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THE IMPACT OF SECULARIZATION AND SPIRITUALIZATION ON DEATH MEANINGS AND PRACTICES, AMONG CONTEMPORARY ROMANIANS

Abstract

With this study, I intend to focus on the challenges of secularization and spiritualization impacting the traditional ways in which most people approach death in contemporary Romania. As it has become all the more evident after *Colectiv* nightclub tragedy, Romanians' religiosity can no longer be un-problematically linked to institutional religion. If the growing number of non-dogmatic experiences of the sacred and, consequently, the multiplication of personal death ways have long been an acknowledged reality in the Western world, Romania is still uncomfortably stuck in the interstice between two major death patterns (traditional and modern) both being perceived as menacing and unconvincing. This may have led to conflicting versions of "good death" that have created small, unstable comfort zones, and fast, unpredictable swings from meaningful to meaningless versions of dying.

Key words: Death Studies, sociology of death, religious studies, secularization, spirituality, personal death ways, post-communism.

I. Introduction

In this study I will look at the challenge of secularization - on the one hand, and the challenge of spiritualization - on the other hand, impacting the traditional ways of understanding death in contemporary Romania. I argue that contemporary Romanians' religiosity is not substantially linked to institutional religion, and that this growing disconnection will be somehow reflected in contemporary attitudes on death. How does a "dislocation" of faith influence peoples' relationship with the key institutions handling death? Does this lead to new, more subjective and more "comfortable" death ways?

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As it has become all the more evident after *Colectiv* nightclub tragedy from October 30 2015, death is a catalyst[1] that produces social solidarity[2] and stirs a need for collective action. However, that does not mean that a (collective) response to (mass) death is conceived exclusively in the logic of the crowd, there must be previous (symbolic and material) contexts as well as further (symbolic and material) consequences that lead not only to a specific and obvious crowd dynamics, but also nurtures meaningful mid/long-term attitude shifts towards death in general. My hypothesis is that, in the recent years, new death ways that are *more* compatible with one's actual social experience have begun to surface, and that the general assumption that institutions are *not* to be trusted with matters of death and dying has actually accelerated a free-styling death trend.

This is not a macroscopic perspective and it is not my intention to start a systematic investigation on how Romanians experience death. Instead, by looking at my respondents' death ideas and beliefs, I will try to identify those that seem responsible for a shift in death mentalities. The way people choose to "optimize" and develop a certain management of hope when they no longer rely (not entirely) on a religious paradigm could delimit new comfort zones from where individuals can better handle crucial experiences.

II. A bunch of hardly answerable questions

II. 1. Epistemological obstacles

People die everywhere and all the time; therefore comprehensive research on death and dying is, in a way, a utopia.[3] In fact, the more complex a society is, the more complex and multi-layered its death system. Consequently, the more difficult it will be to pursue research without challenging methodologies and resorting to *adequate* interdisciplinary approaches. In truth, Death Studies often have "ambiguous" uses. Their scientific preferences and methodological tools depend not only on academic priorities, but also on bureaucratic inertia and conflicting agendas of various industries of death (funeral industries have different priorities from healthcare institutions which, at their turn, may not reflect the priorities of end-of-life institutions[4]). For better or for worse, they all rely on cultural and socio-political climates.[5]

I will start with a proper precaution: there is no generic thanatology,[6] only thanatological knowledge that constantly tries to bridge gaps between certain theories and certain practices in certain organizational/ institutional contexts within certain societies/ communities. In contemporary Romania, we have a lot less than that. One cannot simply "import" thanatological knowledge and expertise. Handling death implies a specific social dynamics, and changing death ways around is impossible without relevant structural change.

When someone says: "I don't think of myself as a widow",[7] it is, of course, as Parkes shows, very important to start not with a grief model, but with what that particular woman believes a widow is. When someone from Crevedia Mare (Giurgiu county) approached me and said: "I think cremation is unacceptable", I could not tell him that cremation was the dominant disposal practice in many Europeans "civilized" countries. Certainly, cremation is not "just" a disposal method, and the lack of crematoria is most Romanian cities has nothing to do with the failure to "invest locally" or with an excessive obedience towards Romanian Orthodox Church.[8] The fact that one feels one's worldview challenged by a certain death practice goes deeper into the very foundation of one's "scheme of things", as Solomon, Greenberg and Pyszczynski[9] put it. *If a death practice is "unacceptable" it is actually threatening.*

In Death Studies, the challenge to remain efficient and relevant is probably more urgent than in other fields, as it is very difficult to find the "right" links between causes and effects. As far as I am concerned, I have come to believe that lacking in reflective capacity turns a thanatologist into a biased administrator of deadly matters. There is a *paralyzing* sense of theoretical disappointment paired with a dramatic quest for meaning that makes you want to "get it right", but also discourages you from following a single research lead. But gaining perspective *and* scientific evidence is hardly possible.

Should I ask *how many of the major trends in thanatology are compatible with Romanian realities?* We know that the management of death is *dramatically* conditioned by the very profile of the institutions that handle it. But maybe what is beyond institutional, biological and social definitions of death is more meaningful for people in post-communist countries, as they are notorious for their lack of trust in institutions. Is it better to ask, together with David Heinz:[10] *is there some death left beyond the institutions in which we mostly die*? A part of me says: nobody needs to know that; this is of no use in any (professional or existential)

practice. Another part of me says: the kind of death constantly escaping the institutional labels is also the kind of death constantly underestimated by scholars. And this could be of true interest.

With these "impossible" questions in mind and a handful of empirical data, I have started to write a book about the death system in contemporary Romania. This study is partially based on the ongoing book manuscript, however, as shown in the introduction, the study only focuses on a particular dynamics: the one that (hypothetically) underpins the process of moving from traditional/official views on death to more subjective ones, a process that (hypothetically) gained momentum after the deadly fire in *Colectiv* nightclub.

II. 2. Bare numbers and a methodological context

The fieldwork for this study was carried out between October 2016 and June 2017 and mainly consists in semi-structured interviews and online surveys, but also in participative observation at funerals and wakes that I have attended constantly in the last 15 years.

Apart from Geoffrey Gorer's famous study[11] on attitudes and beliefs towards death in the Great Britain in the mid 60s - a sociological survey based on a representative national sample - systematic and comprehensive approaches on death attitudes have been avoided. Who could aim at extensively documenting peoples' experiences in relation to death and dying? Death is part of everything we say and do, as Robert Kastenbaum famously said, thanatology is "the study of life with death left in it."[12]

We do not know how the average Belgian or Romanian feels about death and this will probably not change any time soon. What we know is how certain (Western) institutions of death function or should function, and what World/European Values Survey and other cross-cultural data tell us about peoples' beliefs in afterlife, spirituality, religious institutions, or God. As far as Romanian thanatology[13] is concerned, most valuable contributions belong to historiography, cultural history and oral history, ethnology and, sporadically, to philosophy and philology.

Based of many years of unsystematic field research and almost nine months of systematic fieldwork, I can now honestly say that, despite of my best efforts, the documentation has remained incomplete.

The bare numbers are easy to find. For instance, according to Eurostat[14] (2013-2014), most Romanians die of circulatory diseases (968.6 per 100,000 inhabitants) followed closely by Serbians (954.1)

and only surpassed by Bulgarians (1085.8), at the opposite end one finds Norwegians (288). The main cause of death of Romanian elderly people is cerebrovascular diseases - over 600 per 100,000 inhabitants, among the biggest rates in the European Union. It is important to keep in mind that all circulatory diseases are associated with diabetes, high cholesterol levels and smoking, as well as with the (lack of) control of the hypertension. This means Romanians are facing institutional failures (a poorly managed health care system) after making multiple "lifestyle errors" (smoking, drinking, sloppy eating and very few routine check-ups).

It is also important to note that, in Romania, although the crude death rates[15] throughout the country are high, they differ by region: 876 deaths per 100 000 inhabitants in the South-East to close to 2 000 per 100 000 inhabitants in the North-West. In fact, in Romania and the neighboring countries, the standardized death rate for circulatory diseases is more than double than the European Union average, in strong contrast with, for instance, France where the standardized death rate for circulatory diseases is less than three-fifths the European Union average.

Romania, Latvia and Lithuanian are also the European countries with the most deaths by transport accidents (around 11 deaths per 100,000 inhabitants in Romania).[16] However, slightly fewer Romanians die of cancer (269) compared with other European countries (Denmark, Croatia having over 300). The lower rate of death caused by tumors is, sadly enough, counteracted by a very high *avoidable mortality* rate (that is dying of causes that could be avoided in the presence of suitable and timely medical care). According to a little quoted report prepared by the Social Situation Observatory – Health Status and Living Conditions Network,[17] *treatable and preventable deaths were considered to be almost half of the total deaths in Romania and Bulgaria of 2005*. Actually Romania has the highest level of treatable mortality in the European Union. Mortality from treatable conditions among Romanian men was in 2005 five times higher than among Swedish men. This is a clear indicator of what I have called "*guilty dying*" that I believe had a huge overall influence upon Romanians perception on death in both communist and post-communist times. *Colectiv* disaster has just magnified a problem that was already there for decades.

The good news is that death by cancer, heart diseases, and transport accidents has decreased significantly between 2004 and 2013 throughout the whole Europe, therefore in Romania as well. The same goes for life expectancy at 65 that, in Romania, has increased steadily from 1980 to

2014 in both women and men (with a gender gap of 5.5 years of life in 2014 in favor of women). Sadly, in 2014, we still had the highest infant mortality rate in Europe (8,4 deaths per 1000 live births) compared, for instance, with Cyprus and Slovenia (1, 4 deaths respectively 1,8 deaths per 1000 live births).

As for the Government expenditure on health, according to Eurostats (2015), we spend 4, 2 % of gross domestic product (GDP), which is a lot less than the Northern countries (8, 6% of GDP in Denmark and 8, 4% of GDP in Norway), but more than Cyprus (2, 6% of GDP) or Latvia (3, 8%). We spend extremely little for public health (0,1%), but 2,1% for hospital services and the lack of pharmaceutical supply is one of the main problems within our health care system.[18]

What we can tell by looking at the above numbers is an implacable yet expectable East-West gap in mortality rates with a very problematic symptom: the very high rate of avoidable and preventable mortality indicating - on the one hand - poor health policies and prevention programs (causing not only fewer diagnoses, but also a failure to deal with diagnosed diseases), and, moreover, poor lifestyles leading to lung cancer, traffic accidents, cirrhosis of the liver[19] and cardio-cerebral diseases. On the good side, Romania has known an increase in (healthy) life expectancy.

The purpose of my own data was to get a qualitative sense of whether Romanians' perceptions of death is influenced, on the one hand, by the awareness of the avoidability of death, and, on the other hand, by a fluctuating relationships with traditional religion and, more generally, with the institutions of death, after *Colectiv* disaster.

I rely on Robert Atkinson's view on the sacred functions of personal mythmaking[20] in life story interviews. As Atkinson underlines, birth, struggles, love and death produce stories that are central to people's well-being.[21] Most people, when approached for an interview, after going beyond the phase of excessive cautiousness, become captivated by their own life or death story, their frame of mind changes, and they cannot refrain themselves from trying to get at the "truth of the human life".[22]

So far I have made the transcriptions of sixteen face-to-face semi-structured interviews. They have all been remarkably powerful. It looks like there is no such thing as a "weak" death story. Although I have conducted a total of thirty-two interviews, a part of them are to be used in a different study on medical knowledge and attitudes on death. However, some of the conclusions formulated by the end of this paper are based on testimonies not yet transcribed for the purpose of this paper.

I have not chosen my interviewees randomly. I aimed to reach a diversity of sorts and, the moment I have realized that a gender imbalance was hardly surmountable (death proved to be a difficult topic for men to discuss), I have actively soughed to restore it. I have also taken into consideration the difference in crude death rates between South-East and North-West Romania as well as religious background after looking at the data from the latest census (October 2011) where 86,5% declared themselves to be Orthodox, 4,6% Roman-Catholics, and almost 2% Pentecostals. I have recruited respondents based on my own network and previous field experience, as well as within online groups, via public notice boards at post offices and pharmacy stores (in three villages). I have transcribed the conversations with 8 female respondents and 6 male respondents aged between 43 and 72 living in urban and rural regions across the country: Oradea, Salonta (one Pentecostal male respondent), Vatra Dornei, Saru Dornei, Botoșani, Galați, Crevedia-Mare, Târgu-Mureș (two Roman-Catholics), Cugir, Vinerea, Poiana Vadului, Bucharest. I have asked questions regarding their relationship with religion, God and the Church, afterlife beliefs, fear of death, meanings of death, previous hospital and disease experiences, medical knowledge in general, health and lifestyle, funeral attendance and ritual *know-how*, opinions on *Colectiv* disaster, and, sporadically, the loss of faith/religious authority and (social) tolerance (multiculturalism, terrorism) in an attempt to see how my respondents generally deal with late modern challenges. Each discussion has begun with examining the relationship between death, dying and religious beliefs in traditional Romania. Overall, I have followed three leads: *1. the relationship with the actual institutions handling death-related matters* (mostly the Church, the State in general, and the medical system), *2. the relationship with the systems of meanings and "the providers" of mainstream-able meaningful solutions for death, 3. the personal know-how, personal standards for one's own death style.*

At last, I have conducted two online surveys (spread via various Facebook groups): one related to *Colectiv* fire, corruption in general, the medical system, and death policies in contemporary Romania with 845 respondents (sixty-eight percent of the total respondents being female respondents), the other survey on religiosity/spirituality and death meanings, of 327 respondents, eighty-three percent were women, all respondents having experienced a loss in the last five years.

III. How is post-Colectiv Romania different?
Analyzing some answers

In 2015, on October the 30rd, the Romanian metal-core band *Goodbye to Gravity* launched their new album "Mantras of War" in a trendy nightclub in Bucharest. A spark of fire from the pyrotechnics went through the flammable ceiling and 27 people were killed on the spot. More than one hundred were injured. Some of the severely affected were taken to various European hospitals, but most of them remained in Bucharest hospitals with little care facilities for burn treatment. Due to unstable conditions and massive spread of nosocomial infection, the number of deaths was constantly rising. It was later discovered that the nightclub was functioning without the Fire Department permit; on that particular pre-Halloween night, they were using outdoor pyrotechnics indoors, with unintelligible (because Bulgarian) instructions for use. While dozens of rock fans were dying in hospitals, hundreds of thousand of people were protesting on the main boulevards of Romanian cities demanding the resignation of the centre-left prime minister Victor Ponta, already notorious for his legal problems (ranging from academic fraud to tax fraud and money laundering). "Shame on you", "Assassins", "All corrupted leaders must leave" the protesters were shouting, while the ocean of candles was only growing and glowing against the dark frame of the nightclub. Once more, the whole country turned apocalyptic. Yet all this time, the Romanian Orthodox Church remained silent. These are the facts.

After *Colectiv* moment, people complained more than ever about a faulty management of death. It was Romania's most famous writer Mircea Cartarescu who coined the expression "corruption kills" on his Facebook wall. It was a powerful expression that stuck with everyone. Almost two years later, all my respondents think that someone's incompetence or corruption (a doctor, a drunken driver etc.) will kill them sooner or later. Death is more a social issue than a religious problem, although they see themselves as religious persons. A social approach of death offers simultaneously a manageable (social) problem, a concrete enemy, and a conceivable solution.

Thanatologists know very well that the new kind of "good death" model (as opposed to other models identified by social historians in the past) is *a correctly solved or a well-managed death.*[23] It is my impression that this has always been the case in communist and post-communist Romania. Many believe that life continues in the afterlife and display

a "metaphysical fatalism" at the same time. But when asked concrete questions, most people think that death is caused by a "faulty" (political) maneuver. The relationship between the causes and the effects is not at all clear. Death is this social problem you might as well avoid if only the local authorities, the hospital, the shareholders of *Colectiv* nightclub, or yourself would have done their/your part correctly. If someone dies, something that *should have* been fixed and *could have* been fixed has happened. It suddenly seems reasonable to want to put someone in charge, someone that is going to make sure it does not happen again. The knowledge on death is heavily "instrumentalized". This lead, on the one hand, to an excessive practicalization of a deeply existential matter, and, on the other hand, to a constant refraining from looking for deeper death meanings. Indeed, only one of my interviewees, a Pentecostal man from Salonta said that the meaning of death is the communion with God in the afterlife.

The pain and frustration of having to deal with an avoidable death interferes drastically with a meaningful understanding of the experience of dying. I think this not only affects the way Romanians approach death in general, but also their *expectations* of how to think and feel about it, and how to deal with life-threatening situations in a "guilty dying" paradigm.

To the survey question about who can be hold directly responsible for the death of the 64 young people in the *Colectiv* nighclub, a percentage of 76% think that *we were all responsible*. Also, they believed that it was the generalized corruption in Romania, not the owners of the club, or the fireworks company, or the doctors, or God that could be held guilty. *The general guilt* we all carry is ultimately causing death. "Because, let's face it, we are all corrupted", said a female respondent from Cugir, Alba Iulia county. Also, the survey made by INSCOP Research[24] about the death of the babies hospitalized in Argeş and Bucharest with hemolytic-uremic syndrome after consuming cheese contaminated with E. Coli bacteria, shows that the largest percent of respondents (19%) think that the Ministry of Health bears the guilt for the deaths, followed by the Public Health Council in Arges, not the hospitals themselves, and not the cheese producer.

I have also asked my informants what are the things that brought them comfort when facing a loss. Some mentioned religion explicitly, two respondents (both from urban areas) mentioned a priest, some mentioned a good doctor or a reliable family member. However, every one of them mentioned the overall importance of *hope*: they hope to overcome sorrow, they hope to get well again, hope as opposed to despair, hope as an

explicit expression of their religious faith (only women from both rural and urban areas have made a direct reference to religious hope). What I have called "*a proper management of hope*" when facing a crisis needed my scholarly attention.

Traditionally, culturally and even intuitively, hope is connected with some kind of "religious-like" expectations. A psychotherapeutic input or medical intervention is often perceived as "salutary", even magic. This is not to imply that hope is necessarily irrational, but that entails a genuine trust or confidence in something or somebody. The recent emergence of *meaning-oriented grief therapies*[25] is not accidental. We all tend to introduce death in a comprehensive, meaningful – Atkinson will call it "sacred" - story with good characters and bad characters. It gives us a meaning and a purpose, as Pyszczynski, Solomon and Greenberg show in their study about 9/11.[26]

Progressing through our storyline also implies explaining the suffering, but even more, reaching towards *a resolution.*[27] Personal stories on personal death-related experiences *do* contribute to a better - but not necessarily more realistic- management of hope. They tend to explain whatever horrible thing happened to anyone. One creates "theodicies"[28] for personal use and, as Peter Berger explained many years ago, "it is not happiness that theodicy primarily provides, but meaning."[29]

Two male respondents (although they have previously stated not to have a religious understanding of the world) believed that the *Colectiv* fire was "abnormal", "I'm telling you, Romania is cursed" and "How could this have happened without magic involvement?" When I have asked other respondents about an "occult intervention" in *Colectiv* tragic course of events, they have strongly rejected the hypothesis of a "malefic contribution" to the disaster: "the corrupt government is the devil, Ponta is the devil, we are all devils because we've let this happen" said a younger female from Târgu-Mureș that also said she believes in the power of "collective wisdom" and that no successful transition in life is possible without relying on each other; Orthodox religion made Romanians feel even more disconnected (*dezbina*ți) lately, she thought. "I am a Roman-Catholic, but my faith has nothing to do with what I'm telling you."

It is important to understand the "value", the "quality" of one's personal theodicy; and also, to discuss the growingly popular character of a *reliable theodicy*. After all, consensus is what gives power to beliefs, as Steve Bruce rightly noted.

I now have to ask: *where do we find the standards of value for assessing, justifying, and improving our own death way and our "custom-made" standards of meaning and hope? And how do we reach a consensus?*

IV. Fumbling with bare numbers and fuzzy religiosity, while searching for consensus

Religion has always been a source of collective identities, a source of hope, comfort and consensual meanings. In theory at least, religions take care of the problem of death. When they promise an otherworldly reward, they also imply that the significance of death is beyond the event of death. But, as Atkinson would say, this is the general kind of human story, the substantial, "take-it-or-leave-it" kind of sacred story. The moment we step foot on the functionalistic ground and we consider *the lived religious experience* and personal religious narratives, things get a little fuzzy, as David Voas[30] would put it.

Religious beliefs are not the same thing with religious participation. We have known this for a long time, as Grace Davie made a distinction between those that "believe without belonging" and those who "belong without believing".[31] How about the growing number of people that are neither religious nor unreligious, but however stick around, remaining "fuzzily" loyal to their own religion, with sporadic involvement with the institution itself? How about those vaguely believing in some superior power,[32] but declaring themselves Catholics or Orthodox because the belonging remains meaningful for their social identity? In Voas's words, "the result is similar to a self-description as working class by the owner of a large business, or claims to Irishness by Americans who have a grandparent from Galway."[33]

To cut a long story short, assessing self-described religious beliefs in next to impossible. If we look at the opinion poles on European Social Survey[34] we can note the high levels of religious and quasi-religious beliefs throughout all European Union. The highly problematic psycho-sociological issue is whether those who claim a certain belief in, say, reincarnation, are actually *committed* to their view. As Voas shows, most people are not even aware about the difference between "religious" and "spiritual", they just give their opinion on a matter that concerns them in little describable ways.

According to INSCOP Research (2015), a percentage of 83,9% Romanians consider themselves religious, but only 81% according to World Value Surveys (2010- 2014).[35] However, almost 40% attend religious services *only* in important moments of the year (Christmas, Easter, etc.). While an insignificant percentage of 1,1% declare themselves atheists, almost 97% believe in God, around 50% believe in an afterlife, almost 30% believe in curses, 15,6% believe in extraterrestrial life, and about the same percentage (15,3%) believe in magic.

Obviously, Romanians believe in everything. The problem however may be that when one believes in everything one inevitably becomes less consistently engaged in a certain religious or quasi-religious practice. This may sound counter-intuitive to many who have read about the bursts of popular piety[36] in contemporary Romania. I cannot argue with the fact that this is a fruitful topic for both scholars and journalists, but talking spiritual self-expression in contemporary Romania makes more sense than, say, five years ago.[37]

The picture one often gets is of an ever-growing Orthodox fundamentalism. One has written about it until one has deliberately (or unintentionally) overexposed it. But the counter part is just as "promising"! It has become more obvious after the *Colectiv* fire that linking Romanians' religiosity with institutional religion is no longer recommendable. I think there have been *substantial* changes in understanding and performing religion among contemporary Romanians. After *Colectiv* disaster, the spontaneous shrines were profoundly secular.

Of course, in all post-communist countries, there are specific de-traditionalization and secularization patterns[38] to be considered. We have undoubtedly experienced an emancipation process from traditional religious order, but, as many sociologists of religion show, the abandonment of tradition does not happen suddenly, it is a gradual process[39] with multiple recurrent events and unexpected boosts. Davie thinks this is a typical European pattern, where we have a dominant church considered to be "the normal" church: an "inclusive institution"[40] that takes a lot of spiritual, geographical, sociological, psychological and cultural space within a society. This "static" institution inherently has compatibility problems with a modern speed-oriented urban life. An institution as such may lose control over peoples' beliefs,[41] but one cannot simply "get over" something that takes such a big space. We therefore should take into consideration the fact that ROC and Patriarch Daniel have lately suffered a decrease in credibility not only because their response

to *Colectiv* tragedy has been massively evaluated as "inadequate", but also for "normal" reasons, like *the rise of consumerism*. We know from Heelas and Bauman[42] that the "consumer model" implies a unique sense of identity and wellbeing and certainly *self-awareness*. Overconsumption is directly linked to the pursuit for happiness. It is also a confirmed rival of established religion. Consumerism also attests a certain social and financial level, and Romanians have always been interested in enhancing *social status*.

IV. 1. Terror management or hope management?

A couple of centuries ago,[43] having a doctor beside the bed of the dying man reflected his good social position. These days, a nutrition guru or a fitness guru, a personal trainer or a famous chef are called to personally assist people in their journey towards healthier lives. Embracing professionally assisted health plans is what every "respectable" contemporary individual does. This, too, is a matter of social status; and it has become so not only in urban Romania, but also in rural parts where people tend to be heavy consumers of wellness television shows. More and more people start to believe that being well-trained and well-fed is a value worth pursuing at any price. This may actually be *the only* long-term commitment Romanians are still willing to go after.

The motivation is strong and it comes from the inside as well as from the outside: an alignment between Western lifestyles and Romanians lifestyles is actively sought, and a need to find personalized, non-institutional ways of avoiding death is imperative. Although there are not substantial changes in health indicators yet, according to Romanian Meat Association,[44] *the consumption of processed meat has decreased by a quarter in the latest years.* In terms of Terror management health model,[45] an increased death anxiety correlates with one's self-esteem and self-awareness and, of course, with one's existential worries.

The bottom line is that the average Romanian did not abandon tradition, but did not keep it as it was either. He or she understands it and performs it differently, in ways that are *not substantially incompatible* with cosmopolitan trends.[46] Old superstitions and religious gestures may be channeled to serve modern personal wellness objectives. Even highly popular saints like St. Nektarios and St. Ephraim are specialized in life-threatening diseases and financial problems. Orthodox religion is *more than ever* expected to meet *worldly* needs. Whatever or whoever promises

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wellness – from the relics of a saint to doctors and nutritionists - become a viable option, something or someone to follow.

On every level, everybody's efforts are focused on *impending* death from happening. Everything we need to do about our death is already *here, at hand,* on *this side* of the world. This view is, I think, a strong *pattern of synchronization*: *absolutely everyone believes in the importance of preventing dying through lifestyle choices.*

All our metaphysical worries have been "reabsorbed" into daily worries that ask for immediate *salutary* life decisions. Whatever works. Some of us have a complete medical check-up every 6 months. Some others go to the gym. Some still go to the church. As I have read in the wonderful collection of interviews made by Bărbulescu and collaborators,[47] villagers over 65 use broccoli soups recipes taken from the internet to cure prostate cancer!

Of course, there seems to be no legitimate basis for imposing one's version on others, *but*, at the same time, it looks like *a chaotic accumulation of preventing-death "tips" may not be that chaotic after all*: when it comes to life and death, one tends to be consensual. We can always discern a couple of "absolute reference points" and a certain tendency of *mainstreaming* the best ones. So what is the prevalent reference point when making a certain death-related decision rather than other? Is this "reference point" essentially multi-determined? Is it a norm imposed by health care professionals, a cultural trend in our community, an institutional constraint, a psychological factor? What makes it dominant in a certain community or society?

Some countries adjust better than others to the growing lack of use-ability of traditional (religious) life and death ways. As shown, there are similarities, but also stark differences across Europe. Just like every individual, probably each country has to deal at some point with its very own way of *not* understanding death. The ways of putting up with such misunderstandings are different only up to a point. *The mainstreaming process constantly limits the impact and the reliability of individual death ways. How* exactly are such death styles supposed to reproduce and on *what* basis? Are there legitimate ("true") enough to be passed on to the children? As far as Voas (and his fuzzy religious practices) is concerned, "the chances of passing them successfully to the next generation are slim".[48] This remains, however, a very important question.

IV. 2. When medicine answers everyone's existential questions

Thanks to social media, public talks, public policies, and health care programs, "good-death ideas" spread a lot easier these days. Every one of them can at least *induce* the need for a certain life or death style. If people like it, they will embrace it. All my interviewees have *at least once* looked online for a cancer cure; even the 72-year-old one asked her nephew to look up the benefits of turmeric.

It is not surprising that at the survey question *which institution is most likely to generate a meaningful context for death?* more than 80% said it is the *medical system.*

Here is an interesting shift: in a country where the medical system is falling apart, more and more people seem to be ready to make *bold, carefully picked health choices.* It does not matter whether we talk pseudo-science or cutting-edge genetic technology, heretic medical movements, magic tricks, or laser surgery, fad diets or advanced biochemical nutrition, as long as people turn to them for the same (quasi)-religious reasons. It is *the "reception" problem* that draws my attention. From the very popular Dr. Oz to the charismatic and controversial local star Olivia Steer, taking an interest in wellness is increasingly linked to shaping attitudes towards death and dying. Official and unofficial medical knowledge proposes a universal language of salvation,[49] a comprehensive and reliable corpus of ever-updatable information, practices and techniques meant to keep death away. It also raises hermeneutic, philosophical, and ethical life and death questions more than ever before. This led to *a social consensus concerning the reliability of the medical techniques and goals,* in times when religions are less frequented for their ability to offer coherent and reliable norms for dealing with death.

All my interviewees said at some point "I've read about it" or "I know all about it, I've read articles, I did research". Whoever has direct or indirect access to the internet googles everything from symptoms, to home remedies, from pharma sites to drug dosage information. We all improve our medical knowledge on a daily basis. Ultimately, what does this mean? That we actively try to *live up* to the solutions we *believe* in. This also means we have full responsibility for how we solve the problem. We fail, we get sick, and hope to be healed. If the healing is not working, we are to blame. Our terrible illness is our terrible fault and our terrible sin. In this context, our death is the punishment for eating and living sluggishly. We could say, ironically, that our life mainly consists in finding ways to

avoid "getting caught". Some respondents displayed cynicism towards prophylaxis which, in the terms of terror management health model, only suggests a different kind of self-oriented defense. Once you are *found ill, you are found guilty.*

IV. 3. Sacred means for sacred goals

When compared with other (secular) systems, *medicine obviously has an increased permeability to the sacred.* When the secular takes over the sacred, the secular itself becomes a new sacred order. Now, 30% of my survey respondents said that the experience of dying is something mysterious and spiritual, about 20% said it is biological, very few said that, when death occurs, the soul leaves the body. Phenomenologically, confrontation with death calls up *sacred feelings* of some kind. In Rudolf Otto's classic terms, death is something "wholly different".[50] An emotional experience of awe could be felt in regard to many other things that meet existential needs, like, for example, nature, sports, green interiors, architecture in general,[51] etc.

As I have shown in previous studies,[52] looking for a systematic sacred account of death is an insurmountable theoretical task. As the British sociologist N. J. Demerath (arguably) showed, sacred can only be approached "functionally", that is, as a consequence of "something", not as a "substance". The possibility of defining religion substantively and the sacred functionally has been one of my main research interests in the recent years. So far I have only come to unfavorable conclusions: "The dispersed sacred may be recognized when one sees it or experiences it, but, as long as it is not permanently and uniformly "distributed" in previously envisaged cultural forms, sociology cannot offer a full and practical scientific status of an assembly of sacred experiences which are de-substantialized, unpredictable and complex."[53]

"I was afraid to look at his palms" a respondent explained to me what he felt when preparing the body of his dead father for the funeral. Although he was not a very religious person, he suddenly remembered that someone once told him the dead lose the lines on their palms. The detail hunted him for months after the event. "Do I tell others about it?" he asked himself. In the end, he did not. "I knew my family would have overanalyzed it, yet my fear seemed somehow stupid. And what if the others would have believe me? What if they'd have said: how could you *not* look? I didn't want to get into that sort of situation."

An encounter with the sacred lingers in one's mind. It often tends to be *shared, regulated, circumscribed, and made available to others in a normative way.* Other people want to know what one has experienced. *People look for an authoritative reference point or for a reference principle* **outside** *themselves.*

After transcribing the interview answers I could clearly see that the very private *experiences of death* derive less from substantive traditional religion or other institutional arrangements. They have more to do with the personal, timid, confusing ways of approaching the sacred. Considering the dispersed sacred as *prevailing* over the coherent (dogmatic) religious experiences opens up the possibility towards a personal encounter with death as *a direct connection to the sacred.* The problem is that we never know "where" the sacred "ends". When nothing is apriorically sacred, *everything* can be sacred.

The trouble is not solely theoretical, but also existential: *people move unexpectedly and little purposefully in and out such sacred comfort zones.* This is, I think, a viable starting point for understanding the paradox of the coexistence of both "freestyling" and "mainstreaming" death.

The important assumption is that we are constantly witnessing *medical and bioethical legitimations of the sacred.* In the terms of this paper, these may be called *"absolute sacred points" of normativity* that justify the freestyling and the mainstreaming in one's constant look for *comfortable devices:*

> When I go to work to the vineyard early in the morning, I'm thinking – what I am doing? I'm old, I don't need all this wine, but then I remember that my father - who died in 2000 - did the same thing. (…) He was a drunk, but also a hard worker [laughs] he knew what he was working for (…) I do it because he did it and it's a superstition, if I stop working the vineyard, my father gets upset and I die, I can't it give up, I can't sell it, he left me a burden and he speaks to me through this burden every day. I kind of like it after all.

V. Discomfort zones

I have identified two main sources of discomfort in relation to death and dying:

1. *The weakening of the communities of meaning*: people do not tell stories to each other the way they used to. This weakens the very

significance of community ties. There must be a value, a narrative one has heard or made up, a "loose" dogma, a spiritual norm that has a dominant influence over one's view on death. But how would one carry it on (symbolically)? And what if one changes one's mind? Because (statistically) the process of dying gets longer, one tends to lose one's reference points. The dying is often too weak to actively seek new good-death-ideas, therefore one tends to rely on expert knowledge that in Romania is hard to find or inefficient. As I have understood from my respondents, families refrain these days from bringing clear-cut explanations on what they are going to do once death occurs. Moreover, fewer dying people are ready to approach family members and tell exactly how they want to be handled. The only practice that has been around for decades, is that of ensuring a grave. Most "reliable" Romanians over 60 own a grave in a nearby cemetery. Of course, a well-managed death *does not* necessarily mean a meaningful death. Death is more than finding a good nursing house, enough money for the burial and efficient painkillers. The question remains unanswered: *"who" is responsible for the control, the production, the processing and the long-term maintenance of meaning, of "good" death meanings?*

Nothing in the survey results and in my interviewees' answers provides a key. Apart from willing to prevent death through self-administered medical maneuvers, I could not trace any relevant idea about how they understand the *real* experience of dying, when compared to the Westerners that have already understood the importance of *achieving and maintaining* their own death style.

2. *Financial precariousness* is also an important source of discomfort. Perhaps the cruelest consequence of the fact that death has become almost exclusively a social matter, it is that *a well-managed death is a matter of social status.* Low social exposure and loose family ties mean "low-quality" death. Most respondents think we need political will and money in order for us to die a good death. But here we have a very "meaningful" confusion: the fact that medical condition of the dying is often complicated, it is hard to address it, and one hopes until the last minute that something can be done. As Kellehear once asked, *where does the health care end and where does the death care start?* This is, of course, a *question of meaning* not only a matter of logistics. Having the highest rate of avoidable deaths in the European Union, it is unlikely for Romanians to actually be delivered the "right" institutional narratives that could enforce a coherent and reliable production of meanings.

Dying is not recognized as being dying not only because the aging process gets longer, but also because it perversely overlaps with…healthy living.

Ironically, *you have to be wealthy, healthy, and socially connected in order to live to "see" the benefits of a well-managed death.* Two of my respondents were widows and none of them had any kind of expectations from the Romanian health care system. Their children work in Spain and respectively Belgium and these women already know that, when the time will come, nothing is going to go according to the plan. The self-management of the old age becomes one with the self-management of death.

Moreover, a *public recognition of a dying role is difficult to obtain in Romania:* one needs not only social visibility and a right diagnosis, but it also has to be a priority on someone's agenda in order for him or her be recognized and treated for what he or she is. Otherwhise, as a 46 year old respondent confessed,

> when my mother died is was just chaos and shame. We spent hours on three hospital hallways and nobody took us in because I didn't have any money with me < can't you see she's dying? Get her home! > a nurse said to me. I was supposed to feel guilty for bringing her to the hospital!

When one dies like this, one is neither a hero nor a victim, just a confused and confusing version of one's self, socially inapt, financially unstable, "just ashamed to have to die in such a corrupt country."

VI. Comfort zones and a few conclusions

Comfort may be brought by either good anticipation/preparation or by the total lack of anticipation of death. 22% of my survey respondents said that a sudden death (be it a violent one) is preferable to long dying. This got me thinking that, maybe, Romanians do not respond well to prevention programs, they are fatalist and have an ambivalent attitude toward the (im)possibility to avoid death.

48% of the survey respondents believed that death was a spiritual experience and a very high percentage (80%) thought death was controllable through medical means - which may demarcate a comfort zone once provided exclusively by traditional religion.

In a nutshell, the multiplication of sacred sources and means on the one hand, and an increased personal autonomy on the other hand, led to a multiplication of easily spreadable personal death ways that caused an increased access to conflicting versions of "good death" and have created small, unstable comfort zones, and fast, unpredictable swings from meaningful to meaningless versions of dying.

Bringing one's death style to the public scene, making it recognizable and "operational" is a complicated act of social and symbolic value that one can hardly complete by one's self. It seems to me that *the quality of the self-management of death is directly influenced by the quality of life in a very strict, sociological sense, but it is indirectly influenced by "the quality" of one's beliefs system, in a less strict sense.*

Achieving a death of your own, as Donald Heinz once put it is, after all, *a personal achievement.*

In this sense, I think that the real enemy in finding a reliable *savoir mourir* is not the loss of faith, but *a less dynamic relationship between the disintegration of certain shared death meanings, and the individual's or community's inability to rebuild those meanings, or create new meanings from scratch.*

Everyday conversations - on, for instance, medical issues - can reinforce shared beliefs, but even so, one *has* to rise above the debate. A personal death way is not only about one's personal social accomplishment; what it matters, is "the spirit" in which one takes it up.

VII. Coda

When one screams "Corruption kills!" one implies that *death in Romania has a more or less explicit political agenda.* One does not need to read Talcott Parsons's structural functionalism[54] in order to understand that peoples' relationship with mortality cannot be understood without a larger socio-cultural context. Everything is interconnected: from everyday interpersonal relationships to the official management of death involving institutions, practices and places, objects and symbols. The individual approach of social reality and individual approach of death are interlinked.

If one plans to look at how a society is doing - politically, institutionally, spiritually, economically - the most "unforgiving" way is to look at its death system. *A transitologist and a thanatologist may work together for coming to a better understanding of what makes a postcommunist country*

socially and politically capable to build and maintain pertinent, agreed-upon, and non-ambivalent connections between peoples' own existential values and institutions.

According to Horia Patapievici,[55] in a country where there has been a generation-long communist period, the mechanisms of modernization have been discontinuous. When communism rose, de-traditionalization was harshly imposed; and then when communism collapsed, de-traditionalization was strongly disapproved. The equilibrium between the two opposite compressing forces was tricky to find and to maintain, institutionally and psychologically, collectively and individually. After the fall of communism, all previously held values were suddenly practiced differently, reflecting ambivalence, duplicity, at best, confusion. The things people did, said, and believed during communist times have gained a rigidity of sorts. They have become easier to misunderstand and misused by the old and the young alike. These features are primarily evident in the informal traditions[56] the ones that actually shape everyday interactions and our spontaneous take on existential matters, death included.

The weakening of the communities of meaning and the long process of dying forced the individual to make up her own symbolic reference points. The official death institutions were not to be trusted (even if only for their notorious financial scams), and there was no one to turn to for the production, the processing, and the long-term maintenance of "comfortable" death meanings. Also, a financially precarious life meant falling out - at an early stage of dying - of whatever death system there might have been available. Acknowledging a dying role is/was not only a social task, but also a pressing economical burden.

If today we can identify any new, privileged comfort zones for the dying and the bereaved, they are not primarily dependent upon majority's beliefs or upon other institutional traits, rather, they are the result of conscious personal efforts that follow both complicated inner rules and more general, global, agreed-upon trends (living well, eating well, working abroad, specific agendas of certain NGO's); they, as often as possible, by-pass the national constraints and the local institutional arrangements.

But even so, such institutional forces affect both the individual and the nation, although unpredictably and (always) asymmetrically. The best example is the simultaneous (and surely un-purposeful) trust *and* distrust in traditional religious institutions that often leads to a more profound problem: the failure to engage in a deeper understanding of reality, that, I believe, could naturally foster a feeling of the sacred. To cut a complex

story short, when someone dies, it is likely to simultaneously blame God, the State, the medical system and yourself: "that ignorant doctor", "that curse", "if I only had the money…", "we are all guilty", "it's corruption".

Having a fluctuant relationship with every potential death-cause is what all individuals do when confronted with danger. To a certain extent, we all engage in a chaotic superposition of scripts, we all practice a confusion of standards that goes hand in hand with the confusion of various reference systems (from old magic to doctor Oz-approved solutions, from politics to prophylactic medicine and technology). But when all institutions that literally and symbolically manage death fail on you at the same time, there is no one to turn to.

The mass response to the *Colectiv* tragedy revealed this fracture better than ever before: it was the point where political needs have met existential worries, and it was the point where death was massively misunderstood precisely because every single institutions of death failed, and we were left empty-handed. Ultimately, this translates into a paralyzing inability to address the problem of death itself.

The tragic event remained in the collective memory as the event that made a corrupt government to resign. *The government itself* killed our teenagers.

In a country were nearly everyone is suspected of having a hidden "political agenda", death easily becomes "just" a social problem. You have to dread because someone's incompetence, neglect, or corruption will sooner or later kill you. A researcher should try to grasp comprehensively *and* systematically the relationships between death and those institutions and areas of meaning that, in today's Romania, have an influence on the social processes and structures and, by that, interfere - affirmatively, negatively or ambivalently - with the more subjective, individual reference points. Unless we find those points, we are doomed to confusion, ambivalence, and "bad", meaningless dying.

Romanians protest more often and more furiously than ever. They experience the fundamental lack of trust in institutions with the desperation of those who have already understood (by intuition) that this poses a deeper existential danger. Meanwhile, as we go about from task to task, we keep living upon principles that are essentially dissonant with each other, while, in the background, an all-embracing uncertainty only grows and grows.

It takes a thanatologist's eye to see that this lack of trust will ultimately kill us; either literally, when our ceilings will be on fire, or in an obscurely precise Kafkian way.

NOTES

[1] Ernest Becker, *The Denial of Death*, Simon & Schuster, New York, 1973.

[2] Émile Durkheim, *The Elementary Forms of Religious Life. A new translation by Carol Cosman,* Oxford University Press, Oxford, 2001, but also the founders of terror management theory: Jeff Greenberg, Sheldon Solomon and Thomas Pyszczynski, "A Terror Management Theory of Social Behavior: The Psychological Functions of Self-Esteem and Cultural Worldviews", pp. 93-159, in *Advances in Experimental Social Psychology*, vol. 24, Issue C, 1991. About the social response to 9/11 and terror responses see Thomas A. Pyszczynski, Sheldon Solomon and Jeff Greenberg, *In the Wake of 9/11: The Psychology of Terror*, American Psychological Association, Washington DC, 2003, but also Tony Walter, „Sociological Perspectives on Death, Dying, and Bereavement", pp. 31-45, in Judith D. Stillion, Thomas Attig (eds.), *Death, Dying and Bereavement. Contemporary Perspectives, Institutions, and Practices*, Springer Publishing Company, New York, 2015. See also Elias Canetti, *Crowds and Power*, tr. by Carol Stewart, The Continuum Publishing Corporation, New York, 1973, esp. p. 17 for how the crowd reacts to "a discharge".

[3] Wolf Lepenies, *Between Literature and Science: the Rise of Sociology*, tr. by R. J. Hollingdale, Cambridge UP, Cambridge, 1988, pp. 150, 151.

[4] A recent example of such institutional de-phasing comes from the grief specialist Colin Murray Parkes, in Caroline Pearce, "Bridging the divides in bereavement research: a conversation with Colin Murray Parkes", pp. 181-193, in *Mortality*, vol. 22, nr. 3, 2017, https:/doi.org/10.1080/1357627 5.2017.1326891, p. 189. Clive Seale, *Constructing Death. The Sociology of dying and bereavement*, Cambridge UP, Cambridge, 1998. See also the classic work of Barney G. Glaser, Anselm L. Strauss, *Awareness of Dying*, Aldine, Chicago, 1965.

[5] A valuable recent edited work: Judith D. Stillion, Thomas Attig (eds.), *op. cit.* Very useful approaches: Tony Walter, "Why different countries manage death differently: a comparative analysis of modern urban societies", pp. 123-145, in *The British Journal of Sociology*, vol. 63, Issue 1, 2012 ; DOI: 10.1111/j.1468-4446.2011.01396.x; Candi K. Cann, John Troyer, „Trans-Atlantic death methods: disciplinarity shared and challenged by a common language", pp. 105-117, in *Mortality*, vol. 22, no. 2, 2017; http://dx.doi.or g/10.1080/13576275.2017.1291601

[6] There are many recent thanatological works analyzing the researching trends in death and dying, pointing out the limitation of research and epistemological models. Apart from the already mentioned work of editors Judith D. Stillion and Thomas Attig, I name a few other methodology-focused ones: Joachim Wittkowski, Kenneth J. Doka, Robert A. Neimeyer and Michael Vallerga, "Publication Trends in Thanatology. An Analysis

of Leading Journals", pp.453-462, in *Death Studies*, vol. 39, no.8, 2015, DOI:10.1080/07481187.2014.1000054; Tony Walter, "The Sociology of Death", pp. 317-366, in *Sociology Compass*, vol. 2, nr. 1, 2008, DOI: 10.1111/j.1751-9020.2007.00069.x; Tony Walter, "Communication media and the dead: from the Stone Age to Facebook", pp. 215-232, in *Mortality*, vol 20, no. 3, 2015, DOI:10.1080/13576275.2014.993598; John R. Jordan, "Introduction Research that Matters: bridging the gap between research and practice în thanatology", pp. 457-467, in *Death Studies*, vol. 24, No. 6, 2000; http://dx.doi.org/10.1080/07481180050121444; Helen Stanton Chapple, Barbara L. Bouton, Amy Yin Man Chow, Kathleen R. Gilbert, Phyllis Kosminsky, Jane Moore & Peggy P. Whitning, "The body of knowledge in thanatology: An outline", pp. 118-125, in *Death Studies*, vol. 41, no. 2, 2017; Michael Hviid Jacobsen (ed.), *Deconstructing Death: Changing Cultures of Death, Dying, Bereavement and Care in the Nordic Countries*, University Press of Southern Denmark, Odense, Danmark, 2013.

[7]   Caroline Pearce, *op. cit.*, p. 188.

[8]   See Marius Rotar, *History of modern cremation in Romania*, Cambridge Scholar Publishing, Newcastle Upon Tyne, UK, 2013, and a very insightful paper by Asher Colombo, "Why Europe has never been united (not even in the afterworld): The fall and the rise of cremation in cities (1876-1939), pp. 22-33, in *Death Studies*, vol 41, no. 1, 2017.

[9]   Sheldon Solomon, Jeff Greenberg, Thomas Pyszczynski, *The Worm at the Core. On the Role of Death in Life*, Random House, New York, 2015.

[10] David Heinz, *The Last Passage*, Oxford UP, Oxford and New York, 1999.

[11] Geoffrey Gorer, *Death, Grief, and Mourning in Contemporary Britain*, Cresset, London, 1965. See also the already quoted overview of the sociology of death written by Tony Walter for *Sociology Compass*.

[12] Stillion, Attig (eds.), *op. cit.*, p. xviii.

[13] Among the recent relevant works one could mention the already cited history of cremation written by Marius Rotar, also Istvan Kiraly V., *Death and History*, Lambert AP, Saarbrucken, 2015; Mihaela Grancea, *Discursuri despre moarte în Transilvania secolelor XVI-XX*, Casa cărții de știință, Cluj-Napoca, 2006; *Reprezentări ale morții în România epocii comuniste.Trei studii de antropologie funerară*, Casa Cărții de Știință, Cluj-Napoca, 2007; Cristina Bogdan, *Moartea și lumea românească premodernă*, ed. Universității din București, București, 2016; Florența Popescu-Simion, *Orașul și lumile de dincolo*, Ed. Fundației *România de mâine*, București, 2016; Ștefan Dorondel, *Moartea și apa – ritualuri funerare, simbolism acvatic și structura lumii de dincolo în imaginarul țărănesc*, Paideia, București, 2004.

[14] Causes of Death – Standardized Death Rate by Residence per 100,000 inhabitants, during 2013-2014.

[15] The crude death rate is the number of deaths occurring among the population of a given geographical area during a given year, per 1,000 mid-year total

population of the given geographical area during the same year. See https://stats.oecd.org/glossary/detail.asp?ID=491

[16] Causes of death — standardised death rate, 2014 (per 100 000 inhabitants aged less than 65), according to Eurostats. See http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Causes_of_death_%E2%80%94_standardised_death_rate,_2014_(per_100_000_inhabitants_aged_less_than_65)_YB17.png (accessed at July 13 2017)

[17] *Health Status and Living Conditions in an Enlarged Europe* issued by London School of Economics and Political Studies in December 2005, pp. 44-57.

[18] *Ibid.*, p. 39.

[19] *Ibid.*, p. 55.

[20] Robert Atkinson*, The Gift of Stories. Practical and Spiritual Applications of Autobiography, Life Stories, and Personal Mythmaking*, Bergin and Garvey, Westport Connecticut, London, 1995, pp. 19-49.

[21] *Ibid.*, p. 21.

[22] *Ibid.*

[23] Seale, *op. cit.*, but even more Allan Kellehear, *A Social History of Dying*, Cambridge UP, Cambridge, 2007, esp. pp. 147-169.

[24] http://www.inscop.ro/wp-content/uploads/2016/04/INSCOP-raport-martie-2016_-Imbolnavirea-bebelusilor-din-Arges.pdf, latest access July 13, 2017.

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[32] Voas, "The Rise and Fall…"

[33] Ibid., p. 162.

34   http://www.europeansocialsurvey.org/

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41   *Ibid.*

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[51] Anna Petersson, Gunnar Sandin, Maria Liljas, "Room of silence: an explorative investigation of design students' redesign of an arena for reflection and existential meaning-making", pp. 130-148, in *Mortality*, vol. 21, No. 2, 2017, http://dx.doi.org/10.1080/13576275.2015.1046825 ; among the general studies on the sacred that I have used are: Robert N. Bellah, *The Broken Covenant: American Civil Religion in Time of Trial*, Seabury Press, New York, 1975; José Casanova, *Public Religions in the Modern World*. University of Chicago Press, Chicago, 1994; "The Secular and Secularisms", *Social Research*, Volume 76, Issue 4, 2009; Harvey Cox, *The Secular City: Secularization and Urbanization in Theological Perspective*, Collier Books, New York, 1990; Grace Davie, *Religion in....* and "Prospects for..."; N. Jay Demerath IIIrd & W. C. Roof, "Religion - Recent Strands in Research", pp. 19-35, in *Annual Review of Sociology*, Vol. 2, 1976; N. Jay Demerath IIIrd, „The Varieties of Sacred Experience: Finding The Sacred In A Secular Grove", pp. 1-11, in *Journal for the Scientific Study of Religion*, Volume 39, No. 1, 2000; Roy Rappaport, *Ritual and Religion in the Making of Humanity*, Cambridge UP, Cambridge, 1999; Charles Taylor, *A Secular A*ge, Harvard UP, Harvard, 2007.

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