THEO 330 – SECTION #08 ACTIVITY (ANSWER KEY)
The University of St. Francis

Name _____

Short Answer Questions

1. What is bereavement?

   Bereavement is the state of experiencing grief, mourning, and deprivation as the result of a loss, usually death.

2. What is anticipatory grief?

   Grief for an upcoming loss event
   Anticipatory grief is a reaction to an upcoming, impending, or expected loss event. It can be an important part of the grieving process and can help a person sort out emotions in preparation for the loss. Remember, everyone grieves differently, and anticipatory grief may not necessarily lessen grief or shorten the grieving process.

3. Why does Kübler-Ross feel that our inability to cope with death is such a selfish thing?

   We do not focus enough on the needs of the dying patient.

4. What has taken away a great deal of comfort for those struggling with a terminal illness, according to Kübler-Ross?

   The decline of religion.

5. Why is Kübler-Ross so shocked at American's inability to accept death?

   People in Europe handle it much differently.

6. The author says, "We should speak as openly about death as we do about… what?

   The expectation of a new baby.

7. What are terminal patients usually upset about when they reach the fourth stage of grief?

   The realization of loss.

8. What can each terminal patient share with each other to lighten burdens all around?

   His or her own unique story.

9. Why should we never give up on terminal patients?

   We do not want them to give up on themselves.

10. What is the biggest relief to an angry patient?

    Expressing his or her anger.

11. What does Kübler-Ross say that hope can do for a terminally ill patient?

    Kübler-Ross says that hope can nourish the soul in the darkest of times.

12. What does the courageous female patient equate with death?

Complaining.

13. What do we need to strengthen the most in ourselves, according to Kübler- Ross?

Our emotional stability.

14. What is the single most common thing about which the terminal patients become angry?

Most terminal patients become angry about their lack of control.

15. Who has more difficulty dealing with major loss?

Grieving adults
Grieving children do not experience the same response to loss as adults and may not show their feelings as readily or openly. It is not unusual for children to express brief or occasional responses to grief, but the reality is that children have greater difficulty than adults managing emotional responses to grief and trauma. In truth, because children grieve longer than adults, children in mourning require frequent assessment, discussion, and acknowledgement of their feelings over time.

16. How did most of the terminal patients feel about Kübler-Ross's seminars when she first started them?

The patients loved Kübler-Ross's seminars because they were allowed to express their feelings.

17. What does Kübler-Ross say should be the first concern of doctors?

Kübler-Ross states that doctors should be mainly concerned with comforting their patients.

18. What negative effect can sometimes come from encouraging a terminally ill patient?

Sometimes encouragement can keep a terminally ill patient from being able to be comfortable with his or her mortality.

19. How does Kübler-Ross counsel family members to respond to their terminally ill loved ones who are in denial?

Kübler-Ross counsels the family of terminal patients to be understanding of the denial the patient may be expressing.

20. What does Kübler-Ross observe about patients who get the chance to express themselves before death?

They die with peace and dignity.

True or False

1. ***True*** Grief is a normal reaction to death.
Grief is a normal emotional reaction to loss. There are no limits, boundaries, or rules in terms of loss or what could be considered a loss. Grief involves emotional pain that varies by individual and loss. Grief may be especially burdensome in response to a loss that was traumatic, sudden, or severe.

2. ***False*** To mourn is the same as to grieve.
While grief is described as an emotional response to loss, mourning involves outwardly expressing loss or any activity associated with loss as part of adaptation to it. For example, a funeral is an activity

that expresses mourning. Mourning may or may not be as formal as a funeral, though it is important to note that grief and mourning of some sort are generally associated.

3. *False* Anger is an unusual response to grief.

Anger is a normal part of grieving. In fact, it is not unusual for people to experience a range of emotions as part of the healing process. One who has experienced loss may also experience denial, numbness, shock, remorse, guilt, depression, despair, loneliness, anger, and acceptance. It is important to note that there is no specific order of stages in which to grieve and that grief is not limited to the emotional behaviors mentioned here. Additionally, it is possible and likely that a grieving person will encounter all, some, or none of these behaviors, and/or may vacillate among them. The range of emotions and behaviors incurred throughout the grieving process serves as bargaining tools for sufferer to cope with and acknowledge the reality of the loss that has occurred.

4. *False* A grieving person should minimize their feelings.

Minimizing one's feelings may actually hinder the grief and healing process that is natural following a loss. Other avoidance behaviors can include...

- *Thrusting oneself into work*
- *Self-medicating with drugs, alcohol, or other substances*
- *Compulsive patterns and behavior*
- *Avoiding emotions*

5. *True* Crying can help resolve grief.

It's alright to cry. For a grieving person, crying is a healthy, natural release as part of the grieving process. If you or someone you know is grieving, it may help to...

- *Experience thoughts and feelings openly through writing, journaling*

- *Speak openly with other family members who suffered the same loss*
- *Accept and allow a range of emotions*

Seek professional help for overwhelming feelings or trouble returning to daily activities over time

6. ***True*** One major criticism of Kübler-Ross' method is that her theory assumes every person goes through the stages of dying in the same order.

Kübler-Ross' theory assumed everyone reacts that same to dying, which is false. Everyone is different and goes through their own unique stages.

7. ***False*** The Kübler-Ross model of coping has no bearing today on understanding how people experience the prospect of dying.

8. ***True*** Kübler-Ross argues that one should never hide the truth of death from a child.

9. ***False*** Kübler-Ross states that most American doctors are the most courageous in telling their patients about death.

10. ***True*** Most terminal patients draw closer to God and their own purpose in life during while in the third stage of grief.

11. ***True*** Most terminal patients (most all of us in general!) are in denial about mortality prior to approaching it.

12. ***False*** Most terminal patients are able to cope with their realization of their loss of life.

13. ***True*** Kübler-Ross has observed that we rely too heavily on science and machines to help terminal patients.

14. ***True*** Telling a bereaved person that the family is coping well without them actually makes the depression of the ill person worse.

15. ***True*** The doctor's primary responsibility during the time of illness is to prolong life.

16. ***False*** According to Kübler-Ross, death often becomes frightening and painful even for one who is prepared to meet it.

17. ***True*** Kübler-Ross states that no one should ever give up on terminal patients because then the terminal patients do not give up on themselves.

18. ***True*** Family members of terminal patients usually do not speak openly about death because they are burdened with feelings of guilt and regret.

19. ***True*** Grief is an emotional response to a loss, while mourning is a culturally-prescribed way of displaying a reaction to death.

20. ***False*** Grieving is a purely mental concept and cannot have any physical consequences.

Multiple Choice

1. What is bereavement?

   a. The period of sadness you feel after you lose a loved one.
   b. The period of happiness you feel after a loved one is born.
   c. The feelings of happiness and sorrow you feel after an expected death of a loved one.
   d. None of the options are correct.

2. Which of the following is NOT a stage of bereavement?

   a. Re-experiencing the grief.
   b. Accepting the loss
   c. Moving on
   d. Adjusting to life without your loved one

3. The length of bereavement depends on which of the following factors?

   a. How close you were to the person you lost
   b. If the loss was anticipated or if it was sudden
   c. How old you were at the time of the loss
   d. All of These.

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   b. If the loss was anticipated or if it was sudden
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   d. All of These.

5. Which of the following statements is NOT correct?

   a. Grief refers to our emotional response to the loss.
   b. The way in which we mourn is heavily dependent upon our culture and religion.
   c. Mourning is how we outwardly express our grief.
   d. All of These are Correct.

6. In commenting on the messages of care for the dying promoted by Elisabeth Kübler-Ross, Dame Cicely Saunders and Mother Teresa of Calcutta, Robert Fulton and Greg Owen remark that this message is also about what?

   a. Correcting financial and economic imbalances that affect people throughout the world.
   b. Expanding medical services to large numbers of people who are in populations that are underserved.
   c. Essential religious and spiritual values that extend beyond the immediate goal of care for the dying.
   d. Focusing on care of the bereaved and initiating more humane ways of providing funeral services

7. Dr. Elisabeth Kübler-Ross' intentions were directed towards what?

   a. Educating hospital staff and doctors about dying patients.
   b. Setting up hospices to care for the terminally ill.
   c. Educating the media about death and dying in their community.
   d. None of These

8. According to Kübler-Ross, all of the following are associated with a life-threatening illness EXCEPT which below?

a. Depression
b. Belief
c. Denial
d. Acceptance

9. How did Kübler-Ross revolutionize care for dying people?

a. She didn't; her theory was proven wrong.
b. She advocated for certain drugs that control pain.
c. She advocated in support of individual therapy for dying patients.
d. She made caregivers more sensitive to a patient's emotional needs by focusing on care, as opposed to cures.
Prior to the 1960s, most doctors and caregivers focused on cures. Kübler-Ross suggested being more attentive to a dying patients emotional needs. Care was more important than cures at the final stage of life.

10. According to Kübler-Ross, which emotional response is constant throughout the stages of dying?

a. Apathy
b. Hope
c. Depression
d. Anger
Kübler-Ross believed that people have hope in every stage of dying. Some hope for a cure, others just hope for death with dignity.

11. According to Kübler-Ross, how does the denial phase differ from the acceptance stage?

    a. The acceptance stage occurs before the denial stage.
    b. During the acceptance stage, the dying person feels invincible, whereas during the denial stage, the dying person realizes that death is impending.
    c. The denial phase helps to ease anxiety and fear, whereas the acceptance stage is a period of calm and peace.
    d. During the acceptance stage, the dying person tries to barter with doctors, whereas during the denial stage the dying person is very angry.

    Denial is the first stage of dying, according to Kübler-Ross. It's a defense mechanism, which helps lesson the anxiety and fear of dying. Kübler-Ross described the Acceptance Phase as a period of calm and peace.

12. According to Kübler-Ross, what is the order of emotional responses one goes through when faced with the knowledge of death?

    a. Denial, Anger, Depression, Acceptance, Bargaining
    b. Depression, Denial, Anger, Bargaining, Acceptance
    c. Denial, Anger, Bargaining, Depression, Acceptance
    d. Denial, Bargaining, Anger, Depression, Acceptance

    Often referred to as DABDA

13. Which of the following statements is true?

    a. Denial is always the first stage.
    b. Everyone goes through the stages in the same manner.
    c. People may have a varied reaction to the news that death is impending.
    d. The reaction to one's impending death is the same for all people regardless of culture.

14. What do we need to strengthen the most in ourselves, according to Kübler- Ross?

a. Our support systems.
b. Our ability to tell the truth.
c. Our physical strength.
d. Our emotional stability.

15. Who takes the quiet state of terminal patients the hardest?

a. The medical staff.
b. Those faced with the separation.
c. The patient.
d. The spouse and immediate family of the patient.

16. What negative effect can come from encouraging a terminal patient?

a. Makes him or her feel guilty for not being able to endure.
b. Creates despair and hopelessness.
c. Disrupts the process of preparing for death.
d. Depresses him or her.

17. What does Kübler-Ross observe about patients who get the chance to express themselves before death?

a. Their families are more troubled.
b. They die with peace and dignity.
c. They find comfort but hold on too long.
d. They have a hard time finding true acceptance.

18. For what does Kübler-Ross say we should never judge families?

a. Their anger towards the staff.
b. Their seemingly unorthodox behaviors.
c. Their ignorance of the disease.
d. Their love for the patients.

19. What is one thing that Kübler-Ross does NOT say terminal patients get angry about?

a. Their family for writing them off as already dead.
b. The hospital staff for being well.
c. The world for continuing on without them.
d. Themselves for getting sick.

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Essay Topics

1. In one substantial paragraph, describe the Doula's approach to Death & Dying, as presented in the Online Lecture.

In her unique work as a death doula, Diane Button has had the privilege of guiding clients to a peaceful transition for almost two decades. Each client has imparted wisdom that has left an indelible mark, offering her profound reflections and clarity of what it means to both live well and die well. Now, Diane invites you to share in this journey, offering insights that illuminate the path to a fulfilling life.

This poignant collection of stories highlights the powerful lessons Diane has learned from her "wisdom keepers," revealing the core elements that contribute to a deep, purposeful existence. Each chapter shares the emotional story of an individual – like Floyd, whose weekly doctor visits show us how small acts of kindness can have a

lasting impact, or Rosie, the spirited six-year-old who turns every day into a celebration – illustrating the beauty and fragility of life.

Through these heartfelt narratives, readers are encouraged to reassess their priorities, nurture their connections, and pursue their passions with renewed urgency and appreciation.

The book culminates with Diane's six reflective questions, along with other practical tools designed to help readers apply these timeless insights to their own lives. What Matters Most is a heartwarming, honest exploration of how to make the most of the precious time we are given.

It's surprising, but people at the end of life are some of the most joyful people I've ever known. At first I asked myself, why is there so much joy in the room when working with the dying? But then I figured it out, and it's really simple. I think that they're consciously looking for joy. They're not stuck in the past and they're not fixated on the future. They're here, they're present.

When people are facing the end of life, everything that is superficial just gets stripped away. The idea of taxes and politics and other things that we worry about are just gone, and you're really focusing on love, relationship, healing, and, oftentimes, spirituality, because that's something a lot of people believe they're going to take with them when they die.

The world becomes smaller in certain ways, but also just so profound and raw and beautiful. There's often so much joy at the end of life. It's amazing.

There's a freedom that comes when time is short and all your expectations fade, your to-do list goes away, and you're focused on what's right in front of you. It might be holding someone's hand or the simple things of an ordinary day, like the sun shining on your face.

Pausing to acknowledge the joy that's right in front of us is a huge benefit to everyday life.

People want to know that they're going to be remembered. They want to know that their life mattered and that they made a difference. And so we're often talking about what people have contributed to the world during their lives.

People also want to be sure that everyone they love knows that they're loved. Oftentimes they're making calls in the last week of life, calling their friends from the past, sometimes people they haven't talked to in decades. Expressing love and saying goodbye and thank you is such an important part of end of life.

Another thing is unfinished business. People really want to take a look at any parts of their life where they might need to ask for forgiveness. Sometimes people have been holding on to something for decades, and it becomes urgent at the end of life to let it go.

Witnessing people's stories has really changed my life. Sometimes they're beautiful stories and I think, Oh, I want to have an ending like that. But sometimes they're really hard stories, and it's a lesson in a different way for me.

I realized that there was real big unfinished business that people were holding on to. So, we talked about it. These are the hard conversations, but they're also the most profound. It took me a few visits of just sitting and processing it before I really understood the depth of what people are going through.

I didn't recommend anything. I just listened and I asked a few questions and gave the opportunity to pause and reflect on what would matter most to her in her last few days and weeks of life. In the end, people actually got on a plane and went back to be with her family.

One of the most important lessons I learned came from a few different stories in the book—the idea of living in the moment in a different way, pausing to really take in something beautiful.

That's the biggest change I've made in how I live my life. Hour by hour, and sometimes moment by moment, I'll really pause if I see a beautiful flower, rock, or heart-shaped leaf, or when looking into my friend's eyes or even at a loaf of bread, sometimes. I'm realizing that there's beauty everywhere and that I was just spinning through life so fast that I wasn't pausing to take it in.

So, I've actually created a practice for myself where at least once a day I pause for a minute and stare at something beautiful, whatever I see. Really being there in that minute takes me away from the stress and the fast pace. And when I say thank you to somebody, I try to be specific now with my gratitude. I say "Thank you for bagging my groceries, thank you for spending this time with me."

It's helped me to pause, to be in the moment, and really think about it rather than just saying thank you and passing through.

2. What did Kübler-Ross feel was the most important thing for terminally ill patients to do, and what are three ways that this can be done?

2. Mr. E. was particularly frustrated about one effect of his illness. What was this frustration, and how did this affect his grieving process? What are some things that Kübler-Ross advised him to do about this, and what effect did this advice have on Mr. E.?

4.. What are "bonuses," and how can they change a patient's experience with a terminal disease? Is this a good thing to encourage in a terminal patient--why or why not? Using the text, cite some examples--positive or negative--of patients using this technique.

KEY TERMS	
Abbreviated Grief	A short-lived grief response. The grieving process often seems shorter because the role of the deceased is immediately filled by someone/something else*, because there was little attachment to the deceased, and/or the individual is able to accept and integrate the loss quickly due to 'Anticipatory Grief'. *So, I was surprised to find the most common explanation for abbreviated grief was due to "replacement of the deceased such as with a remarriage". What the what? I see what they are getting at and I suppose for a small faction of widows/widowers this could be true, but as a generalization this just seems ridiculous. Getting remarried after the death of a spouse is neither a 'replacement' nor the fast track to end your grief.
Absent Grief	This is when the bereaved shows absolutely no signs of grief and acts as though nothing has happened. Characterized by complete shock or denial, especially in the face of a sudden loss. This becomes concerning when it goes on for an extended period of time. This does not account for differences in how we grieve and it's important to note that just because you can't tell someone is grieving doesn't mean they aren't.
Ambiguous Loss: (See 'Disenfranchised Grief')	Losses that lack clarity and can lead to different views of who or what has been lost. Individuals and those around them may question whether a loss has occurred or if this is a loss that should validate deep emotional responses (such as with disenfranchised deaths).
Anticipatory Grief	As its name suggests, 'Anticipatory Grief' is the reaction to a death you were able to anticipate such as when an individual dies from a long-term illness. As soon as you accept and understand someone you love is going to die, you begin grieving. Grief that occurs preceding a loss can be confusing, as you may feel conflicted or

	guilty for experiencing grief reactions about someone who is still here. You may experience anger, loss of emotional control, and helplessness. You may also feel grief over the loss of things other than the individual, such as loss of hopes and dreams for the future and the loss associated with a changing roles and family structures. 'Anticipatory Grief' is different than the grief response felt after a death and does not necessarily make the later any easier. However, it can allow those who love the individual to slowly and gradually prepare for and absorb the reality of the loss. Also, for some but not all, it allows for meaningful time spent with the individual lending to a sense of closure and peace.
Chronic Grief	Strong grief reactions that do not subside and last over a long period of time. Continually experiencing extreme distress over the loss with no progress towards feeling better or improving functioning.
Collective Grief	Grief felt by a collective group such as a community, society, village, or nation as a result of an event such as a war, natural disaster, terrorist attack, death of a public figure, or any other event leading to mass casualties or national tragedy.
Complicated Grief	Refers to grief reactions and feelings of loss that are debilitating, long lasting, and/or impair your ability to engage in daily activities. Other types of grief such as 'Chronic Grief', 'Delayed Grief', and 'Distorted Grief' all fall under the blanket of 'Complicated Grief'. Although the concept of 'Complicated Grief' is well known and generally accepted, it's not without its detractors. There are some who believe 'Complicated Grief' is simply the manifestation of grief reactions combined with other mental disorders such as Depression and Anxiety.

Cumulative Grief	When one experiences a second loss while still grieving a first loss. This is also referred to as "bereavement overload" or "grief overload."
Delayed Grief	When grief symptoms and reactions aren't experienced until long after a person's death or a much later time than is typical. The griever, who consciously or subconsciously avoids the reality and pain of the loss, suppresses these reactions.
Disenfranchised Grief	One's grief is 'disenfranchised' when their culture, society, or support group, make them feel their loss and/or grief is invalidated and insignificant. This can occur when the death is stigmatized (suicide, overdose, HIV/AIDS, drunk driving), the relationship is seen as insignificant (ex-spouse, co-worker, miscarriage, pet), the relationship is stigmatized by society (same-sex partner, gang member, partner from an extramarital affair), the loss is not a death (Dementia, Traumatic Brain Injury, Mental Illness, Substance Abuse).
Distorted Grief	Extreme, intense, or atypical reactions to a loss – odd changes in behavior and self-destructive actions. Anger and hostility towards oneself or others are common.
Exaggerated Grief	An overwhelming intensification of normal grief reactions that may worsen over time. Characterized by extreme and excessive grief reactions possibly to include nightmares, self-destructive behaviors, drug abuse, thoughts of suicide, abnormal fears, and the development or emergence of psychiatric disorders.
Inhibited Grief	Occurs when an individual shows no outward signs of grief for an extended period of time. The individual inhibits their grief, eventually leading to physical manifestations and somatic complaints.
Masked Grief	Grief reactions that impair normal functioning however the individual is unable to recognize these symptoms and behaviors are related to the loss. Symptoms are

	often masked as either physical symptoms or other maladaptive behaviors.
Normal Grief	First of all, there is no 'typical' or 'average' kind of grief. There are no timelines and grief experiences generally vary from one individual to another. 'Normal Grief' simply refers to a grief response that falls under an extremely broad umbrella of predictability. Reactions to a loss can be physical and psychological. It is not uncommon to experience periods of intense distress and feeling such as (but not limited to) the following: longing, crying, dreaming of your loved one, anger, denial, sadness, despair, insomnia, fatigue, guilt, loss of interest, confusion and disorganization, disbelief, inability to concentrate, preoccupation with thoughts of your loved one, fleeting hallucinatory experiences, meaninglessness, withdrawal, avoidance, over-reacting, numbness, relief, sadness, yearning, fear, shame, loneliness, helplessness, hopelessness, emptiness, loss of appetite, weight gain. Right, I just listed every symptom to every disorder that's ever existed. I'm sorry but grief makes you crazy. However, 'Normal Grief' is marked by movement towards acceptance of the loss and a gradual alleviation of the symptoms, as well as the ability to continue to engage in basic daily activities.
Prolonged Grief	(Similar to 'Chronic Grief') Grief reactions that are prolonged and intense. The griever is incapacitated by grief and daily function is impaired on a long-term basis. The griever spends much time contemplating the death, longing for reunion, and is unable to adjust to life without the individual.
Secondary Loss	When a loss impacts many areas of one's life, creating multiple losses stemming from the "primary loss". Though it is easy to think our grief is solely the grief of losing the person who died, our grief is also the pain of the other losses caused as a result of this death.

Traumatic Grief	Normal grief responses experienced in combination with traumatic distress suffered as a result of a loved one dying in a way perceived to be frightening, horrifying, unexpected, violent and/or traumatic. Distress is extreme enough to impair daily functioning.

KEY TERMS CONCERNING ELISABETH KÜBLER-ROSS	
Many of the terms listed below were introduced in Section #01 of this course and will be introduced for the final section of this course as well.	
Acceptance	A person accepts death and looks forward to future life after death.
Altruistic Death	A form of self-sacrifice in which an individual gives up his or her life for a noble cause, a sense of patriotic duty, or a religious idea.
Anger	A person is indignant about his or her approaching death and may seek someone else to blame.
Ars Moriendi	Latin for "the art of dying." This art is thought to be acquired by the practice of right living.
Auto-Pathography	Published autobiographies about the writer's own dying, almost always of cancer.
Bargaining	A person tries to buy more time by making a deal with God.
Bereavement	The entire grieving process, especially experienced by someone who has lost a loved one to death.
Bioethics	The discipline that deals with the moral implications of biological research and its applications to humans, especially in medicine.
Death Anxiety	Also Angst – also known as "the fear of death," a universal in the human condition. A substantial portion of human activity is "designed... to avoid the fatality of death" (Ernest Becker/Martin Heidegger).
Denial	One of the stages of dying in which a person refuses to admit the truth of his or her condition.
Depression	A person becomes sad about his or her approaching death and begins to assess his or her life.

Detachment	From the Greek word *Decathexis*, a cutting, separating, distancing or gradual weakening of the emotional bond when a for both the dying person and those who care for that person, ushering in the final step in the grief process – acceptance.
Dignity	The belief that all people have an intrinsic worth because they are made in the image and likeness of God. Because of human _____, all people have a right to respect and to whatever is needed for life (shelter, food, clothing, medicine).
Durable power of attorney for health care	A legal document authorizing someone else to make medical decisions in the patients' best interests if he or she is unable to make such decisions. The authorized person (agent) has the same legal force as if it were the patient speaking on his or her own behalf.
Euphemisms	Phrases that soften the terms about dead or dying, such as "pass away," or "laid to rest."
Euthanasia	The painless putting to death of someone who is terminally ill; sometimes called mercy killing. In voluntary active euthanasia, the physician not only provides the means of death but actually administers the lethal injection at the patients request. The church considers this to be a murder and immoral.
Gerontology	The study of aging.
Grief	Deep and poignant distress, usually accompanied by sorrow.
Hemlock Society USA	A modern-day society believes each person should have the right to choose the time of death. the society advocated suicide, especially in circumstances of advanced age and terminal illness.
Hospice	A care facility for individuals who are terminally ill.
Immortality	Continued existence beyond death.

Living Will	A legal document in which people make known their wishes about what medical or health care treatment they would or would not want if they became seriously ill. The purpose of the document is to ask the one's dying not be unreasonably prolonged.
Magazinization	Media's efforts to transition from cultural-entertainment to vain, shallow-entertainment vehicles.
Magisterium	The highest teaching authority in the Catholic Church. It is composed of the bishops in union with the pope. It has the responsibility of teaching and defending the principles of Catholic faith and morality
Managed Death	The effort to control circumstances around death and dying so that it comes out "right."
Martyr	A Greek word that means "witness," one who voluntarily dies for his or her faith or some Christian principle
Mean World Syndrome	Depictions of death in the mass media, in which the symbolic use of death contributes to an "irrational dread of dying and thus to a diminished vitality and self-direction in life."
Mortality	Death; the end of human life.
Mourning	A process by which people express their grief after the death of a loved one.
Obituary	A newspaper column containing a biographical sketch of someone who has recently died.
Physician-assisted suicide	A type of mercy killing in which a physician or family member assists a person in committing suicide. The physician provides the means of death but does not administer the lethal injection or dose. The church considers it to be murder or immoral.
Re-Presentation	Representations of those aspects of reality deliberately elided by the media.
Resurrection	Jesus' Passover from death to life in and through the power of God. People who die believing in Jesus will rise, as he did, to new life.

Sitz im Leben	Literally one's "situation in life" from the German, the alleged context in which a text, or object, has been created, and its function and purpose at that time.
Spirituality	Refers to the ability of the person to choose the relative importance of the physical, social, emotional, religious, and intellectual stimuli that influence him or her and thereby engage in a continuing process of meaning making.
Suicide	The intentional killing of oneself
Terminal Sedation	An ethical course of treatment intended to relieve the pain of a dying patient rather than intentionally kill the patient. It's when a physician gives the dying patient medication that causes unconsciousness. Life supports are removed, including intravenous food and water, while the disease runs its final course. The patient dies in a few days or in a week.
Thanatology	From the Greek word *Thanatos*, the description or study of the phenomena of death and of psychological mechanisms for coping with them.
Thanatos	From Greek mythology, is generally understood as a response to the personification of death.
Voluntary Stopping of eating and drinking	(a) A situation in which a dying patient voluntarily decides not to eat or drink. Death eventually is caused by dehydration or starvation. (b) A situation in which an unconscious dying patient (who has previously given his or her consent) is taken off life-support and disconnected from feeding tubes.