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A Basic Structure of Human Existence
and
the Dying Process

by

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Submitted as partial fulfillment
of the requirements for the degree of
Doctor of Philosophy.

Faculty of Graduate Studies
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Ottawa, Ontario

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DEDICATION

This dissertation is dedicated to
Elsie Walford (my Mom)
for her continued love and support
throughout my academic career
despite the long distance that separates us,
and to
the memory of Albert Walford
(my Dad, fishing buddy and friend)
who died July 2, 1983.

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ABSTRACT

This thesis suggests a metatheoretical frame of reference for the dying process, a perspective that differs considerably from the stage theories postulated by other authors. These stage theories and other approaches are highlighted and their shortcomings and limitations reviewed and discussed.

This thesis proposes that the concept of temporality can overcome the identified shortcomings and provide a more comprehensive framework for clinical intervention. Temporality refers to an integration of past, present and future in a person's existence. The dynamic interchange among these modes of time has profound implications in a person's experiencing of life and death.

This thesis takes the traditional notions of denial and acceptance and redefines them using the concept of temporality. Using this basic structure to understand the dying process enables an understanding of how meaning is created.

Implications for the management of the temporal structure of experience are discussed along with clinical examples. Future directions for incorporating this framework are proposed.

c Virginia L. Walford, Ottawa, Canada 1991

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Chapter 1

INTRODUCTION

"Between disorganization and ending, and new form reorganizing, there is a middle ground, a place of transition, a place where there's clearly an ending to what was, and a very ill-defined what-will-be."

(Keleman, 1985, p.131)

Research in the area of death and dying has increased in the last two decades. Specifically, the dying process as experienced by the person who is dying has been examined. This process has been represented through stages (Kübler-Ross, 1969), phases (Pattison, 1977), trajectories (Glaser & Strauss, 1965) and tasks (Poss, 1981). Numerous views on the dying process have provided us with guidelines which have increased our understanding concerning this inevitable event in life by offering descriptions of the reactions of some dying people as well as some implications as to why they experience particular emotions or have particular thoughts.

A major theme in the current theories regarding the dying process is a transitory movement from a state of denial to a state of acceptance. Denial has been portrayed as a seemingly undesirable state with acceptance being the desirable state. From this perspective, dying is considered an event that is on a continuum. This model depicts a transition from denial to acceptance that consequently results in dying a good death, and at first glance it appears

to present a fairly clear picture as to what may be happening for the dying person.

Schulz and Aderman (1974) criticized Kübler-Ross' (1969) stage theory. They suggest that it is ambiguous because the stages cannot be clearly and easily identified. Therefore, they say that this model provides us with little predictive value concerning the process of dying.

Examination of the stage-type model reveals that something vitally important is missing from this framework: there are no clear criteria with which to differentiate the terms denial and acceptance.

It is very common for us to label the reactions of people who are dying (e.g. "He is denying his condition" or "She is accepting her condition"). These labels are often arrived at on the basis of one or two statements made by the dying person and with limited understanding by others of what the terms denial and acceptance mean for the dying person.

What does "denying the condition" mean? How is that reaction described so that I, as a clinician, can identify it clearly? And how do I differentiate acceptance from denial? The current theories do not address these issues; neither do they address an even more important question: how does an individual move from what is called denial to what is called acceptance?

In my work with the dying, I have seen many of the usual responses which have been observed by others. However, I have been unable to consistently fit these responses into any of the stage theories. I have always sensed that something else was going on besides what I saw (or was it that I did not know how to observe this event?) Perhaps I had difficulty identifying denial and acceptance because I was unsure of what to look for. Being unsure of what I was seeing directly affected my interactions with the dying person in that I would reach a point where I did not know what to say to the person. Consequently, my intervention would come to a standstill because I did not know how to interpret the person's experience.

"As the disparity in current findings indicates, very little is really known about the process of dying. All that can be stated at present is that the dying patient's physical and cognitive functions deteriorate and that he is characteristically depressed and perhaps anxious about death. Obviously, much more research will be required to achieve a satisfactory understanding of this last phase of life."

(Schulz & Aderman, 1974, p.143)

It can be argued that the experience of another human being cannot be reflected or mirrored accurately. The best we can do is observe carefully and attempt to provide a description of our observations plus an interpretation of what may be going on. While I may agree with that

argument, it is important that any descriptions and interpretations be based upon clear criteria and a clear articulation of the context within which those criteria can be observed.

What is needed, at this moment, is a description from a different frame of reference which will give us a new way of defining denial and acceptance.

The frame of reference this thesis proposes is built upon the concept of temporality. An exploration of this basic structure of existence will provide the coherence needed to understand our observations of the dying process in a more systematic way.

The terms denial and acceptance will be defined using the language of temporality. How the dying person moves from denial to acceptance will be developed within this framework.

It is obvious that the framework of this thesis is not the usual structure for behavioral research. The common approach is to start with observations and move toward theory. This thesis will embrace a different structure which begins with philosophical principles from which observations will be identified and linked.

My observations within the context of the clinical experience have certainly contributed to my understanding and knowledge of the dying experience. While these observations are not meaningless, they do not

provide a stable foundation that enables me to make a systematic link between my observations and my understanding of the dying process. The best I can do is observe the reactions of dying people and then borrow a model from someone else and determine if it applies in my situation.

The approach I am suggesting is less arbitrary because it has the capacity to predict future events and outcomes, starting from a metatheoretical stance. Predicting is not confirming what is already known, but making clear what could be if certain conditions are met. In other words, predictions confirm metatheories.

This approach is a perspective that differs from the stage theories, not in the theoretical dimension, but in the metatheoretical one. Stage theories are not frames of reference; temporal structures are. Stage theories do not generate theories, or theoretical constructs, while "frames of reference" do. Patients' experiences can be represented by describing their temporal modes of existence. With a stage theory we can only say at which step they have arrived. Consequently, a specific temporality has the same explanatory value for a particular individual as a stage theory has, but without the disturbing generalization.

The fact that I have chosen to start with a metatheory and move toward observations does not mean that I am proposing yet another model limited to the dying process. What I am presenting is a basic structure of

human existence that includes both living and dying (Binswanger, 1944; Heidegger, 1977; Kierkegaard, 1959).

What we need to consider is that there are basic structures of human existence that underlie any life experience, dying included. Feifel (1961) describes dying as a "constitutive part" of life and suggests that our willingness to die is a necessary condition of life.

After more than twenty years of research in death and dying, it is time we understood more about the dying process and the experience of the dying person. In order to do that, we need to look at this process using a different perspective to better master our understanding.

Stephen Levine (1982) talks about our hesitancy to engage in other ways of knowing. He refers specifically to intuition, but his point is well taken. William James (1958) reflects this same idea when he suggests that our inability to acknowledge other ways of knowing keeps us from uncovering hidden realities in the universe.

May (1961) challenges us to open our vision to more of the human experience by developing methods that will do justice to the richness and breadth of human experience. To go beyond what we already have requires that we reach outward in such a manner that allows us to be further surprised by the mysterious.

Chapter 2

LITERATURE REVIEW

For the most part, the conventional theories on the dying process focus on the usual or common responses of dying people. There are several theories and each one offers a different explanation of what may be happening. While these theories have been helpful on the descriptive level, they do not provide us with clear criteria by which to understand the grieving process of the dying person. We are left with a large body of literature which has no consistent message.

This dilemma becomes more evident when one teaches a course in death and dying and presents these theories to individuals who want to understand more about the dying process. After being faced with several approaches which all appear to say the same thing in different ways, we are still left with the question:

"How clear a picture does this give us of the dying process?"

Our confusion at this point is not due to any inaccuracy of what these theories are saying; rather, it is due to their ambiguity in one specific area.

This ambiguity is the result of their failure to deal adequately with the constructs of denial and acceptance even though denial and acceptance are presented as being the cornerstones of the grieving process for the dying person.

In several theories, these two constructs are referred to, implied, or assumed to be instrumental in a dying person's experience. However, because they are not defined clearly, one does not have explicit criteria with which to differentiate them.

Another area of confusion arises because there are several models of grieving. Some of these appear to apply to the dying person, others appear to apply to the survivor, and still others, such as Kübler-Ross' stage theory, have been applied to both populations.

I will now critique four of the more current and popular theories or models that depict the experience of the dying person. I will show how the ambiguity in each of these theories contributes to our confused understanding of the dying process.

I will then discuss briefly a model of grief as postulated by Cochran and Claspell (1987). Their model deals with loss and adjustment and the meaning of grief in a person's life. It does not deal specifically with the experience of the dying person. What it does is make obvious the several parallels between the dying person's grief and the survivor's grief. Consequently, I believe it supports my contention that a model for living can also be a model for dying.

Elizabeth Kübler-Ross' Stage Theory

Elizabeth Kübler-Ross' stage theory has had an enormous influence on how society thinks about and deals with death. In her book, *On Death and Dying* (1969), she presents five stages that she says are representative of the dying process.

1. **DENIAL:** This stage is the initial reaction to the diagnosis of a terminal illness. Denial is seen as the initial defense mechanism used to deal with news of impending death.
2. **ANGER:** This stage involves feelings of anger, rage, envy, and resentment as the dying person attempts to answer the question, "Why me?"
3. **BARGAINING:** This stage involves the attempt to postpone the inevitable by asking that death be delayed in return for such things as "I'll be a better person" or similar promises.
4. **DEPRESSION:** This stage is characterized by two types of depression. The first is "reactive depression", resulting from losses that are experienced as part of the illness; for example, a person may become depressed due to an inability to work. The second type is "preparatory depression", which anticipates impending losses such as separation from the family.
5. **ACCEPTANCE:** This stage is marked by a type of "quiet expectation", not a giving up. The individual experiences a numbness of emotion and no longer actively struggles to survive.

Kübler-Ross suggests that people engage in an anxious denial when they receive a terminal diagnosis. She describes it as a "no, not me, it cannot be true" type of response. She says that "most" people use denial or partial denial at the beginning of their experience as well as throughout the course of their disease. She considers this reaction to be a healthy way of dealing with

an uncomfortable and painful situation in that it functions as a buffer against the unexpected, shocking news.

Kübler-Ross states that if a person has had enough time and has been given some help in working through the previous stages, a final stage is reached wherein there is no feeling of depression or anger. She describes it as a state almost devoid of feelings in which the person has found peace and is ready to die. She also talks about hope and says that this is the one thing that usually persists throughout all the other five stages.

My question is this - am I able to differentiate denial and acceptance on the basis of what she has said? First of all, even though she talks about denial, she does not clearly define this reaction. She refers to denial and partial denial but does not explain the difference between the two. She presents denial as being a temporary and initial reaction as well as being a reaction that occurs throughout the dying process.

· Based on what Kübler-Ross has said, when does denial stop and acceptance begin? She describes her stage of acceptance as one that is "almost void of feelings" and yet she says that hope persists. How is this hope manifested? How do I tell the difference between hope and denial; she does not make this distinction clear.

I have seen people after they have received an initial diagnosis and their reaction is very similar to what Kübler-Ross describes as acceptance.

They are almost devoid of feeling which is understandable considering the shocking news they have just received. In other words, they are in shock, unable to express emotion. How do I differentiate between that response and Kübler-Ross' stage of acceptance?

There is no doubt that Kübler-Ross' contribution to death and dying has been positive. She enabled us to understand the dying process as a multifaceted expression of adjustment attempts which in turn encouraged us to get closer to the dying person. However, due to the ambiguity of her model, especially concerning the terms denial and acceptance, her stage theory has been misused. It is often regarded as a type of recipe that needs to be followed rather than a guideline that gives us more information about a particular situation.

Maloney, Burks & Ringel (1985) suggest that the grief process described by Kübler-Ross can be helpful in working with multiple sclerosis patients. They feel that adjustment to the disease is blocked only when the patient remains in a "stage" too long or with too great an intensity. However, this approach assumes that stages are the way to die and that individuals have to work through these stages in a certain manner.

What are the criteria for whether a stage is too long or too intense? Davidson (1985) suggests that each stage of Kübler-Ross' theory appears to be a developmental threshold for the next. He says that this assumption is implied by both the structure of the stages and the final stage of acceptance.

Davidson states that the choice of the term "stage" is an unfortunate one as it means a "station" or "a period or step in a progression, activity, or development".

Kübler-Ross' book, "On Death and Dying" (1969) reflects this progressivist bias by encouraging onward and upward movement in the dying process. Even though Kübler-Ross cautions us not to expect a dying person to move straight through the stages, we tend to interpret her stages as rigid stepping stones which culminate in final acceptance.

Davidson goes on to say that this attitude could lead to the engineering of the dying process. A sense of "how" people should die tempts us to move them along a particular path at a particular rate. The stages become self-fulfilling prophecies and medical staff become upset if the stages do not occur or proceed in an orderly fashion (Kalish, 1985).

Davidson questions the sequence of the stages in that four seemingly negative steps are followed by a positive one (e.g. the "good" dying patients are the ones who accept their death and die with a disinterested serenity). He states that the progressivist bias and the appealing plateau hook people into the notion of stages. Neither of these, he says, are helpful in coming to terms with the dying experience.

Kalish (1985) poses several questions regarding Kübler-Ross' stage theory. Do the stages actually occur and if they do, whom are they most likely

to occur with? A related question is to what extent are these stages influenced by our system of health care and the norms in society? Kalish questions whether the stages are as adaptive as they sound or whether they are regressions that could be avoided by effective care. Also, what does it mean when the stages do not occur?

Overall, Kübler-Ross' stage theory leaves us with many unanswered questions. It certainly provides us with some relevant information concerning the dying process which helps us to understand the dying person's experience. However, it does not give us a solid framework that we can rely on and build from in order to further our interactions with that person.

In keeping with my belief that dying is a part of life, I cannot help but think that there is more going on with the dying person than a progression through five stages of adjustment. If dying is a part of life, then applying a basic structure of existence to that experience is not only appropriate but necessary, for it will give us a clearer understanding of the dying process as well as enable us to go further in our relationship with the dying person.

Glaser and Strauss' Awareness Contexts and Dying Trajectories

Glaser and Strauss (1965) refer to the dying experience as a "status passage" which includes a series of social readjustments. They suggest that there are structural conditions which contribute to a person's awareness of death.

Their "awareness contexts" (closed awareness, suspicion awareness, mutual pretense, open awareness) are defined as what each interacting person knows of the patient's defined status, along with a recognition of the others' awareness of that definition. The emphasis is on typical patterns of communication development and how these patterns are associated with awareness contexts.

Their "dying trajectories" focus on how an individual's emotional state is affected by death expectations:

- 1) certain death at a known time - provides a person with a time frame and therefore there is less anxiety when the end approaches.
- 2) certain death at an unknown time - there is more ambiguity and anxiety.
- 3) uncertain death but at a known time when the uncertainty will be resolved - anxiety and hope.
- 4) uncertain death and an unknown time when the uncertainty will be resolved - high anxiety.

Glaser and Strauss have contributed to our understanding of the social-psychological dimensions of terminal care. However, their focus is on the interactions of the group and not on the individual. They shed little light

on the personal experience of the dying person and our questions concerning denial and acceptance remain unanswered. They do talk about the consequences of some of the awareness contexts but these effects are still considered from the perspective of the patient's interactions with others and not on the person's inner experience.

Pattison's Phases

Pattison (1977) refers to dying as a "new phase of life". He calls it the living-dying interval that occurs between the crisis knowledge of death and the point of death. Pattison's "phases" (acute phase, chronic living-dying phase, terminal phase) consist of particular responses that occur in sequence. For example, the acute phase includes a state of depersonalization, feelings of inadequacy, confusion and denial, anger and bargaining.

Pattison's second phase (chronic living-dying) consists of the person facing a number of fears (e.g. sorrow, loneliness, loss of self-control etc.). He states that healthy dying includes a confrontation and resolution of each fear. He says the individual will fight against regression and must be helped to shift away from reality and turn inward toward self.

It appears that Pattison does not see the self as being part of reality. He depicts the dying process as an event that is unrelated to living and implies a definite division between life and death.

I agree that people need to deal with their fears and losses. However, those losses, whatever they are, need to be integrated with life as it is now, not treated like an enemy that must be fought. Pattison gives the impression that there is a right way to die. He suggests a kind of pushing the individual to accept certain things.

It is difficult to identify the onset of Pattison's third phase (terminal phase). He says that it begins when the person begins to withdraw in response to internal body signals that say energy must be conserved. The responses in this phase are physical withdrawal and emotional disorganization. There is also a decrease in anxiety and an increase in depression as well as an apathetic giving up.

Is this acceptance at this point? One is not sure, for Pattison does not talk about acceptance and what that means.

Pattison addresses the issue of denial by suggesting that there are four levels:

- 1) existential denial is the fundamental approach to mortality and place of death in one's life.
- 2) psychological denial is an unconscious defense mechanism by which one represses that which is known.
- 3) non-attention denial is engaging one's attention elsewhere and remaining unaware of the undesirable.
- 4) interplay of denial and awareness is vacillation between the two.

While Pattison attempts to discuss the issue of denial and provide some kind of definition, this effort does not seem to help my understanding of the dying process. I still do not have criteria with which to differentiate denial and acceptance. Four definitions of denial do not help me understand what this denial is and how it is manifested in a person's experience. These definitions do not provide me with a framework on which to base my interactions with the dying.

Pattison does not explore the grieving process of the dying person to any depth. He suggests that there is a continual intermingling of emotional responses that go on during the dying process. He quotes Kübler-Ross regarding emotions, assuming that what she has identified is the typical experience. He says that his own phases are only a convenient way of dividing the living-dying process into three dimensions that have some clinical utility. However, the clinical usefulness of his phases is questionable due to their ambiguity.

Poss' Tasks

Poss (1981) proposes six preparatory tasks that she believes people need to work through before dying can be dignified:

- 1) an awareness of impending death
- 2) a balancing of hope and fear
- 3) an acceptance of death and an experience of joy
- 4) a relinquishing of responsibility and independence

5) a separation/disengagement

6) a spiritual preparation

Poss describes dignified death as a positive experience with no defeat. She states that dying people will attain a justifiable sense of achievement if they work through the tasks effectively. Not everyone will need to work through all the tasks but only those which are necessary for them. The tasks, Poss says, provoke the feeling responses. She refers to Kübler-Ross' stage theory to describe these responses.

Poss refers to denial and acceptance but does not provide a clear picture of either of them. She bases most of her tasks on Kübler-Ross' description of denial and acceptance and does not deal with these terms specifically. Again, as with the other theories, we are left with significant ambiguity regarding the dying process.

Cochran and Claspell

Cochran and Claspell (1987) acknowledge the value of the stage theories saying that these models direct attention to qualitative meaning and qualitative shifts in meaning. However, their approach to the grieving process deals with issues that previous theories have not addressed.

They present a model of grief that differs considerably from the ones mentioned. Their emphasis is on the meaning of grief as an emotion. For

Cochran and Claspell, emotion is more than intense affect or feeling as it occurs at "a time" and "over time". In other words, what endures over time is the meaning of the emotion, not affect or feeling. They suggest that these meanings are organized into dramatic structures or stories with a beginning, middle and end.

In these stories, acceptance is not the end but a means toward transcendence. Cochran and Claspell describe acceptance as an intermediate step rather than the culmination of a progression of stages or phases. It is not a step in the sense of linear progression but is part of a cycle of adjustment that leads to healing and wholeness. They refer to grieving as a "gestalt formation" where there is movement rather than merely a rise and fall in intensity.

"Stage theorists are distinguished by the tale they tell (denial leading to acceptance) and by the peculiar restriction placed on the story form. The stage form is a lock-step sequence. Presumably, one denies the loss for a while; the stage ends, and one does not deny any longer. One is then angry for a while, and then angry no more. There is a plot to the story, but little scope for an elaboration of meaning. First, stages do not build so much as allow shifts to occur. There is no tapestry of intertwining features, but rather a linear sequence. Configuration is sacrificed to linearity. Second, once a beginning and end become fixed, they

form a bipolar dimension that determines what is relevant and irrelevant to the story. If we question the accuracy of or the degree of stress placed on denial and acceptance, the story will necessarily be radically altered. At present, without more substantiating evidence, the possibility exists that the selection of a beginning and end rather strongly determined what was highlighted in the middle, suggesting that a great deal might have been neglected.

(Cochran and Claspell, 1987, p.32)

Dying as a Part of Life

Stage type theories of the dying process basically present a common picture. There is a crisis point followed by an adjustment period that ends in resolution and integration of the crisis. These models, which all imply a "stage-type" of progression, could be criticized as being trivial. They are not trivial in the sense that they are irrelevant or false, but in the sense that they are obvious.

Throughout our lives we are faced with countless events and issues that plunge us into an adjustment period. For example, a student wishes to take a particular course and finds out that the class is full. Often, the student will respond by saying, "surely there must be room for one more person." The registrar responds by refusing, and this often elicits some feelings of anger.

Then it is possible for the student to start bargaining to gain admittance to the class, e.g. "I'll sit on the floor, I won't even take up a seat." Soon the student realizes that even this will not help and experiences some depression. Finally, there is the realization that there is nothing that can be done to change this situation and plans are made either to register for a different course or to wait and take the same course next term.

This example is certainly minor in that it does not elicit the intensity of feelings or responses that would accompany a more significant event. However, it does show that a process that some people are depicting as pertaining to the dying process can be applied to life in general.

Therefore, one has to ask the question, "How does the whole issue of stages help me understand the experience of the person who is dying? Do stage theories tell me something that I do not know or do they just remind me of what I am already aware - that dying people experience several different cognitive/emotional reactions?" It is time to dig under the pseudo-evidence of the stage-type approach and suggest another way of looking at the dying process.

What has been neglected is an understanding of the movement between denial and acceptance. I use the term "between" rather than "from" because I believe it reflects a more fluid and integrated action. Several theories, including the ones I have already discussed, have provided us with some information that contributes to our understanding of the dying process.

However, the linear structure of these theories restricts what we allow ourselves to see.

As I have previously stated, dying is a part of living and a framework that helps us understand living should be applicable to the experience of dying.

I believe that the concept of temporality is one such structure. It can provide the framework needed to understand the human experience regardless of the circumstances.

It is for that reason that I am not proposing yet another new theory to explain what is a natural and necessary part of living. Instead, I am suggesting that we take a basic structure of existence and use it to understand the dying process.

Chapter 3

TEMPORALITY

"man's eternal dignity consists in the fact that he can have a history, the divine element in him consists in the fact that he himself, if he will, can impart to that history continuity, for this it acquires only when it is not the sum of all that has happened to me or befallen me but is my own work in such a way that even what has befallen me is by me transformed and translated from necessity to freedom."

(Kierkegaard, 1959, p.254)

Sartre (1956) describes temporality as a total structure which gives meaning to our existence. The past, present and future are the dimensions of temporality and while they each have their own character, they need to be considered as part of a whole organized structure. Temporality is a relationship between the past, present and future. There is a constant interaction between these three modes of time that creates meaning in the present.

Even though temporality has to be considered as a whole structure, a description of the past, present and future will help us understand how this total structure functions to provide meaning in human existence.

The Past

While the past is our "having been", it is not past in the sense that it has nothing to do with our present. It originates from the present because the present is the foundation of its own past. In other words, the past defines who we are. As Sartre says, "I am it in the mode of was". Within this concept, I do not really "have" a past but I "am" my past. In this way, the present is the past. If I were not my past, my past would not exist and would have no relation to the present. The past is the substance of who I am and it is this substance that unites the past and the present.

The past is more than a memory of who I was, more than just a period of time that is isolated from my present. The past is connected to the present in that it exists as a function of a certain being which I am (Sartre, 1956). It is what I have to be in the sense that it is that which is without possibility because it has consumed its possibilities. As Sartre says, "the past which I am, I have to be with no possibility of not being it."

The past is neither nothing nor is it the present. Rather the past is bound to the present and the future and as such belongs to both of them. The past is united to the present ontologically. This uniting gives the permanence that is so necessary to our existence.

The Present

The present represents the ultimate paradox in that it consists of both "being" and "nothingness". It acknowledges the past as the substance of the present and it is always in flight, looking toward a being which it is not (the future). So, the present has "being" because of the past and has "non-being" because of what it lacks. The present is constantly trying to be what it is not and to not be what it is.

"the Present is a perpetual flight in the face of being.

Thus we have precisely defined the fundamental meaning of the Present: the Present "is not".

(Sartre, 1956, p.123)

The Future

Everything that I lack, everything that is beyond being is my future. The future consists of the possibilities of who I will be and what I have to be. Always trying to be the future which I have to be gives meaning to my present. It is this type of "acting out" that creates my present. The future does not exist. It does not have to be and will only be if I make it so. Therefore, the future does not exist in itself. It exists only because I choose it to be. If the past is the "being" of the present, the future is its meaning; the continual possibilities which can be.

Cohen (1967) states that a subjective future is presupposed in all our activities and that without a belief in tomorrow nearly everything we do today would be pointless. We are constantly expecting, intending, and anticipating. All of these states have what Cohen refers to as a "forward reference" in time. We are always moving toward something, always working toward filling the "nothingness".

The future is not simply a "now" that is not yet but is what we have to be. We are constantly moving toward the self which we will be, constantly moving toward that which we lack. However, when we project ourselves into the future we find that it eludes us for it slides into the past as bygone future and the present once again reveals its lack. The future must be viewed from a perspective which admits the possibility of not being in it (Sartre, 1956).

Unified Modes of Time

Temporality is not a universal time containing all beings. It is not a law of development imposed from without. It is not being, rather it is the intra-structure of the being that gives continuity and meaning to life, an intra-structure that is different for each person. Temporality has both a static and dynamic nature. It is static in that it possesses a certain formal structure, a type of order that repeats itself again and again (e.g. the past and future flow continually into the present).

Temporality is at the center of a unifying act and yet it is a dissolving force. It is constantly tearing down and re-building and in that sense it is dynamic. There is always a new present in the making which will make the present that is present past. Temporal totality is never achieved because this totality is forever running after itself and refusing itself at the same time. Temporal totality is a state of immobility, a state where there is no movement, no fluctuation, no disorganizing and no reorganizing. The whole idea behind the concept of temporality is that existence is in a continual state of flux and is constantly reformulating itself. The only time we would reach temporal totality is when we are dead, because we no longer have a future.

Krell's comments on temporality reflect this same idea:

"death is that possibility that invades my present,
truncates my future, and monumentalizes my past."

(Krell, 1972, p.23)

The present is never set or fixed in time as it is constantly becoming the past and constantly working towards the future. In this way, the present never is, but exists as a dynamic interchange between the dimensions of time. Existence is determined not only by the future (being-able-to-be), but also by the past (having been). Future and past join together to form the life-circle of existence and in their oneness, envelop the present.

Temporality is more than the experiencing of time or consciousness of time. It is a unified phenomenon that underlies existence and change.

The concept of temporality allows us to view the past, present and future as parts of a whole structure that, when integrated, provide the continuity of existence that leads to meaning in the present.

Binswanger (1944) refers to temporality as "the fundamental horizon of all existential explication". Whenever I think of the word "horizon", my mind goes back to when I lived in Saskatchewan.

I was fascinated by how flat the land was and how far it appeared to stretch, as if reaching toward infinity. At that point where the land met the sky, it became difficult, if not impossible, to distinguish one from the other. The land and sky appeared to merge as one element.

I remember being equally fascinated when I stood on the rocks at Peggy's Cove in Nova Scotia, looking out over the Atlantic Ocean. At that point where the sea appeared to meet the sky, it became impossible for me to distinguish one from the other.

Temporality needs to have an ontological meaning which reflects a oneness of past, present and future. As a physical horizon can be defined as a meeting of the sea and sky, temporality can be looked at as a meeting of past, present and future in which the elements merge as one. The present is

created by a successful merger of the future and the past. As Binswanger says, we are the self-designers of our present and as such can create meaning as long as we deal with an authentic future. It is the integration of the past, present and future that creates meaning in everyday living. For Binswanger, the problem of temporalization is existence trying to come to itself. When we cannot achieve this, there is a sense of time stopping.

Binswanger's existential analysis of the case of Ellen West reflects to what extent an individual can be an unintegrated unit.

"her existential maturing in the sense of authentic self-realization determined by the future, is replaced by the supremacy of the past, the movement in a circle, and the existential standstill."

(Binswanger, 1944, p.285)

Binswanger speaks of Ellen's existence as being ruled more by the past, and consequently her present was empty and meaningless because it was cut off from the future. The past "weighing down" the existence deprives it of every view into the future. Without that view, existence in the present becomes meaningless and empty. As does Sartre, Binswanger believes that the future plays a vital role in the present. If there is no sense of future, existence is robbed of authentic life meaning.

For Binswanger, old age is when the life which is yet to be lived is ruled by the past. It is an "existential aging" rather than a biological aging. Living in

this way prevents us from finding meaning in life, prevents us from being integrated and whole.

Binswanger's Ellen West was unable to choose herself as she was; her meaning consisted of not being herself rather than being herself. He refers to this state as "unauthentic futurization" in which a person strives toward a future that is built on fantasy and is constantly being threatened by the past.

As the past becomes more and more dominant, existence is cut off from the future. There is nothing left from which to design ourselves and we find ourselves in an empty present. Temporality then disintegrates into its single elements and ceases to be a unified whole.

More recently, Yontef (1988) expressed this same idea by defining meaning as the relation between figure and ground. He believes that the experiences of a human being consist of the whole person environment: the there and now, the here and then, and the there and then. It is the integration of these elements that gives meaning to existence.

Krell (1972) speaks of existence being caught up in a type of "ensnarement with the past, present and future. It is this tension between the three elements that characterizes the relationship and gives meaning to life. For Krell, the present consists of an integration of our future possibilities and the influence of the past.

Heidegger (1962) proposes that the meaning of existence "is" temporality. While this statement may sound like a simple one, its implications are profound for it is the key that enables us to open the door to understanding what existence is all about.

Temporality, for Heidegger, is an existential "understanding" of our ability to "project" ourselves toward the future. In other words, the meaning of our present existence arises out of our ability to "project" ourselves toward what we can be. While it is the future that underlies this understanding, it is not just any future. It is important that our projection toward the future be based on an authentic realization of what we can be.

Heidegger refers to this realization as the "moment of vision", an awareness that allows us to encounter, for the first time, what "can be".

Heidegger defines the "moment of vision" without the help of the "now". It is a phenomenon which cannot be clarified in terms of the "now". The "now", for Heidegger, is a temporal phenomenon which belongs to time as within-time-ness. It is a "now" in which something arises, passes away, or is present-at-hand. The "moment of vision" is not a "now" in which anything occurs; it is "now" in which the future is brought into the present in the form of anticipation.

A consideration of temporality is essential if we are to understand and interpret our being. By essential I do not mean all-inclusive and providing a

definitive answer. A consideration of time is not the answer; it is a pathway we are invited to follow in search of our answers. For it is our search, our integration of these modes of time that provides meaning in our lives.

The past, present and future are the "from which", the "with which" and the "toward which" of existence (Binswanger, 1944; Heidegger, 1977). Together, these modes of time form the canvas upon which the painting of existence is created.

Chapter 4

TEMPORALITY AND THE DYING PROCESS

The Importance of Continuity

We can proceed to take the language of temporality and use it to describe the terms denial and acceptance. Temporal stability results in time flowing naturally, without force, whereas temporal instability creates a rigidity that disrupts this natural sequence of unification.

One of the most important things for a person to maintain throughout life is a sense of stability, a sense of order. A great deal of our energy is directed towards maintaining continuity in our lives. This sense of continuity provides us with the established order of our lives. Continuity gives us the sense of being a part of a larger whole, gives us the sense of belonging.

When a person receives a terminal diagnosis, the past is suddenly cut off from the present and the future is uncertain and disconnected from the present. The previously established order is disrupted. The sense of order and stability is gone and the continuity of life is destroyed. This disruption in the forms of time results in a loss of meaning in the present.

The Collapse of Time

If we can no longer find anything "from which" and "by which" we can understand ourselves, we experience what Binswanger (1944) calls the gestalt-

loss of the world's referential character. It is an existential emptiness that gives one the sensation of standing-still in time. The natural flow of time is replaced by a rigidity that keeps the person stuck in a meaningless present.

This sense of standing-still in time, this rigidity, characterizes denial. It is as though time has collapsed because the past is suddenly disconnected from the present; things will never be as they once were. If, as Sartre says, our past defines us, then the realization that nothing is the same destroys our sense of continuity in time. There is a sense of being disassociated not only from self but from the environment as well. There is a lack of integration with life and most of its activities. The person goes through the motions of living and yet experiences a sense of discontinuity preventing an authentic participation in life.

"Being", "self-identity" and "continuity" are synonymous. The future that does not promise continuity challenges one's sense of identity. When the future is "closed", the present collapses and the past leaves the present (the past cannot be repeated). If one's concept of future collapses then one's sense of identity disintegrates with it.

Impending death destroys the self in terms of temporality, for without the sense of future, a person is virtually destroyed and is therefore unauthentic. The self is then faced with accepting or denying death; to accept or deny death means to accept or deny not having a future.

Cohen (1967) refers to this reaction as "temporal claustrophobia", the sense that there is not time and that one is imprisoned by tasks and obligations. This "encapsulation in a cage of time", Cohen says, creates a temporal distance between the person and his or her experience. The person, while being caught up in activity, fails to make any real connection with life and experiences a sense of disintegrating inside. Authentic existence ceases because the situation is not being resolved in acting (Binswanger, 1944).

Denial: A Rejection of Self

Denial is a type of rejection of self or as Kierkegaard (1959) says, the failure to choose oneself. Kepner (1987) expresses a similar idea when he talks about the "disowning" of oneself. He suggests that people disown aspects of themselves, be they needs, capacities or behaviors. Because these aspects of self are essential to the integrity of the person, it is impossible to "get rid of" them completely. It is more a matter of suppressing those aspects and pretending they do not exist.

If denial is a matter of not choosing yourself as you are, then acceptance is a matter of choosing yourself as you are right now. In the language of temporality, acceptance is more than an intellectual acknowledgement. It is more than saying, "I have cancer and I know I am going to die." It is more than accepting the fact of something.

Acceptance: An Integration of Self

Acceptance means integrating the "who you are" of the past and future into the present so that existence once again has meaning. It is the non-acceptance of self (or parts of self) that disrupts the person's unity and integration.

Kierkegaard (1959) states that to be in absolute continuity you must choose yourself as you are and that being transparent (authentic) with yourself results in security. To choose yourself, he says, is to choose continuity.

Sartre (1947) emphasizes the importance of the decision to choose oneself. He suggests that it is only as we affirm our existence that we have any essence at all. For Sartre, existence precedes essence and we are our choices. Tillich (1952) reflects this idea by stating "man becomes truly human only at the moment of decision."

The most difficult task for the person who is dying is to choose to be who he or she is, namely, a person who is dying. True acceptance of a terminal condition appears to go much deeper than cognitive awareness. There actually are days when dying people are contented. One could question how someone can be contented knowing that death is imminent. As one of my patients once said, "I am able to look death squarely in the eye every day and still declare, I like life."

Continuity gives Meaning

To search for meaning in one's life, regardless of the circumstances, is more than an attempt to understand "what has happened to me". It is the attempt to fit this event into one's life so that living still seems worthwhile. One is led to ask, "what does my life mean now? The now is an integration of who I was and who I will be, as both past and future play a role in developing a meaningful existence. The integration of these modes of time results in a sense of continuity that is the essence of life.

Weisman (1972a) proposes that continuity "brings the best of the past into functional relation with the present". He says that the main purpose of continuity is to protect authentic self-identity during the last stages of life. Continuity, for Weisman, arises from all of who a person has been and is and demands a re-making of the self.

I believe that this "re-making" happens whenever we are faced with an event that disrupts the meaning that we had previously established for ourselves. Being faced with a terminal diagnosis is one such event. The sense of continuity that had been experienced is suddenly shattered. The sense of order that had been created is disrupted. This break in continuity reflects the lack of integration between the past, present and future. The dying person is then faced with the task of re-building the sense of continuity. The re-making of the self demands a re-integration of the past and the future with the present. For the dying person, the present emerges out of the past and the future, albeit a shrinking future.

The past and the future come together to form a meaningful present. One is required to choose oneself in the light of the past and the future and live that self authentically in the present.

Acceptance involves re-building the bridge between the past, present and future. When the temporal structure is stabilized, the person will once again experience the continuity of existence that gives meaning to life. Life goes on, with some differences, but there is no longer a huge gap between the past, present and future. This reconciliation between the modes of time allows for the continued interaction that results in meaning.

Acceptance is an example of integration - an integration that represents a relation between the present, past and future which results in the creation of new meaning.

Chapter 5

THE CREATION OF NEW MEANING

Fluid Temporality

The creation of new meaning is fundamentally a question of integration. A meaningful present depends on and is the result of a merging past and future.

The past, present and future are not isolated entities that function on their own. These modes of time, while unique in their characteristics, work together as a complete structure to bring meaning to existence.

The process of integrating the reality of impending death into a meaningful present reflects what I like to call "fluid temporality". It is an adjustment process that integrates the dimensions of time so that once again the person experiences a sense of continuity and meaningfulness.

As we are considering the movement between denial and acceptance within the context of temporality, let me clarify the characteristic nature of this concept of time.

The relationship between the past, present and future is one characterized by tension. The movement between these modes of time reflects the idea that "opposites attract". There is a peculiar push-pull type of action that appears to be divisive and yet could lead to unification. In effect,

these seemingly opposite dimensions complement each other and together make a whole structure.

Previously, I spoke of "continuity" and now I am introducing a seemingly contradictory idea, namely, the notion of "opposites attracting" and a "push-pull action". I speak of unification in the same sentence that I speak of division. How can that be?

I will answer this question by referring to Sartre's views on nothingness. Sartre (1956) emphasizes the relationship between being and nothingness. While these two terms appear to be opposites, their role in existence is one of unification. For Sartre, nothingness is a part of a person's being and as such is a vital component in a person's search for authenticity.

Sartre reminds us that the main characteristic of selfness is that we are always separated from what we are by all the breadth of the being which we are not. Nothingness is at the heart of being but it has a borrowed being and is made-to-be by being.

For Sartre, the constant task for all of us is to transcend our nothingness. In other words, we are always working toward wholeness and this we would not do if there were not a nothingness to transcend. It is only through the transcendence of our nothingness that we experience authenticity.

Catalano (1985) states that non-being haunts being in the sense that it is never there as a void is there, but constantly eludes being. However, it is this nothingness that is our freedom, for it is because of it that we continue to reach out and grow. It is the lack of something that pushes us forward, to try to reach a totality that is somehow unattainable. Catalano refers to this lack as the "foundation of value".

It is through our lack that we come face to face with who we are. In our attempt to fulfill this lack, we become who we already are: a self who is authentic and integrated. This process implies a fluidity that creates meaning in the present. "Nothingness" takes on a positive meaning for it is only in the face of non-being that we attain being. It is not a matter of obliterating the lack; it is an attempt to use the lack to allow our very being to emerge.

It is in this way that a being and nothingness, while appearing to be opposites, work together in a very intimate way to maintain the continuity of existence. It is the interaction between these two states that gives meaning to our existence.

Buber (1988) proposes that the reality of any individual is a "polar" reality. These poles are not good and evil, but rather yes and no, or acceptance and refusal. The task for all of us is to change the relation between the poles. The poles in themselves are qualitatively very alike and our task is to strengthen the force of direction because this polarity can be directionless and chaotic.

The relationship between the past, present and future reflects a similar picture. The dynamic interaction between these modes of time, while characterized by a certain tension, results in unification and continuity. The tension between these so-called opposites need not be seen as a rigidity that binds them together, but is best represented as a fluidity that unites the past and the future into a meaningful present. In other words, the past and the future curve around us to form a meaningful present. A present that reflects the integration of who we have been with who we are aspiring to be.

When we regard the past, present and future as opposites, we are focusing our existence on events rather than processes. We are, in effect, denying parts of ourselves that play vital roles in creating meaning for us in the present.

For example, the trip I took to Nova Scotia two summers ago is past in the sense that the physical acting out of it is over. However, the memories of that trip and the influence it had on me are still a part of my life today. In this way, my trip to Nova Scotia is not left in the past but carried forward into my present. It has become a part of me and so it is part of the process of creating meaning in the present.

Here is another example: I have the habit of saying "All I have is now, I do not have tomorrow." Now it may be true that I do not have tomorrow in the physical sense. However, my present is made up of my anticipations, my hopes, my dreams for the future. In that way, the future is a part of my

present for it is a part of my process of becoming. Similarly, one could say that obtaining my Ph.D is a part of my future. This statement is true in the sense that I will officially and physically receive the degree at a particular time in the future. But as I sit here working on this thesis, my Ph.D is a part of my present. I am "in process" and my future is very much a part of my present.

The Relationship between Denial and Acceptance

Generally, denial and acceptance are considered to be on opposite poles. Most of the current theories on the dying process depict a transition from an undesirable state (denial) to a desirable state (acceptance). These theories emphasize the importance of leaving one stage behind and moving on to another.

When we regard the dying process in this way, there is the tendency to cut it up into little steps instead of looking at it as a whole structure with all components having equal contributions. When we fail to consider that dying is a process, we run the risk of missing the experience or distorting it.

Relating the concept of temporality to the creation of new meaning demands that we challenge our own attitudes and assumptions concerning the dying process. When we observe the responses of the dying person, we have the tendency to view some of them as negative. This attitude is especially prevalent with regards to denial. Denial is often considered to be something

that the person needs to be "taken out of". It is looked upon as an undesirable reaction in the dying person's experience.

Keleman (1985) describes life as a process of organizing and disorganizing a sequence of events. He sees life and death as an orderly process that gives rise to meaning. He postulates that we start as small organized structures and we form ourselves into big complex organisms, and we maintain that bigness for awhile and then we internally disorganize and shrink. He refers to this process as the principle of existence that extends throughout all time and has a future as well as an ancient past.

Keleman echoes Van Gennep (1903) in suggesting that there are three sequences in this life process - endings, middle ground and new forming. He says when we recognize the continuity of unforming and reforming we will experience the continuity of existence. There can be no reforming without unforming.

· Perhaps a better way of conceptualizing the constructs of denial and acceptance would be to view them as unforming and reforming. This modification implies that denial and acceptance do not have to be enemies in separate camps but allies who, though having unique properties, share a common goal - the creation of new meaning. They have a push-pull type of action that leads to unification and stabilization of the temporal structure.

Denial as a Positive Indicator

The temporality of denial and acceptance is based on an integration of the past, present and future. Denial is not a matter of refusing to accept a terminal condition; rather, it is a matter of not choosing oneself, a self made up of the past, present and future. Acceptance is not acceptance of death; it is acceptance of life as it is now.

Let me explain this idea further. My conversations with dying people have provided me with an overall sense of what many of them experienced when they received the terminal diagnosis. They report that they felt that "time had stopped" and that somehow they felt "cut off" from themselves. There was a sense that "who they were" and "who they aspired to be" had ceased to exist and they found themselves in a meaningless present.

On receiving a terminal diagnosis, the dying person's temporal structure is shattered. The past becomes a time that "was" and the future becomes a time that "will never be". The person is unable to integrate the past, present and future and, consequently, experiences a sense of standing still in time, stuck in a meaningless present.

Needleman (1969) contends that preparation for death is a preparation to be alive. A confrontation with our own death leads us into a new type of relationship with ourselves. That relationship is comprised of who we were and who we will be. It is a relationship with the past, present and future. The issue is not the actual dying event; rather, it is that we are

unprepared for the relationship this event faces us with. Here is where the reconciliation needs to take place - re-integration of the past and the future with the present.

A terminal condition is more than an event that is happening to someone in an external sense. It is a subjective experience the person is living through and with, and involves a face to face confrontation with who one is, an "is" that demands the integration of who one once was and who one hopes to be with the present reality.

This position is not meant to imply that denial is not destructive when engaged in on a rigid, continual basis. If we agree that denial is a way of not choosing oneself, then it is not difficult to see the counterproductiveness of living in such a way for a prolonged period of time. However, we also need to consider the constructive nature of denial and learn how to respond to it in a more effective manner.

When we regard denial as an undesirable response, then we also see the person as "needing treatment" to correct that response. This attitude becomes all too obvious as soon as one enters the health care system. On several occasions, I have been asked to intervene with patients who were "denying their condition", in the hope that I could change their reactions to something more "appropriate".

In my experience, the majority of dying people do not need treatment. They need authentic dialogue that will enable them to choose themselves.

Hennezel (1989) sees denial as making a positive contribution to the person's experience. She suggests that denial of death may make it possible for the person to assume the process of dying by providing the ego with the energy it needs for bereavement. She sees denial as being the origin of a sort of hope.

It is within this context that I propose that denial be considered not only a positive response of the dying person but also a vital, if not necessary, component in the transition toward a new temporal structure.

It is necessary in any type of re-construction that a certain amount of tearing down occur. Denial does not have to be considered a negative element in a dying person's experience. On the contrary, denial is a normal response to the person's situation. It is a positive indicator that the person has begun an adjustment period that will optimally result in a reformulation of meaning. As with Sartre's concept of "nothingness", denial takes on a positive meaning for it is only in the face of non-being that we attain being.

Choosing to Live

Acceptance is a matter of choosing to live, not choosing to die. It is acceptance of life as it is now, not acceptance of death. The "now" represents

the result of learning to define the present as emerging from a growing past and a shrinking future.

This perspective suggests that dying can be an experience in which the individual has control rather than being a passive receiver. The dying person can be an active participant in a growth process, and thus the dying experience can be seen as something to be lived, not just endured. In other words, dying is not an event that "happens to me" but it is a part of my life that I can "experience" to lesser or fuller degrees.

Weisman (1972a) states that death is not an ironic choice without an option, but a way of living as long as possible. Turk and Salovey (1985) echo this idea when they suggest that patients with terminal diagnoses are still attempting to cope with living with their disease rather than merely coping with death itself. The dying person has to choose to live while dying and that choice involves a confrontation with the person's own identity - an identity that is made up of the past, present and future.

Busick (1989) says that "people diagnosed with cancer are challenged to change conscious assumptions about their identities". Using Jung's idea of "shadow owning", she suggests that people have to grieve for their "persona" (loss of identity) and discover who is the "real self". As change is explored, their definition of themselves is modified and their illusory persona becomes less real. They realize that they are not "either/or" but "both/and" - both what they want and do not want to be (Heidegger, 1962). In other words,

individuals have to choose to be who they are, not who they think they should be.

The Future as the Present

The future is an integral part of the temporal framework and as such, contributes significantly to the creation of new meaning. This statement raises an important issue concerning the dying person. If the dying person's ability to create a meaningful present depends significantly on the future, how can the future be brought into the present when in reality a future is no longer assured? We tend to look at the dying person as someone who no longer has a future. After all, this person's lifespan is limited - this person is going to die!

It is true that a person with a terminal condition may have a limited future, but this reality does not mean that there is no future at all. Furthermore, the fact that someone is dying does not negate, for that person, a sense of future.

Let me re-state the description of the future as I have previously presented it. The future is that which I am always trying to be. It is what I have to be, in so far as I can not be it (Sartre, 1956). The future does not have to be; rather, it is what we lack. It is not a series of events which will take place in chronological order but a collection of possibilities, and as such is the appearance of what we are at a distance (Sartre, 1956). We project ourselves toward the future in order to merge with that which we lack.

It follows that having a sense of future does not depend upon how long one is going to live. Even a person who is dying can project toward the future, for it is a perspective, not a limited time-frame. The fact that someone is dying need not negate the possibilities longed for nor the ability to experience the "moments of vision" that Heidegger talks about. The "what could be" becomes as important as the "what is" because our hopes, aspirations and possibilities for the future are very much a part of our present (Eckartsberg, 1989).

We must always look at temporality as a whole structure and yet at the same time, not lose sight of the uniqueness of its dimensions. Temporality is a totality which originates from and gives meaning to the past, present and future. It is an infinite series of structured moments emerging from an original synthesis (Sartre, 1956). Without the totality, the past, present and future are a collection of "nows" in which some are not yet and others are no longer.

If we look at the dying person as having a future that is a collection of "nows" which are not yet, then we will find it difficult or even impossible to see the individual as having a future. However, if we view the dying experience in the light of the temporal framework suggested, we see that the dying person can indeed have a future because the future manifests itself in the present.

The dying person's sense of future is increased because the future, rather than being considered an event that is to come, is brought symbolically into the present where it contributes to the meaningfulness created.

In effect, the person constructs a "temporal horizon" from which existence is viewed and meaning is created. For Heidegger (1962), "horizon" is the context or totality within which experience occurs. Existence is not based on "knowing" certain things, or as Heidegger says, on "detached knowledge", but is made up of everyday activity in a world that is organized as a totality. Binswanger (1944) expresses a similar thought when he says that being or existing must be explicated from the horizon of temporality.

Eckartsberg (1989) suggests that the notion of "horizon" is indispensable in trying to account for the human enterprise of "meaning-finding" and "meaning-making". In order for life to be meaningful, a sense of continuity is required. Temporal horizons provide that coherence, for they reflect the integration of the past, present and future.

For example, for many people, belief in an afterlife plays an important role in the creation of meaning because it helps them transcend the finality of death by providing a sense of continuity.

Jesus Christ reflected a temporal framework in many of his discourses with his disciples and others. According to Scripture, he explained repeatedly what it meant to possess the Kingdom of God. In the Gospel of John, chapter

14, verses 1-11, Thomas asks Jesus to show the disciples the Father. Jesus explains to Thomas that the Father has been with them all along for he (Jesus) is the Father manifested in the present. In effect, Jesus was a symbol of the Kingdom of God and a relationship with him was representative of a future state.

A close study of all the passages relating to the Kingdom of God will show that it is regarded both as a present possession and as a future inheritance. The Kingdom of God is not presented as a state that is arrived at only in the future but as a way of life that can be experienced in the present. Here again we see an example of the future becoming the present.

Lifton (1973) suggests that a sense of immortality reflects the inner quest of all human beings to maintain a continuous, symbolic relationship to what has gone before and what will continue after our finite lives have ended. He views the struggle toward or the experience of a sense of immortality as an appropriate symbolization of our biological and historical connectedness. Any symbolization of continuity provides us with a way of transcending death.

It is the belief, not the afterlife, that is acted out in the present. The acting out of the belief is symbolic of what we anticipate. Therefore, we are able to project ourselves toward an afterlife in order to merge with that which we lack. In that way, the afterlife becomes part of the present and as such contributes to the totality of the temporal horizon from which meaning is created.

A person who is dying, while having a limited lifespan, is still able to have a sense of future, still able to create meaning in life in the present using that sense of future.

The Basic Structure of Temporality

The reformulation of the temporal structure is not a process that needs to be forced or planned. It is a process that flows naturally; that is, of course, if we allow it to do so. This statement raises a relevant question. If there is a basic structure, should not the movement between denial and acceptance just happen? After all, I have said that it is a process that flows naturally.

These seemingly contradictory ideas can be reconciled by taking a closer look at the definition of a basic structure. A basic structure is a type of foundational starting point. It is not something that "happens" to us, rather it is something we "participate" in. A basic structure is not something imposed from without, rather it represents an inner potential that exists in all of us.

Orr (1981) reminds us of Heidegger's (1977) assertion that each person has the possibility of being attuned to his or her own existence. For Heidegger, this state is not guaranteed or even possible as a fixed and enduring state because we do not allow ourselves to be attuned. The world around us with its trappings diverts our attention from the task of confronting

ourselves as we are. In a sense, one gets out of a basic structure what one puts into it. The potentiality of the basic structure comes alive within the person.

For example, consider the blueprints of a house. They have the potential to assist the builder in erecting a sturdy and functional frame. However, if the builder does not pay adequate attention to the blueprints, the house will be weak and less functional.

Mahrer (1989) talks about "potentials for experiencing". According to Mahrer, the potentials are accessible to us if we but acknowledge their existence and their role in our lives. They are inner potentials that are available to us if we choose to interact with them. It is a matter of having a particular type of relationship with our potentials.

I am not suggesting that Mahrer's theory supports my position. The reason I am mentioning his ideas is because what he says about the characteristics of potentials is similar to how I believe a basic structure functions in our lives. He states that potentials do not push the person into experiencing but "stand ready" to experience. I like this idea because it gives the individual the freedom to create something new.

A basic structure operates in a similar fashion. It is a framework that exists within us. To acknowledge it gives it the freedom to function naturally.

In short, the basic structure of temporality, while being a natural part of our functioning, often goes unrecognized as such and we do not encourage or appreciate its role. In neglecting it, we limit or distort its capabilities and consequently its effectiveness in our lives.

The Grief of the Dying Person

As was mentioned previously, the dimensions of temporality (past, present, future) have their own character but need to be looked at as part of a whole organized structure. While these modes of time appear to be opposites of each other, this impression is misleading. Their dynamic interaction, characterized by tension and constant flux, results in a type of stability that leads to the creation of new meaning.

In effect, we are "in process". The process consists of an attempt to become who we are. Who we are is made up of the past and the future. In other words, the present (who we are) is the successful merger of the who we were (the past) and who we want to be (the future).

Choosing oneself is not an easy task for the dying person, as it involves grieving for actual and anticipates losses. I believe that every significant loss results in a grieving process. The dying person is faced with a multiple-loss situation. The resolution of these losses, which involves both the past and the future, enables the dying person to restore the continuity of life.

Jasnow (1985) describes grieving as "the incessant search for that which will keep us connected with life in its continuity". Grieving, for Jasnow, reflects a loss of connection being experienced by the individual. That loss of connection affects the meaning of the loss and consequently the intensity of the grief reactions.

The dying person experiences a loss of connection. There is a sense of being disconnected from the past as things are no longer as they once were. There is also a sense of being cut off from the future as everything is so uncertain. In effect, the person who receives a terminal diagnosis experiences the sense of losing the past and the future which results in a disruption of the temporal structure and a meaningless present.

Coping with loss is inextricably tied to creative transformation (Bloom-Feshbach, J. and Bloom-Feshbach, S. & Associates, 1987). Bowlby (1980) suggests that grieving leads to a redefinition of self that results in transformation. Busick (1989) describes grieving as a "hero's journey" that results in a personal transformation from disintegration into integration.

A terminal diagnosis shatters the person's sense of continuity and order and thus his temporal stability. The grieving process of the dying person plays a fundamental role in the reformulation of that continuity. It is the process by which the past and the future are once again reconciled to create a meaningful present.

The grieving process helps the person adjust to living without the familiar, enabling a re-investment of emotional and psychological energy into other objects and people.

Smith (1985) suggests that the experience of loss sets up a state of tension that needs to be resolved. Grieving, he says, is a natural healing process whereby the loss is acknowledged so the person can go on with life without that which was lost. Grieving is a process of reformulation, not a substitution, that allows the person to balance the past and future so that the thread of continuity is retrieved (Marris, 1974).

"Panic affects our experience of time. At the moment of panic, time appears to stand still. A gap appears in the very continuity of life itself. There is an unbearable yearning for reconnection and for a resumption of that blissful state in which continuity appeared to stretch out forever without threat of interruption. The future disappears and there is only the implacable present. The intensity of the feelings of grief and despair following severe loss accounts for the intensity of the feelings of relief and of joy when the lost is again found and life resumes its orderly path. Reconnection makes life continuity again possible."

(Jasnow, 1985, p.32)

Often, the grief process of the dying person is ignored by others. Weisman and Hacket (1961) refer to this emotional quarantine as the "bereavement of the dying" or "secondary suffering" (Weisman, 1970).

Kastenbaum and Aisenberg (1972) postulate some major socioeconomical issues to be addressed in working with the terminally ill. One of the main concerns from both the professional's point of view and the patient's is the imposition of emotional isolation upon the dying person.

Garfield (1978) cites several examples in which medical personnel were not willing to deal with the patient's emotional distress. This attitude results in the patient being left alone with his feelings.

The dying person does not grieve once and completely by working through grief. Grieving, for the dying person, is an ongoing experience that includes adjustment to a series of gradual losses as well as the task of coming to terms with death (Jansen, 1985).

The dying person's reactions include anxiety, depression, sadness, a sense of abandonment and disengagement (Hinton, 1967). The stifling of natural grief reactions can lead to distortion and complicated grieving (Hinton, 1967; Parkes, 1972; Bowlby, 1981).

Acknowledging the validity of the dying person's response contributes significantly to the person's working through the experience authentically.

The grief process, for the dying person, is the process of re-integrating the past and the future with the present. It is a movement that restores one's equilibrium so that a sense of continuity is experienced between what once was and what will be. Our hesitancy to acknowledge and share the grief of the dying person could complicate the grieving process and consequently the resolution of the temporal structure. The individual will be left standing still in time, unable to integrate the past and the future with the present.

It is time for us to look at the dying process from a different perspective. The temporal framework that I have presented helps us to do just that. This basic structure of existence reminds us that the movement from denial to acceptance does not have to be achieved through a step by step progression up a linear ladder; rather, it is dependent on a relationship between the past, present and future - a relationship that is characterized by integration.

Looking at the dying process using the temporal framework encourages us to work with a person's denial rather than attempt to get rid of it. Consequently, it challenges us to participate in a process rather than observe an event. This participation allows us to go further with a person in the journey towards death.

Chapter 6

THE MANAGEMENT OF FLUID TEMPORALITY IN THE DYING PROCESS

In the preceding chapters, I have presented a metatheory that provides us with a framework by which to understand the dying process. I have clarified a principle of opposites that I believe to be a crucial element of the metatheory. This principle of opposites plays a vital role because it sheds new light on the terms denial and acceptance. In so doing, it helps us look at the dying process from a different perspective.

Through the eyes of temporality we are able to see the dying process as a multi-faceted process with many potentials rather than a constrictive, limited, predetermined experience. The temporal framework allows us to integrate the dying process more fully into life rather than isolate it as an event that is separate from life. The temporal perspective allows us to look beyond the stages, phases and tasks of dying and see the experience of the dying person. Consequently, we are then able to participate more effectively in that person's dying, as well as go further with them in the journey toward death.

I will now present two clinical cases and illustrate how the temporal framework can help us understand the dying process. I will show how these cases can be looked at from a temporal perspective as well as clarify how using this framework can be more effective than the stage theory approach when working with the dying.

Albert

Albert is a 37 year old male who was diagnosed with Acquired Immune Deficiency Syndrome (AIDS). His hospital admissions had become more and more frequent due to the disease progression.

Albert was still feeling fairly well physically when I met him. Except for fatigue and some muscle weakness, he did not exhibit any noticeable symptoms.

Albert had a high school education and had worked as a labourer all his life. He was employed at a large institution as a maintenance worker. Due to fatigue levels he found it difficult to work, and applied for and subsequently received disability benefits. He was married with two children, ages 5 and 8.

The initial reason for the referral from the out patient clinic was as follows: "Albert is very angry and has not accepted his condition". From discussions with the staff, it appeared that they considered his anger to be an unhealthy and inappropriate reaction.

When I introduced myself to Albert, it became obvious that I was indeed talking with a very, very angry man. He exhibited exaggerated facial expressions and his hand and arm movements were agitated. At times, he raised his voice to the point of yelling.

I saw Albert once a week for several weeks. Therapy focused on various issues, the most prominent being his feelings of anger and frustration. This anger did not seem inappropriate to me for several reasons. Here was a 37 year old man with a wife and two children. He had lived with hemophilia all his life and now he had contracted the AIDS virus from a process that was supposed to keep him healthy, a blood transfusion. He had always been the bread winner in the family and now he was unable to work. His emotional reaction was also one to be expected immediately or shortly following a terminal diagnosis.

However, as time went on, feeling angry become the major part of Albert's life. Intellectually, he appeared to accept his terminal diagnosis, but refused to deal with it on an emotional level. For instance, he would say, "I know that I have AIDS and will die" but he would never acknowledge or express his sadness and sorrow. Consequently, his anger increased and was often expressed inappropriately toward his wife, his children and the hospital staff.

Initially, therapy provided Albert with an outlet for some of his anger. However, as time went on, he began to withdraw into himself and talked less and less about how he was feeling. This detachment appeared to parallel his physical deterioration. Whenever new symptoms would arise, he would become more withdrawn and angry. He would cancel his appointments with me and avoid making new ones.

The occurrence of several opportunistic infections, which lasted for indefinite periods of time and often required hospitalization, resulted in Albert being too ill physically to engage in prolonged or intense conversation. When he would begin to improve physically, he would report that he was "doing okay" and was resistant to continuing therapy.

His inconsistency in participating in therapy made it difficult to resolve some relevant issues concerning his dying (his own grief process; communication between Albert and his wife and children).

It was difficult doing therapy with Albert because the inconsistency gave one the sense of always starting at the beginning. Whenever we would appear to be getting close to important issues, something would happen to break the focus.

As I began to know Albert better, I came to realize that his anger was doing two things for him. One, it was helping him avoid dealing with the emotional pain/sorrow he was feeling. In other words, it was keeping him from grieving. Second, because of his inability to grieve, Albert was able to delay accepting the reality of his terminal diagnosis and integrating it into his life.

As I explained in a previous chapter, dying people face multi-loss situations. The reality of no longer physically being who they once were, along with the knowledge that they are going to die, places them in a position in

which they have to choose themselves. Choosing oneself requires that one grieve for immediate and anticipated losses.

Looking at this situation from the temporal framework, it becomes evident that Albert's anger was in itself a kind of denial. Even though he would say, "I know I am going to die", he was not living his life as if that were going to happen. He was fighting the disease but fighting in a way that denied the reality of its impact. There was no attempt to integrate the disease into his life.

When Albert talked about himself, it was as if he were talking about someone else. He would describe himself and his experience in an objective way without appearing to be a part of it. It was like talking with three people: an Albert who used to be, and Albert that could have been and an Albert that is. There was a sense that he felt disconnected from himself.

Albert would refer to his body as "rotting" and "useless". He would frequently call himself a "corpse" and say that he "hated" his body. His body and the disease itself became an enemy to fight rather than a part of him that he had to learn to live with. It was as if he were going through the motions of living without being a part of what was going on. On several occasions he said that life had very little meaning left for him.

Albert's terminal diagnosis disrupted his sense of continuity. For Albert, the past became a time that "was" and the future a time that "would never be".

The three modes of time were no longer allies working together to form an integrated system, rather they were enemies fighting each other for the prominent position. This disintegration resulted in a lack of meaning in the present because the push-pull type of action that leads to unification and stabilization of the temporal structure had ceased. Albert's past and future were no longer flowing jointly into his present. The modes of time were no longer contributing equally to his existence but were seen as separate entities which had little to do with each other. Albert was "stuck in time", locked in a rigidity that robbed him of the very meaning of existence.

In effect, Albert was living in a constant state of denial, a denial that represented more denial of self than a denial of death. He was unwilling to integrate the who he once "was" (past) and the who he "will be" (future) with the reality of who he "is" now (present). Albert was unwilling to "choose himself" - a self who was dying.

Perhaps Albert was unable to choose himself because he was unwilling to do something that Sartre (1956) believed was necessary for a person to experience who they are - that is to face their own "nothingness".

Albert was unwilling to move toward that which he lacked, that is, he refused to confront himself and deal with the realities and implications of his disease. Therefore, he was unable to construct a temporal horizon from which he could view his existence and create meaning. He often talked about

experiencing a sense of disconnectedness with the world around him and with himself. His life became a series of events that "happened to him" rather than an experience that he participated in.

A participation in life consists of coming face to face with who we are. This confrontation with oneself requires an acknowledgement of and a coping with the emotional impact. The dying person experiences a sense of loss that results in a grieving process. This process, if not attended to, can become distorted and complicated, thus delaying the re-forming of the temporal structure.

Albert was unwilling to deal with his own grieving process. Even though he would say, "I know I am feeling sad and scared", he would never allow himself to express those feelings to any extent. Most of the time, he would refuse to even talk "about" his feelings let alone "experience" them. His existence appeared to be based on what Heidegger (1962) referred to as "detached knowledge" rather than on a totality of organized everyday activity.

Albert's choice to fight his disease by avoiding the reality of the prognosis was really an effort to avoid himself. His refusal to choose himself kept him in a land of limbo, unable to integrate the past and the future with the present.

The lack of integration in Albert's life affected his family as well as himself. One day he and his wife, Wendy, came to see me. Their relationship

had deteriorated to the point where separation was being considered. Wendy reported that she could no longer handle Albert's outbursts of anger toward her and the children. Albert agreed that his "screaming fits" were becoming more and more frequent.

In the past, there had been other crisis points, but this situation was more severe. It was evident that Albert was going to lose more than his life with this disease, namely his wife and his children, if he refused to deal with his reality.

I knew from my relationship with Albert that he looked at the world very concretely. He had been raised as the "traditional, macho male" and found it extremely difficult to express his emotions. Any feelings were usually hidden behind jokes or roughhousing. I knew that if I were to focus immediately on feelings, Albert would feel threatened and perhaps close up.

It was also important for me that Albert be able to feel good about himself, so the last thing I wanted to do was to make him feel that he had to do something (express feelings) that was alien to him.

I decided to focus on his freedom of choice in this matter and the consequences of his actions. That was something I knew he could understand and relate to. I also decided to be extremely honest and blunt with Albert in order to help him see what he was doing to himself and his family.

We talked about his children and how his behavior was affecting them. They were becoming afraid of him, refusing to listen to him and avoiding him. I said that the Albert I knew would never do anything to frighten or harm his children. He looked at me as if he had become aware of something new and his eyes filled with tears and he looked away.

I asked him who was going to prepare his children for his death? Did he expect me to do it or his wife to do it? I mentioned that one thing I was sure of was that he loved his children and that he had always put their welfare first; that his first priority had been to provide well for them. I asked him if he had thought about giving up that responsibility because he was dying. He looked at me with surprise on his face and said, "NO".

I said that it was understandable that he felt angry at the world for what was happening to him but that it was not his children's fault. I told him he had a choice: to leave the legacy of a supportive, loving father and husband or the legacy of an angry man.

We talked about still having time to create good memories and how these memories would be very important to his family's grief process. I reminded him that he could still be the major support system for his family. We talked about the possibility of him changing how the future was going to be for them.

This session appeared to be a turning point for Albert. It is possible that he realized that he still had a future, a future in which he could be a key participant. I believe that this session facilitated for Albert his ability to regain some power in his life. His autonomy was reinforced and responsibility for his own life was given back to him. In effect, I told him that he could handle this crisis like he had handled every other crisis in his life.

People who are dying need to be assured that they can die "their way". I believe that Albert realized during this session that he still had control over his life and choices to make. He began to set regular therapy appointments and made plans to involve the children. In therapy, Albert's focus was mainly on "what" he was doing rather than "how" he was feeling. However, this focus became less prominent and he gradually learned how to express his feelings more appropriately. In other words, he began getting in touch with his feelings of sadness and allowed himself to express them. Consequently, his angry outbursts were less frequent. He reported that communication between him and his wife had improved and that the situation at home had become more stable.

From the temporal perspective, the focus of therapy was on Albert's ability to choose himself. Participation in a grief process requires the acknowledgement of an emotional self but this was something that Albert hesitated to do. He was aware that he experienced intense emotion but he treated it as a separate entity, something that was not a part of him.

Albert's defense against his emotions can be seen as an avoidance of a self that could feel that emotion. Even though he knew that self existed, he dreaded the discovery of that self (Edwards, 1982).

Albert's continued participation in his own grieving process would help restore the sense of continuity that his existence so desperately needs. Facing his feelings honestly and working through them would help Albert see himself for who he is, not someone he thinks he has to be. His past, present and future would once again be integrated to form a meaningful existence and he could truly live until he dies.

A meaningful present depends on the integration of the future. Albert sees himself as not having a future and consequently limits his possibilities. His future has become one that is pre-determined. He is no longer "being-toward-the-future" and is standing still in time.

The fact that Albert is going to die does not mean he does not have a future. Therapy could help him see that his future is not pre-determined but is "yet-to-happen" depending on the choices he makes.

Besides allowing the children to understand and work through their own grieving process, their involvement in therapy could assist Albert in the restoration of his temporal stability.

First, involving the children in therapy will provide Albert with something he can be committed to. Kierkegaard (1959) stated that individuals are in despair until they find a commitment that gives their life a serious meaning. Albert has lost his sense of commitment. He often says that he feels he has nothing left to give his children. It is Albert's decision whether or not his children will come and see me. Involving them in therapy reminds Albert that he does have something to be committed to: the welfare of his children. It reminds him that he still has the responsibility to care for them and provide for them, not just for material needs but for emotional needs as well. Through this involvement, Albert may come to realize that his life still has meaning and that he can create that meaning.

Secondly, involving the children in therapy could help Albert with his own grieving process. Children can be very honest and spontaneous in expressing their thoughts and feelings about death. Albert's children could teach him how to grieve. Witnessing their grief reactions and supporting them as they grieve may encourage him to express more of his own feelings.

It is difficult to predict what the outcome of therapy will be for Albert. I am encouraged to see him more involved in therapy and it appears that he is coping more effectively than he has in the past.

I anticipate that Albert will develop more effective coping strategies as time goes on. His behavior already indicates that he is trying to modify, to

some extent, how he thinks about and how he deals with living and dying; for instance, he tries to acknowledge and express his feelings of sadness.

However, I do not assume that there will be any fundamental behavior changes with Albert. Schneidman (1978) suggests that people die as they lived. Such is true for Albert. His life has been built around the concrete so it is not surprising that this focus would still provide meaning in his life. An individual's personality does not necessarily change because he or she is dying.

What might change to some extent is Albert's ability to deal more effectively with the stressors that he faces. In other words, he may learn to express his anger in a more appropriate fashion. What will not change is his view of existence and how he sees himself in that existence.

At this time, Albert is feeling well physically and he is able to do more. For instance, one day he was feeling strong enough to wash his car. This type of work represents quality of life for Albert, and when he is able to "do things" his mood lifts significantly.

It is probable that when Albert begins to have symptoms again he will react in the way he has always reacted. He will become angry and withdrawn. In other words, there is the possibility that Albert will choose to remain in his denial. While we may prefer to see a different response, it must be kept in mind that it is Albert's right to handle his situation as he chooses. An attempt

to push Albert toward what some people call "acceptance" would be counter-productive.

Validation of his experience does not mean that I have to exclude making him aware of the consequences of his behavior. If I fail to acknowledge his experience, whatever that experience is, I am rejecting that experience and "not choosing" to be with Albert as he is. How can I expect Albert to choose himself if I cannot do the same?

I do not see this outcome as an indicator that therapy has failed. If I were to look at this situation from the perspective of a stage theory approach then I might be more discouraged. I would see Albert as being stuck in anger and denial, unable to move toward acceptance of death, dying what some people would refer to as a poor death.

A temporal framework helps me view this case from a perspective that allows for more potentials and possibilities and because of that I am able to go further with Albert and his family. Dealing with Albert's anger means to "work with" it, not try to "get rid" of it. His reactions are important indicators of what he is experiencing and who he is, not someone I think he should be.

Even though Albert may not "accept" death according to the stage theory approach, it does not mean that he will not reach a reconciliation with death that will be acceptable to him. My goal with Albert is not to push him toward an acceptance that is meaningless to him but to help him die an

"appropriate" death (Weisman, 1972a), a death that has meaning for him because it reflects who he is.

Buddy

Buddy is a 45 year old homosexual diagnosed with AIDS. He was quite weak physically and had various opportunistic infections when I met him. His condition has deteriorated steadily since that time.

Buddy has a university education and had been a teacher most of his life. He had applied for and received disability benefits. He lived with his partner and described their relationship as stable and supportive.

The initial reason for referral was because Buddy was "very upset and anxious". He reported that his anxiety was due to the fact that his condition was worsening. He said that he felt in himself that he was becoming worse.

Initially, therapy focused on Buddy's relationship with his sister. According to Buddy, this relationship had always been a very disruptive one. He described his sister as manipulative and obsessive. He tended to take responsibility for his sister's reactions and said he felt guilty when she become upset over something he said.

Buddy reported that for years he had endured this situation but now he felt that he no longer had the time nor the energy to devote to constant squabbling. He said that his priority now was his own quality of life and he had to start detaching somewhat from his sister.

Gradually, the emphasis of therapy moved from Buddy's sister to himself, specifically, how he was coping with his dying. As time went on, Buddy developed pneumonia and was admitted to hospital. He was discharged after a few days but remained very weak physically and experienced a series of opportunistic infections.

During that time, Buddy incurred several significant losses. These included the loss of his job and changes in lifestyle (inability to engage in social activities or contribute to upkeep of the house, receiving home care). His physical condition was deteriorating, which meant that he had to make continued physical, emotional and psychological adjustments.

Buddy experienced one of his most significant losses when he had to have a blood transfusion. For Buddy this development indicated that he no longer could control what was happening to his body.

This realization was followed by a period of depression in which Buddy withdrew into himself for long periods of time. He went through the motions of doing what he had to do but it was evident that his heart was not in it. He came across with a sense of weariness and verbally expressed the same on several occasions. He talked about how discouraged he was and how life no longer held much meaning for him. As he put it, "what is life worth if you always feel so sick?"

I did not attempt to take Buddy out of his depression. I considered it to be a healthy reaction to a very difficult situation. Buddy was dealing with a multi-loss situation, as well as confronting the inevitability of his own death. The impact of this reality had resulted in acute grief reactions.

From the temporal perspective, Buddy was standing still in time. His temporality had been disrupted, leaving him with a sense that neither his past nor his future were relevant.

Even though this experience was a painful one for Buddy, I saw it as a necessary component in his journey toward acceptance. He was confronting his own sense of nothingness and needed time to transcend that nothingness (Sartre, 1956). Therefore, his depression and withdrawal were healthy responses which would enable him to come face to face with himself. They were positive indicators that reflected Buddy's struggle to transcend his nothingness, to reach toward what Catalano (1985) referred to as the "foundation of value", a totality that even though unattainable, we still strive toward.

Buddy's depression was symptomatic of his grieving process. Instead of trying to get rid of this reaction, I attempted to share it with him. I acknowledged the importance and validity of his feelings and tried to facilitate his grief process. When he expressed concern about the intensity of his feelings and his worry that this intensity would never decrease, I attempted to normalize his experience by encouraging him to ventilate his feelings.

May (1961) talked about the "immediate experiencing" of the individual. His emphasis is on the human being as he is emerging or becoming. May proposes that we can only know reality by participating in it and having a relationship with it. Experiencing is more than the acknowledging and expression of emotion. It is a way of being with oneself that encourages integration and unity.

Gendlin's (1962) "felt experience" comes closest to what I mean here. He refers to experiencing as the "present flow of feeling", "the raw, present, ongoing functioning". It is a type of inner sensing of what is going on within us. Gendlin suggests that experiencing plays a basic role in behavior and in the formation of meaning. In other words, meaning consists of more than logical schemes and sense perception but includes felt experiencing as well.

For Buddy, the "felt experience" became the pathway by which he confronted and chose himself within the context of a concrete lived situation. Initially, Buddy was hesitant to enter into his own experiencing and tended to talk about his emotions rather than live them. Gradually, he realized that his grief reactions were healthy responses to his situation and he began to experience himself in a new and different way.

As this process continued, Buddy's depression decreased significantly and his periods of withdrawal were less frequent. He began to see his reactions as healthy and appropriate to his situation. His attitude toward his periods of depression became more positive in that he became more tolerant

of his own experience and allowed himself to feel depressed without feeling guilty about it.

In effect, Buddy began to "live" his experience. He became an active participant instead of a passive observer. This involvement resulted in Buddy once again experiencing the continuity of existence, an existence based on meaning rather than motion. His past, present and future once again represented a totality from which he could view the world. He was once again dealing with a future that was based on reality, in other words, an authentic future.

As Buddy resolved the situation in acting (Binswanger, 1944), he confronted his experience as in the present and was able to project himself toward a future built upon an authentic reality rather than one built upon fantasy and regret.

Buddy did not remain "stuck" in his concern for survival and the need for security and safety. He was able to transcend those needs (Zinker & Hallenbeck, 1965) and began to "round out" his life and bring some closure (Zinker & Fink, 1966).

Unlike Albert, Buddy began to integrate his physical reality into his life. He saw it as a part of him and tried to work with it and not against it. Unlike Albert, Buddy faced his emotions and allowed himself to express

them. I think that his willingness to work through his own grieving process helped and continues to help Buddy cope with his dying.

Buddy is gradually leaving behind those activities and involvements he is no longer able to do. His sense of loss regarding these areas is significant and his grieving process fluctuates as his physical condition worsens. Each new loss results in a grief response and requires some type of adjustment.

Although his future is a shrinking one, Buddy has hopes and aspirations that contribute to a meaningful present. These hopes and aspirations are focused on the immediate future and his goals are modest ones which he knows he can meet. As he puts it, "just getting to the hospital and back is an accomplishment that I am proud of".

Even though Buddy is experiencing physical ups and downs, his spirits are high. He reports decreased depression and anxiety regarding his eventual death. In many ways, Buddy appears reconciled to his situation and to himself. He talks openly about his death and appears to be prepared for what is to come.

This sense of peace and calm seems to be reflective of what Kübler-Ross refers to as acceptance. However, her description of this state as one almost devoid of feeling, does not fit with Buddy. His sense of calm does not come across as a detachment from the world. He is certainly not devoid of feelings and continues to express them openly and is involved in activities as

he is able. Just the other day he said, "I am not ready to die yet but I am prepared for it".

This statement does not reflect denial, but acceptance in the true sense of the term. Buddy is living his dying as a part of his life. Acceptance does not mean giving up or losing hope; rather it implies coming to an essentially positive, personally satisfying adjustment (Despelder and Strickland, 1987).

Buddy is, according to Keleman (1985), facing the conflict of moving from endings to middle ground to new beginnings. He has asked himself the question, "Shall I go back, or move forward?" and has decided to move forward. He has decided to shed the image of who he should be; to allow who he is to emerge as he assumes the shape that indeed reflects the experience he lives.

One wonders how Kübler-Ross would interpret Buddy's response. Perhaps she would see his creativity and motivation as indicators of denial rather than acceptance. Does a person's ability to move on in the face of death and to create something new indicate a denial or an acceptance of death? Perhaps true acceptance of death is reflected in one's ability to fully embrace and experience life in the face of death.

Chapter 7

DISCUSSION

The temporal framework that I have presented provides us with a new way of looking at the dying process. An understanding of this basic structure of existence is essential if we are going to move beyond where we are with the dying experience.

I have expanded upon specific issues to clarify my position. The critique of several current theories of the dying process has revealed their limitations. The ambiguity present in several of these makes it difficult to distinguish between denial and acceptance. Consequently, the movement from denial to acceptance is blurred and we are unable to interpret the experience of the dying person.

I have presented specific case studies, and have explained how to look at the dying process from a temporal perspective. This temporal framework helps us see the dying experience as a part of life rather than an event that is separate from life.

The stage theory approach encourages us to take people out of their experience rather than work with it. It attempts to look for the common denominator and categorize individuals. In short, the stage theory approach suggests that we direct peoples' experiences by following a series of stages rather than assist them to be who they are. If they do not reach "acceptance", they are regarded as dying a poor death.

If we make a distinction between the body and the self, then we can say with Kübler-Ross that one can accept the death of the body. However, one does not have to accept the death of the self, for the self is an extension beyond the self. Children, memories and a belief in an afterlife are all extensions of the self that exist beyond the death of the body. With my death I do not say 'nothing remains', because always something remains of me. Therefore, while I can accept the death of the body, I do not have to accept the death of self.

Albert, in bringing his future (children) into the present, realized that he could accept the death of the body without accepting the death of the self. Initially he had the feeling that body and self had ended, and he denied death. When he separated the death of the body and the death of self, he realized that he could accept death because his self was not threatened.

Buddy came to this realization sooner and was able to integrate his dying into living at a faster rate.

From the temporal perspective, denial can be seen not only as a positive indicator, but also as a necessary element in a person's journey toward acceptance. Both Buddy and Albert can be seen as working at acceptance of the death of the body through denial of the death of self.

The temporal framework allows us to journey further with the person because its focus is on the person's experience, not on the symptoms. It

allows the person to integrate dying into living so that a sense of continuity is restored and existence once again has meaning.

If the dying person is going to enter into an "experiencing" of his dying, we have to be willing to become part of this unique relationship. Our moment-to-moment experience makes an important contribution to the therapeutic process (Kepner, 1987). We need to be an active participant in the process, not a casual observer.

This type of participation demands that we "share" the experience of another as much as we can rather than apply psychological techniques. This task is a difficult one, for to enter into a dying person's grief means to share their pain.

In order to understand another's experience, we need to listen to that person in a particular manner. Listening is an art that, if practiced well, can help us become part of the person's experience.

Listening is more than hearing "what" the person says. I would not go so far as Perls (1973) to say that "the content of a client's words is a lie", but I do believe that effective listening involves hearing what the person "means" rather than what is said. In other words, we need to listen with an emotional ear rather than an intellectual one.

Gendlin (1962) referred to this type of listening as "listening with the third ear" as it enables us to obtain a better sense of what the person is experiencing. It is this type of listening that enables us to respond to the person rather than to the illusory persona Busick (1989) spoke about. When we respond to the person, we encourage participation in his or her own experience, which can lead to a more authentic relationship with self and others.

Smith (1976) suggested that "the ultimate joys are not born of manipulation and control but by authenticity". When we are authentic with dying people, they can be authentic with themselves. They come to know themselves as they really are and to choose to be who they are. This decision to choose themselves leads to the restoration of the temporal structure and new meaning.

There is the possibility that there will be those, like Albert, who will choose to remain in their denial for an indefinite period. Attempting to force or push someone toward what we believe to be the best experience is counter-productive. In fact, it is likely that this approach will increase the person's rigidity and reinforce a state of denial.

It is important to keep in mind that each person has a unique temporal structure. Individuals engaging in the same process (unification of the temporal structure) and heading toward the same goal (new meaning) will do so in a way that is appropriate to each.

We should not expect everyone to work through their dying process at the same rate or in the same manner. Feifel (1961) expressed this thought when he said "death is terrible to Cicero, desirable to Cato, and indifferent to Socrates".

For some, stabilization of the temporal structure happens within a short period of time. For others, this adjustment period takes longer. We have the tendency to expect the same reaction from everyone, and when someone deviates from what we consider to be the "normal responses" we become impatient and directive.

Weisman (1972b) put it aptly: "when we categorize anyone, we reduce him to the least common denominator and he becomes less that he is or could be". When that happens, we can have a negative influence on the individual's experience. We become rigid in our determination to "help" the person "out of" denial instead of using it as a part of the process. There are many individuals who require a lengthy period of time to "choose" themselves and we need to be prepared to accompany people at their own rate.

Therapy, in general, should be regarded as a healing process. This position is especially relevant when doing therapy with people who are dying. Therapy builds a bridge of reconnection that allows the person to experience the continuity of existence which gives meaning to life.

Working with someone who is dying requires that we discard the notion of changing that person. Change is not the goal. Nor is it our goal to help people reach a quiet acceptance of death. Our goal should be to facilitate a process of reformulation that leads to integration, an integration of self that leads to an acceptance of life.

True acceptance means acknowledging those parts of self that have been set aside and integrating them into a meaningful whole. In other words, acceptance is being who we are (Buber, 1988). When we are able to accept ourselves, the gap between the past, present and future will disappear and existence will once again become meaningful.

The metatheory that I have presented provides a system of meaning and thereby enables us to understand the dying person's experience from a different perspective. However, this alternative framework is not an all-inclusive one and has only begun to explore the relationship between temporality and the dying process. Much remains to be done. The following issues are among those that should be addressed:

I contend that denial is not only a rejection of self (not choosing oneself) but that it is also a "necessary element" and, in a sense, an assertion of self. This constructive characteristic of denial and its relationship to hope could bear further exploration. Hope seems to be particularly embedded in temporality. When is hope constructive and when is it counterproductive?

Zinker & Fink (1966) propose that some dying individuals get "stuck" on basic needs and often deteriorate psychologically. Others begin to think in a more fluid way; the fluidity appears to stimulate them to examine their past, their beliefs and the nature of things around them. The case examples I presented reflect this contrast. What accounts for the fact that Buddy was able to transcend his physical needs and show signs of psychological growth, whereas Albert's physical needs became the focus of his life and death?

What about individuals who die in a matter of weeks or months? Would the metatheory I propose help me understand this experience - is it independent of the length of time the person has to live? In other words, what is the relationship between meaning and the disease progression?

Further research is also required to address in more depth the clinical utility and effectiveness of the relationship between temporality and the dying process. How much clearer can the "new" definitions of denial and acceptance be, especially in terms of how they translate into observables?

The journey from denial to acceptance will always be fraught with a certain amount of ambiguity. Perhaps the dying process will always be, and perhaps should be, mysterious. However, I believe that the concept of temporality helps to lessen this ambiguity and make the relation with death more meaningful.

An understanding of temporality enables us to distinguish between denial and acceptance and consequently allows us to participate in the dying person's experience more fully and travel further with him or her. In effect, looking at the dying process from a temporal framework can mean the difference between treating a symptom and allowing a person to experience dying not as an event that is separate from life, but as a part of life.

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