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Title Page

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***Ars Moriendi*: An overview of approaches to the art of dying, grief and loss for nurses working in mental health**

Abstract

This historical discussion paper is an overview for nurses working in mental health of medieval and Early Modern texts known as *Ars Moriendi* literature, which focuses on the art of dying, grief and loss. Primary and secondary historical documents are used to describe *Ars Moriendi* literature and how historical understandings of death and dying were shaped within a spiritual context. *Ars Moriendi* concepts are compared with modern Western secularised and medicalised notions to prompt reflection on historical versus modern approaches to dying, grief and loss.

Introduction

An innate awareness of one's own mortality is ubiquitous to the human condition, whilst a corresponding instinct for self-preservation predisposes us to look at death as a phenomenon to be fought against or avoided. Nonetheless, Erasmus of Rotterdam reminds us of the words of Homer, that "no animal is more prone to misfortune than the human species" (1534/1988, p. 405-407). Doctors Fernando Espi Forcén and Carlos Espi Forcén posit modern healthcare professionals have difficulty talking to patients directly about death because, in the absence of a theological framework for understanding and talking about a fruitful existence that transcends death, "a secular society may lack the proper elements to cope with death anxiety, which results in denial of death at an almost delusional level" (Forcén & Forcén , 2016, p. 559).

Concomitantly, modern Western societies have developed sophisticated medical technologies and techniques that often allow us the upper hand in the battle for life over death, leading to the general perception that death is neither ever-present or inevitable. However, the reality of the human condition remains the potential for illness and death at any moment is an unavoidable certainty. Consequently, the contemporary secularisation and medicalisation of death

creates its own challenges for those who care for the dying, or family and carers of the dying who experience grief and loss associated with death (Thornton & Phillips, 2009). Therefore, the remedy for our modern cultural problem of coping with death is to cast our gaze backwards and look at the issue through a historical lens (Forcén & Forcén, 2016).

Literature offering advice or instruction on how to 'die well' has existed for thousands of years back as far as Ancient Greece and Classical philosophers like Aristotle, but it was during the Middle Ages that these ancient multifocal approaches to dying crystallised into the literary genre of the *Ars Moriendi*, which translates from the Latin as 'the art of dying' (Ruys, 2014). The purpose of the *Ars Moriendi* was to provide instructions on how those who cared for the dying could assist them to have a "good" death, by attending to their psychological, emotional, and spiritual needs under the assumption of mutual devotion to the Christian faith. However, it is important to note the principles of the *Ars Morendi* are relevant for those who care for patients of any religion, or none.

Nurses working in mental health are best placed to lead a contemporary discussion on how to provide improved emotional support and holistic end of life care, because at the modern deathbed as with the medieval, "the person in charge issues precepts: the nurse unsqueamishly gets on with the business of care" (Riddy, 2003, p. 224). This paper will equip nurses working in mental health (and other relevant clinicians) with an understanding of medieval and early modern ideas about what constitutes a good death. Consequently, providing them with the knowledge to develop strategies to assist patients and their significant others to cope with fear and grief related to the process of dying. This knowledge will also assist nurses working in mental health to reflect on how they can better support their patients to experience a 'good' death.

Method

This historical discussion paper is derived from a review of secondary English translations and tertiary *Ars Moriendi* and other literature found in electronic databases, including CINAHL, Google

Scholar, JSTOR, and Internet Archive. Information in tertiary sources was validated against the translations of the original *Ars Moriendi* texts. Relevant literature was identified and summarised by the lead author before being reviewed by the second author who crosschecked sources. All three authors contributed to the production and presentation of the final manuscript.

Findings

In this section the medieval emergence of *Ars Moriendi* literature is described. An overview of some influential *Ars Moriendi* texts from the medieval period is then provided, followed by a section explaining how the *Ars Moriendi* genre influenced approaches to death and dying during the Early Modern period.

The emergence of *Ars Moriendi* literature during the medieval period

The spectre of death was an intimately familiar companion to medieval Europeans, who lived with the constant presence of death that was often sudden and unexpected. In addition to high mortality rates resulting from childbirth, childhood illnesses, and food shortages, there was also the catastrophic event known as the 'Black Death' in 1346, which led to the demise of approximately one third of the European population, and the Hundred Years' War of 1337-1453 between England and France, which heralded a new era of escalating violence and brutality across Western Europe. These events in particular brought the horror of death to the centre of civic culture and the moral fabric of European societies. A new sense of urgency arose as the increasing possibility of a sudden death posed a threat not only in the physical sense, but also carried serious spiritual repercussions if a person should die unprepared and in a sinful state, a terrifying prospect for medieval people, of whom the vast majority were Christian (Lawrence, 2017).

Instructional manuals on how to prepare for death and care for the sick and dying were not novel in the Middle Ages and even before the *Ars Moriendi* there was a singular universally accepted medieval notion of what constituted a good death, to die in a way that would ensure the

eternal salvation of one's soul. However, the aforementioned events of the late medieval period saw the development of an overwhelming preoccupation among all strata of society with the safe transition of souls from this world to the next, manifested in *Ars Moriendi* literature (Lawrence, 2017). For Roman Catholic societies, as the majority of medieval European societies were, this idealised notion of a good death was largely unproblematic. However, there were nuances in how these ideals were put into practice at the bedside.

Late medieval culture has often been perceived in modern times as obsessed with the macabre and morbid in its embrace of death, which produced a society defined by a deep psychological stratum of fear on the one hand and a spasmodic reaction against indulgence and excesses on the other (Appleford, 2014). However, in the late medieval world, a schooled awareness of mortality was critical to an individual's experience of their inner self, to good governance of the self and society, and for the construction of cultural memory (Appleford, 2014). A close examination of key literature serves to illuminate how these ideas informed the medieval philosophy of a good death, and the ways in which these principles were applied by caregivers.

Influential pieces of medieval *Ars Moriendi* literature

The *Ars Moriendi* genre was begotten of two distinctly separate textual traditions: high medieval devotional texts on the formation of the self; and patristic emotionally sparse early medieval procedural manuals that advised pastors of the spiritual care of the sick and dying (Ruys, 2014). The first of these texts emerged during the 11th century and drew upon established schools of thought set out by Church fathers, predominantly Augustine of Hippo (Ruys, 2014). These texts focused on the inner person, and described how to fashion or create a certain disposition in oneself that became prevalent in subsequent writings during the 12th century. These devotional texts encouraged a certain type of spirituality that wove together interiority, affectivity and experience, whilst

demanding of the reader interpretive study and practice in a process of self-formation, coupled with imaginative and experiential immersion to develop ritual devotions (Ruys, 2014).

The driving ideology behind these texts was the recognition of a close interrelationship between reason, imagination, and emotion: that a heightened affective state would drive the imagination, which in turn would drive reason and produce knowledge and wisdom (Ruys, 2014). Most authors aimed to produce a level of "beneficial fear" in their audiences to achieve this heightened affective state, and by the 13th century it was perfectly acceptable to frighten the faithful for their own good and terrify audiences into obedience (Ruys, 2014). Notably, Thomas Aquinas, arguably the most influential theologian of the Middle Ages, wrote in his *Summa Theologica* that a certain amount of fear was conducive to the production of wisdom because:

> "When fear is intense, man does indeed wish to take counsel, but his thoughts are so disturbed, that he can find no counsel. If, however, the fear be slight, so as to make a man wish to take counsel, without gravely disturbing the reason; it may even make it easier for him to take good counsel, by reason of his ensuing carefulness…Everyone in fear shuns that which he fears: and therefore…conduces to action, in so far as it inclines the will to do that whereby a man escapes from what he fears" (1485/1947, articles 2-4).

Nonetheless, subsequent authors of pastoral manuals designed to instruct those caring for the sick and dying wrote that a heightened emotional state, particularly one of fear in the context of imminent death, could be counter-productive to fostering a disposition towards grace and an emotional and rational acceptance of one's fate (Ruys, 2014). They felt that a balance must be achieved between instilling a healthy fear of damnation to encourage a dying person to repent, while discouraging excessive contemplation of the pain of death that risked inducing a level of fear that might hinder a dying person's progress towards salvation.

The 14th century healthcare instructional manual *De visitatione infirmorum* or *A Treatise of the Visitation of the Sick* ("the *Visitation*") widely used for several centuries by Pastors (who at the

time were all male) ministering to the sick and dying, demonstrates how to create this balance and "perform this important part of the pastoral office in a proper manner" (Stearne, unknown/1780, preface).

There are seven classes of rules for attending to the sick outlined in the *Visitation*, the most important of these including: particulars to be performed in the course of the visitation, how to address those who attend the sick person, and specific practices relating to those who are very young or troubled in the mind. The first class of rules addresses things which a Pastor ought to provide himself with before undertaking to visit the sick. The most important of these is a "catalogue of the Vices" containing places of scripture which denounce God's vengeance against these vices (Stearne, unknown/1780, p. 4). Pastors are also instructed to make careful note of each parishioner under their care, including any aspects of character worthy of either praise or blame, so if a pastor was required to visit a parishioner who had taken ill, he would:

> "Easily recall to his memory his principal failings or transgressions, and convince him of their guilt, and the dangers that will attend them (unless prevented by a timely and sincere repentance)" (Stearne, unknown/1780, p. 4-5).

The desired end of this application of fear by the "spiritual physician" was the saving of souls and reformation of morals. Therefore, it was framed to excite devotion and insinuate truths in the minds of the sick without causing offence to their minds and prejudicing them against counsel (Stearne, unknown/1780).

A similar tract *De meditatione mortis* attributed to 14th century theologian Jean Gerson demonstrates, as does the *Visitation*, an awareness of the danger of arousing emotions without providing a productive channel for them (Ruys, 2014). It suggests the sick or dying should be exhorted to beg God's forgiveness for past offences, and admonished in order to increase piety and repent, whilst being reminded of God's love and the power of repentance to achieve forgiveness and salvation (Stearne, unknown/1780). At the approach of death, a pastor was encouraged to:

> "Fortify the mind of the sick against all unreasonable fears of death; and it should be represented to him as the end of all his troubles, and the gate that will bring all those to eternal happiness, who give sincere tokens of true repentance" (Stearne, unknown/1780, p. 37-38).

This is not to say that despite prioritising care of the soul the *Visitation* did not recognise the necessity for bodily care, so the attention of healthcare practitioners was also encouraged. However, the difference in a modern healthcare setting is the priorities are reversed, and care of the mind and soul is generally a secondary consideration to the medical needs of the body. In this context the advice of the *Visitation*, which is geared towards achieving eternal salvation may not seem applicable beyond the responsibility to mitigate unreasonable fear of death.

Nonetheless, the *Visitation* did provide poignant advice in conjunction with its focus on saving souls and reforming morals which modern practitioners may find relevant, including the utmost importance of the rapport and interpersonal relationship between the dying person and those attending them, whereby:

> "[t]he Minister ought, when he comes first to the sick person, to shew his sympathy and concern for him by his words, and affectionately to ask him about the nature of his sickness, of its symptoms, and how long it has continued upon him; for as these are marks of love and benevolence" (Stearne, unknown/1780, p. 25).

Clearly, establishing a good rapport between pastor and patient was considered essential to help the dying to bear their calamity with a calm and steady mind. Part of this pastoral duty was to help them withdraw from worldly things that may unsettle or disturb their mind, by encouraging them to settle worldly affairs. This could include material affairs such as inheritance or financial debts, or immaterial affairs of the conscience such as settling quarrels with those who have wronged or been wronged by the dying person (Stearne, unknown/1780). The *Visitation* also encourages attendants on the sick and dying to consult a physician on the nature of the illness and the symptoms that

signal the approach of death, advising these should not be concealed from the sick person so as to deceive them with false hope of recovery (Stearne, unknown/1780). Such frankness and honesty may be difficult when caring for the terminally ill, but the *Visitation* teaches it will ultimately help the dying person to accept and prepare for death.

The *Ars Moriendi*

The *Treatise on the Visitation of the Sick* is considered by some historians to be one of the foundational texts of the *Ars Moriendi* genre, given that the early 15th century *Ars bene moriendi* written by prominent theologian Jean Gerson was developed from the *Visitation* and other similar patristic manuals (Ruys, 2014). Gerson's text, contained within his *Opusculum tripartitum* ("Three Part Treatise") of 1400-1403, a pastoral handbook intended to instruct both the clergy and the laity on the Ten Commandments, confession, and assisting the dying, was to in turn become the inspiration and also the blueprint for the first *Ars Moriendi* manuals (Taylor, 2007).

There were two main texts that were predominantly used as instructional manuals on the "art of dying" in the 15th century: the first of these texts was a Latin prose work, *Speculum artis bene moriendi* or "The Mirror of the Art of Dying Well" (the *Speculum*), written during or shortly after the Council of Constance. The second text was a block book consisting of eleven facing-page woodcuts known as the *Bilder-* or "Picture" *Ars Moriendi*, which came into existence around 1460 and illustrated the art of dying well (Beringer, 2014). The Council of Constance was convened in 1414 and continued through to 1418, during which time Gerson, who was at that time also chancellor of the University of Paris, played a leading role. The result of the discussion of Gerson's ideas was the decision of the Council to order the production of the *Speculum,* an instructional manual designed to be used mainly by religious men to "help all Christians to acquire properly the art and skill of dying well" (Beringer, 2014, p. 500).

The *Speculum* is divided into six categories, which appear in some form in most subsequent *Ars Moriendi* texts: a praise of the knowledge of dying well or the charitable act of helping one to die well; an outline of the temptations against faith posed by the Devil towards the dying; the questions to be asked of the dying one to affirm their faith in Christ and remorse for their sins; instructions for or admonitions of the behaviour of the dying one; exhortations to be made of the dying one and those present at the deathbed; and the prayers to be said over the dying one (Beringer, 2014). The enormous popularity of the *Speculum* is evidenced by the fact it was translated into at least seven vernacular languages including English as the *Crafte for to Die*, and disseminated across most of medieval Europe (citation).

The *Bilder-Ars Moriendi* was even more widely disseminated and existed in many iterations, all being abridged versions of the long-form texts used by the clergy. This manual on how to die well composed primarily of images originally designed as "self-help" guides for the laity was much more accessible to a widely illiterate populace bereft of standardised public education systems (Taylor, 2007). The main focus of the images was to represent the five temptations that must be overcome at death: infidelity; despondence; vainglory; impatience; and avarice (Taylor, 2007). The dying are also reminded that contemplation of the Passion of the Christ is the only way to withstand these temptations and achieve salvation, so:

> "[h]e should devote himself entirely to the Passion of Christ, constantly recalling and meditating on it, for by this, all the temptations of the devil, particularly temptations about faith, can be overcome" (Beringer, 2014, p. 506).

Imitation of Christ's actions in his final hours is the singular most prominent theme of the medieval *Ars Moriendi*, and the belief that contemplation of the Passion of Christ is the only instrument of redemption is universal to texts from this period (Beringer, 2014). Some block-book *Ars Moriendi* urged the dying one to cast aside all temporal, worldly things, including the company of family or loved ones at the deathbed as part of this *imitatio Christi*, reminding the faithful that Christ departed

willingly from his mother and disciples for the sake of humanity's salvation, so they should: "[t]hink too of the poverty of Christ hanging on the cross for you, leaving his beloved mother and dearest disciples willingly for the sake of your salvation" (Beringer, 2014, p. 508). It is of note that medieval people were urged to shun the company of loved ones in their dying hours, a concept that sits in direct opposition to the modern ideal of a "good" death surrounded by family and friends. Therefore, it is worth considering *why* the dying were urged to turn away those who loved them in their final moments.

Figure 1
The temptation of a dying man by the agents of the Devil
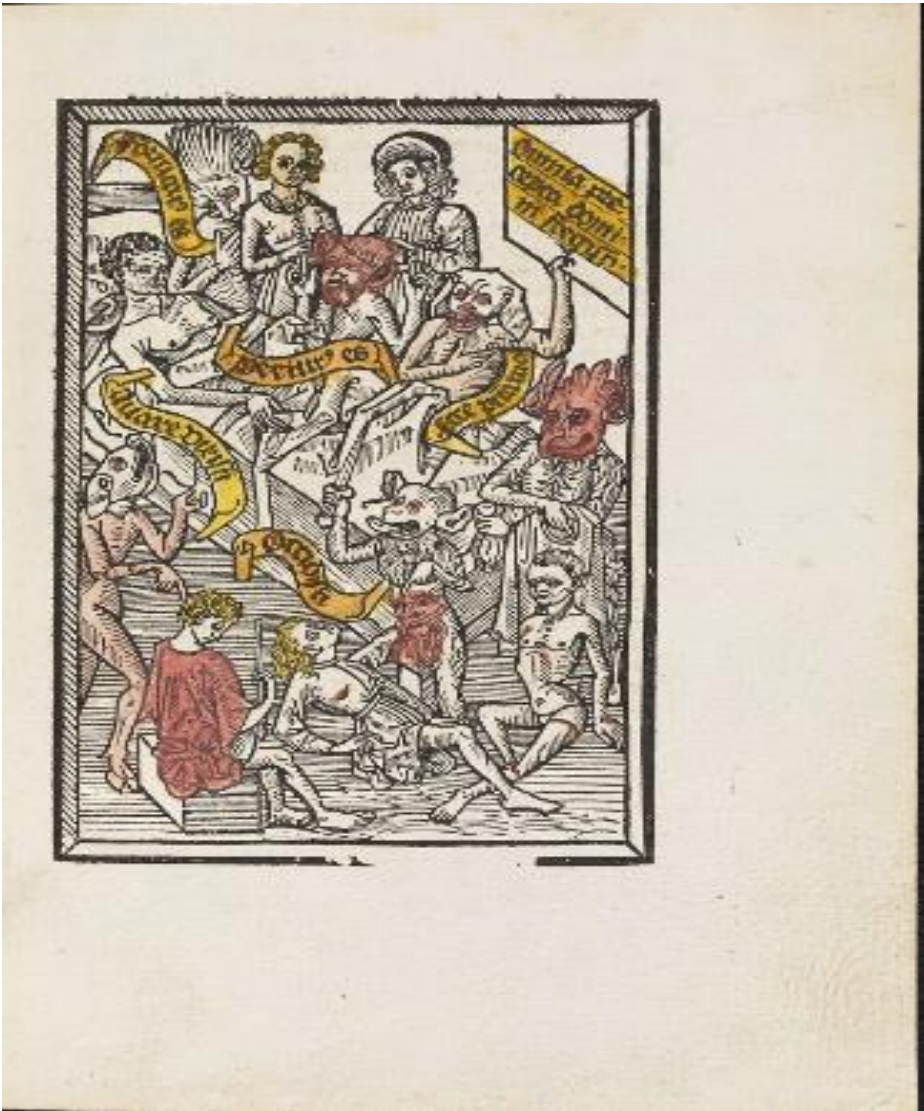
Note. From *Ars moriendi 'Quamvis secundum philosophum tertio Ethicorum...'* folio A6r [Image], by Bodleian

Libraries, University of Oxford, 2016 (https://digital.bodleian.ox.ac.uk/objects/8df07410-c367-4ec9-85cb-

a4a66a61fab2/surfaces/7029b626-bfc1-47d2-82e7-018557a3918a/)

For medieval people, the death of Christ served as the shining example of how to die well, and the story of his suffering and death gave them an unwavering constant to which they could anchor and structure their own experiences of dying. Encouraging the dying to reflect on Christ's Passion would help them prepare for death, and hopefully make them more willing to accept death by reminding them of the blessings God bestowed upon them and His promise of salvation for all humanity. Contemplation and meditation on these medieval accepted truths was believed to help overcome fear and anxiety surrounding death, and ultimately bring peace to the dying.

There is a valuable lesson to be had from the *Ars Morendi* for those tasked with caring for the dying in modern times. There may be solace in turning one's back on worldly things albeit not casting them aside entirely as the medieval literature suggested at the end stages of life, whilst dedicating oneself to meditation and contemplation of spiritual matters. Turning one's gaze inwards towards the care of the mind and soul rather than the body will allow the dying to find peace and achieve acceptance of their fate.

Ars Moriendi literature during the Early Modern period

A new crisis shook the foundations of faith across Europe as the Middle Ages drew to a close and the Early Modern period[1] began: the Reformations. Men like Martin Luther and King Henry VIII broke away from the Roman Catholic church to form new churches and create new forms of Christianity. This tore at the seams of the Catholic faith that had been a constancy in the lives of Europeans for well over a thousand years and left a gaping rift in the institution that defined European society. Protestant Reformers began to pick apart the complex cultural structures of ritual, doctrine, and liturgy, as well as habits of thought, language and gesture that surrounded practices of death and dying, reorienting the foundational components of individual Christians' faith (Marshall, 2014). The restructuring of Christian faith at such a fundamental level necessitated the creation of a

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[1] Usually defined as being from approximately the mid-15th century through to the 17th and 18th centuries.

new generation of *Ars Moriendi* texts, with both Protestant and Catholic writers attempting to reconcile this doctrinal conflict and its impact on the devotional needs of everyday people (Marshall, 2014).

For these new Protestant manifestations of Christianity, the two main divergences from Catholicism relating to death and the art of dying were the rejection of the idea of Purgatory, and the introduction of the idea of predestination. The Catholic concept of Purgatory has been called the "crowning achievement of the medieval social imaginary", or more specifically the idea that when a person dies their soul does not go directly to Heaven instead languishing in a "middle state" of Purgatory until such time as it might be deemed worthy of entry to Heaven (Marshall, 2014, p. 25-26). An accompanying notion of redemption brought comfort to those who remained behind on Earth, because they were taught a dead person's soul could gather holiness by the actions of their loved ones through prayer and the purchase of indulgences (a way to repay debts accumulated through sin, which would expedite the soul's entry into Heaven). Praying and seeking redemption for the souls of the departed was also a way to remain connected to those who had passed on and created a sense of mutual obligation between the living and the dead so that the dead maintained a presence in their communities (Marshall, 2014).

The Protestant rejection of Purgatory has come to be understood as a foundational component of a modern sense of individual selfhood, and a condition of modernity itself. However, it also took focus away from the desire to provide Christian hope and made social order a central concern of faith (Marshall, 2014). The increased anxiety created when the consolation of Purgatory was removed was compounded by the introduction of the idea of predestination, that to be saved a person must be one of God's "elect" (or chosen ones). Therefore, people had no control over whether they would be selected for salvation or not. The idea of predestination was disturbing to many European Christians who had, for many centuries, depended on the idea they could attain salvation by observing proper rituals on their deathbed, primarily the sacraments of penance,

extreme unction and communion (Resch, 2014). However, the Catholic social constructs of death were ingrained in societies throughout Western Christendom, and so writers of the 16th and 17th centuries who were looking to construct new idea about the "good" death modelled their texts on existing *Ars Moriendi* works and fitted their ideas into established patterns of thought and practice (Overell, 1999).

Martin Luther wrote a tract on how to die well, *Sermon von der Bereitung zum Sterben* in 1519, one of the earliest Protestant works in the *Ars Moriendi* genre. Catholic writers until this time had been concerned with eliciting an expression of orthodox faith and overcoming deathbed trials by detachment from worldly concerns, whereas Luther and other Protestant writers recognised all men must face death regardless of doctrine and wrote in more general terms of God's fundamental saving intent in Christ as valid for each individual (Wicks, 1998). Luther wrote:

> "[h]ere sins are never sins, for here they are overcome and swallowed up in Christ. He takes your death upon himself and strangles it so that it may not harm you, if you believe that he does it for you and see your death in him and not in yourself. Likewise, he also takes your sins upon himself and overcomes them with his righteousness out of sheer mercy, and if you believe that, your sins will never work you harm" (Luther, 1519/2019, p. 6).

Luther further attempted to mitigate fear of death based on concerns about predestination by exhorting his audience "you must not regard hell and eternal pain in relation to predestination" and "you must force yourself to keep your eyes closed tightly to such a view" (Luther, 1519/2019, p. 6). He urged the faithful instead to turn their thoughts to "the narrow gate of death" that is "a new birth" into the house of God, where "a large mansion and joy will follow" (Luther, 1519/2019, p. 3).

Thoughts of Heaven may be of great comfort to a dying Christian no matter their denomination, but do little to assuage the fears of a non-Christian person. Consequently, Luther's writings as with the greater Ars Morendi genre would seem to hold little value in a modern secularised and medicalised society. However, there is another aspect to Luther's work, and indeed

most Early Modern *Ars Moriendi* texts, that the approach to dying well is to be engaged in over the course of one's life not just at the time of dying, an *ars vivendi* (Atkinson, 1982). "You must look at death while you are alive" (Luther, 1519/2019, p. 5), Luther says, for "we should implore God and his dear saints our whole life long for true faith in the last hour" (p. 11) so that we might "joyfully venture forth on this path" (p. 3) towards death and eternal life. This was the vision shared by both Protestant and Catholic *Ars Moriendi* writers in the era of the Reformations, that in order to die well one must first learn to *live* well.

The shift towards teaching the living to meditate on death and to integrate preparation for death into the whole life rather than at the final moments was also prevalent amongst Renaissance humanist thinkers such as Erasmus of Rotterdam (Pabel, 2001). Erasmus was a Catholic, but his own *Ars Moriendi* tract *De praeparatione ad mortem* espouses similar ideologies to Luther's *Sermon* by encouraging readers to prepare daily their soul for death. In doing so Erasmus quotes the teachings of Plato, that "the whole of philosophy was nothing other than the 'meditation upon death'" (Erasmus, 1534/1988, p. 396). In effect, Erasmus interpreted Plato's teachings to say that one must prepare and train for death as a military recruit trains for battle (Erasmus, 1534/1988).

According to Erasmus, the method by which one should prepare for death is to go into houses of mourning, to be reminded that "what await us at the very end, it calls upon us to repent and does not allow us to sin for eternity" (Erasmus, 1534/1988, p. 411). Erasmus believed one could not be unprepared for death even if it were to happen suddenly, if one examined their conscience and asked God's forgiveness on a daily basis , whilst attending confession and receiving communion frequently, (Pabel, 2001). Death should never be unforeseen "when every day it presents itself to all our senses…Wherever you turn, death lies in wait", but "however sudden a death will be, it cannot be bad if it has been preceded by a good life" (Erasmus, 1534/1988, p. 417). In this aspect, Erasmus' notion of what constitutes a "good" death aligns with modern ideologies because a good death will follow a good and fulfilled life. Therefore, the teachings of both Erasmus

and Luther that preparation for death should be a life-long activity should also hold value in modern society. After all, Erasmus' words, that "'human' and 'mortal' mean the same thing" remain as true today as when they were first written (Erasmus, 1534/1988, p. 417).

Discussion

Approaches to death and dying conveyed by the *Ars Moriendi* genre may seem alien to our modern world, in which many Western societies consider the topic of death taboo. However, the new understanding of death in the late Middle Ages as a craft to be taught and learned had a transformative effect on society, bringing much-needed stability in the wake of enormous social and political upheaval. Death came to be seen as a generative force providing vital personal social and religious opportunities, and literature around the "art" of dying taught valuable techniques of self-examination allowing individuals to not only die well, but to live well too (Appleford, 2014). Currently it is difficult to view death in such a positive light, particularly because of a contemporary view of dying in which "fighting back" is often prioritised and valorised by healthcare professionals (Thornton & Phillips, 2009). Nonetheless, there are a multitude of factors within and without of healthcare that contribute to the construction of a vast array of "cultural scripts" for a good death, and there are some common themes among perceptions of a "good" death in Western societies like dying at home surrounded by loved ones at the end of a long fulfilled life (Thornton & Phillips, 2009) Despite this, acceptance of death is often discouraged, creating roadblocks for those tasked with guiding a dying patient to a good death (Thornton & Phillips, 2009).

There are few professions where dealing with death is more prevalent than those associated with health care, and none more so involved with holistic care of body and soul than nursing. The burden of caring for the sick and dying challenges nurses to confront their own ideas and practices surrounding death, dying, and the bereavement process. Furthermore, amongst nurses it is those

who work in mental health that are best placed to address the burden of the knowledge of imminent death on the psychological and emotional well-being of patients. However, in our modern era, discussion of grief and the bereavement process of death and dying often centers on the experiences of those who have lost a loved one rather than on the experiences of the person who is facing death.

Harner, Hentz, and Evangelista in studying the experience of loss among incarcerated women noted feelings of guilt, powerlessness, and a lack of control, amongst those who were experiencing the impending death of a loved one (2011). The researchers also noted the importance of support from family and friends in helping to cope with crisis and change throughout the grieving process (Harner, Hentz & Evangelista, 2011). Kristensen, Weisæth, and Heir's study on bereavement and mental health after a sudden or violent loss made similar findings, that most people adjust well to the sudden or violent loss of a loved one with support from family and friends (2012). Both studies also emphasised the importance of rituals and ceremonies surrounding death to promote long term coping and prevent abnormal or pathological patterns of grief and associated mental illnesses such as anxiety and major depression (Harner, Hentz & Evangelista, 2011, Kristensen, Weisæth & Heir, 2012). These rituals included those performed before death, such as saying final farewells, settling worldly affairs, and performing last services or rites for loved ones (Kristensen, Weisæth & Heir, 2012).

It is difficult for those who lose a loved one to achieve feelings of peace and acceptance, and attain a sense of meaning of the reality of death, without these opportunities for interpersonal connection and support (Kristensen, Weisæth & Heir, 2012). Furthermore, it is reasonable to assume that future research might show that this also pertains to the dying person. That feelings of togetherness with loved ones and partaking in ceremonies prior to death allows for a sense of resolution in the bereavement process and lowers the risk of mental ill-health.

Medieval *Ars Morendi* literature clearly supports the importance of rituals and ceremonies in achieving peace and acceptance, particularly religious rituals such as the sacraments. Furthermore,

many of these texts also assume the presence at the deathbed and participation of family and friends in these rituals, because dying in the medieval world was a public social activity and responsibility for spiritual and ritual aspects of the dying process was shared among the community (Appleford, 2014). This is not necessarily true in the modern world where the dying process often takes place within a network of close family, but in isolation from one's community and a wider familial or social support network. Therefore, it is reasonable to presume adopting a medieval approach to death would allow many dying people find meaning in their suffering and come to terms with the reality of their death and "die well".

Recognition of a dying person's emotions and a focus on the lived experiences of each individual is central to the *Ars Moriendi* genre. The inherent assumption in many of these texts is each individual will experience death differently, and therefore will have different emotional and spiritual needs throughout the dying process. For example, the *Visitation* has ten separate sets of instructions for pastors on how to provide counsel to the sick and dying, catering to their specific personal circumstances (Stearne, unknown/1780). *Ars Moriendi* texts recognise, in the same manner as Flaskerud's study, the importance of allowing a dying person to experience the emotions they need to feel without pathologising those emotions. The possibility of becoming overwhelmed with despair is lessened by allowing a dying person to grieve in their own way, allowing them to focus on the things and people that matter to them most (2011).

It is also important for nurses working in mental health to be aware of the pitfalls that may be encountered in caring for significant others of the dying (or dead) in the modern world. Flaskerud (2011) foregrounds the need to draw a firm border between the transient pain of loss accompanied by the solace of the grieving process, and the persistent despair of severe depression. However, it can be difficult to differentiate between symptoms of grief and those of a major depressive episode. Medicalising normal emotions has potentially harmful effects for the bereaved, just as misdiagnosing major depression as transient grief may be detrimental to a patient's mental

health (Flaskerud, 2011). One potential solution is that diagnosis should also be based on a person's lived experiences rather than just a checklist of behaviours or symptoms, reflecting the approach taken in *Ars Moriendi* texts (Flaskaud, 2011).

Conclusion

In our modern world defined by divergent philosophies on many issues, there is no singular cultural script that can be used to guide nurses working in mental health through the difficulties of assisting those who are experiencing death and dying. However, the relative simplicity of the medieval world in which homogeneous religious belief produced more cohesive philosophical approaches to the "art of dying", holds valuable insights into how to approach thinking about both living well and dying well in a secularised and medicalised world. Teachings of the medieval *Ars Moriendi* texts: to build rapport with those in their care, to strive for honesty and frankness when discussing their illness, to encourage them to turn their gaze inwards and attend to the needs of the mind and soul as well as the body, will not only help nurses working in mental health to better assist their patients and their significant others to accept and prepare for death, but may also apply to other aspects of nursing practice. Even as the Early Modern era began and both Protestant and humanist ideologies began to create some divergence in the homogeneity of Western society, the *Ars Moriendi* writers remained singular in their message: that in order to prepare oneself to die well, one must first learn to live well. It is immensely worthwhile for nurses working in mental health, and society at large, to reflect upon what it means to live well, and as we each write our individual script of how to live well, we in turn will discover the meaning of how to die well in our modern age and to apply that in their practice.

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