MARGARET H. ROLLINS SCHOOL OF NURSING
Nursing 201 – Nursing Care of Special Populations
Death, Loss, and Grieving Across the Lifespan

Death Education
Research shows much history, but openness was frowned upon
Late 1970's – Beginning of the modern death awareness movement
- Formal Education – Programs, curriculum, courses, training, workshops, presentations
- Informal Education – Lessons from own experiences, from people in our lives, events.
- "Teachable" moments – Unanticipated event in life that offers possibility for education and personal growth

Death experiences in the media
- Traumatic death seen as a 'newsworthy' event
- Entertainment media portrays death as unrealistic, fantasized

Death related language
- Americans avoid saying words like dead and dying
- Empty euphemisms – substitution of a more pleasant or less harsh word
- Caution! Euphemisms can become excessive and reflect an unwillingness to confront realities of life and death directly – very confusing to children!

American Death System
- 100 years ago, 80% died in own homes
- Today, 80% die in hospitals or institutions
- Families are now more spectators at a family member's death rather than participants or primary caregivers
- America is a death denying society
- 3 factors likely to encounter in our society:
  - not much prior experience with death
  - unfamiliar social contexts when dealing with death
  - American adults are unsure how to talk about death with children

Dealing with Death and Dying
Qualifications for working with those who are dying
- Must first examine own mortality
- Be compassionate and caring
- Be a good listener

Working with death and dying
Need a working knowledge of the grieving process
Involves caring for entire family, not just the patient
Pioneer in the field of death and dying: Elizabeth Kubler-Ross
- Handout: Elizabeth Kubler-Ross Stages of Dying
- Handout: Normal Grief Responses (course is predictable overall, but often includes skipping, overlapping, repeats, and vacillation between stages)

Recognize responses of patients and families
- Anticipatory grieving – going through the stages of grief before death, preparation
- Mourning – outward expression of our grief, what others see
- Grief – our internal suffering, what others don't see

Knowledge will guide care when dealing with terminal patient vs. unexpected death

What is Loss?

Loss is a situation in which something that is valued is changed, no longer available, or gone. The more invested in what is lost, the greater the feeling of loss. Personal loss is any significant loss that requires adaptation through the grieving process.

Types of loss

- Actual loss – Easily identified. Is a loss that is recognized by others
- Perceived loss – Easily misunderstood. Is a loss experienced by one person but not verified by others (i.e. woman who leaves her job to care for children may perceive a loss of independence and freedom). May also be referred to as a psychologic loss (i.e. loss of control, confidence, or prestige)
- Anticipatory loss – A loss that is experienced before loss actually occurs (ex. A woman whose husband is dying often experiences an actual loss in anticipation of his death)

Sources of loss

Aspect of Self – may or may not be obvious

- Change in body image (i.e. face scarred from acne or burn)
- Loss of body part (i.e. woman who experiences a hysterectomy)
- Changes in physical and/or mental capacities (i.e. aging)

External Objects

- Loss of inanimate (nonliving) objects that have importance to the person. Involves any possession that is worn out, misplaced, stolen, or ruined by disaster (i.e. child's toy; jewelry; purse or wallet; pictures; loss of home to fire). The loss is magnified if the item lost is irreplaceable.
- Loss of animate (living) objects (i.e. pets, especially those that provided love and companionship)

Familiar Environment

- Separation from environment and people (i.e. first day of school for a child; moving to new location; entering college; being admitted to a hospital or even when being transferred to another room; an elderly person entering a nursing home)
- Loss of security (i.e. events of 9/11)

Loss of Significant Other

- Loss of significant others may include parents, spouses, children, siblings, other family members, teachers, clergy, friends, neighbors, work associates
- Loss may occur through illness, divorce, separation, or death

Death of a loved one is a permanent and complete loss

Sudden Unexpected Death

Prolonged shock and denial
Frequently reality is distorted
Health care professionals need to be sure family understands the event
Give basic facts in easy to understand language
Avoid lengthy explanations
*There is no way to soften the blow

Anticipated Death

Anticipatory grieving
Social isolation common, especially last weeks
Family and friends don't know what to say
Family and friends don't want to interfere
This occurs at a time when support is needed the most
Personal contact preferred to phone contact

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Elizabeth Kubler-Ross Stages of Dying:

1. **Denial** – "No, not me."
   This is a typical reaction when a patient learns that he or she is terminally ill. Kubler-Ross says denial is important and necessary. It helps cushion the impact of the patient's awareness that death is inevitable.

2. **Rage and anger** – "Why me?"
   The patient resents the fact that others will remain healthy and alive while he or she must die. God is a special target for anger, since He is regarded as imposing, arbitrarily, the death sentence, or not intervening.

3. **Bargaining** – "Yes me, but…."
   Patients accept the fact of death but strike bargains for more time. Mostly they bargain with God, even those who never talked with God before. They promise to be good or to do something in exchange for another week or month or year of life.

4. **Depression** – "Yes, me."
   First the person mourns past losses, things not done, wrongs committed. But then he or she enters a state of "preparatory grief", getting ready for the arrival of death. The patient grows quiet, doesn't want visitors.

5. **Acceptance** – "My time is very close now and it's all right." Kubler-Ross describes this final stage as "not a happy stage, but neither is it unhappy. It's devoid of feelings but it's not resignation, it's really a victory."

Knowledge of these stages can help families and health professionals understand what the dying patient is going through and can help them aid the patient rather than hinder the patient in achieving the kind of death he or she wants. Dr. Kubler-Ross says "Some want to go out fighting, and they should. We should not try to impose our will on them. If you listen to the patient, he will tell you how he wants to die."

On Death and Dying, by Dr. Elizabeth Kubler-Ross

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NORMAL GRIEF RESPONSE

KUBLER-ROSS	BOWLBY	ENGEL	DAVIDSON	CHARACTERISTICS
I. Denial	**I.** Numbness / Shock	**I.** Shock / Disbelief	**I.** Shock & Numbness	Failure to accept reality Denial / Disbelief of event "Stunned"
II. Anger	**II.** Disequilibrium	**II.** Developing awareness	**II.** Searching &Yearning	Anger towards self or others **Guilt** Increased anxiety, irritability Frustration, anguish, despair Testing what is real; questioning
III. Bargaining				Seeks alternative to improve current situation: begs God for a second chance "If only I could…"
IV. Depression	**III.** Disorganization / Despair	**III.** Resolution	**III.** Disorientation	Disorganized, restless Helplessness, hopelessness Loneliness Despair w/total realization of loss Sleep problems Social isolation common. Think "I am going crazy" **Very painful stage.**
V. Acceptance	IV. Reorganization	**IV.** Recovery	**IV.** Reorganization	Anxiety decreases Accepts or is resigned to the loss New methods of coping without the lost person/object are established. Sense of release Eating and sleeping habits stabilize Reinvestment in new relationships

Kubler-Ross (1969) – Psychiatrist and prolific author of the ground breaking book, "On Death & Dying"
John Bowlby (1964) – Psychoanalyst who wrote articles (individually and with Colin Murray Parkes) in 1960s using attachment theory to explain how people respond to loss
George Engel (1961) – American psychiatrist who described the "medical model of grief" in that it has an onset, predictable course, and prolonged period of gradual recovery
Glen W. Davidson (1984) – Author, Understanding Mourning