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Article 103

## **Counseling a Terminally Ill Agnostic Seeking to Reclaim Spirituality: A Narrative Approach to Dying Well**

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### **Introduction**

Experts agree that gaining a sense of completion at the end of life is important to believers and unbelievers alike (Byock, 1998; Frantz, Farell, & Trolley, 2002; Neimeyer, 2002). Most individuals' existing life narratives become disrupted and temporarily chaotic when confronted with the proximity of death (Foster, 2007; Frank, 1995; Radley, 2009). While individuals of faith prepare to die well by following the prescribed narrative structures of their spiritual traditions (Byock, 1998; Norris, Strohmaier, Asp, & Byock, 2004), atheists and agnostics who believe that all sentience and consciousness ends at the moment of death (Morton, n.d.; Saeed & Grant, 2004; Silverman, n.d.), may be challenged by the fact that today's global, postmodern, and multicultural society offers many contradictory narrative structures to make sense of one's life and its imminent termination.

In this paper we describe our use of narrative practices in helping David, the composite case of an agnostic, terminally ill client who seeks to die well by reexamining his "unfinished business" and his lost sense of spirituality. To help him find closure at the end of his life, we follow his wish of attempting to build a narrative and conceptual bridge from his current agnostic state, to the faith and spirituality of his youth, all while deliberately using his own language and symbolism in a narrative approach (Payne, 2006; White, 2006; White, 2007), that is also spiritually (Pargament, 2007), existentially (Van

Duerzen, 2006; Yalom, 1980) and constructively informed (Frantz, Farrell & Trolley, 2002; Neimeyer, 2002; Neimeyer & Winter, 2007).

Additionally, in this article we take a narrative approach to report, illustrate, conceptualize, and prescribe a treatment plan for our client. In counseling, the narrative approach is best known through the theories and practices of narrative therapy (Payne, 2006; White, 2006; White, 2007); however, narrative therapy is only one of the strands in a larger scientific discourse that is now known as the “narrative turn” in the social sciences (Angus & McLeod, 2004). The multidisciplinary narrative turn influenced the counseling profession not only through the emergence of the Narrative Therapy orientation in counseling, but also through broader narrative premises that support the fields of narrative inquiry, narrative medicine, and narrative psychology (which should not be conflated with narrative therapy).

Narrative inquiry is a qualitative research method that helps social scientists to investigate not what is, but the meaning people make of circumstances and events. It captures memory, emotion, and imagination, and thus describes people’s inner lives more thoroughly than other research methods. Researching and communicating research by means of narrative has proven to be of value in education (Goodson, Biesta, Tedder, & Adair, 2010), psychology, and counseling (Josselson, 2007; Speedy, 2000). With narrative as a valid and scholarly way to investigate and present the results of research, research counselors can now study more abstract and personal dimensions of human experience.

Narrative medicine (Charon, 2006) is a component of a patient-centered movement that attempts to humanize health practitioners. It posits that medical doctors, who are commonly focused mostly on diseases, should also listen to their patients’ stories as a way to learn to perceive them as whole beings. Narrative medicine urges health practitioners to enter their patient’s inner lives through their stories, a practice that empowers them to relieve their patients’ pain and suffering not just by means of professional medical interventions, but through their more personal and human companionship as well.

Counselors usually listen to their clients’ stories. Seeing medical doctors adopt one of our practices might remind us of its value, and also show us that the symptom-based medical perspective is rarely sufficient to foster optimal mental health in our profession.

Narrative psychology (Crossley, 2000; Sarbin, 1986) states that we understand ourselves and the world around us mostly through stories, and that understanding human beings as entities that construct meaning and act upon the stories they believe in, can lead to more fruitful research and more effective psychotherapeutic practices than seeing research subjects and clients through the lenses of the mechanistic and organic metaphors which shaped most theory and research in the 20th century.

Narrative Therapy (Payne, 2006; White, 2006; White, 2007) is a very practical psychotherapeutic process in which the therapist collaborates with the client in deconstructing cultural and personal narratives that negatively affect the client’s sense of resources, efficacy, and identity. Also client and therapist discover and enrich together positive, empowering, and hopeful storylines originating in the client’s previous experience.

Scholars and practitioners involved in the narrative turn usually write using stylistic approaches that are more ad-hoc to transmit the subtlety and complexity of their topics, as well as more congruent with their epistemological stance (Ellis & Bochner, 1996; Nash, 2004). Thus, in this article we use detailed dialogues between the client and counselor as a narrative technique that communicates more thoroughly the textural aspects specific to our case, including our client's idiosyncrasy. In concordance with the philosophy and main tenets of narrative therapy, set forth by White (2007) and Payne (2006), we refrain from a symptom-oriented case conceptualization, and describe our treatment plan within the narrative flow. We use the first person narrative not only as a literary device, but also to communicate our experience more directly.

### **Initial Consultation With David**

When David, a 68-year-old Caucasian man came to my office, he had recently been diagnosed with an incurable brain tumor. Doctors had told him that he had less than a year to live, and approximately four months left before his disease would begin to impair his lifestyle. David, who was apparently used to giving orders, seemed determined to take charge of our encounter; he came right out and said that he wanted help in re-visiting the lost spirituality of his youth, achieving closure, and preparing to die well.

When asked if he was angry at the challenge he was facing, he said yes, sure he was angry, but he'd already had weeks to deal with it. "I am a practical guy, you see. I've used my anger to get the best doctors and find out everything I could about tumors like mine. But now that I have to come to terms with the fact that there truly is no cure, I'm using my anger to keep myself together and put my financial and legal matters in order. My son Jeff will inherit my business, and my wife Nellie will help with the medical decisions when it is no longer possible for me to... I also have a living will and want to die at home, under Hospice care. All this has been taken care of."

"That was very courageous and responsible of you David."

"Well yes, I need to be prepared."

I asked him what brought him specifically to me. He said he had decided to consult a counselor instead of a clergy member, because he was an atheist, or perhaps agnostic, but definitely not religious. He had seen my name in an Internet directory and liked the fact that I mentioned spirituality, Narrative, and Existential therapies. Although he didn't exactly know what these meant, he felt that he had existential concerns he wanted to discuss, and perhaps even spiritual ones. Despite the fact that he had pushed all spiritual questions and concerns to the back of his mind for decades he felt a strong need to address them now. He said he'd always liked stories, especially memoirs of famous and powerful people. He'd wanted to be a novelist when he was young.

"David, I hear you saying that you like novels and memoirs. How would these relate to your situation right now?" I seized the theme of narratives and stories he offered, a useful metaphor for helping grieving and traumatized clients to reconstruct meaning and make sense of their experiences (Frantz, Farrell & Trolley, 2002; Neimeyer, 2002, Payne, 2006; White 2006; White, 2007).

"I feel that the book of my life is missing important pages or perhaps even entire chapters... Do you know what I mean?"

“I think so. From what you tell me it sounds like you feel that there are certain areas in your life that you feel you need to revisit, work on, and resolve, is that right?”

“Yes, events in my past that need to be understood, completed...or something...to help me...you know...find peace.”

“Yes, I understand. Please go on.” I nodded encouragingly.

David told me that he was the oldest son of an alcoholic father of Irish origin and a devout Catholic mother. He had a younger brother Joe, from whom he had become estranged over the years. His father had worked in a factory in Pennsylvania and his mother had stayed at home, making some extra money through sewing and babysitting. His father abused his mother and both children verbally and physically for years until he died of liver disease when David was 12 and Joe 10. Upon his father’s death, their mother relocated the family to Florida, where they lived with her sister and brother-in-law and finished high school. David had started working for a construction company at 14, moving up in the construction industry until he owned his own company and made millions building planned communities. He met Julie, his first wife, when she hired him to remodel her home. They had two boys, Jared, who would be 37 now, and Jeff, 34. After Jared died in a car accident, David’s marriage had unraveled. Years later, he married Nellie, a real estate agent who worked for his sales center.

“David, what are the chapters that are missing from your life story about?”

“Jared didn’t just die in a car accident. He died because of me. It was my fault.”

David described how he’d always felt more connected to his older son Jared, his pride and joy. Jeff was a good kid, but just average. Jared, however, was something else, tall, intelligent, and charismatic. One of David’s central goals in life had been to build up his business to pass it on to Jared one day; he had wanted to be a father for Jared as he had wanted his own father to have been for him but never was.

Jared, however, had other dreams. He was uninterested in the construction industry, rejected his father’s offer to take over the business, and enrolled in a doctoral program in psychology. At the university, he met Sharonda, a black woman he married right after graduation.

Christmas Eve 6 years ago, the entire family celebrated at David and Julie’s home. Jared brought Sharonda and Tyler, their 2-year-old son. “Tyler was dark, you know. You couldn’t see any resemblance to Jared in the boy, except perhaps...his green eyes. At some point the kid unpacked some toys and there was an African American action figure... I made some racist remarks... We had had some drinks, you know, it got pretty ugly. Jared got very upset, packed up his wife and kid, and drove off in the pouring rain. Some hours later the police called. Their car had skidded into the bay. When the rescue team arrived it was already too late; all three had drowned.” David’s voice trembled and cracked. “So I guess this is the first of my unfinished chapters I need you to help me with.”

“I am so sorry about what happened. It sounds like you blame yourself for the accident.”

“Yes, but this is not the only area of my life story that needs attention. Jeff, you see, naturally fell into the role vacated by Jared, and took over more and more responsibilities while Julie and I were going through our divorce. As I look back now, I can see that the kid, I mean Jeff, has really done an excellent job, but his best was never good enough for me, just average. I’ve often found fault with Jeff, haven’t appreciated

him, or his presence in my life. Now that my life is coming to an end, I am at loss on how to deal with this.” Tears shimmered in David’s eyes as he reached for a tissue.

“You know, I love Jeff too, I always have. He’s just been so darned average. I always ended up comparing him to Jared, wondering how much better things would have been if he had taken an interest in my business, if he had... you know...lived.” David said he had attempted to discuss these difficult issues with Nellie, but felt her resisting. “Nellie is the shopping and dining kind of girl, you know?”

“What do you mean?”

“She doesn’t like problems or deep discussions, and is very upset about my diagnosis. She acts as if it were not real.”

“Maybe she is upset about losing the love of her life so soon and unexpectedly. This is an extremely difficult and sensitive time in your lives.” I said, indirectly giving him permission to feel his own pain and disappointment by underscoring Nellie’s.

“No. She is not sensitive or sad; she is angry and cold, pulling away from me when I need her the most.”

“I am taking note of this as well. We will revisit this issue when we design your treatment plan. Is that OK with you?”

“Yes, but I am not finished yet. The chapter of my life I have the most trouble with at this time in my life is my belief in God. Or rather my neglect of God, or my confusion about God, or my turning my back on God, however you want to call it.” His eyes looked into the distance now, as if reading something that was far away in the recesses of his memory.

“My mother was a devout Catholic, you see. Her religion was the force that sustained her through my father’s abuse. My father, on the contrary, made it very clear he did not believe in God and refused to have anything to do with church or religion. My mother forced my brother and me to go to church with her, but we hated it. The God we heard about in church was a harsh and critical God, and unfair; not too different from my father. As soon as we could have a pretense not to go, we would avoid church.”

“Once my father died, I focused on school. At the construction site I felt that I had finally come home. I loved building things with my hands. I see now how I threw myself into work then, and pushed all notions of God to the side. Then Julie appeared in my life out of nowhere. She was sort of a New Age, a nature activist, member of the Sierra Club, you know. She talked of a Higher Self that was in charge of her life. She often sensed who had good or bad “energy”. She is a spiritual person, that’s what I want to say, and I realize now that I barely listened to her all those years as she talked of her spiritual beliefs. Now I wish I had.”

“Since I have been unable to really connect to my mother’s religion, I’ve pushed God away from my life and told myself I was an atheist. It was just easier that way. But now that I am facing this... terminal illness and all, I have had some time to think about it. I’ve taken some walks on the beach at night, and one particular evening the full moon was there, you know...I felt as if I could see my mother’s face in there, in the face of the moon, smiling, as if my mother were calling down to me, telling me it would all work out. She died of cancer as well...you know?”

“She did? I am sorry to hear that, please go on.”

David focused his eyes on a distant spot behind me, lost in memory. “As I was walking on the beach that night, images of my own childhood flashed through my mind.

Back in Pennsylvania, sometimes I'd go down to the banks of a nearby creek to escape my father and the yelling and beating that was sure to come. There, when I was alone, I sometimes sensed, or imagined, I don't know, a protective spiritual presence near me; I believed then that it was a guardian angel God had sent to watch over me. And, nothing truly catastrophic happened to me then, not really. Yes, my father used to beat us, but at the end I turned out all right, I guess. No permanent damage." He was silent for a while, and then spoke again.

"The bottom line is that I think I may still believe in God, and that perhaps my mother...you know... her soul is still...you know, up there and..."

"You mean that your mother may be waiting for you on the other side, like in heaven or in a place that is peaceful and comforting? That she is there, encouraging you?"

"Yes, that perhaps she is out there somewhere and wants me to be close to God again, like she was. I want you to help me find Him, make my piece with Him."

"Thank you for sharing your life story with me David. I think we have uncovered a number of important issues we can work on together. Tell me if this sounds right to you, but from what I have heard so far, there are four main problems, or incomplete life-chapters if you will, which you feel you need to complete."

"1. You blame yourself for Jared's death, and want to resolve this difficult problem to find closure before you die."

"2. You feel that you have not done right by Jeff and want to make amends before you die."

"3. You feel that Nellie is not responding the way you expected and counted on her to respond. You feel hurt by her seemingly selfish and cold behavior, and would like to resolve this so that the two of you may still enjoy a few good months together."

"4. The existential crisis engendered by your diagnosis has spurred you to deep self-reflection. You have uncovered a long buried belief in God and a possible afterlife or heaven in which your mother may still exist as a helpful soul or spirit so to speak. You are now willing to explore this theme further and possibly recover the spirituality you have lost since childhood."

"Is there anything else you want to or need to tell me before we make plans on how to best address these issues? Is there anyone else whom you would wish to include in our work, or find closure with? You have not told me anything about your brother Joe, for example."

"No, I'd rather deal with Joe later, if we have... you know, time left."

"What about Julie, does she know? Would you like her to know your prognosis?"

"Yes, Julie. I would like to see her again. I would like her to talk to me about spirituality, the way she tried back then when I was not able to listen much. We still keep in touch. She is very involved in Jeff's life."

"Good, I sense that Julie may be of great help to you in working to resolve these important chapters of your life story."

### **David's Treatment Plan**

At the end of our session, we agreed that David and I would meet twice a week for now and more often if he felt he needed it. David also agreed to take several steps to

improve the quality of his close relationships: To move forward his suspended relationship state with Nellie, he would discuss the research he had conducted on his illness during the last few weeks, and arrange for Nellie and him to meet with his physician(s) in order for her to better understand the severity of his condition. Also, David would invite Nellie to come with him to therapy for several couple's sessions (Neimeyer & Winter, 2007).

Additionally, David would set up a meeting with Jeff and attempt to speak to him from his heart and, if necessary, he would invite Jeff to attend several family therapy sessions with him. Moreover, David would also contact his ex-wife Julie, explain his situation, and ask for her help and support.

To clear his mind about his truncated relationship with his dead son Jared, David would write a letter to him in which he would say everything he would wish for him to know now. If David felt that this narrative practice was beneficial, He would also write letters to his dead grandchild Tyler and his dead daughter-in-law Sharonda (Payne, 2006; Stern, 1986).

To reconnect with his spirituality, David would research spiritual traditions that include benevolent, nurturing and loving concepts and images of God, including those who make salient the feminine aspects of divinity (Hynes & Hynes-Berry, 1986; Joshua & DiMenna, 2000). He would write his experiences and reflections into a journal, or at least speak them into a recorder on a daily basis, making an effort to speak about his explorations and insights with his loved ones as much as possible during these trying times (Pennebaker, 2004, 1997).

It was our hope that David's family members and loved ones would understand his need and respond to his requests, and that we would be able to conduct several productive family sessions in Narrative Therapy fashion with Nellie, Jeff, Julie, and perhaps Jeff's wife as an outside witnesses to David's transformation and renewal. In particular, I hoped they would help David build the necessary scaffolding (Vigotzky, as cited in White, 2007) to string the new insights he would be gaining into a new narrative that would complete the missing chapters of his life story.

Through the sessions, I planned to help David thicken the narrative (White, 2007) of his courage in seeking professional help to deal with the unfinished issues left in his past, and in valiantly wanting to change and renew his spiritual quest this late in life. His loved ones would constitute a reflecting team to help him weave his insights, and his new meaning perspectives. If necessary, I would include one or more counseling colleagues in a second reflecting team to help underscore the changing narrative of David's life and thus tie even more firmly his landscape of action to his landscape of identity (White, 2006; White, 2007).

Experts agree that the process of writing down meaningful or traumatic events has great psychological and health benefits (Thompson, 2004; Pennebaker, 2004, 1997). If David's health lasted long enough, I would encourage him to actually write these new chapters of his life down on paper and then release a copy of them into the sea, the same element his son Jared and his family drowned in, and a universal symbol of spirit and eternity, thus eliciting David's feeling of coming full circle. Benefits similar to those of writing may become available through narrating one's story on video (Rigazio-DiGilio, 2002). Therefore, if David's health did not permit the lengthier process of writing, I would encourage him to record his complete life story on a video.



## **Conclusion**

Through the storying of David's case we have shown the importance and complexity of helping someone to prepare to die well. Although we have only skimmed the surface of the issues involved in helping a person who considers himself an atheist to develop spiritually during the last few months of his life, David's case shows how a narrative strategy can globally benefit a terminally ill client and his family. We described how a co-constructive narrative approach with his family focusing on meaning reconstruction after his traumatic terminal diagnosis, can be not only beneficial for David's revisiting of his childhood spirituality and recovering of his sense of the sacred, but also for the enhancing of his sense of being loved, cared for, understood, and forgiven by his loved ones. This contributed to coming to peace with his life and forgiving himself where needed. In sum, a case conceptualization and treatment plan based on the principles of Narrative Therapy can be an effective option to helping some clients die well.

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