

Death, Dying, and Bereavement Through the Life Cycle
by J. Worth Kilcrease

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	...	35	36	...	45	...	65	66	+
Designation	Child											Early Adolescent			Middle Adolescent			Late Adolescent			Young Adulthood						Middle Adulthood		Late adulthood/elderly			
Erickson Tasks	Trust vs. Mistrust	Autonomy vs. Shame		Initiative vs. Guilt			Industry vs. Inferiority					Identity vs. Role Confusion						Intimacy vs. Isolation						Generativity vs. Stagnation		Integrity vs. Despair						
Sub-tasks												Emotional Separation from Parents			Competency/mastery/control			Intimacy and commitment														
Conflicts												Separation vs. Reunion			Independence vs. dependence			Closeness vs. distance														
Piaget's Phases	Sensorimotor		Pre-operational				Concrete Operational					←----- Formal Operational -----→																				
Description of Piaget's Stages	Intelligence consists of sensory and motor actions; no conscious thinking; limited language; no concept of reality		Egocentric orientation; magical, animistic, and artificial thinking; thinking is irreversible; reality is subjective				Orientation ego-decentered; thinking is bound to concrete; naturalistic thinking; recognizes laws of conservation and reversibility					←----- Propositional and hypo-deductive thinking; generality of thinking; reality is objective -----→																				
Nagy	Death is not irreversible				Death is personified				←----- Death is a process happening in everyone, it is characterized by universality (all-inclusiveness, inevitability, unpredictability), irreversibility, non-functionality, causality, non-corporeal continuation -----→																							
Grollman	Attendance at bereavement rituals offered							←----- Attendance at bereavement rituals encouraged, not forced -----→																								
Manifestations of Bereavement			Fear of abandonment, clingy, withdrawn, depressed, fear of dark or going to sleep, may regress, death is like sleep, think dead still eat, drink, go to bathroom, etc.				Death happens to others, not self; want to know about physical aspects of death; thinks death is contagious				May see death as punishment; people die to make room for others; may act out; difficult concentration; withdrawn and isolating; angry or sad; worry what will happen to them; interested in spiritual aspects of death			Risk taking; controlled by moods and hormones; death is natural enemy; self is invincible; question meaning of life; unsure how to handle emotions; may seek out friends & family for comfort, afraid of being labeled (early adolescence), confusion, crying, feelings of emptiness/loneliness, disturbed sleeping and eating, and exhaustion			Physiological ailments, cognitive distress, wide range of emotions, behavioral changes, social difficulties, spiritual searching															
Mourning Issues	1. Did I cause the death? 2. Is it going to happen to me? 3. Who is going to take care of me?											Inverse relationship between self-concept and depression						Reaction depends on relationship to deceased: child > spouse > parent														
Mourning Tasks	1. To understand and try to make sense out of what has/is happening. 2. To express emotional and other strong responses to the loss. 3. To commemorate the life that has been lost. 4. To learn to go on living and loving.											Migration from childhood tasks to adult tasks based on age, level of self-concept, and depression.						1. To accept the reality of the loss. 2. To work through the pain of the grief. 3. To adjust to an environment without the deceased. 4. To emotionally relocate the deceased and move on with life.														
Life-threatening Illness Issues	Separation from mother, cause of illness, threats to body image, treatment procedures, fears of dying					The future, educational and social relationships, body image, and issues related to hospitalization and treatment					Physical appearance and mobility, rely on authority figures			Affect on attraction of opposite sex, emancipation from authority figures, career and relationship plans		Affect on lifestyle, plans for career and relationships			Concerned about inability to develop intimate relationships, expression through sexuality, threat to goals and future plans			Reevaluate meaning of life; legacies; orderly affairs		Maintaining sense of self, participating in decisions regarding their lives, being assured their life has value, appropriate and adequate health care, more likely to be at peace with death								
Coping Strategies for Life-threatening Illnesses	Distance oneself from superfluous others, make deals about painful treatments, regress, compensate											Categories and Tasks: Emotion-focused (affect regulation, emotion discharge, resigned acceptance), Problem-focused (seeking information and support, taking problem-solving actions, identifying alternative rewards), Appraisal-focused (logical analysis and mental preparation, cognitive redefinition, cognitive avoidance/denial) Awareness Levels: Closed, Suspected, Mutual Pretense, Open Dimensions and Tasks: Physical (satisfy body needs and minimize physical distress), Psychological (maximize security, autonomy, and richness), Social (sustain interpersonal attachments and interaction with social groups), Spiritual (address issues of meaningfulness, connectedness, and transcendence) Phases and Tasks: Pre-diagnostic (recognize danger/risk, manage anxiety, follow through health-seeking strategy), Acute (understand the disease, maximize health, optimize coping strategies, develop strategies to deal with new issues, explore effects of diagnosis, express feelings, integrate present reality), Chronic (manage symptoms, carry out health regimens, manage stress, normalize life, maximize social support, express feelings, find meaning), Recovery (deal with aftereffects, anxieties of recurrence, reconstruct lifestyle, redefine relationships with caregivers), Terminal (manage discomfort, cope with health procedures, manage stress, prepare for death, sustain self-concept, express feelings, find meaning)																				
Suicide Factors	Relatively rare, but thoughts and attempts are more frequent											Social disruption, interpersonal conflict and losses, family problems (violence, disengagement, and deficient support, abuse, parental suicidal, instability in living situation), peer pressure, inexperience coping with problems, escape from stressful life situation						Academic achievement, courtship, family formation, and career; desire for perfection that falls short			Accumulation of negative events and affective disorders, esp. depression and alcoholism		Highest risk, release from illness or hardship (despair)									