

The Process of Dying – Mind/Body/Spirit

The dying process is an orderly and undramatic series of physical changes in the body that culminate in the total cessation of functioning. This process is normal and natural as the body prepares itself to stop. This transition period between being alive and being dead, can take months, weeks or minutes. Death is as unique as the individual experiencing it and everyone needs to die in his/her own way. We cannot die for or with anyone else. We can only accompany another person on his/her own journey. And we do this best when we understand what is happening in this normal, natural process.

If we are “whole people – mind/body/spirit” as we live, then there can be three dynamics at work during the dying process: *mind-body-spirit*. In addition to the physical shutting down of the body, there are emotional and spiritual transitions that must occur before death occurs. The following signs and symptoms describes how the body completes its final shutting down.

Body - Physical changes

→ **Sleeping.** The person may spend an increasing amount of time sleeping, and appear to be uncommunicative or unresponsive. At times it may be difficult to arouse him/her. It may seem that s/he cannot keep his/her eyes open. This normal change is due in part to changes in the metabolism of the body.

What to do: Sit with your loved one, hold his/her hand with your hand underneath, speak softly and naturally. Speak directly to him/her as you normally would even if there is no response. Hearing is the last sense to leave, so it is a good idea to avoid talking about the person in their presence. Explain what you are going to do if any change is to be made in position or care.

→ **Body temperature.** The person's hands, arms, legs and feet may be increasingly cool to touch and the skin color may appear bluish or mottled. This is normal and indicates that the circulation of blood is decreasing to the body's extremities. The heart is not beating as effectively. The skin may feel clammy and there may be increased perspiration or the skin may feel feverish.

What to do: Keep dry and cover with a light blanket. The inner core of the body may be warm so it is not necessary to pile on blankets. The dying person does not generally complain of feeling cold.

→ **Vital signs.** The blood pressure gradually decreases, the pulse rate may become irregular. The eyes may remain open or appear half-closed as the muscles in the lids become sluggish.

What to do: Moisten eyes with artificial tears. It is not necessary to keep taking the temperature, blood pressure, and pulse.

→ **Breathing.** Respirations become irregular and may be very erratic. There may be periods with no breathing of 5 to 30 seconds up to a full minute. There may also be periods of rapid shallow-like breathing. These patterns indicate decreasing circulation in the internal organs. There may be a puffing or blowing of the lips on exhalation that is

- due to lack of muscle control around the mouth. At the time of death the breathing may appear as a “fish out of water” - this is the final shutting down of the respiratory system.
What to do: Focus on being present with the dying person rather than watching each breath. Play soothing music.
- **Congestion.** The person may have gurgling sounds coming from his/her chest or throat. These can be very loud, sound like choking and be rather disconcerting. This is a normal occurrence due to loss of the gag reflex, an inability to swallow, and an inability to cough up secretions. The person is not generally aware of this congestion.
What to do: Gently turn the head to the side to allow gravity to drain the secretions. Keep mouth moist by wiping with a swab dipped in water. Avoid lemon-glycerine swabs which may be drying and painful.
- **Moaning.** Noisy expirations may be due to partial closing of the vocal cords or of air passing over the cords. This noise is not necessarily due to pain.
- **Food and fluid decrease.** There may be a decrease in appetite and thirst as the body begins to conserve energy. Digestion stops as the dying process proceeds. This is part of the normal process and does not mean that the person is “starving to death”.
What to do: Offer ice chips or sips of a cold liquid. Do not force food or drink if the person is no longer swallowing because of the danger of accidental aspiration. Moisten the mouth every 30 minutes. Lightly brush the teeth. Apply vaseline to lips. Good mouth care gives comfort.
- **Restlessness, agitation.** The person may make repetitive motions such as pulling at bed linen or clothing. This occurs due to decreased oxygen to the brain and metabolic changes.
What to do: Do not try to stop these motions. Speak calmly and quietly, recall a special memory, read something comforting out loud, lightly massage the forehead, play some soothing music.
- **Disorientation.** The person may seem to be confused about the time, place and identity of people surrounding him/her including close and familiar people. This is due in part to metabolism changes.
What to do: Identify yourself by name before you speak. Speak softly, and clearly. Explain what you are going to do eg. “It’s time to take your medication. I’m just wetting your mouth so it won’t feel dry.”
- **Muscles relaxing.** The head may sag onto the chest and the tongue may loll to one side. This is due to the voluntary muscles shutting down.
- **Incontinence.** There may be loss of bladder and/or bowel control as the muscles in that area begin to relax.
What to do: Keep disposable pads underneath the person in bed for easy changing.

→ **Energy surge.** There may be a surge of energy just before the death and a person who was seemingly comatose may sit up and speak clearly and alertly. A favorite food may be requested when nothing has been eaten for days.

Mind-spirit transitions

→ **Withdrawal.** The dying person may appear to be sleeping much of the time as s/he begins to withdraw from life. This separation from the world, manifested by decreased interest in world news at first, and then from people as visits from friends are declined, is necessary to “let go”. Often the dying person may want only a few close family members around as death becomes more imminent. This is not a conscious rejection of loved ones, but a sign of preparation for release in the presence of perhaps one person. This does not mean that others are not loved or important, it means they have fulfilled their tasks with the dying person and it is time to say “Good bye”.

There is a retreating into one’s self by the dying person and less need to communicate with others. This is a natural part of dying and takes much energy.

What to do: Speak gently when you enter the room, say whatever you need to say because hearing is the last sense to leave. Sit quietly and acknowledge your presence, touch may or may not be appreciated depending on how much it meant in life.

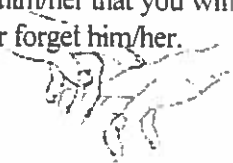
→ **Vision-like experiences.** A glassy-eyed look, the appearance of staring through you, reaching toward someone or something unseen, waving when no-one is there, are all normal occurrences that may occur before death. The person may speak or claim to have spoken to persons who have already died, or to see or have seen places not presently accessible or visible to anyone else. This does not indicate a hallucination or drug reaction. The person is beginning to detach from this life.

What to do: Hug, kiss, hold, cry and say whatever you need to say. Do not contradict, explain away, belittle, or argue about what the person claims to have seen or heard. Affirm his/her experiences. Encourage dialogue by saying “Can you tell me what is happening?”

→ **Giving permission.**

Giving permission to your loved one to let go without making him/her feel guilty for leaving or trying to keep him/her with you to meet your own needs can be difficult. A dying person may try to hold on, even though it brings prolonged discomfort, in order to be sure that those who are going to be left behind will be alright. This reluctance to let go may be subconscious and difficult to understand if your loved one is not responding. Your ability to release the dying person from his/her concern for you and give him/her assurance that it is alright to let go whenever s/he is ready is one of the greatest gifts you have to give him/her at this time. All we can really do is accompany our loved one in the transition from life to death.

What to do: Assure him/her that it is alright to let go, his/her body is tired and perhaps it is time to leave this world. Tell him/her that you will be ok. You love and will miss this special person but you will never forget him/her.



→ ***Saying Good-bye***

When the person is ready to die and you are able to let go, then it is time to say "Good-bye". This saying "Good-bye" becomes your final gift of love to your special person because it makes the final release possible.

What to do: You may want to lie in the bed with your loved one and hold him/her, to take his/her hand or stroke the forehead. Say whatever you need to say "I love you . . . , I'm sorry . . . , Forgive me . . . , I forgive you . . . , Good-bye . . . Thank you for . . ."

→ ***Tears***

Tears are a normal and natural part of accompanying a loved one who is dying. They do not need to be hidden from your loved one or apologized for. Tears are "liquid emotion" and express your love and help you to let go.

How will you know when death has occurred?

Although you may be prepared for the death process, you may not be prepared for the actual death moment. There may be a final intake of air and then no more. The signs of death include: no breathing, no heartbeat, release of bladder and bowel as all muscles relax, no response, eyelids slightly open as the muscles in the eyelids relax, pupils enlarged, eyes fixed on a certain spot, no blinking, jaw relaxed and the mouth open as the muscles relax. Sometimes there is a release of air that may be startling because it is unexpected.

What to do: Nothing needs to be done immediately. If you wish you may continue to hold or stroke your loved one. Some people will continue to feel the presence of the person in the room. Family members may wish to stay in the room and share memories or just be together in silence or prayer. Some family members like to assist in washing or dressing the body but this is very individual.

It is hoped that by understanding the process of dying, there will be less fear for you as you accompany your loved one as s/he dies. Death is one of life's great mysteries and the more we learn about death and dying, the more we learn about life and living.

References:

Callanan & Kelley

Hospice of North Central Florida
Ferris & Librach
Karnes

Final gifts - understanding the special awareness, needs and communications of the dying
Preparing for approaching death
The last hours of caring
Gone from my sight

