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The Spiritual Needs of the Dying: Best Practices for Professional Counselors

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Best Practices for Professional Counselors

Interest in spiritual aspects of counseling has grown significantly, as evidenced by an increase in relevant articles since September 2001. An EBSCO Host database search indicated that 108 articles on “spirituality and counseling” were published each year from September 2000 to August 2002. From September 2004 to August 2005, 254 articles
were published; a 100% increase from the same time periods in 2000-2002. Even so, less than 25% of these articles specifically address spiritual needs during dying or death. The experience of death is the epicenter of spirituality and has been cited as one reason for the existence of religion and spiritual beliefs (Axelrod, 1986, as cited in Smith, 1993).

As interest in spirituality has increased in the professional literature, demographic trends in the United States similarly indicate a growing need for information and understanding about death and the dying process. As a demographic force, members of the Baby Boom generation--those born between 1946 and 1964 (Gillon, 2004)--have changed each life stage they have entered. While Boomers, as a whole, are not currently considering their own deaths, many are now facing the decline and deaths of their parents. “When 75 million people confront an issue, it becomes culturally significant” (Rybarski, 2004). It is prudent for the counseling profession to be prepared to provide competent guidance as an increasing number of people encounter the issue of dying, first for their parents and then for themselves (Daneker, 2003).

The spiritual needs of the dying concerns professional counselors for two reasons. First, both long-term care of the dying and bereavement represent stressful and spiritually provocative situations for both the dying and their caregivers. Second, because the rate of death is expected to accelerate in the United States over the next 50 years, increasing numbers of people will experience these spiritually challenging and emotionally difficult situations (Smith, 2003). This demographic, combined with an increasing interest in spirituality in the counseling literature, indicates that competence in understanding the
spiritual needs of the dying will be helpful in providing competent counseling to an enlarging clientele.

**Spirituality and Dying**

Existential theorists consider death as one of four ultimate concerns of life, along with personal isolation, meaning-making, and freedom (Yalom, 1980). The process of facing death inextricably involves the other three concerns, most particularly the process of meaning-making (Corr, Doka, & Kastenbaum, 1999; Frankl, 1992; Kinnier, Tribbensee, Rose & Vaughan, 2001; Kübler-Ross, 1975; Weisman, 1993; Yalom, 1980). According to existential theorists, life and death are continuously co-existent, intertwined with one another (Frankl, 1992; Heidegger, 1962; Kübler-Ross, 1975, Weisman, 1993; Yalom 1980). Yalom (1980) wrote, “A confrontation with one’s personal death (‘my death’) is the nonpareil boundary situation and has the power to provide a massive shift in the way one lives in the world’ (p. 159). Experiencing the death of a loved one is frequently the first experiential encounter with the idea of “my death,” with a similar existential impact. “Recognition of death contributes a sense of poignancy to life, provides a radical shift of life perspective, and can transport one from a mode of living characterized by diversions, tranquilization, and petty anxieties to a more authentic mode” (Yalom, p. 40).

**Goals of Addressing Spiritual Needs of the Dying**

The primary goal of addressing the spiritual needs of the dying is to provide appropriately comprehensive care for the whole person. To address physical and emotional needs alone, but neglect the existential, meaningful components of the dying process, is to
provide incomplete and dissatisfying care to an individual who is confronted with the ultimate questions of life (Smith, 2003). As physical symptoms, such as pain management, come under control, other dimensions of life become increasingly important (Byock & Merriman, 1998). The provision of comprehensive spiritual care for dying individuals includes seven goals:

1. Provide culturally sensitive care
2. Increase quality of life
3. Alleviate anxiety
4. Provide comfort and personal contact
5. Promote meaning, significance and hope
6. Promote informed decisions congruent with spiritual values
7. Increase caregiver confidence

**Providing culturally sensitive care**

Providing culturally sensitive care involves a respectful inquiry about the dying client’s belief system, past spiritual experiences, and current spiritual needs. “To use these [spiritual] conceptualizations with clients will require a comfort with the idea that there are diverse ways of expressing spirituality by the many diverse peoples in the world” (Pate, 1992, as cited in Ingersoll, 1994). Culturally sensitive approaches to providing spiritual care by counselors includes thoughtful investigation of the client’s religious traditions, personal spiritual development, and spiritual memories, such as memories of conversion experiences, of disillusionment experiences, and of values inherited from ancestors and cultural history. Consideration of how the client’s personal spirituality may differ from his or her cultural history or traditional religious expectations may help the client achieve reconciliation and a sense of peace with his or her upbringing.
Quality of life

Increasing quality of life through spiritual care of the dying includes providing the opportunity to discuss what one does and does not want to happen in the way care is provided. By giving clients the opportunity to talk about life in spiritual terms, the counselor adds to the client’s understanding of what is happening currently, and what he or she would like to happen in the future. The concept of a psychologically “healthy” death (Smith, 1993) requires the active participation of clients to communicate their needs. For example, if a client becomes aware of a need for confession or forgiveness when giving spiritual consideration of his or her current life, a counselor can arrange for a consultation with the client’s spiritual leader (pastor, priest, shaman, rabbi, imam) to provide a culturally appropriate ritual within the client’s religious tradition. Likewise, whether the counselor promotes the calmness and quiet of a Buddhist death, or provides for an opportunity to extend or receive forgiveness in a Christian death, each fulfills an important aspect of “seeking closure” in one’s dying process (Byock, 1997).

Alleviating anxiety

Counselors can help dying clients reduce anxiety by helping them name their spiritual fears and concerns, by providing an opportunity to speak about them openly, and by extending validation and support. Counselors’ work with dying clients can provide a way of coming to terms with spiritual concerns through experiential methods such as guided imagery, artwork, poetry, religious ritual, breathing exercises, and progressive desensitization. This experiential process is limited only by imagination and physical
abilities. Anything which the client finds effective in alleviating anxiety can be considered in the clinical encounter.

**Provide comfort and personal contact**

By providing comfort and personal contact, the counselor provides the dying client a safe environment in which to consider spiritual aspects of the dying process. The counselor, by spending time in conversation with a dying client provides an important function for that client, in that the counselor *bears witness* to the client’s story, spirituality, meanings, memories, and values. The accepting, validating, personal contact provided by a counselor may be unique among the client’s circle of caregivers. While other caregivers may be pressed by their own anxieties or demanding schedules, the attentive presence of a counselor allows the client to feel accepted, to be comforted, and to process spiritual needs without undue concern for the counselor’s welfare. Bearing witness to the client’s situation has profound spiritual implications because the client becomes aware that the counselor acts as a “container” for the client’s experience, and that the counselor may carry those experiences into a future which does not include the client. The opportunity to have one’s experiences and spiritual values be remembered and validated can be a significant source of comfort for a dying client.

**Promote meaning, significance and hope**

By allowing the client time and space to process his or her story, the counselor provides an opportunity to discover a new sense of meaning in the client’s experiences. For example a client may report, “I have learned not to take things for granted, and to treasure
even very small acts of kindness.” Processing the meaning of one’s death in a purposefully spiritual way allows the client to gain a sense of personal significance, or an idea of where and how he or she belongs to a larger human story, whether in one’s immediate family, or in the larger community. A sense of hope may be achieved by considering the dying process in terms of one’s ultimate future, one’s legacy, or a sense of significance in the meaning of one’s life and one’s relational effect on others (Daneker, 2005). Counselors, through a culturally sensitive process, can give clients the opportunity to discover and articulate a sense of meaning, significance, and hope by giving clients the opportunity to discuss their dying process in spiritually specific terms, such as forgiveness, reconciliation, acceptance, interpersonal relationships, and the client’s relationship with God, or the Infinite.

**Promote informed decisions congruent with spiritual values**

Counseling in a spiritually sensitive way can promote informed decisions which are congruent with clients’ spiritual values. By considering their spiritual values with a counselor, clients may become more aware of what they do and do not want to have happen during their dying process. Through thoughtful consideration of one’s spiritual values, decisions about advanced directives and medical powers of attorney can be clarified. For instance, a client’s spiritual acceptance of the dying process may guide an advanced directive to refuse or accept further life-sustaining treatments, including food, water, and assisted respiration.

**Increase caregiver confidence**
Finally, by providing turnkey care to the client, the client’s family, and other concerned health care personnel, the counselor can increase caregiver confidence that the client’s spiritual needs are being addressed throughout the dying process. By helping the client communicate to others his or her spiritual needs and desires we empower the client to educate others about his or her wishes. When caregivers know that they are attending appropriately to the dying person’s spiritual needs, caregivers are assured that the most existentially important aspects of the person’s care are being satisfied. This reassurance may increase caregiver confidence that “we did everything possible,” and caregivers may be less likely to feel guilt during bereavement that important needs went unattended. Furthermore, attending to the spiritual needs of the dying individual may provide caregivers a profound sense of peace and significance about their caregiving; that they contributed meaningfully to the dying person’s last days.

**Assessment**

The counselor may prepare the client for a question about spiritual needs by distinguishing between religion and spirituality, and asking the client to think of his or her spirituality in terms of personal growth, meaning, values, and desire for whatever the client’s belief system holds after death. A simple opening question might also be, “Do you have any unfinished business, spiritually?” Other important questions to ask clients include “What do you hope for now, as you live with this diagnosis (condition, unwanted news, loss)?”, “What in all of this do you fear the most?”, “What is left undone in your life?”, “How are things going now for you and your family?”, and “What are you
thinking about, in spiritual terms, as you consider your situation?” Questions like these open opportunities for discussions at deeper levels of meaning for the client, and guide further treatment planning. They give the client an opportunity to speak freely about things which may have been withheld for fear of reprisal or abandonment. Finally, Byock (1997) outlines the five “most important” statements that dying people need to address: (a) I forgive you; (b) Please forgive me; (c) Thank you; (d) I love you; and (e) Good bye. Structuring sessions around these themes will help clients reach a sense of “closure” and preparedness for the dying process. As these questions are addressed with honor and compassion, clients may achieve an improved quality of life and inner peace as they consider their ultimate concerns in life and death.

Other methods for assessing spiritual needs of dying clients can be used, including individualized checklists, open-ended conversations, even discussion of clients’ artwork, and personal narratives (Neimeyer, Moser, & Wittkowski, 2003). As ongoing assessment yields new information, therapy and services can be adjusted accordingly, promoting continuity and quality of care on an individualized basis.

**Best Practices**

*Elevate client’s experience over routine.* The notion that individual care of a dying person should be elevated over the demands of day-to-day routine may seem axiomatic. The reality is that the urgent demands of paperwork, scheduling, meetings, competing needs of other clients, and even counselor burn-out may significantly interfere with the quality of client care. The client’s experience should be elevated above routine by
demonstrated commitment to attending to the client’s needs. This commitment is evidenced by providing adequate time for increasingly frail or ill clients to tell their stories, express their feelings, and put words to their fears. The commitment is further evidenced by attention to detail, and personalized actions, such as sharing picture books with artistic clients, playing music to the client’s liking, and asking clients to share thoughts and memories about photograph albums, personal belongings, and other “linking objects” (Andrews & Marotta, 2005). Elevating the client’s experience over routine also entails appropriate attention to multicultural concerns, such as the client’s family traditions, cultural values, important religious rituals such as confession, fasting, creation of memorial altars, and anointing with oil.

*Experiential therapies.* In addition to traditional talk therapy about spiritual issues, counselors may also consider using the senses of touch, hearing, taste, and smell in the co-creating (with the client) of healing experiences or spiritual rituals. For example, a client may find the feel of silk on her skin to be helpful in achieving a meditative state of being. Or soothing instrumental music may help calm a client after receiving distressing medical news. Incense, oils, candles, and perfumes can be used as long as the client finds them helpful, and as long as such things do not interfere with medical treatment, particularly oxygen therapy. Anything which lends meaning and significance to the client’s experience, and anything which provides a sense of comfort and support, should be considered for use in experiential therapies with dying clients.

*Educate client and caregivers.* Both clients and caregivers require ongoing education
about what to expect in the dying process. In addition to questions about physiological changes they can expect, clients and caregivers alike will benefit from preparation about psychological and emotional changes at the end of life, as well. Such educational efforts on the counselor’s part will help clients to know what to expect. For example, clients and their caregivers may benefit from clear answers to specific questions such as, “Will I be abandoned?,” “What will happen next?” “What is the actual dying process like?” and “How can I make the best use of my time now?”

**Conclusion**

Counselors are wise to prepare for an increasing demand for spiritual care as clients age and confront death and dying. As the Baby Boom generation ages, approaches to client care in the dying process will change dramatically. These approaches should include an attention to culturally sensitive interventions, actions to alleviate anxiety if the anxiety is creating difficulty for the client, and on going assessment of the client’s needs. Death and dying are anxiety provoking topics for anyone and counselors working with dying individuals need to remain alert to their own defenses in confronting their own death. Attention to the counselor’s own death anxiety will help elevate the care of the dying individual above the routine as well as promote self care and spiritual growth opportunities for the counselor.

**References**


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