

How to Talk With Your Dying Loved One

Conversations about death are among the most important, and difficult, we may ever have. Too often, we avoid them.



By

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One day last winter, Jane Wilcox's partner, Roger Landers, interrupted her while she was doing laundry and said he'd like to take her out to a nice dinner. Then he paused for a moment and continued: "I'm not going to be around much longer."

Mr. Landers had been battling liver cancer for three years. He'd stopped riding his beloved motorcycle. Recently, his oncologist had told him that chemotherapy wasn't working.

Ms. Wilcox noticed that Mr. Landers looked very frail. But she kept folding clothes. "Oh hon, don't talk that way," she said.

APPROACHING THE TALK

- Talk early. Don't wait until the very end, when people are understandably very emotional. Time may be limited, and the dying person may move in and out of consciousness.
- Make a crib sheet. If you aren't sure what you want to say or whether you'll be able to say it, write it down and read it aloud, says Brian Carpenter, professor of psychological and brain sciences at Washington University in St. Louis.
- Start with an explanation. And acknowledge the talk is difficult for you. Dr. Carpenter suggests: "I'm not sure how much time we'll have left, and there are some things I want to make sure I say to you while I can."
- Keep it brief. People are likely to have less physical and emotional energy to sit through something long. Pick one to two of the most important things you want to say.
- Don't expect people to change. Not everyone is up for the conversation you envision. If someone doesn't want to talk, let it go.

- Don't push religion. Not everyone has the same beliefs, and expecting others to share yours is discounting who they are.
- Manage your expectations. Often, people think a dying person will offer up the secrets to life or explain a family mystery, says Maureen P. Keeley, professor of interpersonal communication at Texas State University, in San Marcos, Texas. But that may be out of character for the person—and exhausting.
- Be compassionate. “In some situations, forgiveness and staying silent may be more gracious than speaking an unkind truth,” Dr. Carpenter says.
- Be present. Sometimes the best talks happen when you least expect them. So the more time you spend with the person the more opportunities you will have.

It's a comment she says she deeply regrets.

The conversations we have with a loved one who is dying are among the most important, and difficult, we may ever have. Research shows that when family members have these talks—and when they are open and honest—they become closer to each other and more hopeful of the future.

Yet too often we dodge any mention of death. Survivors worry that bringing it up will hurt or scare their dying family member. And the person who is dying tries to prevent their loved ones from thinking about the impending loss. Each wants to protect the other. Yet, many times, people are trying to protect themselves, as well—and living alone in their sadness.

Part of the challenge is intellectual, says Brian Carpenter, professor of psychological and brain sciences at Washington University in St. Louis, who studies the psychology of aging and family relationships in late life. “No matter how hard we try, it is difficult to genuinely understand that the dying person will be gone,” he says, and it's hard to talk about death if you can't grasp or accept it. Denial is easier.

Even when family members do want to talk, they sometimes aren't sure what to say. Survivors worry it's wrong to show sadness in front of the dying person, so they chat about superficial topics they think are less distressing.

This only adds to the pain. “The more authentic approach is to say what's on your mind—and to say that it's important to you,” says Dr. Carpenter. “You might not get another chance if you wait.” But it's important to always be compassionate, he says.

There are six types of discussions that people have when they are dying, says Maureen P. Keeley, professor of interpersonal communication at Texas State University, in San Marcos, Texas, who is the co-author of “Final Conversations: Helping the Living and the Dying Talk with Each Other.” She defines final conversations as those that take place between the terminal diagnosis and death and says they can be both verbal and nonverbal. “Everything you do can have meaning,” she says.



The six categories are:

1. Conversations about love. People tell each other, sometimes for the first time, how much they mattered to them.
2. “Identity messages.” For the survivors, these are conversations that frame who you are. A dying loved one knows you well and may want to give you a push in the right direction—and you will likely listen. (Years ago as he was dying and I was graduating college and terrified about what to do next, my grandfather told me I should always be a writer and not let anyone discourage me.)
3. Religious or spiritual talks. Family members may read the Bible, recite prayers together, or discuss their belief about an afterlife.
4. Everyday talk. The beauty of these types of conversations is that they are just about spending time with each other, Dr. Keeley says. People may watch TV, take walks, listen to music together. “What you are doing is saying: ‘I am living with you up until the moment you die,’” she says.
5. Difficult relationship talk. These conversations attempt to repair a hurt of some kind, say with a parent who was controlling or neglectful. But if that hurt is too great and you don’t want to talk about it, you shouldn’t feel guilty, Dr. Keeley says.

6. “Instrumental death talk.” These are logistical conversations about wishes for end-of-life care, funeral and burial plans. Dr. Keeley says that discussing these issues helps people stop denying the reality of the situation.

Ms. Wilcox says she would have been happy to “swim deeper into the warm water of that river of denial,” when, Mr. Landers, her partner of 10 years, was sick. Yet he made a point of talking about death with her. Soon after his diagnosis, in 2015, he asked her to help plan his memorial service and cremation. Online, the couple chose an urn—a motorcycle on a wooden base, with the saying “Forever blowin’ in the wind” engraved on it. “It was like planning a celebration-of-life party,” says Ms. Wilcox, who is 61 and lives in the mountains outside Phoenix.

Mr. Landers also declared 8 p.m. to be the couple’s “talk time,” Ms. Wilcox says. With the TV off, the couple would snuggle with their two Yorkies, and talk about trips they’d taken or funny moments. “We laughed a lot and just quietly stayed in each other’s space,” Ms. Wilcox says.

They also talked about darker topics. Sometimes, Ms. Wilcox asked Mr. Landers if he was in pain, and he’d admit he didn’t know how much longer he could endure it, she says. They also discussed past arguments and came to terms with how they’d each contributed to them. (Once, they’d bickered for hours about a sponge in the sink.) “It’s incredibly helpful to me to know that he did take part responsibility for our down times, and he heard me loud and clear for the parts I was responsible for,” Ms. Wilcox says.

On Sunday January 28, Ms. Wilcox sensed that it was going to be Mr. Landers’ last night. She lighted candles and sage in the bedroom and said prayers, as he lay breathing heavily in their bed. She asked Alexa to play “Bad to the Bone”—his favorite riding song—and turned the volume up loud. She followed that with “Build Me Up Buttercup,” which she often sang in his ear when she rode on the back of his bike and thought he was going too fast, and James Blunt’s “Goodbye My Lover.” “I held his hand all night, making sure he got morphine and kept his mouth dry,” says Ms. Wilcox. Mr. Landers died at 3 a.m.