FEAR OF DEATH, ILLNESS AND PAIN:

THE EXPERIENCE OF CHANGE

Creativity applied to fear (Activity 6/12)

DESCRIPTION

Among the changes that occur with aging are the situations around death and the process of dying, causing fear, confusion, and even anxiety. This feeling is known as Thanatophobia. This is a concept coined by Sigmund Freud and its influences are varied, including religiosity, gender, psychological state, and age. The latter means that anyone can feel fear of death or dying at some point in their lives. It has even been shown that children are more afraid of their parents' death than they are themselves.

In any case, the fear of death is preceded by other fears, such as the fear of illness or pain. It is human nature to have an aversion to pain: to be hurt or to feel pain because of an illness. As we can see, everything is interrelated. Moreover, since the beginning of the global pandemic caused by Covid-19, this type of feeling has been growing among the adult population, especially because the highest rate of deaths from the virus has been recorded among the elderly. In this sense, it is normal, even logical, that many elderly people live with thanatophobia.

 The fear of death or dying is closely linked to most fears. Probably the most relatable to it is the so call Gerascophobia, or the fear of aging. Although it is the most obvious, this fear gives us a clue about the context we are facing, therefore it can guide caregivers in creating and organizing activities that help the elderly.

OBJECTIVES

The aim behind this tool is to combat the fear that elderly people might feel when it comes to the process of dying and everything related to death, such as illness and pain. Overcoming the fear of pain is crucial here because, in fact, many senior people have stated they are concerned with the feeling of pain, not necessarily with the death itself, which should be assumed as part of the life-cycle of any human being.

RESOURCES AND MATERIALS

- For the first activities, any tangible thing is required but mindfulness, meditation and other relaxation techniques.
- For the rest of the activities: Manual activities and group dynamics using any kind of object.

IMPLEMENTATION - INSTRUCTION

1st activity: "Never stop believing"

First of all, it is important for the caregiver to analyze the patient's needs: his or her personality, likes and dislikes, and ability to socialize. The type of activity to be carried out will depend on this analysis.

In order to follow a logical order, it would be interesting to begin by addressing intangible activities, those most closely related to the patient's spirituality and mental stability. Since these are elderly people, the element of faith and religion may be a key turning point that can help the caregiver on helping the elderly person overcome the fear of death.

For this activity, no tangible elements will be necessary. It consists on a dialogue and spiritual workshop, based on listening and the caregiver's ability to put the patient at ease. If the patient is introverted or not very inclined to express his/her feelings/thoughts in public (especially those related to religious beliefs), it would be a good idea for the caregiver to organize this workshop individually, not too short, but not too long either (it is estimated that 30 minutes of dialogue listening will be enough for this purpose).

Thus, the caregiver will begin by asking the patient to put the mind at rest. Then he/she will ask them to close their eyes and imagine a place where they have been or are happy while breathing deeply. The caregiver may repeat aloud: "Inhale and exhale [...], inhale and exhale [...], inhale and exhale...". Now they will be asked to be transported to this place, which can be real or imaginary. Stay there for 5 minutes. Do not forget to keep breathing consciously deep and slow, being yourself the one in control of that

inhalation and exhalation.

Finally, the caregiver asks the elderly to come back to reality and open his eyes. Some of the questions that can be launched at the beginning are:

- What was the place you were transported to like? Was it real or an imaginary place?
- Where was it located? Was it indoors or outdoors?
- Were you alone or in company, and what were you doing?
- Were you in motion or in a quiet posture, sitting or lying on a surface?
- Why were you happy in that place and doing what you were doing?

NOTE: if we are dealing with catholic patients, they will probably believe they will go to heaven after death, so the scenario they describe is likely to have elements that are influenced by their beliefs. In these cases, it is positive that the caregiver respects this private space and encourages him to continue to develop his faith. The caregiver should openly convey to them that believing in something is a lifeline. Other more specific questions on this topic that may be raised:

Do you believe in God?

Has religion helped you throughout your life to cope with difficult times?

In these conversations it is also important to normalize the process of death and all that it entails. At this point the patient may confess that he or she is afraid of pain or physical suffering before the final hour. It is crucial then to remind them of how advanced medicine is and to reassure them that they will be well cared for in the hospital should they become ill. And it is precisely this evolution that leads us to the following activity...

2nd activity: "The mad genius"

Before this takes place, patients will share with the group what they are passionate about, either because it is their hobby, or because they have practiced it when they were young, or because it is an activity they have been dreaming of doing for a long time. This activity is a resource for the carer for its patients to stop having thoughts about death and the dying procces. It is about fostering the elderly creativity and being imaginative through art and crafts. Therefore, tangible objects such as balls, painting, brushes and canvases will be needed, but also technological tools such as tablets or laptops. This activity ultimately has one goal: moving from analog to digital so that the elderly feel part of the technological evolution and

the present time. The seniors will stand in a circle and the caregiver will stand in the middle with a whiteboard that will have two columns: one for analog objects and one for digital objects (see table 1). They will have to match each item in each column.

ANALOG	DIGITAL
LETTER	DIGITAL CAMERA/REFLEX
TELEPHONE	CD'S/STREAMING MUSIC (SPOTIFY, ITUNES…)
TYPEWRITER	SMARTPHONE
NEWSPAPER/MAGAZINE	INTERNET
NEEDLE CLOCK	DIGITAL WATCH
POLAROID	TABLET
RECORD PLAYER	EMAIL
PHYSICAL LIBRARIES	COMPUTER/LAPTOP

ANSWER KEY:

ANALOG	DIGITAL
LETTER	EMAIL
TELEPHONE	SMARTPHONE
TYPEWRITER	COMPUTER/LAPTOP
NEWSPAPER/MAGAZINE	TABLET
NEEDLE CLOCK	DIGITAL WATCH
POLAROID	DIGITAL CAMERA/REFLEX
RECORD PLAYER	CD'S/STREAMING MUSIC (SPOTIFY, ITUNES…)
PHYSICAL LIBRARIES	INTERNET

CREATIVE APPROACH

Still standing in a circle, the caregiver will pull antique objects out of a bag. The patients will have to say out loud what object it corresponds to today, or what current item it may resemble. Ex: The caregiver pulls a letter out of the bag. Its digital analogue would be an email. Whoever says it out loud first, wins the object that the caregiver pulled out of the bag. Whoever has the most objects at the end of the game has won.

EXPECTED RESULTS

The group of participants will realize that times have changed and that there is now a lot of technology that did not even exist when they were young. The key to the game or group dynamics is that they laugh, have a fun time together and feel identified with the objects that appear. The surprise factor will force them to think quickly and concentrate, so they will forget about negative thoughts. Other expected

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results:

- Establish a mental connection with the past and the present so that the elderly don't feel afraid of the future
- Reduce fear of change and evolution
- Contribute to the mental stability and heath of the patients
- Increase the happiness of the elderly
- Improve their knowledge on technological items