



palliatieve zorg  
noord-west  
vlaanderen

# spiritual care at the end of life

Alexander Verstaen, PhD

Interdisciplinary Programme on Living Aging, 2014

# Introduction

## Palliative care (PC) and its ambitions

pain- and symptomcontrol +

psychological care +/-

social care +/-

existential/spiritual care -

as pain- and symptomcontrol improves, the problem of spiritual care becomes bigger

# Introduction

## Palliative care (PC) and its ambitions (2)

Wasner, M. et al. (Palliative Medicine, 2005):

- patients would like their doctors to meet their spiritual needs
- in terminal patients spiritual suffering increases pain and restlessness in the dying process (holism!)
- not being able to meet the spiritual needs of patients and their family is an important stressor for health care professionals

# Introduction

## Spiritual care: current strategies

- **broad definitions of spirituality/spiritual care:**

“If a doctor has to tell a patient that there is cancer in his body and if he says that it must be difficult to hear this, then there is already some attention for spirituality... with an **empathetic** doctor spirituality is already integrated in care” (van den Bergh, 2001)

- **(ab)use of multidisciplinary: spiritual care is for the chaplain, priest, rabbi, humanistic counsellor...**  
**[who provides spiritual care?]**

# Introduction

## Spiritual care: current strategies (2)

- **(ab)using the principle that you should not impose anything on the patient**

patient:

Is there a God? Is there life after death? Will God forgive my sins?

health care professional:

What do you think?

- **limitation of spiritual care to factors that are acceptable rationally: existential care, meaning providing care...**

# Introduction

## sufficient versus necessary conditions for spiritual care

- Empathy

Authenticity

Unconditional Acceptance

= necessary conditions → everyone can provide spiritual care to a certain extent

≠ sufficient!

what else (knowledge, skills) is needed?

# Transpersonal Theory

**Spiritual dimension of palliative care influenced by pastoral/theology and humanistic counseling – transpersonal theory can add a surplus value**

## Basic principles

- **perennial philosophy**
- **human development does not necessarily stop with the stage of (western) adulthood**
  - = **central message of the worlds spiritual traditions**
- **further development: transcendence of the persona/ego**
  - the ego is necessary**
  - the ego is an illusion**

# Transpersonal Theory

## Basic principles (2)

- **different pathways towards spiritual development:**
  - path of thinking (= intellectual mysticism)**
  - path of acting**
  - path of spiritual praxis**
  - path of suffering (path of the heart)**
- **a multidimensional view: there is more than matter, there are other dimensions that cannot be reduced to matter**
  - dying is not only a physical phenomenon...**

# Transpersonal Theory

## End of life experiences (ELEs)

- **death is an individual experience influenced by someone's history and culture**
- **nevertheless, it is possible to formulate meaningful general statements about death and the dying process**
- **health care professionals often lack knowledge/wisdom concerning the dying process; they are not prepared for some experiences and questions that can arise in the last days or weeks**
- **it is important to learn to recognize language and behavior that is typical for the dying process (additional skills for spiritual care!)**

# Transpersonal Theory

## End of life experiences (ELEs)

- ELEs have been reported for thousands of years across different cultures and religions, they are not uncommon
- there are remarkable differences in the way people react towards some of these phenomena: some take them seriously, others ignore them, ridicule them or explain them in terms of the current scientific paradigm (~ near death experiences)

# Transpersonal Theory

## Ultimate end of life experiences

- deep longing to take on unfinished business in the context of a life review; this can diminish existential suffering and enables the patient to prepare for death
- examples
  - \* a sudden longing to reconcile with family members they haven't seen or heard in years
  - \* confused, semi-conscious or even unconscious patients have an unexpected lucid moment that enables them to say goodbye
  - \* a dying patient waits for the arrival or departure of a person before dying

= EXISTENTIAL LEVEL

# Transpersonal Theory

## Transpersonal end of life experiences

- experiences that seem to come from another world; they make clear that death is near and bring the patient calmness and solace
- these experiences are reported across cultures and are influenced by a particular culture
- include the following:

deathbed visions: visions of dead relatives or religious figures coming over to help the patient through the dying process

# Transpersonal Theory

## Transpersonal end of life experiences

- include the following:

**“coincidences” experienced by someone who’s emotionally close to the patient but physically far away (e.g. farewell visits)**

**other “paranormal” or transpersonal phenomena around or at the time of death: changes in room temperature, clocks that stop ticking, certain shapes around the body...**

# Transpersonal Theory

## Transpersonal ELEs versus hallucinations

- hallucinations induce annoyance or anxiety; they can often be controlled by a change in medication
- ELEs have a positive content: they are strong experiences with a deep personal meaning for the patient and also for family members and health carers; ELEs facilitate the dying process
- health care professionals report that ELEs have another quality of experience than hallucinations

**IMPORTANT:** do not label all phenomena that are “out of the ordinary” as pathological; medication can interrupt a valuable spiritual process

# Transpersonal Theory

## Why are ELEs important?

- ultimate and transpersonal ELEs have a predictive value: they indicate the proximity of death  
= spiritual preparation for death
- important to learn the language and behavior of the dying, so you can react appropriately to the needs of the patient
- when patients experience an openness towards these ELEs, they become more susceptible to the dying process; ELEs facilitate the dying process

# Transpersonal Theory

## Importance of the transpersonal approach for spiritual care

- deals with some of the problems raised earlier:
  - \* makes clear what extra skills are needed on top of the necessary conditions for spiritual care [who provides spiritual care?]
  - \* shows that spiritual care is not only about this world (existential level) but also has to deal with the possibility of another world
- reconnects us with our own spiritual tradition that contains valuable insights into the dying process  
but: it is a scientific approach, not a belief system!

# Transpersonal Theory

## Importance of the transpersonal approach for spiritual care (2)

- creates openness towards some phenomena, which is important: apart from the discussion whether these phenomena are hallucinations or not, the experiences are important and impressive for the patient
- the developmental perspective can help us to understand better what it is like to be severely ill and to approach death: what stages are we going through?
- spiritual care implies that the carer walks his/her own (spiritual) path: loss of illusions, meeting are shadow...  
are we prepared to walk this path?
- knowing and exploring different levels of consciousness avoids over-pathologizing in palliative care and the misuse of medication