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## EXISTENTIAL PSYCHO-SPIRITUAL COUNSELING OF THE TERMINAL PATIENTS AND THEIR FAMILIES



**ABSTRACT:** *Terminal illness inevitably generates an existential crisis, raising questions regarding what happens after death, if there is any form of existence after death or if death is the end of everything that exists, if someone will remember the dead long after their deaths and how their family will cope, if any of those still alive will fulfill the projects that the departed started and did not have time to finish, respectively if enough time remains to put unfinished business in order. For the terminally ill, spiritual problems seem to be of even higher complexity than to the chronically ill. This is because, psychologically, they confront fear of death more deeply and become spiritually open to the search for the hidden meanings of existence, which amplifies the desire to find proof of the eternity or immortality of the soul, after its separation from the body. Along the same lines, there is an urgent need to receive an answer to the question of whether God exists and can act in a positive way to guide the soul while it crosses the threshold to the world beyond. Considering the above, the purpose of this research is to theoretically analyze the role of existential psycho-spiritual counseling of terminally ill patients and their families from an Orthodox Christian point of view.*

**KEYWORDS:** *psycho-spiritual assistance, Orthodox christianity, patient assistance, holistic care, terminal illness, fear of death*

## Introduction

The question of the existence of God is posed differently when experiencing a terminal illness. Especially when the imminence of death is certain, this difference in the approach of the question becomes much more evident compared to the way it is posed throughout the rest of life. We believe that every person, even those who declare themselves agnostics or atheists<sup>1</sup>, sooner or later ask themselves this question. What is interesting is that they ask themselves this question with the same intensity as those who believe in God. Since the majority of Romania's population is of Christian Orthodox religion and, for the most part, they are also practicing the religious rituals, we will try to observe in what way this question is asked by the sick and how much they are concerned to find a positive answer, capitalizing on the biblical and patristic testimonies regarding the call to moral perfection, that is, to holiness.



The way in which the fear of death is diminished, to the point of being considered not only a painful challenge, but an opportunity to encounter Christ, is also analyzed. As a consequence of faith, even if the answer to this fundamental question at the debut of the illness is negative, Christian teachings say that suffering can help a person overcome anxiety related to death or in the face of death. Thus, the paradox of faith appears, of which the St. Apostle Paul speaks: “God is faithful; He will not let you be tempted beyond what you can bear. But when you are tempted, He will also provide a way out so that you can endure it” (*1 Corinthians* 10, 13)<sup>2</sup>.

<sup>1</sup> Mircea Eliade states that there is no non-religious person. For this reason, we can speak of secular religions, as he presents in *Sacrul și profanul*, Ed. Humanitas, București, 2023, *passim*. Also, see: Nicu GAVRILUȚĂ, *Noile religii seculare. Corectitudinea politică, tehnologiile viitorului și transumanismul*, Ed. Polirom, Iași, 2018.

<sup>2</sup> The biblical quotes used are from The Bible or Holy Scripture, printed with the blessing of His Beatitude Daniel, Patriarch of the Romanian Orthodox

This paradox of faith, defined as the place from which “we advance towards the resurrection, the laboratory of the resurrection”<sup>3</sup> – is also expressed by the believer by saying the prayer Our Father: “And lead us not into temptation, but deliver us from evil” (*Luke* 11, 4). In turn, the St. Apostle James adds: “Consider it pure joy, my brothers and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance” (*James* 1, 2-4). On the other hand, the St. Apostle Peter is more categorical: “The Lord knows how to rescue the godly from trials” (*2 Peter* 2, 9). Thus, the specter of the total disappearance of the person no longer appears in a nebula, but in that light of which the apostle of love spoke: “Behold, God’s dwelling place is now among the people, and he will dwell with them. They will be his people, and God himself will be with them and be their God” (*Revelation* 21, 3).

The revelation of God is made within the framework of prayer, and finding the answer to this fundamental question is a personal experience of each person, representing the way in which one person or another discovers the truth that there is only one God. However, each person lives, in relation to God, according to Christianity<sup>4</sup>, a different, personalized and specific experience<sup>5</sup>. Therefore, in the Holy Scripture, God reveals Himself as “the God of Abraham and the God of Isaac, and the God of Jacob” (*Exodus* 3, 6). Also, the beatitudes spoken by Christ (*Matthew* 5, 3-12) constitute different




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Church, with the approval of the Holy Synod, Publishing House of the Orthodox Biblical and Mission Institute, Bucharest, 2019.

<sup>3</sup> Father Dumitru Stăniloae speaks of this paradox, saying that Christ walks with each one the path to perfection, crucifying Himself with each one of us. That is, He carries the cross of each one, when the believer – the sick person, in this case – falls under it –, see: *Teologia dogmatică ortodoxă*, vol. 2, Ed. Institutului Biblic și de Misiune Ortodoxă, București, 2010, p. 226.

<sup>4</sup> Pr. Constantin GALERIU, *Fiul lui Dumnezeu și taina omului – taina fratelui*, Ed. ASA, București, 2009.

<sup>5</sup> Pr. Dumitru STĂNILOAE, *Rugăciunea lui Iisus și experiența Dubului Sfânt*, Ed. Deisis, Sibiu, 2003, *passim*.

paths to climb Mount Tabor, that is, of the divine transfiguration. These different paths, in fact, reflect the diversity of humans and the gifts that each person has to help them on this path<sup>6</sup>. However, we cannot ignore what is common to all people. The elements common to all believers are prayer and the search for love.

In the case of Orthodox believers, we must also talk about practicing faith, by participating in religious services and sharing in the Holy Mysteries. After the believer has received absolution during Holy Confession, he receives Holy Communion, which creates a strong and beneficial communion of the believer with God. This communion has a profound impact on the soul of the believer, especially in critical moments, such as during an illness. For this reason, in Christianity death does not represent a disappearance, but a transition. The Apostle to the Gentiles manages to give a moving expression to this truth, experienced by the sick believer in the face of death: “Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? [...] neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord” (*Romans* 8, 35, 38-39).



Death, as we see, does not definitively separate those who have departed from this world from the living, but only temporarily separates them. The dead do not pass into non-existence, but pass into another form of existence, remaining in communion, through the power of God, with their loved ones. The Christian who, through prayer, hears the word of God within himself and has the revelation that beyond the threshold of death there is the Kingdom of God, an existential dimension as real as the world we perceive while living, but not limited to *hic et nunc*, will see death in its transcendental

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<sup>6</sup> Pr. Constantin GALERIU, *Rugăciunea Tatăl nostru. Cartea celor nouă fericiri*, Ed. ASA, București, 2009; Serafim PAPACOSTEA, *Parabolele Domnului*, Ed. Reîntregirea, Cluj, 2023.

dimension<sup>7</sup>. There is a much higher probability that such a conviction, of the existence of life after death, will diminish anxiety and fear of death, compared to the scenario in which the person is convinced that death means the complete and definitive dissolution of any form of existence<sup>8</sup>.

The religious experience of the afterlife, even during physical life, and the level of conviction that the Kingdom of God exists to receive all those who choose Christlike love as a way of life, is an extremely personal aspect of each individual. Erik Erikson<sup>9</sup> found, during a study on the healthy psychological development of individuals, from birth to old age, that spirituality is an integral component of harmonious development. For adults, this represents, consciously or unconsciously, a task that they naturally assume, namely that of clarifying aspects related to transcendence, which places the moment of death in a positive light. Even people who deliberately avoid thoughts about death end up, if they suffer from a terminal illness, facing the fear of death, an occasion on which, inevitably, they raise the question of transcendence<sup>10</sup>.



The reason why spirituality is seen as a healthy way of psychological development is, from the point of view of medical studies<sup>11</sup>, that people who avoid meditation on life after death and its implications

<sup>7</sup> Pr. Constantin GALERIU, *Rugăciunea Tatăl nostru. Tâlcuiri de Părintele Galeriu*, Ed. Harisma, București, 2002; Andrei PLEȘU et. al., *Dialoguri de seară*, Ed. Harisma, București, 1991.

<sup>8</sup> John CHRYSOAVGIS, *Vindecarea lăuntrică a omului*, Ed. Sophia, București, 2015, *passim*.

<sup>9</sup> Erik H. ERIKSON, *Childhood in Society*, Norton Publishing House, New York, 1950.

<sup>10</sup> Ierom. SAVA AGHIORITUL, *Vindecarea sufletului în învățătura Părintelui Porfirie*, Ed. Egumenița, 2012.

<sup>11</sup> Christina M. PUCHALSKI, "The Role of Spirituality in Health Care", în: *Baylor University Medical Center Proceedings*, XIV (2001), 4, pp. 352-357, disponibil la: <https://doi.org/10.1080/08998280.2001.11927788> (10 august, 2024).

for existence during the period of bodily life will experience certain emotional shocks, when terminal illness forces them to address the issue. These shocks can be experienced in the form of existential crises with a particularly anxious potential, especially when the person does not have the necessary spiritual guidance (through the help of a priest) or access to existential and spiritual revelations of the presence and will of God, occasioned by prayer, religious meditation or religious services<sup>12</sup>.

The purpose of this research is to theoretically analyze the role of existential psycho-spiritual counseling of terminally ill patients and their families from an Orthodox Christian point of view. In order to achieve the research purpose, we started from the following objectives:



1. Examining the specific spiritual needs of terminally ill patients;
2. Analyzing the impact of religious beliefs on the fear of death;
3. Analyzing the influence of religious beliefs on the psychological perception of the death of a relative through the lens of the pain caused to the patient's family.

To achieve the research objectives, we started from the following research questions:

1. Are there positive physiological effects of prayer that can be observed in terminally ill people?
2. What is the difference between secular existential psychotherapy and spiritual counseling or guidance?
3. How can a terminally ill person be helped spiritually?

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<sup>12</sup> Eleni KONTOU, *Demisolul barului. Părintele Antonie Gikizas, starețul nevăzut al Atenei*, Ed. Egumenița, Galați, 2024.

4. How is the connection between the spiritual care of the patient and the spiritual care of their family manifested within the care process?

## 1. The positive physiological effects of prayer

It is possible that some patients suffering from terminal illnesses will ask the priest for concrete proof of the existence of God and the fact that He can prolong life and cure diseases. Accordingly, it is possible to ask for proof that prayer and participation in religious services have a quantifiable positive effect on the duration of life and health<sup>13</sup>. A number of medical studies have aimed to empirically verify these statements. One of these studies focused on the production of the cytokine interleukin-6 (IL-6). Cytokines are proteins produced by cells that serve as chemical messengers between cells<sup>14</sup> and interleukin-6 is one of the cytokines with the most functions in the human body, both for blood production (because it regulates the functioning of hematopoietic stem cells), and for metabolism and detoxification (because it stimulates the regeneration of hepatocytes in the liver), but also in terms of optimal immune system reactions (by facilitating cooperation between immune B and T cells) and nervous system health (IL-6 acting directly on neurons)<sup>15</sup>. However, high levels of IL-6 can create major imbalances in the body, which can increase the likelihood of serious diseases. A study



<sup>13</sup> Joshua MAKOUL, *Healing Work: Giving Humanity a Second Chance*, Ancient Faith Publishing, Munster, 2022.

<sup>14</sup> Ang CUI et. al., “Dictionary of Immune Responses to Cytokines at Single-Sell Resolution”, in: *Nature*, 625/2024), pp. 377-384, disponibil la: <https://doi.org/10.1038/s41586-023-06816-9> (1 august 2024).

<sup>15</sup> Toshio TANAKA, Tadamitsu KISHIMOTO, “The Biology and Medical Implications of Interleukin-6”, in: *Cancer Immunology Research*, II (2014), 4, pp. 288-294, disponibil la: <https://doi.org/10.1158/2326-6066.CIR-14-0022> (7 august 2024).

conducted on 1.700 people showed that people who attend religious services have lower levels of IL-6 in their blood than those who do not attend services. As a result, religious people are healthier and live longer<sup>16</sup>. But we should not ignore the study conducted by Paul Zak on the beneficial effect of oxytocin, stimulated by love and empathy or by Septimiu Chelcea, which shows the beneficial role of moral emotions<sup>17</sup>.

Psychological studies<sup>18</sup> show that religious people have a different relationship to pain compared to non-religious people. In other words, those who believe in God have the ability to enjoy life and value existence even when they have severe pain attacks. Even more interesting are clinical studies<sup>19</sup> which have proven that practicing prayer is a method of combating pain that is 66% more effective than oral painkillers and 62% more effective than intravenous painkillers, including 33% more effective than other relaxation techniques (yoga, vipassana meditation, mantra, chakra, transcendental, mindfulness and others)<sup>20</sup>.



<sup>16</sup> William J. STRAWBRIDGE et. al., “Frequent Attendance at Religious Services and Mortality Over 28 Years”, în: *American Journal of Public Health*, LXXXVII (1997), 6, pp. 957-961, disponibil la: <https://doi.org/10.2105%2Fajph.87.6.957> (10 august 2024).

<sup>17</sup> Paul ZAK, *Molecula morală. Sursa iubirii și a prosperității*, Ed. Humanitas, București, 2014; Septimiu CHELCEA, *Emoțiile morale în viața de zi cu zi*, Ed. Pro Unversitaria, București, 2023.

<sup>18</sup> Marianne J. BRADY et. al., “A Case for Including Spirituality in Quality of Life Measurement in Oncology”, în: *Psycho-Oncology*, VIII (1999), 5, pp. 417-428, disponibil la: [https://doi.org/10.1002/\(SICI\)1099-1611\(199909/10\)8:5%3C417::AID-PON398%3E3.0.CO;2-4](https://doi.org/10.1002/(SICI)1099-1611(199909/10)8:5%3C417::AID-PON398%3E3.0.CO;2-4) (02 august 2024).

<sup>19</sup> Jeanette A. McNEILL et al., “Assessing Clinical Outcomes: Patient Satisfaction with Pain Management”, în: *Journal of Pain and Symptom Management*, XVI (1998), 1, pp. 29-40, disponibil la: [https://doi.org/10.1016/s0885-3924\(98\)00034-7](https://doi.org/10.1016/s0885-3924(98)00034-7) (10 august 2024).

<sup>20</sup> Arhim. Zaharia ZAHAROU, *Lărgiți și voi inimile voastre. Lărgirea inimii în Teologia Sfântului Siluan Athonitul și a starețului Sofronie de la Essex*, Ed.

According to specialized research<sup>21</sup>, the anxiety generated by the imminence of death decreases in most terminal patients, if they benefit from company and spiritual comfort. In other words, being in communion with those around them, they achieve the conviction that death is just a transition to another form of existence, and in the afterlife, they will be in the presence of a benevolent divine being. In terms of their importance, these aspects are prioritized over those of a financial nature, resolving latent situations, leaving directives for those who will remain alive, social concerns, and the like<sup>22</sup>.

In fact, people in the final stages of a fatal illness choose to surround themselves only with people with whom they have a significant and strong emotional relationship at that time or have had throughout their lives. At the same time, they become disinterested in social conveniences, they recognize the transient aspect of material or financial concerns, which move towards the end of the priority scale. Starting from this, there is a need to say things that they have not said until then, to make gestures that the person may have avoided, to mend relationships with people with whom they were in conflict, to draw conclusions and act accordingly, when a situation has been dragging on without final resolution for a long time etc. All of this implies an orientation towards spirituality, to the detriment of the material.




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Reîntregirea, Alba Iulia, 2015; Ionela STĂNILĂ, *Cea mai puternică rugăciune pentru sănătate. Cum să te rogi cu adevărat ca să scapi de griji și să îți vindeci dureri crunte*, disponibil la: <https://adevarul.ro/stiri-locale/alarasi/cea-mai-puternica-rugaciune-pentru-sanatate-cum-1614713.html> (10 august 2024).

<sup>21</sup> \*\*\*, *Spiritual beliefs and the dying process: A report on a national survey*, Nathan Cummings Foundation, Fetzer Institute, George H. Gallup International Institute, George H. Gallup International Institute Publishing, Princeton, 1997.

<sup>22</sup> Răzvan BRUDIU, *Dialoguri cu sens în timpuri de pandemie*, Ed. Renașterea, Alba Iulia, 2021.

## 2. The differences between existential psychotherapy and spiritual counseling

In some countries, hospitals provide patients with the services of a spiritual counselor<sup>23</sup>. However, this role should not be confused with that of a priest, as their duties and abilities do not overlap. The spiritual counselor does not carry out their work according to the precepts of a particular religion. In fact, it is recommended, from the point of view of professional ethics, not to allow their own spiritual beliefs to influence their relationship with the patients and not to declaratively adhere to any religion in the presence of patients, as spiritual counseling is considered a form of multicultural counseling, that is, of cultural integration and acceptance, without discrimination and without any form of proselytizing for a particular faith, vision or doctrine<sup>24</sup>.



The priest affirms the existence of God and preaches life in Christ, both the physical existence and the afterlife, without imposing faith in God, but also without disguising it under the veil of a declarative political correctness, which is not likely to bring any benefit to a patient who asks fundamental and serious questions about God and who will await them in the afterlife, after death. Between the spiritual counselor and the priest there is a difference similar to that between spirituality and faith<sup>25</sup>. What we want to emphasize is that, in some countries, the care of the spiritual needs of the sick is already taken into account. This is considered an important part of

<sup>23</sup> Bonnie S. LILLIS, “Understanding the Complex Role of a Hospice Spiritual Counselor”, în: *American Journal of Hospice and Palliative Medicine*, XXXI (2014), 4, pp. 353-355, disponibil la: <https://doi.org/10.1177/1049909113494746> (02 august 2024).

<sup>24</sup> Jeffery L. EDMISTON, *The relationship between multicultural counseling competence and spiritual competence*, Walden University, Minneapolis, 2023.

<sup>25</sup> † PETRU PRUTEANU, *Spovedania, Maslul și alte slujbe de vindecare*, Ed. Renașterea, Alba Iulia, 2024.

holistic care, and the role of the specialist in the field of spirituality is officially recognized as that of a specialist, working alongside medical institutions, as a member of the multidisciplinary team, which ensures the treatment and care of the patient<sup>26</sup>.

In Romania, the role of the priest in this team is recognized *de facto*, but the cooperation is not official, but unofficial. For example, doctors are not recommended to raise the issue of spirituality in discussions with patients. Therefore, doctors often do not know whether or not the patients' medical decisions have a spiritual substratum. Also, if patients express certain spiritual beliefs in a medical context, few doctors are trained to react appropriately to such aspects. Most listen and tolerate and do not combat the patient's religious beliefs. However, these are minimal reactions of professional ethics and correct social behavior.

What is missing from these interactions is the ability of doctors to assess whether the patient's religious beliefs can be an adjunct or a destabilizer of conventional medical therapy, in order to consequently decide whether, before making the final medical decision, it is appropriate to refer the patient to spiritual counseling. In medical systems where spiritual counselors are officially recognized as professionals in the care of the sick, one of the stages of the doctor-patient interview is that in which the doctor makes inquiries about the patient's spiritual or religious beliefs and assesses their impact on the therapeutic intervention. The spiritual counselor holds discussions with both the patient and his family, helping them to discover what the plausible lessons that they can extract from illness, suffering and death are for them, of course, in that particular context.



The priest is also in connection with both the sick person himself and their family, but he has a broader healing influence, because he

<sup>26</sup> Helena DAUDT, Margo D'ARCHANGELO, Dominique DUQUETTE, *Spiritual care training in healthcare: Does it really have an impact?*, Cambridge University Press, Cambridge, 2018.

focuses his approaches on generally valid truths or precepts accepted by the sick person, their family and the community to which they belong, thereby helping them discover those elements of conviction and faith that unite them. Moreover, he supports them to become aware of the feelings they have towards each other, to express them sincerely, to discuss traumas, expectations and fears, and all this becomes possible with the help of prayer and by realizing that Christ's love is healing<sup>27</sup>. In other words, the priest does not only guide the person towards obtaining contextualized and punctual answers but also uses his power of grace towards intergenerational healing, group or collective healing, continuity after death, both for those who are about to die and for those who continue living. For the priest, the patient and their relatives are equally important<sup>28</sup>. For the medical team, however, the priority is the patient, and relatives are supported to the extent that they indirectly help the patient.



For the priest, however, all people are equal. Moreover, they enjoy the same love from God. The inequality – in terms of sharing in this parental love – is due to our spiritual openness. The problems of each person are as important as those of another, even if they are distinct and, perhaps, objectively, they present themselves under different degrees of severity. The priest understands all this much better than any of those who are concerned with the healing of the sick. Namely, that each individual's journey in discovering God and uniting with the Creator is different, and the importance of experiences does not depend on the severity of the experience, but on the impact, it has on the salvation of the person in question. It is possible that the experience of terminal illness may not be fundamentally revelatory for the terminal patient but may be exactly the spiritual turning point for a family member, who is only an external observer

<sup>27</sup> Joshua MAKOUL, *Healing Work: Giving Humanity a Second Chance*, Ancient Faith Publishing, Munster (IN), 2022.

<sup>28</sup> † Petru PRUTEANU, *Spovedania, Maslul și alte slujbe de vindecare*.

or a caregiver of the sick person. The priest understands this and is ready to support that person<sup>29</sup>.

It is forbidden for the spiritual counselor<sup>30</sup> to make any attempt to convert the sick person to a particular religion. These professionals try to help the person according to the level of spiritual evolution they have already achieved, without necessarily having the goal of helping them evolve, grow and transcend. The counselor's main goal is to help the person overcome certain emotional blockages, generated by a possible spiritual crisis, by finding, within themselves and by using their own resources, the elements that help them reinterpret existence and reorganize the way they relate to life and death. The priest, however, has a main goal of finding the way for the salvation of the soul, for which he will sacrifice any available resources to help the sick person hope that they can fulfill this supreme desire of Christianity<sup>31</sup>.

In the field of spiritual counseling, it is recognized<sup>32</sup> that a spiritual counselor may not be able to answer all of a patient's questions. In this, we believe, we can best see the limiting differences between spiritual counseling performed by a professional as a form of psychological counseling, and the spiritual guidance provided by a priest. In Christianity, no answer is hidden from man. It is true that human beings cannot comprehend the omniscience of God,



<sup>29</sup> R. BRUDIU, *Dialoguri cu sens în timpuri de pandemie*.

<sup>30</sup> Renske KRUIZINGA et. al., "Professional identity at stake: A Phenomenological Analysis of Spiritual Counselors' Experiences Working with a Structured Model to Provide Care to Palliative Cancer Patients", în: *Supportive Care in Cancer*, 2016, pp. 3111-3118, disponibil la: <https://doi.org/10.1007/s00520-016-3115-4> (3 august 2024).

<sup>31</sup> Pr. Ephrem THE PHILOTHEITE, *Despre credință și mântuire*, Ed. Egumenița, Galați, 2018; †ANTONIE BLOOM, *Despre credință și îndoială*, Ed. Cathisma, București, 2007.

<sup>32</sup> Harold G. KOENIG, "The Spiritual Care Team: Enabling the Practice of Whole Person Medicine", în: *Religions*, V (2014), 4, pp. 1161-1174, disponibil la: <https://doi.org/10.3390/rel5041161> (5 august 2024).

but the existence of the Kingdom of God and the ways to get there, the description of life after physical death and the resurrection in the body at the second coming of the Savior Jesus Christ are precisely the answers that religion (through priests) offers to the sick<sup>33</sup>. These answers are provided precisely when the person, more than ever before, feels the need for certainties, not for evasive statements. Certainties are provided by Christianity through the numerous examples of saints, but also through the testimony given by billions of believers who declare that through prayer they received answers to the questions they addressed to the deity or saints.

### 3. The spiritual psychotherapy of illness within the patient's family



There is a big difference between “knowing”, “believing” and “experiencing” that God exists. “Knowing” implies the existence of empirical evidence, without the need for faith, since known phenomena are obvious, quantifiable and measurable, and their effects are determined by causal processes that can be observed and described with the help of science. “Believing” means having the conviction that something exists, even if no definite evidence of the existence of that reality can be presented<sup>34</sup>. Usually, “believing” is related to religious beliefs and a person’s inclination to accept that a certain reality exists, even in the absence of any tangible or quantifiable evidence. We will not go into too much detail about faith now, since it is not the subject of this article. Nor will we engage in different approaches to the evidence of God’s existence, revealed to humanity through various testimonies, such as the relics of saints

<sup>33</sup> †A. BLOOM, *Despre credință și îndoială*.

<sup>34</sup> The definition given by the St. Apostle Paul to faith is a well-known one: “Faith is the assurance of things hoped for, the evidence of things not seen” (*Hebrews* 11, 1).

or miracle-working icons. What we will emphasize, however, is that “knowing” and “believing”, although they are, each in their own way, powerful on a mental-spiritual level, do not compare to the strength of “experiencing”.

While knowledge may be incomplete and faith may be shaken, because “to experience” means not to doubt, it means to remove the absolute impossibility of something being other than what is known. In a word, it presupposes the certainty that something is immutable, constant, steadfast and that, regardless of the interpretations that may be given to it, it remains intangible, unalterable and intact. “To experience” means that any explanation becomes useless, is no longer necessary and any contestation of that reality loses its value, argumentative power and logical justification. What helps the sick person to detach themselves from bodily life with less fear, and the sick person’s family to accept this separation is precisely this “experiencing”, a certainty of knowledge that brings peace, certainty and serenity.

In Christianity, “to experience” brings the peace generated by the conviction of the existence of life after death, but also the conviction that the passage to the afterlife is a return home, that is, to the Kingdom of God: “For the Kingdom of God is not in word, but in power” (*1 Corinthians* 4, 20). From this emerges the truth that life in the flesh is the temporary form, and that life in the spirit is a more authentic and complex form of being than the flesh, as the Apostle to the Gentiles says: “For we know that if the earthly tent we live in is destroyed, we have a building from God, an eternal house in heaven, not built by human hands. Meanwhile we groan, longing to be clothed instead with our heavenly dwelling” (*2 Corinthians* 5, 1-2). The sick people who perceive death in this way see it as a release from pain and await it. Many even declare that they desire it, knowing that – “Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here” (*2 Corinthians* 5, 17).



As for the surviving relatives, the deceased's relatives may experience the death of a loved one, which can bring them to this "experiencing". "Believing" can be learned socially, through the practice of religious rituals within the family<sup>35</sup>, but the fundamental difference between "believing" and "experiencing" is revealed precisely when the believer faces major crises in life. The one who only believes may come to doubt the existence or benevolence of God, who has not fulfilled their desires or prayers, such as - for example - saving them from death. The one who "experiences" that the Kingdom of God exists and that life after death is as real as the physical one will see the death of a loved one as a natural stage of human existence and becoming<sup>36</sup>, just as it seems normal for a butterfly to go through the stages of larva, chrysalis and - finally - adult butterfly.



Many times, the peaceful passage into the afterlife of the sick person depends on the atmosphere in which they are surrounded. A state of anxiety, depression and extreme pain will influence the patient's perceptions of the end of life and, implicitly, the way they prepare for this end. An atmosphere of acceptance and calm, of warmth and love for the sick person and between those who provide care will bring peace and spiritual healing to both parties (the sick person and their relatives). Here, we consider, is the fundamental role of the priest revealed, which cannot be substituted in any way by another specialist or professional. Through the work of grace, the priest offers the power of example, optimism, trust, visualization of the continuity of life after the (temporary) separation of family members from the deceased<sup>37</sup>. This example is offered by the priest every time he explains to the family about life after physical death, about the need to continue bodily life, by those who remain, with

<sup>35</sup> Francis CHAN, *Dumnezeu de care am uitat*, Ed. Scriptum, Oradea, 2013.

<sup>36</sup> SFÂNTUL NECTARIE, *Tainele vindecării sufletului*, Ed. Bookzone, București, 2023.

<sup>37</sup> Daniel B. HINSHAW, *Suferința și natura vindecării*, Ed. Sophia, București, 2016.

the conviction that at some point they will envision the same reality of eternal life, while still in their earthly life, an occasion on which this conviction can act as a catalyst for producing major changes in the lives of those who remain alive.

The priest empathizes with the family's pain but does not allow the patient's loved ones to be overwhelmed by grief. Christ's message to humanity is fundamentally optimistic and oriented towards the positive meaning of human existence, because it presents the perspective of eternal life and unlimited love, of happiness in the absence of suffering. Undoubtedly, the priest has the role of reminding the patient's family of these things. When he does so, he infuses with optimism and hope the morbid and pessimistic atmosphere that often surrounds a terminally ill person. The priest can do this because he has a moral ascendancy that a lay specialist does not have, and the priest's personal example is given precisely through the force of his faith<sup>38</sup>. Basically, by transmitting the positive message of the beauty of Christian love, the priest prevents despair.



Another thing the priest does is help the family of the sick person move from “believing” to “experiencing”. As we can see, this transfer is made even though people sometimes tend to refuse to think about – or come into contact with – realities that cause them anxiety. The fear of death is one of these realities. For this reason, when the death that occurs is of a person who is distant or not close enough to have to come into contact with every detail or stage of death, people tend to reject contact with the physical or psycho-physical dissolution that precedes death, respectively to avoid thinking deeply about what death entails<sup>39</sup>. When, however, the

<sup>38</sup> Pr. Haralambos PAPADOPOULOS, *Când traumele se prefac în minuni. Lasă ceea ce ești astăzi pentru ceea ce poți deveni mâine*, Ed. Sophia, București, 2023.

<sup>39</sup> Erica JONG, *Teama de moarte*, Ed. Trei, București, 2016; Keren ROSNER, *Ne e frică de moarte și asta nu ne lasă să trăim*, disponibil la: <https://romania.europalibera.org/a/keren-rosner-psihiolog-frica-de-moarte-anxietate-operatii-estetice-frica-de-batranete/32523717.html> (04 august 2024).

same people care for someone extremely close and, in the course of caring, feel more than just care or duty, but also a deep desire to be close to that person as much as possible before death, the death of the loved one is experienced not only as an external event that happened to someone else, but also as a personal event that has a profound catalytic role in radically transforming the person's vision of life<sup>40</sup>.

Depending on the spirituality – or lack of spirituality – of the person who is around the terminally ill person, the separation from a person's physical life can be a traumatic or a revelatory experience. Both involve emotion, but from a Christian spiritual perspective, only one of them involves pain, the pain that leads to the dissolution of the senses, which causes stress and generates emotional trauma. The experience of death as a traumatic event stems from the view that death is final and that the person who dies is gone, that the separation from that person is final<sup>41</sup>. This is, in effect, the belief that there is no life after death, hence the expression “to pass away into non-existence”, which is profoundly incorrect from a Christian perspective. This conception of non-existence is mostly expressed<sup>42</sup> by people who declare themselves atheists. A watered-down version of this belief is that – even in the hypothesis of the existence of an afterlife – the reunion with the deceased will not be possible until those who remain alive also die.



It is also not known in what form such a reunion will take place or whether the energetic entities that represent the souls will recognize

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<sup>40</sup> Darlene Deibler ROSE, *Cu Dumnezeu în lagărele morții*, Ed. Casa Cărții, Oradea, 2024.

<sup>41</sup> Pr. H. PAPADOPOULOS, *Când traumele se prefac în minuni...*

<sup>42</sup> Nathan A. HEFLICK, Jamie L. GOLDENBERG, “No Atheists in Foxholes: Arguments for (but not Against) Afterlife Belief Buffers Mortality Salience Effects for Atheists”, în: *British Journal of Social Psychology*, LI (2011), 2, pp. 385-392, disponibil la: <https://doi.org/10.1111/j.2044-8309.2011.02058.x> (4 august 2024).

each other in the afterlife in the same way as in physical life<sup>43</sup>. In a religious formulation, such conceptions of death are equivalent to insufficient confidence<sup>44</sup> in the existence of an afterlife, that is, a failure to accept the fact that souls do not disappear and that everything that man accumulates emotionally and spiritually in earthly life is preserved and enriched after death. When aspects of existence are revealed to the person that they could not become aware of during physical life, precisely because of the limitations of existence as a person limited to a time and a space, they come to perceive death not as a final disappearance, but as a transition into a higher form of existence, beyond physical limitations.

The priest's role is to remind or help the patient's relatives to realize that death is a natural stage of the transition from one form of life to another, the latter being superior and revelatory, and that the separation from the one who leaves earthly life can be painless. Of course, given that the absence of pain does not mean the absence of emotion, pain is a destructive emotion<sup>45</sup>. It is difficult for most people to conceive, without the help and guidance of a priest, that separation from a loved one through death can cause a constructive emotion and not a destructive one. Psychologically, pain brings despair, resentment, and a feeling of helplessness<sup>46</sup>. Constructive emotion gives us the power to change the negative aspects of our own lives and to recalibrate priorities and the confidence that everything that will be done correctly, morally, or ethically in this life will bring ben-



<sup>43</sup> Interesting data can be found in Nicolae SFETCU's book, *Moartea. Aspecte psihologice, științifice, religioase, culturale și filozofice*, Ed. MultiMedia Publishing, Drobeta Turnu Severin, 2015.

<sup>44</sup> Theodore PAPANICOLAOU, *The Vision of Death in the Light of the Holy Fathers of the Church*, Ed. Doxologia, Iași, 2016.

<sup>45</sup> N. SFETCU, *Death in society and culture*, disponibil la: <https://www.telework.ro>.

<sup>46</sup> Chris J. MAIN, Paul J. WATSON, "Psychological Aspects of Pain", în: *Manual Therapy*, IV (1999), 4, pp. 203-215, disponibil la: <https://doi.org/10.1054/math.1999.0208> (14 august 2024).

efits in the afterlife. Constructive emotion brings an overall view of existence, which is no longer limited to physical life, so the person does not only consider this life temporary and insignificantly short compared to the eternal one but begins to invest time and energy in preparing for life after physical death<sup>47</sup>.

#### 4. Medical signs that announce the end of life and the spiritual perspective of the soul's detachment from the body



The medical perspective on the signs that announce the end of life is very different from the spiritual one. The two do not differ in terms of symptomatology, but in terms of their meaning. The meaning attributed to these signs determines the perception of those who observe them, and the perception determines the feelings that those people will have: pain or constructive emotion. For example, physical pain is seen as a suffering that brings emotional pain to those who witness it, while from a spiritual point of view<sup>48</sup>, physical suffering is a way of atonement for sins, and from a transcendental perspective, a few months, weeks or days of physical suffering, which are seen as the price to gain an eternal life of happiness, seem to be an acceptable exchange. Of course, this view of physical pain has been criticized<sup>49</sup> by the argument that if God were good and loving towards people, like a heavenly Father, then He would not accept that His children suffer. The opinion is contested by both religious arguments and psychological research.

<sup>47</sup> SFÂNTU NECTARIE, *Tainele vindecării sufletului*.

<sup>48</sup> Adrian WALKER et. al., *The Christian and Death*, Ed. Galaxia Gutenberg, Târgu-Lăpuș, 2023.

<sup>49</sup> Paweł ORZEŁ, "The Transhumanist Point of View to the Evolutionary Indifference to Pain and Suffering", în: *Scientia et Fides*, XII (2024), 1, pp. 249-267, disponibil la: <https://doi.org/10.12775/SetF.2024.012> (14 august 2024).

From a psychological perspective<sup>50</sup>, a person's ability to control physical pain and their reactions to it is proof of a strong and balanced psyche. This ability to control pain is the effect of a deep introspection that the person makes. This first step is followed by confronting their fears and their own limitations, then it is crowned by finding mechanisms to overcome fears and – finally – to control their feelings in order to discover the valves through which the person's psyche acquires resilience and the capacity for emotional and mental self-regeneration. One of the mechanisms recommended<sup>51</sup> in psychological pain therapy is detachment. The patient is taught how to detach themselves from the pain itself and also the source of physical pain and how to find anchors in the environment or within their own mind, so as not only to bear the pain, but also to transcend the pain.

It is not surprising that exactly the same technique is recommended<sup>52</sup> in Christianity, with the caveat that the psychologized version of the secular technique emphasizes the individuality of the person and their ability to fight pain<sup>53</sup>, so it is an individualistic technique. In Christianity, the sick person is never alone, but is encouraged to ask for God's help, enjoying the prayers of those around them and, implicitly, of the priest. In Christianity, detachment involves focusing on the soul and not the body. When the person is focused mainly on the needs of the soul, they discover the



<sup>50</sup> C. Richard CHAPMAN, Judith A. TURNER, "Psychological Control of Acute Pain in Medical Settings", în: *Journal of Pain and Symptom Management*, I (1986), 1, pp. 9-20, disponibil la: [https://doi.org/10.1016/S0885-3924\(86\)80022-7](https://doi.org/10.1016/S0885-3924(86)80022-7) (15 august 2024).

<sup>51</sup> C.R. CHAPMAN, J.A. TURNER, "Psychological Control of Acute Pain in Medical Settings", p. 18.

<sup>52</sup> Mihai Emanuel MICULA, *Teologia biblică despre viață și moarte în consilierea creștină*, Ed. Casa Cătării, Oradea, 2023.

<sup>53</sup> Pr. Ioan Valentin ISTRATE, *Albia de durere a morții*, disponibil la: <https://doxologia.ro> (15 august 2024); Mircea MIHĂIEȘ, *Despre doliu*, Ed. Polirom, Iași, 2023.

pains of the soul and in fact even heavier to bear than the physical ones. Then they discover the healing of the soul through prayer, and this gives inner strength and the ability to overcome physical pain. In the end, the person discovers that the soul is unlimited, that the mind, understanding, perception and human reason are limited by the body, but also that the body is not necessary for spiritual-mental life and – as a consequence – they detach themselves from the body. In other words, the patient either comes to desire liberation from the body (i.e. death), or comes to no longer feel anxiety, depression and despair in the face of imminent death<sup>54</sup>. If the priest succeeds in helping the patient's family understand the spiritual significance of physical pain, viewed, of course, in the broader perspective of the transcendence of the soul, which in Christianity is called to inherit eternal life, then they will succeed in instilling acceptance and resilience.



Another clinical manifestation whose interpretation is fundamentally different in medicine and in Christianity is the phenomenon called “delirium”<sup>55</sup>, more precisely the moment when the patient mentally detaches himself from the people and events around them, appears to be focused on things that are happening in their proximity (follows them with his eyes, points at them with their finger), but which witnesses cannot perceive, says words or responds to stimuli that were not addressed to them by those who are in their physical presence, but by presences that only the patient sees and hears. Sometimes, these presences are described by the patient as people known during their life and who have already passed into the afterlife, but sometimes they are completely unknown characters<sup>56</sup>.

<sup>54</sup> SÂNTUL NECTARIE, *Tainele vindecării sufletului*.

<sup>55</sup> Constantin BOGDAN, Laurențiu BOGDAN, “Psychological Changes and Psychiatric Disorders in Terminally Ill Patients”, în: *Romanian Medical Journal*, LXII (2015), 3, pp. 249-254.

<sup>56</sup> Maeve LEONARD et. al., “Delirium Issues in Palliative Care Settings”, în: *Journal of Psychosomatic Research*, LXV (2008), 3, pp. 289-298, disponibil

Sometimes they are benevolent presences, sometimes they are evil presences. Also included within the phenomenon of delirium is the formulation of incoherent sentences or coherent statements that are suddenly interrupted and continued with a completely different idea, or the amalgamation of the meanings of words and concepts, which are used with a different meaning than in ordinary language<sup>57</sup>.

Another manifestation of delirium is the formulation of predictions, in which the patient warns those close to them about imminent events, usually with negative connotations or potentially dangerous consequences. In some cases, family members of patients declare that these predictions are explicit and are told with clear details, and their fulfillment is also frequent. Some authors<sup>58</sup> believe that, in reality, terminally ill patients do not have the ability to visualize future events, but as a result of verbalizing such scenarios, they produce a “self-fulfilling prophecy”, because the people to whom those visions refer are so strongly emotionally marked by the context in which the prediction is exposed to them, that they end up developing behaviors based on the expectations that the prediction inoculates in their subconscious.



Also included in the category of delirium is<sup>59</sup> the situation in which the patient temporarily loses a sense (such as smell, touch, sight or

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la: <https://doi.org/10.1016/j.jpsychores.2008.05.018> (15 august 2024).

<sup>57</sup> C. BOGDAN, L. BOGDAN, “Psychological Changes and Psychiatric Disorders in Terminally Ill Patients”, p. 251.

<sup>58</sup> Stephanie MADON et. al., “Self-Fulfilling Prophecies: Mechanisms, Power and Links to Social Problems”, în: *Social and Personality Psychology Compass*, V (2011), 8, pp. 578-590, disponibil la: <https://doi.org/10.1111/j.1751-9004.2011.00375.x> (26 iulie 2024).

<sup>59</sup> Michael ERARD, “Beyond Last Words: Patterns of Linguistic and Interactional Behavior in a Historical Sample of Dying Hospital Patients”, în: *Omega (Westport)*, LXXXVI (2023), 3, pp. 1089-1107, disponibil la: <https://doi.org/10.1177/00302228211000938> (14 august 2024); Alexander K. SMITH, Christine S. RITCHIE, Margaret L. WALLHAGEN, “Hearing Loss in Hospice

hearing), only to regain it later, as suddenly and without explanation as when they lost it. From a clinical point of view, the temporary loss of a sense without any cause and the recovery of the sense in the absence of any treatment has been considered<sup>60</sup>, most of the time, just a subjective perception of the patient, against the psychotic background of delirium. Traditional medicine, which does not take into account the spiritual aspect of death, recommends<sup>61</sup> the administration of antipsychotic drugs or sedatives to reduce delirium. People who are close to the patient during moments of delirium manifest anxiety, fear, restlessness, anguish, stress, worry, all associated with a perception that the patient's mental state before death is marked by psychic dissolution and the disintegration of cognitive functions, as precursors of the person's death.



From a spiritual point of view, all the states described above and associated with delirium can also have a completely different meaning, which the priest can present to the patient's family, thus helping them to overcome the first impulse, the anxious one, and to visualize delirium as part of the phenomenon of the soul's separation from the body, or as a progressive transition of the soul to life beyond the body<sup>62</sup>. The state of confusion that the patient has

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and Palliative Care: A National Survey of Providers”, in: *Journal of Pain and Symptom Management*, LII (2016), 2, pp. 254-258, disponibil la: <https://doi.org/10.1016/j.jpainsymman.2016.02.007> (27 iulie 2024); Luigi SAITA, Daniela POLASTRI, Franco DE CONNO, “Visual Disturbances in Advanced Cancer Patients. Clinical Observations”, in: *Clinical Note*, XVII (1999), 3, pp. 224-226, disponibil la: [https://doi.org/10.1016/S0885-3924\(98\)00127-4](https://doi.org/10.1016/S0885-3924(98)00127-4) (13 august 2024).

<sup>60</sup> Samantha GREEN et. al., “Investigating Speech and Language Impairments in Delirium: A Preliminary Case-Control Study”, in: *PloS one*, XIII (2018), 11, disponibil la: <https://doi.org/10.1371/journal.pone.0207527> (28 iulie 2024).

<sup>61</sup> L. SAITA, D. POLASTRI, F. DE CONNO, “Visual Disturbances in Advanced Cancer Patients. Clinical Observations”, p. 228.

<sup>62</sup> T. PAPANICOLAOU, *The Vision of Death in the Light of the Holy Fathers of the Church*, p. 109.

in the last stage of life can occur suddenly or gradually, can last a few hours or a few days, can be intermittent or, once established, can be permanent, until death, respectively, it can overlap with the refusal to consume food or liquids, avoidance of socialization or excessive drowsiness<sup>63</sup>. What from a clinical point of view is called delirium, on a spiritual level is the stage of transition from bodily life to an exclusively spiritual one. From this perspective, disinterest in material aspects, such as food or liquids, is natural, as long as for the dying person the body becomes a secondary or even irrelevant concern, since their attention is predominantly drawn to the needs of the spirit<sup>64</sup>.

Incoherence, attributed to delirium, is not always a psychotic reaction. Often the patient is calm and tries to communicate with those around them but fails. Psychotic manifestations are accompanied by agitation and unnatural gestures, violent reactions, as well as unjustified rejection of loved ones and other similar behaviors<sup>65</sup>, while the incoherence specific to the transit to the afterlife is devoid of such elements. Rather, the spirit is on the border between two worlds, and it is difficult to function fully in both, so that, although the person tries, they can no longer maintain verbal and mental cohesion, which is dependent on the body and its abilities<sup>66</sup>. This usually brings intense negative emotional states to family members, the priest's role in such situations being to explain what this transit of the soul entails, to help the family not to be afraid and to under-



<sup>63</sup> Charles B. SIMONE, "Physical, Emotional and Practical Symptom Burden in Patients with Terminal Illnesses", în: *Annals of Palliative Medicine*, XIII (2024), 4, pp. 744-746, disponibil la: <https://doi.org/10.21037/apm-24-103> (12 august 2024).

<sup>64</sup> A. WALKER et al., *The Christian and Death*, p. 83.

<sup>65</sup> C.B. SIMONE, "Physical, Emotional and Practical Symptom Burden in Patients with Terminal Illnesses", p. 745.

<sup>66</sup> M.E. MICULA, *Teologia biblică despre viață și moarte în consilierea creștină*, p. 53.

stand the process as something natural and, instead of fears, to live in a state of vigilance in order to realize that the patient's condition is like an open window into the world beyond, through which those who remain alive can look, in these last days of the patient, in order to obtain the convincing arguments that the spiritual world is real, but also that there is life beyond physical death and, consequently, that the individuality of the spirit does not disappear, it does not dissolve after death.



The priest can explain to the family that, through prayer and maintaining a pious atmosphere, the patient's confusion will be alleviated, because the soul will perceive that it is dwelling in an environment familiar to the one where it wishes to transcend. This will reduce agitation and incoherence and will help the soul to detach itself from the body peacefully and with more ease. A charged and tense atmosphere, marked by agitation and noise, can increase the level of disorientation of a person on the verge of death. Incoherent language may be evidence that the soul is having difficulty adapting to the communication methods of earthly life<sup>67</sup>, and the loss of senses is also natural, since they are limited, only bodily senses, that the soul no longer needs. Thus, the soul has access to revelatory knowledge, which comes with transcendence into the spiritual world<sup>68</sup> and which begins with this very period, called "agony" from a medical point of view. But the term agony implies torment and delirium implies pathological alteration of cognitive functions, and if the patient's states are thus labeled and perceived by the family, then the suffering caused by the patient's last moments of life will correspond to this perception<sup>69</sup>.

<sup>67</sup> T. PAPANICOLAOU, *The Vision of Death in the Light of the Holy Fathers of the Church*, p. 63.

<sup>68</sup> A. WALKER et. al., *The Christian and Death*, p. 51.

<sup>69</sup> See: N. SFETCU, *Moartea. Aspecte psihologice, științifice, religioase, culturale și filozofice*.

The priest is the one who has the privileged role of helping the family to realize that, in the divine creationist process, death is a stage as natural as birth. Such awareness will prevent the emergence of conflicts, which are reported<sup>70</sup> quite frequently when the patient wants to stop the treatment, and the family insists that it be continued, or when the patient can no longer express a valid will regarding the medical procedures to which they would be subjected, and the family members do not agree on the optimal therapeutic or palliative procedures<sup>71</sup>. For example, one of these situations is the patient's choice to not resuscitate in case of cardio-respiratory arrest, which clashes with the insistence of family members that the patient be subjected to medical procedures in the absence of their will, especially when the patient becomes unconscious. Also, the patient sometimes consents to certain medical procedures only to satisfy the demands of those close to them. However, this consent may actually be the side effect of the feeling of helplessness and lack of control that the family has when any therapeutic program has proven to be ineffective and the palliative stage of care is entered.



## Conclusions

A spiritual approach to death will help family members overcome the fear of the patient's death, an event they witness, but it will also have an additional future influence, which is quite important, because it will help them visualize their own death not with fear, but

<sup>70</sup> Adam MARKS, Joseph D. DIXON, "Unilateral Do-Not-Attempt-Resuscitation Orders: How Did We Get Here and Where Are We Going?", in: *Journal of Pain and Symptom Management*, LXVII (2024), 5, pp. 650-651, disponibil la: <https://doi.org/10.1016/j.jpainsymman.2024.02.097> (29 iulie 2024).

<sup>71</sup> Alexandra-Maria SILION, *Euthanasia and medically assisted suicide viewed as extensions of human rights*, disponibil la: <https://www.juridice.ro/679522/eutanasia-si-sinuciderea-asistata-medical-privite-ca-extensii-ale-drepturilor-omului.html> (11 august 2024).

with constructive emotion, and this emotion will help them remedy what is useless or wrong in their lives and reorganize their existence not according to a transient, physical life, but by contemplating the immortality that follows physical death. A spiritual vision of death also helps prevent and heal the feelings of confusion or revolt that family members may have after the patient's death, or those feelings stemming from regret at not having done everything necessary to save the patient's life or because they have lost their loved one. These feelings are especially common among family members who have cared for the dying person for a longer or shorter period of time<sup>72</sup>. The longer the period, the greater the feeling of helplessness generated by the patient's physical decline, which the caregiver was unable to effectively counteract.



For this reason, after death, feelings of self-blame may arise, as well as questioning one's own ability to care for loved ones or a feeling of uselessness, due to the void left by the deceased person not only on an emotional level, but also, as pragmatically as possible, by the absence of the person to whom they provided care. All of this can be correlated with and lead to the development of depression for the person who provided care to the patient until the last moments of life. If family members succeed, with the help of the priest, in internalizing the fundamental Christian truth that death does not extinguish everything, but that it frees the soul to return, enriched with the experience of bodily life, to the Kingdom of eternal life, that is, to the place for which it was created, only then will the patient's caregivers understand the point of the struggle to live. This will also motivate them to courageously assume the challenges of life, in order to obtain spiritual growth.

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<sup>72</sup> Charlotte WALBAUM et. al., "Existential Distress Among Family Caregivers of Patients with Advanced Cancer: A Systematic Review and Meta-Analysis", in: *Psycho-Oncology*, XXXIII (2024), 1, disponibil la: <https://doi.org/10.1002/pon.6239> (11 august 2024).

**Rezumat: Consilierea psiho-spirituală existențială a pacienților în fază terminală și a familiilor acestora**

Boala în fază terminală generează inevitabil o criză existențială, ridicând întrebări cu privire la ce se întâmplă după moarte, dacă există vreo formă de existență după moarte sau dacă moartea este sfârșitul a tot ceea ce există, dacă cineva își va aminti de cei morți mult timp după moartea lor și cum se vor descurca familiile lor dacă vreunul dintre cei încă în viață va îndeplini proiectele pe care cei plecați le-au început și nu au avut timp să le termine, respectiv dacă mai rămâne suficient timp pentru a pune ordine în treburile neterminate. Pentru bolnavii în fază terminală, problemele spirituale par a fi de o complexitate și mai mare decât pentru bolnavii cronici. Aceasta deoarece, din punct de vedere psihologic, aceștia se confruntă cu frica de moarte mai profund și devin deschiși spiritual către căutarea sensurilor ascunse ale existenței, ceea ce amplifică dorința de a găsi dovezi ale eternității sau nemuririi sufletului, după separarea sa de trup. În aceeași ordine de idei, există o nevoie urgentă de a primi un răspuns la întrebarea dacă Dumnezeu există și poate acționa într-un mod pozitiv pentru a călăuzi sufletul în timp ce acesta trece pragul către lumea de dincolo. Având în vedere cele de mai sus, scopul acestei cercetări a fost de a analiza teoretic rolul consilierii psiho-spirituale existențiale a pacienților în fază terminală și a familiilor acestora din punct de vedere ortodox.

