# When Death Threatens Someone Close to the Therapist – What to Expect – Really, not Ideally

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We know how to deal with grief in our clients/patients. We know how to help someone who is very ill go through the various stages and feelings about their own approaching death. Our professional knowledge helps us to *anticipate* our own feelings, as well as help our patients/clients deal with their feelings, which naturally can be intense or defended against.

But when it comes to someone close to us, it may not be easy to deal with this final fact of life – its ending. We can't be strictly professional about a personal situation. And we may be surprised by our own reactions, even though we've seen them occur in those we have a professional relationship with. Some of us may discover that we have wonderful, creative responses emerging to deal with this intimate exposure to death. In others, this event may not bring out our best responses. As usual, there is a wide range of individual differences.

This column is NOT about the unusual death of a child or young person, or a suicide or homicide, but about a mature person's demise. Now, when a slowly dying person shifts into hospice, whether at home or in a facility, there is some extent of time to allow all the mixed feelings to emerge gradually into your consciousness, and while some of the feelings may be upsetting, there is no sudden surprise. Over time, you grow to understand and accept them better. (If, however, part of your reaction should be deeply troubling, then you may find it useful to have a consultation with a mentor, or a grief counselor who specializes in such feelings.)

Also, we have all read about, and perhaps participated in, a structured gathering of friends and close family at the bedside of someone who is dying, and who may have even chosen the date. These events are typically consoling as well as uplifting; sorrow is mingled with appreciation and love is freely expressed in the room. Therapists may participate as private persons, but this kind of situation does not generally challenge us, for the simple reason that it is anticipated.

Then there are the other situations. We may watch TV hospital dramas and gain some awareness of what happens in extreme or mortal situations. But mostly we are inexperienced with death at close hand; we don't know what to anticipate, emotionally. Not so, a century or two ago, when many young adults died of "consumption" (TB), when typhoid fever and cholera were common, and most deaths occurred at home. Today, we may understand intellectually what is happening, but each of us is pretty much on his or her own when it comes to our private emotional reactions. Various religious and ethnic groups have their traditional ways for observing the passage from life to death, but what if your own

feelings do not fit into those prescribed formats? There are the usual feelings of painful sadness and loss, but what about “inappropriate” feelings of anger, relief, helplessness, disgust, or a numbing of all feelings –- reactions which are not so easy or acceptable to express?

Especially when a loved one suddenly has a bad accident or unexpectedly becomes seriously ill, our personal reactions may surprise us. We hurry to the bedside, our anxiety inevitably elevated. We hope for the best and fear the worst. We look for small signs of improvement. We ask the doctors and nurses for the latest condition of our loved one, and we seek their explanations of many medical details. We may ask a lot of questions: what are the medications, what are the procedures, what will this or that do, how long will it take, when will we know the results????? We try to communicate with the person, and it may feel awkward: what do we say — do we mention death? Depending on the particular medical personnel involved in the situation, we may feel reassured by the sensitive ones, intellectually satisfied by the impersonally competent, or alarmed and annoyed by what seems like indifferent or incompetent treatment.

Sometimes, good hospital care leads to a recovery, and we can breathe a sigh of relief, literally – for we have probably been “up tight” in our breathing as well as in our feelings. Other times, the patient’s body is more seriously challenged and they need the extra supports of an Intensive Care Unit, where blood pressure, pulse, temperature and other bodily indicators are continuously being registered and shown on a monitor. Intravenous drips of nutrition and enriched fluids are inserted. Medications may be delivered by IV, or a more efficient central PICC line into the body. Supplemental oxygen may be supplied. If lung functioning is more compromised, our loved one may have a ventilator tube put down the throat to enable a machine to assist with breathing. Bladder and bowel elimination may have to be via tubes. With entubation of the ventilator (and some other conditions), sedation may be required, and this lessening of full consciousness can to lead to more frustration for all about inadequate communications. Sometimes dying people follow a steady downward path. With others, there are false alarms, rallies that don’t last, various uncertainties – all causing more anxieties, more stress. Some people die quickly, even easily, while with others it is an exhausting marathon for everyone.

We approach the bed and, having first sanitized our hands at the door, we reach out to touch this struggling person so dear to us. Time passes – time stands still. All the modern medical technology is doing its job, steadily, quietly, helpfully. Some of us can ignore these intrusions and focus just on the immediate relationship. Others may be overwhelmed by the sight of all these tubes and the strange fluctuating lines and numbers on the monitor. We offer what comfort we can, but we ourselves are often in need of comfort too. Our emotional reactions may be all over the map, registering desperation and fear at one moment, anger and frustration the next, always some helplessness, with “inappropriate” thoughts about impending death and the changed future afterwards, and the messages of our own bodies about urgent needs to use a bathroom or find some food. We want to be close to the person, or we want to get away and find relief from the tension, or perhaps a bit of both.

We may be able to rise to the occasion and produce wonderful words of comfort, and bring in meaningful objects to surround our loved one with reminders of special people and pets in his/her life.

On the other hand, we may be so overwhelmed by the enormity of what is happening right before our eyes that our responses may become emotionally numbed and perfunctory, just going through the appropriate motions, while our heart seems locked up and unavailable. All this is mostly unforeseen and entirely human.

In the period after death, the meaning of "loss" becomes painfully real. You think of things you would ordinarily discuss with the person, or ask about, or gossip about. You see a news item or magazine article you would ordinarily clip and save for the person. You see a movie or TV program but can't comment on it any more. Or you enjoy a certain restaurant you both used to go to, or you go to a special spot you used to share together – but not anymore. You see that your phone has a message waiting for you, and spontaneously you think – but then you remember.

Later, also, following the person's recovery, or death, we often think of things we should have done or wish we had said. But our guilt about this, while inevitable, is a misplaced judgment, for we have done the best we could, period. We showed up, we were present and hence a comfort, we stood at the bedside, we held their hands. Whatever our feelings happened to be, our actions were the important thing. We can't predict or control what our feelings may be in an extreme situation like this, when the life of a loved one is in the balance, but our actions, to show up and offer comfort and closeness, reflect our maturity under duress.

In short, there is no one way of dying, and no one way of reacting to another's death. All this is common knowledge for mental health clinicians, but when faced with the stark reality of a loved life threatened with immanent ending, we can often use some reminders.

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