beliefs. Referring to cultural niches instead of
ideal types (Kellehear, 2007, p. 6; Walter, 1994, p. 47) highlights the cognitive mechanisms that have given rise to the existence of what can be conceptually understood as ideal types. We argue that the different thanatological cultural niches reflect different cognitive mechanisms for determining meaning (grounded in authority, instrumentality and authenticity). Considering their cognitive function, cultural niches can be viewed as ‘meta-schematic frameworks’ that provide a sense of structure that helps comprehend life experiences (Ladd, 2007).^{11}

Being sensitive to the concept of cultural affordances, researchers will be able to scrutinise the delicate balance between individual characteristics on the one hand (determined by individual capacities and received socialisation), and culturally limited possibilities on the other hand (determined by the overarching cultural environment). Further, the concept of cultural niches highlights the structuredness of cultural affordances: cultural possibilities are clustered into coherent groups, reflecting distinct cognitive mechanisms for determining meaning. Disentangling the cognitive structure behind clusters of culturally embedded values and meanings will help to detect order in what may often seem to researchers of modernity as a chaos of idiosyncratic personal beliefs.

**Limitations and future research**

We report two limitations of our study. Firstly, the sample was a non-probability sample (over-representing respondents preferring the expressive cultural niche), precluding generalisation of the data. Therefore, caution should be exercised in counting of numbers or percentages of respondents. Secondly, the articles were edited before analysis, and were therefore not raw interview data. Although all interviewees approved of the articles before publishing, this extra interpretation step may have biased the data. In upcoming research we aim to develop a quantitative scale that evaluates to what extent people apply death-related cultural affordances from each cultural niche. Another aspect that is worthy of future empirical research is the question whether the field of ‘death studies’ as such is increasingly becoming a form of ‘cultural resource’ in itself, creating new death-related cultural affordances.

**Notes**


2. Excluded from the analysis were 19 articles portraying professionals working with death (who did not face their own approaching death), two articles portraying physically healthy people who had attempted suicide (who did not face terminal disease or old age) and one article based on an interview with the daughter of a man suffering from advanced Alzheimer’s disease (since the father could no longer communicate his own views).

3. Of the 37 respondents whose story was published in van Es (2013), six were still alive when this book was published in March 2013.
4. As quotations could contain multiple cultural affordances, they could also be coded with multiple codes.
5. The analysed data-set has been deposited at the Dutch data archive DANS and access can be given upon request (http://dx.doi.org/10.17026/dans-zem-skcd).
6. If in one article an affordance was mentioned several times, it was also coded several times.
7. For the calculation of these percentages, the three affordances that were categorised into both the canonical and the expressive niche (acceptance, awareness of death and social support) were counted twice; once for each niche.
8. Although wishes not to be resuscitated or tube-fed differ from the wish for euthanasia, these were coded together since they were included in an advance directive that also stated the wish to receive euthanasia under specified conditions.
9. For the two respondents who were portrayed in two separate articles, we calculated the combined cultural affordances in these separate articles. For the two respondents who were portrayed together in one article, we calculated separate cultural affordances for each respondent.
10. This finding seems to support Stringer's idea that belief is situational (2008, pp. 51, 70), although further research is needed to determine whether the different understandings are indeed related to distinctive, specific situations.
11. Whereas Ladd focuses on religious meta-schematic frameworks, we take the view that meta-schematic frameworks can also be grounded in non-religious worldviews.

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