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RITUALS, MEMORIES AND PREPARING FOR DEATH:

*Exploring Good
Practice and Barriers*



*I will not say: do
not weep; for not
all tears are an
evil*

J.R.R. Tolkien

GRIEF

Worden's Four Tasks of Mourning

To accept the reality of the loss.

TASK
#1



TASK
#2

To process the pain of the grief.

To adjust to a world without the deceased.

TASK
#3



TASK
#4

To find an enduring connection with the deceased while embarking on a new life.

Reference:
Worden, W. (2009). Grief Counselling and Grief Therapy - A Handbook for the Mental Health Practitioner. New York, USA: Springer Publishing Company.

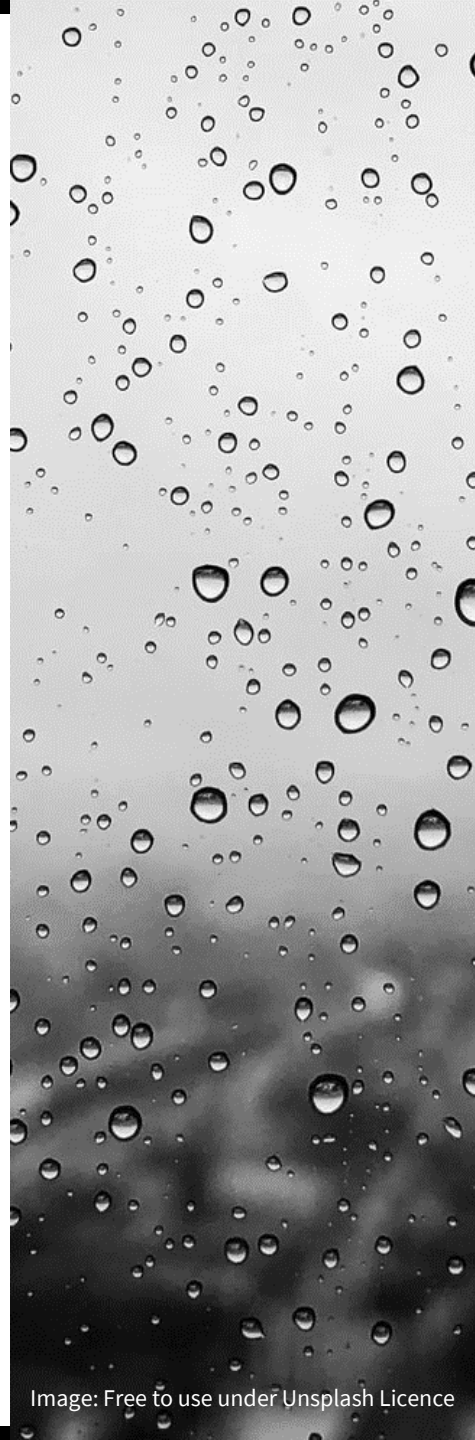
habits for wellbeing


The Grief journey seeks to make sense of, and find meaning in, a new world; a world in which the deceased does not physically exist; a world which may no longer seem to be ordered and understood as it once was.



When we get it wrong those in our care may experience additional distress, that may interfere with their engagement, treatment and recovery; adversely affecting their general wellbeing with implications for them, those around them and those who care for them.

Where we get it right, showing empathy and providing compassionate care; those who are experiencing grief can be supported to adapt and re-establish meaning, purpose and hope.





*No one gives you
a Haynes Manual!*

Patient

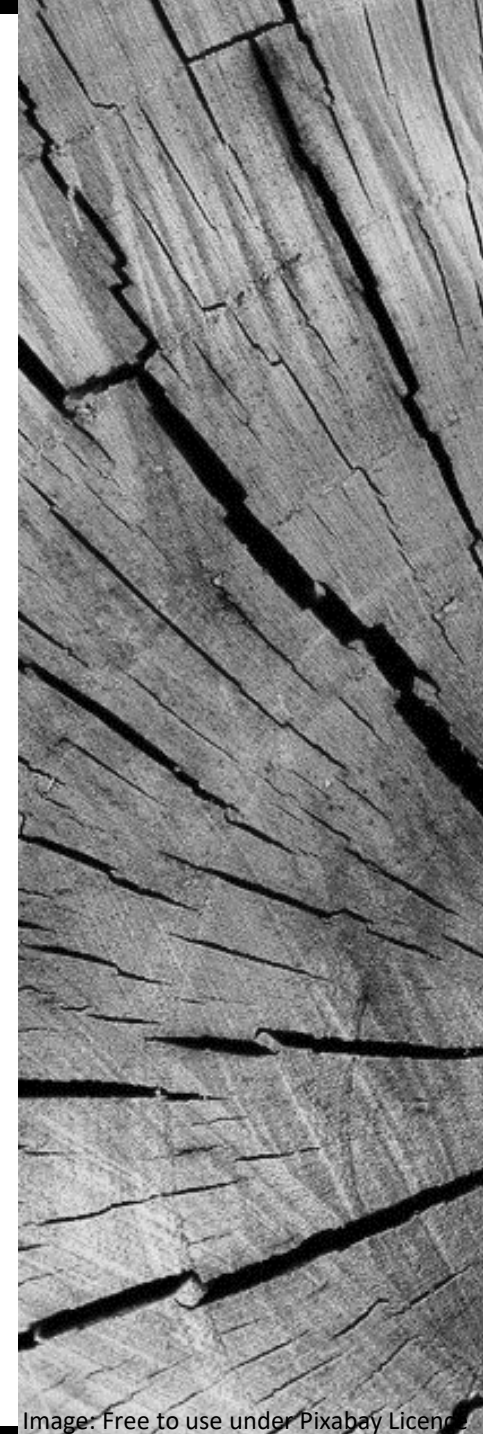
PREPARING

Death remains one of the few great taboos, with the process surrounding it shrouded in myth and mystery.

Whilst care of the dying and the death of patients is a regular occurrence for most Healthcare Professionals, for family and carers the death of a loved one is unique event and is only witnessed and experienced a few times in life.

Those who care for a dying loved one are frequently unprepared for the last few days and hours, changes in the patient's symptoms and overall condition, whilst normal and expected in a clinical sense; can be frightening and distressing for both the patient, their loved ones and those caring for them.

It is therefore important that we prepare carers.



**CONSIDER
THE FACTS**

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care

but

7% report having had an end-of-life conversation with their doctor

Source: Survey of Californians by the California HealthCare Foundation (2012)

**CONSIDER
THE FACTS**

90% of people say that talking with their loved ones about end-of-life care is important.

but

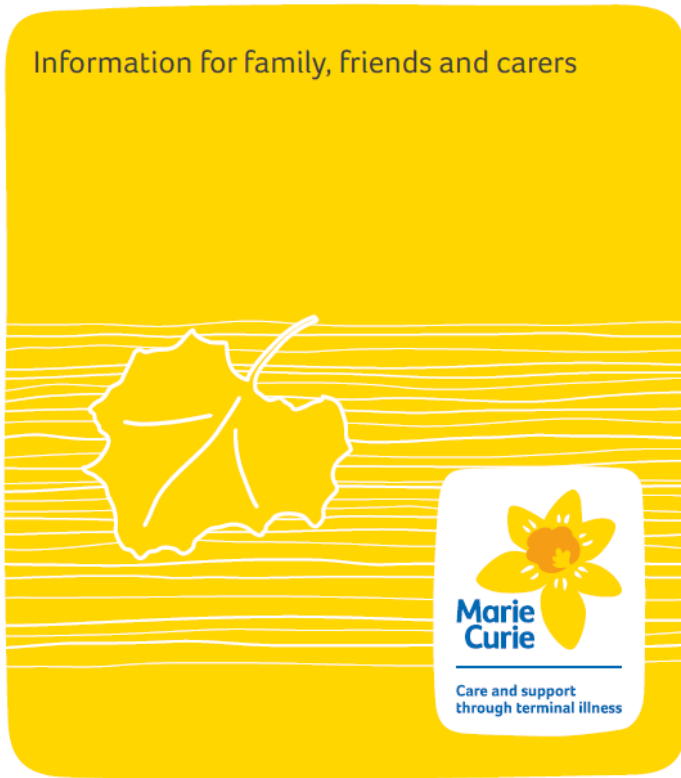
27% have actually done so.

Source: The Conversation Project National Survey 2013.



What to expect at the end of someone's life

Information for family, friends and carers



- Agreed Anticipatory Care
- GI changes (diet, bowels, bladder)
- Confusion, Restlessness and agitation
- Peripheral shut down (cold hands)
- Increased Sleeping
- Bedside Vigils
- Processes after death

[what-to-expect-at-the-end-of-someones-life.pdf](#)



This is what rituals are for. We do spiritual ceremonies as human beings in order to create a safe resting place for our most complicated feelings of joy or trauma.

Elizabeth Gilbert

RITUALS

Since the dawn of time, humanity has looked to religion and faith to explore deep questions about the very nature of being human; their identity and place within the world, the purpose and meaning of human life and death;

Organised religions are rooted within a particular tradition which engender their own narratives, symbols, and doctrines that are used by adherents to interpret and explain their experiences of the world. As such, religion provides a powerful worldview and a specific framework within which people seek to understand, interpret, and make sense of themselves, their lives, and daily experiences. (SICF, NHS Scotland Fair for All, 2007)



The co-construction of ritual and rites in a Post- Christian world.


- Religious and / or spiritual rites
- Last Acts of Care
- Funeral / Act of Remembrance
- Established Routines



COVID-19 HAS changed the customary ways society and individuals are able to mark grief.

Traditional bereavement rituals and rites have changed with many people unable to make arrangements in the way that they may have in the past.





*Memories warm
you up from the
inside. But they
also tear you
apart.*

Haruki Murakami

MEMORIES

Cicely Saunders the founder of the modern palliative care movement said;
'How people die remains in the memory of those who live on'.






The nurses wanted you to know that your relative was not alone when they died. We sat with them and held their hands. This box contains a wooden heart with their finger print and a lock of their hair is tied with a ribbon.

We are so sorry for your loss

Shona x Zoe x Lorna x
Conrina x







Fear makes come true that which one is afraid of.

Viktor E. Frankl

BARRIERS

Thinking and talking about loss, death, dying and bereavement
can be uncomfortable!



- Uncertainty / being uncomfortable around death
- Poor awareness of own beliefs around death
- Increasing pressures and workload
- Lack of time / resources
- Staff discomfort in addressing the subject
- Use of language / lack of shared language
- Transference and counter- transference
- Reliance on biomedical / biosocial models of care
- Confusion of role



THANK YOU

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