Death, Dying, and Bereavement

Chapter 19
Lecture Overview

- The Experience of Death
- The Meaning of Death Across the Lifespan
- The Process of Dying
- Theoretical Perspectives on Grieving
- The Experience of Grieving
THE EXPERIENCE OF DEATH

Death Itself

• **Characteristics**
  • Clinical death: The few minutes after the heart stops pumping, breathing stops, and there is no evidence of brain activity—but resuscitation is still possible.
  • Brain death: The person no longer has reflexes or any response to vigorous external stimuli; may still be able to breathe and survive for some time.
  • Social death: Decedent treated like a corpse by others.
WHERE DEATH OCCURS IN THE UNITED STATES

CA – Landlords must notify new tenants of a death in the home within the past 3 years. Why?

Figure 19.1  Where Death Occurs in the United States
THE EXPERIENCE OF DEATH

Hospice Care

- **Philosophy**
  - Death viewed as normal
  - Families and the patient are encouraged to prepare for death.
  - Family are involved in a patient’s care.
  - Control of care is in the hands of the patient and family.
  - Medical care is palliative rather than curative.
HOSPICE CARE

Types of Hospice Care

- **Home-based programs**
  - Family caregiver(s) and specially trained healthcare workers

- **Special hospice centers**
  - Small number of patients cared for by specially trained healthcare workers in homelike settings

- **Hospital-based programs**
  - Palliative care provided by hospital personnel with daily family involvement

- **Hospice**
  - Special hospice centers tend to promote homelike environments.
DYING, DEATH, AND BEREAVEMENT

Hospice Care

• **Pros**
  ◦ Reduced cost of death
  ◦ Less burden on central caregiver

• **Cons**
  ◦ Increased family worry about pain
DEVELOPMENTAL UNDERSTANDING OF DEATH

Preschool-aged children do not understand the inevitable, universal, and irreversible nature of death.

- Believe some lucky people can avoid death: for example, by magic
- Teaching young children about biological life can help them understand death.
- Preschool-aged children do not understand death and believe it can be reversed—through prayer, magic, or wishful thinking.
- Personal life experiences bring death home to both children and adolescents.

School-aged children

- Understand the permanence and universality of death

Adolescents

- Understand death is inevitable
- Unrealistic beliefs about personal death contribute to adolescent suicide.
- Sometimes even believe that death is a pleasurable experience
- Unique invulnerability: believe that bad things, including death, happen to others but not to self
- Believe that they possess unique characteristics protecting them from death
Death as Loss: Age

**Age Differences**

- *Young adults*: loss of opportunity to experience things; loss of family relationships; unique invulnerability
- *Middle and late adults*: loss of time to complete inner work; finality, inevitability, and universality
FEAR OF DEATH

• Middle-aged adults are most fearful of death.
• A sense of unique invulnerability prevents intense fear of death in young adults.
• Older adults think and talk more about death than anyone else.
FEAR OF DEATH
Religious Beliefs

- Very religious adults are less afraid of death.
- View death as a transition from one life to another
- Most Americans believe in an afterlife.
- Religion provides adults with death stories that help them cope with their own deaths.
- Those totally *irreligious* may also fear death less.
THE PROCESS OF DYING
Preparation for Death

- **Kinds of Preparations**
  - Practical preparations
    - Purchasing life insurance
    - Making a will
    - Directives regarding end of life care: living will, DNR, etc
    - Basic funeral planning
  - Deeper preparations
    - Advance funeral planning
  - Older adults are more likely to have made these arrangements.
SAYING GOODBYE

• Kellehear and his colleagues provided a view of the variety of ways in which the dying say goodbye.
  • One-fifth planned no farewells.
  • Three-fifths wanted to engage in farewells near the end of life to protect family and friends.
  • One-fifth began farewells earlier and used many different strategies.

Benefits of Farewells
• Farewells are a kind of gift; they balance the relationship state, and allow the dying person to disengage.
You Decide

- Decide which of these two statements you most agree with and think about how you would defend your position:

1. Neither a person who is ill nor her loved ones should ever give up on life. They should always be thinking in terms of how to help the sick person survive rather than focusing on saying goodbye.

2. Acknowledging the reality of approaching death is the best way to help a person who is ill and those who are close to her cope with the stress of losing a loved one.
THE PROCESS OF DYING
Preparation for Death

- **Final Preparations**
  - Unconscious changes just before death
    - Individuals become less emotional, introspective, and aggressive—more conventional, dependent, and warm.
  - Terminal drop for psychological health
    - Drop in memory and learning.
THEORETICAL PERSPECTIVES ON DYING
Elisabeth Kübler-Ross’s Stages of Dying

| Table 19.1  Stages of Dying Proposed by Kübler-Ross |
|-----------------|--------------------------------------------------|
| **Denial**      | People’s first reaction to news of a terminal diagnosis is disbelief. |
| **Anger**       | Once the diagnosis is accepted as real, individuals become angry. |
| **Bargaining**  | Anger and stress are managed by thinking of the situation in terms of exchanges (e.g., If I take my medicine, I will live longer; if I pray hard enough, God will heal me). |
| **Depression**  | Feelings of despair follow when the disease advances despite the individual’s compliance with medical and other advice. |
| **Acceptance** | Grieving for the losses associated with one’s death results in acceptance. |
THEORETICAL PERSPECTIVES ON DYING

Criticisms of Kübler-Ross’s Theory

- Methodological problems
  - Kübler-Ross only interviewed 200 cancer patients, and she did not explain her sample.

- Cultural specificity
  - Cross-cultural studies suggest a diversity in beliefs about what is a “good death.”

- The stage concept
  - Not all dying patients exhibit all five emotions, and seldom in a specific order.
  - Only depression is common among Western patients.

- Native Americans think of death as part of nature’s cycle; death is to be faced with composure.

- In Mexican culture, death is a mirror of the person’s life. Death is celebrated in a national feast day.

- Religious beliefs may not follow the model.
THEORETICAL PERSPECTIVES ON DYING

Alternate Views

- Shneidman: the dying process has many “themes”
  - Dying process has many “themes”: terror, uncertainty, rescue fantasies, incredulity, fear of pain, and many more.

- Corr: coping with death involves taking care of specific tasks.
  - Coping with death involves taking care of specific tasks, e.g., maximizing psychological security.

- For health professionals, thinking in terms of helping the patient perform tasks is more helpful than themes.

- Maximizing psychological security, autonomy, and richness of life

- Sustaining and enhancing significant interpersonal attachments
THEORETICAL PERSPECTIVES ON GRIEVING

Attachment Theory: Bowlby 4 Stages of Grief

Numbness: mourner experiences disbelief.

Yearning: mourner tries to recover the lost person.

Disorganization and despair: searching ceases and loss is accepted.

Reorganization: some forgetting and some sense of hope emerges.
THEORETICAL PERSPECTIVES ON GRIEVING
Attachment Theory

- Sanders’s Five Stages of Grief Comparable to Bowlby’s
  - Shock
  - Awareness
  - Conservation/withdrawal
  - Healing
  - Renewal
THEORETICAL PERSPECTIVES ON GRIEVING

Attachment Theory

- Revisionist Views

  - Avoiding expressions of grief neither prolongs grief nor inevitably creates mental health problems.
  - Grieving does not occur in fixed stages.
  - Many themes present simultaneously, but one or another may dominate at one point in time.
  - Adults develop different patterns of grieving.
THEORETICAL PERSPECTIVES ON GRIEVING

Patterns of Grieving

- **Wortman and Silver**
  - Normal: person feels great distress immediately following the loss, with relatively rapid recovery.
  - Chronic: distress continues at a high level for years.
  - Delayed: person feels little distress during the first few months, but high distress months or years later (least common).
  - Absent: person feels no notable distress either immediately or at a later time (quite common).
THEORETICAL PERSPECTIVES ON GRIEVING
Dual-Process Model

Alternates between:
Confrontation
Confronting loss and grieving
and
Restoration
Focus on moving forward in life
THEORETICAL PERSPECTIVES ON GRIEVING

The Experience of Grieving: Death Rituals

- Psychosocial Functions of Death Rituals such as Funerals
  - Help family and friends manage grief by giving a specific set of roles.
  - Bring family members together in unique ways.
  - Establish shared milestones for families.
THEORETICAL PERSPECTIVES ON GRIEVING

The Process of Grieving

- **Factors Associated with Grief: Age of the Bereaved**
  - Children express feelings of grief like teens and adults.
  - Teens often show prolonged grief responses.
THEORETICAL PERSPECTIVES ON GRIEVING Factors Associated with Grief

• **Modes of Death and Grief**
  - Caregiver widows may show depression.
  - Death with intrinsic meaning reduces grief.
  - Sudden and violent deaths evoke more intense grief.
  - Suicide produces unique responses in survivors.
THEORETICAL PERSPECTIVES ON GRIEVING Widowhood and Effects of Grief

- Immediate and Long-Term Effects on the Immune System
  - Incidence of depression among widows and widowers rises substantially
  - Declines in physical and mental health follow bereavement fairly consistently, but how long such effects last may be highly variable.
THEORETICAL PERSPECTIVES ON GRIEVING

Sex Differences

• Spouse death has more negative effects for men than for women.
• The risk of death is higher in men immediately after a spouse’s death.
• Widowers withdraw in multiple ways.
• Alcohol use may influence depression.
• Social relationships remain important for both sexes.
THEORETICAL PERSPECTIVES ON GRIEVING

Complicated Grief

• Depression-like symptoms lasting longer than two months

• Grief lasting longer than six months can lead to long-term depression and physical ailments.

• Problems may continue for up to two years after death of the loved one—but cultural practices may mimic pathological grief.
THEORETICAL PERSPECTIVES ON GRIEVING

Treatment of Complicated Grief

• “Talk-it-out” approach to managing grief can help prevent grief-related depression.

• Developing a coherent personal narrative of events surrounding a spouse’s death helps manage grief.

• Participating in support groups helps.

• An appropriate amount of time off from work to grieve is important.