



**The Developing Adult:  
Biological and Psychosocial Perspectives  
Part II  
Herant Katchadourian, M.D.**



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## **Herant Katchadourian, M.D.**

Dr. Herant Katchadourian is Professor of Psychiatry and Behavioral Sciences, Professor of Human Biology and Professor of Education (by Courtesy) at Stanford University, where he has also served as Dean of Undergraduate Studies and Vice Provost for Undergraduate Education.

An honors graduate of the Medical School of the American University of Beirut, he first came to the United States in 1958 as a resident in psychiatry at the University of Rochester, NY. After a year at the National Institute of Mental Health in Bethesda, MD he returned to Lebanon, where, he conducted studies in the epidemiology of psychiatric illness. He joined the Stanford faculty in 1966.

Professor Katchadourian is the author of Fundamentals of Human Sexuality. Now in its fifth edition, it has been translated into French, Spanish, Portuguese, and Chinese. He is also the author of The Biology of Adolescence; Human Sexuality: Sense and Nonsense; Fifty: Midlife in Perspective (translated into Greek); and co-author (with John Boli) of Careerism and Intellectualism Among College Students, and Cream of the Crop: The Impact of Elite Education in the Decade After College. He is editor of Human Sexuality: A Comparative and Developmental Perspective (translated into French). In addition, Dr. Katchadourian has authored book chapters and journal articles in the fields of cross-cultural psychiatry, adult development and related fields.

Over the past three decades, some 20,000 students have attended his courses. He has been selected six times Outstanding Professor and Class Day Speaker by Stanford seniors. He received the Richard W. Lyman Award of the Stanford Alumni Association in 1984; the Outstanding Teacher award of the Association of Students of Stanford University in 1992; and Dinkelspiel Award for service to undergraduate education in 1993.

# **Lecture Nine**

## **Marital Satisfaction**

### **Objectives**

- 1. Being happily married is the avowed aim and expectation of all couples who marry. Yet 50% of marriages end up in divorce. Even though 80% of those divorced get remarried within three years, 40% of remarriages break up again. Our task will be to explore the positive and negative factors that contribute to marital satisfaction or to its lack.**
- 2. During much of human history and virtually in every culture, men and women have been generally expected to perform different functions and perform different roles within the home and in the workplace outside it, as well as sharing in some roles and responsibilities. During the period following the second World War, this pattern has undergone dramatic changes with the influx of larger numbers of women into the labor force and their entrance in numerous occupations that have traditionally been considered to be in the male domain. This has vastly expanded the occupational opportunities and accomplishments of women, yet at the same time it has created new challenges which young couples are currently struggling to deal with .**
- 3. One of the most difficult challenges currently facing young couples today, especially those with young children, is integrating the simultaneous demands of career and family. This is an issue that affects all members of the family, yet it has disproportionately more impact on mothers, whether they stay home to care for their children or work outside of the home and rely on others to help bring up their offspring. We shall try to understand what these challenges are in blending career and family life and the various means by which couples come to terms with these multiple requirements. Our primary focus in this respect will be on well educated dual career families in young adulthood, especially those with young children .**

## Outline

- A. Marital Satisfaction
  - 1. Personality Factors
  - 2. Parents
  - 3. Shared Values
  - 4. Life Circumstances
  - 5. Resolving conflicts
- B. Divorce
  - 1. Reasons for divorce
  - 2. Impact of divorce
  - 3. Single parents
- C. Gender and occupational choice
  - 1. Traditional patterns of division of labor
  - 2. Current patterns of career choice
- D. Blending career and family life
  - 1. Separation
  - 2. Accommodation
  - 3. Compromise
  - 4. Conflict

## Readings

### Level 1:

Bee, Ch. 7, "Sex roles and family roles over the adult years."

### Level 2:

Katchadourian and Boli, Ch. 8, "Transition to Parenthood," by A. Rossi, in Family in Transition, by A. S. Skolnick and J. H. Skolnick. "Single Parent Families," by S. N. Dornbusch and K. D. Gray in Feminism, Children and the New Families; S. N. Dornbusch and N. H. Strober, eds. (Guilford Press, 1988).

### Level 3:

Transition to Parenthood: How a First Child Changes a Marriage, Why Some Couples Grow Closer and Others Apart, by J. Belsky and J. Kelly (Delacorte, 1994). When Parents Become Partners, by C. P. Cowan and P. A. Cowan (Basic Books, 1992). No Man's Land: Man's Changing Commitments to Family and Work, by K. Gerson (Basic Books, 1993). The Second Shift, by A. R. Hochschild (Viking, 1989). Women and the Work-Family Dilemma, by D. J. Swiss and J. P. Walker (Wiley, 1993).

## Essays Topics

1. How have gender roles changed in the labor force since the industrial revolution?
2. Should biological factors play any role in choosing careers?
3. What are the advantages and liabilities in establishing "mommy tracks" in the professions?
4. How do dual career families in the professions currently reconcile the demands of work and family?
5. What would you advise a young couple about to be married on how to deal with the above issues ahead of time?

### **PART THREE: MIDLIFE**

The idea of middle age, and in particular, the notion of a “midlife crisis” are relatively new concepts. And it is as yet unclear what it is that they exactly represent. The one unequivocal fact is that women go through the menopause at around age 50, but the psychological and social significance of even that biological event is constantly being reinterpreted.

Though relatively few people live to be 100, age 50 has now become fixed in the popular imagination as the midpoint of the life span. It is far more meaningful, however, to approach midlife not as a fixed point but as a phase of adulthood stretching over a period of time during which certain normative and fairly predictable changes are expected to take place in the lives of most women and men. By that reckoning middle adulthood would stretch between age 40 and 60 (some push it to 65) thus representing the segment of life between young adulthood and late adulthood (or what used to be called “old age”).

Relative to the decade of adolescence and the two decades of young adulthood, relatively less happens during the middle years in developmental terms. Thus the physical and psychosocial differences between a group of 40-year-olds and 60-year-olds are less striking than the corresponding differences between a group of 20-year-olds and 40-year-olds (let alone 10-year-olds and 20-year-olds). By the time a person reaches the middle years, his or her life is fairly well set in its course, even though that does not preclude a variety of changes, some of which might be quite dramatic.

One of the ways in which individuals in middle adulthood differ from those in the younger and older segments is with respect to their sense of time. Time, in the form of the future, is full of promise and anticipation for young adults. Especially in the earlier part of this phase, young women and men must determine what they wish to do with their careers and personal lives and work hard to attain these aims. For those who are in late adulthood, their scripts of life have been largely played out. Even though a 60-year-old typically has a couple of decades of life ahead, these are not usually periods of great striving or change. Those in their middle years occupy an intermediate position. For a middle aged person, there is not enough time to do very much, yet there is too much time to do very little. This, in a nutshell is the time dilemma of middle age.

In our discussion of the middle years, we shall recapitulate some of what was said earlier for young adults as well as anticipate some of what will be said for older adults. This is because the midlife transition shares certain characteristics with the transition to adulthood, and like it may have a biological and psychosocial

component. Moreover, we will take this opportunity to discuss sexual function and dysfunction as it relates to midlife as well as in a broader sense, because the roots of the changes in midlife go back to young adulthood and their consequences pervade the older years.

## Lecture Ten

### Midlife--Biological Aspects

#### Objectives

1. What do we mean when we say someone is "middle aged?" Did our grandparents or earlier generations think of themselves as being middle aged at any time during their lives? Is this a new idea, and if so, what is it that explains its emergence in contemporary American society?
2. What is the biological basis of middle age? For women, the quintessential event during this phase of life is the menopause. One of the main objectives of this chapter is to understand what the menopause is: what are its physiological roots, its symptoms and related manifestations? All women eventually have to go through the menopause, but does that mean that there is nothing that they can do about it with respect to dealing with its symptoms and health consequences? Estrogen replacement therapy is currently one of the hottest topics in discussions of women's health, hence we will pay special attention to it in this chapter.
3. Men also undergo some hormonal changes during the middle years, but is there such a thing as a "male menopause?" This topic has attracted a lot of public attention and media hype. Does that mean that there is no substance to it whatsoever? Do the male hormones decline during the middle years, and what are the consequences of such decline to male physiological functions? These are the sorts of questions that preoccupy us in this lecture.

#### Outline

- A. Concept of Midlife
  1. Historical
  2. Current
- B. The menopause
  1. Physiological changes
  2. Symptoms
  3. Estrogen replacement therapy
- C. Hormonal changes in the male
  1. Androgen decline
  2. Impact on physiological functions

#### Readings

##### Level 1:

Fifty: Midlife in Perspective, by H. Katchadourian (W. H. Freeman, 1986). Provides an overview of the concept of midlife as well as the various biological and psychosocial developments during it.

##### Level 2:

A spate of books on the menopause have appeared during the past few years which deal quite competently with the biological and psychosocial aspects of the menopause. See for instance Menopause, Naturally, by S. Greenwood (Volcano Press, 1992). The Silent Passage, by G. Sheehy (Random House, 1992). There are no current comparable books for men that I could readily recommend.

##### Level 3:

Menopause - Naturally has a list of more specialized sources dealing with the various aspects of the menopause.

#### Essay Topics

1. Mrs. Judy Somebody is a 49-year old woman who developed endometrial cancer and had a hysterectomy five years ago. Now she's suffering from severe hot flashes. As her "gynecologist," give three reasons why you would prescribe estrogen replacement therapy, and three negative side effects that she might experience if you place her on estrogen replacement therapy.
2. How can you explain, in evolutionary terms, the loss of reproductive ability in women, in midlife, but not men?

## Lecture Eleven

### Midlife--Transition and Crisis

#### Objectives

Whatever the biological factors shaping the middle years, important psychological and social changes characterize this phase of life, some of which are reactions to the biological changes and others quite independent of them.

1. Our first objective is to examine the psychological changes during the middle years, as part of a process of transition. How do the basic pursuits of career and family, established during the early adult years, fare during the period of middle adulthood? Where are the changes in career patterns among men and women? What are the changes that married couples experience in their relationships as they transit through the middle years? Finally, how do family relationships change both with respect to middle aged couples and their children as well as their own parents?
2. The notion of a "midlife crisis" has become part of our popular cultural perception. How much truth is there to the expectation that people in general and men in particular will more or less inevitably go through a period of conflict and crisis in their middle years ?
3. Our final objective is to see how these two seemingly contradictory perceptions - mid-life - as transition or crisis -- can be reconciled.

#### Outline

- A. Psychological development in midlife
  1. Time and interiority (Neugarten)
  2. Generativity (Erikson)
  3. Gender differences
- B. Midlife as transition
  1. Career
  2. Family
- C. Midlife as Crisis
  1. Levinson's model
  2. Major tasks
  3. Popular images

#### Readings

##### Level 1:

Bee addresses the changes in family roles and relationships (Ch. 7-8) and work roles (Ch.9) during the middle years.

##### Level 2:

Katchadourian, Fifty: Midlife in Perspective, examines psychosocial issues in midlife; and Gail Sheehy, New Passages (Random House, 1995) approaches the various changes and redefinitions of social roles during the middle years from an optimistic perspective.

##### Level 3:

D. J. Levinson and associates, The Season's of a Man's Life (Knopf, 1978) has the most detailed description of the midlife transition among men .

#### Essay Topics

1. How do you account for the fact that different investigators come up with such diverse models of middle adulthood?
2. Given the uncertain evidence, why would the notion of a "male menopause" or "midlife crisis" gain such public attention?

## Lecture Twelve

### Sexual Function and Dysfunction

#### Objectives

We first approached the subject of sexuality in discussing the transition to adulthood, but had relatively less to say about sexual behaviors and relationships during early adulthood. In this lecture we shall compensate for that by providing an overview of the characteristics of the sexual response cycle and the changes it undergoes over time.

1. What is the basic physiology of sexual arousal and response and how do these processes change as the individual goes through the middle years? What is the effect of the menopause, as well as the hormonal changes in midlife men, on the body's basic capacity to function sexually?
2. Beyond the normal changes that women and men undergo in the physiology of sexual arousal and orgasm, what are the problems that cross into sexual dysfunction? How does sexual dysfunction vary between men and women with respect to causes and manifestations?
3. As we did earlier with respect to keeping love alive, our final objective is to examine ways in which men and women can maintain sexual interest and health, and should these attempts fail, what is available to them by way of therapy.

#### Outline

- A. Sexual response cycle
  1. Characteristics of the male and female patterns
  2. Changes with aging
- B. Keeping sex alive
- C. Sexual dysfunction
  1. Sexual desire disorders
  2. Sexual arousal disorders
  3. Orgasm disorders
  4. Pain disorders
- D. Treatment of sexual dysfunction
  1. Medical
  2. Sex therapy

#### Readings

##### Level 1:

Katchadourian, Fundamentals of Human Sexuality, discusses the sexual response cycle (Ch. 3) and sexual dysfunction (Ch. 5).

##### Level 2:

For a current overview of sexual dysfunction and its treatment, see S. B. Levine, Sexual Life: A Clinician's Guide (Plenum Press, 1992).

##### Level 3:

For reviews of the professional literature see, "Sexuality and Aging in Men," by R. C. Schiavi. Annual Review of Sex Research, vol. I, 1990, pp. 227-249; "The Psychoendocrinology of Aging and Female Sexuality," by B. B. Sherwin. Annual Review of Sex Research, vol. II, 1991, pp. 181-198.

#### Essay Topics

1. Compare the sexual lives of men and women at midlife. How do they differ and why?
2. What are the ways of keeping sex alive?



## PART FOUR: LATE ADULTHOOD

Aging has long been recognized as the natural consequence of growing old. Nonetheless, through much of human existence, relatively few people grew into old age. In addition to the very high levels of infant mortality, which drastically brought down the average life expectancy of a population, those who survived childhood typically still did not make it much beyond their thirties and forties. Even as late as the turn of the twentieth century, average life expectancy in the United States was below age 50. Yet by the last quarter of the century, the figure had gone up to 75, and continues to rise. By the year 2020, almost one out of five Americans will be aged 65 or older. For someone to live to be 100 used to be a source of wonder, yet currently some 50,000 individuals have attained that mark, and an estimated 1 million will do so in another fifty years. While increasing proportions of individuals will continue to live longer lives, there are definite limits to how long anyone can go on living, that absolute limit being somewhere around age 120.

The age limits of late adulthood are as arbitrary as those for earlier stages of life. To be consistent with that scheme, we will consider age 60 as the starting point of late adulthood, with the upper limits of longevity corresponding to its end. On the other hand, since traditionally age 65 has represented retirement, a great many statistics about the older population use that figure as the chronological marker. Furthermore, the important point to bear in mind for both middle adulthood and late adulthood is that despite consistent patterns for groups in these age brackets taken as a whole, there are tremendous differences between individuals within them. Thus even if we consider purely physical differences, it is possible to find a person in his or her sixties who is in better physical shape (in effect has a more "youthful" body) than some 40 year olds. Moreover, it is now increasingly common to split late adulthood into two segments: the "young-old" (65-75) and the "old-old" (75 or older), because these two age groups differ in important ways.

Like puberty, aging is first and foremost a biological process and one that we do not yet fully understand. Yet, the process of getting old cannot be fully understood in purely biological terms any more than becoming physically mature does. The psychosocial reactions to the process of biological aging are equally important, and further developmental changes may occur during late adulthood that has no direct link with biology.

Our purpose in this last segment of the course is to examine the key facets of late adulthood. In Lecture 13, we will begin by examining the demographics of the aging population and then go on to look at the biological and environmental factors that have a significant bearing on the aging process. We shall then consider the physical and physiological changes that accompany aging, affecting everything from our appearance to the function of our internal organs.

Aging is a natural and normal process and should not be confused with illness. Yet as we grow older we become more vulnerable to illness, which is why eventually everyone dies for one reason or another (most often due to failure of the cardiovascular system or cancer).

Currently, we have no way of stopping or reversing the ravages of time (and probably never will). Yet there is a great deal that we can do to keep as healthy as possible in our later years. A good deal of the differences between less or more healthy older individuals has to do with their lifestyles, both with respect to their exposure to harmful factors (such as stress, smoking and alcohol abuse) or the presence of healthful habits (such as proper nutrition and exercise).

Our next topic will be the psychosocial aspects of aging, which we will examine with respect to changes in mental functions, work roles and family patterns. Even more so than in the realm of biology, the extent to which we lead comfortable and rewarding lives in our older years is both a consequence of how we have lived our lives in earlier times as well as the particular choices we make during late adulthood.

In Lecture 15, we shall use the period of late adulthood as a vantage point to look back and examine the ways in which personalities change or remain stable over time. And we shall look at these issues particularly with respect to mental health and life satisfaction at the sunset of our lives.

Finally, our last lecture will deal with the end of life, both from the perspective of the dying person as well as those who must cope with the death of a loved one through grief and mourning. And for our culminating topic, we will look at the ways in which people have searched for the possibility of life beyond death.

## Lecture Thirteen

### Biology of Aging and Health

#### Objectives

1. Our first task is to gain a general understanding of the nature of aging with respect to possible biological factors and environmental variables. Even though we do not yet understand with any precision why people age, we do know a great deal about what this process of aging entails.
2. As a baseline for further discussion, we will need to understand what happens to the physical body and its physiological functions during the later years. Some of these changes which affect appearance (such as wrinkling of the skin, graying of the hair) have very little health significance, yet they are quite important to the individual's self-image. More importantly, there are distinct changes that affect the internal organs and their functions that must be understood as part of the normative process of getting older.
3. Ill health is probably the single most undesirable component of late adulthood which becomes increasingly significant as the individual moves into advanced old age. It is particularly important, therefore, to understand how illness becomes superimposed on the increasingly more vulnerable aging body. In addition to chronic conditions that affect the functions of the cardiovascular system or various forms of cancer that affect the aging body with increasing frequency, we also will need to pay special attention to serious disturbances of mental function in the form of Alzheimer's disease, which seriously handicap the lives of those afflicted with it, and their families.
4. Our last objective is to examine the ways in which we can maintain healthy and well-functioning bodies despite the increasing burden of getting old, through the avoidance of harmful practices and the exercise of helpful ones.

#### Outline

- A. The nature of aging
  1. Demographics
  2. Biological factors
  3. Environmental factors
- B. Physical and physiological changes
  1. Appearance
  2. Senses
  3. Internal organs
- C. Aging and illness
  1. Changes in connective tissue
  2. Cardiovascular ailments
  3. Cancer
  4. Alzheimer's disease
- D. Keeping healthy
  1. Stress
  2. Cigarettes and alcohol
  3. Exercise and nutrition
  4. Hormones

#### Readings

##### Level 1:

The physiological changes of aging are discussed in Ch. 3 and health considerations in late adulthood are dealt with in Ch. 4 of Cavanaugh.

##### Level 2:

C.S. Kart, E. K. Metress and S. P. Metress, Biological Bases of Human Aging and Disease (Jones and Bartlett, 1992).

R. L. Kane, J. G. Evans and D. Macfadyen. Improving the Health of Older People: A World View (Oxford University Press, 1990).

##### Level 3:

Handbook of the Biology of Aging, 3rd ed., E. L. Schneider and J. W. Rowe, eds. (Academic Press, 1990) has more technical and in depth discussion of these topics.

#### Essay Topics

1. In what ways will American society change over the next several decades as the proportion of the elderly keeps increasing in the population?
2. Discuss the pathology of Alzheimer's disease, its symptoms, and problems in management.

## Lecture Fourteen

### Psychosocial Aspects of Aging

#### Objectives

1. Our first objective in this lecture is to examine the cognitive counterparts of the normal changes which typically accompany aging, with particular emphasis on changes in intelligence, memory and creativity.
2. For most individuals in industrialized countries like the United States, late adulthood eventually leads to the cessation of work through retirement. Although currently there are important changes in retirement laws and patterns, the fact remains that work roles and careers wind down and eventually come to an end during late adulthood. A related consideration is the question of finances. Since many individuals live now for one or more decades after they stop working, financial security for the maintenance of a comfortable life and being able to afford adequate healthcare are among the most serious sources of concern for older individuals.
3. Though some individuals continue to get married or divorced in late adulthood, the more typical change in the marital relationship is the result of the death of a spouse (more often the husband). Meanwhile, older individuals maintain their ties with their children far more often than not and enjoy new relationships with their grandchildren. These changing patterns of living arrangements and family interactions will close our inquiry in this lecture.

#### Outline

- A. Changes in cognitive function
  1. Intelligence
  2. Memory
  3. Creativity
- B. Work roles
  1. Career concerns
  2. Finances
  3. Retirement
- C. Family patterns
  1. Marriage
  2. Grand-parenthood
  3. Living arrangements
  4. Widowhood
- D. Life Satisfaction
  1. The "young-old"
  2. The "old-old"

#### Readings

##### Level 1:

Cavanaugh has separate chapters on information processing, memory and intelligence which deal with the changes in cognitive function accompanying the aging process. The chapters in Bee which deal with family roles and work roles in adulthood (Ch. 7 and Ch. 9 respectively) also address at some length the typical patterns that unfold in late adulthood.

##### Level 2:

Everyday Memory and Aging: Current Research and Methodology, R. L. West and J. P. Sinnott, eds. (Springer-Verlag, 1991)

##### Level 3:

Handbook of Psychology of Aging, 3rd ed., J. E. Birren and K. W. Schaie, eds. (Academic Press, 1990). In-depth discussions of the issues covered above.

#### Essay Topics

1. What sort of public policies would you propose with respect to work patterns and retirement limits for late adulthood?
2. What are the salient gender differences in how women and men grow old?

## Lecture Fifteen

### Personality--Consistency and Change

#### Objectives

1. A central theme of these lectures has been the presence of persistent and seemingly inexorable change throughout the lifespan. Yet we have also alluded from time to time to the constancy that permeates the individual's life as he or she moves through the various stages of development. Thus, although we physically change through time, we nonetheless remain recognizable as the same individual. Is this also true of our personalities? The primary purpose of this lecture is to attempt to answer this question.
2. We shall begin the exploration of this issue by looking at theories and research that favor change. We will first consider Erikson then turn to the Grant Study. This study is of particular interest since it attempts to link the ways in which individuals adapt to the developmental demands of life and mental health.
3. We will then look at the opposite perspective that favors consistency of personality traits through life. The focus here will be on studies conducted by Costa and McCrae with respect to five key variables which serve as indices of personality traits.

#### Outline

- A. The epigenetic model (Erikson)
- B. Adaptation to life (Vaillant)
  1. Ego defenses
  2. Ego defenses and mental health
- C. Consistency of personality traits (Costa and McCrae)
  1. Neuroticism
  2. Extroversion
  3. Openness to experience
  4. Agreeableness - antagonism
  5. Conscientiousness - undirectedness

#### Readings

##### Level 1:

"Personality and Moral Development" (Ch. 8) in Cavanaugh.

##### Level 2:

Personality Development in Adulthood, by L. S. Wrightsman (Sage, 1988).

##### Level 3:

Adaptation to Life, by G. F. Vaillant (Little, Brown, 1977). The Life Cycle Completed: Review, by E. H. Erikson (Norton, 1982). McCrae, R.R. and Costa P.T., Jr. Personality in Adulthood (Guilford Press, 1990).

#### Essay Topics

1. Is personality consistent over time during the life cycle? What personality changes can you expect as you move from early adulthood into middle adulthood, and from middle adulthood into late adulthood? Discuss from the perspectives of Costa and McCrae, compared to Vaillant.
2. What does Erikson mean by integrity versus despair being the phase-specific task of late adulthood?

## Lecture Sixteen Death and Mourning

### Objectives

1. We shall begin with a historical overview of how death has been viewed, followed by modern conceptions.
2. We shall try to understand death from the perspective of the individual who knows he or she is going to do. We will look at perceptions of death including the fear of death and focus in greater detail on the stages of dying proposed by Kubler-Ross.
3. Death is inevitable and the eventual fate of everyone. But why do some people hasten this prospect by killing themselves? The objective here is to understand suicide with respect to its prevalence and causes and examine the currently highly controversial issue of physician-assisted suicide.
4. The death of a loved one has a compelling impact on the lives of those who stay behind. We shall try to understand the psychological processes of grief and mourning, by which individuals come to terms with the acute sense of loss engendered by the death of a significant individual.
5. Is death the end of life? Despite the lack of generally acceptable objective evidence, people in most cultures have held tenacious beliefs about the immortality of the soul, or a new form of life that goes on after death. Our final objective will be to examine the validity of scientific attempts to substantiate the existence of life after death and to look at the alternative religious perspectives which deal with the same issue on the basis of faith.

### Outline

- A. Coping with death
  1. Perceptions of death
  2. Fear of death
  3. Stages of dying (Kubler-Ross)
- B. Suicide
  1. Prevalence
  2. Causes
  3. Physician assisted suicide
- C. Grief and mourning
  1. Acute grief
  2. Mourning
  3. Pathological grief
- D. Life after death?
  1. Attempts at scientific documentation
  2. Religious perspectives

### Readings

#### Level 1:

"Dying and Bereavement," Ch. 13 in Cavanaugh. "The Final Stage: Death and Dying," Ch. 14 in Bee.

#### Level 2:

Dying Dignified, by T. A. Gonda and J. E. Ruark (Addison-Wesley, 1984). How We Die, by S. E. Nuland (Random House, 1993).

#### Level 3:

On Death and Dying, by E. Kubler-Ross (Macmillan, 1969). Death, Grief and Mourning: Individual and Social Realities, by J. S. Stephenson (Free Press, 1985).

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