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ABSTRACT

Dying, death, and bereavement do not occur in a social vacuum. How individuals and groups experience these phenomena will be largely influenced by the social context in which they occur. To develop an adequate understanding of dying, death, and bereavement we therefore need to incorporate a sociological perspective into our analysis. This article examines why a sociological perspective is necessary and explores various ways in which sociology can be of practical value in both intellectual and professional contexts. A case study comparing psychological and sociological perspectives is offered by way of illustration.

One of the founders of the discipline of sociology, Emile Durkheim, explored the relationship between religion, social control, and suicide rates in a book published in 1897. Following on from this key text, there has been a continuing engagement in sociological writings with dying, death, and bereavement (Aries, 1974, 1982; Bauman, 1992; Clark, 1993; Field, Hockey, & Small, 1997; Fulton, 1965; Fulton & Bendiksen, 1994; Howarth, 2007; Neimeyer, Klass, & Dennis, 2014; Walter, 1994). Bibliographies and reviews of published work looking back to the 1940s have captured something of the range and extent of this engagement (Fulton, 1976; Fulton & Reed, 1981; Walter, 1993). A sociological perspective is therefore not a new one. However, much of the work to be found in the multidisciplinary and professional literature on dying, death, and bereavement is of a largely psychological nature with a primary focus on the individual, with little or no reference to sociological factors. The reason for incorporating a sociological perspective is not to displace psychology but rather to complement it. A psychological approach that fails to take account of the wider social context is likely to produce an incomplete and distorted understanding of the human experience of illness and loss.

Death, dying, and bereavement are emotionally charged phenomena, and so it is understandable that a psychological approach to understanding these experiences has proven to be an attractive one. However, it is also important to recognize that emotions are sociological phenomena as well, in the sense that how emotions are conceptualized, experienced, and responded to will depend in large part on social processes and structures (Barbalet, 2002; Brabant, 2008; Frost & Hoggett, 2008; Hoggett & Thompson, 2012). For example, in addition to significant differences in emotional expression across cultures, there are gender differences—who expresses what emotion, in what context, and how they do it will owe much to socially inscribed expectations that are gender specific (Thompson, 1997). The work of Doka and Martin (2010) relates this more specifically to issues of loss by highlighting gender-related differences in patterns of grieving response.

Although there are clearly sociological considerations that we need to take into account in seeking to develop an adequate understanding of the emotional aspects of dying, death, and bereavement, there are also cognitive, behavioral, and spiritual aspects that need to be understood from a wider sociological perspective. This article cannot realistically offer a comprehensive review of how sociology can cast light on all these important issues, but our more modest aim is to identify a number of illustrative ways in which sociology can not only cast intellectual light on the field, but also offer important

insights that are of relevance at a pragmatic level in relation to (a) professional practice and (b) policy development, implementation and review.

Although it is recognized that there are often significant differences between sociology and psychology in terms of strategies for the generation of evidence-based knowledge in basic and applied research, these are beyond the scope of this article. It should be noted, though, that although our emphasis here is on the contribution of sociology as a holistic mode of thinking, it also has a strong tradition of empirical research.

The article is divided into three main sections. In the first we outline why it is essential to include sociology in developing multidisciplinary understandings of dying, death, and bereavement. In the second we focus more specifically on how sociology can have practical application (reflecting what is sometimes referred to as "clinical sociology"; Bruhn & Rebach, 2007). The third section reinforces the messages of the first two sections by providing a case study and analyzing it first from a psychological perspective and then from a sociological one. Dying, death, and bereavement do not occur in a social vacuum. How individuals and groups experience these phenomena will be largely influenced by the social context in which they occur. To develop an adequate understanding of dying, death, and bereavement we therefore need to incorporate a sociological perspective into our analysis. This article examines in some degree of detail why a sociological component is necessary and explores various ways in which sociology can be of practical value in both intellectual and professional contexts but cannot of course be comprehensive in its coverage of the potential sociological contribution. A case study comparing psychological and sociological perspectives is offered by way of illustration. In providing this worked example, we seek to demonstrate first that sociology has an important part to play, and second that it can complement psychological understandings without necessarily competing with them.

Why sociology?

Thompson (2012a) argues that everyone is a unique individual, but we are unique individuals in a social context. To neglect the social context can be just as problematic as neglecting what is unique and individual about each of us. It can give us a distorted picture that neglects key features of the circumstances. For example, how distress is commonly expressed in African Caribbean cultures has often been mistaken for symptoms of a psychotic disorder (Fernando, 2010). Looking at the individual in isolation without reference to the powerful influences of the social context can therefore contribute

to a process of pathologizing, reductively locating a behavior within the individual, rather than understanding it more holistically in terms of the interplay of a wide range of psychological and sociological factors.

By the same token, it would be unwise to deploy structural factors in a reductionist way, assuming that membership of a particular group, cohort, or category determines specific psychological characteristics or factors. Individual sets of circumstances need to be explored and researched individually, as it would be a misuse of sociological understanding simply to "read off" individual characteristics from sociological data. Developing an adequate understanding of human actions is not served by oversimplifying the complex interrelationships between psychological and sociological dimensions of human experience.

Emile Durkheim made the crucial point that society precedes each of us—that is, each human being is born into a pre-existing society (Durkheim, 1983). That society, and where precisely we are born into it, will have a huge bearing on our life experience, not least in the following terms:

- *Class and associated economic position*: Whether we are born into a rich family or poor, a rich society or poor, a society characterized by limited inequality or huge inequalities (Wilkinson & Pickett, 2010) will have immense and far-reaching consequences for us. *Life chances* is a sociological concept used to refer to the opportunities our social position opens up for us (or closes off for us). The range of life chances we have is largely determined by the country we are born in and by our position in relation to various social hierarchies, not least social class.

- *Gender*: Whereas sex (conventionally understood as whether we are male or female by chromosomes) is biological, gender (the social significance attached to whether we are male or female) is very much a sociological matter. The different meanings attributed to gender in different societies and cultures will have a powerful influence on the life experiences of both men and women. For example, a person born into a highly gender-stratified society will have different experiences from a person born into one that professes gender equality.

- *Race and ethnicity*: Discrimination on the grounds of ethnic group membership (based on socially constructed notions of the 'racial' inferiority of certain groups) is a commonplace in a wide range of societies. Which ethnic group (and whether it is a minority or majority group) we are born into will therefore have significant implications for various aspects of our lives.

This is not a comprehensive list, but it should be sufficient to establish the point that, in focusing on individuals in isolation we are neglecting highly significant sets of factors. These factors can be related directly to the field of dying, death, and bereavement, as much of the existing sociological literature illustrates: class (Bevan, 2002), gender (Riches, 2002), and ethnicity (Desai & Bevan, 2002; Rosenblatt & Wallace, 2005).

Sociology has retained from its earliest days a focus on social structures, a macrosociological approach, and a focus on everyday human social interactions and the study of small groups and social units within a larger social system, a microsociology approach. The interaction between these two approaches in areas like understanding social behavior and individual agency have been a central concern within the discipline and also feature in debates about how far sociology is congruent with approaches to individual action explored in social psychology and in social anthropology (see Garfinkel, 1984). A particular area in which the value of both approaches can be demonstrated is to think of the changes in social relationships that follow bereavement. Some of these are to do with one's social position in a macrosociological sense, one's social status as shaped by economic position, gender, age, and sexuality and some are to do with the microchanges in the social relationships one has with people you are close to. Most importantly, these two sorts of changes exist simultaneously and in interaction with each other: The way your family responds to your bereavement may ameliorate a sense of loss of status in the broader social domain, or societal assumptions about gender roles may inhibit your microsocial world adapting to the new circumstances experienced after loss.

The relationship between the individual and society is a longstanding feature of social science thinking, whether from a psychological perspective or a sociological one (Lawler, 2008). What is distinctive about a sociological perspective is that the relationship is conceptualized as an interactive and mutually transformative one – that is, the social context is not presented simply as a passive backdrop to psychological functioning. The social context can be seen to shape (not determine) individual actions and reactions – sociology asserts human agency (Archer, 2000) while recognizing the power of wider social structures.

Thompson (2010) explained this in the following terms:

> Sartre (1969) described human experience in terms of a mixing of coffee and cream, in the sense that, once the coffee and cream are combined, they become a new entity in their own right and cannot be separated out. This analogy applies to individuals in society: personal

and social factors merge together and cannot then be distinguished. The two sets of factors, unique personal ones and contextual social ones, become two sides of the same coin, in the sense that they are both aspects of the same reality. Unfortunately, much of the theoretical work about the individual in society has conceived of the individual in society in terms, not so much of coffee and cream, but rather of soup and bowl (Elkjaer, 2005). That is, a common oversimplification of human existence is to see the individual contained within society in the same way that soup is contained within a bowl, but the bowl does not become part of the soup and the soup does not shape the bowl. (p. 60)

This interactive perspective is important, not only because it shows how misleading it can be to examine individual circumstances without considering the social context, but also because it opens the door for sociology being an emancipatory undertaking—a focus for social amelioration efforts. That is, sociology has the potential for not only understanding society, but also changing it in a positive direction. It is this aspect of sociology that has been a feature of is approach since the inception of the term sociology by Auguste Comte in the first part of the 19th century. Comte's famous dictum was "Prévoir pour pouvoir" (to be able to predict is to be able to control) (Giddens, 1982). It is this approach that echoed Marx's saying that "The philosophers have only interpreted the world, in various ways; the point, however, is to change it" (Marx, 1845, reprinted in Marx & Engels, 1968). In the United States, C. Wright Mills described the "sociological imagination" as one that links the private problems of individuals with social issues. In making this link sociology embraces a critical sensitivity and an emancipatory remit (Wright Mills, 1959). This approach continues into this century.

French sociologist, Bourdieu (2006) argues that, "The function of sociology, as of every science, is to reveal that which is hidden. In so doing, it can help minimize the symbolic violence within social relations and, in particular, within the relations of communication" (p. 17). It is this capacity for identifying and exposing hidden assumptions that gives sociology its transformational potential.

Recognizing this transformational potential, Thompson and Thompson (2008) emphasize the importance of developing a critical approach. They posit the use of what they refer to as critical breadth and critical depth. They argue that a critical use of knowledge is one that

i.   does not accept the situation at face value and looks beneath the surface to see what assumptions and forms of reasoning are influencing the circumstances (critical *depth*); and

ii. locates what is happening in its broader social context—that is, sees what processes are

occurring at a micro level as part of a more holistic social and political picture at the macro level (critical breadth). (p. 26)

(See also Silfe, Reber, & Richardson, 2005; Silfe & Williams, 1995.)

However, critically raising awareness of social processes and institutions does not automatically produce social change. This is because there are also powerful social processes that support the maintenance of the status quo. An important concept in this regard is discourse, especially as used in the work of Foucault (1926–1984). Literally a discourse is a conversation, but it is used as a technical term to refer to a framework of meaning that shapes our understanding of the situation we are in and how we respond to it. Foucault describes how such frameworks of meaning become "regimes of truth," ways of understanding what is legitimate and what is not (see Faubion, 2000). There will be multiple truths, but the one that becomes labelled as "The Truth" will be arrived at as a result of the expression of power.

Foucault's two key ideas about power, developed in *Discipline and Punish* and in *The History of Sexuality* are captured in Hardt's (2010) comments:

In modern society there is no locus of power that dictates social order; rather, power functions in capillary form through decentred networks of institutions and apparatuses. Second, there is no "outside" to power, such that the subjects over which it rules are constituted by the functioning of power itself. (p. 1)

Foucault's work was strongly influenced by the 19th-century philosopher, Friedrich Nietzsche (1844–1900). Nietzsche's approach came to be known as *perspectivism*, based on the idea that all situations are perceived from a specific perspective, that there is no ultimate Truth (with a capital T) but only multiple truths. Such perspectives are not beyond social influence. In fact, each person's perspective can be seen to be filtered through a range of discourses; for example, a medical discourse that presents complicated grief as a form of mental disorder (Granek, 2013). Gender role expectations can also be understood as discourses, established frameworks of meaning that shape thoughts, feelings and actions.

An important contribution that Foucault's work has made is to help us understand that, although social influences are many and varied, they do not occur at random—they take the form of structured sets of meaning (i.e., discourses). So, although Marx's work on the strong influence of the economic structure has been of value, Foucault has taken our understanding further by showing that it is not only at the material economic level that social influences are brought to bear.

Foucault's ideas are not only of general interest, but also of particular value in understanding dying, death, and bereavement. For example, Powell (2011) describes a number of discourses relating to death:

The medieval *ars moriendi* applied to all, king and slave alike (Hawkins, 1990, p. 314); in 17th-century England, published deathbed accounts told Puritans the proper way to die; in the 19th century, magazines instructed the various social classes the appropriate length of mourning for particular categories of loss. What we find today is not a taboo, but a babel of voices proclaiming good deaths. (p. 354)

This can be extended to incorporate dominant approaches to thinking about dying, death, and bereavement (the stages approach, for example) that serve as discourses shaping professional practices, public understandings, and notions of what is legitimate or appropriate as personal or societal responses to loss.

Another important sociological issue to recognize is that grief is not only a phenomenon that needs to be understood in a sociological context, but also a matter that is sociological in and of itself (Kellehear, 2007). As Neimeyer et al. (2014) comment, grief is "not primarily an interior process, but one that is intrinsically social, as the bereaved commonly seek meaning in this unsought transition in not only personal and familial, but also broader community and even cultural spheres."

This reinforces the importance of making sure that sociological perspectives on dying, death, and bereavement are not excluded from consideration in terms of theory development, research, policy analysis, and professional practice.

As indicated, this is not a comprehensive review of the sociological underpinnings of dying, death, and bereavement, but it is to be hoped that it has been sufficient to demonstrate that, if we do not do justice to the complexities of social life that so clearly and powerfully impinge on our living and our dying, we present a distorted, one-sided picture of human experience.

Making use of sociology

In 1966, Rieff (1966) argued that a psychological (or "therapeutic") model of human affairs had become dominant in the United States. This line of argument has continued through, for example, the work of Furedi (2003) and Illouz (2008). Underpinning this approach is the idea that psychology is not only an academic discourse and an enterprise to learn about human affairs through the controlled observation and statistical treatment of data (for example, in relation to the efficacy of psychotherapy), but also a *Weltanschauung*, a window on the world that can help to answer practical, political and moral questions.

Sociology, by contrast, has tended to be viewed mainly as an academic discipline that provides data that can be used by economists, politicians, and others, but not as a basis of practical understanding in its own right. For example, the field of clinical psychology is well established and easily recognized as a basis for professional practice. The equivalent notion of clinical sociology (Bruhn & Rebach, 2007) is far less well established or recognized. Despite this, there are clear ways in which sociology can make a positive contribution at a practical level. The discussion of the case study in the next section highlights this.

However, before presenting the case study, it is helpful to explore some key sociological concepts and to consider the importance of a holistic perspective, before examining sociology as a mechanism for social amelioration.

Key sociological concepts

Space does not permit a comprehensive account of the wide range of sociological concepts that could be brought to bear within a practice situation. We therefore focus on four by way of illustration.

The first of these is discourse (introduced above). The concept of narrative is one that is widely used in the social and behavioral sciences. Its purview can range from an individual story which relates to the specific circumstances of the person concerned (a biographical narrative) to institutionalized frames of meaning that have major consequences in terms of the exercise of power (discourses). The reason discourses are so effective as channels of power is that they operate largely unnoticed, in the sense that they shape our sense of what is natural and normal. We subscribe to a discourse without even realizing that we are doing so—for example, different cultures reflect different discourses of mourning, with highly differentiated social responses to loss. In practice situations it can therefore be helpful to ask ourselves what discourses are operating, what frameworks of meaning and power are shaping people's understanding of the situation and their responses to it.

Power is also a sociological concept worthy of careful consideration in professional practice. This is because, as Foucault and others have argued, power is ever-present, a dimension of all our social interactions. Professionals exercising power (e.g., social workers) need to be aware of this if they are to ensure that their practice remains within ethical parameters. Examples would include issues related to the sharing of information and consent; making an assumption that the client/patient shares the same values as the dominant culture and acting without exploring values with the client/patient first; and professionals functioning as extensions of institutional interests instead of being advocates for clients/patients in institutional settings.

Our third key sociological concept is anomie (Durkheim, 2012). It refers to a sense of normlessness and is used to describe situations in which the social rules of behavior are unclear—for example, when there is a major social change which leaves people feeling lost, because their normal patterns of behavior are no longer acceptable and new ones have to be developed. People in a country being invaded by a hostile force would offer a clear instance of this, although less extreme examples are far more common (e.g., a student leaving the parental home to take up residence at a university at the beginning of an undergraduate degree program).

The field of dying, death, and bereavement is replete with examples of anomie, as the changes involved are quite likely to generate a strong sense of normlessness, an uncomfortable feeling of uncertainty that can add to distress. Anomie, then, is a sociological concept that can be of great value in informing practice interventions.

The fourth of our key concepts is that of alienation. Marx used this concept to refer to the alienation of labor – that is, the way the proletariat is required to sell its labor to survive in a capitalist economy. However, the term has been extended over the years to refer to a wide range of situations in which we are somehow separated from ourselves—made to feel "alien." Literally, to alienate means to make other, and therefore implies a degree of exclusion. Doka's concept of disenfranchised grief can be seen as a good example of alienation, insofar as instances of disenfranchisement separate the griever from the usual sources of social support that people receive in normal circumstances (Doka, 1989, 2002).

A holistic perspective

A *holistic perspective* is one that seeks to present the whole picture and not just one dimension of it. Sociology is very useful in this respect, because it enables us to see how small-scale micro interactions are linked to wider-scale macro processes, structures, and institutions. It therefore complements other approaches to understanding human experience and helps to locate them in a wider context.

The opposite of a holistic approach is *atomism*. This is a philosophical term that refers to the tendency to see individuals in isolation (as atoms) and not take account of the wider (coffee and cream) picture. There are a number of problems associated with atomism, including the tendency to pathologize (see above).

Professionals approaching practice situations without a holistic perspective run the risk of making the situation worse. For example, someone working with a man who

is grieving "instrumentally" who lacks awareness of gender differences in grieving styles (Doka & Martin, 2010) may assume that he is not grieving "properly" and may therefore put him under pressure to adopt a more expressive style of grieving, thereby potentially making his distress worse at a time when he is perhaps at his most vulnerable (Thompson, 2012b).

The holistic approach of sociology can complement the narrower focus of psychology. A key benefit of the latter is that it presents a clear focus for empirical research to establish evidence of sufficient precision and make use of experimental or quasi-experimental designs to produce unambiguous results. The main benefit of the former is that it can present and elucidate a range of psychological phenomena in a wider context that can add narrative richness to a research process. What this means is that there is a form of epistemological trade off between the narrower focus, but greater precision, of psychology and the wider, more holistic purview of sociology. Lazarus (2000) reflects this in contrasting the analytical style associated with the standard cause-and-effect research style of reductive science with the synthesis approach of writers such as Dewey (1894) rooted in "the effort to reconstruct the whole so that the phenomena under study are restored to the form in which they appear in nature" (pp. 667–668).

A foundation for social amelioration

One example of sociology's contribution to social amelioration would be the development of feminist theory, which has cast light on the oppressive consequences of gender inequalities (Sunderland, 2004) and made a significant contribution towards developing egalitarian policies and anti-sexist practices (Pascall, 2013).

Gender equality is just one example of where sociology has contributed to developing antidiscriminatory practice across the helping professions (Thompson, 2012a) as a contribution to social justice (Barry, 2005). Sociological insights have also contributed to challenging racism (Williams & Johnson, 2010), ageism (Thompson, 2005), and disablism (Barnes & Mercer, 2010). These antidiscriminatory insights can also be applied more specifically to the field of dying, death, and bereavement.

Sociological understandings can also contribute to social amelioration by casting light on such important matters as: the role of rituals; differences in how family members are treated by one another (including ex-partners, step-children, and so on); whether religious beliefs are reinforced or undermined by death; and how frameworks of meaning around loss can be shaped by social factors.

Sociological understanding can provide a basis for action by casting light on what needs to change. Sociology rarely offers definitive solutions, but it does provide us with important insights into social processes, structures, and institutions and thereby offers us a foundation for moving forward positively. Back (2007) emphasizes the positive potential of sociology when he argues that, "We live in dark times but sociology—as a listening art—can provide resources to help us through them, while pointing to the possibility of a different future" (p. 167). The recent emergence of the "Death Café" movement serves as an example of this.

A case study

The case study that follows is one previously used for examination purposes at a higher education institution. It is being used here to show how a sociological understanding of the situation adds an extra dimension to what conventional psychological wisdom tells us. In both the psychological and sociological responses outlined it is assumed for illustrative purposes that Joan wishes to receive help. It should also be noted that the discussion is not intended to be comprehensive in terms of either the psychological or sociological concepts that are being applied. Its purpose is purely to provide a practical illustration of how sociological understanding can cast light on both individual cases and the workings of the wider systems in which such cases are managed.

> Joan is a 56-year-old woman who has been diagnosed with advanced breast cancer. You are the spiritual care provider for the clinical area where Joan has received treatment off and on for the past three years, and you have spoken with her on a few occasions while she has been receiving chemotherapy. You see Joan as she enters into the chemotherapy area. She tells you that her goals now are to ensure that her husband doesn't need to "pick up the pieces" too much and that her two daughters will be "OK" when she is gone.

> Joan's oncologist has recommended that she enter a clinical trial for experimental drug therapy for advanced breast cancer. Joan tells you that she really doesn't want to undergo more aggressive treatment, but she is concerned that if she doesn't, her doctor will be offended that she does not want to follow his recommendations at this time. You know that this particular doctor rarely refers patients to palliative care, and it is apparent that he has not discussed the potentially harrowing and debilitating side effects that Joan could possibly experience with this experimental treatment, and these are her last days to share with her family.

> Joan's husband tends to hang back at the clinic. He tells you that he is doesn't "do" doctors and hospital settings, and he is struggling with the trips back and forth

between their farm and the hospital, concerned about leaving the animals and the work undone in order to come to the clinic appointments. You sense he feels intimidated in the clinical setting and is afraid to speak up for Joan.

A psychological perspective

Intense feelings of grief, including anxiety and depression, can be overwhelming for Joan as she enters the final stages of her life. Although her apprehensions over the well-being and future of her family need to be addressed, it would be prudent to first assess Joan's psychological and spiritual health so as to attain a better understanding of her most immediate needs. Adopting an interventionist approach, cognitive behavioral therapy (CBT) may be used for helping Joan to minimize her negative thoughts and behaviors, to identify her care preferences, to evaluate the pros and cons of accepting or refusing experimental treatment, as well as to arrive at a clear set of advanced care decisions that best reflect her wishes. Knowing that Joan would not be likely to agree to experimental treatment, communication skills training may be deemed appropriate for her to assert herself with her doctor and her medical staff, which may serve to enhance her sense of control and autonomy in the midst of terminal illness.

Upon resolving the practical issues with her care, the next logical step would involve working with Joan on her emotional and spiritual concerns. To relieve her fear and anxiety about the imminent prospect of death, life review intervention can prove invaluable for Joan as it enables her to re-examine the significant experiences and memories of her life, to rekindle the relationships that are most important to her, to resolve unresolved conflicts, and to reduce her sense of burden. Dignity therapy may be used in conjunction with life review, as it allows Joan to find meaning and re-establish her sense of self through revisiting her life narratives, and to create a generativity document that can be bequeathed to her family upon her passing. This will serve as an important relational object to comfort the family's grief throughout their bereavement.

Apart from working with Joan, it is important to help her husband to get in touch with his emotions and grief, as he may be ambivalent about his feelings towards his wife's mortality. Again, CBT can be used to assess his needs and psychological well-being, which in turn can offer directions for clinical interventions that assist him to resolve and come to terms with his sense of loss. Also, communication and assertive training can help him to assert himself and to speak up for Joan throughout her care. Support and expressive therapies may also be offered to Joan's two daughters, as they too may find it difficult to understand and cope with the complicated emotions of losing their mother. Finally, family therapy may be offered to Joan, her husband and their two daughters to facilitate the expression of appreciation, to reaffirm their love towards one and other, to achieve reconciliation, and to establish a continuing bond that transcends time and physical existence for healing the pain of death and loss.

A sociological perspective

Although Joan and her husband are struggling with the existential pain and suffering of dying and death, which need to be carefully addressed through psychological and spiritual support, it is evident that they are also faced with many challenges that are consequent on their receiving institutional care. Joan clearly does not want to pursue any more invasive experimental treatments as she approaches the end of life, yet, she is having a difficult time expressing her needs, as she fears that she would disappoint her attending doctor and that this could have an adverse effect on the quality of her care. Given that Joan and her husband are used to living a rural farm life, it is possible that they will struggle with the unfamiliar urban environment they find themselves in and the demanding culture of a hospital. They may feel they lack an acceptable language to communicate effectively their wishes and care preferences to hospital staff. Hence, empowering them through the transfer of knowledge on treatment options and outcomes become critical, as such can greatly enhance their sense of autonomy and dignity within an oppressive hospital environment.

Apart from instilling knowledge, there is also a vital need to actively involve Joan and her husband in care planning and decision making with Joan's doctor and medical staff. Although her attending doctor rarely refers patients to palliative care, despite this being what Joan seems to desire, this decision should not be based on his judgment alone. It should be the decision arrived at through the involvement of a multidisciplinary team comprising doctors, nurses, social workers, counselors, spiritual care providers, and Joan and her husband. Advocating for the involvement of other professionals in the clinical team allows for the possibility that the doctor's reluctance can be overcome by his colleagues who may bring different perspectives about Joan's care. In addition to offering a countervailing view within the professional team there also need to be family meetings that encompass discussion about advanced care planning and end-of-life decision making. This sort of setting is essential for promoting the voices of Joan and her husband, so that her formal caregivers can no longer

neglect and undermine their needs and concerns and have the opportunity more readily to appreciate and take into account what Joan and her husband really value at this point in their lives. In effect, family meetings can contribute to a discourse that helps to equalize power between all stakeholders involved, while reducing the apparent sense of alienation and exclusion that is felt by Joan's husband. Moreover, it is of utmost importance to cultivate a care partnership between Joan's family and their professional care team, one that promotes participation and collaboration, whereby the unique strengths of patient and family are respected and regarded as valuable resources to be incorporated into every level of care planning and delivery.

Furthermore, it is important to recognize the social-cultural-family dynamics between Joan, her husband and their two daughters, and how such dynamics are affecting their psychological well-being and quality of life. Although dying and death are bound to produce feelings of normlessness and helplessness, these feelings can be pronounced and exaggerated by being a rural farming family having to deal with the bureaucratic structures of healthcare institutions. Hence, it is imperative to explore Joan's family's values and belief system, to appreciate their unique experiences with illness and loss, and to identify the best possible interventions that are most fitting to their worldviews. Offering therapies that are commonly acceptable in the dominant culture without truly understanding their faith and conviction can prove detrimental to Joan's, her husband's and their daughters' psychosocial and spiritual well-being in the face of death and mortality.

It is also important to note that the case study does not provide information about aspects of social location, such as class or ethnicity. A sociological approach would seek to explore the potential significance of these factors in order to provide a more holistic perspective. Indeed, a key part of sociology is the recognition of the dangers of failing to consider how wider factors can make a major difference in terms of how individuals, families and groups are treated (Thompson, 2011, 2012a).

Commentary

Considering Joan's care using a sociological perspective has required an engagement with the sociological approach we have discussed above. Anomie captures that sense of being adrift in a strange land where the person(s) concerned are not sure of the rules and expectations, where they may feel alienated. The way individuals make sense of the world, and the way in which they communicate that sense, encounter different discourses. These are supported in the hospital by organizational and professional power that may make it difficult for people to shape, express, or have their own wishes listened to. We have discussed routes to empowering Joan by seeking the support of potential countervailing professional discourses, ones that might be more sympathetic to prioritizing her views. We have also talked about how giving Joan information and a forum to talk about and assimilate that information might help empower her. This process of facilitation and empowerment is central to the activist agenda that seeks amelioration and is central to the sociological approach.

But sociology is also concerned with broader social change. As we have seen, from Comte to Bourdieu and beyond, the sociological task includes considering the broader systems that have set the parameters for Joan's care. These should be critiqued—and changed—in such a way that Joan's anomie and her lack of an effective voice are not experiences shared by future patients in relation to their own end-of-life care. The bigger picture here concerns the discrimination and oppression that accompany differentials in social power. When the sociologist understands this, the task—to paraphrase Marx—is to change the system.

Conclusion

This article was developed to provide a clear picture of the role and significance of a sociological perspective on dying, death, and bereavement to complement a psychological approach in highlighting the key part played by wider social factors in shaping people's life experiences. The article has provided an overview of what sociology has to offer in broadening our understanding and thereby putting practitioners and policy makers in a stronger position to make sense of the range of factors they are dealing with.

Sociological perspectives are often omitted from attempts to understand, and respond to, the challenges of dying, death, and bereavement, thereby risking distorting the picture needed for a holistic view of the field. We hope that this article can play a part in making the case for sociological understandings to be incorporated into intellectual and professional approaches to this important area of human experience.

Acknowledgments

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