The Socialization of Death and Dying

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LEARNING OBJECTIVES

LO1: Define the terms *socialization*, *socializing agent*, and *death socialization*.

LO2: Explain proactive and retroactive competencies.

LO3: Describe what children typically learn about death throughout childhood.

LO4: Summarize socialization models in early childhood, including parenting styles, observational learning, attachment theory, and guided learning.

LO5: Describe death socialization models in adolescence.

LO6: Analyze typical death socialization factors in early, middle, and late adulthood.

LO7: Explain death socialization models in another culture.

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REAL LIFE

In the United States and other developed nations, people are living longer and dying at older ages than ever before. This is why you probably associate death with the elderly. Yet death can occur at any age. In early adulthood with much to look forward to, bad news from doctors can lead to frustration, disappointment, and drastic actions. This is what happened to Brittany Maynard. She was diagnosed with brain cancer at age 29. Disappointed and dejected, she was determined to end her life by ingesting a lethal medication prescribed by a physician. With Montana, New Mexico, Oregon, Vermont, and Washington being some of the few states that recognized assisted suicide then, Ms. Maynard relocated from the state of California to Oregon to fulfill her desire.

DEATH SOCIALIZATION: PERSON AND ENVIRONMENT INTERACTION

In general, **socialization** is an ongoing process of learning to behave in a way that is acceptable to society. How you interact with family, friends, and strangers; behave in public; and think about gender roles are examples of socialization. Responses to and attitudes about death are also part of socialization. For example, you learn that after someone dies, their family mourns in public and private; the public mourning often takes the form of a wake or funeral.

For children, their family, peers, mass media, and institutions such as schools are the most influential **socializing agents**, or the forces that socialize people.

Humans are born asocial and are then socialized by the environment. While environmental factors serve as the socializing agents for acquiring an understanding of death at each stage in life, equally important is your maturity level or preparedness to learn and internalize the values and knowledge socializing agents are providing. In other words, you need to be ready for the knowledge, values, and rules being offered from the environment before they can socialize you.

Jean Piaget's (1936) theory of cognitive development also alludes to competencies, when challenged by environmental demands. Cognitive competencies change biologically in a progressive, age-delineated manner from childhood on. For example, understanding that life will end is hard to comprehend at age 3, though not at age 12. However, socialization agencies could impact on cognitive competencies that defy biological age. Through experience, a 5-year-old in a war-torn country might have a better understanding of death's finality than another 5-year-old without a similar socialization experience.

Furthermore, a person's competency can operate either in a *proactive* or in a *retroactive* manner in responding to socialization experiences.

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Proactive Competency

Proactive competence is the awareness and ability to take action in lieu of what is anticipated in the future—leading to better adjustment. For students, convocation and commencement ceremonies and internships are proactive activities that help freshmen and graduating seniors, respectively, adjust to the socialization experience they are about to experience. To proactively handle the experience likely to result from death and dying, examples of steps to take would include living wills, estate wills, life insurance, and bereavement planning. Due to the unfortunate reality of poor medical facilities, parents in developing societies with high infant mortality rates exercise proactive competencies by having many children to increase the odds of some of them surviving.

However, proactive competency is demonstrated more often in later life. The socialization and biological maturity of a 3-year-old are too limited to effectively handle the experience that comes with death and dying, proactively. Children are not at a stage yet to plan for their own death or dying. Therefore, the approach to most childhood death socialization involves retroactive competency.

Retroactive Competency

Retroactive competency is the awareness and ability to *react* to a situation that is not welcome—leading to better adjustment. In societies around the world, rituals and traditions are passed on from one generation to another, with some undergoing changes due to modernization influences. Following a person's death, customs and rituals have been helpful to bereaved persons as they readjust to normal life. Such customs and rituals are seen in funerals, in periods stipulated for mourning, in expected behaviors during mourning periods, and in burial formalities. Religious beliefs are usually interwoven into many cultural practices. Songs and passages from religious books form part of burial rites. These rituals and customs contribute to the socialization experiences in many societies, irrespective of age but respective of gender. In the Jewish custom, for example, *sitting shiva* is the period, 7 days after burial, when family members, while in their homes, are comforted by loved ones who come by to pay *shiva calls*. As described in more detail in Chapter 3, this period is when the bereaved person forgoes the pleasures of life (e.g., watching TV).

Death and dying researchers suggest that certain retroactive competencies are necessary to successfully grieve and get back to normal life. In exercising retroactive competency, William Worden (2018) identifies four tasks for bereaved persons to accomplish.

1. **Acknowledge the reality of the loss**. In acknowledging the loss of a loved one, close friend, or relative, the bereaved person should view the deceased to remove any doubt that the deceased person is not alive. Usually, the funeral home is the location for viewing, though some cultures hold viewings in

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private homes. Children can participate in funerals, because the presence of family and friends of different ages help express and demonstrate support to the survivors. People attending a funeral follow cultural norms to wear appropriate clothing and express appropriate sentiments to the bereaved. Many cultures observe the following guidelines: (a) avoid flashy clothing and jewelry and (b) do not draw attention away from the bereaved to yourself. In other words, avoid being the center of attention.

2. **Work through the pain and grief.** The griever is encouraged to express the pain associated with the loss. People convey this pain through sadness, crying, numbness, anxiety, anger, emptiness, loneliness, and longing. In many cultures, the expression of pain associated with a loss fits into gender appropriate roles, which some people do not necessarily adhere to. From childhood, boys and girls are taught to reveal their emotions in gender-appropriate ways. Males are expected to mute their emotions, while females are free to release theirs—they can cry uninhibited. Kenneth Doka and Terry Martin (2011a), however, note that gender is not the only factor likely to influence how people grieve. Some people are intuitive grievers (affective or emotional), while others are instrumental grievers (cognitive-behavioral), and yet others combine both.

3. **Adjust to the new environment**. Adjusting to the new environment involves finding a replacement for the roles left behind by the deceased or being able to carry on without someone performing those roles. For some survivors, adjustments include becoming the wage earner, learning to drive, single parenting, or living alone. Children can help in adjusting to the new environment. In some cultures, teenagers, and even younger boys and girls, quit school to work to support the family. Males adopt the role of *the man of the house* after the loss of their fathers. These children are demonstrating retroactive competencies.

4. **Find an enduring connection with the deceased while moving forward**. This task involves forming memories of the deceased and then moving on, which might include entering into new relationships and enjoying life once more. To participate in this task, children could be accepting of their parents starting to date. Again, in such instances, children are demonstrating retroactive competences in responding to their situation brought about by death.

DEATH SOCIALIZATION IN CHILDHOOD

Recall that socialization is an ongoing process of learning to behave in a way that is acceptable to society. People come into this world as asocial beings and are then socialized by human, institutional (schools, churches, synagogues), and material

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agencies (e.g., cards, flowers, roadside memorials) with this process continuing throughout life.

Learning About Death in Childhood

A child's understanding of death evolves throughout childhood, from infancy to school-age years. In Jean Piaget's (1936) cognitive development stage, the child's ability to know that an object continues to exist if out of sight occurs around 8 months (during the sensorimotor stage, 0–2 years). This is known as object constancy. Prior to this time out of sight is out of mind, and arguably the child's ability to feel a loss cannot begin during this time. However, to the 8-month-old child the complexity of death is challenging, even after acquiring object permanence. Raquel Jaakkola and Virginia Slaughter (2002) identified five key biological facts to understanding death: (1) all humans will die one day (inevitability), (2) death applies to all living entities (universality), (3) death is permanent (irreversibility), (4) with death all physical and psychological functions stop (cessation), and (5) death is caused by the breakdown of biological processes (causality).

At age 5, children can understand death as inevitable and irreversible, but not until around 6 or 7 can they comprehend its universality and cessation (Lazar and Torney-Purta, 1991; Panagiotaki, Nobes, Ashraf, & Aubby, 2015). Understanding of death's causality as a function of the body's breakdown is relatively more complex of all the stages and comes around ages 8 to 10 (Panagiotaki et al., 2015). Along the way, also, children learn *supernatural* beliefs about death and about an afterlife, embedded in the parents' culture and religion (e.g., Risen, 2016). In non-Western cultures where death causation is attributed to evil spirits and witchcraft, children also learn about such supernatural beliefs on death causation.

Both natural and supernatural understanding of death can coexist without contradictions, even among adults (Gelman & Legare, 2011). Studies from Madagascar and Tanna, Vanatu, a Melanesian archipelago where there are strong beliefs about dead ancestors being present among the living have confirmed this assertion (Astuti & Harris, 2008). However, other studies have found that children who are raised in homes without strong religious beliefs do not exhibit the duality of natural and supernatural understanding of death (Lane, Zhu, Evans, & Wellman, 2016).

At the same time that children are learning about the concept of death, they are also being socialized, learning the acceptable and unacceptable ways to behave at a funeral, to talk about death, and to grieve, for example. These behaviors depend on the child's culture. For example, Schwartz (1997) noted that among Korean–American children bowing to honor a parent is important and there is a specific way the child does this when the parent is alive. However, bowing at a funeral to honor a dead parent is different: A black and white picture of the parent is placed in front of the food on the table honoring the soul of the departed. Men and children bow together and get up

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together in honor of the table, the food, and the departed. Children in Latino households learn to associate death with turning off TV and parents wearing black or dark clothes for a protracted period of time (Clements, DeRanieri, Vigil, & Benasutti, 2004; Munet-Vilaro, 1998). These types of socialization can be called death socialization, or how people learn about death.

Children learn about death and learn about it in various ways, which are discussed in the following models for socialization in childhood. The models include parenting styles, observational learning, attachment theory, and guided learning.

Parenting Styles

Researchers Bugental and Johnston (2000) describe socialization as the process through which the child acquires cognitive, emotional, and behavioral skills needed to function in the community effectively. Parents are the first and most important source of the beliefs and values that form the foundation of socialization, and they socialize their children through a variety of parenting styles. An earlier study by Sears, Maccoby, and Levin (1957) suggests that punishment and reasoning are core instruments in socializing the child, though discipline or punishment has the most influence.

Other studies point to the delicate balance between perceived external and internal controls in the child's acquisition of values. In this case, an **external control** results from the parent's regulation of the child's behavior, whereas an **internal control** is from the child's self-regulation of own behavior. In the parent-child relationship, a parent can socialize a child through reward and punishment, which are external controls. Parents try to develop a sense of safety in their children to help them avoid being hurt or worse. Parents prescribe what their children should not do, where they should not go, and what they should not eat. Through repetition, children adopt the behaviors, knowledge, and values their parents provide. Ultimately, children internalize sustainable values from their parents with minimal external controls required, leading to self-direction and autonomy (Grolnick, Deci, & Ryan, 1997).

Studies on parenting styles examine how best to achieve positive socialization outcomes in children. A **parenting style** is how parents typically interact with their children. In 1971, clinical psychologist Diana Baumrind studied preschoolers and the effect that parenting style had on their behavior and sense of self. She found three major parenting styles: authoritarian (rigid and controlling), permissive (warm and lenient with few or no limits), and authoritative (responsive and firm with reasonable expectations). Baumrind and other subsequent studies suggest that the authoritative style featuring a responsive but firm control produces more positive socialization outcomes than a permissive or authoritarian style. For example, children raised by parents using an authoritative style typically perform well academically, enjoy high self-esteem, practice appropriate social skills, and achieve self-reliance.

In the case of a young child poking a dead bird with a stick, for example, the following are likely scenarios of interaction between the child and an authoritarian,

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permissive, or authoritative parent and the values and attitude each is socializing in the child:

- Child to Authoritarian Parent: Dad why is this bird laying still and not moving? I would like to find out what's wrong with it. Authoritarian Parent to Child: Leave it alone and come on let's get going.

  In this scenario, the child learns that something that looks lifeless is bad and should be avoided.

- Child to Permissive Parent: Dad why is this bird laying still and not moving? I would like to find out what's wrong with it. Permissive Parent to Child: Ok

  In this scenario, the child forms his own opinion about something that looks lifeless.

Child Exploring a Dead Animal

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- Child to Authoritative Parent: Dad why is this bird laying still and not moving? I would like to find out what's wrong with it. Authoritative Parent to Child: Ok, find out what's wrong with it and tell me what you think.

  In this scenario, the child forms an opinion on something that looks lifeless and with further discussions with his parent, his initial opinion is either confirmed or revised.

Observational Learning

Psychologist Albert Bandura and colleague (1963) suggest that irrespective of parenting styles, children become socialized by observing the behavior of the people around them. In other words, children learn what they see, a process known as **observational learning**, which requires attention (no distraction), memory (ability to store and recall what was observed), motivation (the desire to put into action what has been observed), and imitation (the replication of the observed behavior).

Anthropologists point to observational learning as a means by which children acquire the values of their cultures. Children observe parents, siblings, and other social models closely and listen in on adult conversations (Lave & Wenger, 1991; Rogoff et al., 2007). According to researchers Peggy Miller and Jacqueline Goodnow (1995), in participating in group activities and rituals children develop their sense of identity within the context of their in-groups. However, according to a 2013 British Social Attitudes survey, about 48% think it is inappropriate for children under age 12 to attend funerals (Hilpern, 2013).

Attachment Theory

Attachment theory proposes that an infant needs to develop a close relationship with at least one parent or other primary caregiver to develop socially and emotionally. Theories on attachment largely focus on how the parent-child relationship helps the child cope with distressing situations and be socially competent (Ainsworth, Blehar, Waters, & Wall, 2015; Bowlby, 1969). Trusting the parent makes the child more likely to accept the parent's values (Maccoby & Martin, 1983; Stayton, Ainsworth, & Main, 1973). This includes beliefs about an afterlife. For example, if told that grandma is in heaven, the child is likely to believe and trust the parent.

In addition, research has found that children with parents who respond to their needs are more likely to be empathetic to the plight of others in distress such as in a loss experience (Davidov & Grusec, 2006; Eisenberg, Wentzel, & Harris, 1998).

Guided Learning

Russian psychologist Lev Vygotsky whose work was first published after his death in the West in 1962, proposed the notion of **guided learning** in teaching a child to acquire

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advanced skills and knowledge. The child is presented with materials to learn that are slightly more advanced than what the child already knows, yet within the child's zone of proximal development. For Vygotsky, the **zone of proximal development** is the area between a child's actual and potential developmental levels. A parent or other knowledgeable person can guide the child from what he or she already knows to new skills and information. For example, in teaching a child about death's finality, the subject should not only be approached within the child's level of comprehension, but also provide information that the child can acquire as new knowledge. If a 5-year-old child can understand that death means the end of life and that a dead person can no longer talk, walk, eat, or do things because of a total shut down of his body organs, the same 5-year-old child might be able to understand the concept of organ transplantation. A parent or other knowledgeable person could explain that an organ from a dead person can be transferred into a living person's body and function correctly to save or prolong the person's life. If this new knowledge is within the child's zone of proximal learning, she will understand and accept the new concept. Developmental psychologist Deborah Laible (2004) suggests that providing children with details, structure, and feedback about past emotion-laden events leads to greater comprehension of future emotional events. It in turn helps accentuate the child's level of confidence (Mattanah, Pratt, Cowan, & Cowan, 2005).

DEATH SOCIALIZATION IN ADOLESCENCE

The adolescent stage typically ranges from the ages of 13 to 19. It is a transitional period of gaining autonomy from parents and for acquiring skills and behaviors that are relevant in becoming an adult (Elliott & Feldman, 1990). Adolescence is marked by physical, mental, and behavioral transitions. The behavioral or social transition prepares teens for achieving independence from their parents and for assuming adult roles.

In adolescence, socializing agents expand from parents and the family to a broader social network. For adolescent males and females alike, neighborhoods are important socialization agents. According to Carolyn Cutrona and colleagues (2006), teenagers in disadvantaged neighborhoods lack optimism and hope and engage in negative behaviors, including suicidal behaviors (Margolin & Gordis, 2000). Disadvantaged teens also internalize feelings of marginalization, powerlessness, and low self-control (Aisenberg & Herrenkohl, 2008). Low self-control may lead to risk-taking behaviors that could jeopardize their survival (Gottfredson & Hirschi, 1990).

In reviewing the negative effects that poor neighborhoods have on the self-esteem and suicidal tendencies of teenagers, David Elkind's personal fable of invincibility (1967) and of being protected from harm may not entirely hold. The **personal fable** is a type of egocentric thinking in which adolescents feel their experiences are unique and nothing bad will happen to them. However, a study found that teenagers estimated

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their chances of dying in the next year from any cause at 18.6%, significantly higher than the actual mortality rate of 0.08% (Fischhoff et al., 2000). Perceptions of early mortality have been associated with risky behaviors such as attempted suicide, unsafe sex, and contracting HIV (Borowsky, Ireland, & Resnick, 2009; Jamieson & Romer, 2008). Engaging in risky behaviors, however, could explain why teenagers would overestimate their chances of death.

In the United States, teens account for less than 1% of all deaths each year. The five leading causes of death for teens are accidents, homicide, suicide, cancer, and heart disease. Although the overall rate of death is small, the number of deaths is not distributed equally among American teens. Instead, as shown in Table 2.1, racial (and ethnic) disparities characterize teen death rates (Warner, Chen, Makuc, Anderson, & Miniño, 2009).

Unlike adults, teenagers are lacking in cognitive competencies and resources to handle problem situations. In other words, they do not have the intellectual ability to take initiative and find ways to avoid situations where they are at risk for death.

In some communities that are rife with violence, adults and community organizations partner with teenagers to respond to violence proactively. In other words, such collaborations help augment for deficits in teenage proactive competencies. Richmond, California, experienced one such partnership with some measure of success. It became known as the "Richmond model" (Motlagh, 2016). In 2007, DeVone Boggan launched a public-private partnership known as the Office of Neighborhood Safety (Motlagh, 2016). Boggan predicated his venture's success on having more information than the police and on mixing data-gathering and analysis with mentoring. Four times a year, the program's *street team* examines police records and other information to identify 50 Richmond residents most likely to shoot someone and be shot themselves. These residents are tracked and offered fellowships in the program, with stipends attached. To ensure trust, the agency doesn't share their fellows' background information with

TABLE 2.1

Number of Deaths According to Race, Ages 15–19 in the United States, 2016

Classification	Total
All males and females	10,812
White males and females	5,667
Black (non-Hispanic) males and females	2,570
Hispanic males and females	2,017
Asian and Pacific Islanders males and females	349
American Indian & Alaskan Natives males and females	187

Source: Adapted from Xu, J., Murphy, S. L., Kochanek, K. D., Bastian, B., & Arias, E. (2018). Deaths: Final data for 2016. *National Vital Statistics Reports, 67*(5), 1–80.

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the police. Within a span of 47 months, 65 of the 68 fellows enrolled in the program were still alive. The success of the program is due in part to seven *neighborhood change agents* who constitute a team. They patrol the streets and keep a close eye on the 50 identified at-risk fellows, known as a *focus group*. The neighborhood change agents are city employees and mostly ex-convicts. They gather information on their fellows from street corners, barber shops, churches, and other neighborhood locations, and then report their findings at the end of the day. Depending on their good conduct, fellows receive stipends that range from $300 to $1,000 per month for shunning violence. Based on a *life map* toward achieving personal and professional goals, the fellows' stipends might increase.

Retroactive Competencies

In adolescence, gender-role socialization (appropriate behaviors for males and females) becomes more pronounced as pressure increases for adolescents to conform to roles sanctioned by the dominant culture (Priess, Lindberg, & Hyde, 2009). Gender-role socialization extends to acceptable expressions of grief. Researchers refer to grief reactions as masculine and feminine (Nolen-Hoeksema, Larson, & Grayson,1999). Masculine grief, demonstrated mostly by males, is characterized by lack of emotional expressions, whereas feminine grief, which is encouraged for females, allows for emotional expressions and coping styles that may include crying, seeking support from friends and family members, and asking for prayers (Carroll & Schaefer, 1994). This difference between coping styles that males and females use to respond to a loss is further sustained in adulthood.

Although parents are typically responsible for death socialization in young children, their influence on their teenage and adult children is less pronounced. For example, the cognitive abilities of teenagers and adults enable them to better comprehend gender-role behaviors for males and females in grieving. Unlike children, they understand that gender-role behaviors are not only expectations from parents, but also from society. In addition, although parents still play important roles in the lives of teenagers when discussing burdensome issues, teenagers prefer to discuss such matters with friends and peers (Wass & Stillion, 1995). This might likely pose cognitive dissonance for transgender teenagers, however, if the gender-role expectations of them from friends and peers are in conflict with their own gender identify.

Personal Experience

Personal experiences of the loss of a friend or a loved one to homicide or suicide, road accident, or illness are socialization agents in death and dying.

Increased cognitive abilities in teens also affect their interpretation of their personal experiences with death and dying. Unlike children, teenagers can fully

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understand death's finality and its implications. Jean Piaget (1936) described the last stage of his cognitive development theory as formal operations (abstract thinking), which begins around age 12. Thinking abstractly includes trying to make sense of issues that defy logic. For example, why would a 16-year-old girl with much future ahead of her die and not an 80-year-old woman without much of a future left? Such abstract thought requires an understanding of complex issues that include socio-economic factors, random selection, lifestyle, situational disposition, and luck. Such abstract thought is not available to all teens, however. Apparently only some teens can operate at the formal operations level (Berenson, Carter, & Norwood, 1992). Also the pre-frontal cortex responsible for rational thought is not fully developed until age 25 (Arain et al., 2013).

Developmental psychologist Erik Erickson (1964) describes adolescence as a stage of resolving the crisis of identity versus role confusion. When successfully resolved, the teenager's identity blooms within the context of friends and peers (though not family members), leading to a separate identity and an independent thought process. Yet, as earlier mentioned, independent thought in adolescence is limited in proactively responding to death and dying issues, resulting in high rates of suicide, violence, and risk-taking behaviors.

Classes on Death and Dying

Death and dying classes are offered in many colleges and universities as well as in high schools across the United States. Due to the so-called *morbid* nature of this course, you might expect that student enrollment would not be high. However, in teaching an elective course on death and dying over the years, this author found this to not be the case. Many students who enroll in the death and dying class do so out of curiosity and others to process grief from a previous loss. It is hard to gauge the impact that a death and dying class would have on student cognitive competencies in handling a future loss, either proactively or retroactively. From studies conducted on 4th- and 5th-year medical students, prior experience with patients who died or were about to die had little or no effect in preparing them for handling a patient's death in the future, especially when involving a child (Pessagno, Foote, & Aponte, 2014).

DEATH SOCIALIZATION IN ADULTHOOD

As a period, adulthood can be divided into early, middle, and late stages. Socializing agents expand to include social networks developed through work. Adults learn what their employers and peers expect of them, especially when they interact with supervisors, customers, and other employees. Policies and procedures often cover expectations about time allowed for employees to deal with personal experiences such as the loss of a family member or loved one.

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Early Adulthood Stage

According to Erik Erickson (1964), the early adulthood stage spans the ages from 18 to 40 years. However, due to societal changes, early adulthood is now from 26 to 45 whereas from 18 to 25 is considered *emerging adulthood* (Tanner & Arnett, 2016). During this period, young adults spend more time in forward-looking activities such as building a career, engaging in long-term relationships, and starting a family. For many, it is also a period of upheaval in trying to handle all three activities at the same time. Although not unique to this stage, loss experiences likely to occur include miscarriage, abortion, or the death of a child, spouse, or parent. In the case of the loss of a child, especially a young child, the grief experience is unique in that parents are expected to protect their young children, and a child's loss could be interpreted as failure in this very important parental role.

A loss could also result from a miscarriage or an abortion. Unfortunately, society and even family members and friends may not acknowledge a parent's grief resulting from a miscarriage or an abortion. As Kenneth Doka (1989) notes in his book, *Disenfranchised Grief: Recognizing Hidden Sorrow*, if a society does not sanction certain types of loss, the resultant grief may not be acknowledged. Grief that society does not acknowledge is called **disenfranchised grief**. The likely argument against a miscarriage or an abortion as a loss is that it is different from that of a child already in this world, who is grieved by those who know him, have seen him, touched him, or can identify with his personhood through photos or videos, for example. In the eyes of society, the child lost through an abortion or a miscarriage did not *exist*. Yet in the parents' eyes, the child did. The parents might have known their unborn child's gender, given it a name, prepared its nursery, and planned a future, including a work occupation for the child (e.g., taking over the family business). All these dreams for the unborn child may be known to the parents only and not shared by others. Furthermore, the belief that a miscarriage could be the body's natural way of preventing a birth defect may inhibit people from acknowledging the parents' grief. In this view, a miscarriage is an unfortunate event in which the outcome is ultimately positive. For the young adult suffering a miscarriage or an abortion whose grief is not shared by others, this is a new socialization experience with a type of loss not sanctioned by society.

Young adulthood, as mentioned earlier, is a time for starting a career. An employee who experiences a loved one's death would require the understanding of her employers in handling the loss. However, her organization may have no formal bereavement policy. If it does, the organization may not respond to every loss in the same manner. In a survey by the Irish Hospice Foundation of 34 Irish organizations, Breffni McGuinness (2009) notes that only four organizations had any kind of formal written bereavement policy. Yet all the organizations studied had experienced worker bereavement within the last 12 months.

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Most organizations do not handle grief as a form of illness. Bereavement policies, when available, only allow bereaved employees to take a few paid days off work for funerals with resumption of full responsibilities thereafter. The employee's grief period is included within the time allowed for funerals. Some organizations require a physician's certification of fitness before allowing a worker to resume full responsibilities after an illness. However, few organizations treat a bereaved employee that same way, even though bereavement can cost an organization as much as an illness. When not handled properly, grief can result in workplace accidents and poor decisions (Hazen, 2009) and cost organizations billions of dollars (McClellan, 1985).

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In a study of workplace bereavement practices, employers did not allow time off work for their bereaved workers to attend the funerals of friends. Rather, they allowed up to 3 days of bereavement leave to attend the funerals of parents (Eyetsemitan, 1998). The distinction between friend and parent is arbitrary, because a bereaved employee may be closer to a friend than a parent. Unfortunately, employers determine the grief experience of their employees. The workplace culture further socializes young adults into learning that others do not acknowledge all losses as the same.

Middle Adulthood Stage

In Erickson's (1964) psychosocial development theory, the middle adulthood stage is known as *generativity versus stagnation*, and spans the ages from 40 to 65. During this stage, death socialization continues from the lessons learned in early adulthood. The loss of parent and others brings death more into consciousness with an increase in death anxiety or **thanatophobia** (the fear of death) (Sinoff, 2017). People experience multiple losses from any combination of the loss of a friend, a spouse, a parent, or even a child. These losses may not occur simultaneously, but rather serially; yet they form a socialization experience that often provides a new perspective about death and dying. Dorothy Mercer and colleague (2006) note that multiple losses can have a varied influence on grief reactions. They found that for losses that occur within a short time, the combined grief lasts longest. For losses spaced further apart, the combined grief is completed soonest. People tend to grieve one loss at a time, even if the losses are simultaneous. Multiple losses within a short period can affect the marriages, finances, health, jobs, and faith of the bereaved persons.

Apart from workplace grief mentioned earlier, middle adulthood brings other issues related to death and dying to the fore, including life insurance, power of attorney for medical decisions, funerals and burial arrangements, wills, and living wills. If you grant someone the **power of attorney**, you authorize that person to act on your behalf if you cannot speak for yourself. You can separate the powers of attorney into one for financial matters and one for healthcare. In selecting a power of attorney for medical decisions, a person in middle adulthood could consider a range of people including adult children, a spouse, and friends. The decision should be based not on sentiments, but on rational thought. Thinking about death rationally is often a new experience, socializing adults to confront death and consider how it will affect and how to involve their survivors.

Late Adulthood Stage

For Erickson (1964), the late adulthood stage, also known as *integrity versus despair*, begins at age 65. In late adulthood, people look back at their lives and are either pleased or disappointed. If they are pleased, they continue life with integrity;

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otherwise, they may continue in despair. Many studies point to the increasing importance of religion during late adulthood. As people consider what happens after they die, they turn to religious teachings about an afterlife. People tend to be at peace with their afterlife when they have a good understanding of it. Thinking about an afterlife can socialize people to accept death, which may improve the quality of their remaining days.

Farewells are also socialization experiences that are more likely to occur in late adulthood. People can conduct farewells by touching, holding, writing letters, or providing verbal instructions. In preparation, people contemplate their final words or actions to leave with loved ones.

With growing older comes a higher probability of terminal diseases. In the United States and most of the developed world, the top two leading causes of death by disease are heart disease and cancer. When diagnosed with a terminal illness, people generally experience a series of emotional responses and changes in morale. Elisabeth Kübler-Ross (1969) in her seminal work studying dying cancer patients identified five stages of dying: (1) denial, (2) anger, (3) bargaining, (4) depression, and (5) acceptance (see Figure 2.1).

The denial stage is marked by surprise and rejection of the bad news of being terminally ill. The person may seek additional medical opinions to find a more acceptable diagnosis. The opinion-seeking behavior may continue for a while at different locations

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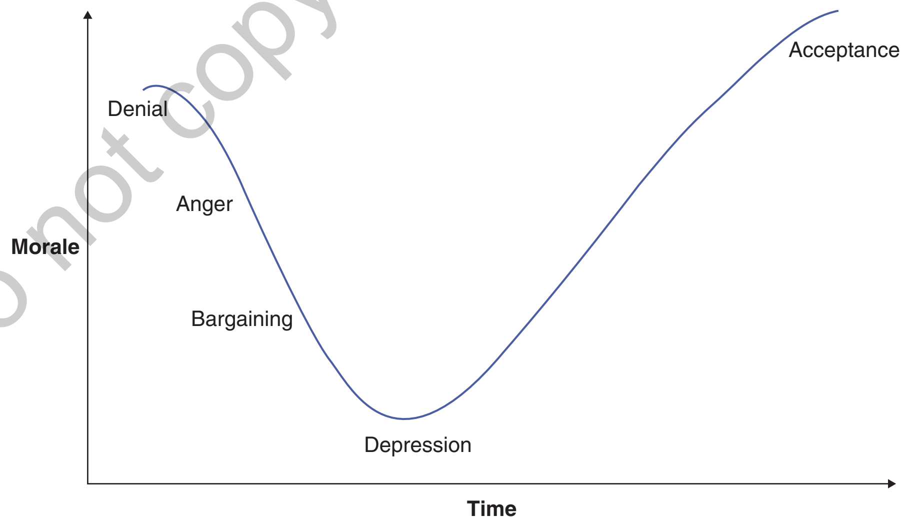
FIGURE 2.1
Kübler-Ross's Five Stages of Dying



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and with different medical experts. Members of Western cultures are socialized to use medicine and other scientific tools to fight death and treat their condition as an illness requiring a cure, which can prolong the denial stage.

If the medical diagnosis is confirmed, the terminally ill person becomes angry, which is the next stage. Anger might be expressed toward the physicians as bad-news bearers or for not being proactive against the disease. The person might direct their anger at family members and friends, who are fortunate to not be facing a terminal diagnosis. Random exhibitions of anger, such as willful spreading AIDS through casual sex, have also been reported. In a study of HIV-positive men and women in Minnesota researchers Rosser, Gobby, and Carr (1999) reported that 13% of their study sample admitted to knowingly infect others postdiagnosis. A willful exposure and/or transition of HIV to another person, however, is a crime in many countries (Worth, Patton, & McGehee, 2005). Someone who is socialized to expect death in old age may express anger for being unfairly treated or unlucky, if *unripe* for death.

During the next stage of bargaining, the dying person might be open to new socialization experiences, in promising trade-offs for being healed of his disease. The trade-offs might include a future change in lifestyle or support for a worthy cause in exchange for his health. The death socialization experience prompted by this stage includes an unusual humility and a heightened reliance on supernatural powers and/or on people believed to have life-saving skills and knowledge.

After bargaining fails the depression stage comes, which is two-fold: a depression occasioned by a past that is robbed in a profound way, and, for some, a depression provoked by an incomprehensible future. This dual depression can put the dying person in a bind, with neither scenario embraced, prolonging the experience of depression.

In the last stage of acceptance, the dying person is not actively embracing death, but is waiting for death to come. By now, he has lost all his fighting spirit and has surrendered to death, realizing he has little control over death. Family and loved ones might help to trigger a transition from depression to acceptance. There are anecdotal cases of dying persons slipping away after receiving assurances from loved ones that it is okay to go, that they would be seeing loved ones who had died earlier, and that the survivors would be joining them in the future. When this happens, there is the assurance that death would not be a lonesome journey and that the afterlife would be a place of reunion with loved ones past gone and to come.

One criticism of the Elisabeth Kübler-Ross's (1969) stages of dying is that it left out *farewells*. This is when dying persons say their goodbyes to loved ones or beloved communities. John Dingell died on February 7, 2019, at age 92. At the time of his death he was the longest serving Congressman in United States history. He had served the nation for almost 60 years. On the day he died, he dictated his farewell message to the nation to his wife. The message was about improvements the United States had experienced in Medicare, the environment, the Great Lakes, and racial harmony.

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Kübler-Ross's five stages are for the dying person, which may not necessarily apply to everyone or in the order presented (and leaving out farewells). However, a survivor whose dying role model (e.g., a parent) is going through Kübler-Ross's stages might learn from the experience of the loved one. For example, the denial stage might suggest the need to not be accepting of a doctor's diagnosis without seeking the opinions (including number of opinions) of other health professionals, first.

REFLECTION QUESTIONS

1. What do you consider the better way for young children to comprehend the issues pertaining to death and dying: observing adults and participating in death and dying rituals, or letting adults provide answers to the children's questions on death and dying?
2. Do you think children should attend funerals?
3. Recall that disenfranchised grief as experienced in cases of abortion, miscarriages, or loss of a friend is grief not acknowledged by society. Critically review the bereavement policies of some work organizations.
4. At what stage in life do you think you should start preparing for death and what steps are you likely to take?
5. Interview people with afterlife beliefs and those without, and find out how their beliefs influence how they live their lives.
6. Describe what factors socialized you about death and dying. Have your beliefs about death and dying changed or remained the same over time?
7. It is sometimes hard to know appropriate words to say or ways to react to a dying person. Role play Kübler-Ross's stages of dying and ask two or three people to respond to you as you go through each of the stages. Evaluate each person's reactions based on their appropriateness and how they make you to feel, for each of the stages you go through.

KEY TERMS

attachment theory 30
disenfranchised grief 35
external control 28
guided learning 30
internal control 28
observational learning 30
parenting style 28
personal fable 31
power of attorney 37
proactive competency 25
retroactive competency 25
socialization 24
socializing agent 24
thanatophobia 37
zone of proximal development 31

SUMMARY

1. Socialization is an ongoing process of learning to behave in a way that is acceptable to society. The forces that socialize people are called socializing agents.

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2. People are born asocial and are then socialized by the environment. Whether people successfully internalize new knowledge, values, or norms, such as a new understanding of death, depends on their maturity level.
3. Mitigating against the socializing experiences of death and dying requires proactive or retroactive cognitive competencies. An example of a proactive competency is being able to anticipate the likely impact of death on finances and preparing for it through a life insurance policy. A retroactive competency, on the other hand, is seeking bereavement counseling.
4. While children are learning about the facts of death, they are also being socialized, learning the acceptable and unacceptable ways to behave in situations that involve death.
5. Parents socialize children by passing on values and beliefs. One socialization method is through different parenting styles.
6. Diana Baumrind identified the major parenting styles as authoritarian (rigid and controlling), permissive (warm and lenient with few or no limits), and authoritative (responsive and flexible with reasonable expectations). The authoritative style produces more positive socialization outcomes than a permissive or authoritarian style.
7. Children can also be socialized by observing the behavior of the people around them, which is called observational learning.
8. Attachment theory proposes that an infant needs to develop a close, trusting relationship with a parent to develop socially and emotionally. Trusting the parent makes the child more likely to accept the parent's values, including afterlife beliefs.
9. In guided learning, an adult socializes a child by guiding the child from what she knows to new information within her zone of proximal development.
10. In the adolescent stage (ages 13–19), teenagers spend more time outside of their home environment where their agents of socialization include the neighborhood and friends.
11. Gender-role socialization becomes more pronounced as pressure increases for adolescents to conform to roles sanctioned by the dominant culture. This socialization includes classifying grief reactions as masculine and feminine.
12. Increased cognitive abilities to think abstractly affect teens' interpretations of their personal experiences with death and dying.
13. In early adulthood, future-oriented endeavors take center stage like career, marriage, and starting a family. Losses experienced during this stage might include an employee's death of a friend or a parent's death of an unborn child through a miscarriage or an abortion. These types of loss are unique because their resultant grief may not be recognized by employers or society in general.
14. In the middle adulthood stage, as biological declines become more pronounced, life-threatening diseases become more common. Adults often experience multiple or serial losses of family member or friends, especially from heart disease and cancer, the top two killer diseases. Grief resulting from losses that are spaced out are less intense than grief from losses that occur in quick succession. The latter could have negative impacts on marriages, health, and work.

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15. Afterlife thoughts are prominent in the late adulthood stage and might lead to the use of religion in helping understand a pathway to the next phase of life.

16. Kübler-Ross identified the stages of dying as denial, anger, bargaining, depression, and acceptance. As with the life experience of a role model, each of the Kübler-Ross's stage could become a socializing agent for the survivor. The stages, however, leave out farewells—an important aspect of the dying process.

ADDITIONAL READINGS

Howarth, G. (2007). *Death and dying: A sociological introduction*. Cambridge, UK: Polity Press.

Kastenbaum, R. J. (2016). *Death, society and human experience*. New York, NY: Routledge.

Swisher, R. R., & Warner, T. D. (2013). If they grow up: Exploring the neighborhood context of adolescent and young adult survival expectations. *Journal of Research on Adolescence, 23*(4), 678–694. doi:10.1111/jora.12027

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