

## Anxiety, Fear and Guilt for Dying Person and Bereaved Ones

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Our society not only fears mere death but mostly dying. People are afraid of what they do not know, of loneliness, feeling pain and destitution. They are wary of leaving with “debts”, e.g. their relationships remain unsolved, they will not be forgiven or that they themselves will not forgive their beloved ones.

Yalom provides <sup>1</sup>some of the most common reasons to fear of death:

1. My death will cause grief to my relatives and friends
2. All my plans and projects are over
3. The process of dying can be painful
4. I will not be able to experience anything
5. I will not be able to take care about those who are depending on me
6. I fear what might happen if there is another life after death
7. I fear what might happen to my body

Fear and anxiety play a major role in the process of dying. Age, sex, occupation, health status play an important role. <sup>2</sup>For example, home care nurses, whose health status proved to be worse and limited their abilities to conduct the profession appropriately, show greater fear of death than their peers without health handicap limits.

Many people say that they were affected by the encounter with death. After this experience, they cease to be greedy, offensive, ambitious, and passionate. Some of the greatest literary works describe positive changes in a person who is near death, such as Tolstoy's War and Peace. This work provides a wonderful example of how death can trigger a radical personal change.

Pierre, the main character of the novel, feels disgusted with the absurd, empty life of the Russian aristocracy. As a lost soul, he wanders through the first nine hundred pages of the novel and seeks some meaning, the goal of his life. The turning point of the book is when Pierre was captured by Napoleon's troops and sentenced to death. As the sixth in a row, he watches the execution of five people in front of him and is about to die - but at the last minute he is unexpectedly spared. This experience transforms the main character and he then spends the remaining three hundred pages of the novel by living his life enthusiastically and meaningfully. He is able to develop relationships with other people, realize the beauty of nature and add sense to his life.

Irvin Yalom has worked for many years with people who have suffered from incurable cancer. Patients report shocking changes, shifts that cannot be described otherwise than personal growth:<sup>3</sup>

- Regrouping life values - trivialization of irrelevant things
- The feeling of liberation - the ability not to do what I do not want to
- An intensified experience of living at the moment of presence rather than putting life off into retirement or another moment in the future
- Joyful appreciation of basic life things - changes of seasons, wind, falling leaves, etc.

<sup>1</sup>See YALOM, I.D.:Existenciální psychoterapie (Existencial Psychotherapy). 1.st edn. Praha:Portál,2006,p.53.

<sup>2</sup>See ULRICHOVA,M. Why psychotherapeutical attitude is necessary in tThanatology. Lublin: El-Press,2015,p.19-22.

<sup>3</sup>See YALOM,I.D.:Existenciální psychoterapie (Existencial Psychotherapy).1 st edn.Praha:Portál,2006,p.45.

- Deeper communication with beloved people than before the crisis
- Less fear of interpersonal relations, less fear of rejection, greater risk appetite than before the crisis

From the interviews I had with the dying in the hospice, it became clear that the sick were not afraid of the death itself, but rather of the process of dying, lack of self-sufficiency and above all, loneliness in dying.

If life suddenly gets a different direction, the report of a serious illness will always take you aback. Is it possible? At the beginning of a period of serious illness, patients remember the period of shock. Typically, for a shock response, one does not perceive feelings; for some, stiffness is typical, for another combat or escape.

After the shock inner turmoil comes, reality approaches in the form of surgery, therapy, limiting the activities and working activities. There appear fears of the future, anger, remorse, sometimes against each other and towards others. In this period it is important to bear all the feelings of the patient, it is a great burden on the psychotherapist because the experiences are often coloured with anxiety.

Whoever goes through a period of inner chaos has the path prepared to accept illness and to find ways to cope with the significant life changes associated with the treatment, fears of the destiny and the fate of his loved ones. What is the point of illness?

Illness is a major external disease that can bring internal freedom to many transient issues. It means sorting relationships, looking at life when it stops.

In seriously ill people, we can encounter anger that involves frustration, fear or envy. How can the closest family, friends support?

The important thing is that the closest ones can listen, be true to themselves and the sick, and not let them feel isolated from the others. Suffering turns into despair when one feels unnoticed by people around them. Sometimes people hear the phrase "You have to fight". This sentence is a frequent response to the fear or depression of the patient. If this sentence comes from their loved ones, a seriously ill person can feel even more helpless, frustrated and misunderstood by what he is experiencing.

An existential approach to a possible loss is to help a person express thoughts and feelings and realize the movement. Martina Kosová uses the metaphor of the mountains in practice. "In our lives there are two mountains: the mountain of joy and the mountain of pain, the mountain of anxiety and the mountain of safety. We move from one mountain to the other one and we shall realize there always exists the other mountain for us. Real life is a constant transition between joy and sorrow, hope and hopelessness, ability to control and helplessness, gratitude and disappointment, joy and seriousness..."<sup>4</sup>

In human life, there comes a point of no return to life. This point is dying, which needs to be recognized and focused on. A dying person limits food intake. The important thing is that a person who leaves this world has what he needs every day.

Advice of the dying for their guide:<sup>5</sup>

1. Do not allow me to be humiliated in the last moments. Let me die in an intimate environment. That is harder for you, however, it is enriching for you to be a dying guide.
2. Stay with me even when I am angry, afraid, sad and despaired. Do not think I am dead when you sit on my bed. Life takes longer than doctors say. The transition is longer than we previously knew. I can hear everything you say even when I am silent, and my eyes look dead. Therefore, do not say anything say only the right thing.
3. The right thing you can tell me, if I cannot ask you for it anymore, would be what would not make me difficult but easy to separate. Because I have to. Show me the courage to deal with it, not the unsustainable pain. Compassion is not in place. I no longer suffer.
4. The right thing you can say now, even if I cannot ask you for it anymore, is the word I lived with. Try to find it and whisper it in my ear, I can hear you.
5. I hear, though I have to keep quiet and I want to keep quiet. Hold my hand. I want to talk to the hand. Wipe my sweat from my forehead. Stay with me, we are connected to each other.
6. Now you can learn from me more than I can learn from you. Now I am leaving, say thanks.

<sup>4</sup>KOSOVÁ,M. Logoterapie (Logotherapy). Praha: Grada 2014, p.131.

<sup>5</sup>KOSOVÁ,M. Logoterapie (Logotherapy). Praha: Grada 2014, p.133-134.

7. Tomorrow, take care that the tone of this hour is not lost between us. When death moves on and on and the last condolences are answered and you fall into sorrow, defend yourself with all your might. Take with you what we have spent together as a precious will. Make your life more beautiful, mature and deeper.

**Case Report:** I work with a family of 28-year-old young woman who was diagnosed with ovarian cancer and died within six months. I work with her husband and mother-in-law, who feel guilty about the deceased daughter-in-law. Husband feels the usual emptiness, grief, pain... Mother-in-law feels guilty that she has not always been nice to her son's young wife... she goes on therapy regularly, saying that in May it will be a year since the daughter-in-law's death and everything is going "worse"...

Sanders has identified a number of factors that, in her opinion, contribute to the risk:<sup>6</sup>

- Sudden deaths - which was the case
- An unclear or dependent relationship - where anger or self-accusation contributes to pending accounts and where the dependent partner is the one who is left alone, the likelihood of anxiety and overall inability to manage the situation
- Mourning of parents over the loss of their child - it can be manifested differently in the mother and father, which complicates the situation
- Concurrent crisis - unemployment, financial problems and health problems can arise
- Perceived lack of social support

In treatment, it is necessary to differentiate between sadness and grief. Many therapists make the mistake of providing the client with assistance only during the acute grief phase but not during the subsequent important phases. Consequently, the mourners must fight their way through these phases, thus causing additional suffering.

The meaning of dying and death, the care of the bereaved are of great importance in logotherapy and existential analysis. Life can get a sense of its past importance not only by death but also in death. Therefore, the purpose of life cannot be in its extension but in the sense that death is included in the meaning of life.

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<sup>6</sup>See MACHIN,L. Working with Loss and Grief: A new Model for Practitioners. Sage 2009,p.46-47.

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