

Farewell Letters II: Terminal Care for a Healthy Man. Or: Dancing the Last Waltz

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Abstract

This qualitative case study describes the end-of-life care for a physically healthy, although psychologically dying man. The letters of Countess Moltke to her husband who was sentenced to death and executed during the Nazi regime were analyzed content analytically. Three content clusters emerged, namely, Caring, Comforting, and Providing meaning, all of which were stimulated by Attachment to the dying person and by Expression of empathy, respectively. It is demonstrated that during the final 6 weeks, her care was well adapted to the course of his dying. The findings are summarized by the allegory of the dancing couple.

Keywords

case study, content analysis, dying, end-of-life care, terminal care

The tragedy of Count and Countess Moltke that is documented in the collection of Farewell Letters (Moltke & Moltke, 2013) is a unique opportunity to look at two public figures of contemporary (German) history from the point of view of thanatology. Their living circumstances in anticipation of the death sentence by

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the Volksgerichtshof (People's High Court) during the Nazi regime became for him the beginning of the dying process and for her a time of end-of-life (EOL) care. Although neither ill nor otherwise physically impaired, Count Moltke became a dying man because of fatal circumstances, and for the same reason, the Countess became his care giver. To demonstrate key features of terminal care using a prominent case example is the subject of this qualitative study.

Historical Context and the Living Conditions of the Married Couple Moltke

Helmuth James v. Moltke, the member of an old and famous Prussian family mainly of soldiers, was the head of the Kreisau circle, the participants of which developed visions of a new Germany after the end of the Nazi regime. Although not personally involved in the assassination attempt on Hitler, he had connections with some of the conspirators. At the end of September 1944, Moltke was imprisoned in Berlin Tegel. Contact with persons from outside the prison was very restricted and correspondence without censorship was forbidden. Nevertheless, 177 letters, 112 by the Count and 65 by the Countess, were smuggled by the protestant priest, Poelchau, risking his own life. At the time of his death, Count Moltke was 37 years old. The couple had two sons, Caspar, born 1937, and Konrad, born 1941.

Freya v. Moltke was a banker's daughter from Cologne. Since 1935, she held a doctorate in law. During the Count's imprisonment, beside priest Poelchau, she was his only link to the world outside, and as his confederate, she carried out his orders (e.g., trying to influence high representatives of the Nazi regime). From the midst of November, the couple saw each other every 2 weeks under supervision for about half an hour. Table 1 provides some events with relevance to this study in chronological order.

Why Count Moltke Can Be Considered a Dying Person

As outlined in detail elsewhere (Wittkowski, 2011, pp. 64–72), dying from the point of view of the behavioral sciences depends on two conditions. First, there must be an objective prerequisite that death will occur within a limited time span, that is, earlier than could be expected without the damaging condition. Second, the individual has recognized his or her condition in a way that has an impact on his or her feeling, thinking, and acting, be it conscious or unconscious. In other words, there must be both an objectively given damage or threat *and* the subjective perception of it in order to declare an individual a dying person. In this predominantly cognitive view, dying usually is a long process of weeks, months, or even years. This psychological definition of dying is derived from the situation of people who die from an illness, and it nevertheless claims general validity.

Table 1. Schedule of Selected Events in Chronological Order.

Date	Event
September 28, 1944	The Count's arrival at the prison Berlin Tegel; service of the arrest warrant and farewell letter to his sons
October/November 1944	Drafts of a plea for clemency
November 29, 1944	The couple celebrates the Holy Communion
January 9 and 10, 1945	Trial before the People's High Court
January 11, 1945	Announcement of the death sentence
January 16, 1945	Last visit of the Countess
January 23, 1945	Execution

The validity of the first of these conditions is beyond any doubt in the present case. The validity of the second condition has been demonstrated in a companion article (Wittkowski, 2018). In the beginning, Moltke had an awareness of dying, that is, a more or less conscious realization of the threat, similar to Weisman's (1972, pp. 65–66) idea of a “middle knowledge.” This soon turned into certainty of dying, namely, the clear knowledge about his own fatal situation that included hope. Its central symptom is the self-concept as a dying person, and an additional feature is anticipatory mourning. Later on, Moltke developed readiness for dying, and in the end, he even achieved willingness for dying.

EOL Care

Terminal or EOL care refers to those planned or intuitively carried out behavior patterns of professional and voluntary care givers that are suited to enable a dying individual to spend the last phase of life according to his or her needs and in line with his or her specific way of coping (cf. The National Hospice Organization, 1994, 1996). In the pursuit of a “good dying,” EOL care aims at minimizing “total pain” (Saunders & Bains, 1989) by specifically preventing secondary suffering that is different from the inevitable primary suffering because of illness or otherwise objective threat (International Work Group on Death, Dying, and Bereavement, 1979, 1993). EOL care encompasses five components, namely, physical (primarily pain reduction), psychological (preservation of mental functioning; damping down of strong negative emotions), social (keeping up interpersonal relationships), spiritual (assistance in meaning finding), and factual care (objects of daily life; furniture). A key element of EOL care is the effort to maintain the dying person's autonomy in spite of physical and mental deterioration (Connor, 1998).

One can discriminate formal from informal care for the dying. Among those who practice informal EOL care are the relatives of a dying person. Knowledge about the way they fulfil this task is sparse. In contrast to professional and voluntary care givers in hospices and palliative care units, relatives do not

receive a systematic education including self-experience concerning death and grief. A further specific feature of family members practicing EOL care is their personal history with the dying person that often includes conflict.

Of major importance to EOL care from a psychological point of view is the way the dying person and his or her care givers communicate verbally and non-verbally with each other. This kind of interaction determines whether the dying person's needs are recognized and, based on this recognition, whether rational decisions can be made (N. Thomas, 2001). Communication between the dying person and his or her care giver largely depends on the kind of awareness context (see Glaser & Strauss, 1965) that can be closed, suspected, dominated by mutual pretence, or open. Only an open awareness context that permits an honest conversation about the dying person's situation including diagnosis and prognosis contributes to fruitful EOL care, whereas the other awareness contexts likely cause secondary damage. As telling the truth is concerned, Saunders and Bains (1989) point out that the dying person should only be told a truth which he or she is capable to bear. Furthermore, telling the truth should be accompanied by some kind of hope. Care givers may use coping tasks of the dying person as guide lines, "if these tasks always are appreciated in their concrete, specific, and individual circumstances" (Corr, Nabe, & Corr, 2009, p. 169).

Aim of the Study and Research Questions

The situation of Count Moltke being accused of high treason and in danger of the death penalty can be seen as a quasi-experimental condition caused by the political circumstances in a particular country at a particular time. The study material gives rise to the investigation of several aspects, namely, the dying process (Count Moltke; see Wittkowski, 2018), the situation of his care giver (Countess Moltke) and the care for the dying (i.e., the interaction within the couple, mainly her verbal expressions of caring). This article deals with Freya v. Moltke's caring for her dying husband, only. It is guided by two research questions. First, can typical features of EOL care be demonstrated in Countess Moltke's letters? Second, within the time span of the correspondence, are specific changes in the frequency of incidence of certain features, that is, content categories such as company in dying or comfort, discernable that are stronger than mere fluctuation? In other words: Does the course of EOL care provided by her correspond to his dying process?

Method

Material

The qualitative data base consisted of 177 letters, 112 of them by Count Moltke and 65 by the Countess. The letters varied in length between a few lines and

several pages. For this study, I used a slightly shortened version of the collection published under the title *Farewell Letters Prison Berlin Tegel, September 1944 to January 1945* (Moltke & Moltke, 2013).

Analysis

The analysis of the letters was performed by a content analytical strategy without adherence to a specific school of thought that resembles a “general inductive approach” (D. R. Thomas, 2006). More specifically, it followed procedures of Grounded Theory (Strauss & Corbin, 1990), a subject- and data-based strategy of building models, as well as general principles of qualitative data analysis (Miles & Huberman, 1994). The analysis focused both on the manifest and on the latent content of the messages guided by the hermeneutic school of interpretation (e.g., Gadamer, 1960/1972; Smith, Flowers, & Larkin, 2009).

The analysis of the material was carried out in five steps. First, I identified themes (i.e., contents, features) separately in the Count’s and in the Countess’ letters, respectively. I coded these inductively generated categories in the letters of both partners. This first step included a loop of partial recoding in order to achieve saturation. In the second step, I compiled a list of key terms on dying, coping, the situation of the caregiver, and EOL care from the literature (Balk, Wogrin, Thornton, & Meagher, 2007; Carver & Connor-Smith, 2010; Corr et al., 2009; Glaser & Strauss, 1965, 1968; Kastenbaum, 2000; Kellehear, 1990; Lazarus, 2006; Weisman, 1972). After overlappings had been removed, these items formed a body of deductively generated categories in the domains “dying process and coping,” “care giver,” and “end-of-life care” ready for coding. The advantage of using deductively created categories is, besides the completion of the spectrum of features, the possibility to find out whether certain characteristics that could be expected in the material in fact do *not* appear.

Next, for each letter, I registered which categories had been coded. Multiple codings were allowed. For example, Countess Moltke’s letter of November 17, 1944, received four codes, namely, SITU, CARE, COMFORT, and EVLIFE (see Table 2 for the full depiction of these categories). There was no weighing of categories depending on the frequency of their appearance within a single letter. The number of letters in which the various categories had been coded formed the quantitative raw data of the analysis. It was complemented by an inventory of examples (i.e., citations) for each category. In the fourth step, both the absolute and the relative frequencies of occurrence were determined for each category. I performed Steps 1 to 4 by hand. Finally, I chose categories with a frequency of occurrence of $\geq 20\%$, augmented by some additional relevant categories, to constitute the elements of a model that describes and to a certain degree explains the Countess’ care giving. Categories with a frequency of occurrence of $\leq 5\%$, I considered rare content.

Table 2. Frequencies of Occurrence in the Domain “Care for the Dying.”

Category	Derivation		f^a	Percentage ^a
	Induct.	Deduct.		
Everyday life (EVLIFE)	+		52	80.0
Attachment to the spouse (ATTSPOUSE)	+		29	44.6
Care (CARE)	+	+	25	38.5
Estimation of the situation (SITU)	+		24	36.9
Rescue operations (RESCUE)	+		24	36.9
Providing social support (SOCSUP)	+		13	20.0
Expression of emotions, Empathy (EMOT)		+	12	18.5
Accompanying in dying (ACCOM)	+		11	16.9
Providing and receiving comfort (COMFORT)	+	+	11	16.9
Finding or giving meaning (MEAN)	+	+	8	12.3
Factual aspect, supply (FACTS)		+	5	7.7
Instructions to the Count (INSTR)	+		5	7.7
Thinking of the children (CHILD)	+		3	4.6
Confirming feedback by the Count (CONFIRM)	+		17	15.2

Note. This table includes inductively and deductively generated categories from all letters, codes are in square parentheses. CONFIRM stems from the Count's letters and its frequency of occurrence refers to this population ($n = 112$). All the other frequencies refer to the Countess' letters ($n = 65$).

^aMultiple classifications were allowed.

In analyzing the course of the EOL care, I registered the frequency of occurrence of selected categories in Countess Moltke's letters over the nearly 4 months of her husband's imprisonment. As the time unit of analysis, I chose 2 weeks because the pre- and posttrial phases in January 1945 lasted 2 weeks each (see Table 1).

I did the content analysis of the Farewell Letters for the domains “dying and coping” (see Wittkowski, 2018), “caregiver,” and “care for the dying.” Solely, the last of these domains is subject of this report. The analysis is descriptive, that is, I did not verify differences inference statistically.

Results

Table 2 shows the content categories of the domain “care for the dying” in the order of the frequency of their occurrence in Countess Moltke's letters.

Dominant Contents

By far the largest amount of the Countess' messages is reports about events of daily living (EVLIFE, 80.0%) in connection with the Count's supply with food

and commodity (FACTS, 7.7%). The combined category *Everyday life and supply* appears in nearly all of the Countess' letters. At first sight, contents such as the weather, the food, or a friendly guard may seem trivial. Nevertheless, they are a reflection of real life. Her reports about problems with the estate Kreisau create a connection to the Count's former life in freedom and thereby prevent from social dying. Thus, these seemingly trivial contents have an important function as part of an informal EOL care.

Estimation of the situation (36.9%) is a further significant issue in the Countess' letters. One might consider this an analogy to discussing the chance of recovery in the case of an incurably ill person.

I talked to Müller on Friday for half an hour. [. . .] He promised to talk to you once more, however, that he is willing to let you kill is no question.¹ (Letter from October 8/9, 1944, p. 56)

In short, my heart, this "mighty" man has a very deep personal resentment against you. (Letter from January 19, 1945, p. 310)

Her bare prognosis of the death sentence not only causes an awareness of his dying in herself, but it also confirms his awareness of dying. The stimulation and maintenance of an awareness of dying in her husband is a key feature of Freya v. Moltke's way of performing EOL care. Moreover, by this realistic kind of estimation of the situation, she creates an awareness context of openness.

Closely related to the estimation of the situation is the issue of *Rescue operations* (36.9%) and their chances of success. While a person suffering from a life-threatening illness and his or her family may hope for a new medicine, the Moltkes considered actions to prevent the worst case. In doing so, the Countess' comments were mainly responses to his ideas or orders.

At home we finished the plea for clemency and then I typed it for a long while because I had to do it without making an error. (Letter from November 11, 1944, p. 124)

In case the death sentence is spoken the second day [. . .] I shall become busy at once. I certainly will not despair [. . .]. (Letter from January 6/7, 1945, p. 263)

For Count Moltke, actions and announcements like these are a signal that his most important confederate had not given him up. This may be considered *Providing social support* that emerged as a category of its own (20.0%) and which might be considered the higher order feature. Her attempt to exercise instrumental support (e.g., influencing a certain individual) created in him the (correct) impression of a unity (cognition) and were experienced as calming and providing hope (emotion).

The care for the dying Count Moltke essentially emerges in a cluster of contents, the categories of which are in a hierarchical relationship to one

another. Overarching are the inductively derived while also a priori given category *Accompanying in dying* (16.9%) and the deductively generated category *Expression of emotions, Empathy* (18.5%). In their frequencies of occurrence, both of these categories are slightly below the threshold of frequent contents; they nevertheless represent a substantial amount. The exertion of care for the dying and specifically its emotional component emerges in the logically subordinate categories *Care* (38.5%) and *Providing and receiving comfort* (16.9%).

Accompanying in dying is directed to the prospect of Count Moltke's probably losing his life soon. To a lesser degree also the kind of execution, that is, his dying in a narrow sense, is addressed.

My heart, it's quite alright, that it's becoming harder and harder for you to prepare for dying. That is the stress of this long time of waiting. That has to be this way. Under the first pressure that goes much, much easier. You need not to explain this to me because I am quite clear about it. (Letter from November 21, 1944, p. 154)
For you, my heart, the renewed transition to "relaxation" is much harder. In all your will to live, you also have been so near to death and quite familiar with him. Now all is beginning again. (Letter from December 15/16, 1944, p. 209)

Nevertheless, I ask myself whether it is possible for you to switch off thoughts of the potential execution intentionally, just to live your life in the cell that can be a vivid life and is with you but not await death every day. Is that possible in the cell? It would be good if you could manage that. When you would be taken [to the execution] then, you would have much time, probably too much, to prepare for death. In any case, now you have to live. (Letter from January 23, 1945, pp. 323–324)

In these quotations, the Countess refers to her husband's painful oscillation between attachment to his life and letting go his life (see Wittkowski, 2018).

Care holds rank three among those features that can be subsumed under care for the dying. Specifically, this category encompasses queries about the Count's well-being, encouragements, and expressions of confidence and trust in his competence for managing life. Moreover, recommendations for the handling of practical affairs including anticipatory mourning and coming to terms with anxiety belong to this category. Finally, there are calming remarks for the time after the Count's death, especially referring to the estate Kreisau and the sons.

How are you now, my heart, after these excursions? Are you depressed or didn't you wisely have made any hopes? (Letter from November 11, 1944, p. 125)
I have a little fear that you, my beloved heart, was inwardly so prepared that the switch [to more time left] means a strain to you. (Letter from December 15, 1944, p. 207)

I would like so much that you will not get caught in this cycle of unbearable tension. If it will last for weeks on, how shall you bear this! (Letter from January 23, 1945, p. 324)

Providing and receiving comfort are two independent aspects that are assessed by one single category because they shed light at EOL care as a process of interaction. In fact, it covers not only the expression (sender) and reception (receiver) of compassion, sympathy, and regret but also encouragements and appraisals that are suited to make life more bearable.

It is comforting to know that you are thinking over my way and that you have a vision of it. (Letter from October 13, 1944, p. 68)

More than life they cannot take away from you! Whether you lose it at the age of 38 or 46 is not so important than that you will die as a rich man: You know for what; you die in religious belief, you die after a short, beautiful life. (Letter from November 17, 1944, p. 146)

No, the castle holds fairly well but certainly because of the rocket on which it is built and because it has such a splendid owner! (Letter from January 6/7, 1945, p. 264)

By and large, the relation of actively comforting and being comforted is 2:1. Essential is the interplay of both elements of the interaction of the manner of giving and taking. This intensified the sense of belonging together and fostered an inner nearness as a couple in spite of actual separation. Moreover, the Countess' grateful appreciation of being comforted gave the Count an awareness that his actions were meaningful.

Again and again, Freya v. Moltke shows sensitiveness, *Emotions and empathy* in her letters.

[. . .], however dying nevertheless stays hard, and in the face of death you always stand alone. (Letter from November 9, 1944, p. 116)

I also comprehend very well what your dear soul has to suffer and why, [. . .]. (Letter from November 21, 1944, p. 154)

How horrible must it have been early this morning. There were so many air crafts [i.e., bombers of the Allied Forces]. My poor man! (Letter from December 5/6, 1944, p. 178)

It becomes clear, then, that Count Moltke received an intensive and differentiated EOL care by his wife. A deeper understanding of this kind of care for a dying, while physically healthy man can be gained if the relationship between him and his care giver is focused. It is the relationship of a long-standing couple that in the following is outlined from the wife's point of view.

Components of the inductively generated category *Attachment to the spouse* are unconditional affection for him, coupled with a high degree of esteem, unlimited confidence in him, and a far-reaching spiritual and emotional accordance. There are no indications of conflicts in the Countess' letters. With a frequency of occurrence of 44.6%, ATTSPOUSE occupies much space in her letters.

Again and again I feel as if we were going hand in hand in these weeks, and I am thinking more "we" than I have thought in all these years. Oh, my Jäm,² what a huge luck to be so close to you. (Letter from November 6/7, 1944, p. 110)

My sweetheart, that's altogether the precious fruit of these weeks, that I know now for sure that we are connected unseparably. (Letter from November 29, 1944, p. 171)

Whatever may happen, you are the luck of my life, you are my wealth, you are my life. What would I be without you? I am a grown part of you. (Letter from January 6/7, 1945, p. 262)

Because of the awareness of dying in both partners, their correspondence can be termed "farewell letters." Nevertheless, they are also love letters that express a deep and enduring affection.

Rare Contents

Nearly no mention is made of the children (CHILD, 4.6%). The Countess does hardly express sorrow about the sons' safety and about their nearer and their more remote future. This is in contrast to casual reports of daily incidents involving the children that fall into the category *Everyday life*.

Further Relevant Contents

Finding or giving meaning (12.3%) is an inductively as well as deductively derived category that is neither frequent nor rare in Countess Moltke's letters, according to the convention introduced for the purpose of this study. Interpreting the Count's acute coping with his dying as his task and the additional interpretation of the upcoming loss of his life as a legacy to later generations, both represent the spiritual aspect of this care for a dying man. It seems worth noting that *finding* meaning and *providing* (i.e., transmitting) meaning are hardly to be separated. The former is the prerequisite of the latter. Finding meaning may be seen as Freya v. Moltke's private business. When talking to herself in her letters, this becomes a message to her husband. Thus, we are dealing here with two kinds of meaning, namely, one that refers to the Countess and her future life and another meaning that refers to the Count's destiny. These two components are comforting in different ways to the recipient.

His wife's ability to find meaning for her own use in this fatal situation lessens his sorrow that she might be without orientation after his death. In addition, her interpretation of his situation provides a meaning to him for the short rest of his life.

Your life seems to me beautiful and perfect. You are dying for something that is worth to die for. [. . .] I believe in the meaning if you must die now. (Letter from September 29, 1944, p. 40)

So this letter is not an end and not a beginning, rather it's only one of the many seals on something much more beautiful and lasting, something there are no adequate words for, something that we own as a precious treasure and that we shall never have to lose. (Letter from January 6/7, 1945 p. 264)

In this view, not the probably short life span, that is, the loss of the future, is important, rather it is the quality of life lived so far, irrespective of its duration. This has a strong resemblance of the idea of a "good death."

To describe the care for the dying adequately, it has to be conceived of the interaction between the care giver and the dying person. In other words, the communication is bidirectional. In fact, in the Count's letters, the category *Confirming feedback* (15.2%) emerged that captures the soothing effect of her support and of her comforting.

[. . .], all that came [i.e., food] was marvellous as always and was received thankfully. (Letter from October 26, 1944, p. 85)

Your beautiful, delicious, wonderful, refreshing visit, [. . .]. (Letter from November 14, 1944, p. 135)

Your presence in Berlin is tremendously precious to me, [. . .]. (Letter from December 11, 1944, p. 197)

Obviously, there is an overlapping with social support, and his attachment to his wife is also involved in the Count's positive feedback to her efforts to care for him.

Model of the EOL Care Provided by Countess Moltke

In Figure 1, the features that result from the analysis of the Countess' letters are put together. The starting point is the awareness of dying in both partners. The unspoken common basis was that achieving a "good" or "well done" closure is of utmost importance to the dying Count. To both partners, the loss of his life was of minor importance compared with his coming to terms with the last hours. The interaction was determined by an open awareness context without deception and mutual pretence.

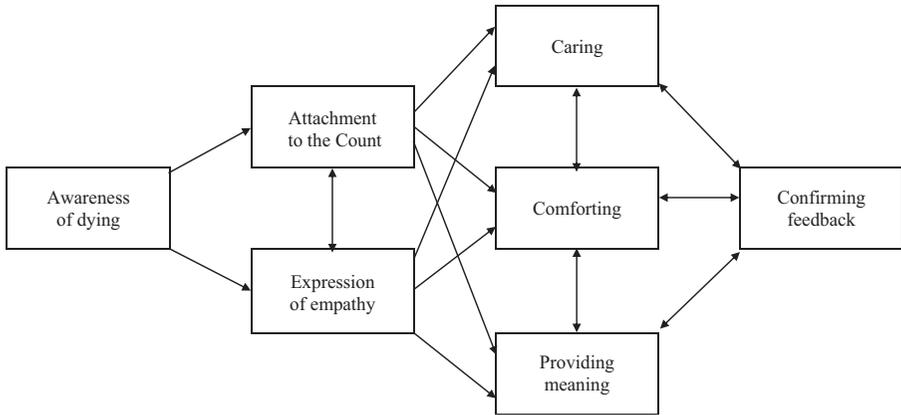


Figure 1. Model of the EOL care provided by Freya v. Moltke.

Awareness of dying stimulated two features that are chronologically offshore the essential caring actions, namely, Freya v. Moltke’s attachment to her husband, and her ability to express empathy. As to the former, she saw herself in the self-chosen position of the subordinate. The admiration for this unflappable man both as a person and as an intellectual was the core of her love to him. Empathy was the source of concrete actions. As a consequence of a long common life as a couple, the Countess had an intuitive knowledge about her husband’s feelings while in prison and in danger of life. This vicarious suffering did not, however, cause resignation in her, rather it stimulated actions. Thus, her empathy was the stimulus to *act at all*, whereas the attachment to her husband determined *how to act*.

Three specific caring activities emerged from the analysis of the letters, namely, caring, comforting, and providing meaning. The most important aspect of the care for her husband is to reinforce his efforts to achieve willingness for dying. Providing and receiving comfort touches the emotional component of her EOL care, whereas providing meaning represents the cognitive aspect.

Course of the EOL Care Provided by Countess Moltke

Figure 2 shows the interaction of the dying Count Moltke with his care giving spouse within the last 6 weeks that include Christmas and the turn of the year (Weeks 52 and 53, 1944) and the trial and the death sentence (Week 2, 1945). The solid line represents the course of the Count’s dying by combining *Dying*, *Attachment to life*, and *Finding meaning* (see Wittkowski, 2018). The broken line depicts caring activities by combining the categories *Care*, *Providing*, and

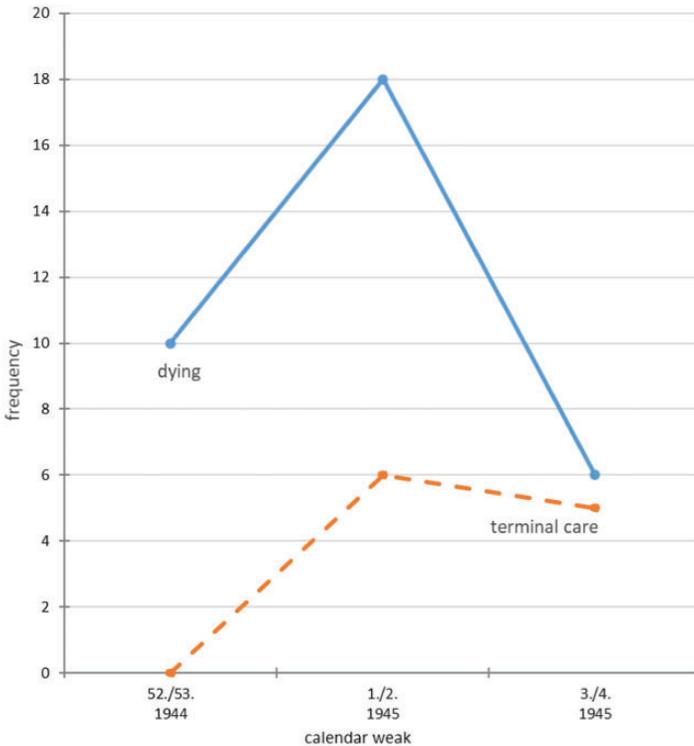


Figure 2. Course of the dying process and of the terminal care during the last 6 weeks. Dying (H.v.M.) = DYING + ATTLIFE + MEAN; terminal care (F.v.M.) = CARE + COMFORT + MEAN.

receiving comfort, and *Finding or giving meaning*. Overall, the dying process and the EOL care show a similar course, namely, an inverted V-shape with a climax in the first and second week of the Year 1945. Obviously, the Countess adapted her caring activities to her husband's needs. When he wrote seldom about his dying and issues of meaning, she too avoided this; when he often mentioned such contents thereby indicating his interest in them, she too increased her references to them.

Discussion

This case study of terminal care is different from ordinary EOL care in four respects. First, it deals with a person who is not dying from a disease and therefore is dying in a purely psychological sense. Second, the dying person was awaiting a cruel killing procedure and not last hours under palliative

treatment. Third, the care giver was not formally or systematically prepared for her task. Fourth, the care giver had a long and intimate relationship with the dying person. These specific features have to be kept in mind when evaluating Frey v. Moltke's caring activities.

The analysis of the Farewell Letters results in a very favorable judgment of the EOL care, even if professional criteria are applied (cf., International Work Group on Death, Dying, and Bereavement, 1993; Saunders & Bains, 1989; The National Hospice Organization, 1994). Except for the control of physical pain that a priori is irrelevant in this case, all aims of terminal care, namely, fulfilling the needs of the dying, acknowledgment of his or her autonomy, awareness of the dying process and frankly talking about it, the stimulation of hope, and the discussion of issues of meaning, have been realized by the Countess. She supported her husband in fulfilling his self-imposed tasks of preparing for the ideological and intellectual battle with the chairman of the court and of achieving willingness for dying (see Wittkowski, 2018). Specifically, she assisted him in his painful and draining oscillation between holding on to his life and letting his life go. In doing so, Frey v. Moltke expressed the therapist's features of Client-Centered Therapy (Rogers, 1957, 1965), namely, accurate empathetic understanding, unconditional positive regard and emotional warmth, and congruence. Long before this important kind of psychotherapy had been introduced, the Countess created a quasi-therapeutic climate of interaction with her dying husband. Overall, referring to the first research question, typical features of EOL care can be demonstrated in Countess Moltke's letters.

The interaction between the dying Count Moltke and his care giving spouse is described best by the allegory of a dancing couple. He was leading while she was willing to be lead, however, without being passive or obedient; rather, she played an active part in the couple's performance. He was aware of his leading position most of the time, and in moments when he did not realize it, she stimulated him to take the lead. This allegory is suited to convey the harmony that speaks from the letters—a harmony that not only refers to a unison in feeling but also encompasses an intellectual component. A kind of symbiotic relationship of the dying Count Moltke with his care giver also becomes visible from the synchronous courses of his dying and of her care, respectively. Thus, answering the second research question, a specific course of the caring process is discernable that by and large parallels with the Count's dying process.

An essential feature of the interaction between the dying Count Moltke and his care giving spouse is the outlook of gratefulness and humility that was characteristic of both of them and therefore can be seen as a unifying element in the face of existential threat. This humility had a strong religious accent. Both of them bowed to God's omnipotence, and they were grateful for his gratitude. In God's Creation, their own lives seemed to them like a grain of sand and consequently they estimated the loss of their lives as unimportant.

Countess Moltke's letters demonstrate how EOL care can be performed without any steering by the care giver. In a sociological field study, Dreßke (2012) observed such an orchestration of dying in German hospices.

The traditional idea of dying is an ideological corset in which the concept of individual dying is embedded. [. . .] Accordingly, the individual has to stand his or her ground until the end, has to define his or her identity and has to "invent" it, if possible. [. . .] Hospice has developed its own structure of communication within which emotions and moral status are permanently observed, explored, and interpreted. Dying is the production of a final and important climax and life is bundled up one more time.¹ (pp. 115–116)

For this kind of influencing EOL care, there are no indications in Countess Moltke's letters. It is he who strives after a climax, and she is following him on his self-chosen path. She does not exercise an ideological influence on him.

The general lesson that may be learned especially with respect to informal EOL care performed by relatives is: trust your intuition and profit from positive aspects of your personal relationship with the dying person! In her role as her husband's care giver, Freya v. Moltke was not influenced neither by advisor literature (that did not exist in those days) nor by recommendations like those given in cooking books. The interaction with her dying husband was based on her knowledge of his personality, on her unconditional love to him, on shared beliefs and values, and on her ability to behave in a self-congruent, nevertheless tactful way. The question "Am I right in what I am doing?" never came up. And also, there was no inner pressure to realize a certain standard of dying well.

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Notes

1. All quotations originally are in German language. Translation by the author.
2. A pet name probably derived from the Count's second given name, James.

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