PREPARING FOR LIFE APART

Spontaneous public memorials

Web memorials
- www.eforever.com
- www.ilasting.com
- www.imorial.com
- www.remembered.com

PERSISTENT COMPLEX BEREAVEMENT DISORDER

A. Death of someone with close relationship
B/C. Symptoms to a significant degree on more days than not, with persistence at least 12 months after death of adult or 6 months of child
D. Clinically significant distress or impairment in social, occupational, or other important aspects of functioning.
E. Reaction out of proportion to or inconsistent with cultural, religious, or age-appropriate normal responses.
COMPPLICATED GRIEF

Risk factors for complicated grief:

- Sudden/unexpected death
- Pediatric death
- Violent/traumatic death
- Lack of social support
- Low socioeconomic status/education
- Underlying anxiety/depression
- Disenfranchised mourners

COMPPLICATING GRIEF

Remember that the role of death rituals is to…

1. Provide social support to mourners.
2. Set limits to formal mourning.
3. Outline cultural obligations during mourning.
4. Restore the bereaved to society.

Might deritualization lead to insufficient bereavement?

1. To include rituals (religious & non-religious) in the medical history.
INCORPORATING RITUALS

2. To explore facility rules in regards to rituals.
   - Ritual bathing
   - Laying of body on the floor
   - Religious ceremonies
3. To recognize our unique role in modern biomedical rituals.

- Ritual of coming to hospital
- Ritual of CPR
- Ritual of withdrawal
- Ritual of pronouncement

Incorporating Rituals

4. To know when to ask for help.

- Pastoral Care
- Other clergy/religious leaders
- Family
- Other clinicians
PERSONAL GRIEF

The “unexamined” life of clinicians:

- Loneliness
- Loss of meaning
- Cynicism
- Helplessness
- Hopelessness
- Frustration
- Anger
- Depression
- Burnout

PERSONAL RITUALS

Seek outlets for self-reflection & processing:

- Praying/meditating
- Exercising
- Writing (e.g. journaling, sympathy cards)
- Calling family members or other clinicians
- Attending funerals, memorial services

CONCLUSIONS

- We should recognize that rituals help us make sense of death as a society.
- We should appreciate that all cultures have rich ceremonies for dealing with death & dying.
- We should consider the role that we play in the death rituals of our patients.
- We should reflect on the importance of ritual in our own response to death as caregivers.
This is my play's last scene; here heavens appoint
My pilgrimage's last mile; and my race,
Idly, yet quickly run, hath this last pace,
My span's last inch, my minute's latest point;
And gluttonous death will instantly unjoint
My body and my soul, and I shall sleep a space;
But my'ever-waking part shall see that face
Whose fear already shakes my every joint.
Then, as my soul to 'heaven, her first seat, takes flight,
And earth-born body in the earth shall dwell,
So fall my sins, that all may have their right,
To where they'are bred, and would press me, to hell.
Impute me righteous, thus purg'd of evil,
For thus I leave the world, the flesh, the devil.

- John Donne (1572–1631)
REFERENCES

Death Rituals:

African American:

Hinduism:
Islam:

Judaism:

Western/Christian: