
Counselling via a "Death Perspective"

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Résumé

L'auteur nous fait remarquer que la littérature clinique a fait beaucoup de progrès dans les efforts à assister des personnes faisant face à la réalité de la mort (par exemple dans le travail avec des patients en phase terminale, conseillant quelqu'un qui a perdu un personne bien aimée, etc.). Mais, il indique un manque dans la littérature en ce qui concerne *le perspective de la mort* et son utilisation thérapeutique.

En se reportant à Heidegger et ces contributions à la psychologie existentielle, l'auteur explique ce qu'il veut dire par *perspective de la mort*. Il indique la possibilité thérapeutique et propose de lignes directrices pour une utilisation prudente de cet perspective en counseling.

Abstract

The author points out that there has been much progress in the clinical literature in helping people deal with the *event* of death (e.g., working with the terminally ill, counselling someone who has lost a loved one, etc.). But, he argues, there is great neglect in the literature regarding viewing death *as a perspective*, and its valuable clinical use. By referring to Heidegger's contributions to existential psychology, he explains what he means by this perspective, how it can be used therapeutically in our counselling, and offers guidelines for its careful application.

INTRODUCTION

There has been much progress in both the literature and clinical methodology in helping clients handle their own death, or separation and grief regarding the death of others. Kubler-Ross (1969) has given us both cognitive-affective and, thereby, clinical guidelines in her delineation of the stages the terminally ill go through in their awareness and anticipation of their own death event. Also, much work has been done by her (Kubler-Ross, 1975) and Becker (1973) in locating how society and the history of ideas have placed this mortal event in the fabric of our culture in the form of funerals, dying rituals, religion, the meaning of heroism, etc.

However, there is little help for counsellors who are frustrated by clients who often waste their lives, or who lack motivation to grow, and live as if they had all the time in the world. These clients have not experienced death as close to them. They live in a kind of "forgetting of mortality," a form of denial. Can we awaken these clients for growth? Yes, I think so. In order to do this, we must learn to bring into our counseling the notion of death as a *perspective*, rather than just as an event. Let me explain.

The consistent focus of most of the literature is on the death *event*. Death is most often dealt with as a happening at a particular time and place. Though the literature is very outspoken about the influence it has

due to its universality and inevitability, even this recognition is still discussed with an emphasis on the *event*, e.g., my dying or someone else's mortal *event*. Aldrich's "The Dying Patient's Grief" (1963), Bowers' *Counseling the Dying* (1964), Caine's *Widow* (1974), Hinton's "Facing Death" (1966), to name but a few, all focus on the *happening* of death and dying as it comes or has occurred as an *event* in people's lives.

My point is that not enough clarification has been given to our understanding of death as a *perspective*, the *framework* by which and from we decide, understand, and live all of our events, not just our last death event. True, we may hear recognition of how death awareness permeates our living, or even how it is involved in most of the sociology and psychology of our society: "Death is as much a part of human existence, of human growth and development, as being born" (Kubler-Ross, 1975, p. x); "if we look at death from a different perspective, then we see that it is the promise of death and the experience of dying, more than any other force in life, that can move a human being to grow" (Kubler-Ross, 1975, p. 117); "it is the mainspring of human activity" (Becker, 1973, p. ix); "it is the basic fear that influences all other fears" (Becker, 1973, p. 15); death is "the worm at the core" of all of man's pretensions to happiness (James, 1902, p. 121).

However, even these recognitions of death as a perspective emphasize its once-happening event quality, though the recognition of this event is seen as influencing all human endeavours and concerns. Even these descriptions of death as a perspective reveal what I consider to be two serious limitations: (1) they reify death as a perspective, focusing the description of this perspective as one would focus on a particular *thing* in time, or through time; (2) they do not unpack or elaborate the various aspects of death as a *framework* (not an occurrence) so it can be systematically used as a clinical perspective with, perhaps, great therapeutic effect. Just as "time" can be discussed as a thing or happening that happens and influences us, "death" has often been discussed this way. But, we can also view "time" as the *context* of all of our being, as the framework, perspective or pervasive unavoidable viewpoint of all we are or can be concerned with. We must attempt to view "death" this way also, so that we may delineate it as a pervasive contextual framework, and as such, give it more language in order to make more use of it to enhance our lives and our counselling of others. Just as Lifton (1979) attempted "to explore the place of death in the human imagination, and its bearing on our sense of endings, changes, and beginnings" (p. 7), we must bring this place of death to bear more clinically in our counselling.

DEATH AS A PERSPECTIVE

My comparison of how we can either think of "time" as a thing which happens or as a context for all being, with how we can think of "death"

as an event or a context for all being is no accident of exemplary selection. We owe Martin Heidegger the honor of this exemplary insight, as he expands on it for over 480 pages in his profound work, *Being and Time* (1926/1962). Heidegger points out that our basic state of how we are alive, being in the world, is not like a thing in another thing, like a pencil in a pocket, or even in a place (Heidegger, 1926/1962, p. 91-102). We are being *in* the world more as *involved* in the world, more like a magnetic field is in the world. And we are a *concernful* field of being, our being permeates with a caring in and of the world that is *our* world (pp. 225-235). And this world is not the earth, nor any reference to geographical place. It is *our* world, our world of concerns with things, involvements, cares for, about and with others (pp. 95-114).

But, Heidegger does not stop there. He argues that, more significantly, we are being-in-the-world always temporally. Our being and our involved is thoroughly temporal (Heidegger, 1926/1962, pp. 274-281). And, the temporality which makes up our being is a temporality that always consists of an awareness of the limit of our time (death) even if at times this awareness is only pre-conscious (pp. 282-312). Therefore, we are always being-onto-our-death, or being-concerned-with-our-world within the ongoing context of our knowing that we end—though we may seldom bring this knowing to the surface (pp. 349-352). For instance all our goals and hopes are *qua* goals and hopes for our lives by virtue of our knowledge that these strivings are wanted before we die. If we did not view our “hopes” and “goals” within this awareness, these words would lose their meaning.

Let me elaborate, as simply as I can here, this Heideggerian find: what I have been calling “seeing death as a perspective.”

AN ELABORATION OF THE VARIOUS ASPECTS OF “DEATH AS A PERSPECTIVE”

(1) If we are being-in-the-world always within the context of our awareness of our finite temporality, then we should pay attention to the fact that our nature is not like a “being.” Instead, humans are special kinds of beings in that each is beyond itself. No description of its *present* state adequately describes this kind of being. It is the human “being-toward...,” or “being-beyond...,” that is the essence of human “being.”

(2) Since this existence is “Dasein” (Heidegger’s term), a being-there, that is always a being-towards, it is always a *Dasein* that is beyond its own “here and now.” Therefore it must be realized that homeostasis is not the natural (healthy) state of *Dasein*. *Dasein* cares, is concerned with, opens to its world with things at stake, with things that matter, or are at issue for it. In this sense, a growing, healthy *Dasein* is not that being always needing to be brought to resolution or to a state of homeostasis,

e.g., through resolution of its conflicts. As Robert Kegan (1982) has explained it: “what is most fundamental about life is that it *is* motion (rather than some *thing* in motion)” (p. 8). A certain kind of tension must be seen as productive of and a sign of health for this kind of being (Frankl, 1967, pp. 47-48, 50-51).

(3) As we said before, *Dasein* is always “being toward-its-world” in *time* or toward time. Let us now elaborate this point. This always being towards time is a “being-towards-the-future,” or, more accurately, a “being-out-of-the-past-presently-towards-the-future” (Heidegger, 1926/1962, Section 69). *Dasein* is usually busy with things or people in order to accomplish specific goals or projects. Each doing is “for the sake of . . .” and, ultimately, these all have their origin in a pre-conscious awareness of finite existence. To say it more explicitly, *Dasein* is always directed towards its world at least pre-consciously with an awareness of its own “being-toward-the-end,” or “being-toward-death” (Heidegger, 1926/1962, Section 51).

It is in this context that we understand *Dasein* as that existence needing to actualize or fulfil meaning within its finite world or mortal existence. A thing that is not *Dasein*, but merely an inanimate object, is never aware, or beyond itself, or able to be concerned *toward*. . . Meanings are the nemeses only of human existence. And, to project oneself is a choosing to actualize meanings in light of the fact that we have not all the time in the world. Our *urgency* is the implicit influence of our awareness of our limited time (our eventual death).

USING “DEATH AS A PERSPECTIVE” IN OUR COUNSELLING

What interventions might be made, e.g., in an individual counselling session, that make use of this perspective? Each intervention will have to consider the “readiness” of the client and the “timing” of the intervention. Some interventions might be low level remarks a counsellor might make for a client who is somewhat fragile; while other interventions might go deeper for a client who is more ready. Also, the timing of each intervention is important; a well phrased remark, but at the wrong time, might be debilitating rather than helpful.

However, before we consider the “readiness” of our clients and the timing of these interventions, let me detail the kinds of interventions that might be made in counselling via a death perspective:

(1) It might be helpful with some of our clients to just pause within ourselves, as we listen to them, and say to ourselves, “He/she will die someday,” and see their pains and strivings in this light. For instance, if a woman comes to us complaining she is upset about being just a housewife, our new perspective might lead us to understand that her complaint extends beyond her restricted role in a sexist marriage or

society. We would understand that she is also a *Dasein* whose complaint may be understood as a troubled lack of meaning in her life. And also, that beyond her awareness of the lack of meaning in her present life, she has at least a pre-conscious awareness of her life as finite. In fact, her complaint can be said to make sense only if it is taken as a complaint on the order of “I am living this way; I don’t like it; I don’t want to keep living this way because I have only one life to live (before I die).” It may be helpful to our understanding of troubled clients if we at least view their reasons for entering counselling, or their “I’m tired of being like this” statements as containing at least a pre-conscious awareness of their own *Dasein* and its mortality.

We may just notice all of this silently and take from it, probably, a heightened awareness of the problem our client is feeling, its context and its full meaning in our client’s world. Thereby, our listening and empathy might improve, and with these, our clients might feel that we are with them and there for them more. Or, we may decide to take what we notice here and apply it *explicitly* in order to take our client into a deeper level of awareness: “Jane, I think that when you complain about just doing housework you are saying you don’t want to live this way the rest of your life.”

(2) Or, instead of just reflecting back this perspective to our clients, we might wish to formulate specific *questions* that bring the awareness of finitude to the surface:

- (a) “John, you’ve been saying you’d really like to change this behaviour. Well, how long to you want to keep going on like this?”
- or (b) “John, how long do you think you’ve got?”
- or (c) “John, how old are you?” (You just say this right in the middle of the session.)
- or (d) “John, how many years do you think you’re going to live?”
- or (e) “John, what’s today’s date? When do you think you’ll die? How much time do you have left?”

The above interventions represent varying levels of depth and explicitness, and, as I mentioned before, we will have to discuss (Section V below) the *timing* of these kinds of input, as well as their appropriateness depending on the varying *readiness* of our clients.

(3) We might simply re-cast our clients’ presenting problems and complaints in terms of their struggle for meaning in their life, or, more deeply, see their hopes and dreams as urges (an *urge-ncy**) to actualize some meaning (before they die). We may choose to simply view the complaint, e.g., “Nothing I do seems to matter!” silently from this perspective and thus amplify our empathy. Or, we may wish to take this perspective and just reflect it back, e.g., “I guess you’re saying your life is

* Notice that this motivational term is simultaneously a temporal term.

still going on and you can't seem to find much that is meaningful." Or, we may wish to make this perspective very explicit and take our client to a deeper level by asking a question, e.g., "From the viewpoint of your entire life, what *would* feel meaningful to you?" Or, deeper yet: "What would've felt meaningful to you in your life, let's say, if you were asking yourself that question someday when you are dying?"

(4) Similarly, regarding a client who is in conflict about whether to get married, or undecided about choosing a career, or whether to have a child—we might just say this "death perspective" to ourselves as we work. Or, we might reflect back the perspective (e.g., "I guess you're saying this troubles you because you haven't got all the time in the world to decide."). Or, we might be more explicit and go deeper and ask questions (e.g., "Let's say you're on your death bed and you decided to not have children. How would that feel?").

(5) Or, we might choose to psychodramatize any of the above concerns. We may say to Jane, "Pretend you're now 95 and it's the end of your life. Where are you? Answer as if you are there now. Are you still a housewife? How is that feeling? What do you regret?"

Or, we may say to John, "John, you're now 95. Where are you? Are you still doing that same old behaviour we talked about 40 years ago? Why weren't you able to change?"

Or, we may say to our client in conflict above, "You're 95 now. Hi, how are you? I see you got married and have kids. Are you glad or do you regret how you've lived your life?"

(6) We can also simply ask our clients to, e.g., draw a picture of their life, or a graph that shows how their life is going, or will go, or end up. We might even ask them to write a letter to someone as if it were their last letter, before they die. Or, we might even ask them to try to write their own epitaph—just to gain clarification of how they see their life, themselves, their goals, etc.

HOW AND WHEN TO USE THIS PERSPECTIVE: READINESS AND TIMING

It is clear from the examples of possible interventions mentioned above that a counsellor can use this death perspective with varying levels of depth. Roughly speaking, one uses the perspective more deeply as the numbers get higher in the following scheme:

1. You can just verbalize the perspective to yourself and just view your client through it.
2. You can reflect back the client's feelings in terms of the perspective (as in our comment to Jane in Section IV-1 above).

3. You can *ask questions* that evoke the perspective (as in those we asked John in IV-2 above, with (e) being deeper than (a) or (b)).
4. You can actually mention the word "death," or refer to "dying," or "the end of your life" in your question (as in IV-2e above).
5. You can psychodramatize the perspective (as in IV-5 above).
6. You can ask your client to express his/her problem using the perspective in a *non-verbal* way (as in IV-6 above).
7. You can ask your client to imagine that his/her death is present (as in IV-6, "write your own epitaph").

Obviously, interventions 5, 6 or 7 make the perspective more explicit, take the client deeper, and are more threatening than interventions 1 or 2. Some clients will find level 2 interventions completely unthreatening, but also not very therapeutic. On the other hand, some clients find level 5 interventions so threatening, they are not only not therapeutic but often unravel intense loose-ended emotions that can't be handled.

We must be as wise as we can regarding our timing and our clients' readiness. When is a client more ready for a more explicit, deeper intervention? Clients who have a strong therapeutic relationship with you are more ready than clients who are just beginning with you, or don't trust you. Clients who can verbalize their feelings and feel these feelings are acceptable (especially the vulnerable feelings) are more ready. Clients who do not feel alone, who have significant, supportive relationships, are more ready than those who feel alone and isolated. Clients who display ego-strength (e.g., take pride in their work, can disagree with others without much anxiety, show will power, etc.) are more ready. Clients who feel some personal power in their lives, have a sense of hope,* and feel able and effective are more ready. For some clients the realization of their mortality depresses, even debilitates, them. Others, who feel they are able to be effective in their lives, take this mortal realization as fuel for greater motivation ("That which does not kill me, only makes me stronger" (Nietzsche, 1879/1974, p. 96)). A client who feels the support of a particular philosophy or religion, especially one shared in some kind of spiritual community with other believers, is more ready than one who feels no such support.

Regarding our timing of these interventions, obviously they should not be made at the very beginning of the counselling session. They are best made after a client has vented many feelings, feels that you understand these feelings and does not *need* to say more, though may want to. The client should have already integrated his/her last emotional statement, and is not talking to you "off-balance" from it. Also, these interventions should not be made at the very end of the session. Depending on the level of depth at which you choose to intervene (1-7

* "Hope can be defined as a feeling of personal power in the face of some kind of termination."

above), all these interventions will create reactions that need to be listened to and supported. Some may even need some avenue for resolution, if not a plan for solution. They all usually create anxiety. So, we need to be there for what we've started. Of course, we can always choose to do only level 1 or 2 interventions, and keep the anxiety level low. But, the trade-off is that if we never present our clients with anxious realizations or suggested risking behaviour, we do not help them grow. Or, they grow so slowly that what they wish and do may be too late (they are going to die some day; they may need "to know" that, more often and more clearly). But, we can make such interventions in our counseling via the use of this death perspective if we watch clients' readiness and our timing.* Then, we can be helpful not just with regard to the death event (the terminally ill, loss of a loved one) but, also, with the quality of ongoing living before death.

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* The author highly recommends: *Death Out of the Closet* by Stanford and Perry (Bantam, 1976) for those counsellors who work with children in groups, especially in schools. It is excellent for developing a curriculum for death education.