Death and Dying/Grief Lesson Plan
College of Lake County
Healthcare Bridge Curriculum
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Overall Goal: Evaluate perceptions regarding death and dying in the United States and understand the stages of grief and different coping strategies. (Be aware of makeup of class. If someone has had recent grief, perhaps discuss before class and be sensitive)

Objectives:
1. To investigate myths and perceptions regarding death and dying.
2. To learn how culture and religion can impact one's personal grieving and traditions.
3. To learn various stages of grief.
4. To investigate and understand how we, personally, understand death and dying and how knowing this would help healthcare professionals be open and provide help to grieving individuals/families.

Major Skill Focus:
Applying critical thinking in a problem solution context.

Minor Skill Focus:
Reading comprehension/critical thinking
Oral/Aural communication skills
Taking notes
Critical self examination of belief systems

Illinois ESL Content Standards:
AE.L3 Identify the main idea and key details in a variety of sources (e.g., from a conversation, radio or TV broadcast, or presentation)
HI.S6 Express opinions giving reasons and examp[les (e.g., I like my job because. . .My favorite movie is _____because. . .)
AE.R5 Summarize the main ideas and supporting details in reading materials
AE.R6 Make inferences, draw conclusions, and predict outcomes in reading materials
AE.W8 Organize key details in a variety of contexts (e.g., by note taking, listing, or outlining)

General new vocabulary:
Intrapersonal
Contradiction
Bereavement

Rituals
Integration
Stigma
ethno demographic

Medical Terminology in the lesson:
Clinicians

Materials needed:
Overheads or Smart room with document projector
Whiteboards and markers

Handouts:
Cross-Cultural Responses to Grief and Mourning
Myths and Realities
Different Models of Stages of Grief
Grief and Bereavement

Resources:

http://death-and-dying.org/   Buddhist insights into death and dying
growthhouse.org   primary mission is to improve the quality of compassionate care for people
who are dying through public education
www.hospicefoundation.org/
projectcare.worlded.org/dying/information
www.ellisabethkublerross.com
Fadiman, A. *The Spirit Catches You and You Fall Down. : A Hmong Child Her American
Doctors and the Collision of Two Cultures.* New York: Farrar, Straus and Giroux, 1997.
(Excellent example of cultural differences in medicine)

Estimated time for lesson: 3 hours with one break midclass

Warmer: (20 minutes)
(Adapted from:
Irish DP, Lundquist KF, Nelson VJ, Eds.: *Ethnic Variations in Dying, Death, and Grief: Diversity in Universality.*
Washington, DC: Taylor & Francis, 1993.
Bell G. Presented at Cross Cultural Aspects of Loss and Grief, March 2001. UC Berkeley Extension. **)**

1. Write the word DEATH on the board and then instruct students as follows:

1. Quick, without much thought, write down all words that come to mind in response to the word death
2. Then decide if the words are positive (+) ex. rebirth, negative (-) ex. suffering, or neutral (/) ex. Cemetery and assign a symbol to each word on your list. If unsure, just make a personal decision.
3. Add up how many positives, negatives and neutrals you have.
4. Discuss this at your table (or pairs/groups). What did you think about your list as compared to your peers?
2. As a class discuss any insights gathered. Do you think this gives you an idea of where you are in relationship with death? Do you think there are cultural and/or religious differences coming into play?

Activity: (50-60 minutes)

- Pass out Cross-Cultural Responses to Grief and Mourning handout. Have a copy available on overhead or use the document projector if in a smart classroom
- Have students read the article and come up to the board and write down any words that they do not understand or want some clarification about.

- When most have finished, go over the words on the board. Use the overhead or document projector to see them in context. Ask for input from the students to see how much they know. Make sure they understand the words on the list of general new vocabulary, even if they did not put them on the board.

- Ask them to decide (on a scale of 1-10 from extremely easy to extremely difficult) how difficult this article is to read and understand (show of hands for each number.)

- Depending on what the consensus of the class is, either read the entire article together or parts and ask who the audience is (clinicians) and how that would affect writing style.

- As groups, discuss the five questions in the articles and answer according to the dominant U.S. culture (the group decides the answers)

- Have each group present what they decided

- Discuss and evaluate any differences (could they be due to different personal belief systems among members of the group?

- Elicit knowledge of other death and dying practices the class may be familiar with. Discuss why some may have more information than others? Is it helpful if you have traveled or have friends or family from another religion or culture?

1. Assign researching another culture or religion's beliefs using computer or library research or
2. Interview a member of a cultural or religious group different than yours and ask them the 5 questions in this article. Share at another class.}

Class Break

Opening activity (15 minutes)
- *Myths and realities about death.* Elicit from class any prior knowledge. See if the class can come up with any. Have an overhead of Myths and Realities handout. Use to discuss each item (covering reality to give class a chance to discuss).

Activity: (20-30 Minutes)
- Have the three grief models on separate papers and give each group a model to read and discuss (if there are more than three groups, give the same ones to two groups –*since there is more reading in the Horowitz model, this is an opportunity for the teacher to give that reading to higher level readers to ensure success of their presentations)*
- Have the students read the grief models and try to think of a case study example (i.e. describe a family experiencing grief and how they might go through the stages) Remind them that not everyone grieves in the exact stages, in the exact order. Tell them they will present their model to the rest of the class (presentations should only be a few minutes. And you will provide an overhead for their use of their portion of the handout)
- Have groups present and have students take notes

Assessment: *(5-10 minutes)*
- Write the three models on the board and ask the students to list the stages of a model other than the one they presented
- Have them then list the stages of the one they presented
- Give all of the students the complete handout to check their work

Closing Activity(15 minutes)
- How can a person who is experiencing grief help themselves? What are little or big things that can help them? Have the groups discuss this and come up with some ideas
- Have the groups each write an idea on the board(s). If there is enough space, have them all write on the boards
- Discuss the ideas and how healthcare providers can help
- Hand out the Grief and Bereavement Handout and wrap up the discussion.

Cross-Cultural Responses to Grief and Mourning

Grief is...a normal emotion, with significant differences to be expected from one culture to another…

Averill and Nunley
Handbook of Bereavement

Grief, whether in response to the death of a loved one, to the loss of a treasured possession, or to a significant life change, is a universal occurrence that crosses all ages and cultures. However, there are many aspects of grief about which little is known, including the role that cultural heritage plays in an individual's experience of grief and mourning.[1,2] Attitudes, beliefs, and practices regarding death and grief are characterized and described according to multi-cultural context, myth, mysteries, and mores that describe cross-cultural relationships.[2]

The potential for contradiction between an individual's intrapersonal experience of grief and his or her cultural expression of grief can be explained by the prevalent (though incorrect), synonymous use of the terms grief (the highly personalized process of experiencing reactions to perceived loss) and mourning (the socially or culturally defined behavioral displays of grief).[3,4]

An analysis by Cowles of the results of several focus groups, each consisting of individuals from a specific culture, reveals that individual, intrapersonal experiences of grief are similar across cultural boundaries. This is true even considering the culturally distinct mourning rituals, traditions, and behavioral expressions of grief experienced by the participants. Cowles concludes that health care professionals need to understand the part cultural mourning practices may play in an individual's overall grief experience if they are to provide culturally sensitive care to their patients.[1]

In spite of legislation, health regulations, customs, and work rules that have greatly influenced how death is managed in the United States, bereavement practices vary in profound ways depending on one's cultural back-ground. When assessing an individual's response to the death of a loved one, clinicians should identify and appreciate what is expected or required by the person's culture. Failing to carry out expected rituals can lead to an experience of unresolved loss for family members.[5] This is often a daunting task when health care professionals in the United States and Canada are predominantly white in race and Christian in religion, yet serve patients of many ethnicities.[2]

Helping family members deal with the death of a loved one includes showing respect for the family's cultural heritage and encouraging them to decide how to commemorate the death. McGoldrick, et al., identified five questions clinicians consider particularly important to ask those who are dealing with the emotional aftermath of the death of a loved one.

1. What are the culturally prescribed rituals for managing the dying process, the deceased's body, the disposal of the body, and commemoration of the death?

2. What are the family's beliefs about what happens after death?

3. What does the family consider an appropriate emotional expression and integration of the loss?

4. What does the family consider to be the gender rules for handling the death?

5. Do certain types of death carry a stigma (e.g., suicide), or are certain types of death especially traumatic for that cultural group (e.g., death of a child)?[6]

Death, grief, and mourning are universal and natural aspects of the life process. All cultures have evolved practices that best meet their needs for dealing with death at any point in time. Hindering these practices can disrupt the necessary grieving process. Understanding these practices can help clinicians to identify and develop ways to treat patients of other cultures who are demonstrating atypical grief.[7] Given current ethno-demographic trends, health care professionals need to address these cultural differences in order to best serve these populations.[2]

To really understand a person's grief, you have to walk a while their shoes.

References:
1. Cowles KV: Cultural perspectives of grief: an expanded concept analysis. *Journal of Advanced Nursing* 23(2): 287-294, 1996.
2. Irish DP, Lundquist KF, Nelson VJ, Eds.: *Ethnic Variations in Dying, Death, and Grief: Diversity in Universality*. Washington, DC: Taylor & Francis, 1993.
3. Rando TA: *Treatment of Complicated Mourning*. Champaign: Research Press, 1993.
4. Cowles KV, Rodgers BL: The concept of grief: a foundation for nursing research and practice. *Research in Nursing and Health.* 14(2): 119-127, 1991.
5. McGoldrick M, Hines P, Lee E, et al.: Mourning rituals. *Family Therapy Networker* 10(6): 28-36, 1986.
6. McGoldrick M, Almedia R, Hines PM, et al.: Mourning in different cultures. In: Walsh F, McGoldrick M, Eds.: *Living Beyond Loss: Death in the Family*. New York: W.W. Norton & Company, 1991, pp 176-206.
7. Eisenbruch M: Cross-cultural aspects of bereavement. II: ethnic and cultural variations in the development of bereavement practices. *Cultural, Medicine and Psychiatry* 8(4): 315-347, 1984.

Myths and Realities

Death and Dying Myths	Emerging Realities
You will become more afraid of death as you grow toward old age and your death becomes more imminent.	Serious physical illnesses are related to an increase in death anxiety and are more likely to occur at advanced ages. But evidence does not indicate that healthy men and women become more afraid of death as they grow from adulthood to old age, at least not at a conscious level.
Terminal patients go through predictable stages as they approach death.	Most terminal patients experience anxiety and depression before they die but do not go through a set series of stages.
A sudden or unexpected death has more adverse effects on the survivors than does a death that is expected.	Research findings do not support this hypothesis. The impact of a death on the survivors is not related to its suddenness or predictability.
Older men are likely to die at home, and older women are more likely to die in institutional settings such as hospitals and nursing homes.	The large majority of both men and women die in institutional settings. Men are more likely to die in hospitals than women, and women are more likely to die in nursing homes than men.
Among those adults whose spouses die, elderly widows and widowers are much more likely to die themselves a short time later.	Young adults who lose a spouse to death appear to be at higher risk of dying soon after their spouse than older widows and widowers

(http://www.aging.pitt.edu/family-caregivers/myths/death-dying.asp)

Grief & Bereavement (fromwww.elisabethkublerross.com)

Grief is a natural process to death and dying. It is not pathological in nature, but rather, is a necessary response to helping heal from the overwhelming sense of loss when a loved one dies. It is important to understand grief as part of the human experience. If you are grieving, some things you can do to help yourself include:

-Attending support groups in your area
Many communities have secular and faith based support groups focused on spousal, parental, and child death.

-Therapy with a psychologist or other qualified mental health professional
Therapy can be helpful in many ways especially when combined with a support group.

-Journaling
Writing is a catharsis for many!

-Eating well
It is important to eat healthy foods and take supplements.

-Exercise
Take walks or work out: jog, aerobics or a spring-cleaning week will do as well. Physical exertion is a great stress reliever and may afford you some time alone to gather your thoughts in the process.

-Get enough rest
Give yourself plenty of time to rest. Grief drains your emotional battery and you will need to recharge more often. If you simply don't want to get out of bed in the early stages of grief, don't!

-Reading and learning about death-related grief responses
Knowledge helps people regain a sense of control over their experiences and environment and helps reduce feelings of vulnerability.

-For some, seeking solace in the faith community
It can be helpful for some to seek the wisdom and comfort that churches, synagogues, temples, mosques, and other places of worship provide.

-Seek comforting rituals
This include funerals and memorial services, planting gardens and trees, donating to a cause, and other comforting and culturally appropriate ritual

-Allow emotions -Tears can be healing.

Avoid major changes in residence, jobs, or marital status
Major changes can be too burdensome during grief. Wait for about one year after the death of a loved one before making any major changes.

Different Models of Stages of Grief
Adapted from www.mentalhelp.net and ellisabethkublerross.com

Five Stages of Grief (Elisabeth Kubler Ross)
Probably the most famous formulation of the stages of grief was developed by Dr. Elizabeth Kubler-Ross in her book "On Death and Dying". Dr. Kubler-Ross actually wrote about the stages that dying people tend to go through as they come to terms with the realization that they will soon be dead. However, her stages have since been borrowed by the larger grief community as a means of describing the grief process more generally. Coming to terms with dying is certainly a loss experience and an occasion for grief, so there is merit to this borrowing and reason to become familiar with Dr. Kubler-Ross' stages.

1. Denial : A conscious or unconscious refusal to accept. Natural defense mechanism. Usually temporary shock and disbelief before reality sets in.
2. Anger: Manifests as anger at self, others (including medical staff). Important for medical staff and family to understand and be non-judgmental.
3. Bargaining: traditionally bargaining with their deity and is most common in grief with someone who knows they are dying
4. Depression: Feelings of loneliness and hopelessness; difficulty in performing daily activities
5. Acceptance: adjusting to the finality of death and going on with life

Therese Rando's "Six R's"
Researcher and Clinical Psychologist Therese Rando also has contributed a stage model of the grief process that she observed people to experience while adjusting to significant loss. She called her model the "Six R's":

1. Recognize the loss: people must experience their loss and understand that it has happened
2. React: people react emotionally to their loss
3. Recollect and Re-Experience: review memories of their lost relationship (events that occurred, places visited together, day to day moments)
4. Relinquish: begin to put the loss behind them, realizing and accepting that the world has truly changed and there is no turning back
5. Readjust: begin the process of returning to daily life and the loss begins to feel less acute and sharp
6. Reinvest: re-enter the world, forming new relationships and commitments. Acceptance of the changes that have occurred and moving past them.

Horowtiz's Model of Loss/Adaptation

Psychiatrist Mardi Horowitz divides the process of normal grief into the following "stages of loss." These stages are typical, but they don't occur for everyone or always in this exact order.

- Outcry. People often get upset when they first realize that they have lost someone important. They may publicly scream and yell; cry and collapse. Alternatively, they may hold their distress inside and not share it with others. Outcry feelings may be suppressed by the person who is feeling them so that the feelings are not felt too strongly, or they may spill out uncontrollably. In any event, initial outcry feelings take a lot of energy to sustain and tend to not last too long.
- Denial and Intrusion. As people move past the initial outcry, they will often enter a period characterized by movement between 'denial' and 'intrusion'. This means that people will experience periods where they distract themselves so thoroughly in other activities and thoughts they don't think about the loss, and also periods where the loss is felt very strongly and acutely, perhaps even as intensely as during the initial outcry stage. It is normal for people to bounce between these opposites of engagement and disengagement. People may feel guilty when they realize they are no longer constantly feeling their loss and are able to engage in other activities and emotions, but it is a good thing that this happens. Distraction and disengagement break up the intensity of feeling characteristic of the acute pain of loss so it is more manageable and less overwhelming.

  Working Through. As time goes by (days, weeks, months), the movement between denial (not thinking about or feeling the loss) and intrusion (thinking about and feeling the loss very intensely) tends to slow down and becomes less pronounced, with people spending more time not thinking about or feeling the loss, and less time being overwhelmed by it. During the working through stage, people think about and feel their loss, but also start to figure out new ways to manage without the lost relationship. Such new ways of managing might include making preparations to date again (or just starting to think about it), developing new friendships and strengthening existing ones, finding new hobbies, engaging in new projects, etc.

- Completion. At some point in time (months, years), the process of grieving is completed or rather, "completed enough", so that life has started to feel normal again. While memories remain of what has been lost, the feeling attached to the loss is less painful and no longer regularly interferes with the person's life. Temporary reactivation of grief feelings may occur on anniversaries important to the lost relationship (marriage and engagement dates, etc.), but such up swellings of hurt feeling tend to be temporary in nature.