SPIRITUAL CARE AT THE END OF LIFE: HOW FOLKTALES CAN GUIDE US

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ABSTRACT: The approach in this article is based on the first author’s experience using traditional folktales and myths as sources of spiritual wisdom and healing while accompanying a close friend throughout her end-of-life process. Over 200 folktales dealing with illness, death and grief were collected from books of folktales, mythology and spiritual traditions. Inspired by Chinen’s approach to Middle and Elder folktales, these stories were then thematically analyzed for main themes and “field-tested” in workshops at transpersonal, hospice and other conferences internationally. According to Kenneth Doka (1993), people at the end of their lives face three major spiritual tasks. Specific folktales are explored to illustrate spiritual care issues for each of these challenges: (a) To find meaning in one’s life, (b) To die appropriately, (c) To find hope that extends beyond the grave.

When the world was still young, Truth walked around as naked as she was the day she was born. Whenever she came close to a village, people closed their doors and shut their windows, for everyone was afraid to face the Naked Truth. Understandably Truth felt very alone and lonesome. One day she encountered Story who was surrounded by a flock of people of all ages who followed her wherever she went. Truth asked her, ‘Why is it that people love you, but shy away from me?’ Story, who was dressed in beautiful robes, advised Truth: “People love colorful clothes. I will lend you some of my robes and you will see that people will love you too.” Truth followed her advice and dressed herself in the colorful robes of Story. It is said that from this day on, Truth and Story always walk together and that people love both of them (adapted from Weinreich 1997).

As this Jewish tale illustrates, people do not want to face the naked truth but are able to be attentive when truth is presented in layers. Similarly, death and dying in Western society are topics that many find difficult to face head on. Therefore we talk about death using euphemisms such as “they have gone to sleep, were lost on the way to the hospital, entered into eternal rest, or have gone to a better place.” Paul Watzlawick (1978) believes that information transmitted through images and metaphors, rather than by direct communication, is much more effective in creating change in the mind and in behavior. It is absorbed by the ‘right brain’ which has the ability to go beyond the rigid boundaries created by fixed logical and conceptual thinking thereby opening us to a wider perspective. The “colorful clothes” in folktales come layered in the
form of images, symbols, repetitions and hypnotic inductions into the world of “once upon a time.” The dreamlike language of stories bypasses the rational mind and speaks to the listener on the level of the unconscious.

This article first discusses the use of traditional folktales and myths as sources of spiritual support at the end of life. Then specific folktales are explored to illustrate spiritual care issues for each of Kenneth Doka’s (1993) three major spiritual tasks people face at the end of their lives; namely, to: (a) find meaning in one’s life; (b) die appropriately; (c) find hope that extends beyond the grave

FOLKTales AT THE END OF Life

The first author personally experienced traditional stories and myths as sources of spiritual wisdom and healing while she was accompanying a close friend through her end-of-life process. When my friend was suddenly faced with a diagnosis of metastatic ovarian cancer, she likened her experience to the fate of the mythic heroine Persephone of the ancient Greek myth. Suddenly she too felt as if the ground underneath her had opened up and pulled her into the underworld. From one day to the next, her entire world had changed and nothing seemed the same. After having undergone an initial major surgery, her days were spent in doctors’ offices, learning about different treatment options, making appointments, getting test results back and dealing with the bureaucracy of the healthcare system. She felt that her illness was crowding out everything else, and she along with everyone around her tended to forget that she was more than just a disease. She therefore asked me to remind her that she was still alive.

At the time, I was involved in telling traditional folk and fairytales in my young children’s classrooms. The same stories that delighted 5 year olds, such as “The Bear Catching the Moon,” also opened a window into the realms of imagination for my friend and me. They brought not only distraction but also lightness and laughter into the seriousness of the situation and got us involved in the creative endeavor of mutual storytelling. Sometimes we would give each other three words out of which we then had to create a story with a beginning, middle and an end.

Months later as the cancer progressed and I visited my friend in the hospital, she would often ask, “Can you tell me a story?” It was at this point that I began to look for folktales that specifically spoke to her situation and concerns, addressing themes such as illness, death and grief. The story images coupled with the hypnotic like storytelling tone of voice seemed deeply comforting, providing respite from the reality and sterility of the hospital room. Other stories invited dialogue, meaning making and humor into our relationship. A Chinese tale about the difference between heaven and hell and a Tibetan story of a woodcutter who is presented with the choice to be reborn in any of a myriad of different beings inspired us to dialogue about our beliefs regarding what happens after death. The folktale of the seal maiden who had to tear herself away from the topside world and her loved ones in order to
return to her true origins at the bottom of the sea where she finds healing and transformation became a metaphor of hope and healing. The many tales about someone tricking death introduced the healing power of humor as a buffer against fear and worry. As George Bernard Shaw (1906/2009) remarked: “Life does not cease to be funny when people die any more than it ceases to be serious when people laugh” (p.85). Finding a way to share not only tears of loss but also tears of laughter created closeness and diminished the separation between her being the patient and me the caregiver.

As the myth of Persephone speaks to the sudden, shocking and unexpected abduction into the underworld at the time of diagnosis, the 5000 year old Sumerian myth of Inanna’s descent into the underworld parallels the incremental loss of footage in the ordinary world. On her journey into the underworld Inanna passes through a series of gates where at each something is taken from her that once identified her as the queen of heaven and earth until eventually she ends up naked and hanging like a slab of meat on a hook. As the author’s friend continued to go through successive hospitalizations, chemotherapy treatments, tests, and medical procedures, she readily identified with the ancient myth, feeling she too was making an Inanna-like descent. Each hospitalization was another gate where something was taken away such as trading her name and role in everyday life for an ID number on a bracelet and her own clothes for a hospital gown. Each chemotherapy treatment brought another loss such as her appetite or her hair falling out. In Close to the Bone: Life-threatening illness and the Search for Meaning Jean Shinoda Bolen (1996) states:

On the medical journey, patients often feel like Inanna: the hospital feels like an underworld in which they are stripped and humbled, and then unconscious under anesthesia, they literally become a slab of meat on an operating table. Or after a series of tests and treatments, each of which takes them deeper into an unknown, fearful world, patients feel metaphorically left hanging on a hook awaiting news that they can come back to life. (p. 33)

For the first author, storytelling became a way to connect and be with her dying friend after all the caretaking had been addressed. It helped her channel her own fears and later her grief into a creative outlet which continues many years after her friend’s death, and keeps them forever connected. The archetypal wisdom of the stories themselves continues to help her find meaning and comfort in her work with the dying and bereaved and in facing the Great Mystery of living and dying in her own life.

It was out of this personal encounter with stories and storytelling that the author began to systematically look for stories on the topic of illness, death and grief from books of folktales, mythology and spiritual traditions from the library, internet searches and her personal collection. Over 200 stories were collected and then analyzed for main themes (see appendix 1 for the main themes and illustrative folktales). Many of these folktales talk about death’s presence in a matter of fact way: “And if they did not die, then they are still alive today” says the traditional ending of most German folktales.
Usually death is portrayed as being as much a part of life as the night is part of the day.

When personified in Western art and literature, death often appears as the Grim Reaper, a scary skeleton man reminiscent of the Dances of Death images from the Middle Ages that were painted on church and cemetery walls to serve as a “memento mori,” reminding people of the inevitability of death, earthly vanities and divine salvation. In contrast to the Grim Reaper image, which seems deeply imprinted into our contemporary Western psyche, many folktales help us look at death in a different way. Some folktales portray death as a beautiful and godlike young man (or woman in romance languages) who radiates irresistible beauty. Other tales introduce death as a caring elder, a godparent, a teacher and ally who accompanies us throughout our lives, helps return us to our true origins or releases us from the curse of immortality. Folktales from many indigenous cultures describe death not as the end of a lifeline as usually perceived in the West, but as a part of the natural cycle of all life (Annie and the Old One—Native American). These stories remind us that death is part of all nature (Why Death is like the Banana Tree—Madagascar) and that it is our human responsibility to make room for future generations (The Mortal King—China). Some stories reconcile and comfort us, letting us know that we do not stand alone with the pain of grief and loss (Mustard Seed Story—Buddhist). Other stories (The Cow-Tail Switch—Liberia) generate more questions than they answer, inviting dialogue and reflection.

The attempt to trick death or to obtain immortality is a common theme among traditional folktales from all cultures and times. In fact, this is the most prevalent theme among the stories collected and reflects the universal fear of and difficulty accepting death. Whether death gets trapped in a hollowed out tree trunk (The Woodcutter and Death—Nepal), becomes stuck in a pear tree (Aunt Misery—Puerto Rico), or is frightened away by a strange looking creature (Outwitting Death—Hungary), in the end death gains the upper hand or the protagonist realizes that eventually immortality becomes a curse and will plead with death to release them from eternal life (The Man Who did not Wish to Die—Japan).

As a hospice social worker, I (CL) visit with people who are approaching the end of their lives, provide community education on end-of-life issues and lead workshops for health care professionals in which I use folktales as teaching tools to ease into discussions about death and dying. Most people seem to readily connect with stories and can easily identify with a protagonist facing seemingly insurmountable challenges, such as having to spin a room full of straw into gold, while at the same time encountering unforeseen helpers. In folktales and myths, they can vicariously experience ways of finding strength and hope, courage and spiritual perspective. The authors have included folktales in continuing education courses on spiritual issues in illness, death and grief and in workshops presented at transpersonal, hospice and other international conferences. Thus many of the stories have been “field-tested” to explore their implications for education and spiritual care as described later.
Myths are stories reworked over generations to a finely-honed state where they serve as “a powerful picture language for the communication of traditional wisdom” (Campbell, 1949, p. 43). Herrnstein-Smith (1981) presents the thesis that the mind has the capacity and propensity to create certain basic stories. These narrative structures may be comparable to Chomsky’s (1985) concept of deep grammatical structures in that these stories organize experience much as deep grammar organizes language. Myths are vivid manifestations of these fundamental organizing principles that exist within the psyche and the cosmos (Frank & Frank, 1991; Jung, 1964; Krippner & Welch, 1992). Houston (1989) makes the same point this way: “Myth is something that never was but is always happening” (p. 101).

Myths awaken and maintain in the individual a sense of awe and gratitude in relation to the spiritual dimension of the universe. They provide a bridge between one’s local consciousness and transcendent realms and eternal forms. Eliade (1960) argues that the personal unconscious and “private mythologies” alone cannot awaken an individual’s mystical consciousness. It requires “the general and the universal symbols [to] awaken individual experience and transmute it into a spiritual act, into metaphysical comprehension of the world” (p. 213). The myth’s power to open the individual to the spiritual dimension of life is not tied to a particular social system or epoch. Its potency lies in its symbolic nature. “Mythological symbols touch and exhilarate centers of life beyond the reach of vocabularies of reason and coercion” (Campbell, 1968, p. 4).

Folktales are essentially narrative complexes that collapse many mythic stories into one simpler story (Miller, 1976). Most folktales can be traced back to earlier myths, with the story compressed and simplified (Campbell, 1972b). Folktales have long been considered sources of wisdom in transpersonal psychology. In several articles in the Journal of Transpersonal Psychology, Chinen (1985, 1989, 1993) studied folktales to gain a fresh perspective on the psychological and spiritual issues faced by middle-aged and elderly persons. He observed that most folktales feature youthful protagonists, and reflect the psychology of youth—the struggle to become an individual in the real world. The hero or heroine leaves home to seek treasure or true love, battles enemies, and ultimately triumphs. Such folktales are versions of the Hero’s Journey myth that Campbell (1972a) identified as prevalent in many cultural traditions.

“What happens,” Chinen (1985) asked, “in that ‘ever after’—when the Prince turns fifty, or the Princess is widowed?” (p. 99). Chinen reviewed 4500 folktales from around the globe, and found that 9% of them had middle-aged protagonists and 2% concerned the elderly. Chinen thematically analyzed these “elder tales” to reveal their major motifs, and then related these stories to contemporary research in the psychology of aging. His main finding was that rather than emphasizing personal development, elder tales focus on the following transpersonal tasks: (a) the need for renewal in the face of the many material losses of later life; (b) encountering a numinous or supernatural element; and (c) spiritual transformation.
While it may seem paradoxical or even foolish to assert that folktales are repositories of insight and wisdom, Chinen (1985) argues that,

The folktale\textsuperscript{2} genre may be uniquely appropriate for the insights. Folktales have been handed down over centuries, so that they contain the distilled experience of many generations. Folktales are also not meant to be believed, so they can say the unspeakable, the repressed or intolerable in society. They’re like dreams. They bring up what we don’t want to look at. They force us to face truths that we might ordinarily overlook. (p. 117)

Folktales and myths reveal the presence of universal themes and patterns regarding human suffering, dying and grieving. The struggles and arduous journeys of the heroes and heroines in folktales and myths depict the ways people feel, hope, suffer, wish and behave in the midst of life’s challenges. As described above in the author’s personal experience with a dying friend, their collective wisdom can evoke, deepen and transform our understanding of the experience of illness, death and grief. Bruno Bettelheim (1977) who used folktales in his clinical and theoretical work, stated that,

The folktale takes the existential anxieties and dilemmas very seriously and addresses itself directly to them: the need to be loved and the fear that one is thought to be worthless; the love of life, and the fear of death. Further, the folktale offers solutions in ways everyone can grasp on their own level of understanding. (p. 10)

\textbf{FOLKTALES AND MYTHS IN SPIRITUAL CARE}

This part of the article focuses on the usefulness of folktales and myths for spiritual care at the end-of-life, especially for people facing their dying time. The folktales and myths included illustrate the three spiritual tasks identified by Doka (1993): To find meaning in one’s life, die appropriately, and find hope that extends beyond the grave.

\textbf{To Find Meaning in One’s Life}

The Russian folktale \textit{Joseph the Tailor} illustrates the importance of life review and reminiscence in finding meaning at the end of one’s life. As Joseph ages he experiences how his coat that has served him throughout his long life begins, \textit{as happens with all things in life}, to wear away. Being a tailor, he makes the coat into a jacket, the jacket into a cap and finally the cap into a bow tie only to discover that none of these last forever either. Eventually, all that is left are his memories and stories. But they remind him of the richness of a life well lived, help him accept and integrate his losses and gain a perspective of deep meaning and gratitude.

During the last months to weeks of a person’s life, this kind of reminiscence is one of the most important spiritual tasks. Likewise it is important for a
caregiver or family member to elicit from and be fully present for the dying person to share his or her life stories. Joseph the tailor when asked by his grandchildren “Grandpa, tell us about your coat” found the sharing of life stories with active listeners to be a healing and meaning making experience. Alice Walker (1990) described “The process of the storytelling is itself a healing process because someone is taking the time to tell you a story that has great meaning to them…They want to give it to you in a form that becomes inseparable from your whole self” (p. 7). In this way a story becomes a gift of connection between the teller and listener, allowing everyone to emerge replenished.

Butler (1963) theorized that life review is a naturally occurring, universal mental process and that most elderly people spontaneously engage in reminiscing about their lives. As individuals realize that there is limited time remaining to them, they will examine what kind of life they have lived, and whether they feel their life was a success or failure. Butler saw the life review process as essential to the final reorganization and integration of the personality and as a final opportunity for the individual to come to understand the conflicts of earlier life, coming to some resolution or forgiveness. This theory parallels that of Erikson (1982) who proposed that the critical factor in accepting death is one’s integration (vs. despair) over one’s lived life. According to Erikson, this reminiscence and introspection is most productive when experienced with significant others. Facilitating a life review is widely recognized as an important therapeutic tool in end-of-life-care.

The folktale of Joseph the Tailor models a life review not focused on a chronological recounting of one’s life nor on one’s worldly achievements of rank and wealth but on one’s relationships, values and interconnectedness. These parallel what Frank Ostaseski, founding director of the San Francisco Zen Hospice Project, calls the most important questions at the end of one’s life: “Am I loved?” and “Did I love well?”

When it is no longer possible for a dying person to engage in the telling of their own life stories, traditional folktales and myths can become an important “medicine” to address and ease spiritual pain at the end of life. Clarissa Pinkola Estes (1992) coined the phrase “stories as medicine” to describe their capacity to help find meaning in suffering, illness and death. Another way of utilizing the healing power of traditional stories that the author often suggests to hospice families, especially when at the bedside of a very ill, demented or comatose patient, is to read stories out loud. When all practical caregiving tasks have been addressed and conversation is no longer possible, family members often feel uncomfortable sitting at the bedside watching their loved one go through the dying process without having a specific task to focus on. Reading stories, particularly those from the patient’s childhood, cultural and/ or spiritual background, provide a focus while maintaining an emotional connection. Since it is believed that hearing is usually the last sense to go, this is a chance for the patient to hear the comforting voice of a loved one while allowing the images and metaphors of stories to work on the unconscious mind.
To Die Appropriately

The second spiritual challenge identified by Doka (1993) is for the dying person to clarify and communicate their wishes about their dying time. Frequently the patient and their family have to decide when to choose between life-extending measures versus opting for comfort care. If a person’s view of death is informed by the medieval image of the Grim Reaper, they will likely try to stave off death at all cost. The Godfather Death tale, originally collected by the Brothers Grimm (variations of which exist in many cultures) allows for a different perspective. Here death is portrayed as being part of the family (a godparent), as a teacher and healer who offers us an alternative benevolent image of death. In this traditional folktale a father chooses Death to become his son’s godparent because Death treats everyone the same, and he promises to make his son rich and famous, for as Death states, “he who has me as a friend can lack nothing” (Yolen, 1986, p. 467). As the child grows up, Godfather Death prepares his godson to become a great physician who knows the art of healing and can tell when it is time to live and when it is time to die. Death reminds the young physician that wherever he visits a patient whether in a great castle or in a little shack by the roadside, he will always be there as well. Death continues: “If I stand by the head of the sick man, you may say with confidence that you will make him well again…but if I stand by the patient’s feet, he is mine, and you must say that all remedies are in vain, and that no physician in the world could save him” (p. 467). Death warns the young physician “beware of using the herb against my will, or it might fare ill with you” (p. 467). In the story the young physician does not heed his Godfather’s warning but tricks death by turning the patient’s bed around. At the same time the tale’s ending reminds us that ultimately no one can cheat death and get away with it.

In contemporary Western medicine many physicians and patients see death as the enemy. In an attempt to fight off death they try, just as the physician in Godfather Death does, to “turn the bed around.” This was made very clear to me (CL) by a hospice patient, himself a physician, who was unable to accept his own dying even though he knew there were no further life-extending treatments. This patient was so afraid of losing control over his capacity to be in charge of his own treatment that he refused to let the hospice staff administer effective pain medication. He died in excruciating physical and emotional pain, lashing out at and alienating his family, thereby depriving himself and everyone involved of a dignified and peaceful death.

If a patient and their family can accept death as “part of the family,” like a godparent, it would help them to know when it is time to tell the physician to stop “turning the bed around.” The awareness of this choice, as illustrated by an alternative view of death in the Godfather Death and other traditional folktales, could mitigate some of the suffering and struggle around dying, and inform decision-making about medical options. The author (CL) has found the Godfather Death story to be a valuable resource in facilitating discussions about end-of-life choices with the general public as well as with medical students at the UCSF palliative care training program.
Along with making one’s Advanced Directives for Medical Decisions it is an important task to also communicate our wishes regarding funeral plans that are congruent with our spiritual beliefs. One hospice patient, a young woman dying of a brain tumor, befriended death by taking an active role in planning her own funeral. For weeks before her death, her pine coffin became the centerpiece of her living room. She took naps in it, and her last creative act involved stenciling it with her beloved sunflowers. In addition to a traditional burial and a service in her parents’ church she also planned a celebration of her life for her family and friends, selected her own music and asked for the following story adapted from the Jewish Talmud to be told:

Two ships were sailing in a harbor. One was leaving for the open seas and the other was returning home after a long journey. People cheered the ship that was leaving for its journey, hardly paying attention to the one that was returning to port. An old man remarked: “Why not rejoice for a ship sailing out to sea, for you do not know what terrible dangers it may encounter. Rejoice rather for the ship that has reached shore, bringing its passengers safely home.”

And so it is in the world. When a child is born, all rejoice. When someone dies, all weep. But maybe it should be the other way around—that people rejoice at the end of a person’s life rather than in the beginning. For no one can tell what unforeseen dangers await a newborn child, but when a person dies, they have successfully completed their life journey. (Lamm, 2004)

To Find Hope that Extends Beyond Death

A final spiritual challenge is to leave something enduring, something that continues after death. The desire to leave a legacy has been identified as an important developmental task of later adulthood (Traxler, 1980) and of the dying (Doka & Morgan, 1999). Some people believe they live on through their children, others through their accomplishments and good works. Almost everyone has some personal possessions that have been important to them throughout their life, and making plans to pass these on to the people they love can provide a sense of continuity. The Japanese folktale, The Mirror of Matsuyama, depicts how such inheritances help us keep an ongoing relationship with a person who has died. On her deathbed, the mother in this story presents to her young daughter a beautiful handheld mirror: “At times when you feel very alone, look into it. I promise you, that you will always see me” (Gersie, 1991 p. 303). Soon afterwards the mother dies. The mirror becomes their continuing link as the daughter uses it to evoke the presence of her dead mother. For the survivor, such objects can evoke and sustain an internalized relationship with the deceased. For the dying, these objects become a part of their legacy and ensure continued remembrance. This traditional folktale confirms the spiritual solace that comes with knowing that some part of a person will endure beyond death when their presence is evoked through the things they bequeath.

Another way to find hope that extends beyond death is to write a spiritual (also known as ethical) will. Based on ancient Jewish traditions first described in the
Old Testament 3000 years ago (Genesis Ch. 49) a spiritual will is a personal legacy letter that describes what truly mattered in one’s life. It is usually directed towards a specific person (or one’s family) and describes important values, life lessons, prayers, hopes for the future and how one wants to be remembered. In Healthy Aging: A Lifelong Guide to Your Physical and Spiritual Well-Being, Andrew Weil (2005) promotes writing an “ethical will as a gift of spiritual health” (p. 290) and asserts that its “main importance is what it gives the writer in the midst of life” (p. 288). It helps people clarify their values, focus on their life purpose while living fully with the awareness of their mortality. The above mentioned folktale of Joseph the Tailor provides a template for passing on such values and life learnings. In the story Joseph shares with his family some of the happiest moments of his life, important achievements as well as challenges he faced and how he was able to overcome them. He talks about the many losses he experienced and how his ability to accept, adapt and transform his losses sustained him throughout his life’s journey. The first author has used Joseph the Tailor’s story as a guide to help workshop and conference participants write their own spiritual will. A sample of questions used with hospice patients is presented in appendix 2.

Stephen Levine (1998), along with philosophers throughout the ages, highlights the value of living consciously in the shadow of death. He developed a program where participants practice living as though this was their last year to live. Another traditional folktale Death’s Messenger (Germany), collected by the Brothers Grimm, illustrates how most of us tend to deny the many signs of aging and thus are caught unaware when death comes. This folktale serves as a reminder to ask ourselves: If we were to really listen to death’s messengers, how would we want to live our life? Folktales and myths can help people deepen and transform their reflections about death and dying while connecting their own personal struggle to the challenges and realities of human existence across different times and cultures.

ENDNOTES

1 All of the folktales mentioned in this article are readily available online by searching using the title of the story.

2 In quotes from Chinen and Bettelheim in this article, the term folktale was substituted for fairytale in some of the original text. There is much overlap in the use of these two terms, and the authors of this article felt switching back and forth between these terms would be confusing.

REFERENCES


End of Life Spiritual Care
APPENDIX 1

Myths & Folktales about Illness & Death: Story Themes

* Illness as a Journey

Persephone Myth (Greek)
Inanna Myth (Sumerian)
The Water of Life (Germany)

* Death as an Integral Part of Life

Mustard Seed Story (India)
Annie and the Old One (Native American)
Why Death is Like the Banana Tree (Madagascar)

* Tricking Death

Godfather Death (Germany)
The Woodcutter and Death (Nepal)
Aunt Misery (Puerto Rico)
The Enchanted Apple Tree (France)
The Man who did not Wish to Die (Japan)
Outwitting Death (Hungary)
The Boy with the Ale Keg (Norway)

* Spiritual Tasks of the Dying

- Finding Meaning in One’s Life

Just Enough/Joseph the Tailor (Russia)

-To Die Appropriately
Godfather Death (Germany)
- Finding Hope Beyond Death
  The Mirror of Matsuyama (Japan)
  Just Enough/Joseph the Tailor (Russian)

* Images of the Afterlife
  The Difference between Heaven and Hell (Chinese)
  The Little Girl with the Matchsticks (Denmark)
  The Mountains of Tibet (Tibet)

* Hope and Healing
  Sealskin (Greenland)
  Water of Life (Germany)

APPENDIX 2

An Ethical/Spiritual Will is a personal legacy letter that describes what truly has mattered in one’s life. It is usually directed towards a specific person (or one’s family) and describes important values, life lessons, prayers, hopes for the future and how one wants to be remembered.

Below is a list of prompts that may be used to share or write your own reflections or use as questions with someone else:

One of the happiest moments in my life……………………………………………
One of the most challenging moments in my life, and what helped me get through them………………………………………………………………………
What has been most important in my life…………………………………………
An important lesson I learned in my life…………………………………………
What I am most proud of……………………………………………………………
A saying/proverb that has been a guiding line for my life…………………………
What I want you to know about me………………………………………………
An important tradition for me………………………………………………………
Someone who has been a great teacher/influence in my life……………………
Some of my favorite places and what I learned there……………………………
I regret deeply……………………………………………………………………….
I am grateful for………………………………………………………………………
I wish I had…………………………………………………………………………..
Mistakes I made and what I learned from them…………………………………..
I hope you remember me as………………………………………………………
I hope that during your lifetime you will ………………………………………….
The Authors

Christel Lukoff, Ph.D., MFT, is a hospice social worker, a psychotherapist in private practice, and a storyteller. She utilizes the healing potential of traditional stories and myths in her clinical work with the elderly, the dying and bereaved as well as in conference presentations and workshops throughout the U.S., Europe and her native Germany. She has published 2 CD's: When Life and Death Walk Together and Stories of Love and Loss.

Author's note:
Working as a hospice social worker accompanying individuals and their families through their end of life journey, I am often asked: Isn’t that a depressing job? But for me, learning about death is really learning about living. It is a privilege to be with people at such a sacred and intimate time in their lives. It reminds me daily of the preciousness and fragility of life. At the weekly interdisciplinary team meetings with my fellow hospice workers, I make sure to sit where I can read a tile that adorns the wall of the meeting room saying: “And what is it you plan to do with this one wild and precious life of yours?” (from Mary Oliver “A Summer Day”). For me this line represents the challenge to live each day as if it were my last while honoring each moment with gratitude and awe. It is a life motto I strive to tend to on a daily basis.

In my work as a psychotherapist in private practice, I help people restore their lives through re-story-ing. Sometimes this involves having clients simply share their life story out loud with me as a witness in order to deepen their understanding of their story and its characters. Sometimes it involves a process of editing by helping a client retrieve lost parts of their story, focus on different parts of the story or help them imagine a different ending. Using traditional stories and storytelling in workshops, in community presentations about end of life care, and at times at the bedside, keeps awake a sense of magic, nurtures my creativity and keeps my love for stories alive.

David Lukoff, Ph.D., is a Professor of Psychology at the Institute of Transpersonal Psychology and a licensed psychologist in California. He is author of 80 articles and chapters on spiritual issues and mental health and co-author of the DSM-IV category Religious or Spiritual Problem. He has been an active workshop presenter internationally providing training in spiritual competencies in areas such as grief, death, illness, recovery, spiritual problems and spiritual emergencies.

Author’s note:
I acquired a deep appreciation for myths and symbols as experiential realities while writing a series of case studies based on truly listening to the voices of psychosis from initiates whose stories had many similarities to myths. Some
part of my own unconscious was stirred as I explored the “Myths in Mental Illness” (title of my first case study published in JTP). Writing this case study helped me find meaning for a time in my life that I earlier had dismissed as an embarrassing 2 month hallucinogen-induced grandiose psychotic experience. Yet this same experience was also my spiritual awakening, although it took Jungian analysis and transpersonal study to realize this.

Once awakened to the world of symbols, I became a fan of Allan Chinen’s work on Elder and Middle Tales—attending his presentations at ATP conferences starting in the 1980’s, along with reading his books and articles in JTP. As I am now transitioning between these two stages in life, I often find myself turning back to his work. His ATP talks on fairytales are an oft listened to resource on my ipod as I seek transcendence and renewal along with some humor to face losses in later life. Listening to these succinct non assuming tales helps me makes sense out of life’s journey while embodying deep acceptance and gratitude.