

Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying Study Guide

Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying by Maggie Callanan and Patricia Kelley

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Plot Summary

The text considers the phenomenon the authors term Nearing Death Awareness. It is a concept encapsulating a host of psychological, physical, and metaphysical traits, which are exhibited by terminally ill patients in the weeks and days preceding death. The phenomenon is related to, but distinct from, the Near Death Experience. In Nearing Death Awareness, patients approaching death typically display up to four unique behaviors: they prepare to travel to another location; they perceive the presence of non-physical beings; they perceive the existence of a non-physical destination; and they demonstrate prescience about the date, and often time, of their death. These generalized behaviors appear to span multiple religious, racial, social, and cultural groups and are experienced equally by both genders and all age groups.

The authors are hospice healthcare practitioners with decades of combined experience in caring for the terminally ill. Their personal experience is substantively bolstered by accumulated experiences of other healthcare practitioners as well as by the experiences of patients and patients' families. This vast experience is synthesized into a cohesive definition of the dying process. Beyond the simple physical and medical processes involved in dying, the authors argue that death, like birth, is a fundamental aspect of life, which can be approached as a positive and constructive element within its obvious limitations. Nearly all patients approaching death exhibit an identifiable suite of experiences that defy medical consideration and that are distinct from typical everyday experiences. The authors propose the phrase Nearing Death Awareness to describe these experiences. The major theme of the text is the definition of Nearing Death Awareness and a consideration of its implications.

The text is divided into three named sections, each consisting of three to seven named and enumerated chapters. The introductory section defines Nearing Death Awareness and presents background information. It serves as an introduction to the concepts considered in the remainder of the text as well as providing background on hospice care and the social evolution of ideas about death and dying. The second section details four broad experiences that, taken together, comprise Nearing Death Awareness. First, most patients approaching death perceive their condition as being analogous to physical travel; many prepare for death by packing suitcases or locating passports. Second, nearly all dying patients perceive the presence of non-physical, or unseen, beings. Often loved ones, these unseen visitors bring comfort and peace to the dying. Third, dying patients usually perceive a distant location which is non-physical and not part of the natural world. This supernatural location is often described as peaceful, warm, and full of bright white light. Fourth, those near death frequently display a surprising prescience about the date and often the very hour of their impending death. This prescience defies medical examination and, in fact, is often counter to medical predictions though it is usually accurate. The final major section of the text presents six major aspects of life and death, which are often troubling to the dying. These concerns often focus on things left unfinished in life; the dying often need assistance in completing tasks or perceived tasks before they can pass away in peace. The section offers numerous suggestions on how to successfully interact with the dying and how to

alleviate their mental and emotional suffering regarding things that they perceive remain to be accomplished.



Chapter 1 "It's Time to Get in Line"

Chapter 1 "It's Time to Get in Line" Summary and Analysis

The text considers the phenomenon the authors term Nearing Death Awareness. It is a concept encapsulating a host of psychological, physical, and metaphysical traits that are exhibited by terminally ill patients in the weeks and days preceding death. The phenomenon is related to, but distinct from, the Near Death Experience. In Nearing Death Awareness, patients approaching death typically display up to four unique behaviors: they prepare to travel to another location; they perceive the presence of non-physical beings; they perceive the existence of a non-physical destination; and they demonstrate prescience about the date, and often time, of their death. These generalized behaviors appear to span multiple religious, racial, social and cultural groups and are experienced equally by both genders and all age groups.

Chapter 1 stands as an introductory chapter to the text; it is not included in the three main divisions of the text and consists almost entirely of biographical content. The chapter relates the story of Joe and Laura; Laura is dying of colon cancer. Laura and Joe were both previously married but both of their spouses died. They met and married in their late seventies. After about a decade together Laura is diagnosed with terminal colon cancer. Joe enlists the assistance of a hospice worker to help him care for Laura at their home. Joe suffers from forgetfulness and Laura worries about who will care for him in the future. Joe arranges to live with his son after Laura's death, but feeling it improper to discuss such issues, he withholds the information from her. The hospice worker realizes that Laura's principle concern about dying can be resolved by learning that Joe will be cared for. At the hospice worker's suggestion, Joe reveals his future plan to Laura and she is able to comfortably die. The chapter title is derived from Laura's death—she had stated it was time to 'get in line' to die. The chapter concludes by indicating the primary topics that will be considered in the remainder of the text. Like Chapters 5 and 10, Chapter 1 is almost entirely biographical in content.



Chapter 2 "Nearing Death Awareness"

Chapter 2 "Nearing Death Awareness" Summary and Analysis

Chapter 2 begins the first of three major divisions within the text—Part I - Nearing Death Awareness: Introduction and Background—as such it serves as the formal introduction to the text. The three chapters of Part I provide the building blocks to the remainder of the book, and they construct the text's themes. Unlike the previous chapter, Chapter 2 focuses on non-biographical development of the text's primary theme. The term 'Nearing Death Awareness' is coined and defined to mean the special awareness of dying that often accompanies the dying process among people who experience a slow process of dying. Unlike a 'near death experience' which is often vivid and short, Nearing Death Awareness is a gradually developed sense of impending death, often viewed as a form of confusion or hallucination by the living. Nearing Death Awareness is the dominant theme of the text and the concept is developed throughout the remainder of the book.

The authors are hospice workers and have spent many years caring for the terminally ill. They have come to realize that Nearing Death Awareness is not a form of confusion but is a well-defined process, which alters the perceptions and values of dying persons. Instead of writing off the odd statements or vivid dreams of the dying as confusion, the authors argue that those who will remain behind should interact with them and attempt to derive the underlying meaning. In most cases, profound messages and deep meaning accompany the often-confusing communication methods utilized by those near death. The authors do note that in some cases, particularly involving diseases of the brain or nervous system, confusion and hallucination are possibly real—but such is not always typical.



Chapter 3 "Beginnings"

Chapter 3 "Beginnings" Summary and Analysis

Working with dying patients is simultaneously difficult and rewarding. Beyond simply caring for the dying, the role of hospice caregiver allows individuals to gain intimacy with life similar to that gained by those involved with the birth process. As the role of death and dying has changed in society, it has passed through various phases of institutionalization—the current trend is to allow the dying access to their families and their homes. This necessitates assistance, and such assistance is most-usually offered via hospice care. Hospice care is growing in acceptance and practice and has demonstrated worth in caring for the terminally ill. Hospice care attempts to decrease suffering and increase comfort in four realms—physical, emotional, social, and spiritual. Although death is laden with grief and stress, it is also part of life and offers closure and context, particularly for those who remain behind. The hospice care movement has gathered a large amount of data about dying patients, and the authors have synthesized those data into the current text. Chapter 3 briefly discusses the methodology used to gather the data presented in the text and presents some historical background on the hospice care movement. In general, the chapter functions as a defense of the text, explaining how and why it was created as well as establishing why such a book is necessary. Given the painful and potentially controversial nature of the text, the chapter is well positioned, well written, and serves the remainder of the narrative.



Chapter 4 "Reactions to Death"

Chapter 4 "Reactions to Death" Summary and Analysis

Chapter 4 concludes the first of three major divisions within the text—Part I - Nearing Death Awareness: Introduction and Background. Chapter 4 is the longest chapter in the text and is further divided into numerous parts or segments. After presenting a lengthy non-biographical discussion of societal and personal reactions to death and dying, the chapter presents numerous biographical sketches of individual patients dealing with impending death. Death, particularly after a long struggle, elicits strong emotion. The most common include shock, disbelief, fear, anger, and sadness. Frequently, a shifting blend of all these emotions is typical. Because the process of dying has been largely institutionalized in the United States, many individuals are uneasy about how to interact with those who are dying. The hospice movement is gradually reversing this situation.

The chapter presents a short segment summarizing the physical process of dying, with a focus on those physical changes that are typically indicative of the close approach of death. These physical changes include dry or sore mouth, weight loss, fragile skin, and reduced mobility. Inability to swallow and difficulty breathing are often signs of the final stages of life. Other signs are irregular breathing and an increase in body temperature. Usually, these symptoms are not particularly physically unpleasant to the person who is dying though they may be alarming to those offering care. The text, however, is not focused on the physical aspects of dying but about Nearing Death Awareness. Emotionally, the process of dying and the process of caring for someone who is dying are often very similar. Denial is commonly experienced; one or more of those involved simply refuses to admit to the reality of the situation. Denial is usually transient because the reality of the situation is enforced and apparent. Another common emotion is anger. Often the dying person is angry about the loss of ability as well as angry about the impending loss of life and opportunity. Anger often grows out of fear—patients who fear the physical process of dying often become angry over their inability to control the situation.

Another process frequently encountered among dying persons is bargaining. Often, sick individuals bargain with God, offering to perform extended acts of service or self-sacrifice in return for a delay of death. The authors note with surprise that frequently such bargaining appears successful—those anxiously engaged often live far longer than their diagnosis would indicate. Most dying people and most intimate caregivers experience some form of depression. Unless the depression continues for prolonged periods it usually does not require treatment. After passing through these various emotions most individuals arrive at a final phase of acceptance. Although emotions may remain turbulent and confusing, most individuals come to accept death as inevitable.

The authors suggest that responding to the emotions surrounding the dying is often difficult. Instead of insisting that individuals deal with denial, they suggest a simple

acceptance of the other person's emotions; be supportive, not contradictory. All of these emotions, even the unpleasant ones, are a normal part of the grieving process. When visiting with the dying do not artificially limit conversation to inane topics such as the weather—talk about whatever they want to discuss, realizing that it might be uncomfortable but is nevertheless important. Not saying anything gives the appearance of not caring; however, forcing conversation when it is unwanted is also a mistake. Instead of offering help in a general way, offer to perform specific functions or tasks.



Chapter 5 "Where's the Map?"

Chapter 5 "Where's the Map?" Summary and Analysis

Chapter 5 begins the second of three major divisions within the text—Part II - Nearing Death Awareness: What I Am Experiencing. The five chapters of Part II describe the experiences of dying people as they approach death. In general, Nearing Death Awareness involves dying people preparing for travel, perceiving the presence of loved ones who have previously died, perceiving a destination beyond mortal life, and demonstrating prescience about the time of their own impending death. Chapter 5 introduces the concept of Nearing Death Awareness by considering Ellen, a seventeen-year-old student diagnosed with bone cancer. Her disease did not respond to therapy and within several months, she was bedridden. Nevertheless, she completed high school and maintained a positive outlook. Her family and friends rallied around her and supported her through her long illness. Once her care became very difficult, her family secured the assistance of in-home hospice care; even then, however, they were very concerned about Ellen's reaction to dying. Ellen was generally lucid and conversational throughout her illness and found the frank talk, about death and dying, with the hospice care worker refreshing. Toward the end of her life, Ellen became visibly agitated on one occasion and demanded to know where a map was. Thinking she was confused, her father went so far as to purchase her a map of the local community. The hospice worker spoke with Ellen and discovered that seeking the map was a metaphor for finding the way through life to death—Ellen wanted to know 'how' to die. Within a few days Ellen died, comforted by the hospice worker's description of the dying process. Many people with Nearing Death Awareness utilize the metaphor of travel to symbolize their approaching death and the metaphysical voyage they expect to complete. If properly understood, the metaphor allows for powerful and meaningful communication with the dying. The dying often need permission to die. Such permission signals the survivors' acceptance and allows the dying to move on with peace. Like Chapters 1 and 10, Chapter 5 is almost entirely biographical in content.



Chapter 6 "Preparing for Travel or Change"

Chapter 6 "Preparing for Travel or Change" Summary and Analysis

Dying people know they are dying—even if well-meaning doctors or family members deliberately withhold this information from them. They usually attempt to communicate this information to their loved ones by the use of symbolic language or metaphors such as getting ready to travel. Often, they are seeking validation for their feelings. For example, Dick, a fifty-five-year-old retired postman, liked to spend his free time sailing with his wife, Ruth. He was subsequently diagnosed with metastasized pancreatic cancer and within a few months was nearing death. Soon, he was too sick to continue visiting the sailboat at the marina. One evening, he casually inquired about the tides, and within a few days, he died. His inquiry, apparently a random question, signaled his readiness for death.

Often, families are unable to directly face the prospect of the death of a loved one. Instead of communicating with the dying, they exist in a state of acceptance but partial denial. In such cases, it is important for the dying to be able to communicate with someone about their death process; often their confidante is a hospice care worker. For example, George and Jean were both married and both had been previously married. Jean, in fact, had lost two previous husbands to death and when George was diagnosed with cancer, Jean was not able to fully face the process a third time. George spent many evenings toward the very end of his life obsessed with obtaining a passport and getting his traveling papers in order. Jean refused to acknowledge his need but did not interfere when their hospice care worker spoke with George, recognizing his passport and papers discussions were in fact a metaphor for getting ready to die. After talking about the physical process of death, George's need for passports and travel papers diminished and within a few days, he died.

Other families deal directly with the death process and personally assist their loved one to ready themselves to die. For example, Paul, Elise, and their children all took an active role in redefining their family and assuring Paul that, although he would be terribly missed, the family would persist beyond his death. Paul was diagnosed with cancer and his prolonged illness left him unable to rise from bed. An engineer and particularly intelligent man, Paul found his enforced inactivity particularly galling. Near the end of his life, he announced his grand plan to take his family and his home along with him on his trip through death. He explained in detail how the house could be excavated, how the water and gas pipes capped off, and how the house could be moved. Rather than ignoring his talk as confusion, his family realized it was symbolic of his determination to remain connected to his family and his home. They assured him they would do everything in their power to remain close to him; eventually, during his final

conversation, Paul admitted that his plans were neither practical nor possible. Within a few days he died.

All of the biographical vignettes offered in Chapter 6 share a common theme—that of travel and preparation for travel. Dying people know they are dying and know that the experience will be akin to some form of travel. Unable to express themselves in ordinary language, they often refer to their nearing death in metaphorical or symbolic terms.



Chapter 7 "Being in the Presence of Someone Not Alive"

Chapter 7 "Being in the Presence of Someone Not Alive" Summary and Analysis

The most-prevalent theme of Nearing Death Awareness is the perception of the presence of someone who is not alive. The person may be perceived hours, days, or even weeks before death but generally, the perception occurs close to the time of death. Dying people often interact with unseen visitors both physically and verbally and are often confused when informed that others do not share their perceptions. The perceived visitor is most-frequently a loved one—a particular friend or a family member—but is sometimes a stranger. In all cases, the unseen person is perceived as a great comfort and aide. Because this phenomenon is so common, several biographical anecdotes are presented, each one offering a slightly different experience. In one case, the visitor is a little girl, in another the visitor is described as an angel.

Unfortunately, medical professionals and family alike often interpret these reports from the dying as hallucinations brought on by too much medication; this erroneous interpretation can lead to disastrous results if medication regimens are drastically altered. Instead, the authors suggest that straightforward but non-confrontational interaction with the dying is preferable. Family members can state that they do not perceive the individual, but can and should follow-up with questions, which probe for clarification. Often, surprising meaning and emotional comfort can be derived from the responses of the dying. The chapter concludes with several more biographical anecdotes demonstrating the emotional healing that can attend survivors who honestly and supportively interact with dying loved ones who report the presence of unseen visitors. In one remarkable anecdote, the family had withheld the news of an aunt's death to putatively spare their dying mother's feelings. When the dying mother apprehensively reported to the family the unseen presence of the aunt, the family chose to reveal the truth to their mother. Once so informed, the mother's apprehension vanished and she died peacefully.

The chapter concludes with a discussion of appropriate responses to the dying when they speak about an unseen person. Instead of arguing with them or ignoring them, acknowledge their experience. Do not respond in condescending or false ways such as claiming to also see the person—simply state truthful facts. However, do not reject the statements of the dying as addled or hallucination; their experience is real to them and usually provides them with emotional and psychological comfort. Similarly, survivors can accept their experiences as real and comforting.



Chapter 8 "Seeing a Place"

Chapter 8 "Seeing a Place" Summary and Analysis

Many dying people speak of a place, which is not visible to anyone else. They often describe this place as their immediate destination. Usually they describe the place as beautiful or lovely. Often it is a place full of bright, white light. When asked for additional details most dying people will be unable to comply—they might try to describe it further but will usually be unable so to do. For example, one dying person was surrounded by a supportive but agnostic family when he reported seeing a distant but bright and inviting light. Such descriptions seem universally similar and are often interpreted by survivors as conformant with personal religious belief systems. The authors suggest that the dying person's description of such a place beyond death is, ultimately, perceived as their final gift to survivors—in fact, the report informs the title of the text. Several biographical anecdotes are offered which illustrate this principle. In general, those who survive are able to believe that their dead loved one was greeted by other family members and escorted into a beautiful and secure location—a life beyond this life.



Chapter 9 "Knowing When Death Will Occur"

Chapter 9 "Knowing When Death Will Occur" Summary and Analysis

Chapter 9 concludes the second of three major divisions within the text—Part II - Nearing Death Awareness: What I Am Experiencing. The chapter presents the final major aspect of Nearing Death Awareness—often, dying people seem to know when their death will occur. This knowledge frequently is quite specific. For example, one biographical anecdote relates a young man accurately noting the very day and hour of his death. When his death occurred, it was from an undetected complication, and not from his cancer. The chapter also notes that imminent death is frequently perceived also by family members who note some sort of change without being able to accurately describe it—often this information is conveyed as only "Something seems different" (p. 114). Medical practitioners should always take these notifications seriously because they often are a subtle clue that death is imminent.

The chapter presents several biographical anecdotes, which illustrate a prescient knowledge of time of death. For example, one patient in seemingly good health bid one of the authors farewell with the rather blunt statement that when the author returned from her planned vacation, she would be dead. Although apparently in reasonably good health, the patient in fact died within a week. Another patient, a sports enthusiast, diagrammed a football play with himself as a player running out of bounds with the notation he would be out of bounds by noon on Sunday's televised and much-anticipated football game—he died hours before Sunday's game. Yet another patient planned the Christmas holidays months in advance and subsequently died on Christmas. The many stories presented build a convincing case that, in many cases, patients know the time of their impending death. However, the authors point out that patients rarely if ever deliver this news in a straightforward method. For unknown reasons, it is generally delivered as cryptic clues, which must be understood. The benefit of realizing that a message is being delivered is the additional time for reconciliation and bonding which is thus realized. The chapter also notes that depression is a normal reaction to impending death and suggests that depressed and ill patients should be comforted usually without resort to sedatives.



Chapter 10 "We Must Go to the Park"

Chapter 10 "We Must Go to the Park" Summary and Analysis

Chapter 10 begins the third of three major divisions within the text—Part III - Nearing Death Awareness: What I Need for a Peaceful Death. The section considers several common areas of emotional conflict, which confront dying people. If these conflicts are not resolved, a person facing death often struggles against it and ultimately dies without peace. Furthermore, survivors are more likely to suffer undue emotional distress and hardship. It is therefore important for all involved to have an understanding of what a person needs in order to die peacefully. Many of the chapters in Part III suffer somewhat from too much emphasis on the presentation of multiple case studies to the exclusion of well-developed analysis of the topics presented; this is a minor problem but is notable.

Chapter 10 introduces the needs of the dying by considering the biography of Andrea. Andrea and Tom, along with three children under the age of seven, live in a typical suburban home. Andrea has been diagnosed with terminal cancer. She greets the news with clarity and some emotional detachment, and obtains hospice care to assist at home during her dying process. She interviews the hospice care worker upon the initial visit; at some length she queries the practitioner about various aspects of hospice care and then about aspects of dying and death. Throughout her health deterioration, Andrea involves Tom and her children in very intimate ways. She also promises to relate information about her death experiences so that others may benefit. Andrea experiences hemorrhaging on one occasion and is hospitalized, nearly dying. After recovering, she explains that she has had a Near Death Experience, but is unable to relate the details beyond stating that it was an intense and enjoyable experience. Andrea's health declines and she approaches death with trepidation and confusion. Eventually the hospice workers realize that Andrea is estranged from her father-in-law, and finds this situation intolerable. After social workers become involved, Andrea's father-in-law reaches a personal resolution with his grief and helps rehabilitate his relationship with Andrea. Andrea, surrounded by her reconciled family, dies within hours. Her young daughter looks up to the ceiling, waves and calls out goodbye. Like Chapters 1 and 5, Chapter 10 is almost entirely biographical in content.



Chapter 11 "Needing Reconciliation"

Chapter 11 "Needing Reconciliation" Summary and Analysis

Dying people develop an acute awareness that they need to be at peace with themselves and others. This desire for reconciliation is often a component of Nearing Death Awareness. Obvious and coherent requests for assistance in reconciliatory gestures are nearly always complied with. However, the dying rarely simply ask for assistance in straightforward ways. Their agitation and sometimes-strange requests are unfortunately frequently diagnosed as confusion and may be treated with sedatives. This is both unconstructive and harmful. Instead, supportive family members must attempt to understand the special but cryptic communication of the dying to realize what is truly being asked for.

The desire for reconciliation is usually focused on estranged family members. If the dying person was raised in a religious milieu but has since abandoned it as an adult, the desire for reconciliation with the Almighty is also frequently encountered. The six biographical anecdotes presented in the chapter each illustrate a dying person's need for reconciliation. In one case, the estranged person is a distant father. In one memorable case, the estranged person is a daughter who was ostracized by her stepfather. In another two cases, the estranged person was God and reconciliation was effected through the services of a priest. The final two cases described illustrate the often a person must be reconciled with their own past behavior. In one case, an adulterous woman desired to be relocated from her apartment—maintained by her married lover—to the morally neutral nursing home. In another, a woman desired a last-minute wedding.



Chapter 12 "Being Held Back"

Chapter 12 "Being Held Back" Summary and Analysis

Dying patients often face impending death with agitation and emotional pain. They frequently ask for help via the cryptic comment that they are being held back. In general, these brief statements focus on the death process being 'stuck' at some point, thwarting a peaceful death. In essence, the dying person's comments about being held back are a subtle plea for assistance in reviewing, once more, the social situation surrounding their death. The chapter offers six case studies of individuals who felt their death was being held back; in these cases, the patient wanted to die and was physically hovering on death's door but was unable to let go of life. The patients exhibited agitation and emotional pain and their requests for assistance were generally cryptic, subtle, and very brief though in general repeated. In most cases, the supportive family members did not recognize the plea for what it was and the hospice practitioner, familiar with the patterns of Nearing Death Awareness, acted as translator. This chapter, however, suffers from insufficient analytical development of the topic. Instead, the chapter relies too heavily and unsuccessfully on common elements within the case studies presented. The result is an unclear picture of the topic being suggested and in the final analysis, most or all of the case studies presented could fit just as well in other categories presented elsewhere in the text.



Chapter 13 "Nonverbal Communications"

Chapter 13 "Nonverbal Communications" Summary and Analysis

Dying people do not always communicate by words; those near death frequently use non-verbal communication. Often, speaking is painful, exhausting, or impossible, and communication is therefore attempted by subtle non-verbal methodologies. The chapter presents three case studies, which illustrate disparate non-verbal communication techniques. In most instances, such non-verbal communication is very subtle and is often missed by family members. In all of the biographies offered in the text, the dying person's non-verbal communications were misunderstood or ignored by family members and would have passed unnoticed except that a hospice worker understood the message and translated it for the family.

In one case, a young gay man dies of AIDS. His parents are supportive throughout his dying but are unable to emotionally let go of their son. When the medical staff recommends that they withdraw intravenous fluids, the parents object. The doctor explains that the fluids are no longer helpful, are probably uncomfortable, and are artificially prolonging life by a few days. Yet the parents are unable, emotionally, to allow the withdrawal of sustenance from their son. The son, too weak to speak but still capable of hearing and understanding, thereupon begins to repetitively look back and forth between his IV fluid bag and a picture on the wall. The picture illustrates a bridge and a distant bright light. The parents do not notice the gesture even though it is painfully and persistently repeated. The hospice worker involved does notice the gesture and points it out to the parents, noting that their son probably views the painting as symbolic of his impending death—travel to a distant land, toward a distant light. Thus, he is non-verbally indicating his desire to have fluids withdrawn so he may die quickly and peacefully. After consideration the parents agree, fluids are withheld, and the young man dies quickly.

In another memorable case, a family is outraged when they discover that their elderly and terminally ill mother had been found dead on the floor of the healthcare facility, apparently having fallen out of bed. The family consulted with a priest who pointed out that, perhaps after all, their mother had been getting out of bed to travel to the afterlife. Comforted by the vision of a departing mother boldly progressing through death, the family reconsidered her dying situation. Even though this situation had a comforting resolution, it should go without saying that patients falling from beds in a healthcare facility—for whatever reason—is not acceptable.



Chapter 14 "Symbolic Dreams"

Chapter 14 "Symbolic Dreams" Summary and Analysis

The text suggests that people communicate with themselves through dreams—the subconscious mind sends a message to the conscious mind. The dreams of dying people are often vivid and frequently highly symbolic. The chapter presents four case studies concerning the dreams of dying people. These dreams were related to caregivers who were able to assist the dying in understanding the symbolism of their dreams. Unlike most other interpretive acts of involvement, the authors argue that assisting the dying to understand the symbolism of their dreams is in essence simply listening to the dream and then asking for an explanation. They suggest that offering an explanation is incorrect. This aspect of Nearing Death Awareness therefore varies from the typical pattern in that it primarily involves the dying person attempting to understand symbolism of his or her own creation.

For example, one patient often dreamed of a prominent news reporter who had recently died. She related these dreams to her caregivers, noting they were vivid. As she described the dreams, it became evident that she particularly admired the reporter's thoroughness and professionalism. As the patient approached death, her dream changed so that she was interviewing the reporter. However, she noted that after starting the tape recorder, she couldn't think of any questions to ask and thus the time of the interview passed by in silence. The patient related the dream to the hospice worker who listened and then asked what the dream might mean. After some consideration, the patient realized the dream indicated that she worried about what death was like. However, she didn't even know what questions to ask. Her favored news reporter was the natural subject for her interview as he had recently died and was a professional reporter. Having untangled her inner questions, the patient turned to the hospice worker for information about the dying process and was calmed by the information offered.



Chapter 15 "Choosing a Time"

Chapter 15 "Choosing a Time" Summary and Analysis

A major concern of many dying patients is the time and particular circumstances of their death. Most patients are unconcerned that they die at, for example, nighttime. Nevertheless, many are concerned about the circumstances at the time of their death. Since daily circumstances often change in predictable ways that correspond with the time of day, many patients focus their attention on particular portions of the day. The chapter is the second longest chapter in the text and provides an unusually high number of case studies—nine in all—which document patients' apparent ability to select the actual time of their death. The authors suggest that many patients, particularly those who are unusually lucid at the time of death, are apparently in control of their death to the extent that they can choose when to die during the final days of their life.

Dying people have disparate reasons for desiring to die at certain times. Some want to die when certain loved ones are present. Some want to die when certain loved ones are not present—probably to spare them as much as possible the emotional distress of death. Some wait until the entire family is assembled whereas other people wait until they are entirely alone to die. The timing of death with many people is so startlingly placed that to dismiss it, as coincidence is probably erroneous: there is no reason to doubt that terminally ill patients are able somehow to influence the time of their departure.

For example, one man was ready to die but did not—he lingered on day after day. One evening by chance his grown daughter decided to sleep at her parents' house and the man died that night. The daughter and mother believe he waited to die until the mother would not be alone. Several other examples are offered of patients who apparently delayed the time of their departure until certain family members could arrive from distant locations. Even though individuals are the most-often waited for event, other things can influence the timing of death. Some individuals want to wait to die until after a notable date—Christmas or an anniversary—as passed to ensure that the date is not 'ruined' for the survivors by the memory of death. Another circumstance revolves around the dying person wishing to die alone, privately. For example, one patient was receiving around-the-clock bedside attention from family and nurses. The patient lingered on beyond expectations until one day when a nurse stepped outside of the room for just a moment, leaving the patient alone for perhaps five minutes—the patient died during this time. Finally, some dying persons may delay death until they receive explicit 'permission' to die from a significant other or family member. The text offers examples of individuals who lived well beyond medical expectations until receiving some form of emotional permission to die—death subsequently occurred within hours.



Chapter 16 "Nearing Death Awareness"

Chapter 16 "Nearing Death Awareness" Summary and Analysis

Chapter 16 concludes the third of three major divisions within the text—Part III - Nearing Death Awareness: What I Need for a Peaceful Death, as well as closing the text itself. In most respects, the chapter is a recapitulation of the entire preceding text and is presented largely as a bulleted list. The first segment of the brief chapter contains a series of probing questions designed to be utilized as an informal self inventory for those who may be dying or may be caring for someone who is dying. The questions appropriately focus on the topics considered earlier in the text. This segment is followed by a brief recapitulation of Nearing Death Awareness, including a bulleted list 'do' and 'don't' suggestions for those who are interacting with dying persons experiencing Nearing Death Awareness. This list is perhaps best viewed as a sort of checklist. The next brief segment of the chapter offers a few words of advice and then closes the text. A final segment is addressed specifically to medical professionals who may be involved with a patient experiencing Nearing Death Awareness. The topics include suggestions on how to deal with the phenomenon in a nonjudgmental and medically professional manner.



Characters

Maggie Callanan and Patricia Kelley

Joe and Laura

Julia, Dad, Jane, Sally, and John

Ellen and Her Family

Paul, Elise, and their family

Leona, Ray, Chuck, and Jo Beth

Andrea, Tom, Pop, and the Kids

Bill

Brad, Adam, and Brad's Parents

Becky



Objects/Places

Nearing Death Awareness

Nearing Death Awareness is a concept encapsulating a host of psychological, physical, and metaphysical traits, which are exhibited by terminally ill patients in the weeks and days preceding death. The phenomenon is related to, but distinct from, the Near Death Experience. In Nearing Death Awareness, patients approaching death typically display up to four unique behaviors: they prepare to travel to another location; they perceive the presence of non-physical beings; they perceive the existence of a non-physical destination; and they demonstrate prescience about the date, and often time, of their death. These generalized behaviors appear to span multiple religious, racial, social, and cultural groups and are experienced equally by both genders and all age groups. Nearing Death Awareness is the dominant theme of the text.

Near Death Experience

A Near Death Experience shares some commonality with Nearing Death Awareness but is a distinct phenomenon. An individual who is momentarily clinically dead through accident usually experiences a Near Death Experience. Nearing Death Awareness is a prolonged experience found among those who are approaching death through a prolonged illness.

Confusion and Hallucination

Confusion and Hallucination are clinical or medical terms to describe a patient's behavior when it does not appear to be overtly rational. Many aspects of Nearing Death Awareness—physical preparation for travel or speaking with unseen visitors—are traditionally diagnosed as confusion or hallucination. As such, they are at best ignored and often treated with sedatives or reduction in pain medications. The text convincingly argues that such behaviors should instead be interpreted within the milieu of dying because they often offer significant communication.

Hospice Care

Hospice care focuses on delivering healthcare and healthcare-related assistance to patients who remain in their own homes throughout their illness. Championed as early as 1959 by Dr. Elisabeth Kubler-Ross, hospice care today is a commonly practiced and fully accepted alternative to lengthy hospitalization for many terminally ill patients.



Travel and Preparation

One of the four main manifestations of Nearing Death Awareness, preparation for travel is routinely mistaken as resulting from confusion. Dying patients often physically prepare for travel as if they were about to undertake a significant journey. Examples in the text include patients packing suitcases, readying houses for prolonged absences, and searching for passports. This preparation for travel is indicative of an emotional state—the dying person is signaling their anticipation of death by readying for it as if it were an actual physical voyage.

Unseen Visitors

One of the four main manifestations of Nearing Death Awareness and, according to the text the most prevalent, the perception of non-physical visitors is common among the dying. The perception of unseen visitors is routinely mistaken as hallucination; to the dying person, however, such visitors are real, significant, and comforting. The visitors are often loved ones who have previously died. Even when the unseen visitors are strangers, the dying derive great emotional comfort from their presence.

A Destination

The perception of a distant destination is one of the four main manifestations of Nearing Death Awareness. Dying patients often appear to perceive a distant, non-physical place, which is their ultimate destination. The place is often described as comfortable, safe, appealing, and filled with white bright light. Often, dying patients feel as if they are simultaneously in the physical world and partially at their destination, or feel as if they are traveling between the two places.

Prescience

Prescience about the date and time of death is one of the four main manifestations of Nearing Death Awareness. Dying patients often appear to know the date and often the very hour of their impending death. This information generally does not cause them emotional agitation—in fact quite the opposite. Many dying patients use this knowledge to their own advantage, making 'last-minute' contacts with cherished loved ones and concluding their worldly business in a timely manner.

Peaceful Death

Most people who suffer through prolonged terminal illness approach death with emotional peace; they are resigned to dying and often find the cessation of pain, suffering, or inability appealing. The authors argue that helping the dying toward a peaceful death should be one of the major efforts surrounding their care. The text offers

several case studies of individuals who were unable to reach a place of emotional peace. These studies are notably chilling.

Those Left Behind

Every individual who dies leaves loved ones and friends behind. These survivors are often discussed in the text; they are responsible for providing physical care and emotional support for the dying and in return they are the recipients of what the text terms the dying person's 'final gifts'—that is, the insight into living that the death process is able to provide.

Themes

Nearing Death Awareness

The dominant theme of the text is encapsulated in the newly coined phrase Nearing Death Awareness. The text theorizes that individuals who undergo a prolonged dying process are often aware of many metaphysical aspects of their own death. For example, they often know the time and circumstances of their own deaths hours or days before they die. Many dying people have metaphysical experiences that transcend their ability to easily discuss, even with intimate partners. Thus, an entire range of psychological conditions arise through the process of dying. These situations are often complex, always emotional, and ultimately resolve in death. The authors argue, however, that such situations are not only normal, they also offer a remarkable opportunity for the dying to evaluate their life and for those who remain behind to be strengthened by the death of a loved family member. This theme of Nearing Death Awareness runs throughout the text and in many ways informs the structure of the narrative. The theme is fully developed in several chapters and presented as factual events coupled with logical theory explaining the events. Finally, the authors provide de-identified biographical anecdotes, which fully illustrate the theory under consideration. The theme of Nearing Death Awareness is prominently and successfully presented in the text.

Repetitive Themes of Death and Dying

One of the most fascinating themes considered in the text is the repetitive experiences of those who die; that is, most individuals who arrive at death through a prolonged dying process are likely to experience a repetitive suite of events. The text presents several of these processes, which might be termed minor themes of dying. For example, they include the preparation for travel and the arrival of unseen visitors.

One example of a repetitive theme is that of travel. Nearly all individuals who are facing imminent death come to view the event as necessitating some type of preparation that is often very similar to the preparation one would undertake when faced with physical travel. Whereas nearly all individuals attempt to set their worldly affairs in order, some individuals go so far as to pack suitcases, gather together passports and other documentation, and actually prepare for departure. The authors note that this is never associated with an actual confusion about physical travel—rather, the dying are expressing their emotions about death as a need to ready for departure.

Another example of a repetitive theme is that of unseen visitors. Most individuals who are approaching death appear to have some form of contact with individuals who are otherwise unseen. Although medicine often diagnosis this as mental confusion or hallucination, the authors convincingly argue that it is better understood as a metaphysical phenomenon. Nearly all individuals near to death report the periodic



presence of loved ones who have preceded them in death, and they likewise report receiving comfort, assurances, and guidance from these individuals. The authors argue that rather than sedating such patients, they should be engaged in discussion about their experiences and that their experiences—hallucination or otherwise—should be considered as valid.

Changing Views on Death and Dying

Before the intense medicalization of Western culture, most people died at home under the care of their loved ones. Death was often intimate, familiar, and usually involved generations of families. For example, grandparents often would die at the homes of their children; the often-prolonged process would of necessity involve grandchildren and others. Several decades ago, death was gradually moved from the home into the hospital and the role of family as terminal caregivers was replaced by that of nurses and other trained professionals. As this evolution completed, the process of death became mysterious, ominous, and unknown to society. Eventually medical practitioners came to see dying patients as failures of medical science and the specific needs of the dying were viewed, narrowly, as palliative treatment of pain.

This view is changing. Current trends are to de-medicalize death and dying. Today, patients once again often remain at home and die among family members. Healthcare professionals are taking a reduced role in the dying process by returning to their supportive role, offering medical advice and assistance but allowing others to manage the process. Recently, hospice care has increased in popularity as it allows family members to retain responsibility while simultaneously assisting them with the more demanding and specialized tasks often encountered with dying people. This gradual but persistent evolution of societal views of death and dying is a minor but pervasive theme of the text.

Style

Perspective

The authors provide little autobiographical data within the text, but a very concise biographical paragraph is included on the text's cover. Maggie Callanan and Patricia Kelley have both been practicing hospice nurses for more than a decade. Both have provided extensive healthcare to the terminally ill, and both have been involved in caring for patients during the actual dying process. They are also associated with numerous other healthcare professionals engaged in the same or similar pursuits, and they draw upon their associates' experiences during the narrative. Thus, they are well positioned to write authoritatively on the subject considered in the text.

Their stated rationale for offering the text is to educate the public at large about the process of dying. They offer the phrase Nearing Death Awareness to describe a psychological process whereby the dying are often aware of their dying processes on a metaphysical level. Many aspects of Nearing Death Awareness are traditionally medically described as confusion or even dementia, but the authors convincingly argue that such diagnoses are inappropriate, inaccurate, and actually harmful. They instead offer a range of tools that caregivers can utilize to interact with the dying in essentially positive and constructive ways, easing the pain of both the dying and those who remain behind.

Tone

The tone of the text is cool and straightforward. Obviously, the topic is difficult to treat without emotion and some pathos, but the authors do an exceptional job of ensuring that the text does not become maudlin. In general, the tone is maintained on an even keel and is one of caring insight and concern, but one free of political or social agendas. The tone is remarkably refreshing given the topics involved and is absolutely one of the most significant strengths of the text. Topics, which are observable phenomenon, are objectively treated. Thus, in sections dealing with the physical processes of senescence and death the authors utilize objective criteria and descriptions, whereas in sections dealing with the metaphysical aspects of death the authors utilize a more subjective approach but still maintain a level of scientific rigor and candor. This is done without the overt promotion of any religious or social agenda. The effect of this carefully constructed and controlled tone is an accessible text which informs without attacking sensibilities, and which conveys information without forcing opinion. The mood thus obtained is refreshing, enjoyable, and accessible.

Structure

The 239-page text is divided into three enumerated and named sections. Sections are further divided into chapters. The text contains sixteen enumerated and named chapters



with about five chapters allocated to each section. The text is generally organized in a method, which allows easy access to the material as well as providing an intuitive grouping of topics. Perhaps the most remarkable aspect of the structure of the text is the use of biographical data interspersed with theory or the presentation of facts and hypotheses. Thus, nearly every section presents a blend of theory and discussion intermingled with case histories of individuals exhibiting or highlighting the topics presented. The authors note that all such biographical data has been de-identified to protect patient privacy. The many personal, biographical experiences presented provide a fascinating corollary to what could otherwise be viewed as an often-tedious description of fact and theory. The construction of the text is well thought out and aids materially in making the text accessible to the casual reader.



Quotes

"Beyond coming to terms with the loss of someone we care about, we find ourselves with a jumble of conflicting emotions shaken loose by confronting human limitations and mortality: How can this be happening? I feel powerless—what can I do to help? I don't want to face this—what's it like to die? Is there anything after death? Why are the people around me behaving this way? I feel lost and helpless. What do I do? What do I say?"

"Is it possible to find anything positive in this devastating event? Can this remaining time be used to share treasured moments of living, while coping with the many losses death brings? Rather than dying on a continuum, can this person be helped to live until he or she dies? Can this be a time of personal growth for all involved?"

"Yes." ("It's Time to Get In Line", pp 2-3)

"The hospice movement is at once ancient and modern, an old form of comfort for travelers—now adapted as a philosophy of care, to ease the journey from life to death.

"In medieval times, a hospice was a place where voyagers or pilgrims could stop for rest, food, shelter, or help when they were tired, sick, or dying. There were hundreds of hospices throughout Europe and along the routes to the Holy Land. In the early 1800s the Irish Sisters of Charity established several hospices in Ireland and England, and it was at one of them—St. Joseph's, in London—that a British physician, Dame Cicely Saunders, began the work that would lead to her developing the basis of the modern-day hospice movement." (Beginnings, pp. 24-25)

"A year before Max was to retire, he and his wife, Paula, began to plan a cross-country trip. During his last week on the job, Max was diagnosed as having cancer. His retirement began not with a transcontinental journey but with eighteen months of treatments, prescriptions, hospital stays, increasing weakness, and fewer periods of feeling well. Throughout this period, Max raged at life's unfairness, and swore he'd get better.

"'I don't want to be sick. I want to be looking at the Grand Canyon!' he told Paula. 'I don't want to die! I don't want to leave you! I want us to have the fun we'd planned!'"

"But Max never made the trip, and in his last days of life he lay in bed, barely speaking, his communication limited to a loving smile each time Paula rubbed his back or brought his medicine or spooned him a taste of ice cream. He seemed completely comfortable and completely at peace—in contrast to Paula, who was neither.

"'I know I should be glad he's not suffering, that he's not in pain, that he's not fighting anymore,' she said. 'But I'm not glad! I don't want him to be like this—it feels so awful! It makes me feel so selfish to say it, but he seems to be happy that he's leaving me! It's like he's going and he's happy to be going and I can't stand it!'"



"Max was letting go—of the trip they'd planned, of his desire for a cure, even of his regret at leaving his wife. He was able to let go because he'd worked through his grief and was ready to die. To Paula this felt like rejection; Max was pulling away from her, it was painful, and yet she felt embarrassed to be taking it that way.

"This is not an uncommon reaction. Many people think they should be concerned only with the dying patient's needs, with the end of that person's suffering. But we also are concerned with ourselves and our own losses. Paula wanted Max to stop fighting and die in peace, but she didn't want him to leave her, and it hurt. The most important way to help her was to let her cry, to listen to her grief without judging, and to empathize with her pain.

"Most dying people—as well as their families and friends—go back and forth among the stages of dying, shifting from anger to denial to acceptance to bargaining to depression—many times, in no apparent order, and not necessarily in synchronization." (Reactions to Death, pp. 52-53)

"The dying often use the metaphor of travel to alert those around them that it is time for them to die. They also have a deep concern about the welfare of those they love, asking themselves, 'Do they understand? Are they ready? Are they going to be all right?' It seems dying people need permission to die. If given, that permission provides great relief; its absence can make the dying process more difficult and lengthy. The dying intuitively know when—and often why—this permission is being withheld, by the behavior of those around them. This withholding indicates that those they love don't understand their struggle, nor are they prepared emotionally to deal with the finality of their leaving." ("Where's the Map?", p. 71)

"Over the next week, Paul spoke to his family often and in great detail about his plans for taking his family and his house with him when he died—he'd dig up the foundation, seal off the water and gas lines, store food, and build a self-contained heating system.

"Then one day Elise found Paul very quiet, having little to say.

"'What's the matter, Paul?' she asked. 'You're so quiet! Is something wrong?' His eyes filled with tears.

"'It's neither practical nor possible,' he said.

"'I know,' she said, holding him close.

"'But I'll never forget how hard you tried,' she went on tearfully. 'We'll work together to take care of each other and our beautiful house. We love you and we're going to miss you. It'll be hard without you, but we'll be okay.'

"From that conversation on, Paul stopped speaking. His only responses were a nod or shake of his head, but he seemed very peaceful. By the next day, he'd slipped into a coma; a few hours later, with Elise and the girls at his bedside, he died." (Preparing for Travel or Change, p. 81)



"Dying people may not be upset by encountering presences unseen by others, but such visitations can unsettle family members, friends, and some health-care professionals. 'Now, you know Mother's been dead for years,' a son may say to his dying father. 'You can't possibly have seen her!' Or the response may be, 'You must be dreaming; maybe it's your medicines.'

"These comments don't help; on the contrary, they usually discourage the dying from sharing more of their experiences, and may lead to bewilderment.

"A common misinterpretation of dying people's messages about unseen presences is that they must be hallucinating as a result of medicines. This can lead well-meaning onlookers to suggest potentially disastrous changes in a patient's medication regimen." (Being in the Presence of Someone Not Alive, pp. 90-91)

"As I put my arm around his shoulder, his breathing changed, pausing for several seconds, then starting again.

"His breathing is changing,' I said to Bill and Mary. 'I think he's going.'

"Bill called the other family members from elsewhere in the house. They gathered around the bed. Bobby's breathing changed again. Several times, it slowed, stopped for many seconds at a time, and then started again.

"Mary clung tightly to Bobby, pleading with him not to leave her. Bill, stroking his brother's cheek, said, 'You go right home to Jesus, Bobby.' Around the bed, the others were telling Bobby they loved him and would miss him.

"Finally, with one last, long sigh, Bobby died. As we sat—holding him and one another—Bill said that, when I had gone to get the medicine, Bobby had spoken clearly for the first time in more than three days.

"He told us, 'I can see the light down the road and it's beautiful,'" Bill said.

"This glimpse of the other places gives immeasurable comfort to many, and often is perceived as a final gift from the one who died.

"I've never been a religious person, but being there when Bobby died was a real spiritual experience,' his sister said later. 'I'll never be the same again.'

"Bill echoed her sentiments at the funeral. 'Because Bobby's death was so peaceful, I'll never be as scared of death,' he said. 'He gave me a little preview of what lay beyond it for him, and, I hope, for me.'" (Seeing a Place, pp. 101-102)

"Caring for a dying person is hard work, especially at home. There are medications to be given, often around the clock, personal care to be done, meals to prepare, and sometimes dressings or treatments to do. In addition, despite all of this, the tide of usual day-to-day responsibilities continues: bills must be paid, children must be cared for, laundry must be done. Families are frequently tired and it's a massive job merely to



focus on a particular day or a given moment. The future holds grief and loss, so many families and friends avoid looking ahead." (Knowing When Death Will Occur, p. 121)

"We have described reconciliations sought with others. Theresa and Sheila needed healing of relationships with other people. Arthur and Gus needed reconciliation with God. However, there's another kind of reconciliation. People may feel that some aspect of their behavior is ethically or morally inconsistent with their values or standards. This affects their relationship with themselves. If they feel sad, troubled, or guilty about some behavior, incident, or circumstance, they cannot feel at peace." (Needing Reconciliation, p. 153)

"At one of our recent workshops, a middle-aged man told us his mother had died the previous year. A stroke had left her in a coma for several weeks; but moments before she died, she awoke, broke into a beautiful smile, and reached for something unseen. She put her arms together and looked down joyfully, as if cradling a baby. She died in that posture with a look of happiness on her face.

"There's a story behind this touching scene. The man explained that his mother's first baby had died just moments after birth. She went on to have five other children; all survived and grew into adulthood.

"'We all know Mother had lost a baby, but we never talked about it,' he said. 'From the look on her face, I *know* she died holding that baby again!'" (Nonverbal Communications, p. 179)

"Beatrice seemed to have chosen a time to die that spared everyone. Her husband wasn't alone—the neighbor was there—and her sister was safe, receiving good care in the hospital. By dying when she did, her sister was prevented from having to continue caring for her. Coincidence? Perhaps. Or did Beatrice give a final, loving gift of sparing to the people she loved?" (Choosing a Time, p. 212)

"Most people believe that we die when 'our time is up,' or when an illness finally overcomes the body; they see death as passive and the dying person as powerless. In fact, many people are able to exercise some control over their deaths; knowing about that control—of the time, the circumstances, and the people present—makes dying seem less passive and helps show that dying people do have power." (Choosing a Time, p. 222)

"Recall the emotional stages of dealing with death—denial, anger, bargaining, depression, acceptance—and remember that these feelings arise as the dying person and others involved struggle to come to terms with the reality of the diagnosis, adjusting to life with this illness, and preparing for approaching death.

"The earlier you can ask and answer all these questions, the easier it will be to prepare for the changes that occur—no only in the dying person's behavior and outlook, but in your own feelings and interactions with others. Remember that needs change, so try to be flexible." (Nearing Death Awareness: Practical Uses, p. 225)



Topics for Discussion

Have you spent a great deal of time around someone who is dying or who has died? Did they experience any of the components of Nearing Death Awareness as described in the text? Did you perceive their attempts at communication as significant?

Are you afraid of death? If you are, why? Have you had bad experiences with dying people? Have your opinions of death been largely formed by images of death as portrayed in the mass media?

What would you expect to accomplish if you were involved with the dying process of a loved one? Would you act out of a sense of obligation? Would you seek fulfillment in caring for a dying family member?

Have you ever been angry with someone close to you who is dying? What is the source of that anger? What could you do to reconcile your emotional anger with the fact of impending death?

After reading the text, do you feel that Nearing Death Awareness is an actual metaphysical phenomenon? Alternatively, do you prefer the traditional medical view that dying people are often confused and experience hallucinations?

Have you ever been uncomfortable around a dying person? Were you unsure of what to say or how to act? Did reading this book help you consider what appropriate actions or discussions might be?

If a loved one were dying, would you consider seeking help from a support group? From a professional counselor? From a clergy member? Would you be likely to hire a hospice care worker? Why or why not?

Do you believe that the cross-cultural experiences of the dying are proof of a post-life existence? Why or why not?

Dying people often express themselves by using imagery, which is familiar to them because of a hobby or work. For example, a pilot might explain his preparations for impending death by talking about getting ready for takeoff. Although this might seem cryptic or obscure, the subtle communication of the dying is significant. Consider those closest to you—what symbolism might they use to attempt to communicate complex emotions if they were experiencing Nearing Death Awareness?

Many dying people are emotionally distraught at the idea of death overtaking them while they remain angry with other family members. The text offers several examples of individuals who died while still at odds with parents, a spouse, or children. Realizing that such estranged relationships may cause someone to suffer an uncomfortable and tumultuous death, would you now work harder at trying to become reconciled to an estranged loved one?



Of all the biographical vignettes provided in the text, which one was your favorite? Why? Was there one event in particular that reminded you of an experience you have had? Discuss.

Did reading the book increase your belief in any religious system? Why or why not?