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THE DEATHBED DRESS REHEARSAL™

This role-play exercise teaches participants how to design and enact their own deathbed scene. It explores the perspectives of both the dying person and the grieving loved ones, demonstrating multiple aspects of death and grief that include not only the process of dying and liminal spiritual spaces, but psychosocial issues and family dynamics that can be present at the bedside. This exercise has been used to train hospice professionals, clinical chaplains and thanatology students, and is also used to help individuals and families begin end-of-life conversations and manage death anxiety.

Learning Outcomes

. Discuss images, hopes, fears and expectations of one's own death
. Analyze family dynamics that can occur at the deathbed
. Utilize strategies for supportive end-of-life conversations
. Identify preferences for emotional, spiritual and environmental support at end of life.

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THE PROCESS

Part 1: Demonstration

In a group of 3-5, someone plays the role of a dying patient, and chooses participants to play the roles of friends and family that he would like to be present at his death.

The patient (we will call him “Ron”) assigns roles to each person (one plays his wife, another his son, etc.), and tells them how he expects each person to behave at the bedside, based on his history with them and how he thinks they’ll react to his death (supportive, denial, stoic, emotional, religious, domineering, angry, withdrawn, hostile, compassionate, etc.). He can also include specifics such as unfinished relationship business, forgiveness issues, estrangement, religious conflicts, and other topics that might come up.[1, 2]

[1] This exercise does not need to be based on Ron’s real family. It can also be generic, based on common family dynamics found in end-of-life care. See addendum for sample scenarios.

[2] In some workshops this might be a pre-scripted scenario. See addendum.

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We then spend approximately five minutes playing out the scene. An optional character might be a hospice clinician (chaplain, social worker, grief counselor) who is present to facilitate conflict and help create a peaceful environment for Ron.

The second step is an *optional* guided imagery exercise where Ron may draw upon personal, cultural, religious, spiritual or symbolic sources of comfort and connection. He can choose a participant to represent someone who has died in the past to be part of his support team. This can be a person, a pet, a religious figure, or any comforting presence that offers a sense of peace and safety. The person playing this role is positioned at the head of the bed, and calls Ron over to be escorted to the next world (in whatever way Ron envisions that world). [3]

The group remains in silent reverence for two minutes as Ron experiences the sensation of deep meditation and numinous[4] space.

Part 2: Discussion

The group then breaks for discussion and instructions about the next process. Ron describes what the family dynamics were like for him, and we discuss what we learned about how we can begin end-of-life conversations with our own loved ones… we don't know what we really need or want at our death until we look at it closely like Ron has just done. Now he has information that he can bring to his real-life family about how he would like to be supported at end-of-life.

Many participants will walk away realizing things like:

I don't want a crowded room.
I need humor at my bedside.
I need someone there to shield me from family conflict.
Let me go with love; please don't cling or plead with me to stay.
I need reconciliation with my daughter.
I need silence, not prayer.
I don't want to die with the television on.
I don't want my religious fanatic cousin to be there.
Please make sure my dog is there

[3] This process was inspired by teachings from shamanic traditions and later adapted for educational use in hospice, grief, and end-of-life settings.

[4] *Numinous* describes a strong spiritual, mysterious, or awe-inspiring, transcendent quality.

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Part 3: Experiential Small Group Work

Attendees now break into groups of three or four and practice what was demonstrated. Each person will have a chance to be the patient and will assign the others to play their loved ones. All attendees will be asked to sign **this consent form** in order to participate.

Participation is not recommended for:

- Recent traumatic bereavement
- Acute suicidality
- Psychiatric instability
- Participants who feel emotionally overwhelmed by death imagery

Part 4: Closing Discussion/Debrief

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Addendum/Scenarios

Some suggested scenarios for scripted demonstrations

. FFM is unable to face the death. *Please don't leave me, I don't know what do without you. The doctor says there's another clinical trial. Don't give up.*

. Religious FFM pleads for patient to accept Jesus before death to avoid going to hell, or expresses extreme religiosity that makes other FFMs uncomfortable.

. Emotionally disengaged FFM watches football or other distraction on their phone. Other FFM encourage them to talk to the patient, but they can't handle it and leave the room.

. Patient disowned gay adult child years ago. Patient's spouse pleads with patient to let the child visit, but patient refuses.

. Patient is tired of waiting to die and wants to do Medical Aid in Dying, but your FFMs are conflicted about it.

. FFM is an obsessive organizer, tries to keep everything on a schedule and tells everyone what to do.

. Patient's old war buddy (or college pal) is the only person in the room patient patient actually trusts and feels safe with.

. Patient is overwhelmed with too many visitors. Wants to be alone but doesn't want to hurt feelings by asking FFMs for space.

. FFM is extremely emotional, crying loudly, and upsetting others.

. FFMs argue with each other in front of patient.

. FFM wants to keep the TV on during visits, other FFMs insist on it.

. Adult child who did most of the caregiving resents another adult child who didn't contribute enough.

. An estranged family member wants to visit, but family is conflicted about it.

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