

Optimal Living and Spiritual Growth at the End of Life

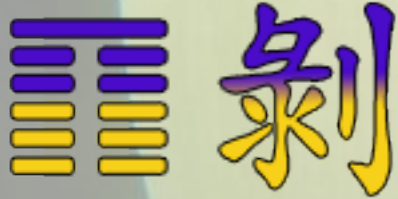
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Qualities of the 'Splitting Apart' Hexagram from the Chinese *Book of Changes* (#23)



(Canadian Rockies)

- Mountain above Earth
- A collapsing structure (like a roof about to fall in)
- Nurturing and supporting (earth)
- Stability, equanimity, elevation of consciousness, openness to Heaven, and generosity to those below (mountain)
- Hexagram image from <http://www.ichingmeditations.com/ching-hexagrams/hexagram-23-splitting-apart/>
- Left photo of Canadian Rocky Mountains

Converging Insights from Research in Many Fields (Ed Canda)

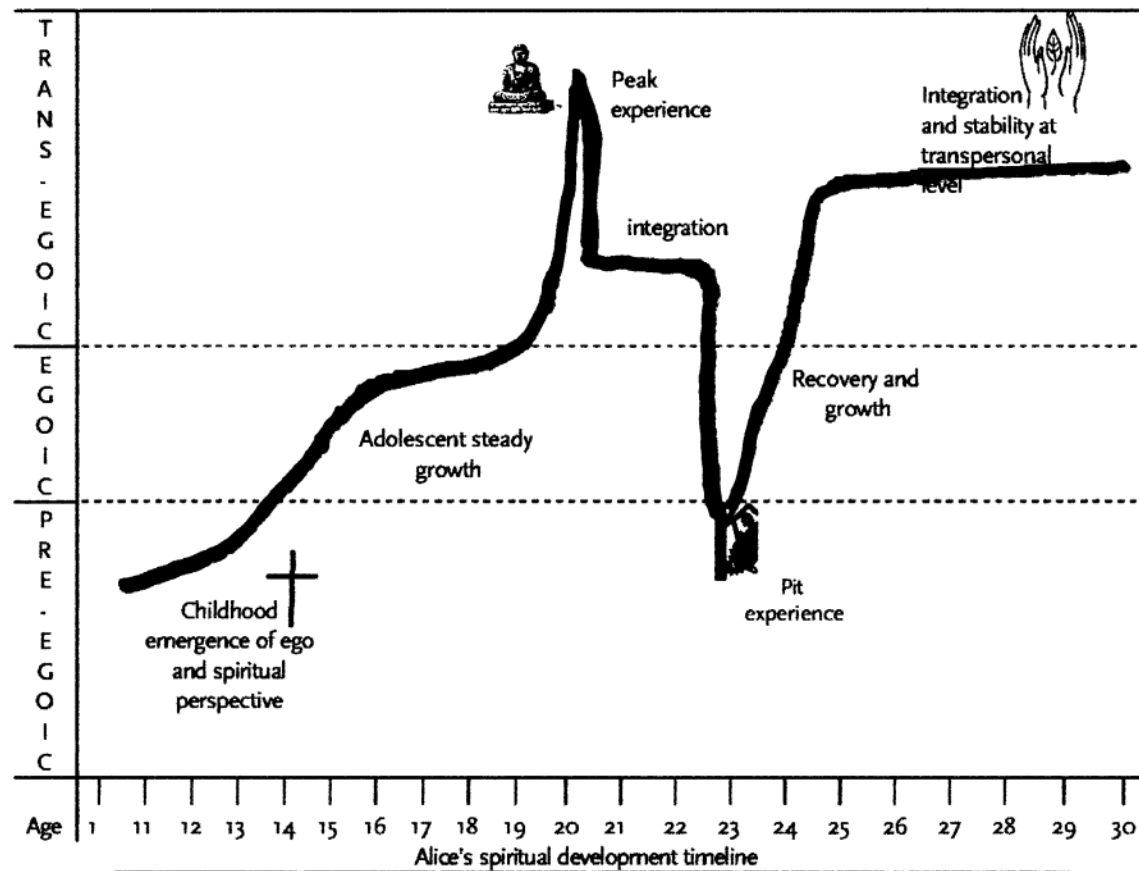
- **Resilience, strengths, positive psychology**
 - Dennis Saleebey and colleagues on the strengths perspective for social work
- **Transpersonal theories of crisis and growth**
 - Abraham Maslow on self-actualization and self-transcendence
 - peaks, pits, and plateaus
 - Near death experiences
- **Positive Aging and Dying**
 - Lars Tornstam on gerotranscendence
 - Holly Nelson-Becker on resilience at end of life
- **Health Resilience via Spirituality/Religion**
 - Harold Koenig and colleagues for systematic reviews of research on spirituality/religion and impacts on health and mental health
 - Edward Canda on chronic illness and transilience

Resilience, strengths, positive psychology

- Guiding Insights
 - **Adversity as opportunity:** perspective
 - Living and dying as a **path of growth:** commitment
- Helpers
 - Identify most important **goals** of the dying person
 - **Nurture the person's** talents, skills, positive qualities, and creative coping
 - E.g. capacities for life review, self-compassion and care for others, meditation, prayer
 - **Maximize environmental** supports and resources
 - E.g. family and friends; religious or spiritual community; natural beauty; palliative care and hospice programs

Transpersonal theories of crisis and growth (e.g. Abraham Maslow, Stanislav Grof, Ken Wilber)

- self-actualization becomes mutual-actualization and self-transcendence (or True **Self Realization**)
- Each crisis is a '**little death and new birth**'
 - What do we learn from each one that can be applied to the actual dying process?
 - Deep insights about meaning or purpose of life and possibilities at death
 - Capacity to go through flow of disruption and growth
- Each disruption is a 'choice point' : destruction or **transformation**



At each developmental phase and transition, identify person's significant:

- personal spiritual practices, such as prayer, meditation, inspirational reading
- experiential qualities of spiritual emergencies, peak and pit experiences
- quantity and quality of participation in spiritual/religious support systems
- spiritual exemplars, mentors, friends, and supporters
- key beliefs, symbols, rituals that support transformation

Explore how all this relates to the person's overall life narrative and guiding story of spiritual transformation.

Figure 8.1. Example and suggestions for constructing a spiritual development timeline.

From Canda
And Furman, 2010

Gerotranscendence among older adults (Lars Tornstam)

Growing beyond common traits of middle aged focus on rationality, egocentrism, and materialism

- Sense of self
 - Balanced **acceptance** of one's own strengths and limitations
 - Care for body without obsession
 - Altruism
 - Wholeness and integrity
- Quality of relationships
 - Disinterest in superficiality
 - Comfort with solitude
 - Unstuck from social conventions
 - Nonjudgmental and **broad mindedness**
- Cosmic perspective
 - **Awareness** of place in the line of generations across time
 - Overcoming fear of death
 - Joy in experience of life and nature

Resilience at the End of Life (Holly Nelson-Becker)

- “Dying well is about living fully and consciously in whatever way one chooses until the moment of death.” (p. 319)
- Physical condition declines and scope of interaction contracts AND
- Capacity for **insight** through integrating one’s life experiences can increase AND
- Commitment to **legacy** or contributions to the world for after one passes away can grow

Chronic illness and **transilience** Edward Canda)

- Challenges to health and comfort are **continuous**
- **No illusion** of invulnerability or immortality
- Diagnosis time and each critical health incident are **Choice Points**
- Medical activities can be burdens and **stressors** AND/OR
- They can be **opportunities** for mindfulness, gratitude, and heightened awareness of the sacredness or significance of life

The situation of cystic fibrosis (a genetically based chronic illness)

- Example of mindful response to pain
- Story of the patient who had a lung transplant

Optimal Living and Positive Dying from Medical Social Work Perspective (Hwi-Ja)

- Role of the Medical Social Worker in Hospice and Palliative Care
 - Assess patient's and family's needs
 - Provide helpful information
 - Facilitate reviewing personal history and wishes
 - Discuss what to expect in dying process
 - Discuss ways of honoring and remembering a person
 - Offer culturally and spiritually sensitive grief and loss counseling
 - Acknowledge death when it occurs

Case Example, Palliative Care:

Ms. J, a Catholic Spiritual Retreat Center Director

- Ms. J was a 63 year old, single female who visited the doctor due to sudden weight loss and shortness of breath. Examination did not reveal anything significant.
- Ms. J visited her doctor again due to shortness of breath within 1 week. She went home with respiratory treatment.
- Ms. J was asked to do a chest x-ray at her convenience, nothing urgent.
- Her chest x-ray showed inoperable tumors pressing her air ways.

Ms. J continued

- Ms. J came to hospital due to chest pain and inability to breathe comfortably
- Ms. J belonged to a Catholic retreat center where she practiced meditation, yoga, reading scripture, prayer and meditation and served as director and spiritual mentor.
- She wanted to be closer to God while in dying process, so she could be embraced by divine light and grace.
- She made plans for how to die in a very supportive and caring setting.

Ms. J continued

- Her close friends created a sacred space in hospital room by bringing in her special objects that were conducive to meditation and prayer.
- Friends and staff cared for her physically, emotionally, and spiritually.
- Many hours were spent in quiet mediation.
- Ms. J died within 3 weeks from her original diagnosis.

Case Example: “Going Home” – Hospice

- An African American woman was admitted to Intensive Care Unit one day after becoming a hospice care patient at daughter’s home in Lawrence.
- She had bi-lateral above knee amputations, diabetes, dialysis dependence, and pneumonia. She was unresponsive but breathing.
- She was visiting a daughter in Lawrence but her home was 1,000 miles away from here.
- She never spent a winter in a cold climate.
- The daughter who lives with patient in another state wanted to take her ‘home.’
- We helped her return to physical/family home and to spiritual home

Case Example, Hospice: “unfinished business”

- This was a divorced homeless man who came to the hospital as he had severely lost weight.
- He was diagnosed with advanced lung cancer with a very short time to live.
- He had no other support and no health insurance.
- He had unfinished business to take care of after he learned about his terminal diagnosis.
 - Family ties
 - Bicycle
 - Safety

Recommended Readings

- E. Canda & L. Furman, *Spiritual Diversity in Social Work Practice*, Oxford, 2010.
- H. Nelson-Becker, *Spirituality, Religion, and Aging*, Sage, 2018.
- D. Saleebey (Ed.), *The Strengths Perspective in Social Work Practice*, Pearson, 2013.
- H. Koenig, D. King, & V. Carson, *Handbook of religion and health*, Oxford, 2012.
- L. Tornstam, *Gerotranscendence: A Developmental Theory of Positive Aging*. Springer, 2005.