# ELDERLY AND DEATH

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**ABSTRACT**

Death is an inevitable, unequivocal, and universal experience, common to all humans. It is the most difficult and painful reality for humans to face. In most cultures, dying is associated primarily with old age. The way which an elder person reacts to death depends on what it means to her/him. The socio-emotional responses are dependent upon multiple factors such as the previous experience of the death of a loved one, gender and the health status. A dying elderly person needs physical, psychological, social, and spiritual care. Although the response to dying process varies for each individual, we can make some generalizations based upon the common reactions to it. Professionals and the family members try their utmost to alleviate the pain of the dying person and give him /her medical and psychological help.

**Keywords:** Elderly, Death, Dying Elderly Person

# YAŞLI VE ÖLÜM

**ÖZET**

Ölüm, tüm insanlar için evrensel olup, şüphesi olmayan ve kaçınılmaz olaydır. Tüm insanlık için en zor ve acı veren bir gerçektir. Birçok kültürde ölme öncelikle yaşlılıkla ilişkilendirilir. Yaşlı bir bireyin ölüme karşı tepki biçimi, ölümün onun için ne anlama geldiğine bağlıdır. Ölüme karşı sosyo-emosyonel tepki cinsiyet, sağlık durumu ve sevilen birinin ölümü gibi önceki deneyimler olmak üzere çok sayıda faktöre bağlıdır. Ölmek üzere olan yaşlı insan fiziksel, psikolojik, sosyal ve manevi bakıma ihtiyaç duyar. Ölüm sürecine verilen cevap her bir birey için değişmesine rağmen, ortak reaksiyonlar için bazı genellemeler yapılması gerekmektedir. Aile üyeleri ve meslek elemanları ölen kimsenin acısını hafifletmek için ve ona tibbi ve psikolojik yardımı yapmak için elinden geleni yapmaya çalışmalıdır.

**Anahtar Kelimeler:** Yaşlı, Ölüm, Ölmekte Olan Yaşlı İnsan

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**INTRODUCTION**

Dying is a part of life, just as birth. It is a normal process, the culmination of the entire life span, and represents the end of the aging process. Many people are unwilling, and perhaps afraid, to deal with the fact that death is inevitable. Fear of the unknown is often associated with ideas of death (Tyson, 1999:488). Some beliefs support fear of death, whereas others reflect acceptances of death as natural or see it as a transition. Perception of death is strongly influenced by cultural, religious, and social factors. With a growing older population and an increase in chronic illnesses, family members and caregivers will be caring for more dying older people into the future. It is important to understand the array of attitudes toward death and to be sensitive to those of the dying people (Tyson, 1999:494).

Loss, dying, and death are universal, incontestable events of the human experience that cannot be stopped or controlled. With age, the number of losses increases. Some of these are associated with the normal changes with aging, such as the loss of flexibility in the joints, and some are related to the normal changes in everyday life and life transitions, such as moving and retirement. Other losses are those of loved ones through death. Some deaths are considered normative and expected, such as older parents and friends. Other deaths are considered nonnormative and unexpected, such as the death of adult children or grandchildren (Ebersole et. al., 2005;523).

Many people have said that death is not the problem; it is the dying that takes the work. This is true for all involved: the person, the loved ones, family members, and the professional caregivers (Ebersole et. al., 2005;530).

In most culture, dying is associated primarily with old age. Although we all know aging does not the sole cause of death, and younger people also die, there are a number of reason for this association. In pre-industrial societies, death rates were high in childhood and youth, and parents could expect that one-third to one-half of their children would die before the age of 10. Most deaths were due chronic diseases. However the medical advances found remedies for these diseases and increased life expectancy. This means the dying process have become increasingly associated with old age and made the predication of death a function of age. Death is now considered as a timely event as a completion of the life cycle with the advancing age (Hooyman and Kiyak, 2005:481).

Others view death not only as the province of the old, but also as an unnatural event that is to be fought off as long as medically possible. This converted the dying process from the natural event to the end point of an end point of untreatable or inadequately treated disease or injury. With the advance

in technological mastery over the conditions of dying, chronically ill people have often been kept alive prolonged periods beyond the point at which they might have died naturally in the past. Achieving a peaceful death is difficult because of the complexity in drawing a clear line between living and dying-which is partially a result of technology and of social and professional ambivalence about whether to fight or accept death (Hooyman and Kiyak, 2005:481).

## THE MEANING OF DEATH TO ELDERS

Death is an inevitable, unequivocal, and universal experience, common to all humans. It is most difficult and painful reality for anyone to face. Although a certainty, the cessation of life is often dealt with in terms of fury and fear. Humans are very reluctant to accept their mortality (Eliopoulos, 2001:418). The literal definition of death in dictionaries is termination of life, the cessation of all vital functions attempts a succinct and a simple explanation to this extremely complex experience. But we are often reluctant to accept such simple descriptions. For instance the related literature is brimming over fancy descriptions and many eloquent words on the topic of death (Eliopoulos, 2001:418).

Although an individual elderly person's reaction to his or her own impending death or that of a loved one is just as painful and disconcerting as death is to one of any age, there are indications that elderly's response to death is less denial to this reality than other age groups. The developmental task of achieving ego integrity versus ego despair associated with old age requires accepting one's life as important and meaningful as one moves closer to death, according to Ericson (1963). As elders face the biopsychosocial challenges of aging, they inevitably think about their own death. They become acutely aware of the passage of time as their children grow up and start their own families, friends and family members die, and they confront the limitations of declining physical health. The privately or professionally directed process of life review is intended to help elders address unfinished business and find ways to make peace with themselves about their lives. Death does not come as a surprise to elders. Most of them actually thinks about it for a long time (McInnis-Dittrich, 2005:347).

The meaning of death for each elderly person is closely related to life experiences. The way in which a person reacts to death depends on the meaning that death has for death person. Recently, there has been increasing awareness of a need to examine societal attitudes toward death and care of the dying. More families now participate in the dying process as recent societal changes recognize and respect the dying person (Liang, 1973;91; Tyson, 1999:494).

Before the 1900s most women died at home during childbirth. Men also died at home of unknown causes or on the battlefield. Now most women live well after menopause, and both men and woman die most often from heart disease and too often in acute care settings. Life expectancy has gone from about 49 in the late 1800s to 74 for men and 79 for woman by the end of the 1900s with variation by race and ethnicity. At this time persons most often die in acute care settings (Ebersole et. al., 2005;530-531).

Dying is both a challenging life experience and a private one. How one deal with dying is often a reflection of the way the person has handled earlier losses and stressors. Most people probably do die as they have lived. Although not all older adults have had fulfilling lives or have a sense of completion, transcendence, or self-actualization, their deaths at the age or after that of their parents are considered normative. If the dying process is particularly long or the death occurs after a painful illness, we may rationalize it or view it as relief, at least in part. Death at a younger age or as the result of trauma or catastrophe is viewed as tragic and sometimes incomprehensible (Ebersole et. al., 2005;530-531).

Older adults may experience an array of personal, social, and economic losses, but the most difficult and significant losses are personal. Because losses may be multiple over time which may disrupt their mental health's. Causes of psychical pain experienced by older adults include losses of important ones, illnesses, interpersonal and situational difficulties such as economic hardship. Family and friends should try to obviate the inappropriate behaviors and alleviate the pain they experience by discussing with them the loss, new plans, habits, or relationships. Family and friends can intervene in helping the older adults adjust to loss. Support groups can also be of help. One major loss is death of a spouse. Women naturally live longer than men, which mean that more women than men are faced with the problems of widowhood. Perhaps because of this, women are frequently more familiar with the tasks necessary to survive and continue life. Widowhood may bring about changes in living arrangements, financial status, and interactions with social groups. Some of these changes may lead to isolation. Loss of a spouse requires the remaining person immediately to assume both roles, defined in the marriage. This seems to be quite overwhelming to someone who is in the midst of grieving. Loss requires saying good-bye to some aspect of one's life but can also mean a new beginning (Tyson, 1999:495).

Elders may be less fearful of death for two reasons. First, elders are able to approach their own death from the perspective of having lived much of the developmental life span. They have had the opportunities and challenges of all of the life stages from childhood through adulthood. They have had the change

to fall in love, raise a family, or pursue a career. Adults become increasingly more socialized to death as they grow older. Elders with advanced age generally see the death of their friends or the family members throughout their lives. As they become more familiar with death, they are more likely to accept it as a natural part of life cycle. It needs to be emphasized that accepting death does not mean becoming immune to its devastating emotional consequences, but rather accepting the reality that death is no longer something that only happens to others (McInnis-Dittrich, 2005:347).

Some elders may actual welcome death rather than fear it. Those elders who face chronic health problems or who have lost their spouses or partners may feel that quantity of life is no gift without quality. Battling physical limitations or struggling with loneliness may deplete an elder's energy for life. While these elders may never consider ending their own lives, they may wish that death would come sooner rather than later. Even among elders who are not depressed or ill, there may be a common feeling of "I am ready to go anytime". "They may be deeply satisfied with their lives and remain actively engaged in social activities but feel psychologically prepared to die (McInnis-Dittrich, 2005:347-348).

## ATTITUDES TOWARD DEATH OF ELDERS

The combination of extended life and technology has changed the average person's experiences and perceptions regarding death. Many people reach middle or even late adulthood having little or no direct experience with death. They may know someone who has died they may attended a memorial or a funeral service, but few have actually been present with a loved one at the time of death (Wold, 2004:187-188).

In the past, it was easier to make end-of-life decisions. In fact, often there was no need to make decision. Physicians could unequivocally state, "we have done everything possible". Today, there is always a chance that some new drug, some new procedure, or some new technologic breakthrough might save our loved ones or us from death. The variety of treatment options available to people of all ages end-of-life decision making more difficult. Personal values, cultural and spiritual beliefs, and life experiences all affect the choices made.

Some elderly and their families continue to look to technology to prolong their lives and desire to receive every possible treatment that is available. Other elder people would prefer a comfortable death in the presence of loved ones to a traumatic death with heroic life-saving measures being used. Many elder people say that they do not fear death as much as they fear how they will die (Wold, 2004:188).

Most people are uncomfortable talking about it, especially the prospect of their own death. This discomfort is shown even in the euphemisms people use-"sleep, pass away, rest"-instead of the word "death" itself. Freud, in fact,

recognized that although death was natural, undeniable, and unavoidable, people behaved as though it would occur only to others; that is, "they" will die, but not "me". Fear of death is an ongoing anxiety in everyday life, in contrast to a more acute fear stimulated by an immediate threat to one's life. Fear and denial are natural and comforting responses to our inability to comprehend our own death and lack of physical existence. Such fear tends to make death a taboo topic in our society. Although in recent year's death has become a more legitimate topic for scientific and social discussion, most people talk about it on a rational, intellectual level rather than discuss and prepare for their own deaths or those loved ones (Hooyman and Kiyak, 2005:481).

Whether people's fear of death is natural or learned is unclear. When asked what they fear most about death, the answers were agony and pain, loss of their body and personality, loss of self-control, concern about afterlife the unknown nature of it and the loneliness. (Hooyman and Kiyak, 2005:482).

Multiple factors, particularly age, previous experience with the death of a loved one, and gender but not health status, influence socioemotional responses to death and dying. Older women more often report anxiety and fear of dying, but less fear of the unknown than their male counterparts, although this may reflect gender differences in religiosity and socialization, and greater ability to express emotions such as fear (Hooyman and Kiyak, 2005:482).

Older adults confronting death often turn inward to contemplation, reminiscence, reading, or spiritual activities. The awareness of one's mortality can stimulate a need for the "legitimization of biography", to find meaning in one's life and death. Elderly people who successfully achieve such legitimization experience a new freedom and relaxation about the future and tend to hold favorable attitudes toward death. Many elder people consider a sudden death to be more tragic than a slow one, desiring time to see loved ones, say good-by, settle their affair, and reminisce. Elder people generally accept the inevitability of their own death, even though they tend to be concerned about the death of relatives (Hooyman and Kiyak, 2005:483).

Many people are uncomfortable talking about death. Family members and professional caregivers must overcome this discomfort so that they can provide good care for elder people nearing the end of their life. Discussions regarding the end of life are not as traumatic for the older adult population as they are for younger people. By the time people reach their 70s and beyond, most have experienced the death of loved ones. Parents, spouses, sibling, and friends have died from myriad causes and under widely differing circumstances. Experience with these deaths generally helps the aging person determine what he or she does or does not want done as the reality of his or her own death approaches. Most alert older adults are quite can did in expressing their wishes if approached in a sensitive, but matter-of-fact way (Wold, 2004:188).

It is unclear whether variability in acceptance of death is due to age or to cohort differences. For example, the current cohort of older people has fever years of formal schooling than younger generations, as a factor that affects attitudes toward death. The interactive effects of other variables with age need to be further probed. For instance, in all age groups the most religious persons who hold the greatest belief in an afterlife have less anxiety about dying. For the religious, they have less fear of the unknown and view death as the doorway to a better state of being. Those most fearful about death are irregular participants in formal religious activities, or those intermediate in their religiosity whose belief systems may be confused and uncertain or those whose religious motivation is extrinsically rather than intrinsically motivated. Religion apparently can either comfort or create anxiety about an afterlife, but it provides some individuals with one way to try to make sense of death (Hooyman and Kiyak, 2005:483).

**THE NEEDS OF DYING ELDERS**

The needs of the dying elder person are physical, psychological, social, and spiritual. The physical needs address the satisfaction of basic body needs and the minimization of physical distress in ways that are consistent with the elder person's values. Correlating closely to Maslow's level of biological integrity, these needs include nutrition, hydration, elimination, and shelter. Pain, nausea, vomiting, and constipation are among the common causes of physical distresses in dying elder persons that the caregiver can respond to. The psychological needs deals with three aspects of the common desires of dying elder persons: freedom, from anxiety, fear, and apprehension; autonomy and security; and self-governance or control of one's life, especially for that which makes it satisfying, such as serenity, activity, and creativity. The social needs address one's relationships with others and with society. Relationships with others – individuals or groups – sustain and enhance interpersonal attachments. Some significant ties continue while one is dying; others fall by the wayside as death nears. We focus on the relationships that the dying elder person feels are important, not those that others think are important. No matter how much individuals think that they are alone, they are connected to society as a whole through family, culture, congregations, and governmental entities (Ebersole et. al., 2005:532).

The spiritual need is that from which one draws meaning for both life and death and connection to some force outside of oneself. Spirituality is the manner in which one integrates one's knowledge or belief system, inner life experiences, and exterior life and institutional activities in support of these beliefs. The spiritual need deals with the transcendental relationship between the dying elder person and another: between persons and their God or the person and significant others. Spirituality may be met through religious acts or through human caring relationships. A person's internal beliefs, personal

experiences, and religion are expressions of spirituality. This leads to self-discovery, affirmation of self-love, and a connection with all others that are brought about by loving the most unlovable aspects of self and others. Caregiver can tend to the spiritual needs of dying elders in the following ways:

- Ask the individual his or her source of strength and hope.
- Ask if the individual sees any connection between physical health and spiritual beliefs.
- Discuss sources of spiritual strength throughout life.

Sing of spiritual distress include doubt, despair, guilt, boredom, and anger at God. Interventions may involve calling clergy; sharing spiritual readings, poems, and music; obtaining religious articles such as a Bible or rosary; or praying. The caregiver is cautioned that these interventions must be consistent with the culture and wishes of the elder person and not as expressions of the caregiver's belief system (Ebersole et.. al., 2005:532-534).

## REACTION TOWARD DEATH

Although the dying process varies in each individual, common reactions that have been observed to occur provide a basis for generalizations. Not all dying persons will progress through these stages in an orderly sequence. Neither will every dying person experience all of these stages. However, an awareness of these stages can help the caregiver support dying individuals as they demonstrate complex reactions to death. A brief description of these stages, along with pertinent care giving considerations, is provided below (Eliopoulos, 2001:423).

### Normal Reaction-Acceptance of Death

The elderly person has the opportunity to reflect and to plan. So many men and women think about their lives, their successes, and their failures. They accept the fact that the last task for them is to prepare for death, or, as many aged indicate, "to be ready." To live and to enjoy each day, to be productive, and to communicate have real meaning for them. They realize that death will come. This reality does not make them morbid or cause them undue anxiety. Instead they thoughtfully set plans in motion. Many contact a lawyer to make a will so that after death all their affairs will be as they wished. If it is possible, they try to remember all who were close to them. Arrangements for the funeral service are made with their minister, or they communicate their desires to a few close people. Many try to see old friends, to right a wrong, to contemplate on their spirituality. The aged enjoy the knowledge that they are able to make these preparations (O'brien, 1971:74-75).

They willingly discuss their fears of dying and death with others. This is usually done with one or two close persons. The discussion may or may not be with a family member. The fears they express are related to the uncertainty of when death will occur. The manner in which it will strike (suddenly, slowly, or forcibly) concerns them. They are calm as they converse, and talking seems to give them peace. Often they express contentment and joy because life has been "good" to them. They hope that death will be as kind (O'brien, 1971:75).

**Abnormal Reaction-Avoidance of Subject**

Many elderly persons are unable to accept the fact that at some point in time they will cease to be. Despite their age, 70, 75, or 80, they cannot contemplate or discuss this actuality. They live from day to day, giving little thought to impending death. Each day means victory because they are alive and death has been eluded. Their physical limitations are tolerable and their emotional needs few, since "living" is primary. Even thought they deny death, they do think about it, it only fleetingly. However, because of their personality they are unable to admit to such thoughts or to voice their feelings. Each elder person decides consciously or unconsciously how he will cope with his thoughts on death. You need to understand that what might seem realistic and logical to you may not necessarily be viewed in the same way by the elderly person. His behavior is meaningful, and you must attempt to understand it. One of the real mysteries of the individual personality is the choice a person makes in certain situations and why he makes it. Attempt to know him and accept him as he is-remember to appreciate his sociocultural values (O'brien, 1971:75).

Death is an unknown element. People often develop many phobias (e.g., irrational dread) about it. It usually is so upsetting that the individual can think of little else. The phobias might relate to being alone at the moment of death, becoming incapacitated for a long time, experiencing physical discomfort and having to be hospitalized or institutionalized. A few may be very fearful because of their life's conduct and because they think of their God as being unmerciful. These phobias are terribly real to the person. Caregiver should report them to the physician. Listen to the elderly person as he talks about them, be patient, reassure him by being calm and concerned. Do not rebuff the elderly person. Do not pass of these phobias with meaningless phrases such as, "it is foolish to think like that," "do not worry," "you should not feel that way." The elder person is sharing with you his thoughts and feelings regarding his phobia about death. When an elderly person shares thoughts and feelings that are intense and unusual (not pleasant and nice), you can begin to feel uncomfortable. Your discomfort or a feeling of inadequacy could cause you to

dismiss the subject or terminate the conversation. You feel better (safer), yet the elderly person feels his attempts to communicate have been thwarted. Allow the elderly person to talk, and develop sensitivity in listening (the ability to listen to the words of another person completely before responding). Do not think that you must have solutions or magical formulas for the elderly person. He wants and appreciates the assistance he will need to lessen his phobia. He wants you to accept him even thought he has a phobia about death (O'brien, 1971:75).

**Unusual Reaction-Despondency and Suicide**

There are many elderly persons alive in our society who feels despondent. They see little hope in their existence and become desperate because their last act is death. Living and dying have little meaning to them. We must be concerned with the number of aged people under our care who feel this way. Despair is a very intense feeling (O'brien, 1971:76).

Individuals who feel despair (the opposite of hope) exhibit behavior that is usually consistent. They withdraw from others, including family and friends. They do not socialize and will not engage in any activity or become concerned with any type of involvement. Their personal appearance, posture, tone of voice, and the ideas that they express all give additional evidence that their spirit is dejected. The elder individuals who are experiencing despair are in an acute, critical state of despondency. You need to be concerned with learning how many of the elderly person feels this way. If this feeling increases, the individual may decide that suicide is the answer. Here the person takes the matter into his own hands and shapes his destiny. He cannot wait out his days or tolerate the unknown. Caregiver should be aware of a despondent elderly person. Suicide is always a possibility. All measures to reduce or to prevent it from happening should be employed. His environment must be kept safe, and he should not be left alone for long periods of time (O'brien, 1971:76; Kalınkara, 2011:321).

**CONCLUSION**

What indicates that a person is dead? In some situations, brain death is used as the primary criterion. Others may use cardiopulmonary function, with cessation of respiratory and circulatory functions, as the indication of death. Most people die old, in a hospital, and in conscious awareness. Death is the termination of life and the culmination of all work, play, successes, achievements, and accomplishments. Because death is inevitable, one may ask why it is so often feared. It evokes a feeling of ultimate powerlessness.

Thanatologists have called the United States a "death-denying" society, possibly because the culture focuses on youth and beauty (Tyson, 1999:494; Cason, 2001:142).

Family members and significant others often wish to be present at the time of death. Planning for death differs slightly when the elderly person is in an institutional setting instead of at home. Some families can spend only limited time with their dying loved one and wish to be called only when there is a significant change in the person's status. Others would rather be notified only after dead has occurred. Nurses need to rely on assessments of physiologic changes and experience to estimate when death is approaching but there is no why to predict the exact moment or manner of death. Death may be quick or lingering. Some individuals experience an acute physiologic change that results in death. They are alert and talking one minute and gone the next. In other individuals, bodily function shuts down system by system, heart rate slows, respiration fades, and the individual slowly slips away. Death occurs when heart and respiratory activity ceases (Wold, 2004:197-198).

The subject of death is so complex and personal that it is difficult to write any generalizations about it. Each individual views death differently. The one aspect of our life that we are sure about is death. Our time on earth is limited. We feel pressured to continue to be, to deny this actuality, and to accomplish much while we live. It has been predicted that man can live to be 70 years of age, yet we encounter people in our lives (family, friends, and acquaintances) who never reach this age. Because we experience the death of a family member or friend, this reality accompanies us in our daily endeavors (O'brien, 1971:73).

However, the reality can be dulled by the pressures of our work and by our continual involvement in a variety of activities. It is when death strikes and we personally lose a loved one or a friend that the emotions associated with death are aroused in us. The emotions of love, sorrow, anger, fear, guilt, and acceptance may be demonstrated. The sorrow and pain that we experience because of our loss are great and often cannot be described. For some reason, at a time of sorrow most of us want to feel and to be aware of out loss. The condolences of family and friends help to make the death of a loved one or friend bearable. Gradually the grieving period ends when we can remember and feel joy rather than sorrow. In remembering, we acknowledge and are grateful that this person (loved one or friend) was associated with us. We know a happiness because we have been touched and influenced by him (O'brien, 1971:73).

Although death and dying has been taboo topics for many people, they have become more legitimate issues for scientific and social discussion in

recent years. A major framework advanced for understanding death and dying. Most elderly people appear both to deny and to accept death, being better able to discuss others' deaths than their own, and fearing a painful dying process more than the event of death itself. Different attitudes toward dying exist among the old. Professionals and the family members can address the dying persons fears, minimize the pain of the dying process, end help the individual to attain a "good death" (Hooyman and Kiyak, 2005:481).

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