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Review Article

Preparing for Aging, Dying and Death

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Abstract

This paper discussed how an individual will prepare for aging, death and dying. It also define aging and explain the related concepts of biological, psychological, social, legal and functional age. The paper explained how the growing population of older adults will affect the society, including considerations of economics, health care, living arrangements and ethical and moral issues. The paper also discuss the biological and psychosocial theories of aging and major physiological changes that occur as a result of normal aging process. This paper also discuss unique health challenges faced by older adults, strategies for successful and healthy aging that can begin during young adulthood. The paper also discuss death, the stages of the grieving process and strategies for coping with death; fear and anxiety related to death.

Keywords: *Aging; Death; Dying; Hospices Care; Memory Loss*

Concept of aging, dying and death

Aging has traditionally been described as the patterns of life changes that occur in members of all species as they grow older. Chronological age can be used to assign people to particular life cycle stages. Aging is a relative concept in our contemporary society. There are several age related characteristics that define where a person is in terms of biological, psychological, social, legal and functional life development stage.

Biological age: This refers to relative age or condition of the person's organ s and body systems. Good healthy life style, balanced diet, and physical exercise promote good biological aging. There are cases of 70 years old runner having cardiovascular system of someone with 40 years of age or less. It is good to involve in active, regular and moderate exercise.

Psychological age: This refers to a person adaptive capacities, such as coping abilities and intelligence, and to the persons awareness of his or her individual capabilities, self- efficacy and general ability to adapt to new situations. Older adults that maintain a positive attitude are able to cope more successfully with physical and cognitive changes associated with aging.

Social age: This refers to person's habits and role relative to society's expectations. People in a particular life stage often share similar tastes in their daily activities and social functions. The king of a community is number one citizen in that community and he will be responsible to all his subjects.

Legal age: This is probably the most common definition of age especially for the civil servants. Based on the chronological years, legal age is used as a factors in determining voting rights, civic responsibility and eligibility for social security payments and obligations.

Functional age: This refers to the ways heart rate, hearing, and other vital organs in which people compare to others of a similar age. It can be difficult to separate functional aging from many of the other types of aging, particularly chronological and biological aging.

People who have aged successfully have the following characteristics as documented by Kemmet and Brotherson [1]:

1. They feel a sense of control over circumstances in their lives.
2. They have managed to avoid serious debilitating diseases and disability.
3. They function well physically, live independently, and engage in most normal activities of the daily living.
4. They are resilient and able to cope reasonably well with physical, social, mental, spiritual and emotional changes.
5. They have maintained cognitive function and are actively engaged in mentally challenging and stimulating activities and in social and productive pursuits.

Health issues for an aging society

The health issues of older society include among other things financial and medical needs, good housing arrangement and end of life ethical considerations. Older population need social security, life insurance, health care and adequate social support system. Theories of aging include wear and tear theory associated with biological aging while other theories include cellular, genetic mutation, auto-immune and homeostatic theory of aging [2].

Death is no enemy of life; it restores our sense of the value of living. Illness restores the sense of proportion that is lost when we take life for granted. To learn about value and proportion we need to honour illness and ultimately to honor death. Death education honors death by educating about death, dying, and bereavement to enrich personal lives, inform and guide individuals in their transactions with society, prepare individuals for their public roles as citizens, help prepare and support individuals in their professional and vocational roles, and lastly to enhance the ability of individuals to communicate effectively about death-related matters [3]. Gerontology is the study of individual and collective aging process while aging is the patterns of life changes that occur in members of all species as they grow older. Others contend that it starts at birth. Still others believe that true aging does not begin until we reach the age of forty and above [2].

Thanatology is the study of death and dying. The pioneer of this study is Kubler-Ross who published a book on Death and Dying as a discipline, a sensitive analysis of the reactions of terminally ill patients. Death education is formally known as Thanatology. Thanatology stems from the Greek word thanatos, meaning death, and ology meaning a science or organized body of knowledge [4]. A specialist in this field is referred to as a thanatologist.

Death, in contrast, does have an academic name, thanatology, meaning the study of death. Although many people would assume that the term thanatology is an invention of the 1960s, it was coined in the mid-nineteenth century slightly before the term sociology. Any aspect of existence can be a legitimate classroom topic if there has developed a language for discussion and methods of research in that area. When a sufficiently large body of literature exists, the subject can be taught and learned in a classroom setting. Despite the fuzziness of its method, thanatology is something taught in the university, something in which one can get a degree. Death education refers to the experiences and activities of death that one deals with. Death education also deals with being able to grasp the different processes of dying, talk about the main topics of attitudes and meanings toward death, and the after reflection on how to learn to care for people that are affected by the death. Historically death education in American society has been seen as a taboo topic, not worthy of scholarly research or for educational purposes. In the 1960s pioneering professionals like that of Herman Feifel [5,6], Elisabeth Kübler-Ross [7] and Cicely Saunders (1967) encouraged behavioral scientists, clinicians and humanists to pay attention and to study death-related topics. This initi-

ated the death awareness movement and began the widespread study of death-related behavior, developing new programs of care for the dying and bereaved, as well as new research on death-related attitudes [2].

One of the major organizations that educates people on death is Hospice. Hospice offers support for the caregiver, and Hospice also offers information on what to expect before death and what the family can expect after death. One of the major subjects that hospice addresses within death are the myths that come along with death. Hospice will also walk caretakers through the signs and symptoms to look for that signify death. Hospice is an important type of care that helps spread and explain death education to the people [8]. When people have a loved one that is not able to get anymore help from medication or doctors, it would be a good recommendation for them to go to hospice. They would be able to receive great support and comfort during the end of their life journey.

Not only does hospice give care to the terminally ill, they also give grief suggestions to family members and close friends. "With proper care, proper support, and love, we can share the miracle that is life". The end of a person's life should be centered on being alive instead of being dead [9]. Dying is that phase of human existence which precedes death. It may be short lived or protracted. Death on the other hand is the conclusion of the dying process when lifeless is pronounced [10]. For the theologian death is when the soul leaves the body. In spite of the above definitions you must have your own idea of death from the experiences you have had or from the experiences of others. Death concept is as old as birth concept, although most societies including Nigerian society accord more recognition to birth which ushers in a new member of the family [2].

Death can be defined biologically in terms of brain death or the cessation of vital function. Death which is a termination of life as we know it today is virtually tabooed to the point of ostracism in our society, yet the most appropriate and ultimate human adaptation should be the acceptance of the reality of death. In spite of the fact that dying and death are common occurrence in all human societies, it is always treated with so much reverence that people have come to accept its open discussion as abominable, especially in Nigeria. Consequent upon this societal apathy to the issue of death and dying is the complete absence of the topic in educational curriculum in Nigerian schools [8].

The thinking of many persons is probably that there are more important topics which have not found their way into the school health curriculum; so why should such an unpleasant topic as dying and death to be given a place? It is probably true that most people acknowledge the reality of death for other persons. Most people infrequently accept the possibility of their own demise in spite of the injunction of the Bible and Koran to expect death anytime unannounced. The expectations of premature death is unthinkable to many, even though premature deaths occurs regularly. In most traditional societies the causes of premature death, are ascribed to unnatural causes perpetrated by wicked and or envious relations. Premature deaths are open to variety of interpretations. Even the thought of just wearing out of the body tissues and dying of natural causes in old age is barely accepted tolerated as natural and expected. Since science and technology have achieved so much success in extending human life, death resulting from old age will probably become the fate of more and more people all over the world [1].

Death can be defined as the "final cessation of the vital function" and also refers to a state in which these functions are incapable of being restored. This definition has become more significant as medical advances make it increasingly possible to postpone death. Legal and ethical issues led to the Uniform Determination of Death Act in 1981. This act, which several states have adopted, reads as follows: "An individual who has sustained either Irreversible cessation of circulatory and respiratory functions, Irreversible cessation of all functions of the entire brain, including the brainstem, is dead.

The concept of brain death, defined as the irreversible cessation of all functions of the entire brainstem, has gained increasing credence. As defined by the Adhoc Committee of the Harvard Medical School, brain death occurs when the following criteria are met. Unreceptivity and unresponsiveness- that is no response even to painful stimuli, No movement for a continuous hour after observation by a physician and no breathing after 3 minutes off a respirator. No reflexes, including brainstem reflexes (the brainstem is a relay site for sensory and motor pathways and mediate such critical body function as respiration and heart rate); fixed and dilated pupils. A "flat" electroencephalo-

gram (EEG, which monitor electrical activity of the brain) for at least 10 minutes. All of these test repeated at least 24 hours later with no change. Certainty that hypothermia (extreme loss of body heat) or depression of the central nervous system caused by use of drug such as barbiturates are not responsible for these conditions.

Death became more isolated from ordinary life even as the claim was made that dying was more natural. Together with the rural cemetery, the new funeral profession tried to prettify death. But starting about 1880 new medicines and machines made dying a more complicated process watched over by the expert called doctor Not surprisingly, Elisabeth Kubler-Ross On Death and Dying was published just as the revolution in health care had begun Technology was extending peoples lives and also the process of dying. There was now a population who were simply waiting to die. Kubler-Ross study would have been inconceivable fifty years earlier. Published quietly by a small press, the book found a ready audience. It was on the best seller list for years and continues to be read today.

If death had been in the closet until the late 1960s, Kubler-Ross book seemed to signal that death was now an in-topic. Philippe Aries, a maverick historian who had changed the perception of childhood, turned his attention to dying. Aries gave a series of lectures in 1973 on the theme that death is a taboo topic that no one writes on. When the published lectures appeared in 1974, the book was reviewed in the New York Times with a series of other books just published on death

Dying education

Education in regard to death has two kinds of teaching: (1) teaching someone how to die (2) teaching someone how to understand death. Not surprisingly, two of the best known contemporary works on death begin with the respective authors acknowledging the dying patients as the teachers. Elisabeth Kubler-Ross writes in the Preface of On Death and Dying: Birth is a form of death to a previous intra-uterine life so that the infant already has some experience of dying on which to build an education. Infancy for humans is a dependent and fragile existence.

A concept of death is not present but an infant survives with a sense of the precariousness of life. Many small children experience the death of a pet animal. The occasion is a teachable moment in the child short life. The child should be allowed to recognize and accept what has happened. Adults need do little explaining, although a funeral ritual is often helpful. What parents should not do is rush in a replacement cat, dog or goldfish in the attempt to deny that any serious change has occurred. A child grieving for a time.

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Reduction of death anxiety

Much as death is a reality, there is evidence that many people still find it difficult to accept it as a matter of fact, and as a debt that every man and woman must pay. Rich or poor, it is a common denominator for all human life [10]. The phenomenon is literarily denied or avoided and this is due to the fear of the unknown. It is easier to grapple with the evil one knows and familiar with rather than the known and unfamiliar. The use of euphemistic language in reference to death as exemplified in such phrases as passing on, transition, never say die, passed away, passed to glory, glorious exit, gone so soon, exit of an icon, exit of a gem among others.

The persistent search for the fountain of youth as expressed in clothing styles, the use of cosmetics to improve appearance including skin colour and hair dyeing especially women to look trim and attractive. The unconscious rejection and isolation of the aged and elderly who are constant reminders of death by the youth. The adoption of the concept of a pleasant and rewarding after life which give a sense of immortality. This is a kind of consolation that life continues in some form after life as we know it here on earth.

The fixation on and pre-occupation with sexual expression and proving one's potency. This is simply saying that as long as we can do it, we are still vital, kicking and not yet out [11]. The emphasis which the medical professions places on the prolongation of biological life rather than diminishing human suffering. The medical professions is seen to be saying we cannot be beaten by death because there is not such things example is when a medical doctor is working death. The sheltering of children by adult from horrors of death. What the adults do in this case is deny the existence of death for the children.

The attempt to conquer death through expression of violence and strength, cruelty and aggression, all of which exert some control over the lives of others and the deaths too. The tendency of funeral management industry to give a superficial luster of the dead by making quality casket for the onward journey of the dead. The reduction of death from a necessity of life and essentially to a mere mishap, the ultimate misfortune in the scientific quest for performance.

Fears and anxieties

Death fears and anxieties have been a subject of great interest to many researchers. As a result an enormous amount of literature has accumulated and continues to grow. Yet the results are often inconsistent and sometimes raise as many questions as they answer [11]. There exists no theory of death fears, but many different concepts have been formulated. Death fear or anxiety has been conceptualized as a one-dimensional trait [12]; as four dimensional including fear of death of self, death of others, the dying of self, and the dying of others [7]; as consisting of eight dimensions [13]; as a continuum from negative feelings of fear to positive emotions of joy [5]; as having both an affective as well as cognitive component [14]; as multidimensional, complex, and consisting of different levels of awareness [15] and as personal constructs of threat [16] among others.

There are as many or more instruments for measuring death fear as there are conceptualizations. Of the major assessment techniques-clinical observation, self-report techniques, and projective techniques-the latter two have been generally used. Rating scales have been used mostly with young adults; interviews and questionnaires have been commonly used with elderly persons [17]. A more extensive review of the research literature on death fears and correlates as it relates to the elderly has been published elsewhere [17]. It was found, essentially, that as a group the elderly are less fearful of death than younger age groups. Although such a finding may seem reasonable, it may not be meaningful since the elderly are a highly heterogeneous group. Comparisons among elderly populations seem far more helpful. Such studies have been carried out. Elderly women have been found to be more fearful of death than their male counterparts [14].

Urban, educated elderly persons with high incomes seem to be less fearful of death than poorly educated, low-income, rural elderly persons. High levels of death fear seem to be closely linked with poor physical and emotional health (observed and self-reported). Elderly persons living in the community appear to be less fearful of death than those residing in an institution. Being institutionalized also seems to be associated with increased morbidity and mortality [16]. Although one might expect religious belief to be a factor in alleviating death fear among the elderly, studies have produced conflicting findings indicating that religious belief is associated with lowered death fear, with heightened death fear, and that no relationship exists between these variables [17]. One obvious reason for the inconsistencies in the results is that widely divergent methods have been used to measure religious belief, thus making comparisons difficult.

A broader theoretical context for considering death-related fears has been provided by Erikson, Butler and Frankl. In Erikson's (1959) postulation of the eighth and final stage in the life cycle the crisis to be resolved is between integrity or despair. Integrity is achieved when

an old person near the end of life can look back and conclude that life has had meaning and purpose, that having lived has made a difference, and that one's humanity has been fulfilled. Erikson (1963) states: "in such final consolidation death loses its sting".

When such a state of serenity is not reached, an individual experiences a deep fear of death, despair at realizing that it is too late to start another and better life, and a total non-acceptance of death in the face of such unfulfilment (Erikson, 1963). Feifell [6] advanced a similar notion with his concept of the "life review". According to Butler, the life review is triggered by the realization that one has reached the end of life and that death is near. The life review serves to prepare the individual for dying. Through the process of reminiscing, an old person revives past experiences, reevaluates them, and integrates them into a new understanding. When unrealized ambitions, unresolved conflicts, and other negative life experiences become predominant at this time, then, in Butler's view, the old individual feels anguish, fear, and despair. Viewed from these vantage points, an old person's emotions seem to center not so much around a fear of death but a fear of having lost all chances for living a more acceptable life. We have found no studies that were based on these theoretical formulations. These tests seem particularly relevant for old persons [14] but have rarely been used with them. The notion that fears of death center around the concern about having to die before one is finished living or with unfinished business has also been advanced [7]. Other death-related fears among the elderly have been found to focus on being helpless and dependent, taking a long time to die, and making loved ones unhappy [13]. Often old patients are unafraid of dying. In fact, they wait for it, welcome it as a release and plead for it.

Types of death

According to Udoh [8] and Ajomale [2] dying is the process of decline in body functions that results in the death of an organism. It is a complex process that includes physical, intellectual, social, spiritual and emotional dimensions.

Emotional death: This may explain why the transition from life to death evokes so much mystery and emotion. Although emotional reactions to dying vary, many people share similar experiences during this process. Terms such as tasks, stages and phrases has been used in models that have been developed to understand the process of dying.

Functional death: This is known as somatic death which includes the absence of heart beat and spontaneous breathing.

Brain death: This is established by the use of an electroencephalogram (EEG) which detects the absence of electrical impulse activity in the brain.

Cellular death: This is established with the suffering of body muscles. It is known as rigor mortis. Cellular death is also referred as molecular death. For sometimes after functional death, many cells in the body may continue to live and to respond. For example, beard have been known to grow even after an individual has been dead for hours.

Spiritual death: This is the dying of the being. It is a death which is based on the association of meaningful life or being including the responsiveness of other person with the activity of the brain and consciousness. Spiritual death is different from theologian definition which is the moment the soul leaves the body.

Social death: The need for recognition and appreciation within a social group is nearly universal. Loss of being valued or appreciated by others can lead to social death, a situation in which a person is not treated like an active member of society. Dramatic example of social death include the exile of nonconformists from their native communities or the excommunication of dissident members of religious groups. More often, however, social death is inflicted by denying a person normal social interaction.

Stages of death/grief

There are five stages of grief and loss that were proposed by Elisa Kubler-Ross [7] in her book called, "On Death and Dying". Each stage is going to be different lengths of time spans, with different amounts of intensity depending on the person. The five stages of grief, which

are: denial, anger, bargaining, depression and acceptance, do not always come in order; in fact they usually never do. In the end of your grieving process the last stage is always going to be, achieving a more peaceful acceptance of death (Axelrod). With the knowledge of the five stages of grief, people will be able to understand better how the dying process goes for the ones who death affects [13].

In order to help get you through your grieving process don't look at the stages as an order you have to follow, instead use the stages as more of guidelines for your grieving process. All people grieve differently so you should not judge someone for grieving differently than you. The first stage is denial and isolation [7]. When you first hear about a loved one who has a deathly illness your first instinct is to deny the reality of the situation. This is known as a defense mechanism because we block out the words by not fully processing them and also hide from the facts [18]. The second stage is anger. Once the blocking out subsides the reality of the situation becomes overwhelming and the pain from the news emerges. The third stage is bargaining. This stage you will feel more vulnerable and helpless. In order to gain control again you'll start thinking of ways that would have made it better like:

- "If only we had sought medical attention sooner…"
- "If only we got a second opinion from another doctor…"
- "If only we had tried to be a better person toward them…"

All of these are defense lines to try and protect us from the reality of pain in a lost one. The fourth stage is depression. In this stage there can be two different types of depression that you deal with. The first type of depression can be a more quiet and private feeling.

The second type of depression is the kind where sadness and regret overtake your body and become the predominate factors in your life. The fifth and final stage is acceptance. This stage does not always reach everyone but for the people who actually get it should consider this stage as a gift. She enumerated about five stages of dying as follows:

- **Denial and isolation:** The first reactions to the awareness of terminal illness is one of shock disbelief and denial. The patient believes that what is happening cannot be happening to him or her. The patient thinks of all kinds of reason why it cannot be so, it is not possible, it cannot be true, this denial is a temporary phase which soon gives way to a feeling of isolation from everything including relations and close friends.
- **Anger:** This is a phase in which the dying person becomes most difficult to manage and to care for. He is full of anger, resentment, rage and envy. Is anger which is psychologically directed against his impending fate is vented on the less threatening objects around him such as physicians, nurses, hospital staff and family members and even God. His sense loss is so much and appears envious of all things that symbolise life.
- **Bargaining:** The dying person may resolve to be a better person in return for an extension of life or may secretly pray for a short postponement of death in order to experience a special event, such as a family wedding or birth.
- **Depression:** Depression is a normal in the process of dying. The patient at this phase enters a period of what is referred to as preparatory grief during which he or she becomes very silent, refuses to receive visitors and spend much of is time crying or grieving because of reminiscences this period to meditates on is impending death.
- **Acceptance:** Not many dying person get to this stage before they finally give up the ghost. But for those who have progressed through the stages described above, this last stage is one in which the dying person finally accept is fate and wants to get over with what is coming to him without further delay. Authorities says this stage is devoid of feelings, physical pain and discomfort; it is marked by peace and serenity. It is the end of the struggle to live and the beginning of another journey into the unknown.

Although Kubler-Ross's, five stages of the dying process have been widely acknowledged others like Avery Weisman have fewer stages some which are analogous to the stages listed by Kubler-Ross. There is a consensus that not all of the dying patients go through the process in a well-defined sequence, as dying patients have been known to go forth and back from one stage to another. Some actually skip some of the stages while others never arrive at the acceptance (fifth stage) before giving up the ghost. Avery D. Weisman has also described the stages of the dying process which are similar to the study report of Kubler- Ross. His three stages include: the primary recognition of a serious condition, the established disease stage and the final decline. This third stage is analogous to the acceptance stage of dying process by Elizabeth Kubler -Ross.

Strategies for healthy aging [2] emphasized the following under-listed strategies:

To provide for healthy older years, make each of the following part of your younger years:

- Develop and maintain healthy relationships
- Enrich the spiritual side of life
- Improve fitness through aerobic and muscle strengthening activities
- Eat for health, monitor your body weight and do regular medical check- ups
- Avoid alcohol and drug use, misuse and abuse
- Avoid all forms of negative life styles and risky sexual behavior.

Understanding the final transitions: Dying and death

Individual feelings and thought about death vary widely, depending on many factors and circumstances like age, religion affiliation and beliefs, personal experience with death and level of self-actualization. Individual needs must be met before they can understand what it takes to understand and comprehend final transition of dying and death. Why should individual need to deny or postponed death? On this note, death can be defined as the irreversible and permanent ending of all vital functions and cessation of all functions of the entire brain stem [19,20].

Conclusion

In advance part of the world the ethical concern that arise from the concepts of the right to die and rational suicide and to review the decisions that need when someone is dying or has died, including hospices care, funeral arrangements, wills and organ donation. It is sadden to note that all these plans and documentation are hardly available in our dear country Nigeria except those that are educated and exposed to adequate western orientation.

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