

## **GENDER SPIRITUAL ACCOMPANIMENT FOR TERMINALLY ILLS DOES THE DEATH DISTINGUISH ?**

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1. Many times and in many cultures men and women are not equal in face of the solitude and at the end of life. Why?
2. When terminally ill are hospitalized, do they receive the same spiritual assistance?
3. In face of the death do men and women show different problems at a cultural and spiritual level? How has it managed?
4. At the end of life do women and men keep their memories with the same deepness of feeling and meanings?
5. When they are preparing themselves to meet God finally, do men and women need a specific, different help?

I would like answer to these questions about the end of life, pain, memory connected to gender theology with my research.

### 1. Gender and loneliness

Men need 60% of morphine<sup>1</sup> more than women to obtain their same benefice. On some accounts the reason is chemical and it is due to a better female reaction to the analgesic effect and also for a different hormone situation. The perception of pain is very subjective, and defining if women or men suffer the most is very difficult. But the question concerns biology not less than gender. The sufferance tolerance depends on the perception of the pain but also on the ability to bear it. The tolerance of the pain is a consequence of education, habitude, social customs.

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<sup>1</sup> Cf. [http://www.quotidianosanita.it/scienza-e-farmaci/articolo.php?articolo\\_id=34267](http://www.quotidianosanita.it/scienza-e-farmaci/articolo.php?articolo_id=34267)

In 2012 American Stanford University<sup>2</sup> published an interesting survey about the pain response by women and men. From the data collected on a sample of more than 160,000 patients made up about half men and half women is an increased sensitivity to pain by these last ones. These studies conclude with complex results, which, in part or for non-experts, can also appear contradictory, if compared to the experience of pain, show that, in each case, the gender represents a very important component. This is revealed at the level of perception of pain, for a different biological, anatomical and hormonal condition of men and women. The gender differences, however, also appear as a result of a different male and female response to the chemical-pharmaceutical treatments.

In addition to these assumptions largely based on hospital statistics and data, one can legitimately add that the dimension of suffering does not relate exclusively to the body, it invests the psyche, it involves motivation and spiritual and religious ways, it is articulated through the language of the most widespread culture in the environment of belonging. Let's consider, also, the importance that in suffering an ability to communicate, to tell it, assumes, and, on the other hand, to listen to that one of others when it is told: do men and women develop it the same way?

Further aspect connected with the universe of pain is the loneliness that accompanies it. It's in the extreme passages, especially if characterized by debilitation, by an important conditioning of social life, the need for a protective external contact by the patient, or, even more, in the case of an irreversible condition whose death is the next outcome. The physical solitude, due to the impediment of earlier normal activities or to the same therapy, easily adds up to inner feeling dominated by the perception of not finding reflection of that particular condition from family members and friends. Sometimes protection mechanisms trip to the people you love or, conversely, are themselves to implement pitiful strategies, towards the terminally ill or towards oneself, which passes through a masking of reality. We thus attempt to evade death, with intensity, beliefs and different ways, depending on the prevailing mentality, drawing a deeper furrowed around the sick and aggravating his inner loneliness, even if unwittingly. Accustomed to this space of non-sharing, person reacts by drawing in part to his past experience, particularly with regard to his relationship with his fragility. The understanding of the fragility and to welcome it and to manage it, it is probably one of the most marked from gender difference areas.

The awareness of imminent death is a condition of unique or rare fragility in anyone's life, and it determines the end of a certain self-awareness used to project and to plan the future. Its effect is so disruptive to also result in denial of reality judged as absurd, in the hidden trust of a sudden change, of a miracle, of a medical error, any justification useful to distance oneself from the new

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<sup>2</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3293998/?report=reader>

oneself. In working out the fragility, what does it matter the way in which others later in life did they send a certain image of the person's strengths? And what does it matter the way we tried to let others would associate him the strength, vigor, beauty? The physical appearance tends to change as a result of the disease, with intimate different consequences depending on whether the not overly focus on the beauty of the body's ability or on people's skill to continue to communicate affection through the sick and transformed body. The sick man is not pure spirit.

The autonomy, the exercise to manage themselves in solitude, to know how to go neutral time, similar to gaps, it can come really handy. In cultures that tend to make females or males this valuable resource is determined or frustrated from afar. Creativity, the sublimation of pain in artistic expression is another extraordinary tool. In cultures which disdain these practices, tolerating only for the gender considered inferior, the assessment is obviously reversed.

## 2. Spiritual assistance and gender

Philosophies, theologies, free spiritualities always face the problem of death, sometimes they seem born on purpose with the intention to solve it or, at least, to manage it with the wisdom of those who are able to open up a way. Yet the accompaniment of a terminally ill patient, taking charge of his spiritual dimension, so delicate, so important, in a sense, requires starting from scratch and for each person with his own prerogatives about his own end. In the acceptance of death and in the knowledge of his impending, concrete presence, the terminal patient develops a particular synoptic gaze between past and present. The ideal would be not to leave unfinished business, leave the life happy with what was experienced, but it is inevitable return on the concerns, the choices and especially on feelings and responsibilities. The traditional structure of the family assigned to women the care of the people and of the house, to men gain and protection from the outside. As today there is no longer such a clear demarcation, the culture and its sediments have evolved more slowly. It's very likely that feelings about the imminent end also reflect the specific load carried over time and, therefore, they result in different shades in men and women. Many questions are in the hearts of the dying, the spiritual assistant cannot avoid to enter this space, not to find answers, but to stay close in the application, facilitating the hope.

At the dawn of the hospice and palliative therapies, Dame Cicely Saunders (1918-2005) defined the condition of the terminally ill *total pain*<sup>3</sup>, from the physical, emotional/psychological and spiritual point of view. In all three areas, the gender difference is reflected in significantly, both

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<sup>3</sup> Cicely Saunders founded the first modern hospice. cf. [http://www.iasp-pain.org/files/Content/ContentFolders/GlobalYearAgainstPain2/CancerPainFactSheets/TotalCancerPain\\_Final.pdf](http://www.iasp-pain.org/files/Content/ContentFolders/GlobalYearAgainstPain2/CancerPainFactSheets/TotalCancerPain_Final.pdf). Cf. anche il suo <http://endoflifestudies.academicblogs.co.uk/wp-content/uploads/sites/22/2014/04/Watch-with-Me-full-text-2005.pdf>.

for constitutive reasons and, above all, for remote collective cultural elements. The future becomes more and more rarefied, while a delicate present is accentuated with the memory load and with a problematic and different, as the case, relationship concerning the *desire* for life. Spiritual assistance should address discreetly to show awareness of the limit as a resource and as a valuable opportunity to prepare. After all, death is the great change to which we all walk. While canceling the projects, it is equally true that the fragment, too often overlooked, is focused. The spiritual assistance works in that space, not to fill it with solutions, but to share it as far as possible. Each terminally ill is one in his fragment, therefore the spiritual assistant cannot follow an universal scheme, to prepare he can work on himself, more than anything else.

Frank Ostaseski<sup>4</sup> moved to the end-of-life care some zen spiritual principles to spiritual assistant use:

1. Accept everything, don't reject anything
2. Bring into your experience all yourself
3. Don't wait
4. Learn to rest in full activity
5. Cultivate a mind that doesn't know

Death in itself tends to eliminate all differences of age, religion, language, gender. Certainly, though, in the fragment in which ill man and assistant work, the experience emerges with all its variations and imposes itself as a subject to be served, be cured with love.

The period in which it becomes clear that death is near, the body is ravaged by the disease, the relationship between mind and body changes, the beauty or at least the appearance before the usual fades, the identity takes a hit, must question everything, it is perceived as alien to itself. People most accustomed to cultivate spirituality are favored, because they are trained to look with different eyes, curious to go beyond the purely physical plane situations, to conceive relations with oneself and with others, not limited to the logic of exchange and of production, but as a value in themselves. This can also occur for non-believers, but interested in the spiritual dimension.

### 3. Prayer and gender

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<sup>4</sup> American buddhist teacher, in 1987 conceived the Zen Hospice Project.

Cf. <http://www.stazioneceleste.it/esercizi/morte.htm>. Cf. also <http://www.mettainstitute.org/index.html>.

In the New Testament<sup>5</sup> the Apostle recommends: *I desire, then, that in every place the men should pray, lifting up holy hands ... also ... the women ... profess reverence for God.*

Can you appreciate different attitudes between men and women than to God, to prayer, especially in the delicate transition from this life to the other one in the believer's perspective? Founding the discourse on biblical Christian sources, you cannot, men and women alike are called to turn to God, even if, in the quoted text, for men it is recommended not to pray at the same time preserving the soul grudge, for women not to be too distracted by clothing or jewelry to wear what to put on good works .

The simple observation let note generally different behaviors in religious practice, in some contexts more frequented by men to leave women the home care, elsewhere much more respected by women. Many years ago in Italy an Ispes<sup>6</sup> (Institute of Political, Economical and Social Studies) enquiry, that since 1993 changed its name in Eurispes, took also care of the prayer. In particular it emerged that 20.3 % of men claimed to never pray against 12.6 % of women. However, 23.1 % of women and 15.6 % of men declared to pray often, with the highest concentrations in southern Italy. The occasional worshipers confessed to resort to dialogue with God especially *in the sad moments* (23,7%), *when it happens* (27,2%), *when I face difficult times* (13,8%), but thanksgiving to God for the good times stopped to a paltry 7.7%.

A well most recent survey, in 2008, conducted by the Institute of Religious Research, *Pew U.S. Religious Landscape Survey*<sup>7</sup>, detects a similar result: two-thirds of the women surveyed (66 %) say they pray every day, while men who pray every day not reach half of the respondents (49%).

Reflecting on the survey, someone<sup>8</sup>, after a series of interviews on the topic, argues that men are the poorest of imagination means, useful to penetrate all that is immaterial. Cultivate, for example, reading novels, activities encouraged more often in women, Luhrmann says, feeds more this fantasy so precious, as well as spend time playing with the kids. You could add the fact that parents educate sons and daughters are not always the same, even with respect to the faith, they are not always encouraged to engage in the free prayer since childhood.

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<sup>5</sup> 1Ti 2, 8-9.

<sup>6</sup> *La religiosità degli italiani*, in "La Civiltà Cattolica" 1991, IV, pp. 507-516, quaderno 3395.

<sup>7</sup> <http://www.pewforum.org/files/2008/06/report2-religious-landscape-study-full.pdf>

<sup>8</sup> Tania Luhrmann, *Why women hear God more than men do*, in <http://www.christianitytoday.com/ct/2012/mayweb-only/why-women-hear-god.html>.

Spirituality and health are linked to each other, as some neuroimmunology studies<sup>9</sup> show, and they guarantee a better quality of life. The blood<sup>10</sup> concentration of some neurotransmitters related to psychological and physical serenity is increased by the practice of meditation and prayer, that affect the by activating more decisive immune system and obstructing the action of viruses, bacteria and cancer cells.

These indications, coming from biology and neurology, should influence better and better lifestyle and educational purpose, so as to promote and disseminate the spiritual experience and practices in a broad sense, and always train more spiritual assistants able to do so, even compensating for the cultural gaps, where they are present, by assigning certain practices more to a genre that to another one.

To enhance, further, the fantasy and imagination, as well as having a spiritual assistant, a denominational chaplain, various figures of social, psychological and medical assistance, why do not we provide in hospices something similar to the ancient reciters, storytellers, also able to “patch up” the patient’s biography, order it as if it were a novel, leaving out the thread that eventually becomes even more important?

When you have the opportunity to prepare for death, the end-of-life could become a tailor of humanity, a patchwork, which, with its limitations and its ugliness, appears harmonious, and, above all, unique and accomplished.

#### 4. Jesus, the suffering, death , two meetings *beyond* gender

The pitch Lk 8, 40-56 presents two female figures. The first one is a clever woman, who decides to act for herself. Luke refers about her no direct words, but he leaves a very intense implication. On the other hand, Mark exposes the intentions:

«If I just touch his clothes, I will get well» (Mk 5, 28).

We try to (1) get into her past, left to be understood by few but important lines, (2) then we will appreciate her meeting with Jesus who redeems her from evil, and finally, ( 3 ) we will compare with the theme .

### 1. Who is she?

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<sup>9</sup> Cf. *The link between religion and health: psychoneuroimmunology and the faith factor*, a cura di Harolg G Koenig, Harvey Jay Cohen, Oxford University Press, New York 2002. Lynda H. Powell – Leyla Shahabi – Carl E. Thoresen, *Religion and spirituality. Linkages to spiritual health*, in “American Psychologist”, January 2003, pp. 36-52.

<sup>10</sup> Cf. Franco Fabbro, *Neuropsicologia dell’esperienza religiosa*, Astrolabio, Roma 2010, p. 445.

We don't not know this creature's name; evil speaks for her, it decides of her daily life. On her identity card we would not find a civil state or a profession, but only her state of malaise that breaks, as an enemy-occupied country. She is enslaved, although this condition does not appear outside in striking fashion. The evil that afflicts is sneaky, insidious, creeping. Her case is different from that one of the paralytic, of the possessed, of the blind, but, paradoxically, her social life is even more compromised than theirs. About her we know that she is a woman who suffers from loss of blood for twelve years. In the Bible, the blood is the seat of life<sup>11</sup>, it has a special sanctity, so that those who come in contact become unclean, like this woman is impure<sup>12</sup> for the ancient law. Every object she touched was left unclean. Anyone who had touched an object touched previously by her or who had touched her, he would also have received her impurity too. Her discomfort is therefore not limited to the sphere of the body but it affects negatively her ability to relate to others and the environment. She was an outcast and not from one day, one week, but for twelve years. From the record of Mark the Evangelist on her hidden thoughts, it emerges the soliloquy she was used: the physical distance imposed by the cultural patterns of the time made difficult for her to share her torment and it relegated her to a brooding overthink. Added to this it is that the state of impurities kept far away from the sanctuary, so also faith had to be limited to the internal struggle between desire for change and the clash with the harsh reality, always equal to itself. As happens so often, the fragility of her physical and social condition had exposed her to further disappointments. Many times she looked for a solution to his woes at men with the only result of dispersing even more energy and see even more weakened the protection that her money could give her. Compared to Luke's account, Mark adds hereto: *they had made her suffer a lot*<sup>13</sup>, physically, morally? It is not clear. Maybe both things had happened. It's also possible that they had not healed because they were not able, they did not have the ability, because her illness was not simply related to the body. Certainly, though, she had invested in those figures some hopes for improvement remained frustrated. If blood is life, to be understood in the broadest sense, then, for the evil that plagued this woman, she had to feel her life slipping away. She lost more each day, in a situation teetering, what means, in translation, neither alive nor dead. Apparently alive, she bore within herself the death that drew more and more on its side. Yet inwardly she remains clinging to hope, she does not *put out a flickering lamp* that keeps her alive, she struggles and she makes herself, with the remaining forces. She takes on the evil that plagues her and she's aware that it will not heal by itself. She

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<sup>11</sup> Cf. *Gn* 9,4.

<sup>12</sup> Cf. *Lv* 15, 19-28.

<sup>13</sup> *Mk* 5,26.



knows she needs help and that this will come to her by *another one*. Even Mark<sup>14</sup> informs that the woman *had heard about Jesus*. Let's imagine and remember sometimes how it's frantic the search for the person who can help us, we believe, in a difficulty, and how the way, that leads us to meet her, is focused and full of expectations that a foretaste of the relief. Woman walks decisively toward Jesus, like so many others she was there waiting for him. No one is there with her to plead her case, as it happened, for example, with the paralytic, or perhaps she has the courage or claim to speak, as, for example, the Jericho's blind man, besides not having the name she did not have even voice. In a way she steals the salvation, as the good thief will do. Her attitude is similar to that of the child who escapes the jam without the mother noticing. Her gesture is sneak, but also full of innocence.

She touches the flap, or, imagining that Jesus dressed as Jew, the fringe of his cloak. Why the fringe? In the book of Numbers<sup>15</sup> God recommends to the Jews through Moses to wear dresses with fringes at the four corners of the garment as a reminder that God exists at all four corners. On these fringes some nodes are made that refer to the name of God. This garment flap is therefore considered *sacred*. Even today the Jews are wearing a similar cloak for prayer. The suffering woman with that simple gesture of her hand seeks God. She doesn't know, she cannot or doesn't want to ask other problems, she just needs a solution and she's certain that it will come from Jesus.

## **2. Jesus is the healing**

In some respects the miracle performed by Jesus in this place seems to be similar to that one reported by John<sup>16</sup> and placed at the wedding in Cana in Galilee, with the difference that in this place Mary causes his address with an explicit request. Jesus heals despite himself<sup>17</sup>, as if he didn't know it, in the absence of a precise and complete act of will. He's like the sun, he cannot help but emit heat. However, in this passage, his choice appears, at some point, decisively and precisely when he insists to meet the person who had touched him. And it's this second part of the episode which allows the woman to become aware of the change in her and to redeem herself by her own efforts, with the strength of her faith. Jesus wants to ask her the face, not only the hem of his cloak. He also aims to turn an isolated incident as a sign to all those present, the

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<sup>14</sup> Mk 5,27-28.

<sup>15</sup> 15, 37-41.

<sup>16</sup> Jn 2, 1-5.

<sup>17</sup> Only in the version of the evangelist Matthew, this aspect is changed and Jesus encourages the woman to come forward, cf. Mt 9, 20-22.



context in which the woman needs to be rehabilitated. At the request of Jesus, in fact, she becomes aware of the *need* to overcome the silence that segregated her. The first gesture that she makes is a profession of faith pronounced not in words but just with that sick body she was trailing behind. Kneeling at the feet of Jesus, she recognizes that his is the power that has saved her and made her perform in a few moments the way of Israel in the desert, from slavery to the promised land. From faceless and without relationships outcast she's rehabilitated to communication, readmitted to the report. From impure and prisoner for invisible bars of the common mentality, the woman becomes announcer of salvation. From the periphery she comes back to the center, the evangelist says that *she could no longer remain hidden*. Healing is completed by a social rehabilitation process not moved nor favored by those present, who are merely witnesses, but by herself, who finally is again able to come forward and tell herself, to regain possession of herself as a subject. A few verses before<sup>18</sup> the disciples were afraid for the stormy sea, and they had awakened Jesus, their faith was in deep water, but not this woman's faith. And Jesus himself recognizes it, saying: *your faith has made you well*.

### **3. A Gospel story, a today story**

You can meet anywhere the woman suffering from bleeding, without realizing. She's in every weak who suffers, in addition to his fragile condition, the distortion of a murderous way of thinking, that makes the victim a scapegoat to keep away and thinks to get rid of evil, by placing it on the edge.

Every time and every culture unfortunately identifies its own forms of impurities, hoping to locate the evil and to repair it. The weakest ones will always pay the price and the poor ones, the minorities, the free thinkers, the rebels, and unfortunately women in every category continue to be more exposed.

The example of this woman makes us look positively to the innate strength that shines in each one who seeks satisfaction to his existential thirst. It stimulates us to take action because in many and various ways this thirst can find satisfaction. It impels us to promote initiatives so that everyone is helped, encouraged to come along, to regain his dignity, to regain as much as possible, the thread that evil misleads, whatever the particular history of pain is.

### **4. The death of a little girl**

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<sup>18</sup> Lk 8,22-25.

In Jesus' time the children did not enjoy high esteem, as evidenced by the same Gospel with the episode in which the disciples away from the Master the children because they do not disturb<sup>19</sup> him. For little girls, the situation was even worse, if we consider the most common ways of saying<sup>20</sup> about the theme in Palestinian Judaism:

*The good reigns on families whose children are male, but no good reigns over those ones whose children are female.*

*When a boy is born everyone is pleased and happy, but when a girl is born everyone is sad.*

*When a child is born, peace comes into the world, when a girl is born, it is not any good<sup>21</sup>.*

*Even the most virtuous of women is a witch.*

*Our masters said : "Four qualities are present in women, they are greedy of their food, prone to gossip, lazy and jealous".*

Many split of the gospel, including the two meetings of the eighth chapter, show a Jesus nonconformist than this mentality. The chapter in question of Luke's Gospel emphasizes that Jesus goes to the other side, his movement indicates the change, renewal, the meeting ease he wanted.

The sick, the woman with blood loss<sup>22</sup>, the dead body was considered impure<sup>23</sup> in his environment, they could not be touched without transmitting their impurities. Yet Jesus doesn't react badly hemorrhage who touches him, he is actually touching the girl and to let she rises again.

The Gospel describes around Jairus' daughter, a crowd of people weeping, but when Jesus enters the room where she lies, he leaves remain only the parents, as well as three of his ones. It's likely that the whining crowd was paid for the purpose, that one used to lament on the occasion of a funeral. It was probably a stage presence, a false presence. The little one is twelve years old, the

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<sup>19</sup> Cf. *Lk* 18,15; *Mt* 19,13; *Mk* 10,13.

<sup>20</sup> See *L'atteggiamento di Gesù verso le donne* in <https://riforma.wikispaces.com/L%27atteggiamento+di+Ges%C3%B9+verso+le+donne>

<sup>21</sup> Cf. also *Lv* 12, 5.

<sup>22</sup> Cf. *Lv* 15, 19.

<sup>23</sup> Cf. *Lv* 5, 2-3.

same amount of time specified for the woman who seeks healing in Jesus, the age at which, for those times, she's about to open to fullness of life, already thinking about the wedding. She expects to meet her future husband, as humanity wants to meet God and is likely to die before recognizing him. Oddly enough to have a name in the dual story he's only the little girl's father, Jairus, which means *God will awaken*, also qualified by the function, he's a leader synagogue, and by the salvation demand in favor of his daughter. *My daughter* is also the way in which Jesus greets the woman healed of bleeding. Jesus establishes a relationship of transmission of life, regeneration, which challenges and wins gender barriers of time. He recommends that the father, Jairus, to maintain the same confidence, even when they say that the little girl is now dead. Jesus took her by the hand, he utters the phrase often reported in Aramaic<sup>24</sup>, *Talita kum*, that is *Get up child*, that makes her symbolically and concretely sharing in the resurrection.

Probably thinking about such attitudes, Paul wrote<sup>25</sup>:

*So there is no difference between Jews and Gentiles, between slaves and free people, between men and women; you are all one in union with Christ Jesus.*

### **5. Death, end-of-life, assistance and gender**

Death obviously doesn't do gender distinctions, captures everybody. It's also true that everyone experiences it in a unique way, in part due to how the person lived, partly because of the conditions of the last period of life, how one deals with the knowledge of the end, the quality of life, the type of suffering, feelings, expectations he nourished so far into the hoped future.

Inevitability of death is accompanied by the ability to improve the quality of the end-of-life thanks to the contribution of palliative medicine, psychological assistance, spiritual assistance. In organized societies, which tend to prolong the duration of life, you need to devote much attention to the people who have the certainty of the imminence of death, enhancing this knowledge to their advantage. Every aspect obtainable from personal situation may be helpful in this direction and with this purpose.

Everyone should have access to such services and should be helped to perceive themselves not passive with respect to events, but rather to prepare them, preparing themselves as best as possible. If they are believers, they will be favored in interacting with the revealed texts. If

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<sup>24</sup> About that, it's interesting that the effect strokes are more easily left in the original language, cf. Bart D. Herman, *Did Jesus exist? The historical argument for Jesus of Nazareth*, HarperCollins Publishers, New York 2012, tr.it. *Gesù è davvero esistito? Un'inchiesta storica*, Mondadori, Milano 2013.

<sup>25</sup> *Ga* 3,28.

Christians, they will be approached in a different way in texts such as those ones proposed before.

Besides the natural differences between one case and the other one due to the uniqueness of each human being, culturally we can identify differences due to the actors involved in the specific, in the first place we think of family, friends, but then also of health professionals, of chaplains. It is not uncommon in such situations that the terminally ill patient is willing to open up more with operators who travel than with their families, sometimes even for a protective instinct, a remnant of denial of what is happening. Therefore, the assistance role is much more important. It can vary as a result of many factors too: the vision and reading of a given condition can also be conditioned by membership of gender. And it's well, therefore, that operators become aware of this cultural conditioning, which, through them, can affect the scope of services offered to the terminally ill.

As seen from the excerpt of Luke's Gospel taken into account, Jesus overturns two cultural patterns, compared to disease and death, rescuing the woman and the little girl from cultural conditioning, in turn intertwined with religiosity, strongly negative. Not always, though, it could prove to be the most sensible choice on the part of an operator: his main objective is and should remain to make the patient the best possible service, the most effective to feed his serenity. If this one lies in a certain pattern, for example of obedience to the father or husband, it should not be upset, but understood. Only inside you can find a key to converse and propose, where applicable, always free from forcing alternatives.

In this sense, the operator should be aware of gender cultural conditioning for them to perform his work as best as possible. In certain cases it may also be useful an intercultural mediator in hospice. Several interventions bearers of qualified contributions in the end-of-life should help to enhance the harmony and stability, dissolving tension and conflict already inherent in the situation.

Much of this thinking has focused on the habit to cultivate some form of spirituality and prayer and to gender cultural influences that may have now affected. In certain environments, for example, places of worship, think of the Catholic churches, are more frequented by women than by men. Women mostly accompany the little children to church, teach them gestures and basic prayers. It's more difficult that the father or the two parents do together. This *diversity* implicitly affects the imagination.

In the final time, distinguished by the knowledge that death is near, the habit of getting in touch with his own emotions, even through the mediation of meditation and prayer, may prove a winning strategy to gain a better balance. If indeed, women in general may be more favored

because more accustomed to pray, men also need to be helped to do so with a greater contribution from service figures.

As for the remote preparation, from considerations concerning the end-of-life may serve not only for that, but it should have consequences on the pedagogy both familiar and scholastic. In particular, parents and educators in general should work harder and better on upgrading the imagination, the creativity, the ability to express, to represent his own emotions, from early childhood.

Meanwhile, what would serve to channel aggression, to know how to manage and resolve it, avoiding the clash. In the long term this will promote the perception of the value of the sentiment itself, the reality of the experience that has no body, which is immaterial, not because "fatuous" or unimportant, but because it is of a spiritual nature. Even apart from accession to a religious confession, spiritual education would be a resource training which always draw, especially when all the others, as in the end of life, are not. For men and women spiritual assistance when the death is imminent should help them to feel themselves children once again.