

Grief, death and the psychology of dying



**ASSIGN
BUSTER**

Different people of different religions, race, age and culture have different perceptions of death and the way to go about the loss. The following research tries to explain why people behave the way they do in their different manner. It defines death and grief, why, when and how they occur. It also explains about the misconceptions that people have about death and grief. It gives a more understanding of these phenomena and explores what people go through when they experience them. The paper also gives solutions on how a person should handle the situation once it has happened to him.

Grief is the reaction to loss; it is mainly associated with a loss of something or someone to whom a person had formed a bond with. A person can respond to grief emotionally, socially, physically or even through the way they behave. Grief is caused by loss of a variety of things. It can be as a result of a divorce, an illness, loss of someone's possessions, status, employment, pets and loved ones (O'Connor, Irwin, & Wellisch, 2009).

Different people react differently when they go through a loss. The different reactions may be as a result of what one has lost. These reactions may be manifested from one person to another or within the same person. The different reactions emanate from peoples diversity cultures, personalities, age, religious and spiritual practices and beliefs (Kubler, 1991)

Grief exacerbates both and physical and psychiatric morbidity. This is common especially after a loss of a spouse. During this period, the bereaved usually exhibits symptoms such as headaches, heart palpitations, dizziness and trembling. The bereaved also tends to suffer from depressive symptoms

during the first year after the loss. Those who are bereaved young tend to take more symptom relief drugs as well as showing more physical distress than older people. For the older people, the number of visits to the physician as well as hospitalization increases during the time of physical distress.

Grieving is an early and old phenomenon. During the olden days, people used to seek help with their grief from religious leaders, extended families, and close neighborhoods as well religious institutions. Today, because of secularization, lack of a sense of community and lack of belief in formal religion, has led to the bereaved seeking help from health workers (Worden, 2002).

Children differ in mourning with adults. They tend to return to an earlier behavior like clinging to a toy, thumb sucking or even depicting an angry behavior. They are not mature to mourn like adults but they mourn intensely. A loss in childhood can result to emotional problems as well as physical illness. This poses a great risk as the child can contemplate suicide or become a delinquent. This is mostly common in adolescents (Kubler, 1991)

Dr. Elisabeth Kubler-Ross believed that grief has its own stages. These stages include emotional reactions like denial, anger, bargaining, depression and acceptance. She advises that understanding grief is an important part of the human experience as it is a necessary response that helps to heal from the overwhelming experience of loss (Kubler, 1991)

Dr. Kubler suggests some of the things that a griever can engage in order to overcome grief. Some of these things may include participating in support

<https://assignbuster.com/grief-death-and-the-psychology-of-dying/>

groups which may either be faith based or secular. Those people going through a complicated grieving process are advised to attend a therapy session with a psychologist or any other qualified professional dealing with mental health. She also advises griever to take food supplements as well as eating healthy foods (Kubler, 1991)

Exercise and work outs like jogging and aerobics are also recommended during this period of grieving. Grieving is also an emotional drainer process thus she recommends enough rest for the person grieving. Places of worship are also known to be very helpful in providing solace and comfort to those grieving. Dr. Kubler recommends that griever show emotions whenever possible like letting the tears to flow as this facilitates the healing process (Kubler, 1991)

At this point of grieving, the griever requires a lot of acceptance and support from friends, family or the people around. The griever may depict a wide range of emotions that may require a lot of understanding from people around (O'Connor, Irwin, & Wellisch, 2009).

To grieve is more than just to show sadness. It involves positive experiences when it deepens interpersonal connections.

Grief can cause great wear and tear to both the psyche and the physical body. It is experienced in a very personal way although there are some commonalities to grief. Different people may go through similar reactions to grief such as nightmares, hallucinations and problems with appetite. Other people may experience sleeping disorders while others may go short of breath.

Intense or complicated grief can result to complicated responses. These responses may include suicide attempts, murders, shock and even mental disorders. Grief which is complicated can be debilitating, it involves pangs of painful emotions which are recurrent. It may also involve intense longing and yearning for the lost person or thing and also thoughts which are preoccupied with the lost person or thing.

Death

It is the cessation or termination of biological functions that make up a living organism. Death refers to both a particular event and the condition that result thereby. Many religious beliefs tend to be concerned more with the condition than a particular event.

People have different perceptions of dying and death. Many wonder how it occurs or whether the dying just accepts death quietly. Many questions also linger in our minds whether the dying think of their possible decomposition, being consumed by maggots or rotting in hell (Piven, 2004).

The process of dying is a process that is known because it is witnessed and described by those involved in it. Certain factors influence the dying experience. These are interpersonal relationships, gender, nature of a disease and the treatment environment, and age. A young child may not understand the nature of death as a mature adult with diverse life experiences would. The dying process is also influenced by gender as a result of different roles played by women and men. A dying man is more likely to think of financial provisions for his family while a dying woman is more concerned with family integrity. Individuals who have experienced a

<https://assignbuster.com/grief-death-and-the-psychology-of-dying/>

poor interpersonal relationship experience a greater distress while dying than one who had a good relationship (Wass & Neimeyer, 1995).

Death is seen to be an event as it occurs in a particular time, at a particular place and in a particular way. Death is also seen to be a condition as one is seen to be incapable of carrying the important functions of life. It is a condition that is not reversible. It is also a universal certainty. It forms the centre of many organizations and traditions.

Death can be accidental, intentional or natural. Many species die from predation. Intentional activities causing death may involve death by one's self i. e. suicide, death by others i. e. homicide and calamities like war. Death by natural causes is mostly caused indirectly by human activities (Appel, 2005).

To determine whether a person is dead or not, there are signs that one can look for. Some of these signs may include; respiration cessation. Breathing stoppage is a good sign that a person is dead. Lack of body metabolism can also suggest that a person is no longer alive. Other signs are a lack of a pulse, body becoming pale a few minutes after the person dies, body temperature reducing and stiffness of the corpse' limbs (Appel, 2005).

Death can be clinical or legal. When a person ceases to breathe and to circulate blood, the person is declared to be clinically dead. This happens when a person gets a cardiac arrest or the heart simply stops to beat.

During this time, the person losses consciousness and the brain activities stop. Procedures to resuscitate the patient are initiated. These include

putting the patient under cardiac life support machine which attempts to restart a heartbeat. The resuscitation continues until the recovery of a heartbeat or when a physician determines that the recovery is impossible and the patient is declared legally dead. A brain dead patient with heart and lungs that are functioning can be pronounced to be legally dead (Safar, 1988).

Legally, the state brain dead defines death. This occurs when the brain activities both voluntary and involuntary are irreversible and hence cannot sustain life. Irreversible loss of brain functions is caused by direct trauma to the head as a result of a gunshot wound or an accident caused by a motor vehicle. Loss of brain functions can also be caused by massive hemorrhage as result of high blood pressure complications (Murray, 1990).

Legal death is when a qualified personnel declares that a patient does not require further medical care and the patient be pronounced dead under the law. Some of the circumstances favorable for a person to be pronounced legally dead is when brain dead. This is when the brain activity is not detected.

Psychology of dying

According to psychologists, when going through the process of dying one goes through the experience of pain, regret, and fear of the unknown. Our social systems also break down death into distinctive dreads. Example, as a means to obtain moral obedience, religions mold death anxiety into fear of agonizing hell (Wass & Neimeyer, 1995).

The fears and ideas that people have about death are not innate; they are learnt from their cultural and social environments. A particular culture's system of death conditions the behaviors of the living. For instance, their willingness to receive an organ transplant, suicide contemplation, their will to take risks, to purchase a life insurance, preference for cremation or burial, their attitude towards abortion or capital punishment and their hope for resurrection

Religion is also known to shape people's attitudes toward death. This could be positive or negative. The more religious members display a more consistent attitude of death as measured by the level of fear of death. Those who believe in afterlife have a coherent understanding of situations related to death. Death anxiety, threat and fear result into other forms of psychological distress. Health status is unrelated to the level of fear and anxiety of death (Wass & Neimeyer, 1995).

Pursuing a death-exposure profession like medicine or attending the morgue does not necessarily increase the fear of death or anxiety. Those professionals or volunteers who work closely with the dying show reduced fear of death and much death competency.

Physicians usually have a difficult time with their patients whom they know have no chance of recovery. Telling a patient about his dying is never justified. On the same note, to withhold a patient's dying information is not warranted.

According to Dr. Kubler (1991), people regardless of their age, religious orientation, race or cultures recognize when they are about to die. Some

<https://assignbuster.com/grief-death-and-the-psychology-of-dying/>

may start bidding farewell even if death is not expected. Dr. Kubler equates death to being born into a different existence. To die is like to move from one house to another only a more beautiful house this time. It does not matter how death may have occurred because the experience is the same (Kubler, 1991).

When one dies, i. e. when the soul leaves the body, it is still possible to perceive what is happening around the dying place i. e. where the body was left. One is able to register everything with a new awareness different from the earthly consciousness. This happens the same way as when one is lying unconscious having a surgery. During surgery, many patients have an out of body experience where they watch surgeons work on them and can actually hear them talk. The same thing happens when a dying patient is in a deep coma. The patient can neither move nor talk but can hear and understand everything being said to him (Kubler, 1991).

Nobody dies alone. When one leaves the physical existence, one joins another existence where time, space or distance does not exist. The power of thought is able to bridge long distances in a split of a second. Many people have experienced this when someone who lived many thousands of miles away suddenly appears to them and then later come to realize that they just passed away a few hours or days ago.

When patients are on their deathbeds, they report to see people whom they used to see and play with when they were little, only to have forgotten their existence when they grew up. These people die peacefully and happy knowing that someone who loves them will be waiting for them. Generally,

people waiting for us on the other side are those who loved us the most (Kubler, 1991).

People die at different times; as little children, as young people or very old people. According to Dr. Kubler, the young have already learnt what they were supposed to learn and the old have accomplished what they were supposed to do at the time of their death. If we live well, we will not worry about dying (Kubler, 1991).

Conclusion

Different people of different religions, race, age and culture have different perceptions of death and the way to go about the loss. The study has identified grief as a reaction to loss, where the victim responds in an emotional, social and physical manner to portray his/her state. In this case, the study has identified that the different reactions exhibited by people as a result of death varies with their diversity cultures, personalities, age, religion and spiritual practices and beliefs. The study has identified several stages taken in a grief process. These include emotional reactions like denial, anger, bargaining, depression and acceptance.

There are, however different ways of overcoming grief, the study has identified a simple method as group participation in a faith based or secular to be an effective approach. On the other hand, individuals undergoing through a complicated grieving process are advised to attend a therapy session with a psychologist or any other qualified professional dealing with mental health. Eating food supplements and healthy eating habits also helps to overcome grief. Death is seen to be an event as it occurs in a specified

time, place, and in a certain way. Death is also seen to be a condition as one is seen to be incapable of carrying the important functions of life. It is a condition that is not reversible. Dr. Kubler has argued that people, regardless of their age, religious orientation, race or cultures recognize when they are about to die. People die at different times; as little children, as young people or very old people. When one dies, i. e. when the soul leaves the body, it is still possible to perceive what is happening around the dying place.