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Feature Editor

Editor's Note: In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

The Clan of the Cave Bear Meets the House of God

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Family physicians inevitably care for patients and families at the end of life. The social, religious, and cultural values of a society largely determine how people conduct themselves at the time of death.¹ In our highly industrialized society, death and dying increasingly involve institutions outside the family where physicians play a central role: 60% to 80% of people die in a hospital or nursing home.² To care for patients properly, it is essential that family medicine residents learn how to cope with death and dying and that they understand the physical, cultural, and social aspects of the dying process.

In teaching the social and cultural aspects of death as well as the physician's role during the dying

(Fam Med 2004;36(2):95-7.)

process, we have found the distinction between "social death" and "physical death" to be useful. According to sociologist David Sudnow, social death occurs when the society isolates a biologically living person in such a way that the members of that society consider the person dead.³ We use passages from the popular novels *The Clan of the Cave Bear*⁴ (chapter 16, pp 266-87) and *The House of God*⁵ (pp 86-88) to illustrate these points and stimulate the residents to reflect on their critical role as physicians during the dying process.

Jean Auel's *The Clan of the Cave Bear* takes place roughly 35,000 years ago and tells the story of how 5 year-old Ayla, a modern Cro-Magnon, is raised by a group of Neanderthals, the Clan of the Cave Bear, after her parents are killed in an earthquake. Iza, the chief medicine woman of the Clan, and Creb, the Clan's Mog-ur (shaman), become Ayla's adopted parents. As Ayla grows and matures, her supe-

rior abilities challenge the clan's rigid society that is ruled by traditions and taboos. Using her skill with a sling to kill a hyena and save a child's life, Ayla breaks the Clan's taboo against women using weapons. As a result, the clan's leader, Brun, is forced to give her a death curse. Brun qualifies the curse, however, because Ayla saved a child's life:

A female who uses a weapon must be cursed with death, but there are no customs that say for how long. Ayla, you are cursed with death for one whole moon. If, by the grace of the spirits, you are able to return from the otherworld after the moon has gone through its cycle once . . . you may live with us again. (p. 268)

Mog-ur, Ayla's adopted father, has the duty of pronouncing Ayla dead:

Mog-ur was standing at the mouth of the cave, and he looked like death himself . . . It was done. Mog-ur had fulfilled his duty. Ayla was dead. (p. 269)

Upon hearing the pronouncement, Ayla immediately experiences the pain and suffering of a "social death." For Ayla, "cursed with death" meant that not even her adopted parents could recognize her existence:

'Creb! It's Ayla. I'm here,' she gestured frantically. The old magician kept walking, barely turning aside to avoid the girl who crumpled at his feet, as he would an inanimate boulder in his path . . . 'Mother! Mother! Look at me! LOOK AT ME!' . . . Iza began a high-pitched wail again . . . 'My child. My Ayla. My daughter is dead . . . She lives no more.' (p. 269-70)

Socially dead but physically alive, Ayla flees the Clan to live on her own. She struggles to understand how she can be both dead and alive at the same time:

Why couldn't Creb see me? Why couldn't anybody see me? I must be dead. Then why am I thinking about fires and slings? Because I am hungry! (p. 273)

With sheer determination and willpower, Ayla manages to survive an entire month alone. Upon her surprising return, Creb greets her:

'It's Ayla!' he shouted and hobbled toward her . . . forgetting every custom against showing emotions outside one's hearth, he threw his arm around the girl and hugged her to his breast. (p. 287)

In discussing Ayla's social death, we contrast it with a video clip from a documentary on death practices from around the world called "Death: A Trip of a Lifetime."⁶ We

show a clip of an Indonesian custom of maintaining a deceased person's body within the family's home for up to a year after his/her biological death while the family saves money for a funeral. The family continues to prepare meals for the body and live under its influence until it is formally buried and makes the transition from "very sick" to officially dead. In Indonesia, the person's biological death can precede the termination of social interactions with the person, in contrast with Ayla, who was declared socially dead prior to her biological death.

After illustrating the differences between social and physical death, we ask residents to apply these concepts to today's American culture. In this society, residents identified people in jail as having been "cursed" with social death analogous to Ayla's experience with the Clan. They noted that nursing home residents and patients with illnesses such as AIDS and leprosy are frequently treated as nonentities and shunned by the society at large. Residents also described how hospice patients who they have cared for often experienced social isolation, a social death, prior to their physically dying. We add levity and reinforce these concepts by showing a humorous social death vignette from a television episode of Bill Cosby's "Cosby" where he is mistakenly declared "dead" by the Social Security Administration and is terminated from the Social Security program.⁷

Next, we discuss with the residents how their role as physicians compares to Creb's role as Mog-ur in the Clan. Both were identified as having the power to pronounce people dead. Residents mentioned the physician's ability to write "do not resuscitate" orders in the hospital as another example of this power and authority. More importantly, they saw their role as an opportunity to offer patients hope in the face of illness and help patients

avoid the social isolation, the social death, that often accompanies terminal illness.

To further explore how residents cope with the power to mark the transition from life to death, we present a passage from *The House of God* by Samuel Shem. *The House of God* is a satirical look at internship in a major metropolitan hospital. In this passage, the chief resident, the Fat Man, sends the intern to pronounce a patient who appears dead but, unbeknownst to the intern, is really alive:

In the center of the stretcher was Anna O . . . Was she dead? I called her. No answer. I felt for a pulse. No pulse. Heartbeat? None. Breath? No. She was dead . . . I felt relieved that she was dead, that the pressure to care for her was off. I saw her little tuft of white hair, and I remembered my grandmother lying in her coffin, and I was filled with sadness for that loss. (p. 86)

This serves as a springboard to discuss whether they have had similar feelings and countertransference reactions to their patients. However, the passage continues with the intern reporting Anna O's death to the chief resident who gladly shows him his mistake:

'With Anna you need the reverse stethoscope technique. Watch.' The Fat Man took off his stethoscope, plugged the earpiece into Anna O's ears, and then, using the bell like a megaphone, shouted into it: 'Cochlea come in, cochlea come in, do you read me . . .' Suddenly the room exploded. Anna O was rocketing up and down on the stretcher, shrieking at great pitch and intensity: ROODLE ROODLE ROODLE ROODLE . . . DLE! (p.87-8)

This quote enables us to explore with the residents their feelings and fears of making a similar mistake due to countertransference.

Finally, we conclude our discussion of the resident's role in the dying process by presenting a protocol from *Family-oriented Primary Care* on "communicating a terminal diagnosis."⁸ Telling patients and their families that their loved one has a terminal illness is one of the most difficult and powerful messages that a physician has to deliver. We have the residents role-play giving this message to a patient with metastatic breast cancer to help them learn how to apply

this protocol. Understanding Mogur's role in pronouncing a social death, and the intern's role in pronouncing a physical death, enhances the residents' ability to empathetically deliver bad news and serves to deepen their understanding of their role as "transition agents" in the dying process.

Acknowledgments: We would like to acknowledge the work of Nanette Soffen and Nancy Violette in the preparation of this paper.

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