

종교교육학연구 제19권. pp.3~22

서울: 한국종교교육학회, 2004. 12.

Death Education and Religion in Schools and Modern Society

Carl Becker
(Kyoto University)

요약

현대 교육은 우리에게 삶의 가장 중요한 순간인 ‘언제 우리가 누군가를 사랑하고, 언제 우리가 누군가를 잃고, 혹은 언제 우리 스스로 죽음에 대비해야 하는지에 대해 어떻게 생각하고 행동해야 하는가?’에 대해 가르치지 않는다. 과거에는 종교와 가족생활이 그러한 문제들에 대해 가르쳤으나, 오늘날은 최소의 아이들만이 종교를 배우거나 혹은 죽음에 관해 자신의 가족들과 진지하게 대화를 나눈다. 현대인들은 우리 자신의 삶과 죽음에 대해 많은 결정을 내려야 한다. 따라서 죽음에 대한 개인적인 권리와 책임을 가르치는 것은 점점 중요한 교육과정이 될 것이다.

우리가 죽을 것이라는 사실은 우리로 하여금 삶의 각 순간이 가치 있을 수 있음을 느끼게 한다. 죽음을 공부하는 것은 필연적인 것을 위한 대비이며, 어떻게 하면 깊이 있고 의미 있게 물리적이고 정신적인 건강을 유지하는가에 대한 공부이다. 죽음교육은 우리로 하여금 어떻게 살아야 하는가를 생각하도록 하는 삶의 교육이다.

본 논문은 평생교육의 일부로서 죽음교육의 문제를 초등학교의 죽음교육, 중-고등학교의 죽음교육, 대학의 죽음교육, 성인의 죽음교육, 전문 죽음교육의 다섯 가지 차원에서 논의하고자 한다.

핵심 주제어: 죽음, 죽어감, 죽음교과과정, 죽음상담, 죽음학

I . Introduction

In every historical civilization and traditional culture, it was the priests who supervised the transition from living to dying—from this world to the next world. Priests taught the living how they should expect to die, and what they should expect after death. Religion provided spiritual peace and hope to dying

people, and consolation and acceptance to bereaved families. Shamans communicated between people in this world and people in the next world. Religious world-views also taught people that killing and suicide were morally unacceptable. By teaching that other crimes and sins would be punished in the next life, they also discouraged crime, killing, and suicide.

In modern times, traditional priests and religious world-views have lost some their universal power and popularity. Enlightenment thinkers proposed that traditional religions could be replaced by a world-view of highly cultivated reason and altruism. Saint-Simon proposed that a religion of science and society could replace the religion of Christianity. Even if some people replaced their religion with science and reason, their death and dying was cared for by traditional families, who visited their graves, ceremonially remembered their lives and deaths, and grieved in traditional religious ways. Observing and respecting death was still a central and familiar part of every day life.

In the past half century since Korean Independence, in America as well as in Korea, that has changed dramatically. Our populations have moved into big cities. There, grandparents no longer live with grandchildren. For elders who need to walk slowly amid familiar surroundings, big cities are too fast, too rapidly changing. Old, sick, and dying people do not suit the efficiency of big cities. So when elders grow old, sick, or dying, efficient modern people send them to prison-like hospital rooms. There the elders will not interfere with the fast pace of business. Big cities allow us to forget that people age and die. Children grow up without the experiences of caring for grandparents and of watching them die. Life's most certain reality—death—becomes a virtual fantasy, seen only on TV, games, and movies.

Our city lives become impersonal. The feelings of being alone, alienated, unconnected with other people, makes it easier for people to kill themselves and others. In Korea as well as America, cities have higher rates of homicide and suicide than our traditional cultures did. We have come to need education to teach not only moral theory but also the deeper feeling that homicide and suicide are unacceptable. Focusing on math and science and language, our modern education loses sight of feelings, fears, pains, and hopes. Modern education does not teach us how to think or behave in the most important moments of our lives—when we love someone, when we lose someone, or when we ourselves are about to die. In

the old days, religions and family life taught about such questions. Today, few children study religions or talk seriously with their families about death.

More than a dozen years ago, David Leviton published a classic list of reasons for death education. Basically, Leviton's reasons can be summarized as conceptual (understanding how cultures treat death) and therapeutic (allowing people to discuss death, comfort the bereaved, and prevent suicide). While I agree with all of Leviton's reasons, I want to point out some more reasons that he did not consider.

In particular, we modern people have to make many decisions about our lives and deaths that traditional societies did not require people to make. So teaching personal rights and responsibilities about death is an increasingly important curriculum. At the same time, modern people pay much of our salaries in taxes to our governments in order that our governments will protect us from death. Therefore our decisions about life and death are not only personal issues, but they also become questions of public policy. Thirdly, in an alienated impersonal society, the psychological impact of dying and bereavement creates a great need for counseling people who think seriously about their own or others' deaths. So not only in the family context, but also in the context of public education, death education becomes important. In this presentation, I want to introduce five levels of death education:

- (1) Elementary School Death Education
- (2) Junior-Senior High School Death Education
- (3) College Death Education
- (4) Adult Lifetime Death Education
- (5) Professional Death Education

II. Five Levels of Death Education

1. Elementary School Death Education

Traditionally, the most basic truths about life and death were communicated by religions—when families visited shamans, temples, or graves; and when they conducted memorial services to their ancestors. Today, visiting shamans, temples, or graves, and conducting memorial services to their ancestors, has become less common. But we still have a need to communicate about death and afterlife to our

children. Ideas and values that used to be taught by the grandparents now have become the responsibility of the schools.

Death is important not as a fact of biology, but as an emotional fact. What is most similar to human death is not animal death, but human loss: failure, heartbreak, divorce, injury. To understand the emotional and psychological impact of death, children need impressive stories or films that show the irreplaceability of human life and the profound loss of human death. This can help to counterbalance the video games, movies, and comic books that depict death far too superficially.

Many studies have demonstrated that children's understanding of death begins in elementary school. As they learn about death through books, movies, and news, some children begin to fear that they themselves will die soon, or not wake up from their sleep. Others fear that their parents may die suddenly and leave them helpless. Such children need to be reassured that such risks are highly unlikely.

At the same time, children also learn that some risks can take their lives. They learn how to avoid death from traffic accidents, household fires, poisons, and drowning. They also learn that their own lives depend upon other humans who risk death or shorten their lives for us. People in dangerous jobs like construction, mining, fishing, military, or third-world agriculture, risk or shorten their lives in order that we may enjoy subways and bridges, energy and materials, national safety and tropical foods. This fosters an appreciation of the value of life: we owe a debt of gratitude to those who have given or risk their lives for our own freedom and safety, health and enjoyment.

Children also learn that their lives depend on eating cows and pigs, chicken and ducks that are raised and killed just for humans. Some schools ask children to kill or dissect their own chickens or ducks; others take children to watch such animals being killed in a slaughterhouse. These programs have been ineffective and controversial. They aim to teach the importance of human life that depends upon the sacrifice of animal life. However, some children feel that animal life and human life are similar; if they over-react and refuse to eat meat, this troubles their parents. Other children under-react, feeling that killing is natural, easy, or even exciting; and if killing animals is not so terrible, then killing humans may not be so terrible either. So simply showing children how we kill animals is not a good strategy for teaching the weight of life and death.

Especially after failure, bullying, or feeling unloved, some children contemplate

suicide. On the other hand, a growing number of school-age children have lost their parents due to suicide, accidents, or other causes. So it is not enough to simply say, “suicide is bad,” or “death is terrible.” Children need to be taught that suicide is not a solution but a mistake, and at the same time learn how to recover from losing loved ones.

These are important roles of death education in elementary school. When a child or a child’s parent dies, some schools design specific classes to respond to such situations. However, as can be seen from the above examples, School Death Education is not so much a separate unit added to other subjects; rather, it is integrated into the teaching of history and biology, literature and social studies.

2. Junior-Senior High School Death Education

By high school age, students begin to question values. They don’t want only to be told what to do, but also to understand the reasons for proper behavior. Religious education teaches teenagers that every culture has cared for its elders, dying, and departed; that every civilization requires law-abiding cooperation in order to function properly; that every religion teaches some form of altruism, of self-criticism or self-abnegation, of responsibility for words and deeds in this life, and of the continuity of life beyond a single body or a single generation. This kind of religious teaching is not nonsense, fantasy, fiction, or illusion. It is more central to mental peace and social stability than any amount of education in physics or chemistry. It emphasizes our most basic human commonality: our mortality. We will all die someday, but the ways that we live and die will have a lasting impact on our families, societies, environment, and future life. That is why a growing number of states and governments are beginning to mandate death education. Without exalting one religion above the others, it can find the wisdom and admire the values in each religious tradition.

Junior and senior high school death education focuses on making intelligent choices. By the time American students enter junior high school, they are old enough to make many choices for themselves. Of course, some choices—like drinking, smoking, drugs, motorcycling without a helmet, or pregnancy before marriage, are illegal. Nevertheless, many high school students are tempted to try such experiences. So it is in junior and senior high school that American children

are taught driver education, health education, and sex education, which all involve concerns with death and dying.

For example, they are taught that we now have the right—and responsibility—to choose when to have sex to make babies and how to have sex without making babies. We have the right—and responsibility—to protect ourselves and our lovers from sexual diseases, and to protect unborn babies from alcohol and tobacco and other poisons that their parents consume. We have the right—and responsibility—to know in advance whether our new baby will be healthy or defective—and then to decide whether to bear it or abort it.

At the same time, the medicalization of death demands many decisions that never were required before. We now have the right—and responsibility—to know the name and prognoses of our diseases, and the amount of time we have left to live. So we must determine in advance whether we want to be kept alive connected to machines, long after our minds are in coma and there is no hope of our recovery, or rather want to die as naturally as possible without extenuating or invasive medical treatments. We must determine in advance whether we want—or refuse—extensive and expensive medical treatment. We must determine in advance whether we want—or refuse—having our organs transplanted to other bodies, or our bodies autopsied by doctors. We must plan for our old age not only by saving money, but also by buying medical insurance to pay for expensive care.

The new medical technology of dying means that we are faced with new decisions about how we will die. These decisions may be based on culture, religion, finances, personal experience, or other factors. But if we fail to choose, someone else will make those choices in our place, and we may not be happy with their choices. So we must think about how to choose for ourselves. These are the kind of issues raised in High School Death Education units.

Teaching of death and dying in junior high and senior high schools has become very common in America. In some school districts, like Delaware and Minnesota, these programs are designed by professional curriculum designers. The State of Delaware and the University of Delaware created a Task Force to create a major school curriculum on Death and Dying. The famous curriculum designed by Patrica Zalasnek at the University of Minnesota has now become widely used in schools around the English-speaking world. In other areas, like Columbine Colorado and Torrance California, local educators created units to respond to the

specific traumas that their communities were facing after tragic deaths of their students.

Most American high schools, however, teach death education not as a single separate subject in the curriculum, but as mini-units within other subjects that include references to death: literature, history, social studies, life sciences, health, physical education, and religion. In particular, literature has proven to be a successful approach, because students enjoy learning of others' experiences through reading, and then writing their own commentaries, letters, and essays based on the case studies that literature provides.

In Japan, the government is urgently concerned to increase the awareness of life and death at the grade school and high school level, because of the rise of teenage crimes and suicides. The Japanese government has budgeted 4 million dollars to develop a curriculum of life and death education and to begin testing it in schools around the country in 2005. Many publishers and universities are also hurrying to create materials suitable for teaching teenagers about the importance of life, the inevitability of death, and the role of religion. (This is politically very difficult in Japan. Ashamed of their distorted education revering the emperor before the war, most educators have an allergy to the idea of religious education. However, they agree that we must educate our children better about life and death. Korea, however, has no such shameful history, no allergy against religion. So it should be much easier for Koreans to develop effective death education, drawing on the best elements of traditional Korean, Confucian, Buddhist, and Christian traditions.)

3. College Death Education

The origins of Thanatology (the study of death and dying) may be traced in part to Emile Durkheim. After World War II, notable pioneers were Philippe Aries in France, Geoffrey Gorer in England, and Ernest Becker in America. Since the 1970's, a number of American colleges and universities began hiring faculty, organizing programs, and teaching courses in Thanatology. Dozens of colleges in Japan as well as America now feature programs on Death and Dying or Thanatology. Among the more famous are those begun by John Morgan at the Centre for Education about Death at King's College in London, Ontario, by Bob

Fulton at the University of Minnesota, and by his disciples Bob Bendiksen and Gerry Cox at the University of Wisconsin, La Crosse. Many smaller universities have created centers and programs in Death Education specifically in order to stand out from the crowd and to attract students with clear interests in those areas. For example, the Mount Ida College in Massachusetts has created a National Center for Death Education which brings it much good attention, publicity, students, and income.

World University in Ojai, [pronunciation = Oh-Hi] California, offers Thanatology Programs as on-line courses that can be studied long-distance via the Internet from anywhere in the world. Today, about a dozen American universities have major programs in Death and Dying; about a hundred have programs in pastoral or bereavement counseling; several hundred offer “Death and Dying” as General Education or Introductory courses for underclassmen not majoring in the field. It is interesting that these Death and Dying courses often rank among the most popular courses on their campuses, as students of college age acquire serious interest in questions of life, death, and afterlife.

In Japan, about two dozen colleges now teach courses in death and dying. Such Buddhist universities include Rissho University in Tokyo and Bukkyo, Otani, and Ryukoku Universities in Kyoto; Christian colleges include Sophia University, ToyoEiwa University, Kwansei Gakuin, Sacred Heart Women's College, Shoin Women's College, and Showa Women's College. Recently, Tokyo University has received millions of dollars from the Japanese Government to develop a project on Death Studies; Kyoto University has received major funding from private foundations for Becker's Death Studies; Yamaguchi Prefectural University has created the first full-time post for a scholar specializing in Thanatology. Musashino University allows students to study a course in Death and Dying by correspondence(like World University of America). None of these universities yet provides a complete degree program in Death and Dying, but many are working in that direction.

It is impossible to summarize the contents of all these courses in a few minutes, but college courses tend to look at social, cultural, ethical, and public policy issues surrounding death and dying. Some college courses spend an entire semester on each of the following topics; other colleges survey the entire spectrum in overview.

Most Thanatology courses include sections on the Sociology of Death. The urbanization and depersonalization of society means increasing danger of death from unexpected disease, accident, bullying, suicide, crime, and even terrorism. On the other hand, modern medical technology often prolongs death beyond the patients' desires. These changing patterns of aging, terminal care, and death, tell us much about how society has changed, and ask us how we want society to proceed.

Since prehistoric times, death and dying has been a concern of religions and cultures. Most college Thanatology courses discuss religious and cultural attitudes towards death, using examples from art, poetry, and drama; or more recently, from media, movies, even computer games. Of course, classic texts in religion and philosophy take up the famous deaths and teachings of people like Buddha, Socrates, Jesus, or other martyrs. By looking at death, these courses help students formulate their own values about life and death, and examine their ideals of a "Good Death." (The Soros Foundation has funded much university research on this theme.) Courses covering religion and death recognize that religious beliefs and ceremonies can help dying and bereaved people. They acknowledge also that many dying and bereaved people have experiences of "seeing" or "meeting" other deceased people. Instead of treating these contacts with spirits or ghosts as insanity or nonsense, many American colleges treat them as important spiritual experiences.

Another dimension of some Death and Dying courses considers the human costs as well as economic costs surrounding dying processes and death. For example, they may introduce the effects of violent media and games on homicide and suicide, or the idea that a small investment in health education or school counseling can save large costs in future mental and medical care. They consider how much the government should be responsible for protecting the public from dangers, poisons, terrorism, or accidents. They may examine how much the nation collects from death(probate) taxes, compared to the ways the government spends money to reduce death or prolong life.

Human life cannot be measured by money alone; for spirit, love, and life are not economic variables. At the same time, however, we voting citizens are constantly making decisions about how much money to spend to protect how many people from what dangers. Every day, our governments are paying our tax monies to

keep some people alive, but letting other people die by not paying enough money to save them.

For example: will we spend billions of tax dollars(Won) on automobile airbags or overpasses to reduce traffic deaths? Will we spend billions of tax dollars(Won) to get safer food, air, and water, or accept earlier diseases and deaths from polluted food, air, and water? Will we billions of tax dollars(Won) to keep murderers alive in prisons, or execute them? How much money will we pay for medical care—to save which kinds of people from which kinds of death? Such questions force us to clarify and prioritize our values about life and death. Since we now live in democracies, it is now up to us citizens to choose policies and politicians that will spend our taxes for the lives and deaths that we desire.

In addition to these economic issues, there are also important individual ethical decisions that each of us must make. Some high schools already teach about such issues, but many students encounter these questions in college courses on Death and Dying. For example, the information we receive about our medical conditions is no longer determined by custom; it is up to us to decide in advance whether we want to know the fact that our cancer is fatal. If we encounter debilitating accident or disease, modern medicine may keep us alive even after we can no longer think nor communicate our wishes. So it becomes important for us to communicate in advance what we would like to be done to our bodies in such situations. Modern medicine uses the idea of “brain death” to cut a hot beating hearts(and liver, and lungs) out of one patient and give them to another. Each of us has to choose whether we want to donate our hearts and livers while they are still hot and functioning. These and similar questions attract great interest among college students, because they affect us personally, as well as affecting society at large.

4. Adult(Lifetime) Death Education

Today, American teenagers and young people have the chance to study such subjects in high school and college. However, students 20 to 50 years ago did not study such subjects. Therefore, these same topics become very popular in adult education courses. In American cities with colleges or community colleges, adults often take college courses along with younger students. Some courses in death

and dying are offered in the evening, for the benefit of adults; other colleges allow retired people and senior citizens to attend their classes for a very low fee. In towns lacking such college courses, adult death education is often taught at churches, culture schools, YMCAs, or community workshops.

Of course, such adult education courses contain many of the topics already mentioned above. In addition, they tend to focus on the interests of senior audiences already wrestling with problems of life and death. For example, there are workshops about how to choose hospice care; how to care for bed-ridden senile parents at home; how to prepare mentally and spiritually for the death of a parent or spouse. Some workshops concern choices of funeral and burial procedures, while others discuss the legal requirements for wills and estate planning, in order to leave one's land or property to one's children. These days, almost every aspect of hospitalization, death, and probate involves legal procedures and paperwork. The mastering of these procedures can make the difference between a satisfying death, leaving most of one's property to one's loved ones, and a frustrating death, with the government taking most of one's estate. So there is great interest among the elder community, not only in caring for each other, but also in protecting their own bodies and property.

5. Professional Death Education

Professional death education centers on the fields of medicine and counseling. Many medical schools are beginning to introduce courses related to death and dying; and we have noted above that hundreds of universities offer courses on pastoral or psychological counseling for people facing death and bereavement. Let us consider each of these areas.

Many bereaved families in America are angry or dissatisfied with their doctors' and hospitals' treatment of their dying loved ones. This is not surprising, because those doctors and hospitals have been taught only to fight disease, but not to care for dying people. Such doctors and hospitals try every medical technique to prolong the breath of the dying person. They cut their patients' throats, surround them with tubes and machines, or fill them with painful poisons, even when there is no hope of recovery. This is partly because the doctors themselves do not want to admit "defeat,"—that there is nothing more that they can do.(In some cases, it is

because the doctors or hospitals make huge profits from such operations, regardless of their success or failure.) Patients and their families are often insulted, angered, or frustrated, by such futile, invasive, dehumanizing procedures.

To improve “customer satisfaction,” many medical schools are beginning to educate their doctors differently about death and dying. Medical students are taught to distinguish curable patients from incurable patients, and to distinguish effective treatments from futile treatments. They learn that death is not a personal defeat, but a natural part of the life cycle. At the same time, the fact that patients cannot be cured is not a reason to stop caring about them. American medical schools are increasingly teaching that, especially in the case of terminal patients, care becomes more important than cure.

Next the future doctors are taught how to discuss incurable diseases with patients and their families, and to explain the feasible options, including palliative hospital care, home care, and hospice care. Respecting their patients’ desires, decisions, and finances, doctors can then recommend appropriate locations where the patients and families will find the greatest satisfaction. In short, medical education is moving from valuing quantity of life(the length of time that the body continues to function), to valuing Quality of Life(the patient’s physical and mental freedom), and from valuing QOL to valuing Quality of Death(maximizing patient and family satisfaction with the place, manner, and state of mind at the time of death).

The other area of professional education concerned with Death Education is that of spiritual or religious counseling. The mere prospect of death creates a wide range of psychological problems. Counseling has proven valuable in reducing the shock, depression, debilitation, and other side-effects of the dying process, both for the people who are dying, and for the many people who care for or about them.

When we fall ill, lying in our beds, we ask ourselves, “Why am I here? What have I done? What am I to learn from this?” On their deathbeds, most people think back, evaluating what they have done, wondering what death will bring, trying to find meaning in the stories of their lives. In traditional religious cultures, the meaning of one life was like a link in the chain of a family’s generations, caring for the land and passing on a family occupation. The experience of death was calmly understood by familiar religious depictions of heaven where the dying person would reunite with the ancestors.

However, many modern people have abandoned the lands, the occupations, and the religious beliefs of their families and ancestors. The meaning of their lives is no longer determined by family and village traditions. So when they reflect on their lives, they have greater anxiety about the meaning of the past and about the direction of the future. Even those who claim no belief in life after death often say that they fear death. The fear of meaninglessness, of emptiness, of annihilation, or of permanent loss of everything familiar is a great stress for many modern dying people. Ironically, even those elders who retain a traditional religious faith may find it difficult to express their beliefs within a mechanized hospital setting. So the first job of a terminal counselor is to address the questions of the dying persons, not by giving answers written in a manual, but by lending time, sympathy, a listening ear, re-affirming whatever the patient wants to have affirmed.

At the same time, the family, helpers, or nurses who take care of a terminal patient often become frustrated or over-stressed by the round-the-clock demands of terminal care. They too need counseling to reaffirm the value of the time and energy that they are investing in terminal care. Bereavement counseling has proven helpful in reducing the stress of caretakers, in ameliorating both "anticipatory grief" and "post-mortem grief." Some American hospitals conduct "bereavement counseling" by inviting caretakers, friends, and a priest or counselor, to join the dying person for "tea-parties" of talking, eating, singing, crying, or praying together. This is conducted once a month until the patient dies, and then is continued for several months after the patient has died. Hospitals have found that investment of time and money in such "tea-parties" is very helpful in reducing the stress of caretakers. Interestingly, it reduces not only stress, but also the rates of accident, illness, and depression among the bereaved people after the death.

Professionals like nurses and doctors who deal with dying and dead people daily must seek a difficult balance. They must remain sensitive to the psychological needs and values of each patient and family, lest they lose their trust and cooperation. On the other hand, the more sensitive they are, the more likely they feel a personal sense of loss and grief each time a patient dies. If they deeply care for every patient, they easily fall ill or "burn-out" from this repeated and continuous sense of loss. So nurses and doctors dealing with death daily have a special need for counseling. Those who have a religious faith(that dead people

continue to live in a heavenly world) can gain strength from dialogue with their priest or pastor. Even those with no religious faith can receive encouragement and relief through communication with a sympathetic listener.

In addition to doctors and nurses, professionals like morticians, priests, and police must deal with an unending flow of dead people and bereaved families. For the sake of consoling the bereaved, or at least of retaining their trust, such professionals also need basic counseling skills. From time to time, they themselves may also need professional counseling to regain energy or optimism in a depressing occupation. Death is never easy to accept, but friendly listeners can be a big help in relieving the depression and stress of loss, and in helping to achieve peace of mind.

American hospitals and hospices depend on large numbers of volunteers for their success. Especially for terminal and hospice patients, not medical technology but tender care is desired; in this case, volunteers are especially needed. However, because volunteers lack professional training and credentials, they face a range of problems which may require counseling. They may find themselves at the bottom of the hospital hierarchy. They may feel that they lack the ability to meet the needs of their patients. They may berate themselves after their patients die for not having done as well or as much as they might have done. Volunteers' first encounters with death can be very challenging. So debriefing, encouraging, and strengthening volunteer workers also becomes an important supporting role of professional counseling in hospices and terminal wards.

We have seen that there is a wide need for counseling related to death and dying, both for dying people themselves, and for the people who work and care for them. Some universities, seminaries, and professional schools have developed programs to meet these needs. Professional organizations like the AAGC to the ADEC(the American Academy of Grief Counseling and the Association for Death Education and Counseling) grant official certification to experienced professionals in these fields. Such certification not only sets high professional standards for counselors, but also serves to broaden social awareness of the value of such counseling.

30 years ago, when I first proposed studying Thanatology as a graduate student in Hawaii, one of my professors advised me to give it up because it was only "a passing fad." I answered that I did not expect the problems of death to disappear.

Today, public concerns of Thanatology and Death Education are reflected in a wide range of journals, publishers, and organizations devoted to such topics. Journals such as *Omega*, *Death Education*, *Mortality*, and the *Journal of Near-Death Studies* (I edit for the latter two) focus on death and dying. In addition, many journals on counseling, nursing, medicine, and religion, devote increasing space to discussion of death-related issues. Publishers like Baywood, Hemisphere, and the Charles Press focus on issues of death and dying; while major university and commercial publishers have found profitable markets publishing books on death and dying. "Death and Dying" has become a key word in many book descriptions, and is the label over shelves in many bookstores. Most communities in America have hospices; many have volunteer organizations related to terminal care and dying or bereavement; and the internet devotes thousands of pages to Thanatology and Death Education.

III. Concluding Observations

I am not proposing that Korean death education or thanatology should follow American models. I expect that Korean people can develop their own death education programs based on their own culture and needs.

Some of the my discussion today has focused on economic and social issues. Certainly, we now understand that investments in death education and counseling save time and money in long term health care, crime, and employee productivity. Public demand for death education and counseling creates good markets for educational programs as well as for books and magazines. Such cost-effectiveness and market-demand surely are reasons that administrators and policy-makers express interest in death education and counseling.

However, the real reasons to study death and dying are not measurable in the dollars or Won saved in taxes, nor in reduced classroom violence nor improved employee productivity. The deeper reasons to study death and dying are the inescapable facts that we too will lose people whom we care for, and that we too shall die. The spiritual value of peace of mind, of a sense of meaningfulness, of finding some satisfaction in reflecting on life and looking forward to dying, cannot be measured in time or money alone. A peaceful, meaningful, or somehow understandable death is like a "seal of approval" on one's life. No matter how

happy a life, if the final months or days are lonely and miserable, it is difficult to say that the total was happy.

Many dying people feel that their last months or days of life are empty or useless—that they cannot do anything meaningful any more. However, if we gently talk with them about what they have done and want to do, we find many things that they still can do in their last months or days. Many have not yet straightened their rooms or set their affairs in order. If they want to organize their affairs but lack the strength to do so, we can help them by photographing the things in their homes, bringing the photos to their hospital rooms, and asking what they would like to do about each item.

Many have not yet written their wills. Wills are a chance, not only to leave one's property to one's family, but to express thanks to many friends and relations by leaving them mementos of one's life. The fountain pen, gayagum, or paduk game that is bequeathed to a friend becomes far more valuable than the same item bought in a store, because it contains the feelings and memories of the one who bequeaths it. Similarly, some dying people wish they could write or dictate letters of thanks, of apology, or of amends before they die. Volunteers and counselors can help them to do so.

In the old days, the whole family gathered around the deathbed of a dying person, to carefully remember their last words and respect their last wishes. Today, when most elders die in hospitals and children are busy far away, it is more difficult to gather the entire family to hear the elder's last words. If the dying persons desire, however, we can use videotapes to record their last words and wishes. Some dying people spend several weeks preparing and practicing a speech to their friends and families. They enjoy being filmed in their best hat or makeup before they die. Then such videotapes become the priceless possessions of their families, preserving their stories for unborn future generations.

In their last months or days of life, some people wish to meet an old friend, see an old movie, or hear an old song, one more time before they depart. Volunteers and counselors can seek out such people or resources, to put a smile on the face of the dying person. Others wish to include some particular music or reading from a book in their funeral, or a certain flower or picture on their family's memorial altar. By learning these desires in advance, we can help them feel that they will be remembered and appreciated in the way that they desire, after they have

departed.

Death is not fun. It may be physically painful, as in cancer, or psychologically painful, as in stroke. But it is inevitable. We would be foolish to fail to think about and prepare for what we know will certainly come. By thinking of and preparing for death, we can plan ways to reduce our physical and psychological pain. We can seek ways to add greater meaning or sense of completion to our lives. By studying death in advance, we can help others to pass on in the ways that they desire. We can help those who face the pain of bereavement to derive meaning and energy from the lives that have passed. We can prepare ourselves, so that when the time comes when we must say "I can do nothing more," then we can also say, "I have done what I needed to do," and perhaps, "I am ready for the next stage."

The fact that we will die makes us feel that each moment of life can be valuable. Today will never come again. We will never be here in this same room again. This time of communication and partnership here in Seoul will not be repeated. When we realize this, then we want to make the most of this time, to fill each moment with meaning, to make our time on earth worth while. Studying death is preparation for the inevitable. But it also is a study of how to live deeply, meaningfully, and fully, in good physical and spiritual health. Death Education is also Life Education—making us think about how we should live. This is the big reason that death education has become so important. I hope that this short speech has given you not only some useful ideas about educational planning, but also some inspiration or feelings about your own life and death. Thank you for the opportunity to meet you and speak with you today.

《Reference》

Aries, Philippe. *The Hour of Our Death*. New York: Knopf, 1981.

Badham, Paul, and Berger, Arthur. *Perspectives on Death and Dying*. Philadelphia: Charles Press, 1989.

Becker, Ernest. *The Denial of Death*. New York: Free Press, 1973.

Battin, Margaret. *Ethical Issues in Suicide*. Englewood Cliffs, NJ: Prentice Hall, 1982.

- Benoliel, J. Q. *Death Education for the Health Professional*. Washington, DC: Hemisphere, 1982.
- Berger, Arthur and Joyce. *To Die or Not to Die: Cross-disciplinary, Cultural, and Legal Perspectives on the Right to Choose Death*. New York: Praeger, 1990.
- Brock, Dan. *Life and Death: Philosophical Essays in Biomedical Ethics*. Cambridge: Cambridge University Press, 1993.
- Callahan, Daniel. *The Troubled Dream of Life: Living with Mortality*. New York: Simon & Schuster, 1993.
- Charmaz, K. *The Social Reality of Death: Death in Contemporary Society*. Reading, MA: Addison Wesley, 1980.
- Choron, Jacques. *Death and Western Thought*. New York: Collier, 1963.
- Corr, C.A. & D.M. *Hospice Care, Principles and Practice*. New York: Springer, 1983.
- Carse, James P. *Death and existence: a conceptual history of human mortality*. New York: Wiley, 1980.
- Durkheim, Emile. *Suicide: a Study in Sociology*; translated by John A. Spaulding and George Simpson. London: Routledge & Kegan Paul, 1970.
- Feifel, Herman. *New Meanings of Death*. New York: McGraw Hill, 1977.
- Feigenberg, Loma. *Terminal Care: Friendship Contracts with Dying Cancer Patients*. New York: Brunner/Mazel, 1980.
- Foucault, Michel. *Death and the Labyrinth: the World of Raymond Rousset*; translated from the French by Charles Ruas. Berkeley: University of California Press, 1987.
- Frankl, Viktor Emil. *Man's Search for Meaning; an Introduction to Logotherapy*. (Revision of From Death-Camp to Existentialism) tr. by Ilse Lasch ; preface by Gordon W. Allport. Boston: Beacon Press, 1962.
- Fulton, Robert. *Death and Identity*. Philadelphia: Charles Press, 1994.
- Gorer, Geoffrey. *Death, Grief, and Mourning in Contemporary Britain*. London: Ayer, 1987.
- Hick, John. *Death and Eternal Life*. New York: Harper & Row, 1976.
- Holck, Frederick. *Death and Eastern Thought*. Nashville, TN: Abingdon, 1974.
- Kalish, R. A. *Death, Grief, and Caring Relationships*. Monterey, CA: Brooks/Cole, 1981.
- Kastenbaum, Robert. *Death, Society, and Human Experience*. New York: Macmillan, 1991; *Between Life and Death*. New York: Springer, 1979; *Psychology of Death*. New York: Springer, 1992.
- Koestler, Arthur. *Dialogue with Death*. New York: Macmillan, 1983.

- Kubler-Ross, E. *On Death and Dying*. New York: Macmillan, 1969; *Death the Final Stage of Growth*. New York: Macmillan, 1975.
- Kutscher, Martin. *A cross-index of indices of books on thanatology*. New York: Arno Press, 1978.
- Ilich, Ivan. *The Limits to Medicine: Medical Nemesis: the Expropriation of Health*. Harmondsworth: Penguin, 1990.
- Leviton, D. *Horrendous Death, Health, and Well-Being*. Washington, DC: Hemisphere, 1991.
- Lincoln, Bruce. *Death, War, and Sacrifice: Studies in Ideology and Practice*. Chicago: University of Chicago, 1991.
- Metcalf, Peter, and Richard Huntington. *Celebrations of Death: the Anthropology of Ritual*. New York: Cambridge, 1991.
- Moody, Raymond Jr. *Life After Life: The investigation of a phenomenon, survival of bodily death*. New York: Bantam Books, 1986; *Reflections on Life after Life*. New York: Bantam Books, 1986.
- Morgan, J.D. *Personal Care in an Impersonal World: A Multidimensional Look at Bereavement*. Amityville, NY: Baywood.
- Neimeyer, R.A. *Death Anxiety Handbook*. Washington DC: Taylor & Francis, 1993.
- Parkes, C.M. *Bereavement: Studies of Grief in Adult Life*. London: International Universities Press, 1972.
- Reynolds, Frank. *Religious Encounters with Death: Insights from the History and Anthropology of Religions*. University Park: Pennsylvania State University Press, 1977.
- Samarel, N. *Caring for Life and Death*. Washington: Hemisphere, 1991.
- Saunders, C.M. *Care of the Dying. Hospice and palliative care: an interdisciplinary approach*. London: Edward Arnold, 1990; *Hospice care on the international scene*. New York: Springer, 1997; *Living with dying: a guide for palliative carers*. New York: Oxford University Press, 1995.
- Schneidman, E.S. *Death: Current Perspectives*. Palo Alto, CA: Mayfield, 1980; *Voices of Death*. New York: Bantam, 1982; *Definition of Suicide/* New York: Wiley, 1985.
- Toynbee, Arnold. *Life after Death*. New York: Weidenfeld and Nicolson, 1976.
- Umehara, Takeshi, *The Concept of Hell*, translated by Robert Wargo. Tokyo: Shueisha, 1996.
- Veatch, Robert. *Death, Dying, and the Biological Revolution*. New Haven: Yale Univ. Press, 1989.
- Wass, Hannelore & Corr, C.A. *Childhood and Death/Helping Children Cope with*

Death. Washington, DC: Hemisphere, 1984.

Worden, J. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer, 1991.

원고접수: 10월 18일 1차심사: 11월 9일 게재승인일: 12월 3일

연구자 소개

① 전공: 종교철학·죽음학 / 소속: 京都大學 교수

② 관심영역: 죽음, 종교, 임사경험

③ 주요논저: 《죽음의 경험-임사현상의 연구》, 《죽음이 가르쳐 주는 것》,
《죽는 순간의 메시지》

④ E-mail: cbecker@ip.media.kyoto-u.ac.jp
