

Death and Dying

Development Across the Life Span

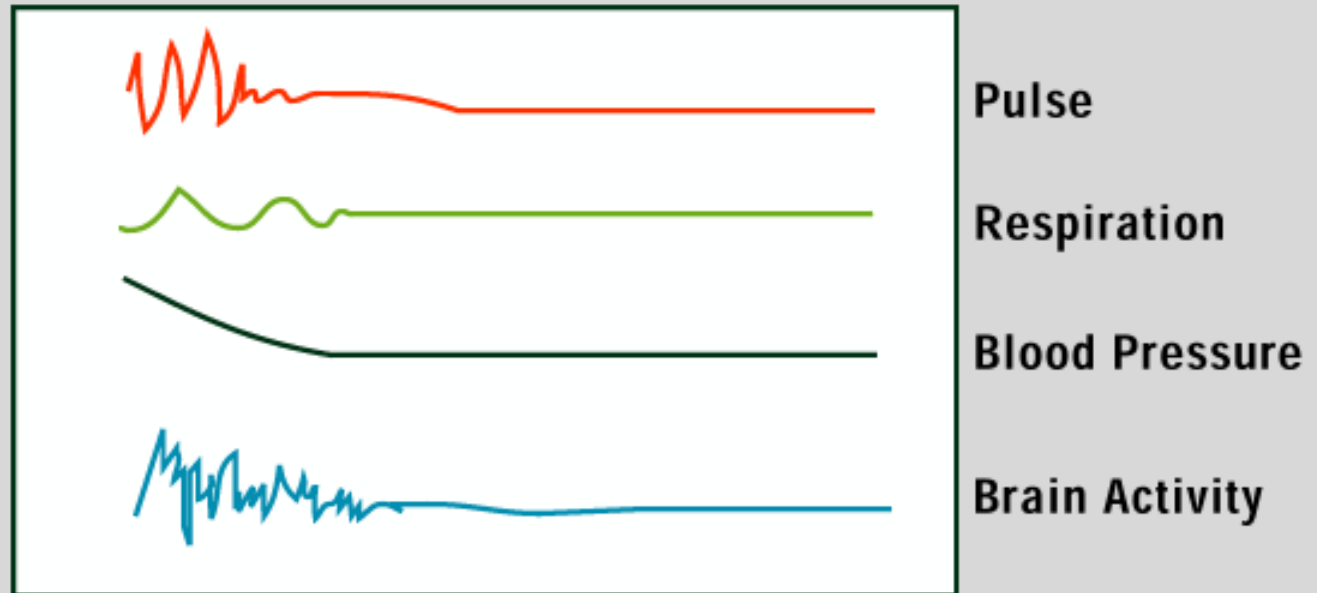
- Death is a universal experience, one that we will all eventually face
- Despite this, the topic has only recently begun to be studied by developmental psychologists
- Some things that are being explored:
 - What is death, and what does it mean at different life stages?
 - How do people face the idea of their own death?
 - How do survivors react to death?
 - How can people prepare for and cope with death?

Defining Death: Determining the Point at Which Life Ends

- Defining death is a complex process.
- Medicine's definition changes; people who would have been considered dead a few years ago now would be considered alive
- **FUNCTIONAL DEATH** *is the absence of a heartbeat and breathing.*
- **NOT** as straightforward a definition as it seems!
 - People can be resuscitated after they have stopped breathing.
 - People can be kept alive by a machine

Because of the vagueness of what “functional death” is, medical doctors now use brain functioning to determine death

- **BRAIN DEATH**, *where brain activity is measured, has become the medical measure of death (no possibility of restoring brain function).*
- There is still some question about using only brain waves as the death definition.
- It emphasizes only biology not the qualities that make people human (thinking, feeling, etc.).



- Unreceptive and Unresponsive
- No Movements and No Breathing
- No Reflexes
- A Flat Electroencephalogram (EEG)
- No Circulation to or within Brain



Death Across the Lifespan: Causes & Reactions

- **We associate death with old age, but death occurs throughout the life span.**
- **Infant and Childhood Deaths: the US has a high infant mortality rate.**
 - **Parents dealing with infant death have a very hard time and depression is a common reaction.**
 - **Prenatal death (Miscarriage) is also difficult, especially since others do not attribute much meaning to a miscarriage so parents feel isolated.**

- In **SUDDEN INFANT DEATH SYNDROME (SIDS)**, *a seemingly healthy baby stops breathing and dies.*
- **SIDS usually strikes between 2-4 months, suddenly.**
- **There is no known cause for SIDS so parents often feel intense guilt (and acquaintances may be suspicious).**
- **Accidents are the most frequent cause of death in childhood but there are a substantial number of homicides (4th leading cause of death between ages 1 & 9).**
- **For parents the loss of a child is profound.**

- Children do not have a realistic view of death.
- Before age 5, children see death as temporary, like sleeping.
 - Possibility of waking up (like Sleeping Beauty)
- Misunderstanding may have emotional consequences
 - Kids may blame themselves, their behavior
- By age 5 children have begun to accept death as universal and final.

Death in Adolescence

- **Adolescents' views of death are also unrealistic & often highly romantic.**
 - **Personal Fable (beliefs that they are unique & special) lead to a sense of invulnerability**
- **The most frequent cause of adolescent death is accidents (usually motor vehicle)**
- **Other frequent causes include homicide, suicide, cancer, AIDS**
- **Adolescents tend to feel invulnerable so confronting a terminal illness can be difficult; they often feel angry and "cheated".**

Death in Young Adulthood

- **Death in young adulthood is particularly difficult because it is the time in life when people feel most ready to begin their own lives.**
- **Young adults facing death have several concerns.**
- **Developing intimate relationships and one's sexuality.**
- **Future planning (e.g., marry or not? have children?).**
- **Like adolescents, young adults are outraged at impending death and may direct anger toward their care providers.**

Death in Middle Adulthood

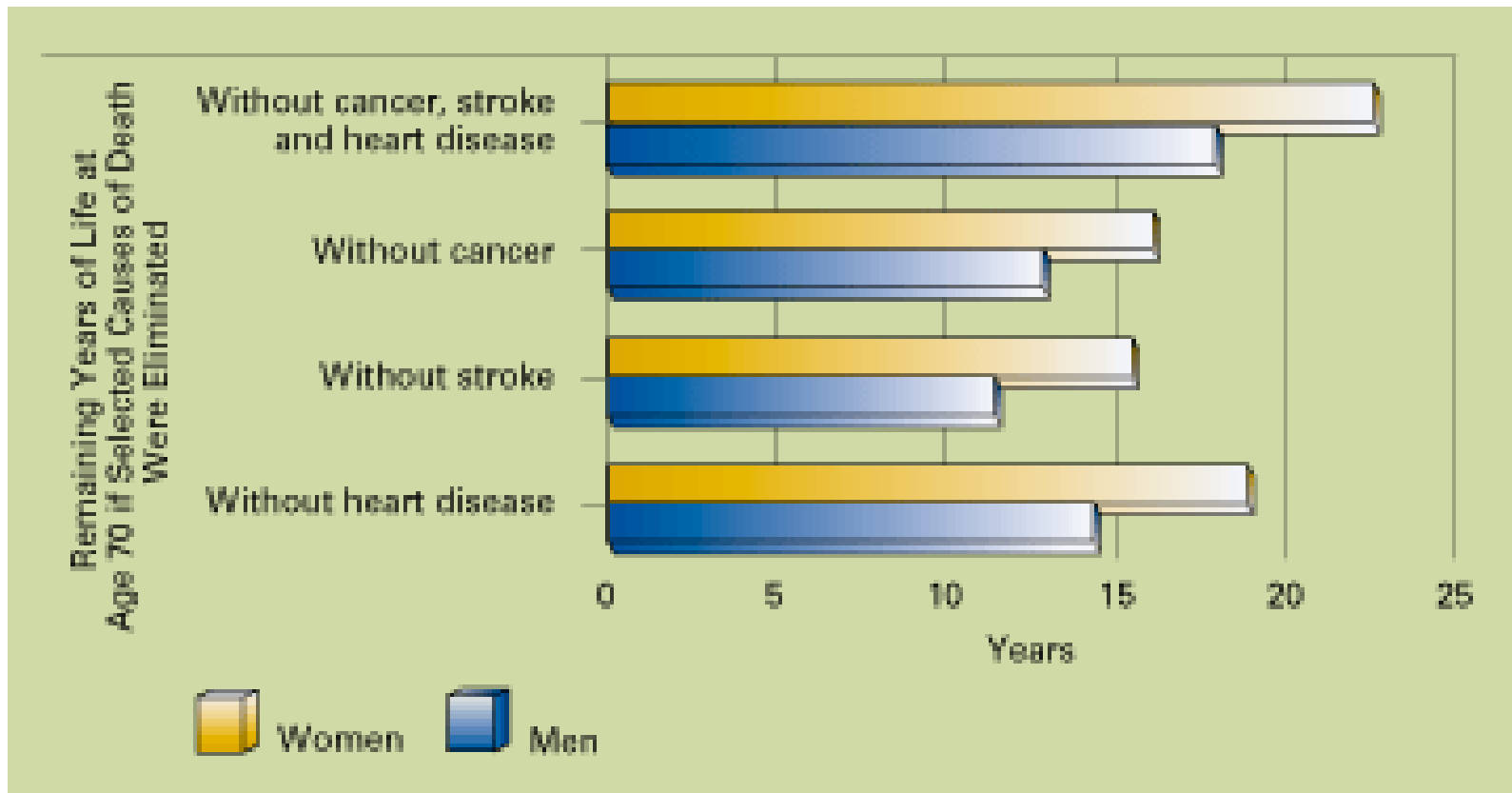
- Life-threatening disease is the most common cause of death in middle-aged adults.
- These adults are more aware and accepting of death but also have a lot of fears (more than any other time in lifespan).
- Most frequent causes are heart attack or stroke - both of which are sudden

Death in Late Adulthood

- The prevalence of death and losses around older adults makes them less anxious about dying than at any other time of life.
- Suicide rate increases with age for men.
- Caucasian men over age 85 have the highest rate of suicide.
- A major issue for seniors with a terminal disease is whether their lives still have value and how much of a burden they are.

Adding Years

If the major causes of death in late adulthood were eliminated, the average 70-year-old would live another 7 years.

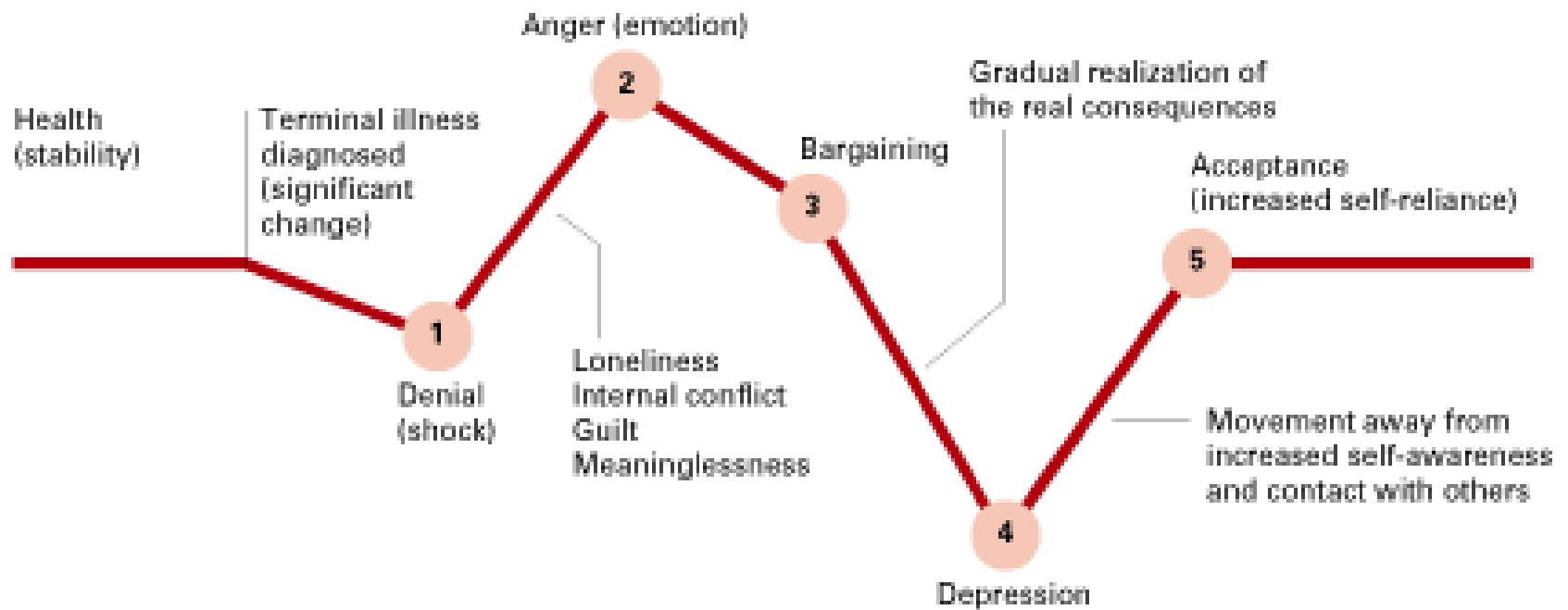


- **Most people know when they are dying; it is caretakers who tend to have more difficulties communicating about it.**
- **Research shows that physicians usually prefer to avoid telling dying patients that their illnesses are terminal**
- **Not all people want to know the truth about their condition or know they're dying**
- **Individuals react to death differently, in part due to personality factors**
 - **A high general anxiety level has been linked to a higher concern about death**
 - **Cultural differences**

The Stages of Death: Understanding the Process of Dying

- No researcher has had a greater influence on our understanding of death and dying than Elizabeth Kubler-Ross
 - Her stage theory of death and dying was created from extensive interviews with people that were dying and those that cared for them
- A. Elisabeth Kubler-Ross identified five stages of coping with death.

Moving Toward the End of Life



**The steps toward death, according to
Elizabeth Kubler Ross (1975)**

Kubler-Ross' 5 stages of death

1) *Denial*

- Denial is resisting the whole idea of death ("No I'm not or she's not").
- Denial is a form of defense mechanism to allow one to absorb difficult information at one's own pace

2) *Anger*

- "Why me/her?" "Why not you?"
- In this stage people may be very difficult to be around.

3) *Bargaining*

- At this stage individuals are trying to negotiate their way out of the death.
- Typically, people try to "make deals" with God.
- Sometimes the bargain creates an event or date until which the person can hold on to (such as a grandchild's wedding, or a 100th birthday).

(Kubler-Ross' 5 stages of death, continued)

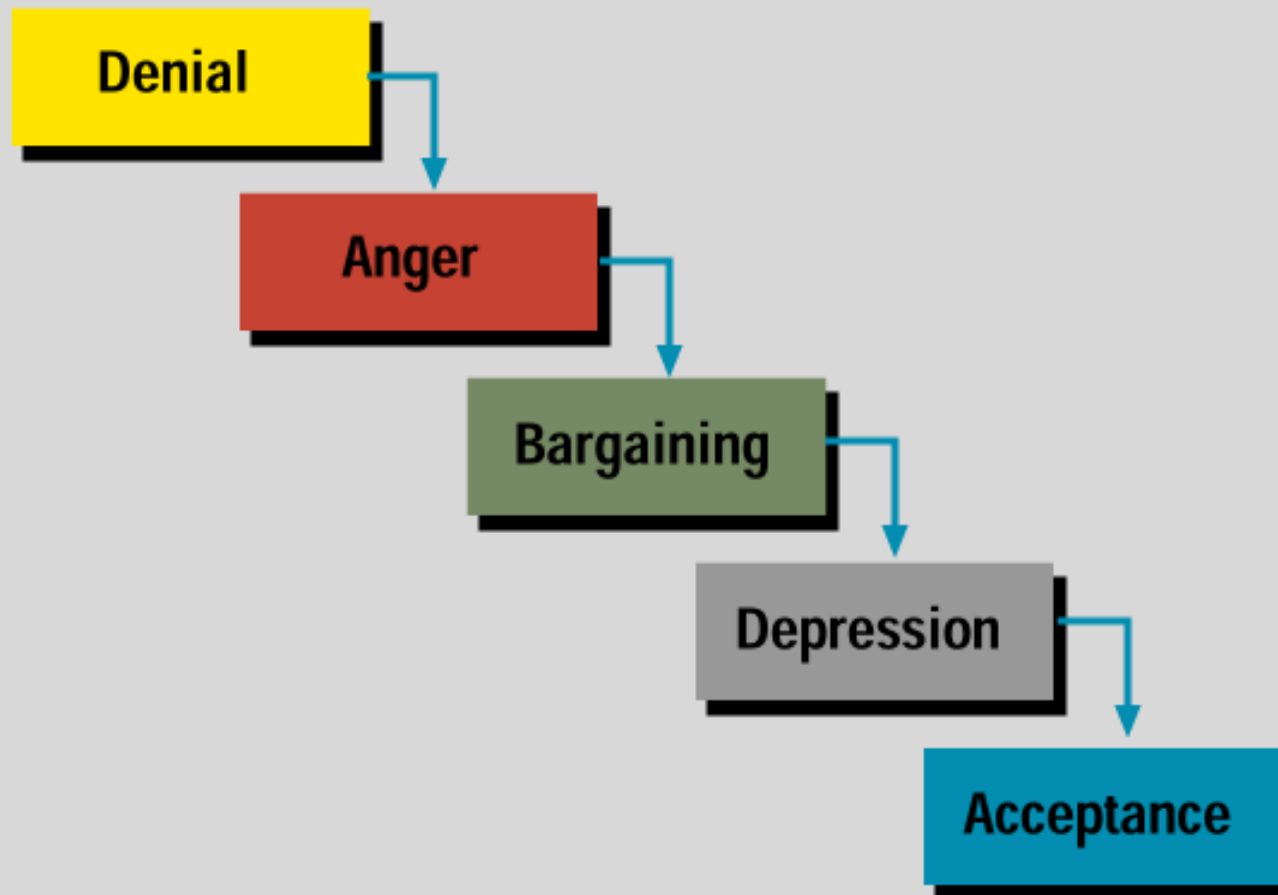
4) *Depression*

- The individual at this stage is overwhelmed by a deep sense of loss.
- *Reactive depression* is a type of depression based on what has already occurred, such as loss of dignity, health, etc.
- *Preparatory depression* is the anticipation of future losses, such as the loss of a relationship.

(Kubler-Ross' 5 stages of death, continued)

5) Acceptance

- People are fully aware that death is impending
- In this stage individuals near death make peace with death and may want to be left alone.
- Persons in this stage are often unemotional and uncommunicative.



Criticisms of Kubler-Ross's model

- The theory does not apply to people who are not sure they are going to die - when the prognosis is ambiguous.
- The stages are not universal, nor do people go through them in progression.
- Anxiety, especially about pain, is omitted in her stages and this is an important concern for cancer patients.
- There are still a lot of differences in peoples' reactions to death related to family, culture, finances, personality, etc.

However, Elisabeth Kubler-Ross is still influential and is credited with being the first person to bring the phenomenon of death into public awareness.

Choosing the way one dies: people now have choices

- The letters "DNR" (Do Not Resuscitate) mean that medical personnel should not go to extraordinary or extreme efforts to save the terminally ill patient.
- The terms "extraordinary" or "extreme" are difficult to define.
- No one likes to make this decision.

- It is sometimes difficult to get medical personnel to follow these directives
 - Claim unawareness of wishes
 - Intentionally left off chart by medical doctors
- Survey of dying patients
- 1/3 asked not to be resuscitated, but only only 47% of physicians reported knowing their patients wishes
- Only listed on the charts of 49% of patients

To gain more control over decisions regarding their death, increasing numbers of people are signing living wills

- **LIVING WILLS**, *legal documents designating what medical treatments people want or do not want if they cannot express their wishes are a method of letting people gain control over their deaths.*
 - Often comas are not covered, since they may be considered "non-terminal".
 - Some living wills specify a *health-care proxy* to act as a person's representative in making health-care decisions.

MY LIVING WILL

TO MY FAMILY, MY PHYSICIAN, MY LAWYER
AND ALL OTHERS WHOM IT MAY CONCERN

Death is as much a reality as birth, growth, maturity and old age—it is the one certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

Optional specific provisions to be made in this space.

DURABLE POWER OF ATTORNEY (optional)

I hereby designate _____ to serve as my attorney-in-fact for the purpose of making medical treatment decisions. This power of attorney shall remain effective in the event that I become incompetent or otherwise unable to make such decisions for myself.

Optional Notarization:

"Sworn and subscribed to before me this _____ day of _____, 19____."

Notary Public
(seal)

Signed _____
Date _____
Witness _____
Address _____
Witness _____
Address _____

Copies of this request have been given to _____

(Optional) My Living Will is registered with Concern for Dying (No. _____)

A Living Will

(Choosing death, continued)

- ***Assisted suicide*** is a death in which a person provides the means for a terminally ill patient to commit suicide.
- Dr. Jack Kevorkian is best known for this role and has been prosecuted in the U.S.
- Laws are more accepting in other countries.
- Assisted suicide is one form of **EUTHANASIA**, *the practice of assisting terminally ill people to die more quickly.*
- **Euthanasia is highly controversial since it centers on decisions about who should control life.**

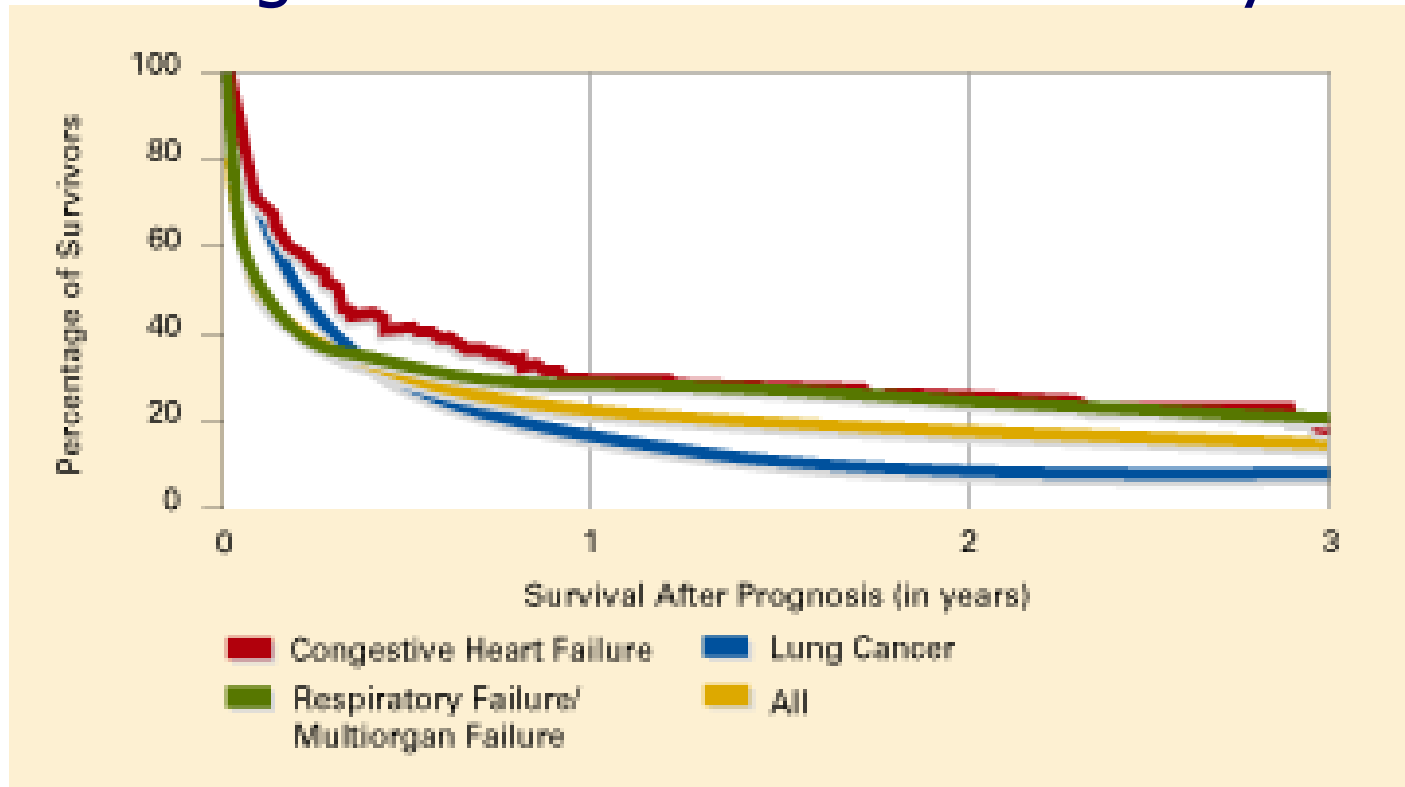
	Passive	Active
Voluntary	Patient asks that no extraordinary care be given	Patient asks to be helped to die (Mercy Killing?)
Involuntary	An adult other than patient requests that no extraordinary care be given	An adult other than the patient asks for steps to be taken to end patient's life



Decisions About Ending Life...

- Some people argue that we should have the absolute right to be in control of our own lives
 - Freedom as an ideal in our society
 - Absolute right to create life (creating children), why not ending own?
- Opponents
 - Morally wrong
 - Physicians are not accurate in predicting outcomes
 - SUPPORT Study, next slide

How Long Do “Terminal” Patients Really Live?



SUPPORT study: A significant percentage of a group of 3,693 patients told they had no more than a 50% chance of living for 6 months survived well beyond this period. Why do you think this happened?

Caring for the terminally ill: The Place of Death

- Most people in the United States die in hospitals.
- For the terminally ill, hospitals may not be the best places to die.
- Hospitals are impersonal, expensive, and designed to make people better and many people die alone.

Several alternatives to hospitalization have become increasingly popular in the last few decades...

- In **HOME CARE**, *an alternative to the hospital, people stay in their homes and receive comfort and treatment from their families and visiting medical staff.*
- Many people prefer to die in familiar surroundings with the people and things they have loved around them.
- Home care can be very difficult for the family.

→ **HOSPICE CARE**, *care provided for the dying in institutions devoted to those who are terminally ill.*

- **The term "hospice" comes from the middle ages where hospices were places that provided comfort and hospitality to travelers.**
- **The focus of hospice care is not to try and cure patient, but to make their final days pleasant, meaningful, and pain free.**
- **Some hospice workers allow the terminally ill to live at home.**
- **Research shows that hospice patients seem to be more satisfied with their care than hospital patients.**

Grief and Bereavement

- ~ After the death of a loved one, a painful period of adjustment follows, involving bereavement and grief
- **BEREAVEMENT** *is the acknowledgment of the objective fact that one has experienced a death.*
- **GRIEF** *is the emotional response to that loss*

There are some general stages people in Western societies go through in adjusting to loss.

- **The first stage typically entails shock, numbness, disbelief, or outright denial.**
 - **Can be beneficial allows a person to function in coping with death (funeral, etc.) without being overwhelmed.**
- **In the second stage, people begin to confront the death and fully realize the extent of their loss.**
 - **They fully experience their grief and yearn for the individual.**
 - **Eventually the person moves through the pain and depression to a realistic review of the relationship and start to let go.**

- **In the final stage, people reach an accommodation stage where they pick up the pieces of their lives and move on.**
- **Ultimately, most people are able to live new lives, independently from the person who has died**
 - **Form new relationships**
 - **Become more self reliant and appreciate of life**
- **Not everyone passes through the stages of grief in the the same order or in the exact same way**
 - **Personality differences**
 - **Relationship with the deceased**
 - **Opportunities available for continuing their lives**

Differentiating Unhealthy Grief from Normal Grief

- ~ Differentiating unhealthy grief from healthy grief is difficult and many of the common assumptions are wrong.
- There is no time table; many people take longer than 1 year.
- Not everyone experiences deep depression.
- People who do not show deep initial grief do not necessarily have problems later

The Consequences of Grief and Bereavement

- ~ **Studies show that people experiencing bereavement and grief increase their chances of death as much as 7 times during the first year following the death of a spouse.**
- **At particular risk are men, but remarriage helps lower the risk.**
- **Some factors affecting survivor difficulties are:**
- **Anxious, lonely, dependent people don't cope as well.**
- **If the relationship was ambivalent or dependent, there is poorer adjustment.**
- **Sudden, unprepared-for deaths are more difficult**

Death Education

Developmental psychologists and thanatologists have suggested the importance of death education

- **THANATOLOGISTS, *people who study death, suggest that death education be part of everyone's schooling since we are all affected***
- **DEATH EDUCATION** includes programs that teach about death dying and grief, and are designed to help all people successfully deal with death and dying
 - **Important because we hide death in Western societies! (removed from everyday life because we are uncomfortable discussing it)**

Several types of death education programs have been developed...

- **Crisis intervention education**
 - Psychologists and therapists provide counseling intervention on an emergency basis (Oklahoma City bombing, for example)
- **Routine death education**
 - Course work in grade school, colleges becoming increasingly common
- **Death education for members of the helping professions**
 - Now increasingly included for medical schools, nursing, etc.
Most successful programs explore feelings, not just intellectual aspects

Mourning & Funerals: Final Rites

- Funerals are a big business.
 - Average funeral costs \$4000.
 - Vulnerability of those planning a big factor
 - Social norms and customs also contribute
- Death represents an important passage for the individual and the society, so the associated rite are important.

- **Funerals are also recognition of everyone's ultimate mortality and an acceptance of the cycle of life.**
- **Western funeral rituals typically include:**
 - **Preparation of the body**
 - **A religious ritual**
 - **A eulogy**
 - **A procession**
 - **A wake or Shiva**

- **Military funerals include firing weapons and a flag on the coffin**
- **Some cultures have extreme rituals**
 - **Shave their head as a sign of grief, hire mourners to wail, suttee (Hindu practice where widow threw herself on the fire that consumed her husband's body)**
- **Funeral patterns are different in different cultures but all have the same function: to mark the endpoint of the life of the person who has died and the starting point for the survivors, from which they can resume their lives.**