

9TH EDITION
understanding
dying, death,
& bereavement

MICHAEL R. LEMING
GEORGE E. DICKINSON

UNDERSTANDING DYING, DEATH, AND BEREAVEMENT

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NINTH EDITION

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St. Olaf College

George E. Dickinson

College of Charleston



Australia • Brazil • Mexico • Singapore • United Kingdom • United States

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ABOUT THE AUTHORS



Michael R. Leming is professor emeritus of sociology and anthropology at St. Olaf College in Minnesota, and past co-director of the Spring Semester in Thailand. He holds degrees from Westmont College (B.A.), Marquette University (M.A.), and the University of Utah (Ph.D.) and has done additional graduate study at the University of California at Santa Barbara.

He is co-editor (with George E. Dickinson) of *Annual Editions: Dying, Death, and Bereavement*, 15th ed. (McGraw-Hill, 2017) and co-author of *Understanding Families: Diversity, Continuity, and Change* (Allyn & Bacon, 1990; Harcourt Brace, 1995). He is also co-editor (with Raymond DeVries and Brendan Furnish) of *The Sociological Perspective: A Value-Committed Introduction* (Zondervan, 1989; Wipf & Stock Publishers, 2009). In 1995 he produced a documentary film, *The Karen of Musikhee: Rabbits in the Mouth of the Crocodile*. His most recent film project was a documentary film on the Karen produced by the BBC, for which he was the chief research consultant.

Dr. Leming was the founder and former director of the St. Olaf College Social Research Center, former member of the board of directors of the Minnesota Coalition on Terminal Care and the Northfield AIDS Response, and has served as a hospice educator, volunteer, and grief counselor. He taught courses on death and dying for over 35 years. For nearly 20 years he directed The Spring Semester in Thailand program, which is affiliated with Chiang Mai University. He lives in Thailand during Minnesota's coldest months.



George E. Dickinson, professor of sociology at the College of Charleston, South Carolina, received his degrees from Baylor University (B.A. in biology and M.A. in sociology) and Louisiana State University (Ph.D. in sociology, minor in anthropology). He has completed postdoctoral studies in gerontology at Pennsylvania State University, thanatology at the University of Kentucky School of Medicine, and medical sociology at the University of Connecticut. He was a visiting research fellow in palliative medicine at the University of Sheffield's School of Medicine in England in 1999, the International Observatory on End of Life Care in the Institute for Health Research at Lancaster University in England in 2006, and the University of Bristol School of Veterinary Science's Department of Animal Behavior and Welfare in England in 2013. Prior to coming to the College of Charleston in 1985, he taught in Pennsylvania, Minnesota, and Kentucky.

He has published over 100 articles in professional journals, primarily on end-of-life issues, and has co-authored other books with Michael Leming, as noted above. Additionally, with Brenda Sanders, he published *Aging in the Family* (Taylor & Francis Publishers, 2019). He has been teaching courses on death and dying for 45 years and has been actively involved as a hospice educator. Dr. Dickinson is on the international editorial board of *Mortality* (UK) and on the editorial review board of the *American Journal of Hospice & Palliative Medicine*. He received the South Carolina Governor's Distinguished Professor Awards in 2003 and 2008 and was the recipient of the 2009 Death Educator Award from the Association of Death Education and Counseling. More recently, in 2018, he was the first recipient of the REACH program's Professor Recognition Award at the College of Charleston and was awarded the Distinguished Teacher-Scholar Award in 2002 and the Distinguished Research Award in 2008, also at the College of Charleston.

PREFACE

Why Did We Write a Book on Death and Dying?

Back in the early 1970s, following a Nobel Conference at Gustavus Adolphus College in St. Peter, Minnesota, entitled “The End of Life,” George Dickinson’s cultural anthropology students began writing term papers on how different cultures dealt with dying, death, and bereavement. About this same time, one of his former students, then in his third year of medical school, stopped by the office for a visit. Dickinson naïvely asked about the student’s death and dying course in medical school. With a somewhat bewildered look on his face and a shrug of his shoulders, he replied that they did not have anything like that. Would not one think that medical schools offered a course on dying and death? Both the students’ written papers and the encounter with the medical student sparked an interest in Dickinson’s research and teaching in the area of death and dying.

Soon thereafter, Michael Leming, a friend and former colleague who had written his Ph.D. dissertation about terminally ill cancer patients, contacted Dickinson about co-authoring a textbook on dying, death, and bereavement. Both were teaching death and dying courses. There were very few texts available at the time. Leming and Dickinson became frustrated over a lack of reading materials appropriate for students. Thus, the conception of this textbook back in the early 1980s came from the experience of having limited classroom materials and from the interest and enthusiasm of students in the topic of thanatology.

What Do We Hope to Accomplish in This Book?

It has been nearly 40 years since we began work on the first edition of *Understanding Dying, Death, and Bereavement*. Our goal in the ninth edition, as in the previous editions, has been to create a book that is both informative and practical, yet theoretical,

and a book that is reader-friendly to the students. We visualized a humanistic text that was cross-cultural, multidisciplinary in orientation, and inclusive of the major foci of the interdisciplinary subject of social thanatology. Indeed, many changes have occurred in end-of-life issues since the first edition. The topic of dying, death, and bereavement has come out of the closet and is less a taboo topic than it was in the early 1980s. Though thanatology is not yet a household word, it is certainly better known than it was a 40 years ago. End-of-life issues are more “in” today, especially in the context of highly publicized and all-too-frequent school shootings, terrorist attacks in various parts of the world, and the much-debated U.S. Affordable Care Act of the 21st century, which was, at one juncture, falsely accused of including a measure to euthanize older adults. Additionally, body disposition options are changing in the 21st century, as environmentally correct ways of disposal are evolving. The current edition reflects these changes. Specifically, we have the following objectives for this book:

1. To sensitize students to the subject of dying, death, and bereavement.
2. To aid students in adjusting to the death of a significant other.
3. To help individuals examine their own feelings and reactions to death and grieving.
4. To make readers aware of different cultural groups’ death and bereavement customs in America and internationally.

The ninth edition of *Understanding Dying, Death, and Bereavement* will equip the reader with the necessary information to both understand and cope with the social aspects of dying, death, and bereavement. Because we have each taught courses on thanatology for many decades, we are convinced that every student carries both academic and personal agendas when approaching the subject. Although every student reading this book may not have family crises such as divorce and violence, every individual will eventually have to deal with deaths in her or his family (if they have not already done so). Having been exposed to the material in this text, we hope that each student will be in a better position to cope with dying and death. One does not “get over” the death of a significant other, like getting over the flu or a bad cold, but one must learn to live with the fact that the individual is indeed dead and will never again physically be with us. One of our more satisfying experiences in academia is the occasional e-mail, letter, or phone call from a former student who shares with us the usefulness of this book in his or her dealing with the death of a significant other. For some, it is the benefit to themselves; and others relate how they were a good information source and support for other family members.

This textbook will make a significant contribution to your class because it is a proven text informed by over 80 years of combined experience of teaching and researching on this topic. *Understanding Dying, Death, and Bereavement, Ninth Edition* is comprehensive and covers the wide range of topics in social thanatology. It is scholarly and academically sound, and it is practical for students because it addresses personal issues relating to an individual’s ability to cope with the social and psychological processes of dying, death, and bereavement. The book has a strong cross-cultural emphasis that allows one to understand both the universality of death, dying, and bereavement and also the incredible diversity and similarity of social customs relating to this experience. This text appeals to a vast audience, not only because of its wide adaptability on college and university campuses, but also because of its practical implications for all persons. Although intended primarily for undergraduate students in sociology, psychology, anthropology, nursing, social work, kinesiology, religion,

gerontology, health science, family studies, public health, philosophy, and education courses, it is also appropriate for professional courses in medicine, nursing, mortuary science, theology, social work, child life, and personal and pastoral counseling. We have been somewhat surprised at the variety of disciplines and professional schools where earlier editions of this book have been used, including one large business school where the focus was on consumer efforts about dying and death.

What's New About This Text in the 21st Century?

We have added and removed boxed inserts in the chapters but have maintained the four box categories: (1) **Practical Matters** boxes basically offer practical advice; (2) **Listening to the Voices** boxes consist of excerpted material from people writing about their own experiences with dying and death; (3) **Words of Wisdom** boxes contain excerpted materials—poems, literature, and other words of wisdom; and (4) **Death Across Cultures** boxes examine cross-cultural examples of death practices and beliefs. In addition to the boxes, chapter **conclusions**, **summaries**, and **discussion questions** at the end of each chapter serve as study aids. A **glossary** appears at the end of the text with definitions of words in bold print in the chapters. Additionally, **suggested annotated readings** are given at the end of each chapter for additional reading if desired. New tables have been deleted/added/updated in several chapters. Some new boxes include the subjects of electronic cigarettes, communication with a dying child, the wisdom of growing old, older Chinese adults whose only child died, cross-cultural evidence for near-death experiences, bureaucracy within the hospital environment, steps toward cancer prevention, compassionate release from prison, hospice care complaints, health care in Sweden, the U.S. market for human bodies, a good death, right to die and death with dignity organizations in North America, car accidents, leading cause of childhood deaths, capital punishment, visiting the grave, effective ways to dispose of a body, the 9/11 attack on the World Trade Center, bring back the autopsy, older prison inmates' experiences with dying, death, and grief, disenfranchised grief among lesbian and gay bereaved individuals, research and clinical intervention with disasters and bereavement, easing grief through religion and spirituality, homicide and suicide of older adults, 21st-century technology and grief support, bereavement practices following the death of a Native American child, tattoo memorials in contemporary society, and awkwardness of relating to parents in Sudden Infant Death Syndrome.

New material in the ninth edition includes updates of statistical material throughout the text and new information on various topics, including statistical material throughout the text and new information on various topics, including opioids and suicide, critical sociology, middle-aged suicide, the Internet, hotlines, and suicide, murder rates in U.S. states, school shootings in the United States compared with other countries, and suicide rates in the military related to post-traumatic stress. As in previous editions, pictures are scattered throughout the book, though the ninth edition includes pictures in color.

Digital Resources and Supplements

The new-to-this edition MindTap digital platform offers:

- an interactive eBook where students can highlight key text, add notes, and create custom flashcards
- video resources and critical thinking-style exercises that empower students toward authentic and thoughtful learning experiences

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- a digital test bank which includes 35 multiple choice plus 10 essay questions per chapter
- a fully mobile experience via the MindTap Mobile App, so students can read or listen to textbooks and study with the aid of instructor notifications and flashcards

An instructor's manual is also available for instructors. The instructor's manual contains detailed chapter outlines and sample syllabi which list suggested class projects.

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As in the past, we acknowledge those we have encountered in life. We have learned so much from significant others and our students who have shared their experiences with dying and death. Our own lives have gained from these experiences. We hope our readers will experience an appreciation for life as they begin to understand, both intellectually and emotionally, the social-psychological processes of dying, death, and bereavement. This book is about dying and death, but it is really about living and life. May your reading of this book help to enrich and make your life more meaningful.

*Michael R. Leming and
George E. Dickinson*

*The symbols of death say what life is and those of life define what death must be.
The meanings of our fate are forever what we make them.*
—Lloyd Warner, *The Living and the Dead*

The day we die the wind comes down to take away our footprints.
—Song of the Southern Bushmen

Studying Dying, Death, and Bereavement

CHAPTER 1



Source: Maddie Gies

You are enrolled in a course in death and dying. Note the reactions of others when you inform them of this. They are likely okay with your saying you are taking such courses as Principles of Biology, English Literature, Introduction to Philosophy, History of the United States, or Calculus, but *Death and Dying*? Being informed of this course may raise some eyebrows. That sounds weird and certainly morbid, or so some seem to think. We often experience startled reactions when we tell that we teach a course entitled “Death and Dying.” We wonder what images pop into individuals’ minds when so informed. One woman, when introduced to George Dickinson and told that he taught a course on death and dying, drew back, and in a rather startled voice said, “How could you do such a thing?” She must have imagined Dracula team-teaching and Frankenstein working as a lab assistant, along with the Grim Reaper. She then said, “What do you do in a course *like that*?” After giving her a quick synopsis of the course, she seemingly breathed a sigh of relief and said, “Oh, that doesn’t sound so bad.”

Imagine the responses funeral home personnel must endure if we receive such startled looks from just teaching about dying, death, and bereavement, and not actually dealing with dead human remains. Stephanie Schim and colleagues (2007) in various health care professions note that responding honestly at a party to the question, “What is your area of study?” with “Oh, I’m working with death and dying” is a real conversation terminator. From reactions that many individuals have to death-related issues, it appears that death discussions are considered in bad taste and something to be avoided. **Road Scholar** programs (formerly called Elderhostel), for example, can present any topic of interest to older persons *except dying and death*. Likewise, at least according to a survey in the late 20th century, U.S. high school physical education and health teachers spend less time teaching death and dying than any of the 21 health topics, and the topic of dying and death is less likely to be required in the 50 states than any of the other 20 health topics.

Dying in the United States occurs offstage, away from the arena of familiar surroundings of kin and friends, with 80 percent of deaths occurring in institutional settings—hospitals and nursing homes. Back in 1949, deaths in institutional settings accounted for 50 percent of U.S. deaths; thus, there has been a rapid rise in deaths away from home. Grandfather seldom dies at home today, where he spent most of his life; rather, his death likely occurs in an impersonal institutional setting. Over the course of U.S. history, death has migrated “from a position of prominence to one of near invisibility” (Jones, 2008, p. 2). The removal of death from the usual setting prompted Dumont and Foss (1972, p. 2) to raise the question: “How is the modern American able to cope with her/his own death when the deaths experienced are infrequent, highly impersonal, and viewed as virtually abnormal?” For some time now, modern-day Americans have been as repressed about death as the Victorians were about sex. We have become rather adept as a society at avoidance tactics, removing sickness and dying from everyday life (Thomson, 2008).

Death and dying is a topic to which college students should be able to relate easily—the dead body and its management are mysterious, yet most students likely have aged relatives at or near the end of their lives. Death and sexuality are exotic, yet familiar. Our bodies, being living organisms, eventually deteriorate and die, though the death of a human body is also inherently social. How we understand dying and death and how we explain our reactions to death are major themes throughout this

book. We will look at how academics approach the study of death. A medical doctor will focus on the biological aspects of dying and may rely on an autopsy to definitely determine the cause(s) of a particular death. There are also social, psychological, and spiritual aspects of dying and death as well. Dying and death can be examined from a developmental perspective, viewing death at all stages of the life cycle. In the end, however, what is important to many individuals is the meaning of death. We feel, therefore, that an examination of the meaning of death and death-related behaviors is one of the most important ways to approach the study of dying, death, and bereavement.

Current Interest in Death and Dying

Many Americans express death anxiety, yet many also have an obsessive fascination with death, dying, and the dead. This paradox is apparent in our popular culture, as television programs, movies, songs, and the print media are fraught with thanatological content (Durkin, 2003). The fascination has been fueled by various legal bodies and by legal gymnastics surrounding several prolonged and much-observed deaths of individuals. Though we have a tendency in general to avoid the topic of death, Americans are finally willing to acknowledge that death is part of life and they seem to want to talk about it (Foderaro, 1994). Such an example of this “movement” is the emergence of death cafes and death dinners, where individuals gather to simply talk about death and share their desires and thoughts (see Chapter 2). Additionally, Google is training machines to predict *when* patients will die; thus, technology continues to play a key role in dying and death (Bergen, 2018). *Money Magazine* reflected on what seven jobs were important in 2017 (Bahler, 2017), and **death doulas**, or death midwives, devoted to guiding patients through their final moments of life (not unlike birth doulas helping with the birth process) emerged as a viable career track. Death doulas volunteer with hospices or churches, work in hospitals, or set up private practices.

As Muriel Gillick (2000) noted, “Death happens 55 million times each year throughout the world and 2.3 million times annually in the United States. Of the tens of billions of people that have ever existed, everyone born before 1880 has died, and nearly everyone currently alive today will perish in this century.” Today’s **thanatology** (the study of dying, death, and bereavement) student is bombarded by pressing issues of the day that involve death and death-related matters: memories of September 2001; terrorist attacks throughout the world and threats of future attacks; the tsunami caused by the earthquake off the West Coast of Northern Sumatra in 2004; Hurricane Katrina hitting the Gulf Coast in 2005; the shootings at schools, churches, universities, workplaces, entertainment venues almost on a regular basis; the earthquake in Haiti in 2010; the typhoon in the Philippines in 2013; the bombings at the Boston Marathon in 2013; the Malaysia Airlines Boeing Flight 370 disappearance with 239 individuals on board in 2014; Hurricane Maria in the Caribbean, particularly Puerto Rico, in 2017; the prolongation of dying from cancer; the growing incidence of chronic illnesses with uncertain courses; murder; increasing suicide rates; ecological disasters; fetal transplants; cloning; and abortion. The topic of death is alive and well in today’s contemporary society. Let’s look at some of the reasons why dying and death as topics of discussion have come into their own in recent years.

LISTENING TO THE VOICES

Death on the Farm

As one brought up exposed to a farm environment, George Dickinson remembers on one occasion helping his father dispose of the body of a polled Hereford bull. The bull had been dead for about a day before he was found in the woods. The buzzards circling overhead were a good indication of where the lost bull would be. When he was actually found, about a dozen buzzards were already there. Just shooing those aggressive vultures away from the death scene was indeed a grim portrayal of death. Since the bull weighed approximately 2,000 pounds, Dad decided against earth

burial, and we then proceeded to cremate the animal. After soaking him in kerosene and putting numerous pieces of timber over the corpse (not completely unlike a pyre, as discussed in Chapter 10), we set him on fire. The corpse was still smoking several days later, though the buzzards had long since gone away. On other occasions, we would have to “put down” a cow and thus practice euthanasia (to be discussed in Chapter 8). At other times a calf would be born dead or die soon after birth. Exposure to births and deaths is commonplace in such a setting.

Why the Increased Interest?

Though death has been around since the beginning of humankind, in recent years a near fascination with death has evolved. Such an increased interest in thanatology is due to several reasons: an aura of mystery surrounding death perhaps brought on in part because of lingering deaths due to chronic illnesses rather than the acute illnesses of an earlier day; terrorism; an interest in ethical issues concerning death and dying; and increased media coverage of deaths, especially violent deaths in schools, churches, and other gathering places.

The Mystery of Death An aura of mystery developed. One is taken to the hospital or nursing home and is next seen dead. Thus, a child may begin to wonder what is going on with this thing called death that takes people away, not to return. As one little boy said in writing a letter to God, “Dear God, What is it like when you die? I don’t want to do it. I just want to know.” Often small children are not allowed to go into certain parts of a hospital; thus, the taboo nature of a hospital setting makes one wonder what is going on in there—“I just want to know.” Hospitals do not allow such entry in part because of contagious diseases to which small children would be more vulnerable than adults. Such rejection is not unlike *Peanuts* cartoonist Charles Schulz’s saying “no dogs allowed” as Snoopy tries to enter a forbidden area. “No children allowed” is indeed the strong message of rejection here. To say “no” to a child often increases his or her curiosity tremendously. “Why is this place such that I cannot enter?” the child may ask.

A desire to examine this mysterious thing called death has contributed to a growing interest in thanatology. Our society has done little to achieve formal **socialization** of its members to deal with death on personal and emotional levels. Even though the hospital may not allow children to enter certain areas or at particular times, parents have often tried to shield their innocent children from death scenes. Medical, theology, and other health care professional schools have not had significant curricular offerings to prepare

their students for this death-related work. Overall, our socialization to dying and death situations has been unsystematic and ineffective.

Today's lack of familiarity with death may be in part due to fewer individuals being raised on farms than was the case in the early 20th century. Being brought up in a rural environment gave one direct exposure to birth and death as everyday events. Children were surrounded by the alpha and omega of the life cycle. Kittens, puppies, piglets, lambs, calves, chicks, and colts were born—and also died. Thus, it was commonplace to make observations of death and to deal with these situations accordingly.

Death can be very visible down on the farm. With less than 10 percent of the U.S. population engaged in farming today, birth and death scenes have largely been removed from the personal observations of most individuals. The mystery of these events at the beginning and at the end of life is at least somewhat addressed with farm dwellers—less likely the case with urbanites.

Terrorism In the post 9/11 era, the ever-present threat of terrorist attacks has injected the unpredictable nature of mortal danger and mass destruction into our collective awareness. (See Figure 1.1.) Victory in the war on terror depends in part on our ability to live with death threats (Wong & Tomer, 2011). Such fear of an invasion



Figure 1.1

The threat of terrorism unfortunately has added an unpredictable element to lives around the world to the point that an individual almost has to routinely adhere to the “watch your back” warning. Indeed, intimidation is that which terrorist groups seek. The 9/11 attack on the World Trade Center in New York City is a horrible reminder of such behavior.

had not presently occurred in the lifetime of most living Americans. A stunned nation watched on television that day, and the days that followed, absolutely in disbelief that such an attack had occurred. Many television viewers watched live coverage as the second plane hit New York's World Trade Center. In one of the more horrific images, the dead and the doomed plummeted from the skyscrapers. A nightmare of this magnitude was unknown to the majority of U.S. citizens. Not since the attack on Pearl Harbor in World War II had such a surprise occurrence taken place, yet this time it hit the U.S. mainland. The sense of security and self-confidence that Americans take as their birthright suffered a grievous blow, from which recovery will take a long time, observed Washington, DC, reporter R. W. Apple, Jr. (2001). These deaths were sudden and violent, and thus more intense than lingering or expected demises. More guilt may occur as a result because there is no opportunity to say goodbye, express feelings, or make amends (Dickinson, 2011a).

In the aftermath of September 11, 2001, more than 60 percent of Americans who were asked about their emotions responded that their personal sense of security had been shaken, compared with 24 percent in the preceding year; 54 percent feared that they or a member of their family would become a victim of a future terrorist attack (Jonas & Fischer, 2006). Regarding children, in counseling after the 9/11 attack, N. B. Webb (2002) observed that the overwhelming magnitude of this tragedy affected even those children who did not suffer personal losses. Terrorist attacks induce fear, anxiety, and concern about death and seem to be a natural reminder of mortality.

Ken Doka (2003) stated that one of the most significant elements of public tragedy involves the degree to which it is perceived as being caused by humans, particularly in an intentional way. Assigning blame, Doka notes, provides a target for anger, which may help promote an illusion of safety and control. Regarding adolescents' reactions to the terrorist attacks, some good may come out of the bad. For instance, it is suggested in the midst of stress-related disorders that many active attempts at coping and adapting to difficulty may be seen. Following the 9/11 attacks, there was the potential to seriously compromise adolescents' sense of fairness and justice, yet their increased capacity to think in abstractions and ability to problem solve leaves the potential for adolescents to cope by constructing a sense of order and justice even in the face of senseless acts (Noppe, Noppe, & Bartell, 2006). Such positive approaches to negative circumstances may enhance resilience by promoting greater flexibility in thinking and openness to new information.

Religiousness is generally associated with lower death anxiety, thus religious belief plays a protective role in terror management (Jonas & Fischer, 2006). For example, 84 percent of individuals asked if they had said special prayers in response to the September 11 terrorist attack answered in the affirmative (Smith, Rasinski, & Toce, 2001). Additionally, following the 9/11 attack, the highest level of church attendance since the 1950s was observed in America, with similar spikes in Canada, England, and Australia (Pyszczynski, Solomon, & Greenberg, 2003). Terror management studies have suggested that the reminder of mortality leads people to defend their religious faith (Jonas & Fischer, 2006).

Terror management theory (TMT) suggests that people adhere to cultural worldviews and beliefs in order to suppress death and mortality-related thoughts. TMT says that individuals combat the terror of their mortality with the same cognitive

abilities that cause this terror to arise, by developing “death-denying cultural belief systems” (Goldenberg et al., 2000). TMT could explain why many people have trouble interacting with people from different cultures.

Studies by Eva Jonas and Peter Fischer (2006) suggest that those intrinsically vested in their religion (those for whom religion serves as a framework for life by providing both meaning and value) derive terror management benefits from religious beliefs. Religion is unique among meaning systems because it equips individuals to respond to situations in which they come face-to-face with the limits of human control and power and are confronted with their finitude (Smith, Pargament, Brant, & Oliver, 2000).

The September 11 attack contributed to an omnipresent feeling of compassion and a yearning to believe something redemptive could come out of horrific tragedy, noted New York reporter N. R. Kleinfield (2002). Altruism, patriotism, and a sense of unity followed this event, as is often true following a disaster. A sharing of grief, even with strangers, seems to console; it helps to know that others care. The 9/11 dead were like us, and identification with and connections to them happened through the media. Grief shared is grief relieved (Dickinson, 2011a). This event helped many individuals realize just how precious life is and that we should be thankful for what we have. One wakes up in the morning not knowing what the day may bring. An outcome of 9/11 is that individuals today are more aware that the beginning of a bright sunshine-filled day could end up in tragedy.

The events of September 11, 2001, and other terrorist attacks throughout the world, have caused individuals to become more paranoid. We tend to “look over our shoulder” more often. We are more suspicious of certain individuals whom we fear might harm us. Airports, government buildings, schools, entertainment venues in the United States and abroad, and any facility where large crowds gather have more surveillance and personnel to guard the premises. The possibility of death from terrorists or individuals with mental disabilities or anger or hatred is all around us today, and, unfortunately, it is not likely to go away anytime soon.

Ethical Issues Individuals are living longer today in part because of medical breakthroughs such as life-support equipment, organ transplants, penicillin and other miracle drugs, clean water supplies, sanitation and other public health measures, healthier diets, more exercise, and improved personal habits (e.g., stopping smoking). Such prolongation of life has raised ethical issues dating back to the 1970s (e.g., the cases of Karen Ann Quinlan and Baby Jane Doe) that involve the right to die, causing a furor in philosophy, law, and medicine. The case of Terri Schiavo in Florida in 2005 brought this end-of-life issue to the forefront. With the media highly publicizing these cases, the public was alerted to moral and legal questions on death not previously posed. Whether or not to “pull the plug” and disconnect life-supporting equipment present questions for which ready answers are not found. An elderly woman summed up this dilemma when she spoke to Jinny Tesik of Compassion in Dying (Sturgill, 1995), an organization providing education regarding terminal care: “We used to be afraid to go to the hospital because that’s where you went to die; now we’re afraid to go because that’s where they won’t let us die.”

The whole issue of when death occurs evolves from these medical developments. The question of who determines when one is alive or dead has been addressed by

physicians, lawyers, philosophers, and theologians. These questions, along with the controversy over abortion rights, were a few of the significant ethical issues of the 1970s that provided an open forum for discussion and debate concerning the topic of dying and death. Specific definitions of death were not as necessary, prior to the coming of these 20th-century, and now 21st-century, medical breakthroughs.

Popular Culture Having grown up in Texas, George Dickinson has fond memories of spending the night with his grandparents on Fridays and going to the movie with his grandfather. The movie was always a Western with basically the same theme—the “good guys” (the cowboys) wore white hats, and the “bad guys” wore black hats. Though toward the end of each movie, it appeared that the good guys were going to be wiped out: military reinforcements would always come to the rescue just at the last minute by fighting fair and because the good guys were morally superior. The guys in the white hats would be rescued, and the bad guys would receive their just reward of death. Similarly, research (Yokota & Thompson, 2000) of G-rated animated feature films released in theaters between 1937 and 1999 revealed that characters portrayed as bad were much more likely to die of injury than other characters.

In the early 1970s, however, Hollywood began to additionally produce films revolving around the theme of death in which the good guy (the box office star) died. One of the first of these movies to deal with death was *Love Story*, in which one of the two main characters is dying throughout much of the film and eventually does die during the film. Then Tom Hanks dies of AIDS in *Philadelphia Story*, and Susan Sarandon dies of cancer in *Stepmother*. Other movies provide a realistic portrayal of historical events involving mass deaths, such as *Schindler’s List* and *Saving Private Ryan*. Twenty-first-century movies include (1) *Igby Goes Down*, a portrayal of two brothers helping their terminally ill mother die with the aid of drugs and a plastic bag, (2) *The Hours*, with an undercurrent theme of the reasons for suicide, an attempted suicide, and a rational suicide, (3) *The Event*, about a series of unexplained deaths that occur among the gay community in New York City, (4) *The Sea Inside*, about the death of a sailor who became a quadriplegic after injuries in a diving accident, (5) *Million Dollar Baby*, with an underlying theme of assisted suicide, and (6) *You Don’t Know Jack*, a 2010 HBO TV movie about Jack Kevorkian, a medical doctor who helped over 100 individuals die from physician-assisted suicide. Almost an obsession and certainly a fascination with death seem to occur in today’s society—especially on the screen in a somewhat imaginative world.

Likewise, many situation comedies on prime-time television in the 1970s, 1980s, 1990s, and now the 21st century have addressed the topic of death. Some have viewed death in a serious vein, whereas others have taken a humorous approach. Among the early television programs to deal with death, especially programmed for children, was *Sesame Street*. This popular public television show devoted a 15-minute segment on the death of regular character Mr. Hooper, a few days after his death. However, rather than explore the feelings of loss, the characters focused on all the good qualities of Mr. Hooper. Only in the end did Big Bird, who seemingly was having a more difficult time with the death of his friend, say, “We’re going to miss you, Mr. Hooper,” to which the entire cast said in mass, “That’s Hooper, Big Bird, Mr. Hooper.” We do miss individuals when they die. Big Bird’s comment was

a most realistic way of expressing his feelings about the death of a friend on a popular children's television program.

The sudden, untimely death of actor John Ritter, just a week before the beginning of the 2003 fall season, posed a dilemma for the producers of his popular show *Eight Simple Rules for Dating My Teenage Daughter*. After much discussion, the producers decided to do a tribute to John Ritter and then to air the first three programs that were previously taped. After the airing of these three programs, the network chose to work John Ritter's sudden death in September into the plot of a special one-hour episode in November. That program opened with Ritter's wife receiving a telephone call about his dying of a heart attack in the supermarket, leaving her and three teenage children to deal with their shock and loss. Thus, the network chose to deal with the death of the primary actor in a real way on the show.

Some of the earliest television programs to discuss death appeared in the early 1970s. *Living with Death* presented various death-related situations observed through the eyes of a CBS reporter. ABC's *The Right to Die* addressed moral questions of mercy killing and suicide. The National Endowment for the Humanities sponsored a program entitled *Dying*. For two hours, this program very sensitively portrayed four cancer patients, ranging in age from their late 20s to early 70s. Each died during the course of the filming. A PBS documentary in 1979 showed the last three years of Joan Robinson's life. This film revealed the experience of a woman and her husband as they tried to live with her cancer of the breast and uterus. In the fall of 2000, *On Our Own Terms: Moyers on Dying*, a four-part, six-hour series, explored issues related to death and dying, including candid conversations with people dying in their homes and in hospitals. This series was followed by a companion show, *With Eyes Open*, a four-part PBS series of half-hour interviews examining grief, mortality, caregiving, and the afterlife. HBO's comedy-drama *Six Feet Under* came onto television screens at the beginning of the 21st century and depicted life in a funeral home. Such a weekly encounter gave viewers an idea as to what goes on behind the scenes in a funeral home, thus adding to the audience's awareness of death. *Six Feet Under* received critical acclaim and was praised for being so frank about death and its effects (Harper, 2009). *Death and the Civil War* aired on PBS in 2012 and gave a vivid depiction of death on the battlefield and discussed how death in that time period contributed to changes in the way death is viewed in the United States. The 2014 HBO show *Girls* twice addressed the issue of grief and death, with the show highlighting how the Internet has made grief more casual and public, and another episode with the sudden death of the editor on the show (Seligson, 2014).

Violence, including death, is highly revealed on television today. For example, a study by the Parents Television Council (2011) found that 2002 depictions of violence in television programs were 41 percent more frequent during the 8 p.m. Family Hour, and 134 percent more frequent during the 9 p.m. hour than in 1998. Television violence has become more graphic over time, with frequent use of guns or other weapons, more depictions of blood in violent scenes, and more on-scene killings and depictions of death in 2002 than in 1998. The UPN and Fox networks had the highest rates for violence during the Family Hour in 2012.

Two movies with military themes, *Black Hawk Down* and *We Were Soldiers*, showed U.S. military attempts to recover fallen soldiers in Somalia and Vietnam,