

15

# DEATH & DYING



# DEATH AND DYING

## The Dying Patient's Bill of Rights

➔ FACT 65

**I HAVE THE RIGHT TO**

be treated as a living human being until I die.

**I HAVE THE RIGHT TO**

maintain a sense of hopefulness, however changing its focus may be.

**I HAVE THE RIGHT TO**

be cared for by those who can maintain a sense of hopefulness, however changing this might be.

**I HAVE THE RIGHT TO**

express my feelings and emotions about my approaching death in my own way.

**I HAVE THE RIGHT TO**

participate in decisions concerning my care.

**I HAVE THE RIGHT TO**

expect continuing medical and nursing attention, even though 'cure' goals must be changed to 'comfort' goals.

**I HAVE THE RIGHT TO**

not die alone.

**I HAVE THE RIGHT TO**

be free from pain.

**I HAVE THE RIGHT TO**

have my questions answered honestly.

**I HAVE THE RIGHT TO**

not be deceived.

**I HAVE THE RIGHT TO**

have help from and for my family in accepting my death.

**I HAVE THE RIGHT TO**

die in peace and dignity.

**I HAVE THE RIGHT TO**

retain my individuality and not to be judged for my decisions which may be contrary to the beliefs of others.

**I HAVE THE RIGHT TO**

expect that the sanctity of the human body will be respected after death.

**I HAVE THE RIGHT TO**

be cared for by caring, sensitive, knowledgeable people who will be able to gain some satisfaction in helping me face my death.

In the Christian Church, our first priority in caring for the HIV/AIDS infected is to pray for their salvation, if they have not personally accepted Christ as Saviour and Lord. Second, we believe that the Christian Church should pray for their Divine healing. Third, the Church must be involved in the personal well-being of the persons with AIDS (PWA) and their extended family and friends, in all aspects.

## The Stages of Dying and of Losing a Loved One

These stages are similar to those one faces upon learning he/she is HIV positive. Usually, a person (or their loved ones) will go through all or some of the following stages of feelings and emotions. The **dying person's** stages can often be more predictable than the stages experienced by a **loved one** who has just suffered a loss. The dying person's stages are often more predictably recognised by the following:

### 1. Denial

- Most individuals react to the first awareness of a terminal illness with **denial**.
- A feeling of numb shock may come initially, which can be displayed with anger, crying, panic, and even total silence where the person shows no reaction.
- Anxious denial following diagnosis is typical of the person who is told too fast, too soon. One's personal readiness must be carefully considered.
- Denial and partial denial is displayed by almost all people initially, and from time to time thereafter.
- Partial denial is a healthier way of dealing with pain over a long period. This functions as a buffer and gives the person time to collect himself/herself and to mobilise other defences.
- Denial is usually a temporary defence. Maintained denial is usually, though not always, accompanied by increased distress if the denial holds out until the end. Often this person is NOT at peace with his/her present physical state and thus, he/she and the family are not prepared for the death process.
- The dying person being able to drop denial gradually, and being able to use less radical defences, depends on:
  - how he/she is told about his/her status;
  - how much time he/she has to acknowledge what is happening;
  - how he/she has been prepared throughout life to cope with stressful situations, particularly those that are out of their own control.
- Denial is sometimes displayed by people when they feel they cannot cope with their status. Example: medical staff or family will deny rather than deal with the situation because of their own feelings of inadequacy. A person may talk to one person and deny with another. Sometimes those surrounding the dying loved one may have differing opinions of whether or not to tell, therefore, one may talk and another may not. Often the terminally ill person is caught in the middle of the feelings the loved ones are dealing with, while no one is really concentrating on the feelings of the dying person.

⇒ FACT 66

### 2. Anger

- Rage, anger, envy, and resentment may replace denial.
- "Why me?" It is a phase that is difficult to deal with because no one has the answers to this question. Anger is usually projected at random to persons, situations, and events, which most often include the loved ones. This can be hard to understand especially facing imminent death.

- Loved ones may react by feelings of guilt. What did I do to cause my loved one this pain? Why not me instead? Is God punishing us? Did I do enough? All of these feelings are motivated by guilt.
- Anger is an honest feeling and needs to be dealt with in ways that will result in positiveness rather than pushing it away.

### 3. **Bargaining**

- The terminally ill person or their loved ones may entertain thoughts like “if I behave well and do good things from now on maybe I will be cured.”
- Sometimes a mental agreement is made with God to postpone inevitable death, or cancel it, if certain actions are carried out. The patient will sometimes fall into a strict regime trying to “earn” healing or delay death.
- To bargain means to make a deal, or in the case of dying, to postpone. This can include the idea that “living” will be the prize for good behaviour and set a self-imposed deadline.
- It also can include the person promising to give “no further requests if this one is granted”.
- No person in a terminal situation can be expected to keep a promise like this.
- Psychologically speaking, promises made by the terminally ill may be associated with guilt, which can be explored by those giving help and thus the guilt can be alleviated. Assurance can be given.
- When not dealt with, guilt in a dying person can become the basis for irrational fears and the need to punish oneself. These destructive feelings need to be dealt with by trained caregivers who can help alleviate such unfounded feelings.
- Bargaining can take many forms – eating ‘correctly’, making friends of foes, performing unfinished business, consulting other doctors, taking special kinds of medicines, taking trips, etc.

The difference between feelings of ‘bargaining’ need to be distinguished from honest steps taken by the terminally ill person to make preparations for dying. These can be easily confused. It is important that the caregiver not pass judgement on the dying person. Rather, gently explore with the terminally ill person his/her feelings, and be available to assist the terminally ill as they walk through the various stages.

### 4. **Depression**

**Reactive Depression** = depression as a result of past issues or matters that are deemed to be unresolved in the life of the terminally ill person.

- When there can no longer be denial, and bargaining seems to be of no avail, depression can set in with a terminally ill person or their loved ones. It is a natural reaction when going through a sense of great loss. The dying person is dealing with loss, particularly loss of life.
- It is important that preparation for ‘grief-work’ that is necessary before separation from this life, is undertaken by both the terminally ill person and his/her loved ones.

- Often the caregiver can assist in alleviating reactive depression by helping the terminally ill person deal with **guilt** and **shame** feelings. Once these are dealt with, often depression will be lessened.
- Loved ones can do many things to help the terminally ill person restore self-worth. Some can be: not making any demands, putting aside expectations, not giving false hope, helping the persons to occupy themselves with productive things each day, giving small duties that they are able to perform without difficulty for as long as they want to do them, allowing the persons to talk about their feelings and taking each step as it comes, etc.
- Reactive depression to death and dying often lifts quickly once problems are taken care of, one at a time, with sensitivity and honesty.
- Encouragement helps in reactive depression, as does hope and reassurance. Particularly Christians can share positive hope about the future, whether in life or death, because knowing Christ takes care of both life and death situations. This alleviates giving false hope, yet gives a Biblical perspective for death.

**Preparatory depression** = depression that is usually related to anticipated or impending loss. Here encouragement and reassurance might not be as helpful as the loved ones just “being there” for this person. There are many issues that the terminally ill person must come to grips with, and allowing that person to walk through these steps is very necessary for final resolution.

- The ‘preparatory’ depressive state of a terminally ill person prepares for acceptance of death, so it must not be blocked or interfered with. Special care persons can assist by being sensitive to these stages, helping the sick go through the stages whereby the final result will be resolution and peacefulness.
- It is important not to admonish the terminally ill person facing death “not to be sad, to cheer up” – and to get over his feelings. Remember, this person is in the process of facing tremendous loss, coming to grips with death which is totally unknown. What is important is to give of oneself to assist the terminally ill in dealing with these difficult issues.
- If permitted to express sorrow, the terminally ill person will reach acceptance more quickly and easily. If he/she knows that those loved ones have also dealt honestly with the impending illness and death, they will be more assured themselves.
- This kind of preparatory depression is generally silent and the person occupies himself/herself with things ahead. These can be: the welfare of the family’s future, financial stability for the future, terminal care if they become unconscious, the welfare of a spouse or children, etc.
- Only persons who have been able to work through their anguish will finally reach acceptance and peace in the situation of death and dying. Family members and loved ones need to do the same.

## 5. Acceptance

- Given sufficient time, the dying person will, with help, work through the previous stages, and having mourned his/her loss, can reach quiet acceptance.
- He/she will be tired, and probably weak, may need to doze often and in brief intervals; this is different from the need of sleep because of depression.

- The person who has reached the ‘acceptance’ stage is neither resigned nor hopeless, nor is he unhappy; rather, this is a time devoid of feelings – or almost so, a time of separating himself/herself from the world. It is important to realise with the dying person who may appear asleep, that he/she can hear more often than you think, even though he/she is not necessarily seeing. Persons surrounding the dying person should conduct conversation with ‘hearing’ in mind: soft, soothing, and comforting tones, etc. The family now needs more help, understanding, and support than the dying person once he/she has reached this stage.
- His/her circle of interests is diminished; he/she requires few visitors and only for short periods.
- Communication is more non-verbal than verbal. Example: the occasional squeeze of the hand, smile, etc. Confirming, reassuring, and sensitive responses are good at this point.
- Loved ones need to be unafraid to sit with the dying person. Much reassurance is given thereby. Sometimes just sitting in silence, reading the Bible softly, humming a song softly, talking gently but not expecting responses, are all positive bedside care responses by loved ones.
- It is not usually difficult for the elderly dying person to reach acceptance.
- With this acceptance comes the very powerful and special “symbolic language” we so often hear.
- Dying patients often make reference to “travel”, trips, journeys, or any form of symbolism so often mistaken for the person being delirious.
- If we can recognise the symbolism, then caregivers should “go” with the patient as much as they can, showing peace and tranquility with the dying person’s experiences.

## 6. Resignation

- It is not uncommon that younger patients do not reach acceptance of death. This is one of the marked tragedies of AIDS – that AIDS more often targets the young who die before their time.
- It is very difficult to leave this life when there is still so much to do and to live for.
- Resignation is acknowledgment of the dying state yet a reluctance to ‘let go’. Resignation does not allow for the most peaceful acceptance of dying. This is also very painful for the remaining loved ones.
- This stage often results in repeated battling with all the stages above mentioned, sometimes by the remaining loved ones for years. Particularly this can happen with premature death from AIDS, or cases such as suicide, etc.

### Important Note for Caregivers and Loved Ones of Terminally Ill Persons

The above stages that a dying person can go through are not necessarily the case with everyone and may not be as described above. It is important that loved ones of dying friends not go looking through theoretical eyes, wondering if the person is depressed or bargaining, etc. Loved ones of terminally ill persons are not there to psychoanalyse; they are there to lend their undivided attention with love, compassion, understanding, and

attentiveness. Just allow the dying person to be ‘himself/herself’ as you are yourself, rather than fitting him or her into little categories and analysing that person. You can help by being available, listening, and helping in any way you can.

### **The Death Process as it Relates to the Past, Present, and Future**

Most persons facing the knowledge of their own death must rapidly focus on many areas dealing with their past, their present, and their future. The past needs to be reconciled and concluded; the present must be fulfilled; and the future must be planned or, at least, probed. Dealing with the past, present, and future in a short time is usually very emotionally exhausting, sometimes painful and, hopefully, victorious at the end. But, in the process the dying person will experience emotions which fluctuate and may sometimes seem irrational. The dying person’s emotions are all packed into a short time and with so much to deal with. Therefore, the dying person is increasingly dependent upon family and loved ones as he/she is going through this process.

The loved ones will see displayed, and often feel themselves, an interplay of discomfort, joy, fear, apprehension, pain, love, and anger, etc. To better understand, family members, including children, can be helped to meet their dying loved one with confidence, talk unhurriedly, listen intently, and keep on course rather than let emotions dictate the moment. This lays a foundation of trust upon which the last days can be built and cherished for years to come. If loved ones fail to lay this relationship of trust, like small children, they will be bewildered, feel frustrated, misunderstood, and not be at peace.

### **Loved Ones and the Death Process**

The process of death and dying and stages experienced by the **person surviving the death of a loved one** are often less predictable than those of the dying person. One who is suffering from a significant loss due to the death of a loved one may experience all, some, (in varying degrees) or none of the stages listed below. Being a survivor of death is quite different from being the one dying. It is important that loved ones consider these points with their dying relatives and friends:

- **Death is not a common occurrence for anyone.** Few people have witnessed death and no one can say he/she is comfortable with it. Loved ones also need support and understanding during the illness and death process. Each stage or symptom should be tackled with openness and sensitivity. It is helpful for loved ones to have a mental picture of what they positively desire for the dying person in his/her last days. This need not be idealistic, but peacefulness is a desired culmination. Loved ones also need to be confident as to what to do as each situation occurs, and who to call if they need help.
- **Watching the dying person’s physical changes requires focusing on the ‘real’ person inside.** Sometimes the dying person’s appearance changes and deteriorates. He/she may lose hair, become thin, and look more delicate as the end nears. Loved ones and caregivers should focus on who the person “was” and afford the dignity and respect that comes out of love for that dying person.
- **Misunderstanding in the dying child.** Dying children often blame themselves for what is happening to them and for the sorrow and anxiety they see in their parents. It is important that family and loved ones of dying children give them a clear explanation

of what is happening to them and that they are not being punished by death. The fear of death can be alleviated even in children if handled sensitively, age-appropriately, and truthfully.

- **Misunderstanding in the child who sees his parent dying.** Children who witness the death of a parent (particularly young children) are often fearful about what will happen to them when the parent is gone. They too, can blame themselves that perhaps the parent's death is a result of the child being naughty. These children and family members must be encouraged to talk out their feelings as they witness the death process in a parent. Then, family members can include them in the plans for comfort of their dying parents, and in the plans for the future. They must be assured that death is not a punishment and that they will still be cared for and loved after the parent has gone. It is important too, that the child be permitted to express his/her emotions and be helped through each stage in a positive way.
- **When one parent is dying, the other parent often finds it difficult to be the one to give explanations to the children.** Explaining the nature of the terminal illness of the other parent in such a way as to encourage questions from the child may be difficult. It can be helpful for a doctor, nursing sister, or elder family member to answer those questions from children. These can arouse overwhelming pain in the parent that is healthy.
- **When loved ones around seem anxious, the dying patient often takes on that anxiety.** Patients young and old can sense anxiety by those around them. It is helpful to recognise anxiety for what it is, deal with it, and discuss it openly. Strong emotions that cause anxiety, such as, remorse, bitterness, questioning, etc. will often surface. They must be accepted and the patient and loved ones helped to channel these feelings into positive efforts to improve the quality of life that remains.
- **There will be times of sadness.** There is a big difference between having feelings of sadness in facing death, and the feelings of depression. It is not wrong for either the patient or the loved ones to feel very sad at times. Both must balance the way they will deal with those feelings of sadness. Sometimes it helps to talk with the dying person. Other times it helps to divert one's attention and do things which chase away sadness. Yet, at other times, it helps to be part of the process of treatment, nursing care, etc. Friends of those facing death can help by being sensitive to what will positively help and bring a peaceful resolution to those feelings.
- **Sometimes there is a sense of fear about 'catching' the illness on the part of loved ones.** That is a natural feeling, particularly for those who have not been around sick people. In the case of AIDS, loved ones can be afraid of being around the person dying of AIDS. These fears are unfounded because AIDS is not caught; AIDS is acquired largely through risky sexual acts. Loved ones can be helped to alleviate this fear by dealing with these feelings openly and with reassurance. Loved ones can be directed to basic home care tips about where precautions need to be taken, and where they do not. In the case of illness from cancer, some relatives may fear that the disease is inherited. These questions should be openly discussed with the physician and reassurances given.
- **Sometimes loved ones will remember negative experiences in the past when facing death, and these can rob them of quality of life at present.** It is normal to think back about a possible similar experience regarding death. If that experience was



negative, it is important that loved ones deal with those feelings and images as they come. Honesty and openness about these fears, discussion, prayer, and reassurances about facing death this time – that it can be faced positively – need to be reinforced by those around. Good total care from the onset of a loved one’s illness can prevent past experiences from robbing one of present peace.

### **What is Grief?**

↘ FACT 67

**Grief is a normal and natural response to loss. It is often a mixture of human emotions that follow a major change in a familiar pattern of life, particularly when a loved one dies.**

1. It is not a sign of weakness.
2. Grief is necessary to being able to bear sorrow honestly, and accepting its reality.
3. Grief is an inevitable and appropriate reaction when facing the loss of a loved one. Grief can be seen as a tribute of love for someone very precious.
4. Recognizing grief for what it is is a sure sign of a healthy recovery.
5. Grief is a feeling you cannot run away from and should not deny. In expressing grief you release yourself from its grip long-term.
6. For most people, there is a pattern in the grieving process. Please note these in the grief cycle below. Each individual may experience all or only some of these in different stages. Not everyone will grieve in the same way, or for the same length of time, or with equal depth. However, it is important that grief not be held for too long or too hard, or to feel that your love for the dying person is less because you didn’t express grief in a specific way. For example: at a funeral some people wail, some sob, some are emotionless for the moment. Loved ones should not be judged on the love they had for the person by how they express their grief.
7. Allow grief to have its way for awhile. Gradually then, you can be released from the grip of grief as it is expressed and dealt with.

### **The Grief Cycle**

#### **1. Shock**

- Temporarily stunned; can be compared to a trance in some instances. Can leave the bereaved feeling numb for some time. Sometimes those in shock can seem so calm that it is as though nothing has happened. This can be attributed to shock.
- Perhaps relieved at the end, because of the pain suffered by the loved one.
- Lasts for minutes, hours or even days.
- Tendency to let others make decisions, sometimes the use of the tranquiliser is necessary, particularly when sudden death occurs as in an accident.
- Once the initial shock wears off, one must face up to the reality of death with all of its emotions; one must try to regain control of one’s life and begin to make decisions and get on with life.

↘ FACT 68

## 2. **Facing Emotions**

- One must confront, analyse and deal with his/her emotions. They may be put off temporarily but inevitably, one must face the conflicting emotions that surround death and dying.
- These emotions can provide motivation for action. If not understood and properly handled, they endanger future actions and getting on with life.
- Use the help of others, not trying to be self-sufficient in understanding and handling emotions.
- During this period, one should not endeavour to make major life decisions too quickly.
- Emotional reaction can lead to mistakes in judgement. It is better to wait until grief is worked through, at least partially, before making major decisions.

## 3. **Depression**

- Loneliness and depression are a normal part of the grieving process.
- Depression affects all of us, but in varying degrees.
- It, too, will pass away with time. Time is a great healer!
- Recognise the difference between loneliness and aloneness. Loneliness can be accepted because it is the process of missing someone. Aloneness is the sense of being totally by oneself.
- Depression may be caused by the loss of the loved one, or it may be caused by multiple stresses. Stress management skills will be needed to alleviate those things that are causing the depression. Rest, diet, and exercise also need to be balanced in the life of the bereaved one who is feeling depression.

## 4. **Physical Symptoms and/or Illness**

- Negative thoughts can cause physical distress.
- Negative habits such as drinking, smoking, bad eating, and little exercise can come into the life of someone who is facing death, or suffering the loss of a loved one.
- Unresolved grief can result in physical symptoms of illness.
- It is important to examine the 'cause' of the symptoms and illness, and deal with the cause.

## 5. **Panic**

- Loss can result in panic in the face of the unknown, and fear of being alone. This can cause inability to concentrate or sleep.
- A tendency when in panic is to:
  - Run from life.
  - Find excuses to be alone.
  - Be afraid of doing new things and facing people.
  - Experience difficulty in coping with daily responsibilities; difficulty dealing with children.
- Unresolved grief can play tricks with the mind. The important thing here is to recognise grief for what it is so that it is not an ongoing state.

## 6. Guilt

- Almost all people experience some feelings of guilt, particularly in the loss of a spouse over things left undone, words left unsaid, and acts regretted.
- Normal guilt is due to doing or not doing something while the spouse was still alive.
- Neurotic guilt is allowing feelings of guilt to get out of proportion. This degree of guilt can affect health and behaviour negatively.
- In cases of neurotic guilt, one should examine one's image of self-worth, and seek assistance from a pastor or counsellor to resolve the guilt feelings.

## 7. Hostility

- Hostility, resentment, and anger are not uncommon feelings for those working through grief.
- There can be a tendency when one cannot find answers to the situation, to blame God, doctors, pastors, the church, family members, deceased's family, or oneself.
- A person facing loss and death is often asking and battling with the wrong questions:
  - The common question is "WHY?" A better question is, "HOW can I live through this and help others?"

## 8. Drifting

- Persons facing loss can sometimes move into their own world, and exclude others. They may feel it difficult to grieve in the presence of others; they do not want to bother others; they feel embarrassed by their feelings. They may be overly taken up with daydreams and fantasies about their lost loved one or what life was and might be if that person were still here. This can be a substitute for dealing with their loss and grief.
- Sometimes, in the case of the loss of a spouse, one has to examine their new status (widowhood) and come to terms with who they are in that role, rather than their married identity.

## 9. Hope

- Finally, HOPE does begin to glimmer through and the days become more positive and brighter.
- Grieving persons achieve the ability to express and handle their emotions without fear of others and without a sense of worthlessness. They are able to control their emotions more and more with the times of grief becoming less and less. They are able to feel warmth in relationships again, and be a source of encouragement to others.
- They are able to get on with their life and make wholesome decisions to live for today and look forward to the future in their present state.
- Even in the deep areas of loss, HOPE can come again. TIME is a great friend and will help to heal the grieving person. This does not happen overnight. Usually

grieving persons will find the loss of their loved one become less of a focal point in their daily life. While the loved one's memory is always cherished, HOPE can be restored to a life of living with joy and fulfilment.

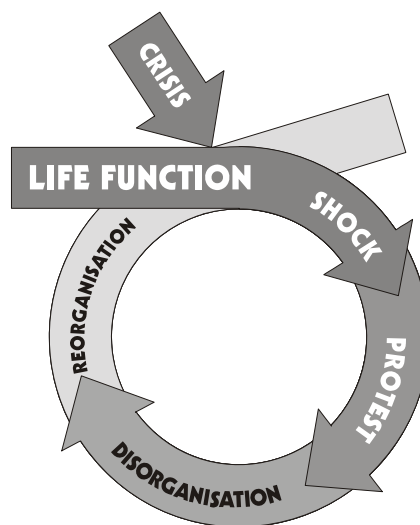
## 10. Reaffirmation and Confidence

- Gradually those experiencing loss will begin to feel confident about their own future.
- One can never go back to the 'way it was' but they accept their new status.
- Persons healed from grief can emerge with much still to experience and give in life:
  - They are now capable of helping others in grief, through their own experience
  - They have ability to use one's untapped potential through what they experienced.
  - They can build on the new strengths they developed in their loss period.
  - They are gaining a new sense of self-worth, value of friends, and positiveness about the future.

These stages are neither always clear, nor are they the same for each person. The stages and lengths vary. Persons can vacillate between stages, and may regress at times.

### The Mini-Grief Cycle

Sometimes an individual may be far along and seemingly "out of" the grief process only to face another crisis (maybe not involving death) where they seem to go through parts of the whole grieving process again. Fortunately, these minicycles are usually short-lived and do not last as long as going through it the first time.. Time alone, however, does not heal all wounds. The "work" of grief is a process that means ploughing through until grief is behind.



↘ FACT 69

**Grief** is NOT an illness, or a figment of the imagination. Grief is real and is a natural, healthy response to loss, particularly by a death. It is experienced in all cultures and parts of the world. It has both negative and positive aspects. However, when grief is denied, the person is left wounded and unable to move on positively in his/her life. Providing sufficient support and understanding enables him/her to work through it and come out on the other side stronger and more positive.

<p><b><u>STAGES OF RECOVERY FROM LOSS</u></b></p> <p>This is a process which must be passed through in order for good health to be restored:</p>	<p><b><u>WHAT SOCIETY TENDS TO TEACH ABOUT GRIEVING</u></b></p> <p>Most persons are poorly trained to handle loss; society teaches us how to ‘keep things inside’ and how ‘not to lose’ anything. Instead of recognising our loss and accepting it, we are taught to:</p>
<ol style="list-style-type: none"> <li>1. Gain awareness.</li> <li>2. Accept responsibility.</li> <li>3. Identify support people.</li> <li>4. Take action.</li> <li>5. Move beyond the loss.</li> <li>6. Be willing to take ownership of the loss. .</li> </ol>	<ol style="list-style-type: none"> <li>1. Bury our feelings, or deny them.</li> <li>2. Replace loss.</li> <li>3. Grieve alone.</li> <li>4. Just let enough time pass.</li> <li>5. Regret the past and try to “fix” it.</li> <li>6. Never trust anyone or anything again.</li> </ol>

Inadequate coping skills given to us by society do not prepare us to deal with the natural and predictable process of death. Death comes to all of us and our families; yet our friends and even professionals often do not know how to help us deal with this life process. They, like us, have the same impractical teaching about death and loss which is to:

- Be afraid of our feelings.
- Try to change the subject.
- Avoid talking about it.
- Speak in half truths rather than with honesty.
- Give false hope or keep feelings inside.
- Keep busy and forget about it.
- Avoid thinking about death and it will go away.
- Keep the faith and then you will just feel happy!

**False Expectations in the Grieving Process**

Often society expects the survivor of loss to “act recovered” in order to be treated in an acceptable manner. In order to gain acceptance, it can be easy for the survivor of loss to:

- Want the approval of others, so acts in a way to please them, denying his/her own feelings?
- Suppress his/her feelings to save face?
- Keep busy to keep feelings in and not let others know how he/she is feeling.
- Begin to ACT recovered but is really not recovered.

When the survivor of loss suppresses the grieving process to please others, grief often manifests itself in other ways, because the mind and body have to let it out in some way:

- Sleep disturbances
- Periods of confusion
- Difficulty in making decisions
- Imagines things, hallucinates, becomes fearful
- Behaviour problems of acting out grief and not knowing he/she is doing it; abuse of medications, alcohol or drugs, eating disorders, etc.
- Fear of the past, present, and future
- Fear of people, places, or things
- Isolating oneself and withdrawing
- Emotional outbursts of anger or other inappropriate reactions, etc.

### **Essential Ingredients for Recovery from Loss Due to Death**

For both the **dying** person and the **survivor** of a loved one, it is essential that these people and their support people keep the following in mind:

- Recovery from loss begins when we accept that:  
**WE ARE RESPONSIBLE FOR OUR OWN FEELINGS AND ACTIONS.**
- If we are responsible for our own feelings and actions, then  
**WE ARE ALSO RESPONSIBLE FOR ENDING OUR FEELINGS AND CHANGING OUR ACTIONS.**
- Therefore, only the persons suffering from loss can achieve recovery; no one else can do it for them.

### **The Process of Recovery as Recommended by the Grief Recovery Institute**

1. Choose a partner or counsellor.
2. Make a commitment to:
  - Total honesty
  - Absolute confidentiality
3. Identify loss events in your life.
4. Identify those events that are emotionally incomplete.
5. Identify significant events in those emotionally incomplete relationships.
6. Identify communication, which should have taken place during these events, however, for some reason did not.
7. Prepare those recovery communications:
  - Make amends
  - Achieve forgiveness of self and others
8. Allow the recovery communication to the person involved or to the partner or counsellor.

9. Achieve closure and let go of the event, your feelings about it, and your non-productive actions resulting from those feelings.
10. Move beyond the event into new aspects of your life based upon your newly recovered emotional state with its accompanying different pattern of actions.
11. Begin to take emotional risks; make yourself vulnerable to trust people again.

### The DO'S and DON'TS of Dealing with a Bereaved Person

**DON'T assume that you are dealing solely with bereavement.**  
**DO be aware that there may be other memories from the past.**  
**DON'T say "I know exactly how you feel" because no one can fully understand the measure of pain a person is going through.**  
**DO say "I can understand some of the things that you are feeling."**

**ANY PERSON'S DEATH INFLUENCES ME  
 BECAUSE I AM INVOLVED WITH  
 MANKIND**

### After the Death

- Understand that with death, particularly those that are sudden, such as in an accident, that shock is always present to some degree.
- The thought that the bereaved will never see their loved one again in this life is sometimes too much to bear.
- The most helpful thing we can do is to allow the bereaved persons to express their emotions, allowing them to talk about the person that they have just lost, and to cry freely.
- If we have not faced our own mortality, this will be very difficult for us to do.
- To protect ourselves in issues surrounding death, we often resort to the well-worn cliches such as:
  - "You'll soon be back to normal," which really means, "I hope you are (for my sake) because I can't cope with you like this."
  - "There there, don't go upsetting yourself now," which really means "Unless you stop crying now, I will cry and that will be embarrassing. I don't want to deal with this."
- Be understanding but not gushing or overly sentimental.
- Grief is very draining, stressful, and depressing, often for those that are supportive as well as for the grieving person.
- We need to be aware of our own emotional levels, and whether or not memories are being resurrected for us, as well as the bereaved.
- Sometimes our instinct is to over-protect the newly bereaved. We need to remember:
  - To allow the grieving person to do the ordinary things in life if possible, like shopping – if that is what they want to do.
  - Some form of normality will help, even if only in small doses.
- There are many different aspects associated with loss.
  - Many people call them 'stages', but this tends to imply that there is an expected progression through each 'stage'. This is not necessarily the case.

- The bereaved person experiences many emotions. Just as he/she thinks that he/she has moved on from one 'stage' to another, regression can occur with no logical explanation.
- Hence it is healthier and more accurate to look at a moving in and out of differing reactions or phases to grief.

### **Jesus Christ, the Church, and the Grieving**

The believer in the Christian Church knows a hope regarding life-after-death as no others can. The Lord Jesus Christ conquered death in dying on the cross and rising again.

*“Then shall be brought to pass the saying that is written: “Death is swallowed up in victory.” “O death, where is your sting? O Grave, where is your victory?” (1 Corinthians 15:55).*

↪ REF 17

The person who has his/her sin forgiven by the person of Jesus Christ, and His shed blood on the cross, is truly prepared for death. This is because he/she knows that death is not the final end. The Christian who has Christ living in his/her life moves on to eternal life with Jesus Christ, after death.

*“But I would not have you to be ignorant, Brethren, concerning them which are asleep, that ye sorrow not even as others which have no hope” (1 Thessalonians 4:13).*

↪ REF 18

*“For if we believe that Jesus died and rose again, even so them also which sleep in Jesus will God bring with Him” (1 Thessalonians 4:14).*

Therefore, death for the **dying person** who knows Jesus Christ is not the same as facing a sense of 'the unknown' or something 'fearful'. He/she knows that immediately his/her spirit leaves the body in death, he/she is going to be with the Lord. And upon the return of Jesus Christ, it will be the dead in Christ who will rise first and meet the Lord in the air and be ever with the Lord throughout eternity.

*“For the Lord Himself will descend from heaven with a shout, with the voice of an archangel, and with the trumpet of God. And the dead in Christ will rise first. Then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air. And thus, we shall be ever with the Lord” (1 Thessalonians 4:17).*

Those who die in Christ Jesus and have prepared themselves in life to be with Him by accepting His forgiveness of sin, die knowing that they will have an even greater life after death. This fact lessens the pain and sting of death for the believer. Although he/she knows he/she is being temporarily separated from loved ones on earth because of death, there will come a day when he/she will be reunited with those loved ones who also know Jesus Christ as personal Saviour and Lord. They will see their loved one again. Together on the day that Jesus Christ returns to the earth in the Second Coming, they will also be reunited with their loved ones who are in Christ. Both the **dying** and the **survivors of loved ones who have died in Jesus Christ** are comforted by this fact.



**The non-believer** who dies does not have any hope after death. He dies having no assurance of sins forgiven, or of spending eternal life with Jesus Christ. The sense of loss for the unbelieving dying person and the unbelieving survivor is permanent. They will never be reunited again, which makes death much more painful and hopeless.

It is incumbent upon the Church to bring the 'good news' of salvation to those who have not accepted Christ's forgiveness and prepared for death. Sharing the hope of life-after-death with Him is the task of every believer. Not only will this bring hope to the dying, but also it brings hope to the living!