

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/354353346>

Thanatophobia and its Treatment Using Neurolinguistic Programming

Article · September 2021

CITATIONS

0

READS

2

8 authors, including:



[Fahli Hadi](#)

State Islamic University of Sultan Syarif Kasim Riau

11 PUBLICATIONS 2 CITATIONS

SEE PROFILE

Thanatophobia and its Treatment Using Neurolinguistic Programming

Ifdil Ifdil, MPD, PhD, Kons,* Nilma Zola, SPD,† Yola E. Putri, SPD,‡ Mubammad Fabli Zatrabadi, MPD,‡ Darmawati Darmawati, MIKOM,‡ and Zadrian Ardi, MPD, Kons*

Abstract

One of the main priorities of every individual is a comfortable life; however, there are situations that sometimes make this hard to achieve, and an example of this is a condition known as thanatophobia. This is usually experienced among humans and has to do with an excessive fear of death. People experiencing thanatophobia need the required intervention to live a normal life, and a major method of achieving this is by using neurolinguistic programming, which is an appropriate means of controlling the condition. This is a single-subject study involving 4 respondents with high and very high levels of thanatophobia, with the use of Depression Anxiety Stress Scale and observation sheets as the recording instruments. The data analysis was conducted through Wilcoxon signed-rank test and visual representation. The results showed that neurolinguistic programming has the ability to reduce the level of thanatophobia in humans.

Key Words: thanatophobia, neurolinguistic programming, Depression Anxiety Stress Scale, single-subject research

(*Addict Disord Their Treatment* 2019;00:000–000)

Death is an inevitable condition experienced by every individual. Furthermore, considering the fact that death is considered as a part of the life cycle,¹ it is very important to understand its inevitability. Every individual would face death at a particular point in life, and, despite having a foreknowledge of this truth, there is still a general phobia that people show toward death,^{2,3} in any part of the world irrespective of age. This phobia could be described as feeling anxious or worried about the thought of death, including anything that is linked with it.⁴

The fear of death is a common feeling in humanity, which is the root of all anxieties.⁵ Humans are the only species aware of the limitations of life through death. Moreover, the problem about death anxiety is not just about the

fear but the psychological changes it brings. There are 5 different stages of experience by an individual with end-of-life illness (and these are): (i) a denial that death is primary, (ii) anger and hatred that others will live, (iii) bargaining to overcome death, (iv) depression upon acknowledging the inevitability of death, and (v) acceptance.^{6,7}

According to Sinoff, this anxiety associated with fear of death is called thanatophobia. On the basis of the Diagnostic Criteria for Psychosomatic Research (DCPR), thanatophobia is one of the phobia syndromes for death.⁸ It is characterized as a fear of body condition after death, and fear of time lost, fear of suffering, fear of the unknown, and fear of being lonely.

People generally experience thanatophobia due to the lack of high self-esteem, religious beliefs, good health, satisfaction in life, intimacy with family and friends, and fighting spirit.⁹ Several things could cause thanatophobia, which includes personal, cultural, social, and philosophical belief systems.^{3,10} Other factors that could contribute to thanatophobia include psychological conditions, sex, age, beliefs, and fear of the unknown after death.¹¹ In summary, thanatophobia is the inability of individuals to regulate their thoughts and feelings, which then impacts on their mental health in the form of stress, anxiety, and depression.^{12,13}

The neurolinguistic programming (NLP) is an approach often used in studying the operational world as the internal influences the external world. Hence, the basic principle is to condition and program one's internal world to get the desired results in the external.¹⁴ More so, NLP is a personal communication and development approach that

From the *Department of Guidance and Counseling, Faculty of Education, Universitas Negeri Padang; †Indonesian Institute for Counseling, Education, and Therapy, Padang, West Sumatera; ‡Faculty of Dakwah and Communication, Sultan Syarif Kasim II State Islamic University, Riau, Indonesia.

I.I. is a licensed counselor at the Indonesian Counselors Association and a private counselor, a professional in mental health counseling, crisis counseling, and internet addiction intervention. The remaining authors declare no conflict of interest.

Reprints: Ifdil Ifdil, MPD, PhD, Kons, Department of Guidance and Counseling, Faculty of Education, Universitas Negeri, Padang Jl. Prof. Dr. Hamka, Air Tawar Padang, West Sumatera 25131, Indonesia (e-mail: ifdil@konselor.org).

Copyright © 2019 Wolters Kluwer Health, Inc. All rights reserved.

focuses on how individuals manage their thoughts, feelings, and language. It has the capacity to improve one's mental health, fosters a better understanding of the mind, and helps in reframing perspectives related to mental health.¹⁵ Therefore, NLP is a means through which thanatophobia can be controlled to a minimal level.

METHODS

This is a single-subject study using 4 respondents with high and very high levels of anxiety. The ABAB study design was used in the study, represented by Baseline (A1)—Intervention (B1)—Baseline (A2)—Intervention (B2).^{16,17} The first step was the collection of target data behavior in the first baseline (A1), with the use of Depression Anxiety Stress Scale and observation sheets.^{18–25} The Depression Anxiety Stress Scale sheet uses 5 categories: normal (0 to 4); low (5 to 6); moderate (7 to 8); high (9 to 10), and very high (11+). Upon having stable data in the baseline condition, intervention (A1) is given. The data collected under the intervention conditions was conducted until there were a clear trend and level; thereafter, each baseline condition (A1) was repeated on the same subject. The data analysis was mainly the Wilcoxon signed-rank test and visual representation. The data for this research can be accessed at the Open Science Framework.

RESULTS AND DISCUSSION

The measurements of the levels of thanatophobia are carried out 3 times in the baseline phase (A1), then 3 times in the intervention phase (B1), and, also, 3 times in the next baseline phase (A2). The estimated change in the direction shown in the baseline phase (A1) directs the trend and is stable with the median value of 8 at the beginning of the observation until the end of the baseline (A1), thereby increasing intervention phase (B1). Although the average value of 8 drops to 5, the trend of baseline phase (A2) shows a steady decline to the median number 3. The condition of the

thanatophobia at the end of the baseline was 8, 5 at the beginning of the experiment and then declined accordingly to 3 on the second baseline hangover (A2). This is an indication that the more the intervention given, the lower the target behavior. Therefore, the thanatophobia client needs more help and care in overcoming the condition.

When calculated on baseline (A1), in the last session of measurement, the value was 8 and, in the first session on intervention conditions (B1), it was 5; thereafter the difference between the last baseline and the initial treatment data points was 2. This means that the changes reduce the target behavior, and the positive (+) value is an indication of improvement, or the treatment was effective in reducing the severity of the client's thanatophobia condition.

Death anxiety is influenced by awareness and the ability to reflect on death.²⁶ Mainly in patients with generalized anxiety disorder, psychological factors account for more thanatophobia or death anxiety. Stress as a result of unresolved psychological and physical conditions underlie this state of anxiety.²⁷ The implementation of post hoc analysis has been used to establish a unique relationship between pessimism and fear of the unknown. Therefore, given the inevitability of death, the mindset with negative expectations is more prominent in causing death anxiety than positive expectations.²⁸

NLP is a technology that helps to study an individual's internal structure and how these structures can be designed for the benefit of individuals.²⁹ NLP places emphasis on the fact that human behavior comes from neurological processes. In addition, the broad spectrum of human behavior is mediated and regulated by human language.³⁰ The importance of NLP is the fact that the programming collects individual's skills on the basis of psychological characteristics, which allows the use of those personal abilities as much as possible.³¹

The change process in NLP involves designing or redesigning one's internal structure to the desired state, which is referred to as modeling.^{14,32,33} The implication of this is that an internal model not useful to an individual, or not as the

person wishes, can be remodeled to more beneficial ones. NLP also helps patients to foster better understanding and thinking patterns, and in reframing one's perspectives with respect to mental health. However, thanatophobia experienced by these patients can; be controlled and eliminated through NLP.

CONCLUSIONS

Death is a condition that is inevitable and certain to happen to every human being; however, this inevitability becomes a general source of fear and anxiety. Death anxiety or thanatophobia is experienced at the thought of death, or anything relating to it. However, it can be cured using NLP treatments. The results showed that NLP is effective in reducing thanatophobia in clients. We recommend to all practitioners who deal with psychological problems to have competences, skill, and certificates in NLP.

ACKNOWLEDGMENTS

The authors are very grateful to the therapists and all cotherapists working at the Indonesian Institute for Counseling, Education and Therapy for their performance in implementing the treatment and completion of this paper. This paper is useful for future counseling and psychotherapist services.

REFERENCES

1. Wong PT, Tomer A. *Beyond Terror and Denial: The Positive Psychology of Death Acceptance*. London: Taylor & Francis; 2011.
2. Lehto R, Stein K. Death anxiety: an analysis of an evolving concept. *Res Theory Nurs Pract*. 2009;32:23–41.
3. Peters L, Cant R, Payne S, et al. How death anxiety impacts nurses' caring for patients at the end of life: a review of literature. *Open Nurs J*. 2013;7:14.
4. Sinoff G. Thanatophobia (death anxiety) in the elderly: the problem of the child's inability to assess their own parent's death anxiety state. *Front Med (Lausanne)*. 2017;4:11.
5. Rowa K. *Thanatophobia (Fear of Death)*. In: Milosevic I, McCabe RE, eds. *Phobias: the Psychology of Irrational Fear*. Santa Barbara: *The Psychology of Irrational Fear*. ABC-CLIO; 2015:371.
6. Neimeyer RA. *Death Anxiety Handbook: Research, Instrumentation, and Application*. London: Taylor & Francis; 2015.
7. Castano E, Leidner B, Bonacossa A, et al. Ideology, fear of death, and death anxiety. *Political Psychol*. 2011;32:601–621.
8. Desai G, Chaturvedi SK. Do diagnostic criteria for psychosomatic research explain diagnosis of medically unexplained somatic symptoms? *Psychother Psychosom*. 2016;85:121–122.
9. Balasubramanian C, Subramanian M, Balasubramanian S, et al. "Thanatophobia": physician's perspective of dealing with patients with fear of death. *J Nat Sci Biol Med*. 2018;9:103–104.
10. Meliones J. Saving money, saving lives. *Harv Bus Rev*. 2000;78:57–65.
11. Wen Y-H. Religiosity and death anxiety. *J Hum Res Adult Learn*. 2010;6:31.
12. Alizamar A, Ifdil I, Fadli RP, et al. The effectiveness of hypnotherapy in reducing stress levels. *Addict Disord Treat*. 2018;17:191–195.
13. Ifdil I, Bariyyah K. The effectiveness of peer-helping to reduce academic-stress of students. *Addict Disord Treat*. 2015;14:176–181.
14. Ready R, Burton K. *Neuro-linguistic Programming for Dummies*. West Sussex: John Wiley & Sons; 2010.
15. Kotera Y, Van Gordon W. Japanese managers' experiences of neuro-linguistic programming: a qualitative investigation. *J Ment Health Train Educ Pract*. 2019;14:174–185.
16. Richards SB. *Single Subject Research: Applications in Educational Settings*. Cengage Learning; 2018.
17. Hammond D, Gast DL. Descriptive analysis of single subject research designs: 1983–2007. *Educ Train Autism Dev Disabil*. 2010;45:187–202.
18. Covic T, Cumming SR, Pallant JF, et al. Depression and anxiety in patients with rheumatoid arthritis: prevalence rates based on a comparison of the Depression, Anxiety and Stress Scale (DASS) and the hospital, Anxiety and Depression Scale (HADS). *BMC Psychiatry*. 2012;12:6.
19. Shea TL, Tennant A, Pallant JF. Rasch model analysis of the Depression, Anxiety and Stress Scales (DASS). *BMC Psychiatry*. 2009;9:21.
20. Szabó M. The short version of the Depression Anxiety Stress Scales (DASS-21): factor structure in a young adolescent sample. *J Adolesc*. 2010;33:1–8.
21. Randall D, Thomas M, Whiting D, et al. Depression Anxiety Stress Scales (DASS-21): factor structure in traumatic brain injury rehabilitation. *J Head Trauma Rehabil*. 2017;32:134–144.
22. Sinclair SJ, Siefert CJ, Slavlin-Mulford JM, et al. Psychometric evaluation and normative data for the Depression, Anxiety, and Stress Scales-21 (DASS-21) in a nonclinical sample of US adults. *Eval Health Prof*. 2012;35:259–279.
23. Vignola RCB, Tucci AM. Adaptation and validation of the depression, anxiety and stress scale (DASS) to Brazilian Portuguese. *J Affect Disord*. 2014;155:104–109.
24. Oei TP, Sawang S, Goh YW, et al. Using the Depression Anxiety Stress Scale 21 (DASS-21) across cultures. *Int J Psychol*. 2013;48:1018–1029.
25. Patrick J, Dyck M, Bramston P. Depression Anxiety Stress Scale: is it valid for children and adolescents? *J Clin Psychol*. 2010;66:996–1007.
26. Tong E, Deckert A, Gani N, et al. The meaning of self-reported death anxiety in advanced cancer. *Palliat Med*. 2016;30:772–779.
27. Kavas MV, Öztuna D. Thanatophobia in medical students: Approach to Death and Dying Patients Attitude Scale (ADDPAS) for undergraduate years in medicine. *J Cancer Educ*. 2011;26:774–781.
28. Barnett MD, Anderson EA, Marsden AD. Is death anxiety more closely linked with optimism or pessimism among older adults? *Arch Gerontol Geriatr*. 2018;77:169–173.

29. Biswal R, Prusty B. Trends in neuro-linguistic programming (NLP): a critical review. *Soc Sci Int.* 2011;27:41–56.
30. Zaharia C, Reiner M, Schütz P. Evidence-based neuro-linguistic psychotherapy: a meta-analysis. *Psychiatr Danub.* 2015;27:353–363.
31. Sahebalzamani M. Efficacy of neurolinguistic programming training on mental health in nursing and midwifery students. *Iran J Nurs Midwifery Res.* 2014;19:503–507.
32. Walker L. *Consulting With NLP: Neuro-linguistic Programming in the Medical Consultation.* Abingdon: CRC Press; 2017.
33. Grinder J, Pucelik F. *The Origins of Neuro Linguistic Programming.* Bethel: Crown House Publishing; 2012.