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**DEATH UNDER CONTROL: THE PORTRAYAL OF
DEATH IN MASS PRINT ENGLISH LANGUAGE
MAGAZINES IN CANADA***

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ABSTRACT

The purpose of this article is to discuss the portrayal of death in modern North American society in the highest circulating English language magazines available in Canada and published either in the United States or in Canada, in 1991, 1996, and 2001. The prevailing underlying frame/discourse of which there were a number of sub-variants, was the notion of the *control of death*. Stories focused on people taking control of death by 1) passive and active euthanasia, 2) suicide with political and social motivations and messages, 3) suicide deaths among celebrities and the families of celebrities, 4) dramatic murders, 5) issues in the “right to die movement,” and 6) new techniques and technologies for life extension. There was a very small minority of articles on miscellaneous issues such as death rates and their variation across geographic region, social class, environmental condition, and cause. The article ends with discussion of the ways that this portrayal of death obfuscates the real lack of control most North Americans, particularly those who are poor or “racialized,” have over the timing, or circumstances of death. In addition, as a critical discourse analysis, it discusses the interests that are served by this perspective.

Death is a universal experience. People in different cultures and at different times think of and indeed experience death differently. It occurs at different ages, paces and as a result of different causes among other things. Its meanings may change

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when it happens to men, to women and to children, to people of different social classes, occupational backgrounds and “social worth” (Sudnow, 1967). There is no doubt that the meaning of death is socially constructed.

Sources of ideas about death in North America, as well as the ideas themselves, have changed over the last century. One hundred years ago people learned about death in the process of everyday living in families and communities (King & Hayslip, 2001-2002). Normative ceremonies surrounding death including observing the transition to death, to bathing and preparing the body for burial and finally to preparing the grave for the final disposition of the body were handled privately (DeSpelder & Strickland, 1999). Within this context, death was likely perceived as a part of life. Later, in the latter part of the last century, hospital deaths along with aggressive medical treatment up until death came to dominate. Today the majority of people in Canada die, away from home, in the hospital or in institutions providing long-term care. Across the country the percentages of people dying in hospital range from 52% to 87% of all deaths (www.umanitoba.ca/centres/mchp/reports/pdfs/end_of_life.pdf) (July 2004). Thus, death has become associated with hospitalized, often high-tech medical care.

THE RELEVANCE OF MEDIA

The pervasiveness of media in all of everyday lives has led to the notion that our lives are *mediated* (Altheide, 2002) or that our, “social reality is constituted, recognized, and celebrated with the media” (Altheide, 1974, p. 10). Mass media can be thought of as broadcasting stories within a perspective or *frame*. *Frames* provide parameters regarding what will be included and excluded in particular stories. Providing a “schematic of interpretation” (Goffman, 1974, p. 30) they emphasize parts of perceived reality and ignore others (Entman, 1993).

Through framing, mass media serve to support the notion that society is structured and organized the way that it ought to be (Altheide, 2002; Cheek, 1997; Lupton, 1993). In this context, media can be thought to uphold a system “of values, beliefs and morality that supports the established order and the class interests that dominate it” (Waitzkin, 1989, p. 223). Media operate through discursive practices that are “characterized by the delimitation of a field of objects” (Foucault, 1977, p. 199). Discourses are in this view essentially acts of power that organize areas of knowledge and construct and govern individual subjects (Weedon, 1987, p. 113).

DEATH IN THE MEDIA

In the absence of personal experience with death today people rely on various media, among other things, for information, attitudes, beliefs and feelings about death and its meanings. In fact, stories about death may be considered a central aspect of modern mass entertainment (Walter, Littlewood, & Pickering, 1995).

Children often learn about death from fairy tales (Lamers, 1995) or television where, by the time a child finishes elementary school he/she will have seen over 8,000 deaths (usually by murder) on television (Geen & Donnerstein, 1998).

Available research on death in the media is not cumulative. Instead, a number of directions, using a variety of theoretical perspectives and methodological techniques, have been pursued. For example, Adelman and Verbrugge (2000) have examined the association between the actual causes of death, as epidemiologically recorded, and the causes of death portrayed in major U.S. newspapers. They found that the incidence of death from cancer, heart disease, AIDS, diabetes, Alzheimer disease, and arthritis from 1977 to 1997 was directly proportionate to the rates of mortality for each disease. Dramatic down and upturns in mortality rates by cause were mirrored by their frequencies as subjects of media stories. This was also true, but to a lesser extent, with trends in the incidence and prevalence of morbidity mirrored by media coverage.

Other investigators have studied the extent to which the *meanings* linked to the portrayal of death in mass media corresponded to theoretical understandings of the meanings of death in modern society. For instance, Walter and colleagues (1995) examined the comparative *meanings* of death and surviving death in the news media reporting of tragedies involving private citizens of the United Kingdom. In particular, they investigated whether death was portrayed as a forbidden, hidden, sequestered, or private experience as others had hypothesized because of the high value placed on happiness, romantic love, individualization and the lack of religious meanings in the twentieth century. Or, in contrast whether death, far from being denied, was the focus of the modern, active health oriented lifestyle and thus very much a public event in the news. They concluded that deaths reported in the news were more likely to be of public figures or of private figures who had died from extraordinary causes in public places (Walter et al., 1995). Another qualitative study of the portrayal of death in the media examined Gulf War stories and found that the war was indemnified and perpetuated, even while the mention of death itself was avoided through euphemisms, dehumanization, personification and desensitization (Umberson & Henderson, 1992). Coyle and MacWhannell (2002) studied the portrayal of suicide in Scottish newspapers and noted that there were patterns and conventions in the reporting of suicide stories and that “the suicides which are most likely to attract publicity are those which take place in a public place; involve a celebrity; are achieved by violent means and involve males” (p. 692).

This article is an analysis of the frames/ discourses used in the portrayal of death in the highest circulating mass print media available in English in Canada, published in United States or Canada in 1991, 1996, 2001. Death was selected as a topic both because of its universal salience over time and place and because of its social and sociological significance. Understandings of death are expected to reveal central societal values (Mellor & Shilling, 1993). The paucity of research concerning death in mass print media along with the disparate research questions

and contradictory findings in the available literature, as described above, mean that this study is essentially an inductive and exploratory investigation. Although sensitive to earlier findings, this coding and analysis is also cognizant of new and emerging frames and discourses.

METHOD

Sample

This study is based on articles on the topic of death selected from a sample of the *highest* circulating mass English language magazines published in the United States or Canada and available in Canada in 1991, 1996, and 2001. These contemporary years were chosen to provide some breadth and variability in portrayed issues. More than one year was selected because it is possible that one major event such as the Columbine massacre, a plane crash or the destruction of the twin towers of the World Trade Center might dominate the news over a period of just one year and thus provide an unnecessarily narrow focus for analysis. An historical view of longer than ten years would be valuable to do but is outside of the more limited goals of this research.

Magazines were selected as data because they tend to be more permanent than television, radio reports, or newspapers, inexpensive, ubiquitous (e.g., supermarket check-out counters and office waiting rooms) and widely circulated. Magazine stories also tend to be longer and thus to provide more opportunities for in-depth analysis. The Gale Directory of Publications and Broadcast Media (1990) was used to determine the circulation figures of magazines produced both in Canada and the United States. The 20 magazines with the highest circulation in Canada (either originating in Canada or in the United States) were selected from www.masthead.online. Following are the names of those magazines included in the population from which the sample was drawn: *National Geographic*, *Maxim*, *Cosmopolitan*, *People Weekly*, *Prevention*, *Women's World*, *Martha Stewart Living*, *O, the Oprah magazine*, *Teen People*, *In Style*, *MacLean's*, *Chatelaine*, *Reader's Digest*, *Time*, *Canadian Living*, *TV Guide*, *Now*, *Flare*, *Rosie*, and *Starweek*. Once the circulation figures were determined the *Reader's Guide to the Periodical Index* was perused for all articles indexed under the term *death* from the select magazines. The *Reader's Guide to the Periodical Index* was used because it provides a well-established and consistent strategy for the indexing of stories. The full text of all articles was copied and analyzed for this study. Photographs and pictures were excluded from the analysis. In all there were 63 articles in the specific time period and selected high circulating magazines (25 in 1991, 21 in 1996, and 17 in 2001).

Data Analysis

The magazine stories were analyzed for both manifest and latent content (Neuman, 2004) in a qualitative media analysis (Altheide, 1996). Manifest content

refers to that which is explicitly stated, the intended and surface content. Latent content is less obvious and includes such things as absences of themes and the deeper and perhaps unintended themes. For the latent analysis the researcher/writer read and reread all of the articles in the sample to discover repeated and anomalous ideas and themes. These readings were in order to develop sensitizing concepts to be used with the next more systematic readings (Bryman, 2001). Subsequent readings included counts of salient frames/discourses that were characteristic of the portrayal of death.

With qualitative analysis the traditional concerns with measurement such as validity and reliability are replaced by credibility, “accuracy of the description of the phenomenon under investigation” (Jackson, 2003, p. 182), transferability, “generalizability or fittingness of study findings to other settings” (Jackson, 2003, 183), dependability, “stability and trackability of changes in the data over time and conditions” (Jackson, 2003, p. 183) and confirmability, “the objectivity of the data” (Jackson, 2003, p. 183). Credibility should be evident in the appropriateness of the quotations selected to illustrate themes. Transferability is limited in that this research would have to be replicated on different types of media including television, movies, newspapers and so on, as well as, in other magazines and in other years. Dependability exists to the extent that the findings were consistent over the years studied. Confirmability is a function of the unchanging nature of the magazines stories and thus the quotes. It must be emphasized, however, that this is an interpretive study and thus the analysis is ultimately a product of the reflexive interpretations of the writer/researcher.

RESULTS

The key to dying well is for you to decide where, when, how and whom to invite to the last party (Ressner, 1996, p. 72).

There was a repeated emphasis in both positive and negative ways on the idea that death was, could be, or should be *within our control*. The notion that death is a choice, along with the control of its timing, the pace and the reasons for death, is highlighted as newsworthy in the stories examined in this qualitative media analysis. The specific topics considered include passive and active euthanasia, suicide with political and social motivations and messages, suicide deaths among celebrities and the family members of celebrities [usually from the entertainment or sports fields], dramatic [mass and/or within family murders] murders, issues in the “right to die movement,” new methods for life extension. In addition there were a few miscellaneous articles.

Euthanasia

Who Gets To Choose? (Ressner, 2001) is the title of one article on the decision about whether to remove a terminally ill comatose person from life support. This

story is about the debate within a family between the mother, who wants her son to be kept alive and the wife who wants to terminate medical intervention. The mother says, “The Lord could have taken him the night of the accident, but he didn’t.” His wife Rose expresses the opposite opinion, “the good Lord did take him. We’re keeping him alive artificially” (Ressner, 2001, p. 48). A similar theme is the focus of *Life and Death after Cruzan* (Tifft, 1991, p. 67). In this case the ethical dilemma concerns whether a man can ensure that his wife’s last wishes [to be kept alive in hopes of a cure] are upheld even against the policies of the hospital. *The Menace of Morality Crusaders* (Bruning, 1991, 13) tackles the Nancy Cruzan case in which family members fought to have Nancy [Nancy’s body] removed from life support against a number of opposing groups, some of whom, threatened to enter the hospital and reattach the tubes to Nancy’s body if the hospital went along with the family’s wishes.

There were several articles about Robert Latimer (Branswell, 2001, p. 50) and (Beltrame, 2001, p. 20) a man who asphyxiated his severely disabled daughter because of his sorrow and grief regarding her never-ending pain, countless surgeries and other medical treatments, both in the past, and, still to come. Despite the fact that most people reportedly felt that he was acting out of compassion, the judge and then the Supreme Court said that Latimer had violated the law. “By all accounts, Latimer had been a loving father to Tracy. Nevertheless, he was found guilty and sent to jail” (Beltrame, 2001). *When God Hides His Face* (VanBiema, 2001) discusses another aspect of the control of death. In this case the story is about a [pregnant] couple who have a genetic disorder, Zellwegger syndrome, and are thus [because one previous child had died from the disease] debating whether or not they should pursue an abortion.

Suicide: Political and Social Messages

A number of articles describe suicides. *Wired for Death* (Kelley, 2001) the most political of the stories, describes the preparation that freedom fighters in Palestine and Israel make for their deaths by suicide. “The recruit is taken to a cemetery and told to prepare for death by lying between graves for hours. He wears a white shroud normally used to cover bodies for burial”(Kelley, 2001, p. 80). The story, underlines the positive reaction of the communities in which suicide bombers are believed to be true heroes and where dying as a bomber is believed to be a guaranteed way to enter paradise. They are reported as saying that there is no better way to show that one loves God.

Two articles chronicle the political implications of Timothy Leary’s proposed death. *Dr. Tim’s Last Trip* (Ressner, 1996) describes how Leary wants his death broadcast on the internet and his body frozen by the *Cryocare* cryogenic lab because he hopes for and believes in future life after death. It is Leary who advocates that death be celebrated with a party for the dying person who has chosen the time, place, guest list and method of death. *Leary’s Last Trip*

(Rushkoff, 1996) describes his life and death and his belief that it is both wise and moral to control one's own death.

Suicide: Celebrities and Their Families

There are a number of articles on the suicide deaths of celebrities or their close family members. For example, *Voyage of Discovery* (Hubbard, 1991) reports on a son's response to the suicide of Ross Lockridge Jr. who is described as a famous author who had written the great American novel of 1948, *Raintree County*. *Game Over* (*People Weekly*, 1996, June 17) discusses the suicide of a former host of the television series *Family Feud*, Ray Combs, who is described as having killed himself because of his recent divorce and financial ruin. *Those Left Behind* (Mitchell, 1996) also details Ray Combs death but includes a focus on the financial aftermath for his family. *Carol O'Connor* (*People Weekly*, 1996, January 29) describes the suicide death of O'Connor's adopted son after he had become a drug addict. *Kosinski's Masque* (Haden-Guest, 1991) relates the story of the author Kosinski's suicide after he felt that he could no longer write. *Living with Loss* (Hubbard, 1996) reports on the suicide death of Gloria Vanderbilt's son and her attempts to try to deal with the grief. *Last Act* (*People Weekly*, 1996, September 2) describes the life and death, by suicide, of Margaux Hemingway who had "dealt with alcoholism, bulimia, and depression." Ralph Barton's (a celebrity caricaturist, author, and artist) life and suicide is chronicled in *A Tragedy of the Jazz Age* (Merkin, 1991). Several other articles detail the suicides of the sports star, Hank Gathers (Smith, 1991), a famous Russian military hero (Chin, 1991; Crowe, 1991), Bing Crosby's sons (*People Weekly*, 1991, May 20), and Joan Rivers' husband (Rivers, 1991).

The Right to Die Movement

A number of stories also consider the issues related to the "right to die movement." There are several about Dr. Kevorkian (Gibbs, 1991; Jenish, 1991; Treen, 1991), sometimes called Dr. Death, and his beliefs about the right to death through medically assisted suicide, or "medicide," a term he coined. He is quoted as saying: "There is going to be a fundamental change in the rights of people to decide their own destinies in the face of illness" (Treen, 1991, p. 85). Called a serial mercy killer by some, he claims he is establishing a new medical specialty called *obitiatrist*. God is invoked in the story by Kevorkian, as follows, "If God won't come to me, I'm going to find God" (Treen, 1991, p. 86). *Do it Yourself Death* (Henry, 1991) raises ethical dilemmas about the role of the medical profession in death by choice and the right to die in the book *Final Exit*. Derek Humphreys, the author of *Final Exit*, is quoted as saying, "Part of good medicine is to help you out of this life as well as help you in it" (Henry, 1991, p. 55). In *Death Defined* (Jenish, 1991), the case of a woman with intractable pelvic pain, who with her husband's support wants to die and wants medical help in doing so,

is discussed. Another article (*People Weekly*, 1991, December 30) describes the controversy about the right to die movement, Derek Humphrey's role in the movement and the Hemlock society that he founded. Again, stress is placed on the belief that "the terminally ill who are mentally competent have the right to choose death" (Henry, 1991, p. 92). The last goodbye describes the lives and the suffering of four people who are interested in dying and in the prescriptions for death in *Final Exit*. Dr. Kevorkian's trial for murder is described in the *Angel of Death: The Trial of the Suicide Doctor* (Rosenbaum, 1991) and in *The Right to Die* (Deacon, 1991).

Murder

There are a few stories about another sort of choice of death, namely, murder. One, called *Fatal Rage* (Wood, 1996), is the story of a "jilted" husband who seeks revenge against his wife [from whom he is separated] by killing her and seven people in her family on the day before his wife's sister was to be married. This murder is described as the second worst shooting in Canada after Marc Lepine's murder of thirteen women students in what has come to be called [in Canada] the Montreal massacre. Telling the same tale is the story called *The Search for Answers* (Chisholm, 1996). This one focuses on issues related to the culture of the people who were involved. It explores whether the Sikh belief in arranged marriage could have led to the killings. It asks for instance, whether inflexible gender roles led to an emotional explosion. Another relates the story of the murder of a little girl by her police officer adoptive father (Schindehette, 1991). *While Julie was Away* tells the story of a man who presumably picked up gay men in bars while his wife was away and brought them home and murdered them (Jerome & Weinstein, 1996). Another mass murderer is the subject of *Day of Horror* (Kopvillem, 1996). This is the story of a man's disintegration from millionaire status to mass murder and finally suicide. In this case the man killed four family members including his wife and mother.

Strategies for Living Longer

Various strategies for increasing longevity are the focus of a number of articles. *Go Long* (Ning, 1996) in *Prevention* magazine provides advice on what they call the way to "win the longevity game." The primary focus in this article is on exercise. *Living Long and Living Well* (Hawelshka, 2001) includes the stories of four healthy women who are over 60, and play tennis and continue in other ways to be highly active. *Cheating Time* (Underwood, 2001) discusses the market for products designed to stop aging. The story also emphasizes that several celebrities, including Dini Petty, Nick Nolte, and Oliver Stone, use anti-aging medications such as DHEA, the human growth hormone. It notes that there are clinics established for the primary purpose of stopping or slowing aging around the world and that there are over 10,000 practitioners in 66 countries who are

members of A4M the (American Academy of Anti-Aging Medicine). Petty is quoted as saying in response to questions about why she is choosing anti-aging medications, “I’ve seen older women who are crippled with osteoporosis, hunched over, stroked out, heart attacked, and my decision was I’m not going there . . . there’s no longer a need to go there” (Nack, 1991). *Can We Stay Young?* (Kluger, 1996) discusses methods for slowing down the process of aging including the human growth hormone, melatonin, DHEA, and antioxidants. It argues that people can choose to lengthen their lives.

History shows it’s possible [to double life expectancy]. In 1900 the life expectancy for a person born in the US was 47 years. At mid-century, it was little better. After 1950, however, things started to stir. In a single year, subtle improvements in medical care caused the 47 year figure to jump . . . that pattern has roughly continued . . . pushed the average life expectancy to nearly 76 (Kluger, 1996, p. 89).

Other stories describe the search for genetic sources of anti-aging interventions.

Miscellaneous

There are a few articles, in comparison to the other types of stories, which focus on different issues such as the commodification of death through an examination of the funeral home industry (Yeager, 1996); the suicide rate by gender and age and other socio-demographic variables (Gutfield, 1996); the rate of pedestrian deaths as a result of cars and other motorized vehicles (Yeager, 1996); the relatively high rate of death from various environmental and social structural causes in Cape Breton (DeMont, 2001). In this last story, the emphasis is placed on the notion that “the average person on the street in Cape Breton has no doubt that the Sydney tar ponds account for a cancer rate 20% higher than the provincial average, which is already the highest in Canada” (DeMont, 2001, pp. 54-55). Other stories examine the expansion of the concept of life expectancy and disability free life expectancy (*Maclean’s*, 2001) and the question of why the death rate among African Americans is higher than among non-Black Americans (Gorman, 1991). Another story discusses the accidental death of a family in the same lake where Susan Smith had killed her two little children (Field-Meyer, 1996). The use of alternative medicine as a possible way to prevent what was said to be a hopeless case of lung cancer (Saddy, 2001) is discussed and denigrated. A Chinese doctor had apparently offered hope through a special tea and an illegal toad. The tea seemed to help for a while but the toad was never made available and the cancer was said to come back as strongly as ever. *Mom’s Just Fine* (Callan, 2001) is a story written by a daughter about her mother who was in the hospital, ill and still hopeful of her eventual return to good health. In this case the story is about the effect of bad news on the demise of the mother. An unusual article, *The Baby Boomers* (O’Hara, 1996), is a satire of the “marketing mentality” behind the funeral home business.

DISCUSSION

The unifying and underlying frame in the stories of death in the highest circulating mass English language magazines available in Canada is that the timing of death is [often] a matter of *individual freedom*, the *result of personal preference* and thus potentially or actually, *under control*. People can elect to suicide, to extend their lives, to use euthanasia, as they will. Death is not random, unwelcome or to be feared. It is not portrayed in the context of prevention, suffering, palliation, or community supports. The links between economic, ethnic and other forms of inequality and death rates are ignored. The portrayal is optimistic. Death in communities and families is virtually absent. Bereavement and strategies to support the bereaved, the hospice movement and other social trends are ignored.

One dominant discourse is that death today is at the very frontier of new medical and technological discoveries. Medicine and its potential are exalted. Discussions of Dr. Kevorkian's "death machine," the book of prescriptions for dying, *Final Exit*, by Derek Humphreys and life extending pharmaceutical interventions such as DHEA exemplify the intersection of death and medicine. Several new terms are introduced. *Medicide* refers to death as the result of medical intervention. The proposed new medical specialty that would enable death for patients is called *obitiatrist*. Death is shown as the result of active medical intervention. Rather than avoiding death, these articles suggest, societal concern is related to the degree to which death can be controlled and chosen. These stories reflect the continuing dominance and infiltration [medicalization] of the medical model into the arena of death.

Another dominant discourse is that of individuals and individualism. There is a focus on the rights of the individual to select to live, to live longer or to choose death. Just as the stories can be seen as located at the intersection of medicine and death they can also be located at the intersection of individual rights and freedoms and the rights and freedoms of medical practice and pharmaceutical and other technological interventions. This discourse ignores the significant roles the income, gender "race" and ethnicity, nationality and other population variables [among other things] play in death in modern societies. These are factors that are less amenable to individual freedom.

The final discourse relates to the importance of celebrity and often along with it wealth, athleticism, and attractiveness in North American society. Relevant suicides were those of celebrities or their family members. Dr. "Death" was himself a celebrity. This emphasis paradoxically distances, at the same time as it attracts, readers from the realities of their own likely causes of death, what they might be able to do to forestall their own death and what they might be able to do to help the community both in preventing death and minimizing the pain and suffering of inevitable death.

The portrayal of death in the news has implications for public policies. Walter et al. (1995) argue, for example, that media reportage of deaths and disasters led to pressure to change seating arrangements in football stadiums and how the pictures of dead U.S. soldiers in the Vietnam war led to a change in public opinion against the war (Walter et al., 1995, p. 593). The policy discussions that arise from the media portrayal described in this analysis relate to the ethics surrounding the right to die, the right to choose and the right to extend life. They are thus narrowly focused on individual rights and freedoms and the role of the medical profession and medical or biologically based technologies. By contrast, discussions about poverty, inequality, violence, racism, and international conflict, highly significant causes of death, do not appear in this media portrayal.

There are no stories of the self-reflexive or good (Long, 2004) death, of death occurring “naturally” in the midst of family and friends with commentary on what has made life meaningful. Death is not described in the context of expressions of love and the idealized completion of life’s journey as the deaths of those dying of cancer appeared to have been in Seale’s (2001, 2002) media analysis of cancer deaths. Religiosity seldom frames these stories. In these stories the focus is not on the lives of those who are choosing to die or how they have made their lives meaningful instead it is on their desire to and the means by which they will die.

CONCLUSION

In conclusion, the discourses of death in the media reflect the individualism and medicalization that characterize North American society. In doing so, they obfuscate other important death related issues. Prevailing discourses point to the absence of concern about the actual needs of the society regarding the prevention and mitigating of suffering in the midst of the experience of death.

What is the significance of these findings? How can they be understood? Modern North American society has been called *medicalized* (for example, see Illich, 1976; Zola, 1972). Medicine has been characterized as demonstrating a tendency to *active intervention* even in the face of ambiguity. Modern medicine is increasingly characterized by technological solutions to problems. Moreover whenever a technology is available its use tends to be imperative (Butler, 1993). The dominance of medicine and its optimistic interventionist philosophy corresponds to the discourse of death in the examined media. The continuing power of medicine, now through the pharmaceutical, medical device and health care organization (Fuller, 1998) is reflected in this framing of death.

Another characteristic of North American society is an emphasis on the rights and freedoms of the *individual* as compared to the collective. This ideological underpinning is also consistent with the approach to death evident in the media

discourse. The importance of celebrity and entertainment to American life, another way to uphold the importance of individuality is also underscored in these stories about death in the highest circulating mass media. Individualism is an approach to the body politic that ignores or rejects the needs and concerns of the collective or the community. It tends to repudiate the power of social inequality to effect, if not determine, life chances. It neglects a concern for the well-being of the whole of the society while privileging the concerns of individuals. Such emphases neglect the crucial role played by injustice, inequities, war, violence and untreatable and preventable illnesses and deaths in the overall causes and thus experience of death in North America. *Thus, the portrayal serves as a discourse that directs attention away from social structural, cultural and environmental issues regarding death's incidence and circumstances that deserve immediate attention.*

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