**Health, Wellbeing, and Aging: Death and Dying**

**Introduction**

Every individual with upright wits will always dream of living a healthy life, a life free from any physical, social or mental distress. According to Pretty et al. (2005), the combination of good physical, social and mental health is the primal wellspring of a happy life or simply wellbeing. Health and wellbeing are intertwined, and they vary from one individual to another depending on quite a number of factors including age. If health is not appropriately maintained, as Schulz and Sherwood (2008) observe, the body can be attacked by a variety of diseases which may eventually lead to death. However, during the later life course, illness increases despite the countless efforts an individual may employ to maintain good health. Ultimately, death must occur. That is why there is an age limit beyond which no human has ever lived. This paper seeks to analyse the various factors that affect health, well-being, and illness more so through the later life course. Additionally, it will assess two theoretical perspectives of death and dying; Kubler-Ross’ 5-stage model and Charles A Corr theory. In a narrower context, the theories will explain the experiences attached to death and dying.

**Definition of Death**

Death has been differently defined by various scholars however those definitions have some concepts in common. To begin with, they jointly agree that only the living things including organisms undergo death. Additionally, they acknowledge the fact that death marks the end of life. According to Edo-Gual (2014), death is the permanent cessation of being alive that every living creature must pass through. By the term permanent, Edo-Gual (2014) denote that death is irreversible. On the other hand, Green (2012) defines death as the cessation of every vital body function such as the brain activity, breathing, and heartbeat. Unlike the previous definition, this one is strictly confined to human beings and other animals with specific body organs like the heart, lungs, and brain. Quite often, the precise difference between death and dying is missed by many. One main difference is that death is a state or a condition while dying is a process. Gardiner et al. (2009) define dying from a medical point of view and say that it is a process that commences when an individual is attached to untreatable disorder which must just end in death. This implies that dying leads to death.

**Whether Death is a Taboo or not and why**

**Modern Perspective**

With all its inevitability, death is a taboo subject to many. Clark (2003) reveals that more than three-quarters of the current world's population know nothing about their friends and family members' end-of-life wishes. This, however, does not mean that people do not think about death and dying, they do, frequently and broadly more so the elderly. That is why will-writing is a common practice. The problem is that no one wishes to narrate his or her thoughts to others due to quite a number of reasons. To begin with, Leming and Dickinson (2010) emphasise that people, especially those who have not reached the later life course, usually feel unprepared when it comes to death. This feeling of unpreparedness may be due to the fact that there are endless wishes that people want to achieve. Uncertainties also make people feel unprepared with regard to death and dying. Some of the uncertainties may be how an individual’s dependents will survive upon their death or even what happens after death. Additionally, some feel unprepared for death when they recall the struggle they underwent to establish their wealth.

The second reason why people regard death and dying topic as a taboo and avoid its discussion is that it is disquieting to imagine of mortality (Leming & Dickinson 2010). Death comes in very many ways, some of which are traumatising. That is why most people, including those who walk in faith, will always ignore talking about the various means through which their deaths may occur. When it comes to causes of death and means of dying, most people do not only avoid the discussions, besides, they strictly make their minds to swerve from the thoughts. Thirdly, Leming and Dickinson (2010) add that death and dying are not discussed because the topic may, to an extent, traumatise the beloved-ones. Imagining how painful and traumatising it was when a loved one was lost also contribute a lot to the general avoidance of death and dying discussions. Therefore, to avoid saddening or upsetting family and friends, many people opt to avoid talking about the end of their lives. These three reasons, among many more, best explain why death is a taboo subject to many in the modern society. Nevertheless, there are those who talk about their expectations upon life cessation frequently and openly. This category of people is treated as outcasts in some communities.

**Historical Perspective**

In the olden days, as Richards (2012) observes, the topic of death and dying was differently perceived as compared to how it is viewed in the postmodern society. It was not a taboo and people openly and frequently debated about its implications alongside publishing books and articles to expound more about it. For instance, Rowbotham and Clayton (2008) note that during the reign of Queen Victoria of the United Kingdom, the topic of death and dying was one of the frequent debates and early death among individuals was the primary reason behind this. All through the 19th century, the average life expectancy was very low, estimated to be 48 years (Rowbotham & Clayton 2008). This is contrary to the modern society where life expectancy in some countries is as high as the 80s. When people realised that they had very limited time to live during the Victorian era, making death and dying topic an open debate was among the moves that would remedy the problem of low life expectancy. As life expectancy gradually increased, Rowbotham and Clayton (2008) opine that end-of-life discussions diminished more until now people have attached several negative beliefs to the topic.

**Process of Death**

**Funeral in the Past**

Funerals are as ancient as the human race. Historically, the dead have been specially treated from one civilisation and culture to another. Irish, Lundquist, and Nelsen (2014) reveal three threads that communities shared and still do when it comes to a funeral in spite of their cultural diversities; ceremony, ritual or funeral rites, a sacred place for the deceased and the dead’s memorials. The history of funeral rites dates back to 60,000 B.C when the Neanderthal buried the deceased with antlers and flowers as a sign of gifts and rituals to the dead (Henry, Brooks, & Piperno 2010). One of the very first evidence of this practice was discovered in Shanidar cave, Iraq when pollen layers were found with Neanderthal skeletons. It is not possible to ascertain the precise reason behind this practice, but researchers say that it is an implication that the Neanderthal man valued the dead and was aware that each of them would die at one point in time. Additionally, the practice implies that the ancient man belied in life after death. The universal funeral monuments during the Neanderthal epoch were either piled stones or a mound of earth over the dead body. Some of the famous old landmarks that were constructed as either memorial tools or tombs for enshrining and honouring the deceased include the Taj Mahal, the Roman catacombs, the Mausoleum, the terror cotta worriers of China and the pyramids of Egypt (Holt, 2012).

According to Lippolis and Calio (2016), construction of the oldest Mausoleum began in 353 B.C and it was meant for King Mausolus of Caria. However, the construction was still incomplete when the ruler died but his wife finished it afterwards. Through the 19th century to date, very many funeral rites have emerged. In some countries, cremation is utterly illegal while it is allowed in some other nations. Still, in some countries, the dead are to be buried in specific localities like mountainsides as practised by the Chinese. Cremation was frequently practised among the ancient Greeks. They used clay urns to contain the remains of the cremated way back in the 1000 B.C.

**Funeral in the Present**

Just like in the ancient days, funerals and burials are still highly valued in the postmodern world and practised in very many distinct ways. In the United Kingdom, funerals and burials as currently performed can be explained in the context of obituary notice, funeral procession, wakes and disposition of the deceased. According to Kasket (2012), publishing death announcements began in America in the late 16th century, about 350 years before it was standardised in Britain. However, the obituaries were strictly preserved for the socially-prominent individuals like the public servants or soldiers. In the 20th century, obituaries or the ordinary citizens were frequently published, and the practice has extended to date. One major difference between these obituaries is the platforms where the deceased details were published (Kasket, 2012). Presently, funeral details are given on the social media podiums like Twitter, Facebook and Instagram alongside other platforms such as newspapers and over radios.

In relation to a funeral procession, Watanabe-O’Kelly (2017) notes that the use of hearse has replaced the ancient methods of carrying corpses such as the use of cart corteges and horses. The most common modern means of recognising funeral procession in the UK, just like in most countries, is the stoppage of passers-by to pay respect to the deceased before proceeding with their journeys. However, the passers-by are at will to decide whether to mourn or not. Friends and family members of the deceased will always want to see a large procession during the funerals of their beloved-ones (Kaplan, 2009). As a result, they do hire professional mourners who wail and keep the multitude at funerals as high as possible. Large procession indicates that the dead was loved and respected.

Wake is another common practice in the modern funerals. Wake, according to Sormanti and Ballan (2011) is a party held before or after the burial of the deceased in order to celebrate the dead’s life, share memories and grieve together. In the modern UK funerals, wakes are often held after the interment as opposed to the old days when they were specifically conducted before burial with an aim of waiting for the wailers who travelled from further places. The origin of wakes is traceable long before Christianity, however, the practice started being common during the times of the ancient Anglo-Saxon (Semple 2013). At this period, Christians organised wakes which were characterised by dancing, feasts, and sports. At night, meditation and prayers were held in a church and the following day would be set as a holiday in the parish.

**Cultural and Religious beliefs on Cremation and Burial**

Cremation and burial are equally used as disposition means of the deceased in the modern society. According to Fahlander and Oestigaard (2008), the Hindu community is among the leading practitioners of cremation. This is because of their belief that humans are made of five elements; sky, air, water, fire and earth and upon death, the each of these elements must go back to their origins. This is contrary to the Judaism and the Orthodox who prefer burial to cremation. Anciently, Judaists fiercely opposed cremation but currently, some practice it. Nevertheless, they emphasise that the cremains must be buried in coffins. Orthodox has however strictly adhered to burial as they strongly oppose cremation. Muslims on the other hand, as Rebay-Salisbury (2012) notes, have historically remained the fiercest criticisers of cremation as they view it as an unclean practice. They are not supposed to witness the practice when being performed.

During burial, Basmajian and Coutts (2010) note that mourners in most cases throw personal items, flowers and soil on the coffin already lowered in the grave. Most graves are dug facing west to east with the head facing west and feet the east. This practice traces its origin to the Pagan times of sun worshipping. Christians, however, adopted it with the notion that the dead upon resurrection will be facing Christ. Construction of monuments has also been maintained in the modern UK society to commemorate the deceased. In a nutshell, most of the funeral practices undertaken in the postmodern societies were performed several centuries or millenniums ago. However, as Chapman (2013) observes, they have been slightly modified due to a change in the social, technological, cultural and environmental factors.

**Theories of Death and Dying**

**5-Stage Model of Death**

Psychiatrists, social psychologists among other researchers have developed various theories to explain death and dying. Friedman and James (2008) show that Elizabeth Kubler-Ross’ 5-stage model of death is among the most common of the theories. The model explains five stages that terminally ill individuals who have to face death in the near future undergo prior to their end-of-life. Some of the stages, however, are also experienced by the beloved-individuals of the dying patients. Kubler-Ross developed this model after interacting with over 200 terminally ill individuals in the 1960s and wrote about it in her book ‘On Death and Dying’ (Hall 2011). The five stages include denial, anger, bargaining, depression, and acceptance. At the denial stage, the dying patients refuse to accept the fact that they must face death soon. After diagnosis, they usually give statements like ‘It must not be a reality’ or ‘this cannot happen to me, not now’. Consequently, they may opt to seek recommendations from other professional doctors, witch doctors or faith healers. At the anger stage, the patients accept the reality that they will die soon hence become hostile, resentful and angry. The main question they as at this stage is ‘why me’?

At the bargaining stage, the terminally sickling patients start ‘reasoning’ with their gods as they ask for a favour. They try to plead for prolonged life and frequently accompany those requests with promises. For instance, ‘if you would give me only two years more, I will distribute my wealth to the needy.’ Hall (2011) indicates that this stage happens almost throughout the dying process. The second last stage, depression, is experienced by the patients and their loved ones. The patients become aware that the bargains they made at stage three are in vain, however, they are deeply saddened. One of the common statements at this stage is ‘so it is true that I am going to die in the near future. How I wish I could avoid this.' At this stage, the dying patients prefer being lonely and they remain sullen and mournful most of their time. At stage five, people embrace the inevitability of death. They accept situations with all bitter realities they come with and acknowledge the fact that everyone has to die. Statements like ‘I have no power to fight it’ or ‘life has to move one’ become come among those who have been left by the loved-ones. Rodin and Zimmermann (2008) note that the theory is criticised on the ground that there is no evidence that the stages exist during death. In addition, there is no evidence that all dying patients pass through all the five stages.

**Charles A Corr’s Theory**

Charles A Corr is a researcher and social psychologist who through his theory attempts to help educators, researchers and caregivers go beyond the limitations of Kubler-Ross’ 5-model theory. As a result, Wasserman (2008) show that Corr provides coping strategies for individuals, advocate for patient empowerment and issue practical guidelines for the terminally ill individuals. In a broader context, Corr explains that those withstanding dying are living individuals who will have distinct reactions when confronted by unique challenges. Secondly, he suggests that for people to provide effective care to those who are withstanding dying, they must be ready to listen actively. Active listening also helps caregivers in determining the psychological needs and processes of the dying patients. Thirdly, Corr emphasises that people should learn some vital lessons from the dying patients. Such lessons include self-identification as mortal, finite, vulnerable, limited, adaptive and resilient individuals who are also worthy of love.

**Conclusion**

In a nutshell, death it is worth noting that the subject of death and dying is widely recognised as a taboo in most modern societies. However, the perception was utterly different in the ancient days like during the Victorian era. Funeral rites differ from one culture and religion to another. While as some cultures and religions allow both burial and cremation as means of disposition of the dead, others strictly adhere to one of the methods and oppose the other. By way of example, cremation is fiercely opposed by the Muslims who deem the practice as unclean. In her attempt to explain the feeling attached to the death process, Kubler-Ross developed a 5-stage model which the bereaved families and the terminally ill patients undergo. The model has however been criticised based on some limitations. Such shortcomings include lack of evidence on the existence of the five stages. Additionally, it is unrealistic to say that every dying patient will undergo all the stage before he or she finally dies.

**References**

Basmajian, C. and Coutts, C., 2010. Planning for the disposal of the dead. *Journal of the American Planning Association*, *76*(3), pp.305-317.

Chapman, R., 2013. Death, burial, and social representation. In *the Oxford Handbook of the Archaeology of Death and Burial*, 22(13), pp.117-156.

Clark, J., 2003. Patient centred death: We need better, more innovative research on patients' views on dying. *BMJ: British Medical Journal*, *327*(7408), p.174.

Edo‐Gual, M., Tomás‐Sábado, J., Bardallo‐Porras, D. and Monforte‐Royo, C., 2014. The impact of death and dying on nursing students: an explanatory model. *Journal of Clinical Nursing*, *23*(23-24), pp.3501-3512.

Fahlander, F. and Oestigaard, T. eds., 2008. *The materiality of death: bodies, burials, beliefs* (pp. 1-16). Oxford: Archaeopress.

Friedman, R. and James, J.W., 2008. The myth of the stages of dying, death and grief. *Skeptic (Altadena, CA)*, *14*(2), pp.37-42.

Gardiner, C., Gott, M., Small, N., Payne, S., Seamark, D., Barnes, S., Halpin, D. and Ruse, C., 2009. Living with advanced chronic obstructive pulmonary disease: patients concerns regarding death and dying. *Palliative Medicine*, *23*(8), pp.691-697.

Green, J.W., 2012. *Beyond the good death: The anthropology of modern dying*. University of Pennsylvania Press.

Hall, C., 2011. Beyond Kubler-Ross: recent developments in our understanding of grief and bereavement. *InPsych: The Bulletin of the Australian Psychological Society Ltd*, *33*(6), p.8.

Henry, A.G., Brooks, A.S., and Piperno, D.R., 2010. Microfossils in calculus demonstrate consumption of plants and cooked foods in Neanderthal diets (Shanidar III, Iraq; Spy I and II, Belgium). *Proceedings of the National Academy of Sciences*, p.201016868.

Irish, D.P., Lundquist, K.F. and Nelsen, V.J., 2014. *Ethnic variations in dying, death and grief: Diversity in universality*. Taylor & Francis.

Kaplan, B.J., 2009. *Divided by faith: Religious conflict and the practice of toleration in early modern Europe*. Harvard University Press.

Kasket, E., 2012. Continuing bonds in the age of social networking: Facebook as a modern-day medium. *Bereavement Care*, *31*(2), pp.62-69.

Leming, M.R., and Dickinson, G.E., 2010. *Understanding dying, death, and bereavement*. Cengage Learning.

Lippolis, E. and Calio, L., 2016. Halicarnassus and the Mausoleum. The modern City Layout of the late Classic period and the grave Temple of the Carian King Mausolus celebrated as a wonder of the World, 13(1), pp.213-215

Pretty, J., Griffin, M., Peacock, J., Hine, R., Sellens, M. and South, N., 2005. A countryside for health and wellbeing: the physical and mental health benefits of green exercise–executive summary. *Countryside Recreation Network*.

Rebay-Salisbury, K., 2012. Inhumation and cremation: how burial practices are linked to beliefs. *Embodied knowledge: Historical perspectives on technology and belief*, pp.15- 26.

Richards, N., 2012. The right-to-die: older people and death activism. *international Journal of Ageing and later life*, *7*(1), pp.7-32.

Rodin, G. and Zimmermann, C., 2008. Psychoanalytic reflections on mortality: a reconsideration. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, *36*(1), pp.181-196.

Rowbotham, J., and Clayton, P., 2008. An unsuitable and degraded diet? Part three: Victorian consumption patterns and their health benefits. *Journal of the Royal Society of Medicine*, *101*(9), pp.454-462.

Schulz, R. and Sherwood, P.R., 2008. Physical and mental health effects of family caregiving. *Journal of Social Work Education*, *44*(sup3), pp.105-113.

Semple, S., 2013. *Perceptions of the Prehistoric in Anglo-Saxon England: Religion, ritual, and rulership in the landscape*. Oxford University Press.

Sormanti, M. and Ballan, M.S., 2011. Strengthening grief support for children with developmental disabilities. *School Psychology International*, *32*(2), pp.179-193.

Wasserman, L.S., 2008. Respectful death: A model for end-of-life care. *Clinical Journal of Oncology Nursing*, *12*(4), p.621.

Watanabe-O'Kelly, H., 2017. Early modern European festivals—politics and performance, event and record. In *Court Festivals of the European Renaissance* (pp. 15-25). Routledge.