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Clinical and Pastoral Issues and Challenges in Working With the Dying and Their Families

Carole A. Rayburn

How might counseling professionals interact with clients facing their own or a loved one's serious illness or death and help prepare them for this severe stress and loss? Counseling professionals are encouraged to do no harm, be sensitive to beliefs and traditions, use life stories, and help resolve unfinished business.

Counselors and psychotherapists work with individuals at various stages of their lives. When individuals and their families face dying and death, through sudden or chronic illness or trauma, the counseling professionals working with them may feel overwhelmed at the tremendous stress of this experience. Aside from the personal trauma associated with their own or a loved one's illness, counseling professionals experience the greatest stress when confronted by a client's severe ill health, and these professionals need to first deal with their own death anxiety (Kirchberg, Neimeyer, & James, 1998; Neimeyer & Van Brunt, 1995). The aim of this article is to better prepare counselors for interaction with clients facing the ultimate and most severe stress. "It is most desirable to consider all of us terminal, both patients and therapists, and to devote ourselves to transforming disgust and despair into transcendence [*sic*] and ego integrity for everyone" (Richman, 1995, p. 322).

Whether clients choose to deal first with the more practical, earthly matters such as finances, family responsibilities, and loss of the known or first with the more philosophical, theological, religious, or spiritual matters, many people need to confront their problems in both areas—when time and opportunity allow—before they can feel at peace with the end-of-life events happening to them. Their journeys will be far more satisfactory if knowing and sensitive counselors guide them along the scariest, roughest roads they face when winding down their lives. Reduction of fear and anxiety and acceptance of one's inescapable dying and death are essential for a peaceful outcome at the end of life.

As Murillo and Holland (2004) wisely reminded, though pain management might be well used, the dying often face other troubling physical problems such

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as severe depression, anxiety, and delirium. Those working with the terminally ill must be constantly sensitive to terminal illness being not only biological but also psychological and social (Richman, 1995). Counseling's ethical imperative is to comfort the dying and their families in all ways possible, which includes alleviating their psychosocial, spiritual, and existential sufferings. In working with the terminally ill, counselors' goals are enriching the last days of life, increasing family and social cohesion, handling unfinished business, and better preparing clients for a truly good death, that is, helping people to die in a state of psychological well-being (Smith & Maher, 1991).

Counselors need to investigate whether the dying person has a *spiritual identity*, defined as a sense of divine potential and worth and an inner spiritual core identity and consciousness that is eternal and transcends death of the physical body. Terminal individuals from both Western and Eastern religious traditions may benefit from meditation and contemplation (Richards & Bergin, 2005). Counselors approaching terminal individuals benefit them most by being open and nonjudgmental about religious and spiritual matters and honest about the depth of their knowledge of or familiarity with traditions. The role of the counselor needs to be that of a guide, who encourages expression of religious or spiritual concerns and needs when these are a part of the picture, but not that of a guru or teacher. In many instances, the client may need to address the counselor's uncertainties regarding religious or spiritual issues. In this sense, the counselor acts as a conduit for such matters.

S. E. Handwerker (personal communication, September 8, 2006), a minister and psychologist who counsels, researches, and educates through the International Association for the Advancement of Human Welfare, follows the spiritual path of Gnana and Karma Yoga philosophies, proffering that persistent compassion, empathy, reflection, and support are needed in working with the dying and their families. He has experienced energy coming not from but through him when he is working with gravely ill and dying patients and their families; a Divine Presence replaces fear with faith, desperation with love, and anger with quiet resolution in the patients, their families, and the therapist. Richman (1995) reminded those working with the terminally ill that illness and approaching death often bring about intensified family tension and marital distress, with anger and arguments entering in as a smoke screen defending against grief and supporting denial. To truly resolve unfinished business, the continued presence and availability of the family and other loved ones is necessary for achieving a good death for the terminally ill (Montalvo, 1991).

Sulmasy (2006) pointed out that the dying want to know whether their suffering or dying has any meaning; they may even phrase their uncertainties in overtly religious terms. Almost all dying individuals press for answers to these vital concerns. Despair is often viewed as the absence of hope, and hopelessness most often is equated with meaninglessness. Sulmasy wisely and sensitively instructed that the task of counseling professionals is not to give the

dying meaning, value, or even reconciliation but to facilitate the individuals' encounters with the value, meaning, and relationships that already exist in the existential situations of their dying. It is essential for counseling professionals to respond with respectful attention to spiritual needs and ultimate concerns of those who are dying, listening in a way that demonstrates caring and concern for them and what they have to communicate about life and its meaning. In this way, the dying establish more of a positive picture of who they are and what their contributions to life and to others have been. I view this communication as the dying writing their own life stories, getting a chance to "set the record straight," and getting their own spiritual, philosophical, and sociopsychological houses in order.

WORKING THROUGH GUILT AND BLAME: FIRST, DO NO HARM

Several years after earning my doctorate in psychology, I entered a program in ministry. During my seminary field evangelism, I visited a woman of my faith who had not attended church or been involved in religious activities for many years. She was now very ill and dying. Filled with guilt and remorse for having fallen away from her church and for thinking that she was not the Christian person who she was supposed to be, she was quite anxious about the prospect of dying and being judged by her Maker. I made several visits and spoke with her about her fears, anxieties, and forgiveness, from both clinical and pastoral perspectives. Two weeks after the last visit, I received a call from her nephew. He told me that she had died in peace, my visits having relieved her terrible fear of death and dying and of being unforgiven for past sins or errors and her anticipation of corporeal punishment and damnation.

In another situation, a woman called a pastor to request that he visit her dying uncle. Her uncle was shaking and weeping, almost afraid to meet the pastor. The man, a chronic heavy drinker and gambler, deeply feared that he was going straight to hell. The pastor asked him whether he would do anything differently if he had the chance. The man replied that he would certainly lead a more respectful and religious life and spoke with much sorrow about his straying from a more righteous path. The pastor asked whether his answer meant that he was asking to be forgiven by God. The man readily agreed. The pastor relayed the account of the thief being forgiven by Christ when both were hanging from the cross (Luke 23:32–43, New International Version). Then the pastor asked, "What more do you think God would ask of you but to be repentant for your past wrongdoings?" The man seemed to experience forgiveness for the first time in his life. He died an hour later, a serene look still on his face. After his death, his niece was in need of counseling. She quizzically wondered why so many years had gone by without pastoral intervention to bring peace to her uncle. She also experienced anger and expressed astonishment and annoyance that God could forgive her uncle's bad behavior at the 11th hour of his life

when others—such as she—had almost always lived fairly unblemished lives. The pastor used the parable of the lost son (Luke 15:11–32; also known as the parable of the prodigal son) to explain how great is God’s forgiveness of repentant wrongdoers, those who have turned around in their wrongful tracks and found the road back to righteous behavior and thinking, but for the constant journeyer on the right path, the reward would be as great or greater. The pastor then relayed the parable of the workers in the vineyard (Matt. 20:1–16) in which the hired hands who came earliest and worked the greatest number of hours complained that they were paid the same wages as those who were the very last to be hired and worked the least number of hours, to which the employer replied that the degree of his generosity was his concern and not the concern of his employees. The niece seemed to understand and be able to apply the parable to her own situation. She described being more hopeful of her own relationship with God and expressed better understanding of God’s patience and loving kindness.

Repentance and forgiveness, whether Divine or from loved ones, is often quite healing. Counselors would be most effective by helping the dying and their families to work through feelings of guilt, blame, sorrow, anger, and fear and—for the surviving family members—to establish hope and balance in their lives. When visiting the dying, counselors can relieve much stress and anxiety by asking whether they might deliver some message of apology to someone wronged by the dying person. The specifics of the unfinished business need not be divulged, only the name of the wronged person and permission to express the dying person’s apology for past hurtful behavior. Unfortunately, even in nonreligious or nonspiritual individuals, so much of life is often spent in avoidance of blame that the joy of living and the incomparable state of being are hardly experienced. Such individuals may have lived lives barren of the banquet of optimism, hope, love, and acceptance until, at approaching terminal illness and death, they have a bare cupboard of the good things possible in life. Whereas achieving a good death in the absence of a good and well-lived life is possible, it is much more difficult.

Because dying is an experience that nobody has had an opportunity to rehearse, including near-death experiences, most people would understandably fear that they would be unable to deal or inept at dealing with this ultimate peak of all traumas. Some dying people are initially more focused on resolving family concerns and addressing practical matters, that is, putting their houses in order. Such concerns may include financial problems that might arise from their death, emotional traumas of the mourning family, residential and health concerns of the bereaved, adequate care for their animal companions, and final disposal or resting place of their physical body after death.

The method of taking care of the body of the deceased is sometimes problematic. When Allen died after a long illness at age 45, his family chose to cremate him. They wanted to bury him at the cathedral of his childhood faith. During the eulogy, the priest spoke of not being in touch with Allen since he was an

altar boy. He went on to explain that had he been able to communicate more with Allen during his illness, he would have made sure that Allen would not have gone against church teachings about not cremating the body. Much to the extreme discomfort of the family and all of the mourners, the priest preached on the wrongdoing of destroying the body by cremation. Unfortunately, he was unaware that the illness and death of Allen had left a huge hole in the finances of the family—they would need to sell their home and move to much smaller accommodations. Spending thousands of dollars for costly funeral arrangements was simply beyond their means. In any event, the guilt, sadness, anger, embarrassment, and discomfort that the priest's remarks had engendered would never be forgotten by the family or by the people who attended Allen's memorial service.

Counseling professionals, clergy, and all others working with the dying and their families would do well to follow Hippocrates' guidance: First, do no harm. Helping family members to recognize that they made the best decisions possible for both the deceased and the survivors is vital to their well-being and their being able to optimally get on with their lives. Counselors can promote the healing process by using a narrative approach that encourages the creation of stories about the emotional bonds between the deceased and the family and friends. The interdependency of the family and friends provides comfort in such a devastating loss and shortens what at times seems to be an almost overwhelming grief process. Furthermore, knowing about resources and other professionals to whom to refer the dying and their families is highly important.

Kaslow and Aronson (2004) recommended the sensitive and nonjudgmental counseling needed for family interventions after a suicide. The more complicated trauma and bereavement experienced by survivors of individuals who have committed suicide may include shifts in family dynamics and increased levels of guilt, blame, shock, fear, sadness, and anger. Counselors could increase the healing of such survivors by being aware of cultural and religious beliefs about death and suicide and the mode of problem-solving patterns of the survivors. Furthermore, counselors must address their own attitudes about suicide and the special challenges faced when working with survivors and helping them to cope with as little self-blame or blame of others for the death. Additionally, counselors may need to be more open to home visits, phone communications, presence at the viewing or burial, and trips to the graveside (Kaslow & Aronson, 2001). Working with family members to create and participate in death rituals that are in harmony with their beliefs and concerns, counselors could help survivors to write a letter to the deceased or from the deceased to family and friends.

FACING FEAR OF LOSS AND SEPARATION: FOCUS ON INTEGRATION

Certainly one of the primary fears of dying and death is the fear of loss and separation—separation from all that people have ever known, their families,

their animal companions, their life's work, and their being in touch with the world and nature. Yet, many religious and spiritual teachings are about integration—coming together with God, the Higher Power, or nature. Most people believe in some form of life (usually of a spiritual nature) after physical, bodily, or corporeal death. The main difference in their beliefs is *when* such an afterlife takes place: immediately after death, some time after a period of penance has been enacted through certain rituals (often performed by clergy and the deceased person's relatives), or only when the Messiah returns and calls them back to life. Even many atheists may consider themselves as becoming one with nature and the environment, thus being recycled as an important part of life and the living.

Hope exists, then, in the promise of restoration. Such hope is vital in the balance between life and death concerns, death and dying, and being restored to a continuation of life and living. Perceived in a more complete picture as a circle of creation, people can find more comfort and acceptance of the whole of nature, with life and living and death and dying being vital parts of the circle. Creation and not permanent destruction (at least for the repentant) is what Buddhists, Hindus, Orthodox Jews, Christians, and most theists in general believe is the will of a loving Creator. Emphasizing this opportunity for a second life is the viable part of the equation in living and dying that is so needed to work meaningfully—not only pastorally but also professionally—when counseling terminally ill people.

HONORING BELIEFS AND TRADITIONS: KNOW THE BASICS

Concerns of severe illness and dying among clients and their families within various faith traditions present counselors with both limitations and opportunities. Although being familiar with all belief systems would be difficult, those who work with the terminally ill and their families must have a basic knowledge of and be sensitive to these varying traditions. Furthermore, counselors' addressing their personal limitations regarding these belief systems is vital. Knowing some basic areas to approach and appropriate questions to ask can begin the essential dialogue. Psychosocial approaches and exercises that counselors could use with nonjudgmental openness to enable their clients to better explore their religious or spiritual concerns, resources, and conflicts were discussed by Smith (1993) and Holden (1993).

Working With Dying Jewish Clients and Their Families

Alleviating the fear and guilt of dying Jewish clients and their families is essential, as is helping them to cope with the tremendous sadness and imminent loss. For observant Jews who follow Torah teachings, bringing a rabbi into the picture is tremendously important in the treatment of a terminally ill Jewish person. Although both the professional counselor and the rabbi treat

the dying person with the greatest respect and dignity, the rabbi can recite the confession of sins—the Viduy—that Jews say on high holy days and for an impending death and can also recite the declaration of faith—the Shema—that Jews pray in acknowledgement of God’s sovereignty. Special psalms, especially the Twenty-Third Psalm—“The Lord is my shepherd, I shall not be in want” (Ps. 23:1)—may be of great comfort to dying Jews. Such recitations also give solace to Jewish families who thus experience their loved one’s death process as proceeding along compassionate, spiritual paths. The Mishnah in Tractate Semachot 1:1 states, “One who is in a dying condition is regarded as a living person in all respects.” Rashi, the foremost commentator of Judaism, stated that “nothing may be done to hasten death” (Golani, 1998, p. 58). There is utmost respect for life and living in the Jewish context, with deep sensitivity to and respectful awe of both living and dying.

Traditionally, after the death of a Jewish person, the body must be buried within 24 hours or at most within 3 days. At this time, comforting the family and friends is a special focus for Jewish people. The shivah is a Jewish observance in which a communal outpouring of love and comfort for the bereaving individuals occurs, with family and friends gathering usually at the home of a close family member and recalling their relationships with the deceased. Usually at least 3 nights of shivah are observed, with a rabbi often coming in for at least part of one of the evenings and offering prayers for the deceased. Professional counselors can help in this period of mourning and through the candle lighting remembrances and special observances such as the ceremony at the erection and unveiling of the grave stone, assist the family in working through sorrow, loss, and guilt over thoughts of unfinished business or unexpressed feelings and thoughts. The finality brought into the picture of bereavement may lead mourners into better dealing with their loss, greater appreciation of life, and the desire to carry on for themselves, their families, and communities.

Working With Dying Muslim Clients and Their Families

Islam—the Arabic word for “submission” and involving complete submission to God and God’s will and inner peace with oneself, with God, and all of God’s creations—teaches that all people are born without sin and are only responsible for sins they commit intentionally. Earthly life is only a transition that precedes the latter life that is the goal of all Muslims. Death is viewed as only a transition between two different lives: the earthly life and the latter life (“Dying and Death: Islamic View,” 1995; Sarhill, LeGrand, Islambouli, Davis, & Walsh, 2001). Muslims who satisfy God and gain forgiveness are rewarded after dying by going to heaven, and those who displease God are punished by going to hell. Muslims believe that their prophet Muhammad advises them to work for this life as though they are living forever and to work for the latter life as though they are dying tomorrow. Life ends only when Allah (Arabic for God) decides for it to end, so all people are asked only to do their best, within Islamic regulations, in whatever they do. The Five Pillars of Islam are Declaration of

Faith, Prayer (ritual performed daily), Fasting (for the entire month of Ramadan), Charity (based on accumulated wealth), and Pilgrimage to Mecca (Metropolitan Chicago Healthcare Council, 1999).

Muslims do not think of illness as God's punishment. Rather, they consider dying a part of living and an entrance into the next life, a transition from one life to another, a continuation of a journey, and a contract and part of their faith in God to whom they belong and return. Muslims are expected to turn to God for help with patience and prayer, ask for forgiveness, give more to charity, read or listen to more of the Muslim spiritual text or Qur'an, and increase remembrance of God to gain peace. Sanctity of life is an injunction in Islam (Metropolitan Chicago Healthcare Council, 1999).

Those counseling dying Muslims could help them to examine their life and goals. Alleviation of suffering and opportunities to express spiritual concerns is highly important in this process. Professional counselors are cautioned to limit eye contact, to not touch the dying when talking, and to respect in all ways the privacy and modesty of Muslim individuals. Dying Muslims may wish to sit or lie with their face toward Mecca, and a Muslim relative or friend may whisper the call for prayer in the dying Muslim's ear while others recite prayers. An imam (Islamic leader), as part of the treatment team, can read the Qur'an and offer special prayers for dying Muslims and their families (Metropolitan Chicago Healthcare Council, 1999). Muslims believe that the soul remains in the body for a time after death. During this period, the body still feels pain. The utmost respect and gentleness must be shown to the deceased's body, with no direct contact with the body by non-Muslims (Suffolk Inter-Faith Resource, n.d.).

Counseling professionals should note that families have the responsibility to pay the debts of the deceased as soon as possible. These family members are committed to maintaining contacts and courteous relationships with close relatives and friends. Frequently praying and supplicating for the deceased, they are encouraged to visit the grave so that they might remember death and the day of judgment ("Dying and Death: Islamic View," 1995).

Working With Dying Buddhist Clients and Their Families

Multiple incarnations—coming back from one life and taking on the identity of another life—is part of the Buddhist belief. Reincarnation is the discontinuity of what a person is doing. Death and rebirth are possible means of attaining ultimate liberation. Professional counselors working with dying Buddhists must be aware that Buddhists consider the state of mind at the time of death to be the most important influence on the character of rebirth. Dying Buddhists may chant and seek periods of peacefulness and quiet to meditate. Buddhists may refuse to take medications so that they can maintain a clear mind. Herbal remedies may be used to restore balance in the Buddhist's life and lead to a better state of mind for a better rebirth.

Buddhists regard death as inevitable—death is a necessary part of being alive—and not anyone's fault. Those who work with Buddhists need to appreciate this respect of death and the importance of choosing what people do with

the time that they have. Conversely, excessive fear of death leads to distortions and often to bizarre thinking. Considering existence as being impermanent, Buddhists believe that death is something for which people can prepare and so promote regular contemplation of death, with meditation on how to let go of each moment so as to continually move into the next moment. Relaxation brings Buddhists into being awake in the eternal present or *nouness* (an endless knot is the symbol for meditation). The knot of eternity is symbolic of the training in ultimate surrender that humans must experience in letting go of their body when they die. Rather than being a threat, learning to let go into uncertainty—nothing is solid and fixed—allows a truly freeing opportunity to savor life to the fullest (Hyman, 1999). Liberation through listening to someone reading aloud from *The Tibetan Book of the Dead*, sutras (discourses attributed to the Buddha or one of his disciples), and other traditional Buddhist writings strengthens the remembrance of the teachings in the mindset of the dying person. This helps to free the dying individual from unhealthy, spiritually distorting threats of anger and fear that may be connected to dying and death (Bokar Rinpoche, 1993, p. 119).

Karma means actions, cause and effect, and both positive and negative conditions may be created. A positive mind-set is needed for a better rebirth after dying; therefore, good counseling encourages surrounding dying persons and their loved ones with positive karma (Wewerka, 2008, p. 102).

Buddhists do not believe in a sovereign, all-knowing, all-powerful Supreme Being. They believe in the nature of the sacred (the nature of Truth) and in striving toward gaining access to Buddha nature, which is the Absolute (Khenpo Konchog Gyaltsen Rinpoche, 1996, p. 16).

R. Wewerka (personal communication, September 10, 2006), an Austrian American Buddhist psychotherapist, shared her thoughts about working with a dying person. Pondering a society that often does not include concepts of death in daily living, Wewerka posed that professionals would need to clearly and honestly ask themselves about their own thoughts of and attitudes toward death, even their own death. Facing their own fears, discomforts, and possible threats about death and dying, they would be less likely to deny their feelings and to confuse their ideas with those of the client. Referring to the book *Death and the Art of Dying in Tibetan Buddhism* (Bokar Rinpoche, 1993), Wewerka related that the concept of loving kindness concerns the intent to bring happiness and contentment to all sentient beings and has a major role in the approach to the dying individual. In the poem “To Friends of the Dying” from *The Tibetan Book of the Dead for Reading Aloud* (van Itallie, 1998, p. 3), friends are called to respond to the dying individual’s emotional distress: “She is alone and helpless. Embrace her with your love.”

Lessening suffering of those who are dying is highly important. In this regard, expressing sorrow or grief through intense feelings, like sobbing, is not beneficial to the dying because such reactions increase pain and suffering. Nor is indifference helpful to individuals because their needs to feel loved and

cared for are especially strong during illness and impending death. Easing the suffering and worries of these individuals, and not harming them, is of chief importance. Working on an oncology unit of a large urban hospital, Wewerka observed that frequently, dying cancer patients arrived at a point at which they sensed that it was all right for them to die, but they nonetheless hung on to life for the sake of their families (R. Wewerka, personal communication, September 10, 2006). Often these patients were quite worried about the management of their possessions, and the social worker on the staff was of much help in these matters, according to Wewerka. In Tibetan Buddhism, compassion is viewed as the motivation to free others from suffering. With those who are dying, such compassion may be expressed through prayers, reciting mantras, and carrying out practices dedicated to them. The role of the counseling professional is always a supportive and helping one, completely oriented to decreasing any negative thoughts, feelings, and experiences for the dying and their families. In Buddhist teachings, donating body organs as transplants is viewed as beneficial and good karma: Whatever people do or think and how they behave creates how they and the world around them will be. Karma is “the working of cause and effect, whereby positive (virtuous) actions produce happiness and negative (non-virtuous) actions produce suffering” (Farber & Dalai Lama, 2006, p. 126). Because consciousness is reborn in another life, donating organs for transplants helps other people and is an act that helps character growth in the next life.

Working With Dying Hindu Clients and Their Families

Being sensitive to and knowledgeable about what is comforting to Hindus is of utmost importance in working with them when they are gravely ill and dying. Hindus should be treated with much respect and kindness. Professional counselors can facilitate the expression of Hindu clients’ religious or spiritual beliefs and their perspectives on living and dying framed within their philosophical thinking. Dying Hindus may be especially comforted by reading or hearing Hindu scripture, particularly the Bhagavad Gita (in which one of the five truths is that the soul has no birth or death but passes into another body from birth to death). To some Hindus, lying on the floor might be a preference, symbolizing being close to Mother Earth.

Death, the biological event through which the soul separates from the material body in which it has been temporarily trapped, has a quality dependent on the quality of life. A good death is the result of faithfully following the Hindu sacraments, worship, and devotional service to God. Leaving the material, physical body behind with the name of God on the lips (or in the ears from the chanting of relatives if the person is unconscious) and in the mind and heart is essential if the Hindu is to continue in spiritual identity even after physical, corporeal death. This brings much comfort to the dying Hindu individuals and their families (Romer & Heller, 1999).

In Indian philosophy and metaphysics, rather than a feared phenomenon, death is a wonderful, natural event to be experienced in its own natural timing. Serious consequences result from missing the natural timing of death (e.g., prolonging life by keeping people on life support when they are gravely terminal) because the patterns of the karma (causality) for future births would be disturbed by the unnatural timing of death. Hindus believe that the soul is still connected to the body as long as life is in the body and no decay has yet begun. Even in situations in which a person has experienced brain death, Hindus do not believe that death has occurred (Rajan, 1999). Hindus have the right to refuse unnatural timing of their death and are allowed to avoid aggressive treatment that would prolong their lives without satisfactory quality of living. When Hindus are faced with incurable illness and very grave disability and suffering, they are provided a means to end their lives. Prayopavesa, or self-willed death by fasting, is done under strict community guidelines to ascertain that the self-starvation is indeed the will of the person.

Hindus view disease as dysfunction within not only the individual but also the family. Treating Hindus, then, would involve conducting a careful systematic analysis of family dynamics and how the dying regard themselves in connection with their families, God, and other people. Acceptance of disease, suffering, and physical death is deeply related to understanding the laws of karma (action and reaction: You reap what you sow). Repair of a dysfunction eases spiritual pain, but suffering and some degree of pain are unavoidable. Spiritual healing comes through contemplating God at the moment of death and thus making the best transmigration of the soul. The atmosphere in which the individual dies is of utmost importance and must be spiritualized (Romer & Heller, 1999).

Hindu death rituals, set forth in the Vedas, are a family rite. Ideally, a Hindu dies at home, surrounded by family and close friends who attend the person, sing hymns, pray, and read scripture. Hindus are urged to concentrate on God, in preparation for such a deep spiritual experience of life—the soul’s leaving the body. Other rites of transition are followed by the dying person or the family, including chanting mantras in the ear of the unconscious Hindu, burning incense, building a shelter in the home for the family, and providing a fire ritual to bless nine brass water pots and one clay pot, passing an oil lamp over the body and privately bathing the body with water from the nine pots, cremating the body, ritual cleansing of the family and the home, bone-gathering ceremony in preparation of disposition of the body to the Ganges or another revered river or ocean (the body of water must be a flowing one), and conducting memorials at specific times after the death (Rajan, 1999). In many Hindu circles, to cry or display extreme emotion over the dying or death of a Hindu is not considered appropriate because such behavior might be viewed as a lack of deep faith and acceptance of the inevitable cycles of living and dying and rebirth. Professional counselors, then, are of significant help in listening to and reflecting on the emotional expressions and thoughts of the families of dying

Hindus, allowing them the most optimal working through and integration of their psychological, sociological, metaphysical, and spiritual concerns.

LEAVING THEIR MARK: CREATE LIFE STORIES

A meaningful counseling tool in working with the dying is life stories. Extremely important to very ill people is leaving some footprints on the sands of time, telling others who they have been, how they have lived, what they have accomplished while on earth, and what they hoped for beyond this life. Creating a life story lessens the panic of leaving behind all that the individual has known and desired. The story brings closure to life as individuals have known it and opens the door to potential new beginnings in the world beyond—whatever they believe that to be. Letting clients orally express their life stories and helping them to organize their narratives into written products can be very important to the feeling of peacefulness of the dying. Furthermore, such a record of their lives and times can be passed on to close relatives or friends and lessen the finality of physical death. Reflections on where they have been, what they have accomplished, and what they have regarded as most meaningful are vital to establishing a sense of what life has been all about and in what way they have contributed to the flow and essence of life. In this way, individuals can sense a connection with what was, what is, and what will be. The dire, frightening thought of the separation from all that has been known is thus lessened and made more realistically and philosophically a conception of the cycle and circle of existence.

At the end of life, then, individuals fear not only the separation from the known but also the idea that they have not mattered and connected with all else important to life. “What’s it all about?” “Have I mattered?” “Why was I born or created?” It would be obscene for individuals to reach the end of existence and not have some rational answers to these questions. Life stories can put these issues into perspective and create meaning at a time when such definitive narration is invaluable. Thus, the story of a dying person makes sense of the life lived. In the final period of earthly existence, the individual contributes, both to self and to others, the understanding of what life and death are really all about. Those who may be confused, scared, angry, and distraught may be helped by working through the aspects of being, both positive and negative, by writing their life stories. Of no little benefit of creating of their life stories is the total control that they have in crafting the narrative. It is indeed the life story of the individual, formulated and directed by the individual, and not modified or critiqued by anyone else. The very act of such creation is a remedy against what otherwise could be overwhelmingly sad, sullen, and demoralizing.

Creation of life stories helps those who are dying to gain perspective. The knowledge that they are able to communicate after death with their loved ones, through their life stories, can promote peacefulness. Thus, those who are dying can begin to accept the finality of death. A benefit of dying persons’

being better able to come to terms with the reality of their death is lessening their isolation through gaining a greater sense of being a part of the universe and the nature of creation and through cultivating a feeling of coming together spiritually with those they have previously lost. Furthermore, their acceptance of death can diminish their fear of illness, thereby lessening their isolation. Sometimes relatives and friends may react to the dying as though the state of dying might be a contagious disease that will be passed to any who come into contact with the terminally ill. This response, of course, is guaranteed to further isolate those who are ill and make separation seem even more tragic for them. Ironically, with the dying person perceiving hope and even restoration—with a loving God or Creator or with nature itself—in the process of dying and death, those left behind might well be inspired and uplifted by the dying person and the process itself. In return, the positive outlook of families and friends can help turn what otherwise could be morose and frightening circumstances into win-win situations. They may bolster themselves to be with the dying person and to be supportive and hopeful about not only the impending death but also their own death in the future.

RESOLVING UNFINISHED BUSINESS: PROMOTE ACCEPTANCE

A very real dread of the dying person is that death brings with it the prospect of unfinished business: special projects and deeply desired goals not yet completed, important interpersonal relationships left unresolved, and achievements or accomplishments unmet or unrealized. Those who are dying, whether death is an acute or chronic threatening situation, may well sense an intense unfairness of life: Death snatches away opportunity and time to get done what is considered vital to their life achievements. The thought that they have not been able to do enough or leave behind a sufficiently distinguished, memorable record of their time on earth may plague the dying and threaten any possibility of reconciliation and peacefulness at the time of death.

The creation of their life stories can, to a significant extent, remedy this situation for the dying. However, even reviewing their accomplishments and passing on this record to a relative, trusted friend, or professional archives may not be perceived as enough to make up for death's sting. In addition to encouraging individuals to finish business and improve interpersonal relationships, helping them to ponder what they consider important, unfinished matters and what might be done to resolve these is highly vital. Once such rapprochement is completed, individuals are freer to allow more self-acceptance and calmness to come into the situation and to go less guilt laden into a peaceful death.

For those who believe in a Higher Power or loving and salvific God, the thought—quite realistic to them—of being received in the loving arms of the Lord is essential to the ending of their mortal life and the beginning of their immortality. The concept of no pain, no suffering, and no death beyond this

earthly death is the most comforting promise that could sustain them at the time of their demise. For those who do not have a theological belief, considering themselves a part of nature that will continue in some vital form can sustain them at the end of their life on earth and their entrance into after-death existence, that is, being at one with nature. Having a love and respect for the earth and the cosmos is most important for viewing themselves as vital in the schema of all being. In this way, a spiritual person can proclaim to be “a child of the universe no less than the trees and the stars” (Ehrmann, 1995, p. 11). Such a realization gives credence to a person’s rightful place of importance not only in the world of being but also in the continuity of all life.

Byock (2004) relayed stories of people using four expressions—the Four Things: “Please forgive me,” “I forgive you,” “Thank you,” and “I love you”—to heal, take care of, and encourage growth in relationships. Particularly the dying, threatened with the loss of their loved ones and all that they have come to know and love, may learn to rely on these expressions of comfort, closeness, and love between them and their families and friends. Such expressions can create a comfort zone in which individuals can begin to come to terms with separation and loss and potential uncomfortable silences that distance people from their loved ones. “Comprising just eleven words, these four short sentences carry the core wisdom of what people who are dying have taught me about what matters most in life” (Byock, 2004, p. 3).

At this point, individuals may well have the sense of having done all that can be done to take care of themselves, others, and the world at large. So, as did Saint Paul the Apostle at the end of his life, the dying can meaningfully say: “I have fought the good fight, I have finished the race, I have kept the faith” (2 Tim. 4:7). What more could be asked of anyone, and what more could anyone realistically demand of oneself? If belief in an afterlife—at whatever time this is perceived to occur after death—exists, such an honest fulfillment of life’s course may even be regarded as the promise of the reward of life eternal and immortal. In either way, peace at the time of death will be almost certainly assured with the thought of a course well run, a life well lived. Counseling professionals can be comforted in sensing that they have been helpful in serving as wise, sensitive guides and counselors to the dying and their families at such a time of tremendous need.

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