Chapter 11. On Aging, Death, and Dying

Chapter Overview

In New Hampshire, 12% of the population is age 65 or older. That number is expected to double in 20 years. This growing population of older adults is a powerful influence on society. The grace and wisdom that comes with age is a well-earned gift.

As we age, it is important to focus on the positive factors associated with aging, not just on disease and disability. Research shows that how we treat our bodies through healthy attitudes and habits such as diet, exercise, and avoidance of the use of tobacco and alcohol, will have profound effects on how we individually experience the aging process.

Similarly, maintaining the healthy connections that keep us vibrant socially, emotionally, and spiritually, are key ingredients to our health throughout our life span.

"If we spent as much time feeling positive about getting older as we do trying to stay young, how much different our lives would be."

- Rob Brown

This chapter examines the topic of death and dying, using the studied wisdom left behind by Dr. Elisabeth Kubler-Ross.

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Emotional Stages of Loss

In the process of aging, there is both gain and loss. Even with loss, there can be growth and resolution. Our ability to survive the loss of loved ones and face our own death will be shaped, in part, by our approach to life.

When facing the end of life, Dr. Elisabeth Kubler-Ross offers many insights in her book, *On Death and Dying*, “a profound lesson for the living,” according to *Life* magazine. Her insights are excerpted in the remainder of this chapter.

Dr. Elisabeth Kubler-Ross identifies the following five noticeable stages that people pass through when they are faced with imminent death:

- **Denial.** The individual will express disbelief or inability to acknowledge the loss.
- **Anger.** The person will be enraged that the loss could have happened to them.
- **Bargaining.** The individual will attempt to make "deals" in an effort to change the situation for the better.
- **Depression.** A feeling of despair or hopelessness will overcome the individual.
- **Acceptance.** The person is able to move beyond the loss and resume previous activities and behavior.

These stages are not necessarily experienced in the order listed, and some people move through the stages more quickly than others. It is also interesting to note that these are the same stages that individuals experience when they face other major losses. Many such losses occur later in life, such as the death of a spouse, serious illness, or the end of a career through retirement or disability.

Wisdom from Kubler-Ross

The following are quotes from Dr. Elisabeth Kubler-Ross’ book, *On Death and Dying*:

- Epidemics have taken a great toll of lives in past generations. Death in infancy and early childhood was frequent and there were few families who didn't lose a member of the family at an early age.
- When we look back in time and study old cultures and people, we are impressed that death has always been distasteful to man and will probably always be.
- Dr. Bell communicates... “give each patient a chance for the most effective possible treatment and not to regard each seriously ill patient as terminal, thus giving up on them.”
- We should not “give up” on any patient, terminal or not terminal. It is the one beyond medical help who needs as much if not more care than the one who can look forward to another discharge.

"It is really something of a feat to have lived seventy-five years, in spite of illnesses, germs, accidents, disasters, and wars. And now every fresh day finds me more filled with wonder and better qualified to draw the last drop of delight from it."  
—Maurice Goudeket
It might be helpful if more people would talk about death and dying as an intrinsic part of life just as they do not hesitate to mention when someone is expecting a baby. A dying person can be of great help to the relatives in helping to meet his/her death. This can be done in different ways. If the patient is able to work through grief and show the family by example one who can die with equanimity, the family will remember the patient's strength and be able to bear their own sorrow with more dignity.

We have seen several patients who are depressed and morbidly uncommunicative until we spoke with them about the terminal stage of their illness. Their spirits were lightened, they began to eat again, and a few of them were discharged once more, much to the surprise of their families and the medical staff. I am convinced we do more harm by avoiding the issue than by using time and timing to sit, listen, and share.

Giving the family members a chance to vent their feelings about the burden of responsibilities they have to take on while one member is ill, or sometimes a night out while someone else sits home with the invalid, is of great help. People can function in a healthy way if they have respite from caregiving.

Dr. Kubler-Ross says the following about her book, On Death and Dying: “If this book serves no other purpose but to sensitize family members of terminally ill patients and hospital personnel to the implicit communications of dying patients, then it has fulfilled its task.”

Lastly, she stated that it is important to include young family members in the visits and conversations with the elder members who are ill. With the inclusion of the children, the event of death becomes not so much a mystery as an accepted part of life.

Other Readings


A practical guide on the importance of communicating with the terminally ill, offering suggestions on what to say and do to offer comfort, and to make the most of the final opportunities with loved ones.

An attorney’s guide to the practical concerns created by life-threatening illness.

Illustrated with stories by dying patients, a hopeful view of dying is offered as well as some conditions important for dying well.
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A former student connects with his college professor who is dying from ALS. Fourteen “classes with Morrie” are recounted.


