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The poverty of death: social class, urban deprivation, and the criminological consequences of sequestration of death

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ABSTRACT *An increasing number of sociologists are concerned with the sequestration of death, dying, and bereavement and its apparent revival. Sequestration theorists emphasize how the exclusion of death from everyday life has allowed individuals to put aside the reality-threatening potential of death and thereby ordinarily maintain a sense of meaningfulness. Although revival theorists do not argue with the fundamentals of the sequestration thesis, they emphasize how "technologies of the self" are being developed to help individuals face rather than avoid death when it comes. They also acknowledge take-up of these helpful technologies is largely confined to middle-class people. That said, it is significant that few research studies have specifically sought to understand how working class people do or do not cope with bereavement. This paper partly fills this gap in knowledge by presenting research evidence of the links between bereavement and heroin use in deprived urban areas. Although heroin use is known to concentrate in deprived urban areas, a key finding was that an empirically significant number of my respondents living in such areas only commenced heroin use to help them cope with bereavement. Insights are drawn from the sociology of death, dying, and bereavement literature to make sense of the testimonies of these respondents.*

KEYWORDS: Urban deprivation; social class; working class; bereavement; heroin; criminology

Introduction

Generally speaking, the debate about the sociology of death (SOD) has been concerned with two things. First, a focus of the early SOD literature was on the social organization of death (e.g., Gorer, 1965; Prior, 1989). The argument here was that, contrary to the popular (and then sociological) perception, there is nothing inevitable about the way modern societies confront death. Conversely, the tendency for modern societies to take the management of death away from the family and communities (Adams, 1993) so that it can be "hidden" within the walls of hospitals, mortuaries and so on, represents a particular stage in human history (Prior, 1987, 1989). Furthermore, this tendency to deal with death hygienically has little to do with notions of progress and everything to do with the social relations of modern societies (cf. Aries, 1974; Elias, 1985). This process of

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sequestration is not simply confined to the management of death and dying. The sociology of bereavement literature, which has only recently emerged,[1] shows a similar process of sequestration occurring in bereavement practice. Thus unselfconscious expressions of grief that were relatively unproblematic in pre-modern societies have become less and less tolerated in modern societies where a culture of private grief has developed and now prevails (Walter, 1999).

Second, the notion that there has been a late-modern revival of death is not oppositional to the sequestration of death thesis. Conversely, it is dependent on it. Specifically, sequestration leaves modern individuals with little direct experience of death, dying, and bereavement (Walter, 1999) and therefore at a loss about how to cope with the personal feelings they invoke (Young & Cullen, 1996). This has provided fertile ground for the emergence of new technologies of the self, such as bereavement counselling and self-help groups, that guide individuals through their own personal experiences of death, dying, and bereavement (Arnason & Hafsteinsson, 2003). Tony Walter characterizes this shift in the ''way of death'' as a form of ''expressive individualism'' because it is predicated on emotional openness when death comes to the modern individual (Walter, 1994) as well as a diversification in bereavement practice by those left behind (Valentine, 2006). This, in turn, has resulted in an increasing research focus on subjective and inter-subjective experiences of death, dying, and bereavement (Valentine, 2006).

Notwithstanding the argument that technologies of the self can be beneficial to bereaved individuals, Walter and others acknowledge that take-up of these new technologies is largely confined to the new middle class consisting of the ''hippy generation'' that entered the caring professions in large numbers in the 1960s and 1970s (Walter, 1994).[2] Since it is acknowledged that working class people do not tend to use these new technologies, and therefore presumably grieve in different ways, there have been surprisingly few studies of working class experiences of bereavement. The studies that have been undertaken suggest working class people adopt a stoical ''getting on with things'' approach to coping with bereavement (Strange, 2005; Young & Cullen, 1996; also Walter, 1994). This provides us with an insight into how working class people seek to suppress and therefore avoid grief, but the issue remains of how they cope with the grief that is left unresolved. If they do not use counsellors, what do they do to cope with such unresolved grief?

In this paper, this question is addressed by examining interview data about the criminal careers of 26 heroin users living in traditional working class (now referred to as ''deprived'') areas in Greater Manchester, UK.[3] It is important to note two things about the interview data collected from these 26 heroin users (one limitation, one strength) which means that this paper is only able to provide the *beginning* of an answer rather than a full answer to the question. First, it is necessary to provide some ''health warnings'' about the limitations of the data that my paper is based on. The purpose of my research was to examine why people living in deprived urban areas become involved in drug use (especially heroin) and the extent to which this is linked to criminal behaviour. It was not to examine responses to bereavement in deprived urban areas. Second, a key strength of my

interview data is that it contains some original and unexpected findings about the relationship between urban deprivation, heroin use, and bereavement that have no equivalent in sociology, criminology, or social policy literature. Specifically, it is sociologically well known that heroin use is geographically concentrated in deprived urban areas (Parker *et al.*, 1998) and numerous explanations have been provided for this phenomenon (e.g., Preble; Casey, 1969; Dai, 1970; Foster, 2000; see Advisory Council on Drug Misuse, 1998; Bean, 2002 for overview). However, a full review of this research literature shows that there is a complete absence of studies that mention bereavement as a route into heroin for anyone, let alone people living in deprived urban areas. Yet, 10 out of the 26 heroin users (that were each living in different deprived urban areas across Greater Manchester) described how they began to use heroin to help them to cope with bereavement. To make sense of the testimonies of these 10 individuals (Graham, Stanno, Oliver, Gary, Anthony, Charlie, Brian, Carolyn, Joanne, and Margaret) my paper draws insights from the sociology of death, dying, and bereavement literature.

The research study

This paper is based on an analysis of 26 interviews with heroin users living in deprived areas across Greater Manchester in the North West of England. All of the interviewees were attending "drop-in" drug projects in a range of deprived areas across Greater Manchester and were self-selecting in that they volunteered to be interviewed in exchange for a £10 voucher provided by the research funder. Interviews were "non-directive" (cf. Hammersley & Atkinson, 1993) and so respondents were asked to provide an autobiographical account of their involvement in crime and drugs within the context of their everyday experience of neighbourhoods they grew up in and those they inhabited at the time of interview. Subsequent questions were only asked in relation to the story they were telling, e.g., by asking interviewees to expand on aspects of their story, to discuss aspects of their story in more depth, to think about connections between different parts of their story, or to gain clarification about an issue.

All interviews were transcribed and coded, giving rise to the emergence of the issue that this paper seeks to address. This concerns the empirical significance of the link between experiences of bereavement and commencement of heroin use. The empirical significance of this link was indicated, first, by the number of interviewees that it applied to ($n = 10$ out of 26 heroin users or 38.5% of the sample of heroin users) and, second, by the apparent lack of any previous research evidence of this link. This apparent lack of previous research evidence was confirmed by a literature search of www.bids.ac.uk, which was undertaken following the coding exercise that identified an empirical link between bereavement and heroin. This search used the key words "bereavement," "death," and "dying" in various combinations alongside keywords such as "drugs," "heroin," "crack," "cocaine," and "cannabis." The search was unable to find *any* sources

of literature that had established, and explored, the nature of the relationship between bereavement and drug use.

The sequestration and revival of death in modern societies

The sequestration of death, dying, and bereavement from public space is said to have began in the 1860s and can be detected in a number of ways (Prior, 1989; see also Aries, 1974). First, 75% of people now die in hospitals and other institutions (Walter, 1994: 153) reflecting spatial contours of the "isolation of death in general" (Prior, 1987: 358), for example, with dead bodies now "laid out" in funeral parlours rather than at home (Adams, 1993). This has led Elias (1985: 85) to note that "never before have people died as noiselessly and hygienically as today in these [modern] societies, and never in social conditions so much fostering solitude." Second, the spatial exclusion of death into institutions (hospital, funeral parlour, mortuary, etc.) has coincided with, and is contingent on, the modern capture and professionalization of death by doctors, pathologists, undertakers, and so on. For example, the medical profession decide what happens to the dying body as well as who should know what is happening to the dying body (Glaser & Strauss, 1965; Harvey, 1997) whereas pathologists and morticians police the dead body, which involves providing descriptions of it, dressing it, and regulating access to it (Prior, 1987). Third, the sequestration of death and dying has been reinforced by a decline in the social acceptability of public expressions of grief since the mid to late nineteenth century which, in turn, has resulted in the emergence of a culture of private grief (Walter, 1999). This has meant that modern individuals have been unable to unselfconsciously express their grief *even in the presence of significant others* (Walter, 1999; see also Young & Cullen, 1996; Strange, 2005). There have been concerted efforts, then, to purge social life and social relationships of death and the feelings it invokes.

Giddens (1991: 167) argues that an "unintended consequence" of this sequestration of death, dying, and bereavement is that it ensures "the threat of personal meaninglessness [presented by our own mortality] is *ordinarily* held at bay" thereby enabling individuals to concentrate on the significance – and thus overlook the triviality – of the life being lived (Giddens, 1991: 202; also Willmott, 2000). Yet, in doing so, sequestration also maximizes the existential significance of actual personal encounters with death which, it follows, can momentarily render "absurd and futile, the projects and institutions that [ordinarily] endow lives with meaning" (Willmott, 2000: 650). For example, personal encounters with death (e.g., of a loved one) can lead modern individuals to momentarily trivialize things that they ordinarily invest with significance and meaning (e.g., the value placed on wealth accumulation) and result in depression (Hockey, 1990). It is at this point that they need a way to cope with grief. The problem here is that the sequestration of death, dying, and bereavement has left them "to get on with their grief work largely on their own" (Young & Cullen, 1996: 161) without clear social guidance on how they should do this (Gorer, 1965; Walter, 1999).

However, this does not mean that modern individuals should be seen as ''victims'' of the modern sequestration of death, dying, and bereavement. Conversely, Walter (1994) has identified a recent revival of death, with people discussing and dealing with death much more openly now than in the period starting in the 1860s and leading up to and following the Second World War. This revival can be detected in the increasing variety of ways in which dying and death are dealt with as well as the emergence of new ways of coping with bereavement. For example, Hart *et al.* (1998) discuss how the emergence of the hospice movement in the 1960s was a reaction to the medical sequestration of dying and death.[4] Hospice is based on an ideology of ''the good death'' which, compared to the closed awareness context of the hospital, is based on the notion of preparing for the end which involves an awareness of dying, an adjustment to dying, the making of farewells, and so on. A similar process of ''opening up'' has been identified by Arnason and Hafsteinsson (2003), this time focused on ways of coping with bereavement. They note how the advent of bereavement technologies (notably counselling) have challenged the medical sequestration of death with a psychological approach that opens it up again. So whereas the trauma of bereavement was previously addressed by general practitioners prescribing sedatives and anti-depressants, it is now managed by expressive professions that draw on an apparatus of bereavement knowledges to uncover and account for the private experience of grief. This is said to legitimize the feelings of bereaved individuals' thereby helping them come to terms with their loss (cf. Hockey, 1986, 1990).

Social class and the ''revival of death''

Notwithstanding the various critiques that have been levelled at ''bereavement technologies,''[5] the last 30 years have witnessed a rapid expansion in the provision of bereavement support. Bereaved individuals ''now have more opportunity than ever before to meet others who have suffered the same category of loss'' (Walter, 1998: 86). That said, Walter (1994, 1999; see also Arnason & Hafsteinsson, 2003) has noted how these ''opportunities'' to talk about death have been taken up by the middle classes, especially the professional middle class, rather than the working class.

> It is among the young to middle-aged middle class people that the expressive revolution has taken most hold; those who grew up in the hippy era now populate the senior ranks of teaching, social work, nursing and the other caring professions. They are the ones writing revivalist tracts on nursing the dying and counselling the bereaved. But those they are nursing . . . may have a much less expressive approach to death. (Walter, 1994: 60–61)

Indeed, far from engaging with the working class, the revivalist institutions of death and bereavement have either overlooked them (e.g., the middle class atmosphere of hospice) or, worse still, abandoned them. For example, bereavement

organizations have turned their attention away from the issue of economic hardship that has perennially faced working class widows (Strange, 2005) in favour of a focus on the issue of psychological well-being that so preoccupies the expressive middle class.

> The early aim of CRUSE [the UK's leading bereavement agency] was to relieve hardship and deprivation among widows and their children . . . . [The aim now is] to promote the well-being of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss. (Arnason & Hafsteinsson, 2003: 58)

Given this disconnection between institutions of death, dying, and bereavement and working class people, the question of how working class people cope with bereavement inevitably arises. Yet, there has been a dearth of work within social science that has addressed this issue directly. For example, Walter's (1999) tour de force *On bereavement* discusses social class and bereavement but, in doing so, provides a historical examination of upper and middle class bereavement behaviours which, he suggests, "filter down the social ladder" (Walter, 1999: 143). This seems to imply that a sociological analysis of working class experiences of bereavement would be superfluous which, in turn, may explain why so much of the sociology of bereavement literature focuses on British or Western cultures of grief (cf. Hockey, 2001) as opposed to social class cultures of grief. Notable exceptions to this tendency are Strange (2005) and Young and Cullen (1996) who have found it necessary to examine working class experiences of bereavement.

The work of Strange (2005) and Young and Cullen (1996) points to the presence of a "more stoical getting on with life" approach to coping with bereavement that Walter (1994: 82) ascribed to working class people in his early thoughts on the subject. Strange (2005) is nevertheless quick to point out that the stoical getting on with it approach that working class people tend to adopt towards bereavement might blunt their expression of grief but not the extent to which they feel it. This goes some way to explaining the dramatic effects that bereavement has on working class people, for example, health effects such as weight loss and suicidal feelings (Strange, 2005) as well as blackouts and stomach problems that, on occasion, even result in hospitalization (Young & Cullen, 1996). Indeed Young and Cullen (1996) suggest that such health problems are not simply a product of the intensity of grief but, conversely, also a consequence of its suppression by working class people that tend to invest their energies in keeping busy and keeping things together rather than talking about how they feel to significant or generalized others (see also Strange, 2005). That said the problematic that the getting on with it approach presents is not solely one about its health side effects. If the getting on with it approach to grief management leaves feelings of loss unresolved, then we are also faced with the question of how working class people cope with intense feelings of grief that remain with them. This problem is articulated by the respondent below who talks about keeping busy but, crucially, how "what do I

do now?'' questions inevitably arise at the various points in time when everything stops:

> I keep myself busy. I had so many things to do one day, sorting out my papers and everything and then when it was done I stopped, paused and wondered, what now? My stomach turned over inside me and I was physically sick. What I feel is bereft. (Young & Cullen, 1996: 160)

I want to begin to answer this ''what do I do now?'' question next by drawing on empirical data gathered from people living in traditional British working class neighbourhoods that have suffered from high levels of deprivation since the deindustrialization of the 1970s. What did people living in those areas do to cope with intense feelings of grief that were not managed or resolved in the ways described above?

Working class responses to sequestration and bereavement

The economic and industrial restructuring of the last 30 years has resulted in the marginalization of traditional working class neighbourhoods which have become – and are now more commonly known as – sites of ''urban deprivation'' (Charlesworth, 2000; Sassen, 1991; see also Lash & Urry, 1994; Skeggs, 2004). The consequences of urban deprivation have been captured in the ''area effects'' literature which has highlighted the spatial concentration of serious drug abuse, among other things (Atkinson & Kintrea, 2001). For example, large-scale quantitative research has demonstrated that serious heroin use tends to concentrate in the most deprived neighbourhoods (Aldridge *et al.*, 1999; Parker *et al.*, 1998). However, this research also suggests that urban deprivation alone is not enough to turn people living in deprived neighbourhoods into heroin users, in spite of the social conditions they endure on a daily basis and the ease with which the drug can be obtained. One of the most powerful predictors of heroin use is urban deprivation when it is found in combination with vulnerability and trauma (Parker *et al.*, 1998; Aldridge *et al.*, 1999). In the remainder of the paper, it is shown how the sociology of death, dying, and bereavement literature can go a long way to explaining my own similar data, which suggests that urban deprivation combined with the specific trauma of bereavement results in heroin use in an empirically significant number of cases.

Sequestration, existential meaningfulness, and attitudes to heroin use

Proponents of the sequestration thesis argue that modern individuals are partly enabled to assign meaning and significance to their everyday life-to-be-lived because the exclusion of death from public space ordinarily represses the threat of existential meaninglessness (Giddens, 1991; Mellor, 1993; Willmott, 2000). Unsurprisingly, then, interviewees described their recreational use of soft drugs as meaningful in the sense that it provided them with a buzz or sense of group belonging. Their avoidance of heroin use was equally significant because it was

considered to be a threat to their own meaningful lives-to-be-lived. For example, Graham talked about avoiding heroin use because of "what it does to you":

> **Graham:** I were anti-drugs really.
> **Interviewer:** Was there any reason why you were anti-drugs up until that point?
> **Graham:** Cos I'd seen what it did to people. I'd seen what a state they got in.

Other interviewees similarly talked about avoiding heroin because it was a threat to the lives-to-be-lived of "generalized others." For example, Stanno and Oliver described heroin users as "scum" because they were "responsible for everything" that caused suffering in a generalized other:

> I didn't want to know just dirty smack heads. They kill people. They burgle. They are responsible for everything. **Oliver**

> I wouldn't even talk to a heroin addict, I'd just tell them to piss off if they come near me, even if they were selling stuff dirt cheap, I just thought they were scum . . . . The people I used to hang about with were never into class A drugs, it was just like cannabis and having a drink. **Stanno**

Avoidance of heroin was thus contingent on the sense of meaningfulness that these individuals ascribed to their own lives as well as those of others. Yet a key theme to emerge from the interview transcripts was that there was collapse in this resistance towards heroin at the point of bereavement. For example, Stanno and Garry both described bereavement as their route into heroin:

> Well my dad died, and about 5, 6 weeks after my dad died my girlfriend had an abortion behind my back, and I was talking to someone one day and he was a heroin addict and he was withdrawing so I bought him a bag and I had a bit of it and it carried on from there, I liked it. **Stanno**

And:

> **Gary:** I started over bereavement, really, over bereavement. It helped me cope with bereavement.
> **Interviewer:** What was the situation at the time then?
> **Gary:** Me child died, me wife died.
> **Interviewer:** Before that happened, had you ever been offered heroin before or anything like that?
> **Gary:** I'd not been offered it but I'd been in company of people on it.
> **Interviewer:** But you'd never thought you wanted any before.
> **Gary:** No, I were anti-drugs really . . . .
> **Interviewer:** So when you suffered that bereavement, despite what you'd seen about being anti-drugs, what was it about it that made you want to take it?
> **Gary:** To be honest I don't know why I did take it. I was in the police station at the time cos I'd been arrested. The doctor gave me some sleeping tablets and me cell mate who I was in the police station with, he had some heroin and we

got talking and he said this'll help you get your head down and that and it did.
Interviewer: How long was this after you had been bereaved then?
Interviewer: A week . . . . I thought I would be able to cope with it, you know, the bereavement.

Although bereavement provided the initial route into heroin for most of the interview sample, it also provided a route back into heroin use for recovering addicts that had desisted from heroin use for long periods:

> **Anthony:** My girlfriend losing the twins . . . and you just take it and think I'll worry about that another time.
> **Interviewer:** When your girlfriend lost the twins, how did that change the way you were using heroin?
> **Anthony:** Like I said to you before about me girlfriend losing the twins and a few other problems what had been happening when I'd been in jail and I come out and thought ''I've got to go through all that again now'' so I just thought ''go and score, that'll take me mind off things for a bit.''

And:

> I was clean [i.e., no heroin use] for 4 months once and that's the longest I've ever been and I was really out there doing good . . . . But then as soon as Robert died the first thing I did was go out and buy myself two 50 mg wraps [of heroin] so that's a very large hit for a person with no tolerance . . . . But that's what made me relapse. **Dave**

Personal encounters with death and the turn to heroin

There are two things to note about the turn to heroin that bereavement induced in my sample of interviewees. The first concerns why bereavement resulted in heroin use among my interviewees, whereas the second concern is with why bereaved interviewees engaged in such high levels of heroin use compared with people that had taken other routes into heroin. First, the sequestration of death and dying previously noted by Gorer (1965) and Sudnow (1967) has resulted in a concomitant ''privatization of grief'' (Walter, 1999; Hockey, 2001). Now although bereavement technologies such as counselling have provided the middle classes with a set of ''feeling rules'' to follow in order to negotiate their way through their experience of bereavement, people that do not use these technologies (and who appear to be disproportionately distributed among the working class: Arnason & Walter, 1994; Hafsteinsson, 2003) have been left not knowing what to do to cope with bereavement (Young and Cullen, 1996). This was certainly the case in my sample of interviewees who talked about not knowing how to ''deal with'' their grief and therefore ''needing something.'' For example, Charlie described how the ''stoical get along with it'' approach that members of his family adopted to their encounters with bereavement (brought about by the death of his brother) closed down his opportunities to ''talk about'' how he felt. Since Charlie had ''nothing

there to put into place to deal with grief,'' he inexplicably ''turned to heroin'' to help him ''cope with what happened'':

> When [my brother] Paul died, he was the first death in the family and I didn't, like I say, I had no coping skills. There was nothing there to put into place to deal with how to deal with grief, you know what I mean, it was really difficult for me because everybody else *seemed* to be able to *get along with it* . . . . We didn't talk about it nobody discussed anything and we didn't see each other and stuff like that which I had always been used so I found myself using the same drugs that my brother died from . . . . . So I went from using no drugs at all to straight onto heroin and I didn't smoke it or anything I just went straight into it I was actually injecting it right away and obviously I was dicing with my own life then, but it seems it was working for me because I was coping with what had happened. **Charlie**

Gary similarly talked about how the absence of ''feeling rules'' that would have helped him negotiate his way through bereavement left him not knowing what to do or how to feel. He ''turned to heroin'' because it ''blocked out'' feelings that he did not want and could not control:

> **Gary:** I would have needed some help, I don't know. I don't know whether it would be to talk to someone or what. I'm still not over it now, you know. I've still not faced up to the problem. I have bits [when I'm ok] and that, but you know, to talk about it a bit with someone I trust.
> **Interviewer:** Was it 10 years ago now?
> **Gary:** Yeah. It was a cot death, me son.
> **Interviewer:** Do you think there was anything at all that would have helped you, other than heroin, looking back?
> **Gary:** Some one to open up to. I bottled everything up. But if I did have someone to talk to maybe it would have been better, maybe it would have been worse. But it doesn't matter how bad it is, I've been using heroin all that time and I'm still here. I've still got a family to look after.
> **Interviewer:** Do you know heroin helps you to cope when you're on it.
> **Gary:** It blocks it out, that's what it does.
> **Interviewer:** Do you think it helped or hindered you in the long term?
> **Gary:** The first few years it helps a lot. But since then it's just been a ball and chain.

This brings us to the second key point. Although interviewees turned to heroin to enable them to cope with bereavement, they used it ''big time'' compared to other interviewees that began to use it more carefully and in smaller amounts to cope with other issues such as sexual abuse (Allen, 2007). A careful reading of the transcripts provides an insight into the reasons for this. Specifically, Giddens (1991) and Mellor (1993) have previously argued that the sequestration of death holds the threat of personal meaninglessness ''at bay,'' thereby allowing individuals to maximize the attention that they ordinarily give to the meaningfulness of their life-to-be-lived. Thus earlier in the paper, data showed how the interviewees *initially* resisted heroin use because they assigned

importance and meaning to their everyday lives-to-be-led. However, although sequestration can preserve the meaningfulness of everyday life in this way, in doing so it also maximizes the existential significance of personal encounters with death which, it follows, brings into focus the potential triviality, futility, and meaninglessness of the everyday life-to-be-led (Willmott, 2000; see also Young & Cullen, 1996 chapter 7). Following bereavement, then, interviewees talked about how they had experienced a loss of meaning and significance to their lives which had meant that they "didn't really care anymore":

> I started taking heroin when I was about I think about 21 because at the time *I was just at a low point I didn't really care* .... a lot of things happened at the same time I had split up with my girlfriend and I had lost my job and I had missed out on a holiday, . . . my father died, everything had just you know gone down the drain. **Brian**

Furthermore, since a typical death in modern societies is no longer that of a child, and because most people now die when they are elderly and retired, the loss of a child is now far more traumatic than the loss of any other relative (Blaumer, 1966; Goody, 1959; Walter, 1994). This was exemplified in the even more dramatic and impassioned speech employed by Carolyn, who repeatedly talked about how she did not care about her own life-to-be-lived, other lives-to-be-lived or "anything else," to the extent that she "ended up in a complete mess":

> My brother died a cot death and that, so I tried to deal with that, but I couldn't, so I just used the heroin to run away from everything, I couldn't deal with it .... I used to dwell on it [the cot death] a lot, and then I just thought "bugger it, I don't think about it as much when I was using the heroin," so I just carried on .... Just to feel secure I suppose, when you're on like, a high, *you don't care about anything, you don't care about how your family feel, or nothing. You don't even care about yourself, eventually, you just end up in a mess, not eating, you lose a lot of weight, and then you just end up worse and worse.* **Carolyn**

Indeed, the commonality between bereavements that involved a child and those that involved the loss of someone that was "dead close" was the tendency for bereaved individuals to allow their loss of self-significance ("you no longer care about yourself") to lead them into especially serious levels of heroin use. For example Joanne and Margaret described "going totally off the rails . . . getting bang heavily into crack and injecting heroin" and having "really bad binge" as a result of the loss of their children:

> I ended up getting pregnant by the lad, that was with and er. . . he ended up beating me up, I ended up losing it .... [I was] Just going on seventeen, and I ended up getting depressed, ended up cutting my wrists open . . . 'cause I ended up losing twins and it did my head in so I ended up going proper off the rails .... *So I just ended up taking more drugs .... I started going wild and I went off the rails totally .... And it was just, I ended up taking, getting bang heavily into crack, . . .[and] injecting heroin.* **Joanne**

and:

> I had a bad experience last year, I had a little baby, and she died, 5 weeks old, so I went on a mad one after that, really bad binge . . . . Oh! God, [it lasted] for about 3 months . . . . If that's not enough to turn anyone to drugs, I don't know what is. **Margaret**

Oliver similarly described how he went into ''self destruct mode'' after losing his mother with whom he was ''dead close'':

> Me and me Mum we were dead close. It's a long story. She committed suicide while I was there and me head went a bit funny so I [went into] . . . *self destruct mode* . . . . Until I was eighteen until me Mum died I wasn't involved in any criminal activities apart from smoking cannabis . . . . [When she died] I was doing the normal criminal things. I was taking a lot of amphetamines after she just died. I started loads of wiz. Staying out all night. Stealing cars. Anything really. Anything and everything and then I got into heroin . . . . I went straight for it big time. Either way I have not looked back since and now I am on 75 mg a day methadone and I have got a habit. **Oliver**

Indeed, it was particularly interestingly that interviewees that were desisting from heroin use at the time of the research identified the death of family members as the ''one thing'' that could turn them back to heroin use:

> **Interviewer**: You've got a motivation to stay off it [heroin] at the moment. What would undermine that motivation do you think?
> **Anthony**: Me family get wiped out. My family get wiped out and I've got nothing, I've not got another care in the world then, I'd just . . . [silence]
> **Interviewer**: Is that what keeps you going?
> **Anthony**: Yeah.
> **Interviewer**: Who's your family?
> **Anthony**: Me aunty and me cousin. Her daughters. They're close family. I don't really. Don't get me wrong, I love me mum to bits but I don't have a mother and son, really, proper mother and son bond. We're always arguing and stuff all the time. I don't need none of that.

Conclusion

The existential significance of death, dying, and bereavement to modern individuals has been well covered in the literature on the sociology of death. However the same literature provides few empirical insights into working class responses to bereavement. Although this paper has been unable to provide a full survey of working class responses to bereavement, for reasons outlined in the introduction, it has nevertheless been able to provide an insight into how empirically significant numbers of working class people living in deprived urban areas appear to respond to bereavement by using copious amounts of heroin or its equivalent.

This analysis is significant because current academic and policy assumptions are that heroin use precedes (and is thus little more than a cause of) death. This has meant that sociological interest in heroin use has hitherto been confined to making observations of the uneven social and spatial distribution of heroin use and therefore drug-related deaths.[6] Little or no attention has been given to the inverse nature of the heroin – death relationship. Yet the empirical evidence presented in this paper, which has been derived from 10 individuals that each live in different deprived neighbourhoods across Greater Manchester, suggests that there is an inverse relationship between heroin and death. That said, it seems that there is a need for a future research focus on the criminological consequences of the "sequestration of death," namely, how encounters with death are experienced as existentially troubling by people living in deprived areas and therefore lead to heroin use and subsequently criminal activity to support that use. However, the implications of this paper should not simply be confined to the need for individual pieces of research with a specific focus on this inverse relationship between death and heroin. It would also seem sensible to imply that there is a clear need for links to be made between work in the sociology of death (which is currently, and wrongly, treated in isolation as a specialist topic in sociology) and work in other disciplines, notably, urban sociology and criminology.

Acknowledgements

Notes

[1] Interest in the sociology of bereavement is more recent than interest in the sociology of death and dying, which is longstanding. Interest in developing the sociology of bereavement emerged in response to a general concern at the "lack of a sociology of bereavement . . . . [which is] still overwhelmingly medicalized and pathologized" (Walter, 1998).

[2] See Savage *et al.* (1992) for a fully elaborated definition of this "new middle class."

[3] A total of 44 interviews were undertaken during the study. The remaining 18 interviewees were using drugs other than heroin (e.g., LSD, ecstasy, cannabis) and have been excluded from the analysis because they did not mention bereavement during interviews about their criminal careers.

[4] Albeit they are concerned that hospice is now becoming just as institutionalized and bureaucratized.

[5] The legitimacy of new late modern institutions of death (e.g., hospice, expressive professions) is based on the notion that they seek to help the dying or bereaved individual to come to terms with death in a more open, and thus psychologically healthy, manner. However, critics of these new institutions of death suggest that they are simply underpinned by a new form of politics, based on "awareness," and that this carries just as many dangers as the modern way of death. For Hart *et al.* (1988) then, hospice is based on an ideology of "the good death" which, as a socially

approved way of dying underpinned by powerfully prescribed behavioural norms, acts as a disciplinary technology that marginalizes those that want to die in an ''unacceptable'' fashion. Similarly, Arnason and Hafsteinsson (2003) argue that bereavement counselling is less about the freedom to express thoughts and emotions but, rather, can be understood as an expression of neo-liberal governmentality designed to engage the self-activating capacities of bereaved individuals so that they are better able to isolate, act upon, and control their own subjectivity, thereby protecting others from their pain. Thus, through a process of self-examination that precedes and accompanies speech, and by providing the obligation to speak words that are ''true'' to an inner reality, one becomes a subject for oneself; the thing to be subject to self-monitoring, surveillance, and control.

[6] This is exemplified in the tendency for government departments to collect mortality statistics concerning heroin related deaths.

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