The Importance of Semantics:
Challenging the Language of “Good Death”
And Other Hospice Notions
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Building Quality Organizations
Nurturing Knowledge...Guiding Potential

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I. Cultivating Paradox in Philosophy and Practice
   A. Paradox: A seemingly contradictory statement that may nonetheless be true. (American Heritage Dictionary)
   B. Integration vs. Dis-integration. Honoring all parts as belonging. Health and healing means bringing all aspects of an experience back into the fold.
   C. We are at the same time universally connected and immutably separate
   D. Connected through shared experience, losses, ideology. Separate in that no one can do your grieving for you but you. Nor can you do another’s dying for them!

II. Awareness of Paradox in Companioning
   A. More than one perspective honors uniqueness
   B. Choices mean empowerment
   C. Fosters flexibility vs. rigidity
   D. Softens hardliners...black and white thinkers
   E. Normalizes universal dilemmas
   F. Counters judgementalism, prejudice and persecution of what doesn’t make sense

   Challenging Three Myths Familiar to Hospice Today

III. Good Death
   A. When you picture a “good death” what does that include?
   B. What happens when end of life experiences don’t align with your picture?
   C. The more rigidly we hold to good death criteria, the more we risk distancing ourselves from those we hope to serve
   D. Our expectations can easily obscure our line of vision to the heart of another
   E. Good death language suggests there is greater and lesser value in dying experiences
   F. Our descriptions reflect our expectations and discomforts with differentness
   G. We risk exerting control over the experience of another so that their ending more closely matches our picture of a good death.

IV. Regarding “Good Death “ Mythology, Companioning Means:
   A. We leave our picture of good death outside the door.
   B. We celebrate individuality and honor self-determination. There is nothing more important that one maintaining integrity with personal values and style.
   C. We resist valuing experiences based on how peaceful or distressful they appear
   D. We deal regularly with our own feelings about how others choose. N.A.T.O.
   E. We practice believing every aspect of one’s dying is pre-loaded with potential.
   F. Dying experiences are neither good nor bad...just meaningful a different levels.
V. Denial
   A. Greg’s definition: The rate of speed one is able to move towards a frightening reality.
   B. True denial or complete psychic numbing happens less frequently than people think and is usually intermittent
   C. A critically important survival tool
   D. Denial is often misinterpreted so.
   E. Referred to with judgment as though it is bad, or something get rid of.
   F. Teaches us about the discomforts of the one doing the labeling
   G. Some people reference a frightening reality using code words or metaphors
   H. Companions respectfully match comfort levels, family culture and verbiage yet make truthful observations about what we notice changing.

VI. Letting Go Mythology

As the dying and their families mourn their way to an anticipated death, they teach us about their attachments to each other, to things, to aspects of life that hold deep meaning. Well meaning helpers often become preoccupied with patients and families letting go of these things, particularly as death moves closer. They dutifully dedicate themselves to choreographing a finished picture that includes reconciled relationships, peace with what lies after and non-regretful detachment from all earthly things.

Companions has nothing to do with helping others let go of anything. Companions understand that no one outcome has more or less value than another, regardless of what’s reconciled or not. We celebrate the opportunity of engaging in a process and the unfathomable potential for meaning in every shared moment.

A. Passion or fight to live (resistance to dying)
B. Independence (need to control)
C. Intense feelings of anger, sadness, fear...
D. Desire to keep loved one alive (families)
E. Life regrets or guilt
F. One Size Fits All Instructions...or “You need to tell them it’s ok to let go” speech
   1. Make sure we’ve done diligent work of learning about patient’s history and nature of relationships between family members.
   2. Make sure instructions are appropriate to the context of what might be really going on. How do you know the patient needs permission?
   3. Have we deferred to the family for their intuitive sense about anything else that might need to be done or said?
   4. Have we discussed what “letting go” words might mean? Sometimes patients respond...sometimes not. How might family be with either?
   5. As companions, have we carefully tuned in to our personal comfort level with patient’s timing and family’s distress?
G. Companionship theory and Letting Go dialogue
   1. Acknowledge how we can’t know for sure. (Honor the Mystery)
   2. Join and validate family frustration, distress, curiosity
   3. Defer to their knowledge of patient’s personality and family hx
   4. Reinforce a neutral but supportive presence regarding “letting go”. “Dad, if you feel the need to either hold on or to rest from the good fight...you have my support. I’ll love you through whatever you need to do inside yourself and take care of myself out here, too”
   5. If asked, share experiences we’ve had with others. Help families search for meaning during the “waiting time”
   6. Acknowledge all the separate responsibilities here. Patient does his, you do yours, I do mine and no one can do anothers’