# CROSSING THE CREEK

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## INTRODUCTION

This guide is intended to provide dying people and their caregiver a general description of what they can expect to encounter. Each one of us develops our own personal style of dealing with transitions. We tend to stick with that style, whatever it might be, when we face the transition we call death. if we would like to know how you would handle your own death, look back upon your own life and observe how you have handled all your other transitions. Unless you decide to change your approach, this is how you will die. While all transitions have similar key elements, this guide deals specifically with the transition of dying. Every person does not experience every sign or symptom described herein, or a person may experience a particular sign or symptom in his/her unique way.

It is well to remember that all transitions entail some disagreeable or uncomfortable aspects. Dying process is no exception. No reasonable person expects that life will contain no discomforts, yet some espouse the notion that somehow, death will. This is not a reasonable expectation. Dying process has its difficult aspects regardless of one's level of n enlightenment. Modem medicine has demonstrated a remarkable capacity of mitigating or even eliminating many disagreeable aspects of physical death. At the same time, modern medicine cannot relieve people of the responsibility of their own lives. We all prepare for our own death by the manner in which we live our lives.

## APPETITE

**Appetite Decreases**

The patient may stop eating entirely. Progressive loss of appetite is one of the identifying characteristics of dying process and is a mechanism by which the body keeps itself more comfortable. This is often very hard for caregivers to accept, but listen to what the patient wants and not to what you think he/she ought to be wanting. Bodies have been going through this for thousands of years and have worked out effective techniques for keeping themselves comfortable. Pay attention to what the body is saying it wants... or does not want.

As physical bodies progress through the dying process, they lose their ability to digest food effectively. If the patient tries to eat anyway, the food just sits there, causing the patient to be bloated, or like he/she has swallowed a brick. The stomach will likely reject food outright; i.e. vomit, if the patient insists on trying to eat after having lost his/her appetite.

## FLUID INTAKE

A dying person will eventually stop wanting to consume fluids as well. Again, this is how bodies maintain their comfort. Forcing fluids when a body does not want fluids only cause added misery. People do not die because; they stop eating; they stop eating because they are dying. The only reason

for an actively dying person to eat or drink anything is for pleasure. If it is not pleasurable, there is no value in it. In fact, it is likely to do harm than good.

## BOWELS

### Bowel Activity Slows Down

A decrease in bowel activity goes along with loss of appetite, decreasing physical activity, and changes in circulation. Most patients are taking some type of pain medication during their dying process as well, and these medications slow bowel activity further.

Stool softeners and/or laxatives are generally necessary to maintain regular bowel function, but it should be kept in mind that "regular" in dying process may be considerably less frequent than it was while the patient was healthy and active.

### Cessation of Bowels

As death draws near, total bowel shutdown may be expected. Trying to whip the bowel into action while the rest of the body is shutting down is not sensible and attempting to do so may cause unnecessary suffering for the patient.

## CIRCULATION

### Circulation Gradually Diminishes

Circulation shuts down progressively by becoming increasingly centralized. First the outermost circulation diminishes, such as the hands and feet, by becoming cool and perhaps even discoloured. Then the legs and arms are affected, and so on.

Fevers may come and go. There may be unexplained sweating, sometimes profuse. There may be swelling of the limbs and other signs of fluid imbalance.

Urine output may fall as the kidneys receive less effective circulation. Then again, the urine output may remain surprisingly high even after the patient has stopped drinking; it just depends on the individual. Fluids shift from one compartment to another within the body and this can sometimes produce a surprising amount of urine in the absence of any fluid intake. Bodies are composed largely of water. As they move through the dying process and circulation shuts down, there are bound to be effects, which are noticed by both patient and caregiver. Remember that these effects, while abnormal in a healthy person, may be quite normal in a dying person. One of the most difficult truths for inexperienced caregivers to accept is this: in most cases some degree of dehydration will help to keep the patient more comfortable.

## RESPIRATORY

### Pulmonary Congestion

Fluids may accumulate in the lungs, but this can be usually avoided if fluids are not forced on patient… especially IV fluids.

Patients and their caregivers often express a fear of dehydration, yet some degree of dehydration is preferable during the dying process because it tends to keep the patient more comfortable. Being fully hydrated while dying often leads to lung congestion and shortness of breath.

**Airway Rattling**

What was once called "the death rattle" is actually an accumulation of excess fluid and mucous in the upper airway, which "rattles" as the patient breathes. Certain drugs can be given to help clear up this rattling. However, these drugs may cause discomfort by themselves; things such as excessively dry skin, mouth and eyes. It is far better to avoid overloading the patient with fluids in the first place then to be caught up in the hazardous game of alternately forcing artificial hydration and dehydration.

If upper airway rattling does occur, it can be quite loud and disturbing for caregivers to hear. Fortunately, it is seldom as troublesome for patients as it is for caregivers. By the time this phenomenon manifests, the patient is usually in a semi-or-full coma and is not really aware of any physical discomfort. Suctioning is seldom recommended because it usually causes more discomfort than alleviates.

To relieve the upper airway rattling by suction, it is usually necessary to do deep suctioning; i.e. suctioning all the way down into the main bronchus, or windpipe. It tends to be very traumatic for the patient because of the highly sensitive nature of the windpipe. Even after successful deep suctioning the rattling will likely return within ten to twenty minutes anyway. Since the upper airway rattling is usually more unpleasant for caregivers than for patients, it may be helpful to remember that the primary goal is to keep the patient comfortable, not the caregivers.

## BREATHING PATTERNS

As the dying process evolves, certain respiratory patterns may appear. One common respiratory pattern is called Cheyne-Stokes (pronounced Chain-Stokes). This is a regularly, irregularly pattern; i.e. the patient takes several breaths, then stops, then takes several more breaths, then stops again. The pauses between breaths can be quite long; perhaps half to three-quarters of a minute, sometimes longer. Family and caregivers often find this very unnerving, but it seldom is a clear indicator of much, other than that the patient is quite ill.

A respiratory pattern, which sometimes appears just hours prior to actual death, is a regular, fairly deep, panting pattern. This pattern is driven by the automatic nervous system after much of the rest of the brain has already shut down. Caregivers sometimes mistakenly think this pattern indicates recovery rather than approaching death because it is so regular and appears to be effective.

A final or agonal respiratory pattern called "fish out of water" breathing. This is an ineffectual gasping of the mouth with little or no actual intake of air. This occurs very near physical death. The final breaths taken at the moment of death are frequently deep, cleansing breaths or "sighs". Sometimes there are two or three, sometimes only one.

## SLEEPING

### Sleep/Dream Patterns

Sleep or dreaming is very important parts of the dying process. Patients sometimes complain about how much time they spend sleeping and comment that they feel like they are "wasting" what little time they have left. This could not be further from the truth. Much of the necessary work of the dying process takes place during a sleep/dream state. This is not wasted time at all, it is vitally important.

### The Purpose of Sleep

The work of dying process has to do with resolving all the unresolved issues of one's lifetime. This is a huge job and requires considerable effort. It is very important work because death is merely a transition, which prepares for the next phase of life. It is not smart to enter the next phase of life loaded down with a bunch of unresolved junk from the last phase. This resolution of work can be broken down into different categories, but suffice to say, it is a huge task.

The sleep/dream state is very useful in accomplishing these tasks because it gets around the limitations of time and space. It is much easier and more effective to review an unresolved episode in one's life (which may have occurred several decades previously) while in a dream state than it is in a waking state. In a sleep/dream state, one can accomplish a virtual return to the time and place in question.

Interestingly, the normal sleeping pattern during the dying process is virtually identical of new-borns; off and on around the clock. There is no night or day for new-borns or dying people, just dozing off and on, day and night. Sleeping pills seldom have much effect on this pattern because during this phase of life, this pattern is the norm. On the whole, total sleep time increases. This gives the patient time to get his/her work done. The nature of that work may or may not be recalled by the patient while awake. Then too, the patient may simply not be willing to share this information; after all, it may be of private nature.

If this work of resolution is being accomplished, it can generally be surmised by observing the patient's overall progress; whether the patient seems to be moving toward a more serene state of mind, or is he/she stuck in negativity.

Even patients who claim not to remember the content of their dreams will usually reminisce about their lives when they are awake, especially upon first awakening. Virtually everyone who goes through a dying process reminisces about the important events and people of his/her life.

## CONFUSION

### Confusion/Disorientation

Dying process is a lot of work. Generally speaking, that work is resolutional in nature and accomplishing it involves moving around outside the usual constraints of time/space. While this is an extremely useful and effective technique for resolving one's life issues, it can also be very confusing.

We think of time as being concrete, predictable and constant. When we are dying, we discover that reality is different than we had previously supposed. We begin moving around in time/space in ways we

never imagined possible. One might say that this takes place “only in the mind" but then, as a person experiences physical death he/she becomes increasingly aware of the power and importance of the mind.

Aphoristically, human beings are composed of body, mind and spirit. As the body dies, mind and spirit emerges powerfully. While this speaks to the majesty and wonder of life, it can be frightening and confusing for the individual experiencing it directly. It is especially frightening and confusing when neither the patient nor caregivers realise it is normal and the caregiver invariably concludes that the patient is "losing his/her mind". When this occurs, anxiety levels rise rapidly. It is important to understand that moving about in time/space and being somewhat confused about where one is, is a natural and normal aspect of dying process.

Example: A dying man lies sleeping. He is actively dreaming and reliving an interaction he had with his mother when he was six years of age. He awakens to see this forty-five year old daughter standing at his beside. Do you see how this could be confusing? To be six years old and talking to your mother one instant, then seventy-four years old and talking to your adult daughter the next instant is indeed a disconcerting and disorienting experience. Dying people experience this sort of thing all the time. We say that they are "disoriented". For dying people this is no fantasy, it is real.

**Buried Emotions and Confusion**

Another task in dying process has to do with the review and resolution of denied or buried emotions. Ironically, frank confusion can actually be helpful in accomplishing this task. Most of us bury, hide or ignore a fair amount of unwanted emotion during the course of our lives. Dying process exhumes significant buried emotions and presents them for review prior to our moving on. If the patient attempts to use his/her intellect to block the emergence of these emotions, dying process simply brushes the intellect aside and the patient becomes "confused". Dreams seem to make no sense. While these dreams and/or confused states may seem pointless and are discomforting to patient and caregiver alike, they elicit certain emotions; the very ones that were buried and needed to be felt and resolved prior to moving on.

Some patients welcome confusion as a means by which they can express emotions they were never allowed to express previously. Social constraints frequently impinge upon the healthy expression of emotion. Some patients utilise confusion to side step these social constraints. This is generally a subconscious choice.

Confusion can sometimes be just the ticket a person needs to give themselves permission to vent and resolve previously forbidden emotions.

**Confusion about Confusion**

Another aspect of dying process may result from metabolic imbalance, neurological damage, and lack of oxygen to the brain or reactions to medications. In some cases, these kinds of confusion may be reversible. Determining whether a particular patient’s "confusion" is normal or abnormal may require considerable skill and familiarity with the dying process by an experienced professional. Generally speaking, however, a lot of what is interpreted by the less experienced as confusion or hallucination is actually normal and natural, and may even be helpful for the patient.

# PAIN

## Utilising Pain

Patients and their families sometimes utilise pain (unconsciously of course) in a vain attempt to stop some of the more frightening aspects of the dying process. This is not done because dying people like pain or because their families don't care. It happens because dying process is not well understood and people's natural instinct, when faced with something new and frightening, is to opt for that with which they are most familiar. When it comes right down to it, we are more familiar with pain than we are with the dying process. If for no other reason, this points to why we need to learn more about the dying process.

Example: Moving about in time (quite normal during the dying process) can be very confusing and frightening, especially when there is no understanding of what is happening. Seeing dead people (very common among the dying) may also be frightening and confusing. Pain can allay these phenomena, to a degree.

The fact that these phenomena tend to occur primarily in a dream state makes them no less real for the patient. In fact, dreams tend to become increasingly vivid during the dying process. Dying people sometimes remark that their dreams seem to be increasingly "real" while their perceptions of the physical world are growing more "dream-like".

Example: Once, while talking with the gentleman who was very near death, I asked him how he distinguished between the "real world" and this "dream world". He replied that is was very difficult. I asked him which world he was feeling any pain. He thought about it for a couple of seconds, and then replied that he was, in fact, having some physical discomfort. I suggested that is was a definite clue.

If the patient and family are not aware that these phenomena are normal, they may blame the medication(s) for causing the "confusion". Next, both patient and caregiver are inclined to either stop the pain medication(s) entirely or to severely reduce the dose. This is done with the best of intentions but will likely yield a poor result. With less pain medication on board, the patient has more pain. This inhibits sleep, which in turn inhibits dreaming. In the short turn, this may seem to be a successful strategy: no sleep, no dreams, and no confusion... just pain. Lots of people prefer some degree of pain over a feeling of confusion and fear. Unfortunately, the added pain interferes with accomplishing the true goals of the dying process.

## Pain and Attention

The dying process is all about resolving unresolved issues. When the patient is experiencing significant pain, he/she cannot focus attention on resolving his/her life issues. Pain can hook one's attention and stubbornly hang on. In this way, pain subverts the normal dying process by preventing the patient's attention from being focused on relevant issues. Therefore, pain is not only unpleasant; it interferes with the tasks of the normal dying process.

Losing track of time, seeing dead people, experiencing increasingly vivid dreams and reviewing the significant events of one's life are normal aspects of dying process, which are purposeful.

Even patients who have no pain (and therefore take no pain medications) experience the same confusion about time/space, have just as vivid dreams, see equally as many "dead people" and engage in as realistic a life-review as those who do take pain medications. Pain medications rarely cause these things to happen

**Pain and Lingering**

While pain can be used to mitigate certain phenomena associated with the normal dying process, it ultimately cannot stop that process from occurring. Having said that now let me add that pain can actually be used to s live longer; not forever mind you, just a little longer. It is possible for a patient to remain "alive", (or more accurately - to remain within a physical body) a little while longer by employing the tactic of focusing his/her attention on physical pain. You are where your attention is.

Extending the dying process by focusing on pain is something that occasionally occurs to dying people who have an inordinate fear of death. These people may prefer higher levels of pain to death and many actually focus on their physical pain so as to squeeze every last minute out of their physical existence.

Some dying people conclude that if remaining physical means experiencing significant pain, "The heck with it, I'm out of here!"

The wishes of the individual play a huge role in determining which way they go; into the nonphysical realm or to stay in the physical realm.

**Addiction**

Some people fear becoming addicted to their pain medications. Addiction is extremely rare when narcotics are used to control real pain (or other noxious symptoms such as shortness of breath or excessive anxiety). Recreational use of drugs can easily lead to addiction, but very few dying people use drugs for recreational purposes. Addiction in the terminally ill is basically a non-issue.

**Mental Clouding**

Some people are reluctant to take medications because they feel that it clouds their mind. Remember, pain clouds the mind, too. It can be very difficult to think clearly when experiencing significant pain. Some times one has to choose between the lesser of two devils. Would you rather have your thoughts clouded by pain or from taking a narcotic to block the pain? Most people do not labour long in contemplating this dilemma before choosing the pain-free approach. However, in certain situations a person might elect to experience a higher level of pain for a short period of time in order to participate more fully in a particular activity.

## LOSS OF ENERGY

**"I Feel So Weak"**

A universal symptom among dying people is a feeling of losing energy. Some people have pain and some not. Some people have nausea and some not. Some people are confused and others not. But everyone complains of feeling a loss of energy. It is not possible to overcome this sense of losing energy by taking vitamins or any other medication. In short; feeling the loss of energy while dying is unavoidable.

Maintaining a physical body requires an enormous degree of focused energy, which can only be kept up for a limited period of time. Being physical at all is miraculous, but sooner or later it must fade away. As energy is required to maintain a physical body fades, the dying person inevitably feels as though he/she is losing energy. There are no health foods, no vitamins, no IV's, no pills and no secret techniques that can change this. That is just the way it is, and that is why the one universal symptom among the dying is a feeling of losing energy.

## FEAR

### A Universal Emotion

Everyone had some fear of death. There are no exceptions. The degree of fear an individual feels about his or her own death may vary A considerably from person to person. People who are not currently facing death are often inclined to claim they have no fear. Some dying people claim to have no fear of death, but frankly, I have never seen a person facing death who acted unafraid.

The one situation which I had hoped would prove to be an exception to this rule (that the dying process always involves some degree of fear) would be those cases when the dying person had already died; i.e. had a previous near death experience. I was disappointed to discover that this did not bear out. True, these people have less fear and a much better understanding of what the dying process is all about, but it does not exempt them from the rigours of an in-depth life-review.

### Accepting Our Emotions

When a dying person accepts that he/she may experience some fear, then that fear can be handled much more easily. Allowing oneself to feel the fear and then seeking the support of friends and loved ones is the most effective way to handle the fear of death.

The entire dying process does not involve fear. Fear is only one part of the overall process. That part, however, always shows up sooner or later. If we burden ourselves with the unrealistic expectation that we will not be afraid of our own death, we put ourselves in an impossible position. Denying our fear only makes that fear worse.

The fear of death is tough enough to manage without letting it run rampant by attempting to ignore its presence. When we deny our fear it only crops up in some other guise (such as a more acute perception of physical pain, or an inexplicable sense or foreboding and anxiety.) Deceiving ourselves about our feelings will not make feelings go away, it only makes them more unmanageable.

### The Magic of Human Contact

One of the most effective salves for the fear of dying is the presence of other human beings. It is not necessary what a person may say or do, but their very presence makes the difference. We often feel at a loss for words when faced with tragedy, but sometimes saying nothing at all has the best effect. There is something truly magical about one human being simply "being there" for another. Never underestimate the power of your being.

## SEEING PEOPLE GONE BEFORE

### Seeing the other Side

Nearly everyone has heard of dying people seeing or talking to people who are already dead. This is so common as to be expected at some point in virtually everyone's dying process. Whether we can explain it or not is irrelevant. It happens, and it happens consistently. It is not the prerogative of people who are not dying yet to pass judgment on the validity of the experiences reported by people who are dying.

When dying people report seeing dead people, then the rest of us had better pay attention. Sometimes dying people are reluctant to speak of their perception because they are afraid of being labelled "crazy". It can be enormous relief for them to discover that they are normal and that those around them accept their perceptions. I have often had experience of saying to a dying person, "So... have you seen your mother yet?" Then have them turn to me in astonishment and reply, "How did you know?"

What dying people are experiencing is quite normal and really very wondrous from a spiritual point of view.

## SYMBOLOGY

### Describing the Indescribable

As people approach death, they begin spending more time "on the other side". Sudden unexpected death is tragic because it bypasses normal dying processes.

The normal dying process is purposeful; it enables the dying person to approach his/her transition at his or her own pace. As the dying process evolves, the person experiencing it moves back and forth between being fully awake and alert, asleep and dreaming, and perhaps semi-conscious, or even unconscious. The patient may become increasingly withdrawn, or more accurately, "internally focused". When not awake and conscious, they are frequently restless; moving their fingers, hands, arms and legs about aimless, or "picking at the air". It is also common to hear them moaning, mumbling or even crying out. All of this is indicative of how hard they are working as they process all the unresolved issues of their lifetime.

Some people maintain a remarkably high degree of waking consciousness throughout their entire dying process, approaching their actual crossing wide-awake. This is rare, but can be quite astounding and uplifting for everyone involved. Typically, these people suddenly see something (which we, the "living" cannot see). Their faces light up, they throw their arms forward in a gesture of joyous longing, and then they leave (that is, they "die"). As a person moves through the dying process, their statements (if they can be understood) may become increasingly symbolic in nature. This is because what they are experiencing and perceiving has less and less to do with the physical world.

Our language is based upon our familiarity with the physical world. Describing a non-physical world in physical world terms is difficult. Since dying people have no words for what they perceive, they tend to speak of it in symbolic terms.

**Symbolic Language**

Symbolic language may be unique to the individual. When people get close to crossing over, they begin to conceptualise how they will get there. Some people talk about catching a train, others mumble about having enough change to purchase a bus ticket, some talk about crossing a river, while still others may mumble something about riding a truck.

While glowing up on the family farm I loved to play at the creek. As anyone who has spent time playing in creeks would attest, a creek forms a natural barrier. You can only cross a creek in certain places. I used to love l jumping from rock to rock, crawling along logs, or even building bridges in those places. When I am dying, dying people around me should not be surprised to hear me mumbling something about “crossing the creek”.

Symbolic language is metaphoric. Dying people speak in metaphors. A given individual’s choice of metaphors may be difficult to comprehend, but there are common threads. If the listener is familiar with the dying person’s background, the meaning behind a particular statement may be quite clear.

**Common Symbols**

Some symbolic terms are actually quite Comm0on. One of the most common of all statements made by dying people has to do with "going home". Regardless of age, colour or creed, when people get close to death they tend to conceptualise dying as "going home".

Another very common statement usually goes something like this: "get me up", or "help me up". The exact verbiage may vary, but the general statement is common. I take this to be an indication that the dying person perceives someone "on the other side" and is requesting assistance. Whether they actually receive any assistance is an open question. Self-determination does seem to be an important element in actually crossing over.

**Self-determination**

It seems to me that self-determination does play an important role in deciding when a dying person will actually cross over. It has been my consistent observation that those people who "wait for God to come and get me", (to paraphrase a not uncommon remark) spend more than the usual amount of time waiting. In other words, waiters wait. Those who take it upon themselves to get going, get going... only after having completed their processing.

**Completing the Process**

Dying process, like any process, has particular stages, or tasks. A process cannot be completed more quickly by skipping over some of its tasks. I cannot elect to duck coming to terms with my life and then merrily cross the creek

Once the dying process is completed, the individual may elect to move on, or wait. Sooner or later physical bodies become uninhabitable. After that, there is no more choice in that matter and the person is basically evicted. Some dying people want to move on without completing their tasks, while others complete their tasks but decide to wait.

## GRIEF

**The Process**

Grief, like life and death, is a process. Everyone experiences grief including caregivers and professionals. Grief runs a general course, but is not necessarily linear. In other words, a person can be in the acceptance stage one day and jump back into anger the next. In fact, people tend to hop around from one stage to another quite frequently.

We grieve each and every loss and disappointment that we experience in everyday life. The intensity of the grief depends upon the intensity of the loss, but we generally are not aware of our grief until it becomes intense. When grief does become intense, it may seem overwhelming, and we fear that we will never be free of it again. The intensity of our grief will ebb and flow, but it is a part of who and what we are. Not only do we grieve our losses after they occur; we grieve our losses before they occur in anticipation of their occurrence.

## ACCEPTANCE-SHOCK-HOPE-DENIAL-SADNESS-CONFUSION-RELIEF-BARGAINING-DEPRESSION-ANGER FEAR AND BLAMING

We can expect to go through at least some of these stages with every loss, but if the loss is severe we may go through virtually all of them.

Some of the emotions associated with normal grief are surprising, For example, it is common to feel anger toward the person who has died. It is also common to feel relief that they have died. These emotions may be confusing for friends and relatives of the deceased; they may be unexpected, do not always seem to make sense and may trigger feelings of guilt. Still, they are common and normal in most cases.

Anticipating a feeling, and feeling a feeling are two different things. Some of the emotions of grief are more difficult to deal with than others. Anger, for example, may be difficult for some people to acknowledge within themselves. It may also be difficult to accept in others. It may help to remember that the emotion being expressed is just a part of the grieving process, and that it is better to get the emotion out than to hold it inside. Sadness is another difficult emotion. It is not uncommon for concerned family members to request a sedative (usually for someone other than himself or herself) when sadness becomes intense and tears are flowing freely. Actually, weeping is healthy when intense loss is experienced, even for men. Burying an emotion merely delays its expression and is likely to cause protracted or complicated grief with more harmful, long-term consequences. If a person threatens harm to him/herself or to others in response to their grief then he/she does need professional assistance. Barring that, the frank expression of grief is a good thing and should be encouraged. The healthiest families are the ones that encourage its expression or emotion. The emotionally supportive family encourages its members to recognise and communicate their individual feelings. This allows everyone within that family to resolve his/her grief and move on in life.

**Children and Grief**

Children should also be included and encouraged to participate in expressions of grief and loss. They should not be forced to participate, but they should be allowed to participate if they desire. Grieving is a

part of everyday life and therefore, good grieving skills should be taught to children by the adults in their lives. For children to learn good grieving skills, they must be able to see good grieving skills being, practiced around them. Excluding children from loss deprives them of the opportunity to learn how to deal with loss.

Children should not be banished from seeing death or dying people. Their imaginations can and will create far worse images than reality could ever produce. Reality may be tough to deal with at times, but the imagination can be a lot worse.

**How Long Does It Take?**

There is no time limit on grief. How long it takes to grieve a loss can vary greatly and depends on a wide variety of factors, not the least of which are: the severity of the loss, the support available to the individual experiencing the loss, and his/her will at working through the grief process. Strictly speaking, one never "gets over" a serious loss. One learns to cope, one learns to integrate that loss into larger meaning, but one does not forget.

**Sharing Loss**

Human beings are innately social and need to share at least some of their feelings in order to process them effectively. Spending time alone is important after experiencing a loss, but it may be just as important to grieve with someone as well. The need to recall the stories of our losses is important. It is a normal and effective way of processing grief. Hospices provide grief counsellors.