

case study:

DEATH AND DYING

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TABLE OF CONTENTS

I. PRESENTATION OF THE PATIENTS

II. ASSESSMENT OF THE PATIENTS

III. SEEKING THE APPROPRIATE MIX OF THERAPY MODELS

IV. PLAN OF CARE

V. BIBLICAL FOUNDATIONS FOR INTERVENTION

VI. FINAL OBSERVATIONS

I. PRESENTATION OF THE PATIENTS

This family unit given consists of one husband/father, one wife/mother and 3 children - the middle being a son and the older and younger being daughters. We find a family in ongoing crisis in which the wife/mother contracts HIV via a blood transfusion. The youngest newborn child, having been breast fed by the mother, contracts HIV. 8 years later, the husband tests HIV positive - presumably via normal intimate marital relations with the wife - and the HIV status of the other family members is discovered. The son then dies suddenly from a non-HIV related cause. 14 years into the disease, the family remains intact with no members showing overt HIV-related physical disease; continuous non-traditional anti-HIV therapy is in effect for all infected family members.

II. ASSESSMENT OF THE PATIENTS

The family is Christian and is daily dealing with intense emotional and spiritual distress related to living with HIV infection. Intermittent counseling therapy initially reveals the marital relationship strained with guilt issues related to HIV infection. The wife urgently wishes to tell immediate family & friends about the HIV infections to secure emotional friendship and quality time with same. The husband strongly feels the HIV infections should be kept secret outside the family unit - particularly in Church, business and school circles - reasonably fearing the negative consequences upon the family. The intense question of why their family was “chosen by GOD” to suffer with HIV - especially as no immoral at risk behaviors were engaged in by any family members - is perhaps the primary non-medical issue to be dealt with.

Immediate family & friends are advised and emotional support is obtained as desired by the wife. Some time after the non-HIV infected son's sudden death, the husband becomes willing to disclose the family's HIV status to Church, business and school contacts. The husband in particular then finds speaking before others publicly about HIV to help prevent infection in others and to support those who already are infected converging with his Christian Faith. Indeed, doing so becomes a public ministry for the family led by the husband. Great resolution is found in being “used by GOD” through the family's suffering with HIV for the benefit of others. Daily knowledge of the

eventual lethality of their HIV infections and “why did GOD allow this to happen?” remain burdens that strengthen the Christian Faith of the family unit and is the primary pillar of coping in this case.

Initial concerns of the husband not sharing the HIV positive status of the family with outside social structures is understandable and reasonable: The conception that HIV is disease of those who engage in sinful behaviors - largely correct in all Western nations - (homosexuality, sexual promiscuity and IV drug abuse) - and may well cause isolation in the family’s Church. Disclosing the family’s HIV status in business circles may well hurt the father’s ability to provide for his family financially. Advising school authorities of the same can be expected to result in rejection and stress upon the children. As well, concerns of the wife wishing to reveal the family’s HIV status with immediate friends and family for emotional support and quality time is also understandable and reasonable.

The wife apparently feels she needs such external support and fears the uncertainty of the future in view of the HIV infection. Facilitating the husband and wife arriving at common ground at their own pace - while exploring choices and their consequences - should be a primary therapy goal. It may be possible to respect the desires of both spouses on this issue simultaneously. Only when both parties are prepared to go beyond immediate family & friends in revealing their HIV status should further disclosure to Church, business and school circles be pursued.

III. SEEKING THE APPROPRIATE MIX OF THERAPY MODELS

The Compensatory model recognizes that there is no responsibility for creating the problem in this family and may thus offers the best path to therapy for this family. This can help to reduce feelings of self-blame for the family’s HIV infection: neither spouse nor the children are at fault in any way for the infection. The husband must resolve any unfounded guilt for not preventing his wife from requiring a blood transfusion that caused the initial HIV infection.

The Diagnostic Model offers insight and guidance in this case, which should serve as a basis for caring for this patient and family. Personal attempts to resolve unfounded guilt apart from GOD's Wisdom will be destructive: Ungodly blame shifting to relieve guilt may seek self justification, produce manipulative behaviors, lead to aggressive social behaviors and result in angry emotions. Ungodly self criticism to relieve guilt may produce inferior self perception, cause blaming behaviors, leading to avoidance of social interaction and yield the emotion of fear.

Each of these approaches has its usefulness in this difficult case. But absolute extreme care must be taken by all parties intervening to help and support this family in that first, they are enabled and counseled to dispose of all unfounded false guilt, and that second, as much control for the flow of immediate and eventual events related to the HIV infections be encouraged and facilitated for all family members.

IV. PLAN OF CARE

This is an innocent family infected with the fatal HIV pathogen through no fault or sin on the part of any of the family members. The wife must resolve any unfounded guilt for passing the HIV infection on to her husband via marital intimacy and to her child via breast feeding. The husband requires assistance to resolve any unfounded guilt stemming from his wife's contraction of HIV via the blood transfusion. The children must be assisted in avoiding blaming the parents for contracting HIV and passing the infection along to the youngest child. The suffering of the family members is thus not due to any personality or moral deficiencies of any family member; this realization will help relieve unnecessary guilt.

All family members must be encouraged and facilitated in taking as much control of their lives and the daily living with HIV infection as possible, that they might be relieved of as much feelings of hopelessness as possible. This family, the mother and father at its head, for the family, must at the same time recognizes a degree of responsibility for as many solutions to the family's problems as possible, and be equipped and supported in doing so by all outside parties.

This must be tempered at all times with the realistic admission that the HIV infection will eventually be fatal given enough time, and that there will be constant daily emotional, spiritual and eventually physical suffering to be met by the family. Thus, some degree of a sense of control over the situation may be attained for the family. Thus hopefully unfounded blame and guilt are reduced, while positive credit and encouragement can be maximized as a result of therapy.

V. BIBLICAL FOUNDATIONS FOR INTERVENTION

It must be made clear that GOD did not actively cause this family to contract HIV, as GOD can not commit evil; He did however allow this to occur and a parallel to Job is seen. JOB 10:1-2 - “My soul is weary of my life; I will leave my complaint upon myself; I will speak in the bitterness of my soul. I will say unto GOD, Do not condemn me; shew me wherefore Thou contendest with me.” These clients will be overwhelmed often with the question of why GOD permits their suffering.

The family’s pain can be expected to cause them to cry out in bitterness to GOD. JOB 37:5 - “GOD thundered marvelously with His voice: great things doeth He, which we cannot comprehend.” We are not always given the answers for things that happen in our lives. JOB 19:25 - “For I know that my Redeemer liveth, and that He shall stand at the latter day upon the earth: And though after my skin worms destroy this body, yet in my flesh shall I see GOD: Whom I shall see for myself, and mine eyes shall behold, and not another...” The certainty that The Saviour lives and all those who love Him shall be blessed with eternal life before the Presence of The Creator is made clear.

Further, MATTHEW 5:4 - “Blessed are they that mourn: for they shall be comforted.” This is an assurance that those bearing grief will - when they seek GOD - receive The Father’s comfort. PSALM 84:11-12 - “For The LORD GOD is a sun and shield; The LORD will give grace and glory: no good thing will He withhold from them that walk uprightly. O LORD of Hosts, blessed is the man that trusteth in Thee.” Divine presence and comfort is available to all that seek Him. Suffering makes us more aware of that Divine presence and comfort. MATTHEW 27:26b - “and when he [Pilate] had

scourged JESUS, he delivered Him up to be crucified.” GOD understands our human suffering in a most intimate way.

And further, JOHN 3:16 - “For GOD so loved the world, that He gave His only begotten Son, that whomsoever believeth in Him should not perish, but have everlasting life.” The clients should be reminded that GOD loves them still; that their eternal life is secured in JESUS; that earthly death will not separate them from each other nor from GOD. ROMANS 14:8 - “For whether we live, we live unto The LORD: and whether we die, we die unto The LORD: whether we live therefore, or die, we are The LORD’s.” No matter what happens to us in this life, The Saved belong to GOD in the next life. Even lives of suffering should thus be lived to give glory to GOD.

VI. FINAL OBSERVATIONS

As each new HIV-related and caused crisis arises in this family, all concerned must be made ready to cope with the inevitable traumas of pain, suffering and death. The goal of Biblical counseling for this family is to bring them into The Presence of CHRIST to give them strength and solace; into confession to GOD to relieve guilt; into acceptance of GOD’s forgiveness and comfort; into fostering giving behaviors to others around them, yielding caring social interactions and positive, appropriate and fruitful emotions. This must be accomplished with Holy Scripture, open hearts, fervent prayer, the intervention of The HOLY SPIRIT, aggressive loving support from The Church community and other outside parties and the peace found at The Cross of our Lord JESUS CHRIST.