

# DEATH AND DYING

DR A MBWAYO

PhD Clinical Psychology

# Objectives

- At the end of the lecture, the students should be able to describe and explain
  - the meaning death and dying
  - Describe Elizabeth Kübler-Ross stages of death and dying

# What is death and dying?

- There are several aspects of death.
- Biological death refers to the vital organs ceasing to function.
- As a person goes through the active process of dying, the body goes through a process of shutting down.

- This means an increase in sleep, perhaps, the person may stop eating as digestion begins to slow down, the blood may pool on the underside of the body forming dark patches or mottling as circulation slows.
- And breathing may become more sporadic and raspy.
- Clinical death occurs when the brain ceases to function.

- Social death occurs when others stop visiting or calling on someone who is terminally ill or in the dying process.
- Even health care providers may spend less time with their terminally ill patients.
- Most social death occurs because people feel uncomfortable around those who are dying.
- What do you do for those who are dying?

- The number one answer is to be there and listen.
- No one really expects someone to turn it around or offer a solution.
- Psychological death occurs when the person begins to accept their death and to withdraw from others psychologically.
- They may be less interested in normal activities, world events, and social relationships.
- This can occur much sooner than biological death.

# What is death and dying?

- During the 1960s, some doctors preferred not to tell terminally ill patients that they were, in fact, dying.
- They believed that the patients were not capable of handling the truth.
- In modern medicine, which prided itself on curing patients, doctors regarded an illness that could not be cured as a sign of failure.

- Elizabeth Kübler-Ross had discovered in her work with the terminally ill in Colorado, however, most of them knew they were dying, although the doctors had refused to share that information with them.
- These patients wanted to talk about their feelings with someone who would listen.



- Instead, the hospital staff seemed reluctant to deal with death.
- Doctors and nurses were far too busy administering medications, giving the patients transfusions of blood to keep them alive, or providing them with life support on high-tech medical machines.

- Their job was to use all the modern technology available to them to cure patients or, if that was not possible, to at least keep them alive as long as they could.
- Medical staffs were uncomfortable confronting death.
- The dying were usually placed in hospitals, away from their families, where they were expected to spend their final days among strangers.

- The terminally ill felt isolated in a hospital, unable to express their feelings even to doctors and nurses, who tried to avoid the issue of death.
- Often the patients could not even discuss death with their families.
- Some family members were far too sad to talk to the patient.
- Others were afraid of bringing up the topic and upsetting the patient.
- As a result, the dying felt completely alone.

- Kübler-Ross believed strongly that doctors should tell their patients when they are terminally ill.
- That there should be no question of whether or not to say anything.
- How the information was delivered, however, was most important.

- As she told the participants in her seminars, “What all our patients stressed was the sense of empathy, which counted more than the immediate tragedy of the news.
- It was the reassurance that everything possible will be done, that they will not be ‘dropped’ [forgotten], that there were treatments available, that there was a glimpse of hope—even in the most advanced cases.”

# STAGES IN DEATH AND DYING

- Elizabeth Kübler-Ross came up with five stages that the dying go through as they approach death.
- These stages do not always occur progressively, that is, one after the other.
- A patient may move back and forth between one stage and another as the illness progresses.
- As the patient goes through these stages, his or her family members may also be passing through them

## **Denial stage**

- Elizabeth called this stage “No, not me, it cannot be true,” phase.
- A patient who is told that she has, for example, terminal lung cancer may first deny that it could be possible.
- It seems far too incredible that she could be stricken with a fatal illness.
- The patient’s immediate reaction may be that the doctor has made a mistake, that the x-rays taken of her lungs are wrong, or that her blood tests have been mixed up with some other patient’s.

- Denial is a defense mechanism, and acts as a buffer, allows one to recollect themselves and mobilize other defenses.
- Families and friends of the patient may also experience denial as the first stage of dealing with a terminal illness.
- They don't want to face reality, especially when the terminally ill patient is a young person or a child.
- Sometimes denial by family members can prevent the patient from engaging in a meaningful conversation about death that can make it easier to face.



## Stage two- Anger

- In this second stage, patients asks the question “Why me?”
- They feel angry that they are the ones with a terminal illness.
- They may even selfishly wish that the illness had struck someone else.
- Patients frequently take their anger out on the people around them.
- They may find fault with the hospital staff, yell at family and friends, and even curse God for their illness.

- Caregivers must wait and patiently listen to what the sick person is saying, Kübler-Ross wrote in *On Death and Dying*.
- This willingness to listen and understand will help terminally ill patients cope with their anger, “A patient who is respected and understood, who is given attention and a little time, will soon lower his voice and reduce his angry demands.”

## Bargaining phase

- Bargaining phase is the third stage.
- A patient may try to bargain with God.
- If God will cure him, then he will promise to be a good person in the future.
- Even if God will give him a few more years, the patient will agree to dedicate himself to helping other people.
- Sometimes this bargaining phase can help a patient feel more at peace and even hope for a remarkable recovery, at least for a short time.

# Depression Phase

- During this stage, patients experience an overpowering sense of loss.
- Some patients feel regret at all the things that they either never accomplished or had left undone in their lives.
- They look back on lost opportunities in their careers and unpleasant relationships with family members that were never healed.
- Terminally ill parents with young children must face the fact that they are leaving their families behind them.

- According to Kübler-Ross, caregivers can help terminally ill patients deal with some of these issues in the time remaining.
- For example, a husband and his terminally ill wife can discuss the most effective methods of providing for their children after her death.
- By taking concrete steps to deal with these problems, many patients feel far less anxious about how their families will cope without them.
- It is important to note, however, that it is natural to feel sad and depressed as such an event approaches.

# Acceptance

- The final stage of terminal illness, at least for some patients, is acceptance.
- The anger, depression and sadness slip away, and the patient prepares for death.
- Kübler-Ross cautions that the patient may not be happy but will probably have few, if any, feelings.
- Patients may wish to spend most of their time alone.
- Although patients may accept death, Kübler-Ross points out that they may still possess a lingering hope that a cure is still possible.

# Conclusion

- What do you think your role is a doctor in a patient who is dying?
- If you cant explain, let somebody else do it eg a clinical psychologist, a religious leader.
- Are there some who can go to a hospice?