



Death Education For Palliative Psychology

Death Education and Loss



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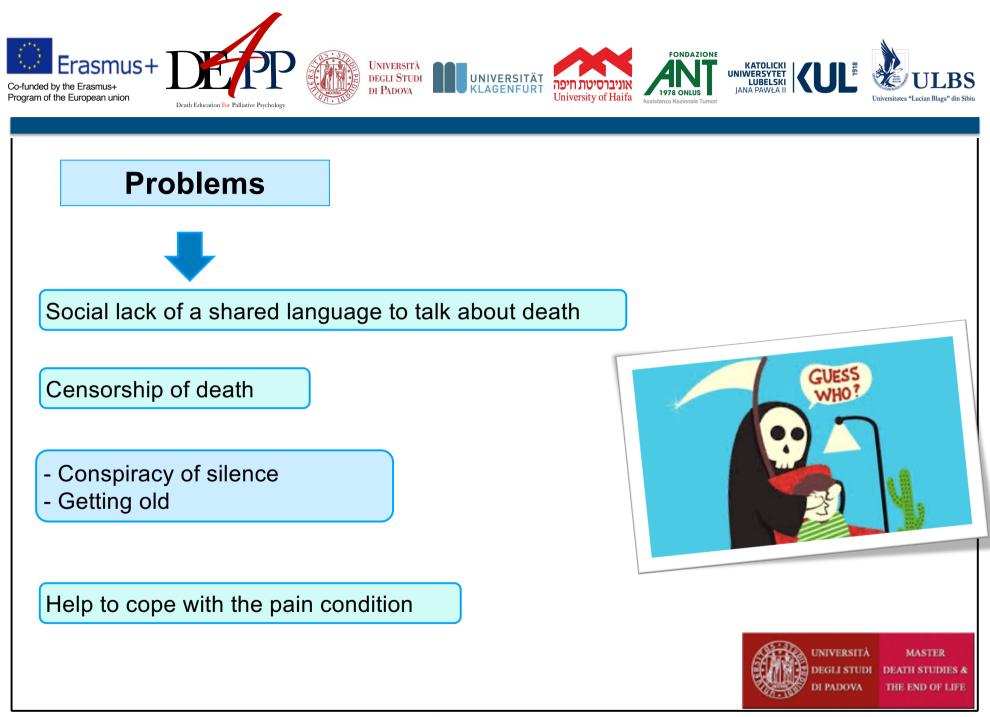
Competence to be achieved

This first module will address the definition and scope of death education, its roots in Terror Management Theory; dying process and sociocultural and spiritual influences on the experience of serious illness. Part of the module will be dedicated to anticipatory grief, prolonged and complicate grief disorder.

At the conclusion of this module, participants will be able to...

- Knowing Death Education definition and the fundamental principles of Terror Management Theory
- Being able to recognize the existential and spiritual needs of patients and families in the end-of-life process
- Knowing how to contextualize bioethical, and cultural implications in the personal experience of illness.
- Knowing the mourning patterns (including anticipatory and complicated grief)







Thanks to Death Awareness, DeEd was born in the United States (60'-70')

• Objective: To manage the *Death Anxiety* with cognitive resources

Mortality salience episodes

• The person lives, or even faces, the theme of death or dying





Death Education

The term *Death Education* refers to a multitude of educational activities and experiences that deal with the theme of death and dying

Levels of prevention:

Primary: before having to face death

Secondary: in front of dying (anticipatory grief)

Tertiary: complete grief and prolonged grief prevention



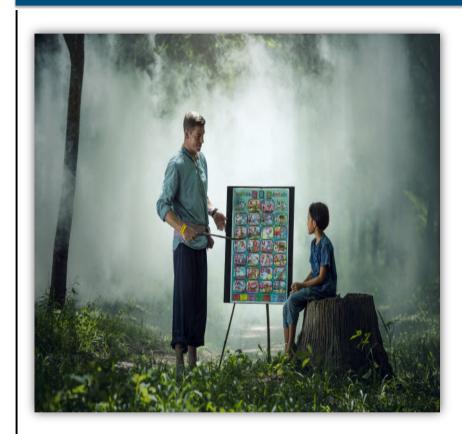


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<u>PREVENTION:</u> INSTITUTE OF MEDICINE CLASSIFICATION (Mrazek & Haggerty, 1994)	
Universal preventive interventions:	 to general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone. E.G. the issue of suicide in a high school
Selective preventive interventions:	 to individuals or a subgroup of the population whose imminent or lifetime risk of developing mental disorders is higher than average. E.G. a class of a high school in which a student killed himself
Indicated preventive interventions:	 to individuals with minimal but detectable signs or symptoms foreshadowing mental disorder but who do not meet currently DSM criteria levels. E.G. High school students who have demonstrated self-injurious behavior
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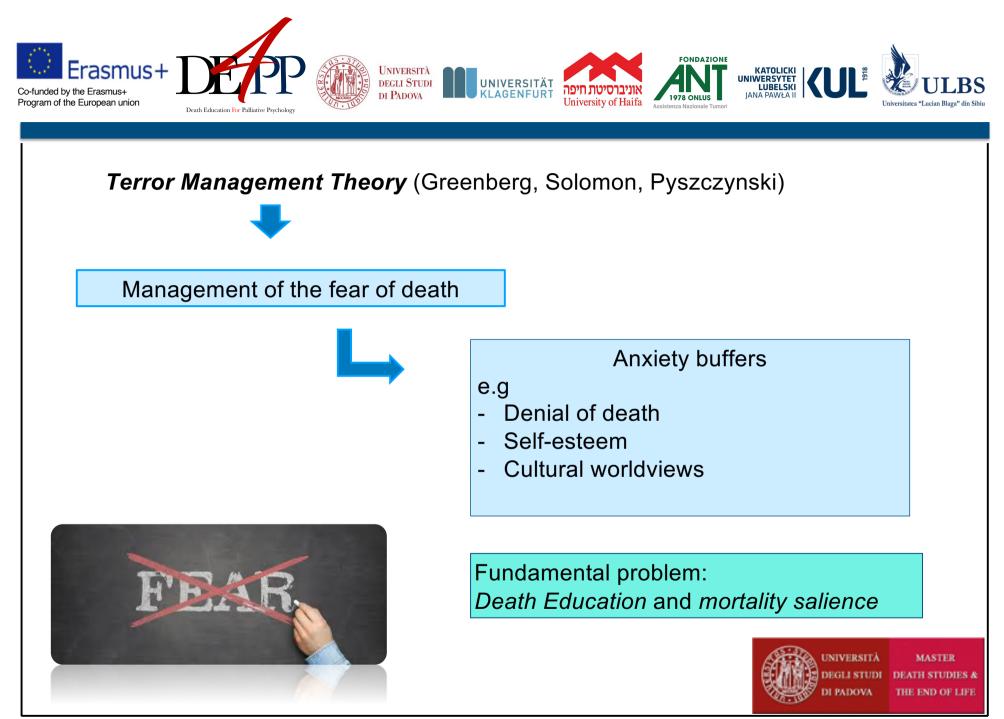




The stakeholders are:

- Ordinary people (life cycle) and patients;
- Health professionals (psychologists, doctors, nurses, social workers, rehabilitation technicians, counselors);
- Educators and teachers.







Anxiety buffer protection against overt mortality reminders is provided thanks to two defensive mechanisms:

Firstly with Proximal Defenses: threat-focused efforts to deny or avoid the problem of death



Secondly with Distal Defenses: efforts to continue to believe in a cultural worldview and gain self-esteem





- □ Cultural wolrdview contributes to the management of existential anxiety by offering the possibility to the person to feel part of a universe that acquires meaning through beliefs about reality shared by the community to which it belongs.
- □ Self-esteem, in this specific context, is conceived as the perception of being a valuable member of the community to which one belongs.

□ It was found that high self-esteem reduces the effects of *mortality salience* as well as the defensive mechanisms of the *cultural worldview*.

These studies demonstrate the general function of anxiety buffer of self-esteem, as well as the specific role of high self-esteem to suppress worries about death.







The importance of the existential and spiritual domain

□ Living with an advanced illness affects the patient's sense of meaning and purpose, possibly determining a loss of faith and existential crisis that worsen the patient's condition, influencing the way a patient reacts to treatments and altering his/her perceived quality of life.

Spirituality

A person's need to find **meaning in life**, an **innate necessity** linked with feelings of **connectedness** with a higher Being, oneself, others or nature.

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Religiosity

A specific way of expressing and living one's spirituality, through a typical set of beliefs and rules shared with other members of the same confession.



□ While exploring a patient's spiritual dimension, it is fundamental to maintain an **open and flexible attitude** without forcing the person to talk about it **avoiding arbitrary assumptions** concerning one's spirituality or religiosity and exploring the spiritual needs even of those patients who are openly non-religious or atheist



Bioethical Implications

Palliative Care, as defined by the World Health Organization (WHO), is:

"an approach that improves the quality of life of patients and their family facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain, and other problems, physical, psychosocial and spiritual"

As defined by the Center to Advance Palliative Care, palliative care is:

- specialized medical care for people with serious illnesses, focused on providing patients with relief from the symptoms, pain, and stress whatever the diagnosis
- improve quality of life for both the patient and the family
- provided by a team of specialists who work with a patient's other doctors to provide an extra layer of support, and can be provided together with curative treatment





Mourning process

A psychological process resulting from the loss of a significant person often characterized by the presence of an imposing state of intimate suffering

The censorship of death in contemporary society may exacerbate consequences as the conspiracy of silence



Complicated Grief is characterized by acute grief that lasts longer than 24 months causing impairment in daily functioning and persistent suffering





Anticipatory mourning

A psychological condition generated by the awareness of the impending of death that generally produces inauthentic behavior toward the beloved person who received the inauspicious diagnosis due to a social lack of a shared language to talk about death

Six-R Model of Therese Rando (2000) for anticipatory mourning:



- Recognize the loss
- **React** to the separation:
- Recollect and re-experience the deceased and the relationship
- Relinquish the old attachments to the deceased and the old assumptive world
- > Readjust to move adaptively into the new world without forgetting the old
- Reinvest







Fundamental objectives

Maturation of:

- an adult idea of death (cessation of biological activities, irreversibility, universality, causality, representation in the first person)
- · positive coping strategies with respect to mortality salience
- emotional awareness and resilience
- compassion and empathy





References

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