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Book Review / Compte rendu

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In their 4th edition of *Dying and Death in Canada*, Northcott and Wilson have provided not just a significant update, but also an extensive and critical synthesis of current literature dealing with dying, death, and bereavement. Readers may find themselves questioning some previously assumed norms relating to these uniquely individual, yet culturally constructed, experiences.

The book is clearly and logically organized in three parts: demography and epidemiology, social and cultural representations, and individual responses. Part One begins by providing historical context for the demographic and epidemiological analyses that follow. The authors draw on accounts from Indigenous oral history and the early writings of European colonizers. Their acknowledgement of Indigenous cultures prior to European contact is welcomed. However, it should be acknowledged that in the latter, European biases will have had profound impacts on what was written and conserved. Nevertheless, the significance of diversity and context introduced in Part One continues throughout the book, encouraging the reader to recognize the dynamic nature of dying and death as a cultural experience. The second chapter in Part One provides a thorough demographic and epidemiological representation of dying and death, based primarily on data from Statistics Canada reported in 2020.

The sociocultural dimensions of dying and death are explored in Part Two in chapters focusing on Canadian social institutions and Canadian culture. In these chapters, the influence of recent developments including, but not limited to, the legalization of medical assistance in dying, the proliferation of the death care industry as “big business”, and changing patterns family life are discussed. Northcott and Wilson acknowledge the diversity in beliefs and practices among Canadians and hence do not present a singular portrayal of Canadians’ experiences with dying, death, and bereavement. Dark tourism and edgework are introduced as paradoxes in a society often touted as being dying-averse and death-denying. Northcott and Wilson’s thoughtful presentation of the influences of the secularization, bureaucratization, professionalization, and medicalization of dying and death provides a basis for critical reflection and questioning. Their analysis of the unfolding social construction of dying and death leads to the challenging suggestion that dying and death have become the raw materials for the death care industry within which dying may not be well managed and death is too often not good.

Part Three explores a host of individual perspectives from dying individuals, their survivors, and those whose work involves dying, death, and bereavement. As in the rest of the book, a wide range of current peer-reviewed research reports provides data for the analysis. Northcott and Wilson consider an expanded range of individuals and influences on their experiences of dying, death, and bereavement. The addition of journalists, death doulas, and cemetery workers, to name a few, exemplifies the authors’ intent to be thorough and inclusive. Similarly, fresh and critical consideration of familiar concepts such as dying trajectories, death awareness, and caregiver burden and benefit, as well as less frequently discussed concepts such as risking death, choosing death, planning for death, and post-death encounters could provide a foundation for a broader understanding of a wide range of experiences. Interesting additions to the next edition of the book could consider the experiences of dying inmates in an aging prison population, the unhoused, and the bereavement of survivors of those who died while engaged in criminal activity.

While the book can be commended as an introductory textbook for students of thanatology, it could also be recommended for a broader audience of students of sociology, psychology, and cultural studies. Health care providers from many disciplines could find this book helpful in their integration of their experiences with dying, death, and bereavement, because it moves beyond the biomedical perspectives that are often prioritized in clinical education. The book could also appeal to non-academic and lay readers who are curious to develop an understanding of dying and death, either as they are experiencing it personally or as a ubiquitous social phenomenon. Accounts from professionals and family members provide rich opportunities to appreciate the subtle aspects of lived experiences of dying and death. These stories also demonstrate the normative influence of narrative.

Dying and Death in Canada is clearly written and readable, and draws on extensive scholarly research. With more than 500 items in the reference list and links to many additional visual media resources, readers can pursue particular interests in even greater depth. This book is an excellent resource. It could be a rich addition to reading lists for academics in many disciplines, social analysts, and program planners, as well as for inquiring individuals in any walk of life.