

### Introduction

- Bereavement can be described as the **feeling of loss** when a loved one dies
- *It produces a huge readjustment to a person's life*
  - *Bereavement literally means to be 'deprived by death'*

### Grief

- **Grief** is the natural response to loss
- **Grieving** is a mixture of deeply felt emotions
  - *These can come and go, often without warning*
- The process of grieving is **individual**

### Grieving

- People respond to bereavement and **express** their grief in **different ways**
  - *There is no right or wrong way to feel*
- There are some **common responses**
  - *Most people experience some common responses*
  - *Some might feel a lot of emotions at once*
  - *Others that they are 'having a good day' then feel worse the next day*

### Common Responses

- An initial sense of **shock, numbness, disbelief and denial**
- **Followed by one or more of the following:**
  - *Lack of energy*
  - *Trouble concentrating*
  - *Difficulty remembering and making decisions*
  - *Hyperactivity*
  - *Thinking about wanting to die*
  - *A sense of unreality*

### After Initial Shock

- As the **early shock** wears off the **impact of the reality of the death** is felt
- **People may experience any (or all) of the following reactions:**
  - *Emotional*
  - *Physical*
  - *Behavioural*
  - *Mental*

### Emotional Reactions

- **Anger with the deceased**
- **Anger** with those believed could have **prevented** the loss
- A sense of abandonment
- Yearning and pining
- Guilt
- Anxiety
- Fear, panic
- Depression
- Despair
- Irritability
- Crying, sadness
- Mood swings

### Physical Reactions

- Symptoms of **stress** which can include:
  - *Rapid heart rate, sweating, feeling sick, dizziness, tiredness, loss of appetite, aches and pains*
- It's also normal to feel **confused** and have **difficulty concentrating**
- People **less able** to express themselves **verbally**
- Pain, breathlessness
- Illness

### Behavioural Reactions

- Low vitality
- More than usual **need for sleep**
- Sleeplessness
- Hyperactivity
- Withdrawal
- Lack of **interest in normal activities**

### Mental Reactions

- Confusion, hallucinations, nightmares
- **Searching** for the deceased
- **Poor concentration**
- Regression
- Loss of skills
- **Insecurity**

### Process of Grieving

- **Some reactions:**
  - Shock
  - Denial
  - Anger
  - Guilt
  - Fear
  - Sadness
  - Eventual acceptance
- Some people experience **one emotion** at a time
- Most feel a **mixture of emotions** all at once

### Shock and Denial

- **Shock** and **denial** can lessen the harshness of the immediate impact of death
- **Shock** is usually the first response people feel
  - *Especially if the death is sudden*
  - *Even if death was expected there is often a feeling of disbelief*
- The bereaved may feel numb
  - *Going through the motions of everyday life without feeling anything at all*
- They may seem to be coping
  - *Almost as if nothing has happened*
- They may feel unable to cry
- In **denial** a person may imagine that they have seen their loved one
  - *Or expect them to walk through the door*

### Anger and Guilt

- **Anger** is a **normal** response to bereavement
- **It can be anger with:**
  - The loved one for dying
  - The doctors, other health/care professionals
  - 'God' for allowing so much pain and suffering
  - Themselves
    - *Feeling guilty because "I should/shouldn't have . . ."*

### Fear and Sadness

- Deep **sadness** is the underlying emotion of **grief**
- Feelings of *helplessness, hopelessness* and *fearing the future* are **normal**

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- **Depression** can set in after shock, numbness and anger have reduced
- Energy levels may very low
- 'Crying' may seem to continue constantly

### Resolution of Grief

- **Resolution occurs when the bereaved is able to:**
  - *Think of the deceased without pain or anger*
  - *Recall the times they had together in a positive way*
  - *The journey towards grief resolution is not always continuous or direct*
- It can take a long time

### Acceptance

- **In time:**
- **Acknowledging** loss
- **Allowing** painful emotions
- *Leads to acceptance of life without the loved one*
- **This does not mean forgetting**
  - *A gradual reorganisation as the bereaved begins to take on life again*

### How Long Does Grieving Last?

- A very **individual** time scale
  - *Weeks, months or years*
- **By the end of two years:**
  - The majority of bereaved people feel they are beginning to readjust to their loss

### Stages of Bereavement

- Experts *generally* accept that there are **four stages** of bereavement:
  1. *Accepting that the loss is real*
  2. *Experiencing the pain of grief*
  3. *Adjusting to life without the person who has died*
  4. *Putting less emotional energy into grieving and putting it into something new (moving on)*
- People **probably** go through all these stages
  - *Not necessarily moving smoothly from one to the next*
- Grief might feel **chaotic** and out of control
  - *These feelings will eventually become less intense*

- Talking about the loss is an important part of the grieving process
  - *As is expressing sadness*

### Summary

- **Bereavement** results in a huge **re-adjustment** to people's lives
- During this period of adjustment there will be **emotional, physical, behavioural and mental** reactions
- Experts generally agree that there are **stages of bereavement**
- *But* - the grieving process is different for each person

### Making Arrangements

- ✚ Have the personal wishes of all residents about the last phase of their lives been sensitively explored with them?
- ✚ Have any specific information or requests been recorded in each resident's case notes or care plan and made known to all relevant staff?
- ✚ Is there a record for each resident of who should be contacted when death seems likely?
- ✚ If residents indicate that they want to talk about the possibility of their dying, are staff able to respond or to call on someone appropriate?

### A Dying Client

- ✚ If a resident has to go to hospital, can they feel sure their room will be kept for them with their possessions in place ready for their return?
- ✚ If rooms are shared, is thought given to whether a dying resident or his or her companion would like to move?
- ✚ Does the bedroom remain a homely place throughout a terminal illness?
- ✚ Can a dying resident be assured that they will not be left alone, if that is their wish?

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- ✚ Are the relevant friends, relatives or other sources of support contacted as soon as appropriate?
- ✚ Are frail or very sick residents helped to get up and visit other parts of the home if they want to?

### **Relatives**

- ✚ Are relatives given information about a dying loved one in a way which is sensitive and timely?
- ✚ Can relatives be accommodated overnight to be with a dying relative, provided with refreshments and other facilities, and made to feel welcome?
- ✚ Are family members who feel able to, encouraged to participate in nursing and looking after the personal needs of their dying relative?
- ✚ Are relatives informed of a death promptly and helped to deal with the immediate emotional and practical issues they face?
- ✚ Do staff know where to advise relatives to get expert help on bereavement?
- ✚ Are relatives able to stay in touch with the home and its residents after a death if they wish to?

### **Other residents**

- ✚ Are residents kept appropriately informed about the health of one of their fellows who is dying?
- ✚ Are residents who wish to able to visit a dying companion, to make some contribution to their care and themselves to get support with their feelings of sadness or fear?
- ✚ Is there an agreed and sensitive way of informing residents of a death in the home?
- ✚ Are facilities, including transport and staff escorts if necessary, available for residents who wish to attend a funeral?

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- ✚ Do residents who are unable to attend the funeral have another opportunity to pay their last respects to a dead colleague?
- ✚ Is bereavement counselling or similar help available to residents?
- ✚ Are residents who have died recalled - in conversations, through photos in which they appear, by specific items marked in their memory, or in any other way?

### **Minority groups**

- ✚ Are the wishes in relation to death of any residents from ethnic or religious minorities sensitively discussed with them, noted and respected?
- ✚ If a detailed knowledge of minority religious and cultural practice is not present within the staff group, is it known where advice can be sought?
- ✚ When a resident who has requested something different from a conventional funeral dies, is the situation explained to other residents and appropriate opportunities provided for them to participate in mourning?

### **Staff**

- ✚ Do young and inexperienced staff have someone working with them who can help them to cope with the first deaths they experience in the home?
- ✚ Is training made available to staff in ways which help to develop their skills and to cope with the special stress of dealing with the deaths of residents?
- ✚ Is bereavement counselling or similar help available to staff?
- ✚ When a resident is close to death is information passed to members of staff who are off-duty who would like to be kept informed?
- ✚ Are administrative, catering and domestic staff given the opportunity to relate to dying residents if they wish to?

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- ✚ Are all relevant staff given time, and helped with transport if necessary, to attend residents' funerals?

### **Outside help**

- ✚ Are the priests, ministers or religious friends of residents encouraged to visit if a dying resident wants to see them?
- ✚ Does the home have links with a hospice in the area?
- ✚ Is maximum use made of community health services on behalf of terminally ill residents?
- ✚ Are the neighbours, friends and relatives of a dying resident made welcome?

### **Communication Skills - being PREPARED(1)**

- P- prepare for the discussion
- R- relate to the person
- E- elicit pt and carer preferences
- P- provide information
- A- acknowledge emotions and concerns
- R- realistic hope
- E- encourage questions
- D- document

### **Open questioning (2)**

- Could you tell me what the most important things are to you at the moment?
- Can you tell me about your current illness and how you are feeling?
- Who is the most significant person in your life?
- What fears or worries, if any do you have about the future?
- In thinking about the future, have you thought about where you would prefer to be cared for as your illness gets worse?
- What would give you the most comfort when your life draws to a close?