

Death as Culture and Care at the End of Our Lives

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Abstract:

Death is both culture and care. As Stephan Henry Fox's book *Facing Death Across Cultures* shows, death leads us to approach it through different conceptualizations in different cultures, which are mostly linked to health. The certainty of death has led to the development of caregiving societies, which vary widely in their practices around the world. This presents challenges for medical staff and patients alike. Adopting a didactic approach, Fox explores these cultural practices, emphasizing the role of health and care in our understanding of death.

Tod als Kultur und Fürsorge am Ende unseres Lebens

German Abstract:

Der Tod ist sowohl Kultur als auch Fürsorge. Wie Stephan Henry Fox in seinem Buch *Facing Death Across Cultures* zeigt, führt uns der Tod dazu, ihn in verschiedenen Kulturen durch unterschiedlichen Konzepte zu betrachten, die meist mit Gesundheit verbunden sind. Die Gewissheit des Todes hat zur Entstehung von Fürsorgegesellschaften geführt, deren Praktiken weltweit sehr unterschiedlich sind. Dies stellt sowohl medizinische Personal als auch Patienten vor Herausforderungen. Mit einem didaktischen Ansatz untersucht Fox diese kulturellen Praktiken und betont dabei die Rolle von Gesundheit und Pflege für unser Verständnis des Todes.

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How do we conceive of death? In what ways do cultural differences influence our understanding of death? As Stephen Henry Fox points out in his book *Facing Death Across Cultures*, our approach to death is shaped by the cultural practices we inherit from our societies. This is specifically true of health and care crises since they are the moments when we are closest to death. Fox points out that death and care are a duality that gives rise to further cultural questions with specific solutions across different societies. The aim of Fox's study is to explore how cultural differences impact healthcare. Dealing with cultural differences and biases can be particularly challenging for the medical personnel. Questions may arise, such as: Where are the limits of consent with patients? How should decisions about treatments be made depending on religious or ethical beliefs? What kind of care or medical practice is considered helpful or offensive?

Drawing from psychology, anthropology, and sociology, the book aims "to explain why these cultural differences cause issues in healthcare and to give voice to cultures sometimes marginalized in standard healthcare practices" (p. 2). To shed light on this topic, Fox explores the profound connections between culture, healthcare, and mortality. These three concepts serve as the text's guiding principles. Together, they shape the twelve modules into which the book is divided. In the first part of the book, Fox elaborates on different conceptions of culture and shows how these notions influence our relationships with health and care. In the final sections, he analyzes death, focusing on how it is expressed in culture, through places of care and remembrance after a person passes away. He also discusses ways to overcome loss.

Fox aims to provide medical professionals with cultural studies theories and terms to help them gain insights into their daily work with patients. This is why he employs a didactic approach,

with modules instead of chapters, each with defined learning outcomes. This allows readers to clearly understand what they are about to read. At the same time the author encourages readers to engage with the content by answering for themselves the questions posed at the end of each module. This exercise makes the reading experience more personal. Therefore, the book can be considered a textbook that could be used for “intercultural competence training” (p. 4) for health trainees. As Fox writes, he also considered patients and their families while writing the book: “This book should enhance intercultural competence and provide insights to help medical and mental health practitioners in cross-cultural encounters, whatever their specialty, and for families and friends navigating the passage of loved ones” (p. 4). Thus, the book sets out to foster an environment of mutual understanding in the healthcare system.

In module 1, Fox outlines some of the fundamental psychological components of culture and explains how these components gradually shape everyone. Drawing on anthropology, sociology, and cultural, cross-cultural, and Indigenous psychologies, he emphasizes, “how we came to be cultural species and the psychological dimensions of difference as a culture diverged” (p. 34). He argues that this interdisciplinary approach enables him to view culture and human behavior as interconnected, much like the various aspects of culture itself. In his opinion, culture must be understood as a constantly evolving product of exchange.

This exchange is influenced by different factors within each of culture. Even multicultural policies and care relationships have their strengths and weaknesses. It is especially important for healthcare personnel and patients to understand how the culture they live in deals with health and death. Fox mentions that “acculturation processes, strategies, and statuses may affect the behaviors and perceptions of patients, staff, and professionals alike” (p. 61). He believes that understanding these cultural parameters could improve behaviors and choices experienced in multicultural care contexts.

After considering these cultural concepts, the author delves deeper into the notions of health and well-being. Fox raises the question: What constitutes health, wellness, and illness around the world? Of course, the answer varies culturally, and Fox emphasizes that health and well-being are difficult entities to define and quantify across cultures. It is similarly difficult to objectively grasp disease and illness. As Fox points out, “key domains of knowledge in

healthcare obviously include understanding of what needs to be healed and how to heal it. Disease is tragedy, disease is opportunity, disease is moral violations, but it also can be considered as a gift” (p. 89). That is why it is important to consider intercultural and multicultural contexts, since the idea of healing varies within them. Well-being it is also conceived of different societies. As Fox points out, “people explained illness based on their views of reality, ranging from strictly materialistic to entirely metaphysical. These ontologies influence how people should be treated and who should provide the treatment” (p. 112).

Fox presents these variations in order to challenge the conventional medical world, which is driven by globalization. Although globalization has gradually contributed to a more unified idea of health, many individuals still face challenges accessing better care. Fox argues that, while health is a human right, it is constrained by culture. In the context of diversity, such as migration, different ethnic groups, multicultural societies, this becomes a real challenge. “Differences in communication styles and language lead to misunderstandings. In extreme situations, violence may erupt between people of different ethnic origins. With improved understanding and communication, we can overcome these biases and work collaboratively toward best outcomes.” (p. 149) For this reason, Fox encourages readers to reflect on their own cultures and consider how these cultures are integrated into healthcare systems.

In the final modules of the book, Fox discusses palliative care and hospices, helping us to confront the idea of death. He contrasts the beliefs of patients and their relatives regarding what constitutes a good death with the circumstances, which can vary greatly, depending on factors such as economics and politics. The book also considers what should be done when the patient is unable to make decisions about their own fate. Fox writes about the culture of death, where “the entire system focuses on defeat of death, conceptually equating hospice care with giving up” (p. 211). For some, hospice care is seen as a refusal to seek further treatment, even to continue living, while for others it is a way of dying with dignity.

Considering this, the concluding thoughts of the book focus on ways to enhance the final days of our lives, which are also influenced by cultural expectations. For some, dying with dignity could mean taking palliative care, spending time with family, or hastening the end. “Palliative care and institutions such as hospice now provide relief and care options, with particular

conditions for each, some of which are incongruent with certain cultural norms” (p. 228). Each person’s conception of a good death is shaped by their culture and beliefs, and this can challenge the Western idea of care.

The last section explores these final moments and beliefs about them in relation to psychosocial support when dealing with the death of a loved one. Fox discusses various cultural practices that offer support and solace to those left behind. “Funerals, memorials, gravestones, and the other trapping of bereavement rituals have their greatest measurable benefit for the living” (p. 231). Another instance where death and health converge is when strategies are devised to cope with loss. These strategies may take the form of physical representations or psychological therapy for the relatives.

This book is a valuable resource for medical and healthcare professionals. It provides valuable theoretical insights on culture, care, and death that may help professionals in these fields better understand and support their patients’ cultural backgrounds. Additionally, the book’s accessibility and practical approach make it an enjoyable read, also for those with only a passing interest in the subject. It is an excellent introduction to cultural studies and offers valuable insights into health and care.