

This Is The End

Considerations on death and/in education

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An educational act must not only come to an end but its effectiveness receives light from the very conclusion of it. A thought of the end brings with it a certain idea of death, and allows us to think of an education that can be “terminated” to use a Freudian term. Contemporary pedagogical thinking needs a reflection on the theme of the end as a necessary space to think of oneself as precarious and mortal in a precarious and mortal universe.

Keywords: Death, End, Creature, Freedom, Cosmology

Questa è la fine. Considerazioni sulla morte e/ne l'educazione

Un'azione educativa non solo deve arrivare a un suo termine, ma la sua efficacia emerge dalla sua stessa conclusione. Il pensiero della fine reca con sé una certa idea della morte, e ci permette di pensare a un'educazione che, per dirla con un termine freudiano, possa essere “terminata”. Il pensiero pedagogico contemporaneo abbisogna di una riflessione sul tema della fine come spazio necessario per pensare se stessi come esseri precari e finiti, in un universo altrettanto precario e finito.

Parole-chiave: morte, fine, creatura, libertà, cosmologia.

To die today is not an easy task. Death has been removed from human view; our consciousness must not be disturbed by the thought of it; the ri-

tuals accompanying it are increasingly private and ever less social in nature; in Covid times they have been reduced to the minimum, in some cases to zero. During the pandemic people died in solitude, and death was further pushed away from the stage of human life. We die in hospital or in a hospice, out of the sight of other people, and above all, out of the sight of children. Death is the new pornographic subject of our times. We do not speak of it; we do not joke about it; and we do not see it, except in virtual form on television or the Internet.

What is worse: we do not educate to death. There are very few educational projects on this item, and in Italy they are less than in other countries. Death is not a pedagogical subject, also if it is of course an unavoidable step in every man's and woman's life. We help our sons and daughters to grow up, to become men and women, to grow old (sometimes – because old age is another taboo in our society, maybe because we consider it so close to death) but we let them alone in the unpredictable moment in which they say goodbye to their lives.

At the dying bed of human beings in clinics and hospitals, the ancient rites, knowledge, and practices that traditionally accompanied humankind through separation, loss and bereavement are fast disappearing; and with them an educational process is vanishing.

Education to death precedes and establishes education to life because life acquires its meaning only against the background of death. Ignoring death in educational projects and processes means educating non-living or non-human beings. Escape from death as an educational theme paradoxically means finding it in the hearts and minds of people who will grow up as immortals but in reality will be wounded, dead inside, due to the absence of a shared discourse on the destiny that awaits them.

Death does not leave empty spaces: in the void of education, it insinuates itself as an uncontrolled and uncontrollable reality. If education does not get used to the work of mourning and the gaze fixed on death, this is reduced to its naked materiality. And it loses all reference to the human, which is in its essence a continuous confrontation with death and dying.

This void in education comes from a change in the idea and the representation of death, let us say of its definition. Evidence of death has shifted – moving initially from the lungs to the heart, and more recently from the

heart to the brain – and this has deprived the layperson (whether a friend, child, or relative) of the capacity to attend to the one who is dying; placing a mirror over the dying person's mouth to verify if he or she is still breathing is certainly a less reliable diagnostic tool than an electroencephalogram, but it requires the direct bodily involvement of those present (and this task was often carried out by a child), and makes death into something more intimate and homely.

When the evidence of death (and therefore the site of life) emigrated from the lungs to the heart, verification became a technical procedure – an ECG must be carried out by a medical professional – and this was when it came to be the norm to die in hospital. Even if the declaration of death was left to the technicians, the fact that it was the heart, with all its symbolic significance, that was at the center of attention allowed a mediation between greater diagnostic reliability and popular, cultural and educational sensitivity. The person who died was always thought of as someone who “exhaled the last breath” but the heartbeat, ascertainable and symbolically connoted, still gave an aura of dignity and humanity to dying.

Since then, the Harvard criteria for establishing brain death have prompted not only a multitude of ethical dilemmas, but also a cultural question. If the death of a human being is confirmed to us by the measurement of a current by a technician (who may not even know the deceased person), how can we grasp and cope with this experience at the human level and above all how can we differentiate between death and the breakdown of a machine? The discussions on partial and total death, on the difference between a permanent vegetative state and a locked-down syndrome, on the ethics of the explant of the beating heart, have always been reduced to a group of experts, doctors, philosophers or bioethicists, and have removed the theme of death (and of life and its quality) from the audience of ordinary people; all the more reason death was even less discussed with boys and children.

We are lacking in words, and above all in rituals, for speaking about and celebrating death. Our mourning is no longer publicly exhibited; our funeral parlours are impersonal and unadorned with religious symbols or other signs of cultural belonging; in many cities of Italy our funeral processions no longer cross the streets of towns and cities: all of this hides and cancels out death,

perhaps to feed the illusion that it is within our power to keep death away from us. Two generations ago, children lived surrounded by death, whether it was the death of farm animals or that of neighbours and the elderly that gave rise to celebrations shared by the whole community. Of course, it is not a question of regretting past times: it is true that death was often presented to children without screens, with all the naked violence with which it manifests itself every day. The discovery of childhood, its specificity and its need for protection had to lead to the elaboration of rites and to find different words for speaking of death: but certainly not to silence.

Another fundamental theme that seems removed from the educational debate – or left in the hands of religious fundamentalists – is that of the after-death. Cultures and religions have tried not only to imagine and believe in a life after death but have made it the cornerstone of entire pedagogies that addressed the living not only with a consolatory intent but also offering a background of meaning for the life of people

In ancient times, the dead were buried on the far side of a river so that their souls could not make their way back to the land of the living; today's river is our silence, our inability and our unwillingness to talk about death. But death remains with us in any case, as a phantom, as a ghosts, as a desire to annihilate, kill, as a temptation to commit suicide, in horror films or nightmares, in mass killings and individual murders. The great comeback of the repressed has meant that the twentieth century, the century of genocides, the century which used the most scientific methods to send tens of millions of human beings to their deaths, was also the century which least reflected on death. The science that created machines of death was unable to produce words and rituals for coping with the experience of death. And the doctors at the front in World War I were confronted with a death for which they lacked words even more than they lacked medicines; they saw the disproportion between the unleashing of the forces of death and "the tiny, fragile, human body" (Walter Benjamin).

How do people die in hospitals today? How do healthcare professionals deal with their own concept and representation of death, when they are called on to certify the decease of a patient? To what extent do young doctors think about death when they enter a ward, and to what extent do they think of it in emotional as well as rational terms? What is the last act of a doctor or

nurse on leaving the bedside of a deceased person? What words and gestures do healthcare professionals use to communicate the death of a patient to relatives? Do they take into account that family's particular faith, representations of the afterlife, beliefs concerning the great mystery of death? All these questions should be the object of scientific, international, and intercultural research.

Medicine fights for life; perhaps it should fight for a good death. Perhaps it should stop viewing death as the enemy, but rather consider that at least one type of death – that which is written into our DNA, that which will lead us to quietly pass away in our beds when “old and sated with life” as the Old Testament puts it – is the goal towards which the doctor should accompany us. Death is the end of a process, or rather it is itself a process that leads to a change. Caring for a human being should mean helping him or her to attain this “Type A” sort of death, which is inscribed in the body as its natural end, while avoiding as far as possible all “Type B” deaths, that is to say, all the events (diseases, accidents, suicides) that interrupt the natural life course of the human animal. A medical science that fights “Type B” deaths with the goal of helping us to reach the “Type A” one represents a truly human approach to medicine, because it does not situate death outside the boundaries of the human. Such an approach takes seriously the syllogism which states that Socrates must be a man because he is mortal, thereby introducing death into the realm of the human. If man is mortal, curing an illness means accompanying him towards a natural death. And when the illness is not curable? What rituals, words and gestures do we have to accompany a person towards a “Type B” death without experiencing this as a failure? It's time to stop saying “There is nothing more we can do”).

But how are we defining death here? Who establishes the time of death? Is it sufficient, in light of the Harvard criteria, for this to be decided clinically? And what about those belief systems that view death as a process and not as an event, understanding it not merely as something that can be dated on a medical report but as something which has a life of its own (the life of the process of death), so that a loved one may never actually die in our consciousness or in our memory? When a Pope dies, the Roman Catholic Church still implements the *conclamatio*, an ancient pagan rite which consists of calling the deceased person's name out loud three times, before announcing the death. Clearly this is done after a doctor has signed a death certificate, with a precise date and time of decease. But in the interval between the signing of the death

certificate and the *conclamatio*, there is all the human space needed to speak about and celebrate the death as a human process.

Freud, in one of his last works, claimed that death is the rule and life the exception; the disturbance to homeostasis caused by birth cannot hold out forever against the tendency of all systems to return to a state of rest; a stone thrown into the pond must give way to the waters which must recover their initial state of calm. Death both precedes and follows life, and it is this which makes life so extraordinary: a disturbance of equilibrium that might never have happened and that must go on in all its exceptionality before equilibrium reasserts itself. Religions can help us, with their rituals rather than with their beliefs about life after death, to avoid relegating this nothingness to silence. By attributing meaning to the nothingness before and after death, they move us away from an egotistical vision of death; because while *for me* it is true that death is the end of everything, this does not hold true *for the world*. And while it is true that my consciousness may have finished its journey, my body will go on to nourish plants, to dissolve into water, to become a cloud of vapour in the sky. The nothingness after death is not a dead nothingness: it is a nothingness that bears new life, which will not be mine but which without my life would not have been possible. Accepting death, my death, fighting for it to be a "Type A" death; knowing that my death is not the end of the world but the end of "my" world; knowing that life is an exception that enriches the monotony of nothingness: is it possible that medical science and education can have nothing to say about all of this?

It could be answered that education does not enter into questions of faith; that education is a technique or even a technology and has nothing to do with questions of meaning; that educating in death and reflection on the after-death is the task of catechesis. Apart from the fact that catechesis - at least in the Catholic sphere - has ultimately gone to this task, it is precisely the space of secularism instead in a place dedicated to a non-fundamentalist and non-confessional reflection on these issues. Or does secularism really believe that by not talking about the beliefs about death these vanish, disappear from the horizon? To make way for what? To a cold, meaningless death from which everything flees?

A medicine that secretly raves about unlikely prospects of immortality, or hides behind euphemisms to avoid mentioning death; an education that does not want to deal with death because it always thinks that someone else

does: they both forget that “in the beginning there was death”. And so this kind of medicine and the silence of education are contributing to the fact that, today, to die seems to be the most difficult thing of all.

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