



Using five-step online individual counseling in coping with fear of death: A case example

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Abstract

The aim of the current research is to present a case of a client experiencing fear of death based on five stages of online individual counseling. For this aim, this case was evaluated based on the individual counseling process defined by Hackney and Cormier (2008) as five stages. In this context, the 1st session was carried out as the phase of establishing the relationship with the client, the definition of the problem in the 2nd, 3rd and 4th sessions, the 5th session goal setting phase, the 6th 7th and 8th session intervention phase, and the 9th session termination phase. In the current research, the client has produced some strategies to cope with the fear of death with the effect of the online individual counseling process. These; developing alternative thoughts instead of negative thoughts, becoming desensitized, confronting, getting support from religious and spiritual values, instilling a sense of hope, trying to manage negative emotions such as anxiety and fear in panic situations with breathing exercises and relaxation techniques, getting to know oneself better, feeling of self-confidence and courage.

Keywords: Fear of death; coping with fear of death; five stages of online individual counseling; case example.

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1. Introduction

Humans are emotional and social beings. In this respect, they can experience various emotions throughout their lives. Fear is also one of the basic emotions they experience. In fact, there is only one fear and that is the fear of death (Koç, 2002).

Fear of death is defined as an emotional reaction to the expectation of death that includes anxiety and subjective unpleasantness (Allison, Notebaert, Perkins, Conway & Dehon, 2021). In addition to this definition, fear of death is also considered

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multidimensional. For example, Neimeyer and Moore (1994) explained dimensions in terms of fear of the dying process, fear of the dead, fear of being, fear for significant others, destroyed of the unknown, fear of conscious death, fear for the body after death and fear of premature death.

When we look at the theoretical explanations, affecting factors and measurement of fear of death in Turkey studies; correlational pattern research between life satisfaction and self-actualization (Toparken, 2018); correlational pattern research on the ontological well-being predictor of personal fear of death (Yaman-Karahan, 2016); the multidimensional orientation toward dying and death inventory scale adaptation research (Zorlu & Ünübol, 2018); fear of death and panic attack book (Kalyoncu, 2011) and the fear of death relational screening model research of students studying in the nursing department (Selçuk & Avcı, 2015).

When the foreign literature on the theoretical explanations, affecting factors and measurement of fear of death is examined; meta-analysis study of traditional and innovative interventions in fear of death (Blomstrom, Burns, Larriviere & Penberthy, 2022); COVID-19: Structural equation modeling study of anxiety, rejection sensitivity, fear of death, and resilient coping among Gen X and Y (Farooq, Zaheer, Haider & Najam, 2021); psychological dimensions of coping with fear of death in 160 medical professionals (Georgiev & Balkanska, 2017); prediction of fear of death by self-esteem, religiosity, locus of control, socioeconomic status, social support and health variables on 123 Black and 265 White elderly people aged 60 to 100 (Cicirelli, 2002) and Bugen's Coping with Death Scale validity and reliability study (Robbins, 1991).

Above, on the theoretical explanations, affecting factors and measurement of fear of death in Turkey and international studies have been mentioned. In addition, spirituality-oriented psychological counseling in international research on methods of coping with the fear of death (Hosseini et al., 2022); psychotherapy (Breitbart et al., 2018; Kleijn et al., 2018; Rosenfeld et al., 2017); mindfulness (Atreya et al., 2018; Pagnini et al., 2017; Schultz & Arnau, 2017); such as psychedelic drugs (Griffiths et al., 2016; Ross et al., 2016; Gasser et al., 2014) and virtual reality (Barberia et al., 2018; Bourdin et al., 2017; Higgins et al., 2019) methods appear to be used. In addition to these, methods of coping with the fear of death are mentioned in Turkey literature has been observed like philosophy-based review research (Aydın, 2011, Başok Diş, 2018; Soysal, 2009); review study from the eyes of Islamic Philosophers and Thinkers (Saruhan, 2006); sociology-based review research (Burcu & Akalın, 2008); A qualitative research on Ankara terrorist attacks in the context of religious worldview (Ceylan &Yapıcı (2020) and a psychological review research (Koç, 2022).

It is seen that the fear of death has been examined in different fields with different variables and various research methodologies in both Turkey and international literature above. On the other hand, what makes the current research different from the studies in

the literature is that it is the first study in terms of designing a client who has fear of death in the online individual counseling context. In addition to these, the literature is mostly about philosophical and religious theoretical explanations, definitions, quantitative measurements, in-depth interviews, or revealing its relationship with the influencing variables, and studies on coping are limited, especially in Turkey literature. This situation indicates the need for coping studies. The current research can contribute to this need to some extent in terms of coping with the fear of death. On the other hand, Hosseini et al. (2022) examined the effect of 6 sessions of spirituality-focused counseling on fear of death for chronic hemodialysis patients. Breitbart et al. (2018) looked at the effectiveness of individual meaning-centered psychotherapy for the treatment of psychological and existential distress in patients with advanced cancer. Kleijn et al. (2018) investigated the effectiveness of cancer patients in palliative care life review therapy combined with memory specificity training (LRT-MST). Rosenfeld et al. (2017) conducted meaning-centered psychotherapy for the palliative care setting adaptation. These studies are aimed at cancer patients or chronic hemodialysis patients who have a constant irritating fear. According to Fromm, there are two fears. The first is the fear that has an irrational nature and arises as a result of not being successful in life. The other is the normal fear of death that every individual can feel (Koç, 2002). The current study differs from the above-mentioned foreign coping studies in that it is carried out on a case with a normal fear of death. However, in Turkey studies on coping with fear of death (Aydın, 2011; Başok Diş, 2018; Burcu, & Akalın, 2008; Ceylan and Yapıcı 2020; Koç, 2002; Saruhan, 2006; Soysal, 2009) review studies from the perspectives of philosophy, psychology and sociology or qualitative research oriented. The current research, distinguishes it from these in Turkey studies in terms of being based on psychological counseling intervention and includes originality. To summarize, the current research has brought a psychological counseling perspective by adding online individual counseling to the area of coping with the fear of death, where there are limited studies in Turkey literature, and thus has taken a step forward. In addition to these, it is thought that the theoretical explanations and case information of the current study will serve as a basic research in terms of laying the groundwork for group counseling or psycho-education practices to cope with the fear of death. As a result, the aim of the current study is to present a case of a client experiencing fear of death based on five-stage online individual counseling.

2. Case Example

The client is 20 years old and male. He is a second year university student. He states that he constantly develops negative thoughts about death and cannot get them out of his head, therefore he expresses that experiences the fear of death deeply

2.1. *Five-stage individual counseling process*

The individual counseling process defined by Hackney and Cormier (2008) as five stages is as follows: In the first stage, the establishment of the first relationship with the client; about the duration and process of counseling and roles of client and the counselor configuration is done. Thus, the counseling process, which is a worrying and uncertain process for many clients, turns into a safe and protected environment and forms the basis for the establishment of the counseling relationship. It also contributes to the determination of the position of both the counselor and the client in the counseling process. In the definition of the problem, which is the second stage; the problem that bothers the client or the situation he complains about is emphasized. It can also be analyzed with a recent event ("Who?", "What?", "Where?", "When?", "How?" and "Why?") questions experienced by the client. In the third stage, goal setting, it is clarified in which direction the client wants to change. At this point, concrete, attainable and clear goals can be determined through miracle questions. In the fourth stage, the intervention; is the phase of change. An action plan is prepared within the collaborator and implemented by the client, and the results are evaluated. It is aimed to develop functional patterns of emotion, thought and behavior. Therapy can be done through a variety of techniques, depending on the approach. For example; from cognitive therapy; like cognitive restructuring. The final stage, which is to decide on termination, can be obtained from the client's belief that he has solved the problem, when the clients reach their goals, or from the participation rate, willingness to participate, the level of improvement, the way they fulfill the assignments. In addition, the points to be considered while making the termination; it is the handling of the client's feelings and thoughts about the counseling process, the counselor and the termination of the psychological help relationship. It should also include an assessment of the client's progress and change (Hackney & Cormier, 2008).

2.2. Sessions

Individual psychological counseling was carried out online, in 9 sessions and once a week for approximately 45-50 minutes. Therapeutic skills such as close attention, content reflection, emotion reflection, and personalization, open invitation to talk, minimal encouragement and summarization were used throughout the sessions. In addition, therapeutic conditions such as concreteness, respect, transparency, empathy and the here and now of the relationship were used during the session.

2.2.1. Session 1

This session is the phase of establishing a relationship with the client. The client seemed a little shy and anxious at the beginning of the session. But he was very willing to consult. The psychological counseling process, duration, purpose, and the roles of counselor and client were structured. Information about online psychological counseling is given. The client seemed a little more relaxed and warmed up to the counseling process. Circular questions were asked to get to know the client and his social environment (family and friends relationships, hobbies, past life and current life etc.). The expectation from the consultation process was mentioned. The client was asked to choose between pessimism and fear of death with the grading technique, and the client chose the fear of death as the main problem.

2.2.2. Session 2

This session is the phase of defining the problem. This session focused on the fear of death problem that the client had chosen as a complaint in the previous session. ("Who?", "What?", "Where?", "When?", "How?" and "Why?") questions and total behavior (emotion-thought-behavior-physical symptoms) on fear of death were examined in detail. The ratio of the problem's impact on the client's life was measured using the rating scale (0: does not affect at all, 10: affects a lot). The client gave 10 points and he was very uncomfortable with his problem in the numerical data.

2.2.3. Session 3

In this session, the phase of defining the problem continued. In this session, the dysfunctional thoughts developed by the client against the fear of death were analyzed. It has been observed that the client is in an automatic thought spiral developed against the intense fear of death. For example; *"Death will take me captive". "I will go to the hereafter without doing anything". When I die, I will be nothing". "Everything suddenly feels empty*

and meaningless” “If I die, what will my loved ones do, they will be devastated”. “We will burn in hell, what are we going to do”.

2.2.4. Session 4

This session is the final step in defining the problem. The reasons for the client's fear of death were focused on. He stated that the video about the death that the counselee watched in the past and the constant bad news in this process were effective. He also stated that he could not find the full meaning of life. In addition, he said that he was very attached to his family and that he was afraid of living with the thought of the death of himself or one of them and that he did not have the strength to endure it. In addition to these, he said that he was a believer and that he could not fulfill the requirements of his religious belief, and therefore he had fear of death. As a result, he stated that he experienced the fear of death due to these reasons. Due to intense dysfunctional thoughts, the client was introduced to an automatic-opposite thought form and asked to do it as homework.

2.2.5. Session 5

This session is the goal setting phase. The client, “what kind of change do you want?” was asked to determine the purpose of the counseling with the question. However, it was observed that the client could not set clear goals. For this reason, the miracle question technique used in solution focused brief therapy was preferred in order to create more concrete, clear and clear goals. This technique is instructed as follows: “*Suppose a miracle happened when you went to bed tonight and you couldn't see it because you were asleep. Miracle solved the problem that brought you here. What clues do you see when you wake up in the morning that will make you believe that the miracle has happened*” (Sklare, 2014, p. 27). However, with circular questions, the client's purpose was transformed into a concrete behavioral description. In other words, as a result of this practice, the client created an observable, measurable and positive goal such as “overcoming the fear of death”. At the end of the session, the automatic-opposite thought form given to the client as homework was examined. In this form, it was observed that the client developed more automatic thoughts for fear of death. It has been observed that it is insufficient to produce alternative thoughts. In this regard, awareness was raised by showing the psychological counselor developing alternative thoughts with concrete examples from the client's life. It was given as homework to watch the death video in the TV series Leyla ile Mecnun.

2.2.6. Session 6

This session is the intervention phase. The automatic-opposite thought form, which was given as homework before, was examined. Compared to the previous session, the client has succeeded in developing thoughts that are contrary to his dysfunctional thoughts. For example; *"How do you know I'm going to hell? You obviously won't go. Maybe it will be light". "I am a person of faith, I am a person with the power and faith to fulfill my responsibilities, and I can do this". "Every human being is born, grows and then dies. My loved ones and I will be like this. Maybe I will meet my loved ones there". "The place where the world will fall apart, the place where true eternity will gain real meaning is the hereafter"*. In addition, the client was taught how to do breathing exercises and relaxation techniques in panic situations and asked to use them when necessary. The death video in the TV series Leyla ile Mecnun, which was given as homework in the previous session, was criticized. As a result of this critical outcome, the client embodied death, and awareness was created that he should not be afraid of it and reconcile with it. With the effect of this, the client was asked to gather courage to face death and come to the next session by writing a letter to death. Homework was given Michel De Montaigne's essay on death.

2.2.7. Session 7

This session is the continuation of the intervention phase. The client was asked to read and interpret the death letter given as homework in the previous session. The client is exactly as follows: *"Dear death; write you a letter? I'm not crazy. I never thought I could do this, but I'm doing it as you see, writing you my letter. Yes death, I don't love you at all. If you ask why, I'll start right away. You've been in my life for about 11 months. In the beginning you were at the peak of my life. I was very afraid of you back then. As I thought of you, time stood still for me, I couldn't breathe. Your days were poison to me, I was no longer me, and I could neither laugh nor think about anything other than you. I was afraid of the smallest things and because of you I was not enjoying anything. By looking at what I have told you, you have officially taken over me, right? But it is not. Actually, I thought so too. I lost against you, I couldn't fight you. In the process, I fooled myself very well, and I fooled you very well. I'm not totally afraid of you anymore, I can't write, but I'm not as scared as I used to be because I wasn't fighting you then, but now I'm fighting you. I'm doing everything you keep me from doing. When you come to me with bad thoughts, I destroy you. I will not allow you to make me unhappy, cry or upset me in any way. It's almost time to beat you, it's almost time to beat you. Then I will come and write to you again. You will run away from me DEATH..."* By writing this letter to death, he actually confronted him and showed the courage that he could deal with it. He was asked to interpret Michel De Montaigne's essay on death, which was given as homework.

2.2.8. Session 8

This session is the last stage of the intervention and the future goals activity was been realized. In this context, the client set goals for the field of achievement such as *"to have a beautiful blue car in the future", "to complete the undergraduate program of midwifery and to receive the training of a pregnant yoga instructor"*. In addition, regarding the relationship area, the client determined goals such as *"wants the person he will marry to be kind, successful, respectful, honest and loyal", "there will be people in his circle of friends to tell everything he has in common with him" and "to have a pleasant time with his children and to direct them to various useful courses"*. In addition to this, the client set goals for the field of body such as *"touring Turkey and the world with a caravan", "doing regular sports, nature walks, and yoga", "his hobby is drawing beautiful pictures in the future" and "his wildest dream is to do mountaineering and climb the mountain"*. Finally, regarding the spirituality area, the client created goals such as *"has some religious practices, but he wants to pray regularly in the future", he wants to do the donations himself, but he wants to do it secretly", he never wants to break his spiritual relationship with his family, always wants to be in touch"*. As a result of this activity, the client stated that he felt happy and contributed to his hope for the future. In addition, a demolition prevention activity was carried out. As a result of this activity, when the client experienced the problem again, as an emergency action plan, he used these expressions exactly: *"I would do it again as we continue with you, I would write again, then I would say that nothing happened to me as a result of these thoughts and that nothing would happen to me. I would say these are just thoughts. Then I would create automatic-opposite thought and destroy them. I would not welcome them and run away, I would confront them. After a while, it will go away on its own when you do it like this."* However, when the client experiences the problem again, in order to increase his hope, He also expressed it in this way: *"I would say, "I would say that I had this problem two years ago and nothing happened. I got through this, I say I can get through it again. I will say that I have been exposed to this thought many times and that they have not done any harm to me and they will not do it again."* From these statements of the client, it can be said that if he encounters the problem of fear of death again, he has developed an emergency action plan and a sense of hope in coping with it.

2.2.9. Session 9

This is termination phase of the session. First, the problem solving steps activity was carried out. With this activity, the client said exactly these statements: *"First of all, I have to take notes as they come to my mind, that is, I have to write them down. Then I would create evidence for that thought and then produce counter-evidence for that thought. I would constantly wash away my negative thoughts with counter-evidence. Facing the facts will maybe make me good, maybe bad. I mean, it will actually make me feel bad right now, but it will make me feel much better afterwards. He'll make sure I don't run away from him and not be afraid. I'm disregarding it, so I actually haven't*

tasted that fear, I'm mocking it and laughing at it." In summary he stated that when he experiences the problem again, he can solve the problem by doing cognitive restructuring, sometimes by depersonalization and sometimes by confrontation instead of running away. In addition, the process evaluation activity was applied. In this activity, the client states the following about coping with the fear of death: *"My self-confidence increased, I started not to run away from my fears, I went against them, frankly, it was like I grew and reduced myself. I didn't have those thoughts, in fact, I enlarged them and then I gradually reduced them."* In addition, the client expressed the contributions of the psychological counseling process, which lasted for 9 sessions, *"This process has contributed a lot to me. I have accomplished many things. I got to know myself better. It helped me fight my thoughts first."* Also, the client gave a score of 10 at the beginning of the session with the rating scale (0: does not affect at all, 10: affects a lot). In this session, he made the following statements: *"I would give it 3 points right now. The meaning of 3 points for me means that it has a very small place in my life. It does not prevent me in daily life, it is definitely not the same as before, it has a tiny place."* Lastly, He evaluated with these exact words the role of the counselor in the process *"Of course, first of all, I would like to thank you, you have helped me a lot in this process. You have said many times that I am not alone in this process and you really made me feel it. You were always by my side during this process. If I can say three right now, I think it's really thanks to you. You've always been really helpful. Absolutely, there was not even the slightest thing to upset me, on the contrary, I learned a lot thanks to you, thank you very much."*

3. Discussion and Conclusions

The aim of the current research is to present a case of a client experiencing fear of death based on five stages of online individual counseling. For this aim, this case was evaluated based on the individual counseling process defined by Hackney and Cormier (2008) as five stages. In this context, the 1st session was carried out as the phase of establishing the relationship with the client, the definition of the problem in the 2nd, 3rd and 4th sessions, the 5th session goal setting phase, the 6th 7th and 8th session intervention phase, and the 9th session termination phase.

In Turkey literature, theoretical explanations have been made in the method of review study from different scientific fields related to coping with the fear of death. For example; Soysal (2009) stated in review study that Schopenhauer's fear of death can be overcome with the metaphysics of wanting to live. Burcu and Akalın (2008) stated in their review study that death is a phenomenon that belongs to the social life of people. According to them, cultural factors can be used to reduce the negative effects of fear of death on social life. In the review study of Aydın (2011) it is seen as the way of coping with the fear of death as the consolation of the individual's self-structure with philosophical thoughts. Başok Diş, S. (2018) in theoretical explanation, person's confrontation with the fact that

person is a mortal being it can enable him/her to mature and live a genuine life so that he/she can cope with the fear of death. Koç (2002) in psychological review research that pointed out the feeling of religion and being psychologically balanced as a method of coping with the fear of death. Saruhan (2006) in review study that it discussed the viewpoints of Islamic philosophers and emphasized that the common point is to analyze the factors that cause this in overcoming the fear of death with a rational approach. In summary; the above-mentioned in Turkey coping studies are theoretical explanations reflecting the perspective of philosophy, sociology and psychology. The current research is thought that it will make a significant contribution to the literature in terms of providing a concrete, clear and observable counseling-based intervention within the scope of psychological counseling in coping with the fear of death.

When the studies on coping with the fear of death are examined in the foreign literature, psychotherapy (Breitbart et al., 2018; Kleijn et al., 2018; Rosenfeld et al., 2017); mindfulness (Atreya et al., 2018; Pagnini et al., 2017; Schultz & Arnau, 2017); psychedelic drugs (Griffiths et al., 2016; Ross et al., 2016; Gasser et al., 2014) and virtual reality (Barberia et al., 2018; Bourdin et al., 2017; Higgins et al., 2019), it has been observed that different intervention methods are used. The effectiveness of these methods was demonstrated by the meta-analysis study conducted by Blomstrom, Burns, Larriviere and Penberthy (2022). In this research, psychotherapy is an effective tool in reducing death anxiety. Mindfulness can also reduce anxiety, but is not often associated with a change in life after death belief. Psychedelics can provide a mystical experience by separating the mind from the body in reducing death anxiety, but limitations in their use limit their usability for therapy. Virtual reality can reduce death anxiety by reconciling with out-of-body experience and strengthening belief in the afterlife. In summary, although some interventions in coping with fear of death appear to have a positive effect, a clearly superior therapeutic approach has not been observed in the literature. The current research can be said that it is important for the literature as a different therapeutic approach that is effective by showing the positive effect on the client's fear of death with the individual psychological counseling method.

In the current research, the client has produced some strategies to cope with the fear of death with the effect of the online individual counseling process. These; developing alternative thoughts instead of negative thoughts, becoming desensitized, confronting, getting support from religious and spiritual values, instilling a sense of hope, trying to manage negative emotions such as anxiety and fear in panic situations with breathing exercises and relaxation techniques, getting to know oneself better, feeling of self-confidence and courage. However, there are studies in the literature that support these strategies produced by the client in the current research. For example, in the qualitative research of Ceylan and Yapıcı (2020), the theme of coping strategies with fear of death consists of some categories such as depersonalization, the effort to get support from religious and spiritual values, the desire to comply with the precaution, the thought of

learning a lesson and trying to manage emotions. Hosseini et al. (2022), in some sessions of spirituality-focused psychological counseling in coping with the fear of death, various content related to coping such as producing positive sentences, the effect of belief and trust in reducing psychological problems, and spiritual illustration were included. In theoretical explanation, Koç (2002) emphasized the sense of religion that will enable the individual to keep his psychological mechanism in balance. According to him, in the face of the fear of death, the individual can structure death not forgetting it completely, but by keeping it alive in his/her cognitive structure from time to time. When the individual creates the fear of death as a healthy phenomenon, it can also provide the opportunity to get to know himself/herself better. Thus, the individual's self-knowledge also means that he/she perceives and assimilates the phenomenon of fear of death.

4. Limitations and Recommendations

This study has some limitations. For example, a single case report was made. Another limitation is that the psychological counseling process was conducted with an undiagnosed normal individual. On the other hand, some suggestions can be offered to future researchers and practitioners. For example, based on the findings of this study, researchers can design a group counseling or psycho-education program in a quasi-experimental design to cope with the fear of death. In addition, a structural model study for fear of death design be done with protective variables such as life goals, meaning of life and rational beliefs. For practitioners, especially psychological counselors and psychologists, when they work with clients who have fear of death, they can benefit from the activities carried out in the current research. It is important to make multidimensional interventions for psychological problems (Eryılmaz, 2018). This study is a pathology focused study. Studies on positive psychology have been carried out in the literature (Eryılmaz & Doğan, 2013; Eryılmaz, 2017a). It is stated that positive psychology-based interventions are effective in increasing the positive emotions of clients, especially in death and mourning (Eryılmaz, 2018). At this point, there are intervention studies using various activities to increase well-being (Eryılmaz, 2014; Eryılmaz, 2017b). The activities included in these studies can be used to reduce the anxiety of clients with death anxiety. At this point, using effective supervision models (Eryılmaz & Mutlu, 2017) may be functional.

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