Definition: **Thanatology** from *The Hutchinson Unabridged Encyclopedia with Atlas and Weather Guide*

Study of the psychological aspects of the experiences of death and dying and its application in counselling and assisting the terminally ill. It was pioneered by US psychiatrist Elizabeth Kübler-Ross in the 1970s.

Summary Article: **Thanatology**
from *Encyclopedia of Death and the Human Experience*

The *Oxford English Dictionary* defines thanatology as “the scientific study of death, its causes and phenomena.” Also (U.S. origin), “the study of the effects of approaching death and of the needs of the terminally ill and their families.” The word thanatology first appeared in 1842 in a British medical lexicon. By the mid-1970s, thanatology was recognized as a special area of study, and Lawrence Stone referred to thanatology in a 1977 book review of *Growing Old in America* as a special branch of learning exemplified by historians of death, like Philippe Aries and Michel Vovelle, who have promoted the topic.

**Background for the Concept: A Multidisciplinary Approach**

A pioneer within this special branch of learning was Herman Feifel, whose books created an opening for scholarly discussions and reflections on topics such as death anxiety, terminal illness, hospice and palliative care, and the impact of death on survivors. Another pioneer was Elisabeth Kübler-Ross, whose work with terminally ill people in a Chicago hospital led her to advocate that these patients be seen as human beings deserving dignity. Kübler-Ross created a framework called stages of dying for understanding emotional responses of the terminally ill. Although empirical research has not confirmed Kübler-Ross's stages of dying and clinicians have expressed deep skepticism of the applicability of her ideas, the popularity of her views has not diminished.

While Feifel and Kübler-Ross were pioneers in the psychological aspects of thanatology, other pioneers have shaped our contemporary experiences and understanding of death, dying, and bereavement. In the sociological arena, important contributions were made during the 1960s by psychiatrist Edwin Shneidman, whose work increased the awareness of the complexity of suicide, while Barney Glaser's and Anselm Strauss's qualitative research into responses to death within hospitals gave us new concepts, such as modes of awareness of dying and dying trajectories. In the mid-1960s, sociologist Robert Fulton examined the linkages between death and identity. Then, in the early 1970s, Ernest Becker wrote his influential book, *The Denial of Death*. And in the first years of the 21st century, the Center for the Advancement of Health convened an interdisciplinary group of thanatology scholars who produced a lengthy article that examined research on bereavement and grief and an article examining efforts to bridge the gap separating thanatology practitioners and researchers.

Education about thanatology burgeoned in the 1970s and continued thereafter, leading to two

**Hospice and Palliative Care**

Perhaps the most profound influence upon thanatology in the 20th century was the growth of the hospice movement and of palliative medicine. Two figures prominent in this medical advance were Cicely Saunders, the founder of the modern hospice movement, and Balfour Mount, a Canadian physician who championed the practice of palliative medicine with people whose terminal illness was beyond treatment. In consort with Kübler-Ross's dogged perseverance on treating dying patients as persons, their insistence that the dying individual is a living human person who deserves respect and dignity has become the credo in thanatology.

Because dying and bereavement affect people physically, emotionally, cognitively, socially, behaviorally, and spiritually, thanatological care requires the coordinated efforts of interdisciplinary teams. Empirical research with both the dying and with the bereaved confirms this holistic aspect to thanatology. Interdisciplinary teams are available to address the multiple forms pain takes: somatic pain, whether acute (e.g., a toothache) or chronic (e.g., the endemic pain of bone cancer); emotional pain (fear about dying alone); behavioral pain (such as regrets at loss of normal activities due to the disabling effects of a disease); cognitive pain (e.g., distress at increasingly failing memory and problems concentrating); social pain (e.g., loneliness at isolation from friends and family); and spiritual pain (anxiety at having been abandoned by God, inability to find any meaning in one’s predicament, and personal insignificance in the vast universe).

**The Crucial Influence of a Professional Organization**

The Association for Death Education and Counseling (ADEC), an interdisciplinary organization in the areas of death, dying, and bereavement, titles itself The Thanatology Association. The ADEC’s influence on thanatological research and practice includes many examples. For instance, it has developed and administers a three-hour exam to certify mastery of knowledge deemed fundamental to thanatology. The ADEC sponsors symposia at annual conferences on research that matters to practitioners, offers continuing education on many topics, hosts special interest groups on such subjects as AIDS education and bridging research and practice, and has developed a database to enable people to locate and contact a thanatologist.

**Operationalizing Concepts That Serve as the Basis for Study**

The ADEC has addressed the complexity and scope of thanatology by identifying six categories fundamental to thanatology research and study by offering operational definitions for each of these categories, thereby giving structure and organization to this growing and influential area of analysis.

1. **Dying**: the physical, psychosocial, and spiritual experience of facing death, living with terminal illness, and caring for the terminally ill.

2. **End-of-life decision making**: the aspects of life-threatening illness/terminal illness that involve choices and decisions about actions to be taken, for individuals, families, and professional
3. **Loss, grief, and mourning:** the physical, behavioral, cognitive, and social experience of and reactions to loss, the grief process, and practices surrounding grief and commemoration.

4. **Assessment and intervention:** information gathered, decisions that are made, and actions that are taken by professional caregivers to determine and provide for the needs of the dying, their loved ones, and the bereaved.

5. **Traumatic death:** sudden, violent, inflicted and/or intentional death, shocking encounters with death.

6. **Death education:** formal and informal methods for acquiring and disseminating knowledge about death, dying, and bereavement.

The ADEC recognizes that each of the six thanatological categories is embedded in structural features termed “indicators.” Ten indicators have been identified to date:

1. **Cultural/socialization,** which refers to the impact on death and bereavement of culture and socialization (including ethnicity). An example is the influence of ethnic group membership on advance care planning in end-of-life decision making. Another example is social inhibitors to health care.

2. **Religious/spiritual,** which refers to the interactive relationship between belief systems (including spirituality) on reactions to and coping with death and bereavement. An example is how religious and spiritual belief systems understand the place of suffering and views on a life after death. Another example is curriculum aimed at training clergy in matters of death, dying, and bereavement.

3. **Historical,** which refers to changes over time and context that influence how people experience and understand death and bereavement, as well as theories pre-1980 informing scholars about these matters. An example is the scholarly work of Phillip Aries that identified dominant patterns in the Western world toward death. Another example is the earlier scholarship of Sigmund Freud regarding coping with bereavement.

4. **Contemporary,** which refers to post-1980 theoretical viewpoints in thanatology as well as influences on these viewpoints. An example is the emergence of attention toward complicated grief, now referred to as prolonged grief disorder. Another example is scholarship on continuing bonds.

5. **Life span,** which refers to changes over the life span from infancy through old age that involve death, dying, and bereavement. An example is attention to influences on suicide as people change over time. Another example is developmentally appropriate language when discussing thanatology topics with children.

6. **Larger systems,** which refers to systemic influences in society that affect how individuals and families experience death, dying, and bereavement. An example is the growth and development of the biomedical model; another example is the emergence of support groups for bereaved parents.

https://search.credoreference.com/content/topic/thanatology
7. *Family and individual*, which refers to encounters with death, dying, and bereavement from the vantage point of the person and of “the group of people with a relational bond and long term commitment who define themselves as ‘family’” (Balk, Wogrín, Thornton, & Meagher, 2007, p. ix). Caregiver issues and gender issues in care of the dying provide examples.

8. *Resources*, which refers to materials and other sources of information that aid in acquiring knowledge about thanatology matters. Books written to help children understand death, dying, and grief serve as one example, as do major national organizations, such as Mothers against Drunk Driving (MADD) and ADEC.

9. *Ethical/legal*, which stands for principles for determining right from wrong in matters of death, dying, and bereavement, as well as laws established that pertain to death, dying, and bereavement. Examples include criteria for the determination of death and workplace bereavement policies.

10. *Professional issues*, which refers to features influencing the preparation, skills, and responsibilities of professionals facing thanatology situations. An example is certification of knowledge and training about bereavement. Another example is recognizing the differences between grief counseling and grief therapy.

**Conclusion**

In contemporary conversations occasionally one hears dissatisfaction with the term *thanatology*. The dissatisfaction centers on the term's complexity and on its unfamiliarity to many people. No single other term is offered as an alternative, but rather suggestions are for a phrase such as “death, dying, and bereavement.” Responses in favor of the term *thanatology* include (a) the term concisely expresses the scope and breadth of the field; (b) the term known across several disciplines; (c) ADEC, the major professional association in the field, has chosen the term *thanatology* to declare its focus; and (d) many complex and initially unfamiliar terms, particularly in biomedicine, identify fields of endeavor. Examples include oncology, ophthalmology, and endocrinology.

In 1977, Vanderlyn Pine maintained that thanatology had gone through three temporal changes: an era of exploration (1928-1957), a decade of development (1958-1967), and a period of popularity (1968-1977). In 1986, he examined 1976 through 1985, which he deemed thanatology's age of maturity. Since 1985 so many occurrences have shaped thanatology that in hindsight it seems premature to consider that the field reached maturity by 1985. The emergent voice of the ADEC, the convergence of practitioners and researchers to bridge the gap separating them, the merger of neuroscience and bereavement research, and the topnotch work in palliative medicine and in bereavement research published since 1985 suggest the age of maturity was a prelude to increased vigor.

Numerous issues capture the imagination of thanatologists and are directing the current and future work in the field. By definition, issues both engage people and lead them to disagree. Advances occur in the creative dynamics of dealing with issues dividing a field. Consider these issues that engage and divide thanatologists, (a) the human person's autonomy implies the right to die with dignity even if that means suicide or euthanasia, (b) grief counseling efforts sometimes benefit the normally bereaved but often harm them, (c) complicated bereavement merits its own psychiatric diagnosis, (d) continuing bonds is both the typical and expected response when coping with the
death of a loved one, and (e) people never recover from bereavement.

See also
Death Anxiety, Denial of Death, Hospice, History of, Kübler-Ross's Stages of Dying, Palliative Care, Suicide

Further Readings


Balk, David

APA

Chicago

Harvard

MLA


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