

Confronting Death and Dying with an Aging Parent

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This case is about a child worried about her aging father losing his health. The counselee sees her father, an eighty-year-old, having anxiety concerning his hypertension and constantly measuring his blood pressure. She had tried to stop her father from being “obsessed” (quoted from the counselee) but her efforts have been in vain. Her father’s aging body caused him to stumble and thus could no longer do any outdoor activities. She carefully tried to help and encourage him to do some chores at home so that he would not get even more depressed or lose more capability of doing daily activities. She told me, “I know Dad is getting old. He is not as healthy as he was. Accidents are expected. But talking about his emotions and feelings... I would like to pamper or comfort him somehow, but don’t know a better way to do it. I feel helpless. I just couldn’t do anything about it... I feel sorry watching him suffer...”

The first step of Logic-based therapy (LBT) is to identify the counselee’s emotional reasoning. I tried to hold on to the emotional word “helpless” and wanted to see how things would go. The counselee agreed that she not only worried about her father’s health, but his frequent fear and negative emotional reactions. She said, “I am afraid that he worries too much,” and “maybe it’s not that Dad worries too much, but we are anxious about his being too anxious.” Therefore, I started to try to continue with the emotion of “anxiety,” and wanted to see what her emotional reasoning would be. I attempted to identify the rule premises for the counselee; for example, “A person in normal aging process should not suffer from psychological pain.” However, the counselee did not discuss the premise but instead re-interpreted her opinion on how aging affects a person physically and psychologically. At that moment, I felt hurried to complete the first step and identify the counselee’s emotional reasoning with the rule premise I provided. But I finally decided to hold back and let her lead the conversation.

From how aging affects our body and mind, our conversation came to how she wants to help her father. She wants to be able to talk about death with her father. She said, “I’m watching him become lonelier and his body is getting weaker. It seems like he’s getting closer to That Day. But I feel that there’s nothing I can do anymore... I can no longer simply be a daughter chatting with her father, and cannot find someone else to get into his heart...” So, the focus shifted from her anxiety about her father’s wellbeing of body and mind to the anxiety of facing death. Now, as an intern counselor, I was caught in a dilemma: should we go back to the earlier premise or go on to discuss how

to deal with the anxiety about death?

We didn't close the conversation with completing all five steps of LBT. I think, obviously, it was because I was not fully familiar with the steps. What did I learn from this case? First, I need to practice and get familiar with the counselee's emotions and their logical reasoning. Secondly, experience will help the counselor to not be overly judgmental towards the counselee even when the counselee's fallacies are revealed. Thirdly, a discussion about the needs of the counselee can help to better control the topics covered during the session. Maintaining time is yet another skill that I need to practice. During the session, even though I showed empathy to the counselee, it still took quite some time for her to reveal her emotion, which she showed by shedding tears. Last but not least, it is incredibly important for me to learn how to give philosophical antidotes.

In addition to becoming more familiar with the five steps, the following two things are what I would do differently next time around. First, I would try to let the counselee verbally express a self-evaluation of the issue to continue the reasoning process rather than merely identifying a premise for her. The other thing I would do is to bravely give the counselee an exercise to practice. For example, the counselee said it's hard for her to speak of things about death to her father, so maybe I can try to let her practice the conversation with an empty chair during the session.

What did the counselee learn? She did a lot of thinking about the physical and psychological affects that aging brings. She is not certain about how to address these matters but knows that she prefers a scenario such as, "the fewer psychological struggles, the better during aging." However, as our conversation gradually came to how to deal with anxiety about death and thoughts on death, the counselee came to realize that she also feels her father's fear, so she's become afraid to bring up the topic with him. She also clearly identified her own thoughts about how to prepare to die. She said, "I prefer to ponder and organize my own thoughts about life and death while I'm approaching the final point. By doing so, I can keep a peaceful mind." The counselee felt helpless in confronting this difficult subject in order to have an in depth discussion about death with her father. However, after I shared information about a dialogue between a fourth-stage cancer patient and myself, she thinks she is able to better communicate with her father. Regarding "the negative feelings" that her father is definitely going to have due to aging (quoting from the counselee), the counselee also said, "I can handle it." Based on how she is taking the issue of death, she thinks it is okay if her father hits a low in the process because the whole family, including herself,

will support him.