

# ARCHETYPAL ASPECTS OF TRANSFERENCE AT THE END OF LIFE

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I feel it is rewarding to help patients and families during the dying process. I like to watch the interaction when one stops protecting the other and I can sense love flowing.

(Hospice worker)

## **Introduction**

My encounters with pain and loss at the end of life stem mostly from my past experiences as a medical practitioner. A few images seem to superimpose themselves on diverse experiences of attending to patients at very critical stages of their illnesses. I see Cathy in her twenties—my age at the time—dying slowly of a terminal congenital cardiac disease. I see her progressive detachment from the world and, despite our best efforts, the body of this beautiful woman changing. I held a loving attention to her body, and my focus centered on her breath. As days went by, fewer words were spoken so as not to disturb the peace progressively growing in the room. I could never face the gravity of her mother's grief. Later, my other experiences came as a result of working in a neonatal intensive care unit. I put all my heart into my hands, manipulating the seriously sick neonates and tending to their bodies as though they were delicate plants, in full awe of their impetuous will to live and of how soon their physical condition could become unpredictable. In that time, I remember meeting the eyes of some fathers who were standing in the corridors, having asked quietly to be allowed to stay and hold their pain behind the glass doors. I strongly identified with the pain of the parents. Most of my attention during these years had been on the gentle care of the bodies, on the silent connection established with human beings when the material dimensions of their life were getting smaller, and on lovingly sharing their journey. The experience of this silent and deep connection motivated me to explore further the experience of caregivers facing the bodily and spiritual pain of end-of-life.

In his essay 'The Soul and Death', Jung commented on the resistance to aging and death as being a resistance to a normal demand of life. He wrote: 'We are so convinced that death is simply the end of a process that it does not ordinarily occur to us to conceive of death as a goal and fulfillment, as we do without hesitation the aims and purposes of youthful life in its ascendance' (Jung 1934/1969: para. 797).

Jung also insisted on how the psyche prepares for death and noted that 'thoughts of death pile up to an astonishing degree as the years increase' (ibid.: para. 808). In addition, death is very often indicated by symbols, which in normal life would accompany changes of psychological conditions such as symbols of rebirth. The psyche prepares consciousness for death. For Jung, 'it seems that the unconscious is all the more interested in *how* one dies; that is, whether the attitude of consciousness is adjusted to dying or not' (ibid.: para. 809). Therefore, it is critical to communicate to the dying person that when, during the dying process, one's autonomy is removed, the developmental process of growth and learning continues and sometimes intensifies through dreams and forgiveness of self and others. This developmental process of growth includes a spirituality that is concerned with the purpose and meaning of life, and is an ontologically driven impulse toward union or relationship with God, or ultimate transcendent reality (Heyse-Moore 1996; Hodge 2006; Rousseau 2000). While physical suffering is under control, spiritual pain has been consistently described at the end of life and communicated through the emotional realm in terms 'despair', 'regret', or 'anxiety' (Gijssberts *et al.* 2011; Hermann 2006; Mako *et al.* 2006; Vachon *et al.* 2009). Addressing spirituality at the end of life is also under scrutiny because of the relationship between spiritual well-being and physical well-being (Ironson *et al.* 2002).

The general approach for the treatment of spiritual suffering, after having controlled physical symptoms, is to provide supportive presence, encourage a life review, and explore guilt, loss, and forgiveness. There have been some recent attempts to develop short-term psychotherapeutic interventions aiming to relieve spiritual pain (Breitbart and Heller 2003; Breitbart *et al.* 2004; Chochinov *et al.* 2006; Montross *et al.* 2011). The spiritual dimension is an integral component of the dying process and healthcare professionals are challenged to include the spiritual dimension for whole-person care (Rousseau 2000; Puchalski 2007/2008). The religious and existential aspects of care are now fully integrated into palliative care guidelines (Ferrell *et al.* 2007). For example, cancer pain is best managed by a multidisciplinary approach integrating the psychosocial and spiritual aspects of cancer pain and the needs of patients (Otis-Green *et al.* 2002). The role of clinical psychologists at the end of life is growing in America (Haley *et al.* 2003; Nydegger 2008). While several psychologists have described their experience of working with patients at the end of life (Carvalho 2008; Kearney 2007; Wheelwright 1981), there is overall a paucity of research on the experience of caregivers witnessing death and dying with its spiritual pain and on the nature of the

transference–countertransference – that is, the union of unconscious elements from the psyche of the analysand and from the psyche of the analyst. Schaverien (2002) related her experience of working with a dying male patient and the nature of the bond between them. Both recognized the need to maintain the analysis going until the end to help the analysand make sense of his present experience.

The purpose of this chapter is to discuss the archetypal aspects of the relationship of professional caregivers such as hospice workers with patients at the end of life, based on their reported experience in a previous study (DeArmond 2012/2013). The experience of hospice workers is assumed to be similar to that of medical personnel, therapists, volunteer and employed caregivers working in similar situations, and the discussion will make no differentiation based on professional occupation. The term of caregiver is generally applied throughout the chapter. A Jungian perspective on spiritual pain will be discussed.

### **Experiences of hospice workers**

DeArmond (2012/2013) conducted a hermeneutic Jungian case study to explore the psychological experience of hospice workers during encounters with death and dying. Seventeen hospice workers of a large hospice in California, USA, were interviewed and the presence of personal growth was found in the large majority of the sample, sometimes with a transcendent experience. One participant said: ‘There is something magnificent about death. It gives meaning to life. It becomes easier to appreciate some parts of life. It is special to see someone to die. It is an intimate gift.’ While the experience of hospice workers and the themes that emerged from their narratives during encounters with death and dying are presented elsewhere (DeArmond 2012/2013), the themes can be summarized as interconnectedness, suffering and sacrifice, and birth and rebirth.

Participation, empathy, and compassion were the affective components involved in the experience of interconnectedness. One participant said: ‘I have intense feelings when I take care of the dying. I can sense a sacred interconnectedness between all beings.’ By witnessing the death of the other, the participants experience a tragic emotion. They experience changes of personality and spirituality. They become intimate with death. For one participant, ‘The experience of being with the dying is calming, authentic, intimate, and loving.’ They manifest a form of devotion in their care to the dying, which is an aspect of the relation to the sacred. The dying person becomes a symbolic other.

Witnessing a transformation, the participants experience a tragic compassion for the pain of the dying and the family. One hospice worker shared, ‘When I talk to parents, I always tell them I lost a child, and I say I am glad, grateful they brought the child to the hospice.’

The dying person becomes a symbol of suffering, sacrifice, and transformation. The participation of the hospice workers in the tragedy is a form of 'understanding' that is an assimilation of the experience of the other. One hospice worker said: 'I feel it is rewarding to help patients and families during the dying process. I like to watch the interaction when one stops protecting the other and I can sense love flowing.' By taking part in the tragic event, the hospice workers are delivered from it. For example, one of them noted: 'When dying, patients give up; they are in peace, joining something bigger. I share the feeling when sitting with dying patients. It is a spiritual experience. It is not boring; I meditate and I often have some insight. I feel more connected.'

To be a witness of some rite of transformation is to participate in a process of transformation and rebirth oneself. The hospice workers are guiding the dying and guiding themselves. One said: 'I have images, flashbacks, of people who died. It makes me feel peaceful. I carry with me a little bit of each of them.' They use the experiences as an initiation into life. Another hospice worker noted: 'I am in better touch with the oneness of people, the oneness of humanity. I want to continue to work in a hospice. I feel I make a difference. It is a privilege and an honor to work with the dying. It rejuvenates me. It gives to me.' Caring for the dying becomes an indirect form of renewal and rebirth, and a way to practice for their own death.

### **Archetypal aspects of transference**

Several factors could explain the experience of the hospice workers and how they related to the inward journey and spiritual pain of the dying person. First, an archetype of transformation may be constellated. Moreover, the enlargement of personality possibly has inner compassion as a source. For the caregiver, the broadening of consciousness underlying their personal growth may result from assimilation and integration of the experience of the other. Ultimately, the situation of witnessing death and dying may very well stimulate the feeling function of the caregivers through empathy.

#### ***Activation of an archetype of transformation***

##### *Archetype of transformation*

Jung thought that images or situations could activate, or constellate, archetypes and enhance consciousness. For Jung, 'Any activated archetype can appear in projection, either into an external situation, or into people, or into circumstances—in short, into all sorts of objects' (Jung 1936/1976: para. 324). Jung defined the archetypes of transformation as 'typical situations, places, ways and means, that symbolize the kind of transformation in question' (Jung 1934/1954/1968: para. 80). With this definition, specific environments could activate the archetype of transformation, although the characteristics of an

environment necessary to activate the archetype, the role of idiosyncratic or cultural factors, or the symbolic expression of the archetype have not been described. In addition, Jung described the existence of an archetype of death involved in the religious celebrations of catastrophic events. He said:

Death means the total extinction of consciousness and the complete stagnation of psychic life, so far as this is capable of consciousness. So catastrophic a consummation, which has been the object of annual lamentations in so many places (e.g. the laments for Linus, Tammuz, and Adonis) must surely correspond to an important archetype, since even today we have our Good Friday.

(Jung 1946/1966: para. 469)

Contemporary authors have built on Jung's definition of archetype and remained consistent overall with a shaping role on consciousness of the activation of archetypes. Kalsched built on Jung's model of the psyche's dissociability into many different complexes, each containing a set of archetypal images at its core (Kalsched 1996: 72). According to Knox (2003), the archetype is an emergent structure, an early product of self-organization. For Hollis (2000), the archetypal function has a centering effect. The psyche 'archetypes'—that is, it transforms and structures life experiences, and gives meaning to them (Hollis 1995: 21).

### *Activation of archetype of transformation*

The role of attending to the dying and the environment of the hospice represent typical situations that activate the archetype of transformation in the caregiver because of the remarkable resonance between death and transformation through transference and counter-transference, and through indirect participation in a process of transformation. Caregivers focus their attention, their consciousness, on the dying process. Simultaneously, they project their own unconscious contents and are the receivers of the projection of unconscious contents from the dying. As mentioned above, Jung (1946/1966: paras. 353–449) commented on the alchemical treatise, the *Rosarium Philosophorum*, where the images of death and birth are present and highly symbolic of personal transformation. The alchemical union of the spirit and the soul in the *unio mentalis* corresponds, in psychological language, to the ego-personality confronting and integrating the shadow, the dark side of the personality (Jung 1955/1970: para. 707). This may be the task of the caregiver; in facing the dying person, the caregiver may be facing a symbolic image of transformation. The hospice worker may also face the shadow, this other complementary part of oneself and existence that one avoids. Death is the other and hidden face of existence.

The relationship between the caregiver and the dying person is also an example of a relationship between a healer and a wounded person. Caring for

the dying is a way for the caregivers to attend to the wounded side of their own personalities. The myth of Asklepios is reflected in the doctor–patient relationship as an archetypal aspect of the transference (Groesbeck 1975). In this case, the patient looks for a healer, or physician, and the physician-healer looks for patients. Because of their illnesses, the patients unconsciously activate their ‘inner healer’—and vice versa, the inner wounded side of the physician is activated by contact with the sick person.

Lastly, the symbols of birth and rebirth have been described as symbols of personal growth and are, with death, important symbols of transformation (Jung 1915/1950/1967). In his essay ‘Concerning Rebirth’, Jung described many forms of rebirth (Jung 1950a/1968: paras 199–205) including indirect rebirth, where the transformation is brought about not by passing directly through death and rebirth oneself but indirectly by participating in a process of transformation. Participating in a process of transformation is both witnessing and ultimately taking an active part in it. For example, this is the case for the rites of transformation of the Christian Mass and of the Eleusinian mysteries (ibid., para. 205). For Jung, ‘the parallel to the motif of dying and rising again is that of being lost and found again’ (1915/1950/1967, para. 531). In both cases of the Christian Mass and the Eleusinian mysteries, there is a celebration of some form of disappearance: death or journey in the underworld.

### *Understanding and broadening of consciousness*

#### *Empathy*

For Jung, empathy is ‘a readiness to meet the object halfway, a subjective assimilation that brings about a good understanding between subject and object, or at least stimulates it’ (Jung 1921/1971, para. 489). For the caregiver, empathy is a participation that brings understanding, a broadening of consciousness. Another mechanism for understanding may be the internal fire created by the encounter with death and dying. Assagioli (1969) defined different stages in the development of the transcendent: (a) crises preceding spiritual awakening; (b) crises caused by spiritual awakening; (c) reactions to spiritual awakening; and (d) phases in the process of transmutation. The enlargement of personality has possibly inner compassion as a source. For the caregiver, the broadening of consciousness underlying their personal growth may result from assimilation and integration of the experience of the other. Ultimately, the situation of witnessing death and dying may very well stimulate the feeling function of the caregivers through empathy.

#### *Interconnectedness*

Interconnectedness is a participation and a form of oneness with the other. Through the connection with the other, interconnectedness may reach a

spiritual dimension. Many scholars have established a parallel between the relationship with the other and the relationship with God. Otto posited in 'The Idea of the Holy: An inquiry into the non-rational factor in the idea of the divine and its relation to the rational', that God is 'the wholly other' (Otto 1923/1958: 25–30) and experienced as a *mysterium tremendum*. For Buber, the relationship between the I and the You, the other, is a relationship with the sacredness of the other. In addition, according to Buber, the relationship between the I and the You is inherent in the development of the person:

The basic word I–You can be spoken only with one's whole being. The concentration and fusion into a whole being can never be accomplished by me, can never be accomplished without me. I require a You to become; becoming I, I say You.

(Buber 1923/1970: 62)

In the context of end-of-life care, the caregivers establish relationships with the dying persons, who become, for them, a symbolic other. Thus they become more of an I, as conceptualized by Buber, because the dying person represents more than just one person.

### *Transcendence*

In addition to the increased capacity to relate, for the caregivers, the experiences of death and dying influence the transcendence of the ego in its effort to reach the numinosum. Maslow discussed the various meanings of transcendence. He noted that transcendence is:

the same kind of self-forgetfulness which comes from getting absorbed, fascinated, and concentrated. In this sense, meditation or concentration on something outside one's own psyche can produce self-forgetfulness and therefore loss of self-consciousness in this particular sense of transcendence of the ego or of the conscious self.

(Maslow 1969: 56)

Another aspect of the transcendent experience is that some caregivers may have an encounter with the Self when caring for the dying. In the pair of opposites of the dying and the living, the ego may be thought of as represented by the caregiver, while the dying person could be conceived as a symbolic image of the Self and a symbolic image of the transcendent. For Jung, a balance between consciousness and the unconscious is needed for individuation (Jung 1946/1966: para. 395; 1939/1968: paras 489–524). The living needs the dying just as the ego needs the Self. In this sense, the relationship of the caregiver with the dying person symbolically mirrors the relationship of the ego with the Self.

*Redemption through suffering and sacrifice*

The activation of the transcendent function, a psychological function facilitating and arising from the union of conscious and unconscious contents, and the redemption through suffering and sacrifice are other avenues for a transformation.

*Transcendent function*

According to Jung (1934/1969: paras 796–815), the psyche spontaneously prepares for death. After middle life, consciousness progressively detaches itself from the world and turns inward. This turning inward gives rise to a personal transformation. In the context of witnessing death and dying, the dying is a symbolic image of transformation. The alchemists were projecting upon matter and proceeding to a transformation of their own psyches. Similarly, the caregivers may also project unconscious contents and, in the process, be transformed themselves through the activation of the transcendent function.

For Jung, the crisis of illness can also be the source of psychological growth through the activation of the transcendent function:

It is as though, at the climax of the illness, the destructive powers were converted into healing forces. This is brought about by the archetypes awaking to independent life and taking over the guidance of the psychic personality, thus supplanting the ego in its futile willing and striving.

(Jung 1933/1969: para. 534)

It is possible that, through participation, the caregivers assimilate the transformation of the other and that the constellation of the archetype of transformation activates the transcendent function.

*Suffering and sacrifice*

Witnessing death and dying has the character of a sacred celebration. Jung identified sacrifice as a symbol of transformation (1915/1950/1967: paras 613–682). Alchemists emphasized sacrifice as part of the work (opus), especially the self-sacrifice of intellectualism and rationalism, the *sacrificium intellectus* (Jung, 1944/1968: para. 59). Elsewhere, Jung described the psychological aspects of the symbolism of transformation in the Christian Mass, in which the Divine Child, the image of God, is eaten (Jung 1954/1969: paras 376–448). Attending a transformational event fosters a personal transformation by assimilation. The hospice workers, through empathy, participate in the transformation of the dying process and are themselves transformed.



Suffering is an opening to redemption, described by Jung in the Introduction to the *Tibetan Book of the Dead*, as ‘a separation and deliverance from an earlier condition of darkness and unconsciousness’ (Jung 1953/1969: para. 841). Redemption leads to ‘a condition of illumination and releasedness, to victory and transcendence over everything “given”’ (ibid.). Redemption, in the case of witnessing death and dying, pertains to the dying, on one hand, and to the caregiver, on the other hand. Caregivers are both the redeemed and the redeemers. They have a passive role when offering their presence, but also an active role when making the choice to be present and actively witness the dying process. Jung insisted on the duality of human nature to be both the redeemed and the redeemer. Whereas being redeemed is part of the Christian tradition, being a redeemer has an alchemical character. Being a redeemer is taking responsibility for carrying out the redeeming opus: redemption from the imprisonment of the *anima mundi* in matter (Jung 1944/1968: para. 414). By being both redeemed and redeemer, having both a passive and an active role, the caregiver may process suffering, transform it, and be redeemed.

Suffering and sacrifice can lead to redemption, and this gives suffering meaning. In the case of the caregiver, suffering is the assimilation of the suffering of the dying person. Death and dying are aspects of a heroic journey, and the caregivers feel its tragic quality. The hero, the dying person, is powerless. Death is the total defeat of the ego. Jung noted that to experience the Self, one has to sense the finitude of the conscious will to give room for the Self to grow (Jung 1955/1970: para. 778). Death and dying may be an experience of the Self for the dying and, by assimilation, for the caregiver, too. Witnessing death and dying is for the caregivers a reenactment of death that leads indirectly to rebirth. In caring for the dying, the caregivers become aware of their own finitude, their own deaths. For Jung, the integration of unconscious contents into consciousness, the continuous conscious realization of them, brings a change (Jung 1928/1966: paras 358–359). The experiences of the caregivers are partly conscious and partly unconscious. For the caregiver, a change in personality may be the result of the assimilation of the other and the integration of unconscious contents.

### **Discussion: a Jungian approach of spiritual pain**

In *Memories, Dreams, Reflections*, Jung reported the visions he had during a near-death experience and said:

It is impossible to convey the beauty and intensity of emotion during those visions . . . And what a contrast the day was: I was tormented on the edge; everything irritated me; everything was too material, too crude and clumsy, terribly limited both spatially and spiritually.

(Jung 1963/1989: 295)

In Jung's case, it seems that visions, dives into the unconscious, and irruption of the numinosum cohabit with an ego frustration.

He added later, 'there was a pneuma of inexpressible sanctity in the room, whose manifestation was the *mysterium coniunctionis*' (ibid.). Jung described the *coniunctio* as the 'union of two figures, one representing the daytime principle, i.e., lucid consciousness, the other a nocturnal light, the unconscious' (Jung 1946/1966: para. 469). In a touching letter he sent to Kristine Mann who was dying of cancer, Jung shared his experience of the dying process during his near-death experience:

The only difficulty is to get rid of the body, to get quite naked and void of the world and the ego-will. When you can give up the crazy will to live and when you seemingly fall into a bottomless mist, then the truly *real* life begins with everything which you were meant to be and never reached.

(Jung 1973, 1 February 1945, italics in text)

In addition, Jung insisted on strong and even causal connections between the psyche and the body (Jung 1955/1970: paras 767–768).

What is spiritual pain from a Jungian perspective? The different facets of spiritual pain here discussed include: (1) a frustration of not having spiritual needs met; (2) a nigredo phase of individuation; and (3) a pessimistic expression of spirituality.

#### *A frustration of not having spiritual needs met*

Spiritual pain may come from a real frustration of not having spiritual needs attended to or as a call for further attention. This is a pragmatic facet of end-of-life that should not be overlooked since there is a possibility to base the therapeutic approach directly on the satisfaction of unmet needs. If spiritual pain stems primarily from a frustration of not having spiritual needs attended to, spiritual pain would be further exacerbated in an environment unsupportive of spiritual development as are, for example, some medical environments where the emphasis is exclusively on the fight for life at the expense of the sustainment of spiritual life. Very often also in terminal care, patients have difficulty in communicating their needs because of physical limitations and this could further aggravate the frustration of the patients. Amplifying the symbolic life, tapping into the resources of creativity, and co-creating with the patient through narratives, poetry, and painting open a channel of communication in terminal care (Bolton 2008; Miller and Cook-Greuter 2000). These artistic experiences can be used to enable insight and healing but also to support practitioners professionally as a form of reflective practice.

*A nigredo phase of individuation*

Death is a physical and psychic transformation that starts well before the final moment. If death is imminent, as for example in terminal care, and assuming a strong mind–body relationship, there is in all likelihood an opportunity for a spiritual change in the midst of considerable organic changes. Spiritual suffering, a painful expression of a transformation to come, may be related to the nigredo phase of individuation, a dark crisis. Jung noted the foreknowledge of the psyche to death and dying (1934/1969). I posit that, in some instances, spiritual pain expressed as nigredo may come as an anticipation and preparation of the psyche for death.

The triangular relationship between spirituality, suffering, and death is further supported by the common presence of death and suffering within the symbolism of individuation. As emphasized by Jung (1955/1970, 1950b/1968), alchemy and religious symbolism are very evocative of the process of individuation and both frequently include pain and death. Regarding alchemy, there is a strong relationship between alchemy and death, between organic and psychic transformation. Jung said:

This process underlies the whole *opus*, but to begin with it is so confusing that the alchemist tries to depict the conflict, death, and rebirth figuratively, on a higher plane, first—in his *practica*—in the form of chemical transformations and then—in his *theoria*—in the form of conceptual images.

(Jung 1954/1966: para. 471, italics in text)

In his essay ‘The Psychology of the Transference,’ Jung posited that the images of the alchemical treatise ‘*Rosarium Philosophorum*’ symbolize the union of opposites and the process of individuation, and noted that death follows the reconciliation of opposites, the *coniunctio oppositorum* (Jung 1946/1966: para. 467). The alchemists thought that the *lapis philosophorum*, the philosophical stone, could heal physical disharmonies, and psychic and spiritual conflicts. In order to obtain the lapis, the alchemists had to loosen the attachment of the soul to the body. This operation is a figurative death, acknowledging one’s projections and the influence of anima or animus (Jung, 1955/1970: para. 673). Therefore, alchemical symbolism, with its insistence on the interrelationship between body and mind, is very significant for tracing the psychic transformations of the end of life.

On the side of religious symbolism, spiritual pain at the end of life presents similarities with the despair and spiritual crisis experienced by the biblical Job. Jung noted a parallel between the story of Job and the process of individuation. When confronted with unconscious contents, Job becomes more conscious, but God’s consciousness also increases. It is a reciprocal process. For Jung, ‘existence is only real when it is conscious to somebody’

(Jung 1953/1969: para. 575). This already points to the importance of the role of a caregiver, containing and mirroring the pain, for a process of increasing consciousness. Another example of the religious symbolism of pain, death, and transformation is the crucifixion of Jesus. Jung asserted that Jesus is a symbol of the Self (Jung 1948/1969: paras 226–233). For Jung, ‘Christ exemplifies the archetype of the self’ (Jung 1950b/1968: para. 70). Jesus’s death has a redemptive effect on the community. Jung established a parallel between individuation, or self-realization, and the passion of Christ. He said:

The human and the divine suffering set up a relationship of complementarity with compensating effects. Through the Christ-symbol, man can get to know the real meaning of his suffering: he is on the way towards realizing his wholeness. As the result of the integration of conscious and unconscious, his ego enters the ‘divine’ realm, where it participates in ‘God’s suffering.’

(Jung 1948/1969: para. 233)

There are other multiple examples of dying gods or dying mythological figures often as a part of a heroic journey. In mythology or religion, venerating the death of god brings a renewal of the personality and salvation. The transcendental nature of death is emphasized and in the past these dying gods were especially venerated for their knowledge of the underworld. Osiris and Horus were grieved by Isis, and their deaths were followed by resurrection and renewal. Wholeness also followed death in the Eleusinian mysteries that celebrated the spring return of Persephone, the daughter of Demeter, from the underworld.

### *A pessimistic expression of spirituality*

Spiritual pain may also be a natural form of expression of spirituality, the expression of religious feelings where there is a dominance of sadness. In medical terms, pain has often a negative connotation and is the sign of a dysfunction. Pain, in the Christian sense, is a mark of defilement. This polarized definition of pain is misleading for spirituality. William James described some pessimistic expressions of religious experience. For James, the three forms of melancholy are vanity of mortal things, sense of sin, and fear of the universe (James 1902/2002: 129). James viewed the personal experience of humiliation as critical to engender a deep sense of life significance (ibid: 111). For Tolstoy, mid-life crisis is a painful depression. Tolstoy’s attack of melancholy led him to develop his own religious conclusions and to experience conversion. James noted that in Tolstoy’s case, the sense that the meaning of life was for a moment totally withdrawn (ibid: 121). Spirituality may therefore have painful, sad expressions. However, caution is needed when the focus is

exclusively on spiritual pain, and the personal history and the role of interpersonal relationships recedes into the background; for spiritual pain may also be the result of an exacerbation of a pre-existent malaise. Sadness at the end of life may be related to the closure of personal relationships and to the fearful anticipation of a final transition.

Overall, spiritual pain at end-of-life may be the expression of religious feelings with a dominance of sadness and an urge for individuation. The anguish and spiritual pain of end-of-life may not require an approach any different from the general one used in Jungian psychotherapy. However, some elements specific to the situation of death and dying are to be taken into consideration. Time is limited. A dialogue may be difficult to establish in the presence of physical symptoms and limited physical strength. The environment of the hospice or home is more or less favorable to the conduct of the psychotherapy. At the end of life, there is often a marked existential or religious anguish of facing one's limitedness. These circumstances are challenges for the therapy, but are also very likely to influence the psychotherapist and engender a marked transference.

### Conclusion

As one of the hospice workers in DeArmond's study said: 'Every death changes you.' Based on the themes emerging in the reported experience of hospice workers and on the themes emerging from their narratives, the role of attending to the dying and the environment of the hospice may represent typical situations that activate the archetype of transformation in the caregiver through transference and counter-transference and through indirect participation in a process of transformation. I suggest that the main elements of the experience of being an engaged witness of death and dying include the following: (a) an archetype of transformation is constellated—in this context, the dying person is a symbolic image of transformation, of the Self and of the shadow, and constellates an archetype of transformation such that caring for the dying is practicing for one's own death and a form of indirect rebirth; (b) the empathy and compassion for the dying person leads to greater understanding and a broadening of consciousness for the caregiver; and (c) the suffering of witnessing death and dying leads to redemption. The dying person may operate as a trigger for the activation of unconscious contents of the caregivers. The hospice worker/caregiver has a role in holding, helping to find meaning, and validating the experience.

This discussion on the dynamic of the archetype of transformation, the role of suffering and redemption in personal growth, and the symbolism of the dying person is a contribution to a Jungian approach of the spiritual pain of end-of-life that has been tentatively defined as the combination of a frustration of not having spiritual needs met, a nigredo phase of individuation, and a pessimistic expression of spirituality. As more focused studies of the

experience of caregivers and psychologists with death and dying become available, a better appreciation of the transference and countertransference involved in the care of end-of-life will likely support the increased involvement of psychotherapists in this setting, a deeper relationship to spiritual pain, and an improved care of end-of-life.

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