

Death changes



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Sociology of Death and Dying (SOC 355) February 28, 2013 Changes in Death Management Practices One of the first noted changes in the book regarding attitudes towards death can be seen with the advances in mass media. As Technology has advanced, so have the ways in which news is reported to the world. Radio, Television, and the Internet have given the public many ways of receiving information. When situations portray a perceived threat, people turn to mass media for information.

The ability to access information regarding worldwide disasters, terrorism, and other acts of brutality make us feel like survivors of death. Because we are able to see and hear about things that we have no firsthand knowledge of, we feel like we are experiencing it to some degree. (DeSpelder, Strickland pg. 6) During the Vietnam War, television gave people access to images of things that were happening half a world away. In no other time were daily doses of violence to this degree a part of everyday life.

Media analyst George Gerbner observed that these depictions of death evoked a heightened sense of danger, insecurity, and mistrust which contributed to an "irrational dread of dying and thus to diminished vitality and self-direction in life" (DeSpelder, Strickland pg. 8) Life expectancy and Mortality Rates have been affected by technology as well. In 1900, the average life expectancy was 47 years of age in the United States. As of 2005, the average life expectancy rose to 78 years of age. This rise can be attributed to epidemiologic transition which moves the largest number of deaths from the young to the old.

In the early days people died from infection due to lack of medication and knowledge on how to treat and prevent. As this knowledge was gained,

deaths tended to be from chronic disease processes that are common in the older population rather than young. In 1900, over half of deaths that occurred were to children under the age of 14. That number has decreased to less than 2% and this fact influences how we feel and think about death. (DeSpelder, Strickland pg. 36) In the 1870's, nine out of ten Americans over the age of 15 had lost a parent or a sibling.

Because medicine and medical care was not advanced, mother's died during child birth and/or babies were born still born due to lack of prenatal knowledge and care advancement. The family unit was very important and often people in this time period would display postmortem pictures of loved ones who had passed as a testament to this family unit and the common knowledge of their mortality. One other change that has taken place is death rituals. In the early 1900's families were more likely to be multigenerational living in the same house.

People tended to intermingle with other generations out of necessity. Families lived on large homesteads and it took everyone to make it work. Because of this, multiple generations were present at the death of older family members and rituals and traditions existed. In this day and age people are more mobile and on the move. It is harder to maintain close relationships with family when you don't live in the same state, let alone city. People appear to be less affected by the death of an older relative when the closeness of the relationship has been lost due to sheer proximity.

Several changes that can be discussed regarding children are their attitudes towards death, their functional ability to understand death, and their desensitization to violence regarding death. Children's attitudes towards

death are much different in this day and age from in the late 1800's or early 1900's. In that time, families tended to live together in extended family situations possibly on homesteads. There was less access to medical care and things were taken care of at home. Death was something that was seen as a natural part of the living process and happened more regularly because of the generations that cohabitated.

In this day and age as generations tend to live separately, children are more sheltered from this and therefore tend to look at death as something that doesn't directly affect them. Jean Piaget, a theorist in human development, did extensive study of children and divided them into approximate age groups and developmental periods. He theorized that we develop our knowledge based on things we already know. These stages are sensorimotor from birth to 2 years when children learn based on their senses and motor abilities and begin to develop the idea of object permanence where they understand an object is still present even when it can't be seen.

Preoperational from 2-7 years where they progress from egocentric thought where they look at things as if they are the center of the world to prelogical where they learn trial and error and can begin to understand other points of view. Concrete operational from 7-12 years where they are able to logically understand and organize information and begin to think forward and backward about experiences. And finally, Formal operational from 12 years and up where they can think hypothetically and abstractly about situations and begin to have an interest in ethical situations. . (DeSpelder, Strickland pg. 2-53) Before these types of theorists existed, death was considered a natural part of the living experience and children just dealt with it like the

rest of the family. Also in early years when children talked about death, it tended to be in the context of disease processes and accidents. As the culture has, advanced children are routinely exposed to things they weren't before. If you ask, a child now days what things are that can cause death you may hear things like gunshot wounds and other traumatic experiences that can be linked to crime, violence they see on TV or video games or inner city experiences.

In a cultural or historical sense differences in how dying is perceived can be from a cultural standpoint. Different religious and ethnical cultures have different practices and beliefs regarding death but as we have become more culturally competent society, the varying beliefs have become better understood. The physical cause of dying has changed simply by historical differences in living conditions. For example, in the Stone Age people were more likely to have died from trauma and animal attacks, whereas today dying from frailty, organ failure and dementia are more common.

One change in regards to mortality and society where death is concerned can be related to education and training. For example, an earthquake in Japan in 1923 caused the death of 100, 000 people. Today, because of advances in technology and safety we have ways to warn people of dangerous weather situations and have developed better safety practices that if followed can save many lives. . (DeSpelder, Strickland pg. 135-136) Change has also been seen in the conventional signs of death. Most deaths are determined by the absence of heartbeat and breathing.

With the advances in technology and medicine, though, it is possible for mechanical ventilation and medications to artificially maintain these

functions while the brain is termed dead. For this reason, the concept of brain death was created. Another innovation that has changed death is organ transplantation. Before this was discovered and perfected people had no choice but to die if they fell victim to an irreversible organ failure. Now, through organ donation and transplantation people can live long and productive lives if they can receive these lifesaving procedures.

The final three changes that will be discussed are in regards to patients, staff, and institutions in the field of Health care. In 1900, about 80% of deaths in the United States took place in the home. As the invention of hospitals and other institutions took place, this shifted to the institutional setting with more people dying in hospital or nursing home setting. There is beginning to be a shift again however as hospice care becomes an option available to more and more people that allow them to stay in their homes around familiar surroundings instead of the sterile, non-personal setting of a hospital or institution.

Another change that has taken place with regards to dying could be the rationing of resources. This will undoubtedly be getting even worse under Obamacare. Physicians used to be considered the gate keepers of what services and treatments were reasonably appropriate to which patients. As managed care comes more and more into the picture, this will change. Physicians will be paid a certain amount of money per month by insurance companies to manage the patients' health. The less procedures, tests, and resources that are used the more money the physician will get to keep.

This leads to the fear that rationing of resources or withholding of resources is a real possibility in order to keep from bankrupting doctors and clinics.

Finally, palliative care, and end of life decisions are changing as well. There have been many advances with the advent of hospice and what can be done to allow a natural and peaceful death for those that are not interested in prolonging it. Undoubtedly, we will all die one day. There has been a shift in recent years from death being an almost taboo topic to one where people are taking control of their decisions.

This is an area I am passionate about. You can take control of your end of life decisions by an advanced directive and informing your family members of your wishes. There are people who know they want every intervention possible done to keep them alive and there are those that are accepting of their own mortality, comfortable with their idea of what happens after death, and know that they want nothing heroic done to try and keep them on this earth if they cannot be an active participant.

These decisions and knowledge of these decisions has become more openly talked about in the last several years and is vital in allowing all people to have the type of outcome they desire when it comes to their death. Work Cited DeSpelder, Lynne Ann & Strickland, Albert Lee (2010). *The Last Dance: Encountering Death and Dying* (9th ed). McGraw-Hill Higher Education, New York