

Review

Monika Renz (trans. Mark Kyburn with John Peck), *Dying a Transition*. New York: Columbia University Press, 2015, 164 pp. (Pbk). ISBN 978-0-231-17088-8, £30.

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Dying a Transition is written for all kinds of practitioners in end-of-life care and is one of a series of publications by Columbia University Press under the heading End-Of-Life Care. Other titles in the series include: *Spirituality and Hospice Social Work*; *The Inner Life of the Dying Person*; *Transforming Palliative Care in Nursing Homes & Living with Dying*; (see, <https://cup.columbia.edu/series/end-of-life-care-a-series>).

Monika Renz is a practicing psychotherapist, music therapist, theologian and spiritual caregiver and has been head of the psycho-oncology unit at St. Gallen Cantonal Hospital, Switzerland, since 1998. She holds a PhD in psychopathology and in theology/spirituality. An international lecturer and the author of several books, her research focuses on dying, spirituality, and spiritual care (see, www.monikarenz.ch).

In this book Renz draws on decades of experience of working with terminally ill cancer patients and research on near death experiences to present a three part (pre-transitional, transitional and post-transitional) expression of dying as transition.

Following an introduction where Renz sets out her research and practice methodology there are seven chapters followed by a short epilogue.

Chapter 1, “Dying and the Transformation of Perception”, sets out Renz’s claim, based on phenomenological observation that Dying is a transition, “Transition and transformation occur whether we like it or not”.

Chapter 2, “The Three stages of Transition and Dignity”, presents three distinct states of anticipation, journey and beyond, asking the question,

“What helps?” What seems to help is person centred care delivered with spiritual alertness, empathy and compassion.

Chapter 3, “What Is Primordial Fear? The ‘I’ Dies into a Thou”, explores some of the origins of fear and the need to let go before resolution and peace can be found.

Chapter 4, “Other Hearing: Beyond Space and Time”, focuses particularly on the auditive sensitivity of the dying and the need for practitioners to listen and observe with great skill and attentiveness if we are to exercise good care.

Chapter 5, “Metaphors of Transition”, returns to the three states of transition as it examines symbolism in the dying process, what people experience and how it can be interpreted. This can inform how care and support is offered.

Chapter 6, “The Sites of Transition: Fear, Struggle, Acceptance, Family Processes, Maturation”, compelling reflections on each in turn using case studies.

Chapter 7, “Dying with Dignity: Indication-Orientated End-of-Life Care”, where Renz argues particularly for a reconsideration of “the present orientation toward patient’s verbalized needs”. Dying with dignity is about being truly listened to, read, observed and accompanied through transition.

The epilogue is a short poem by Renz titled Finding Home. There is much to engage the practitioner in this book. Renz’s research is a boon; her years of experience, spiritual intelligence and relational intuition really bring to life the subject material. And, although I have reservations about any author who does not clearly explain how case material is being presented, anonymized and with what permissions etc. the case studies and scenarios are effective in providing vivid examples to illustrate her work and arguments.

Renz clearly has a passion for her work which is creative and thoughtful. Perhaps I would have wished to say something more about being dead, after the transition has taken place, something she barely touches on.

At the end of it all I find myself saying, “Well, yes ... dying surely is a transition and always has been”. However, I don’t want this to sound too negative. I would summarize this book by saying that it contains windows on joy and revelation about what end-of-life can be with challenge to how some practitioners could do their work more effectively.