FIVE

The Great Opportunity

Death is our first completely personal act and therefore, by reason of its very being, the place above all others for the awakening of consciousness, for freedom, for the encounter with God, for the final decision about eternal destiny.

LADISLAUS BOROS
The Mystery of Death

DYING WELL

PEOPLE SOMETIMES ASK me, "How did you get into this field?" Well, it happened back in 1978 in a boat-gray county teaching hospital in Fresno, California. I got into this field because in dealing with symptoms and suffering of dying patients, every once in a while something remarkable and seemingly unexplainable happened. I'd meet a patient who described him- or herself as "well." I remember a man

I'll call "Mr. Rodriquez." He had cancer and knew he was dying. He was aware that he would not get out of the hospital alive. I once spoke with him on my rounds, inquiring about his pain and basic medical issues, and I asked him, "Mr. Rodriquez, how are you today?" He looked me right in the face and said, "I'm well, doctor. How are you?"

Now, in all honesty, I heard that a few times before I got it. At first, I heard it and said, "Oh, it's the morphine; he's euphoric." "Oh, it's the steroids; he's got a touch of mania." But I realized after a while—the third or fourth time I had an experience like that—that dismissing such comments was disrespectful, that the universe was trying to teach me something, and if I was simply humble enough to listen, maybe I would learn something—how a person can be "well" during the experience of dying.

DR. IRA BYOCK

In the pages that follow, Dr. Edward W. Bastian talks with Dr. Ira Byock, Tina L. Staley, and Joan Halifax Roshi about the unique opportunities that are afforded us in the dying process: Dr. Ira Byock introduces some of the themes covered in his book, *The Four Things That Matter Most: A Book about Living*; Tina L. Staley, a licensed clinical social worker, talks about the accumulated "baggage" of life that we bring into the dying process; and Joan Halifax Roshi, abbot and founder of the Upaya Zen Center in Santa Fe, New Mexico, discusses Buddhist approaches to dying. —*Ed.*

DR. EDWARD W. BASTIAN So how do we take advantage of that "opportunity" that death and dying afford us?

DR. IRA BYOCK At the very least, knowledge that death is approaching provides an opportunity to do the Life Review Tina talked about before: to share feelings; to complete business and personal affairs; to complete relationships, to leave nothing left unsaid; to resolve previously strained relationships, perhaps between a father and son who haven't spoken in years, or previous spouses after a bitter divorce, or a brother or sister long estranged; a chance to grieve together, acknowledging the loss to both parties; a chance to explore realms of meaning and purpose, realms of connection to something larger than ourselves that are indeed part and parcel of the human experience of life's end.

DR. EDWARD W. BASTIAN What are some of the steps you take people through in this process?

DR. IRA BYOCK If we conceptualize each individual person as a set of concentric spheres comprising our personhood, we can make a fairly simple plan for life completion.

On the outside, we can begin with completing our fiscal and business affairs, our legal affairs: such as transferring the deed on the car and the house, the bank accounts, and the like. Next, we can look at our relationships with our nonintimate, casual acquaintances, co-workers or congregants in our faith community, the dry cleaner and the fellow who makes us lattes in the morning every day. That involves saying the things that would be left unsaid, expressing appreciation and, when necessary, "taking leave."

Going a little deeper has to do with achieving a sense of meaning about our individual life. That involves the task-work of Life Review and the telling of one's stories. The practice of Life Review is a nonthreatening way for people to get a sense about the meaning of their own life. Myrna Lewis and Robert Butler talk about Life Review as "an opportunity to reexamine the whole of one's life and to make sense of it, both on its own terms and in comparison to the lives of others. Identity may be reexamined and restructured. There's a chance to resolve old problems, to make amends and to restore harmony with friends and relatives." So *storytelling can be therapeutic.* *(See Zalman Schachter-Shalomi's "Life Review Exercises" on pages 153–160.)*

Deeper still is the experience of loving oneself (as we saw in Tina's example about Lisa in Chapter 3), an important developmental landmark. The task-work here involves self-acknowledgment and self-forgiveness. The human condition is an imperfect condition, and we will die imperfect. My advice to people is, "Get over it!" I mean, thankfully, we are not called to be perfect. We are just human, and that's good enough. But we are often raised as more of human *doings* than human *beings*.

For instance, I'm an adult child of Jewish parents. I'm sure that is in the *DSM-IV*,[1] right next to the Adult Children of Catholic Parents! It's a condition with no known cure, which is to say, we grow up in a world of expectations. Sometimes, I sit with people and ask them to take in some deep breaths so that I can teach them a relaxation technique. I say, "Envision a big wheel, and on the outskirts of the wheel is a sentence, 'I am not a bad person; I am not a bad person.'" Can you say that?" Often, people look down and say "no." *(See Zalman Schachter-Shalomi's "Exercises for Healing Emotional Wounds and Forgiveness" on pages 171–177 and*

Joan Halifax's Affirmations for Forgiveness *in "Practices for Transforming Pain and Suffering" on page 185.)*

Why? What could be so wrong with them? Once it was a cancer patient who smoked, and I said, "Oh, it's the smoking, isn't it?" I'm all for smoking cessation, but you've got to know that these days, people come to the end of life, not uncommonly, feeling they inflicted themselves with the mortality gene by smoking. So I gently, lovingly challenge it. I said to him, "You know, I care for people all the time. I care for a lot of people who have never smoked and are still dying. My goal is for you to be able to look in the mirror, right smack in the mirror, and say, 'Boy, I'd like a cigarette! But I'm still a good person.' Because, you are!"

And notice, even though I do this in a lighthearted fashion, we're doing profound clinical work.

DR. EDWARD W. BASTIAN I just want to stop you for a moment. You are using the language of moving through layers to a core . . . so, I am wondering if this is necessarily sequential work?

DR. IRA BYOCK Human development at the end of life is not sequential. Human beings, certainly adults, have worked on various parts of themselves, and that pretty much endures. But "loving oneself" really has to precede the next layer and developmental landmark, that of "the experienced love of others," because other people can love you, and if you don't feel worthy, you simply can't feel it. You make up excuses, "Well, if they really knew who I was, they wouldn't love me." So it's as if it goes right past you. And that sense of acceptance, that sense of feeling other people's love is an important part of human development through the end of life.

Then we can move on to a sense of completion with our intimate relationships, our family and friends, people we love, or once loved, and that involves saying the things that would be left unsaid and saying good-bye. Through all of this work, I have learned that before any significant relationship is complete, people have to have said at least four things before good-bye: "Please forgive me"; "I forgive you"; "Thank you"; and "I love you."

Deeper still is acceptance of the *finale* of life, one's existence as an individual. Now, notice I'm down into deeply spiritual realms. I'm not changing the experience. The experience is *as it is*. I'm just applying a developmental framework to what is the continuum of human experience. This involves task-work like the acknowledgment of the totality of personal expression of the depth of the tragedy of our impending death, our emotional withdrawal from worldly affairs, and an emotional connection to an enduring construct, an acceptance of dependency.

Now we realize that dependency is clearly a stressor that contributes to people suffering. But it is also a fact that in the human condition, many of us will be physically dependent during the end of our life, much as we were as infants and toddlers. That too is part of the human experience. It is not an assault on our dignity; it is part of being human. This is where Ram Dass,[2] in his teachings, and Stephen Levine,[3] in his book *Who Dies?,* say, "Isn't it interesting that I'm no longer the breadwinner of the family, coach of the kid's soccer team . . . and yet, today was such a good day. Who am I now?" *(See Zalman Schachter-Shalomi's "Exercises for Facing Our Mortality" on pages 161–169.)*

So, lastly, from a developmental perspective, we have a surrender to the transcendent, that ultimate letting go. Here the task-work and the person are so entwined that that last volitional

act defines this landmark. As things fall away, as the stuff that fills our Palm Pilots and our day planners becomes less relevant to our life situation, it is normal for people to begin asking, "Well, what is life about anyway? What's my life about? Where am I going next? What is life in the universe really about?"

DR. EDWARD W. BASTIAN Tina, do you find that you need to take people through a similar process?

TINA L. STALEY Unfortunately, yes; many of us die and come into our dying process carrying a lot of baggage. Self-deprecation is one of the most common burdens people take with them right up to the end of life.

Why do so many of us judge ourselves and put ourselves down? It seems to be a particularly American issue; other cultures don't seem to do this as much. In my travels, I've seen village after village where babies are passed around from adult to adult, children run in and out of each others' huts, the adults share in chores and in fun. In these contexts, a focus of disliking oneself seems absurd. Everyone is so connected; the notion of individuality doesn't hold sway, and the tendency to dwell on one's own shortcomings just simply disappears.

In our culture, I suspect self-loathing starts with a deep-seated sense of separation, of being an individual who is separate and apart from others around us. From this vantage point, we compare ourselves to others. It's natural; if you observe your thoughts over the course of a day, you'll see judgments cropping up all the time. And through this habit of comparison and judgment—whether it's in sports, grades, work, or our looks—we are continually defining ourselves as either one-up (a vulnerable position) or

one-down (a not-good-enough position). Either position leads to a sense of unworthiness—of personal failing—built upon our separation from one another.

I think at the time of death, it's this sense of separation that causes pain. Imagine how lonely the experience of death would be if you truly felt like you had to face it all by yourself. This is why people are so grateful for phone calls, visits, or notes at the end of life. These little gestures make them feel connected to their own kind and make the thought of dying easier. For, ultimately, we judge ourselves by how well we connected with others, asking, "Did I love well enough?" or "Was I loved?"

And so in my work with people, and in my efforts to help them learn self-love, I look for some way that they can feel connected. For a lot of people, God, or some sort of Higher Source or Spirit, is this connecting force. But not for everyone. People can find a meaningful sense of connection through nature, a pet, art, or another person.

I once worked with a cancer patient named Jim who was a jazz musician. He lived alone and didn't believe in God. He had centered his whole life around music and derived his purpose and meaning in life from it. Toward the end of his life, Jim became frightened and bitter about dying. I sat with him at one point when he was too upset and angry to talk. Instead, for half an hour, we listened to his music. Soulful strains of jazz and blues flowed around us. After a while, his tension released its grip, and we discussed how music enabled him to feel, to connect with something larger than himself, and to be inside himself in a peaceful, meditative way.

Jim's cancer progressed rapidly, and as he was dying, I put on his music, and he literally died tapping out the beats with

his fingers! His connection to music carried him right through his death and onward to the next level. For Jim, it didn't matter whether any higher power, God, was in the music. What mattered was that he found a path to peace through connection.

For some people, like Jim, connection happens slowly and progressively, over time. For others, it can happen in a moment. Stan, a sixty-two-year-old patient, achieved a reputation in the cancer center where I worked for being not only excessively pessimistic, but also hostile and resistant to support. He met with me only because his doctor insisted and seemed determined not to let me get near him emotionally. If I said "sun," he said "rain." When I asked him about "God," he retorted, "I'm an atheist." Nothing could reach him. Partway through his chemotherapy, he came into the hospital for another treatment session. It was fall foliage season in Colorado, and the trees were all ablaze in reds and oranges. Stan's treatment ended early that day, but he didn't want to spend the extra time talking with me. I suggested instead that he go to The Bells, a beautiful scenic mountain overlook not far from the clinic. To my surprise, he took my suggestion and drove there. Two hours later, he returned and had the nurse on the floor call me out of an appointment. The nurse and I immediately guessed that he had encountered some crisis. I quickly sought him out in the waiting room and found him crying. "Tina," he said, "I had no idea that life could be so beautiful."

Stan had seen, *really seen*, the full magnificence of the mountain covered in brilliant colors. At that moment, he connected—maybe for the first time—with Beauty. He died two weeks later, changed from this awareness of the mystery of awe and wonder.

DR. EDWARD W. BASTIAN In a way, that brings us right up to the door of spirituality. What does spirituality have to tell us about death and dying as an "opportunity," Joan?

JOAN HALIFAX ROSHI A 1997 Gallop poll on death and dying said, "The American people want to reclaim and reassert the spiritual dimensions of dying." But "spirituality" is not an institutional matter. It cannot be adjudicated per se. It is a deeply personal matter, and one needs to be very sensitive as a pastoral person that you're not laying a spiritual "trip" on somebody who has a very different perspective. *(See Zalman Schachter-Shalomi's "Exercises for Facing Our Mortality" on pages 161–169.)*

In spiritual exploration, it is very important to explore individually, to explore for ourselves, and to ask: What is our own view of what dying means? Is dying a good thing or a bad thing for us? Is it an opportunity or a defeat? Do we believe that there's an afterlife? If we don't believe that, does that shape our behavior in a way that's positive or problematic? Are we in touch with the truth of impermanence? Or are we fixated by nature, trying to grasp and possess? Ultimately, we are going to be asked to give it all up. So it is very good to see the truth of impermanence, but maybe that is not part of how we see our world. Another issue is: What is our view of pain? Is pain redemptive or a curse? What is our vision of suffering? Is it an opportunity or a defeat? What about the value of altruism from the perspective of caregiving? And what gives our life and our death meaning?

Sir Walter Scott said, "Is death the last sleep? No, it is the last and final awakening."[4] From the Buddhist perspective, death is the greatest opportunity for liberation.

My third Zen teacher, Tetsugen Roshi—Bernie Glassman[5] —works with three tenets that I have found helpful in working with issues of pain, suffering, dying, death, and grieving. The first tenet is "not knowing." Can we simply sit with dying, or a dying person, with a kind of "beginner's mind," just open, instead of always coming at things in a formulaic way? Can we actualize a "tolerance for the inconceivable" as Vimalakirti[6] calls it? A hospice worker once told me, "You know, I drive up to a patient's house. I turn off the car. I sit there for a beat and try to forget everything I know, and then I walk into the patient's home with that kind of openness." We're not talking about being stupid here. There are skills that we have as caregivers that are essential, but this kind of openness, this capacity to accept the unacceptable, to acknowledge that you really "don't know" is also essential.

The second tenet is "bearing witness." Bearing witness is an experience of being present for what is happening, really being present for all of it. And the third tenet Glassman Roshi calls "healing" or "loving action," meaning how we can serve all suffering beings.

DR. EDWARD W. BASTIAN A moment ago, you mentioned "pain" and "suffering." What is the difference between the two in Buddhism?

JOAN HALIFAX ROSHI *Pain* is mental and physical discomfort of varying degrees and *suffering* is the story around the pain. As a Buddhist, I hope to be able to say with discernment, "I am in pain, but I am not suffering." This is a very different perspective than we usually have, and one that can be very beneficial to the one who is in pain. *(See Joan Halifax's "Practices for Transforming Pain and Suffering" on pages 179–186.)*

There are many good practices for working with pain around the experience of dying: relaxation techniques, breath practice, concentration and observation of pain, letting go into the pain, objectifying the pain, moving attention away from the pain, considering others who have pain like we do, living with our pain with great equanimity, and making pain a teaching on impermanence, strength, and compassion.

DR. EDWARD W. BASTIAN Would you say more about some of the practices that support one in the dying process?

JOAN HALIFAX ROSHI Well, first there are the values that support us. Living an ethical and wholesome life supports one in the process. This is really hard if you are suddenly diagnosed with a severe illness. You know you are heading toward active dying, and you have made a whole mess of your life, you have got a long list of debts, so it is a lot to work with. But you can still start to think of others before yourself. Practice generosity. Give away the things that you like, that you are attached to. Death is going to take them anyway. Use hardship to build patience and perspective. Contemplate the truth of your mortality and feel grateful for what you have now. Develop a positive and realistic image of dying. In the Christian tradition, medieval monks used to whisper into one another's ears, "Remember death," as a spiritual practice. In the Buddhist tradition, we work with the interdependence of two components: wisdom and compassion, *strong back, soft front*. One practice teaches us the truth of impermanence; the other practice nurtures equanimity and compassion. *(See Joan Halifax's "Practices for Transforming Pain and Suffering" on pages 179–186 and* Facing Loss *in "Practices for the Caregiver and the Bereaved" on page 225.)*

Some of the Buddhist practices that support the dying process are stabilization and insight practices, practices that are about developing positive qualities, like loving-kindness, compassion, joy, and equanimity. In meditation, we actually guide our thoughts and behaviors according to our attention, producing states of mind that positively affect the immune system, reduce stress, and support a capacity for an individual to bend with life more easily.

The development of enduring attention is very important. We are kind of an ADD[7] culture, but a capacity for staying on point is really necessary in the dying process. Without this basic life skill, a person is going to have a hard time being present to their own dying or for someone else who is dying. So this capacity to practice open presence and enduring attention is very important. At first it takes effort, but after a while, it becomes effortless. *(See Joan Halifax's* Giving and Receiving: A Practice of Mercy *in "Practices for the Caregiver and the Bereaved" on page 209.)*

In Buddhism, we engage in various practices that are conducive to deep compassion and mercy, such as *tonglen*, exchanging self with other, where we really allow ourselves to see through the eyes of the other; to feel the pain and suffering of another and to bring it into our whole body, mind, and heart-field. This kind of practice strengthens our unselfishness and fosters compassion.

More esoteric practices, particularly from Tibetan Buddhism, relate to the bardos, the phases through which we pass in death, states of consciousness; sleep and dream practices; death-point and clear light meditations; and consciousness transference at the time of death, called *powa*. On one of my trips to Mount Kailash, I saw an old man doing powa. Buddhist teacher, Chagdud Tulku Rinpoche,[8] was insistent that his students learn the powa practice.

It is an important practice that you do at the time of the death or to assist someone else in his or her transition between life and death. *(See Joan Halifax's "Meditations and Preparation for the Moment of Death" on pages 187–206.)*

From the Zen Buddhist perspective, of course, it is simply using our daily life as practice—changing a bedpan, and doing it not as something that's aversive, but actually as a mindfulness practice—seeing it all as practice.