

# Death: A rewarding experience?

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eah, right! But that is the central thesis of 3 books published within the past 2 years on the care of the dying.<sup>1-3</sup> It is also the main idea in a major work by Buddhist teacher Sogyal Rinpoche<sup>4</sup> and in the most recent book by Scott Peck.<sup>5</sup> Is it wishful thinking, an overdose of the warm fuzzies, blatant denial? Or is there something here that we have all been missing?

To take the Buddhist point of view first, Sogyal Rinpoche says that the denial is all ours in the West and that we also have heavy doses of wishful thinking when it comes to death and to life.<sup>4</sup> He starts with the point of view that we should first fully accept that our own death is certain. The only uncertainties are when and how. And the more we can fully accept the certainty of our own death, the less our worries about when and how will have the power to control us. What flows from this is a wider and longer perspective on life — greater openness to change and a greater desire to contribute to events and people outside ourselves. Investing purely in our own narrow identities loses its attraction when we realize that we really do have built-in obsolescence. It was presumably to remind themselves of this salient fact that the monks referred to in James Joyce's "The Dead" regularly slept in their own coffins. Rinpoche also says that this acceptance changes our general attitude toward our own death and other people's. We stop denying it or hoping we will somehow scrape through when the time comes and start doing something to prepare ourselves — a kind of pre-emptive spirituality.

Scott Peck, a physician and psychiatrist, sees the same truth from a Christian and Western perspective.<sup>5</sup> He believes that

facing the emotional pain of our own death and the fact that we are all in a sense "dying" initiates a necessary and healthy grieving process for our current and anticipated losses. In doing this grieving we do suffer, but we also grow and become more free emotionally and spiritually. We also stop running away from other people who are dying and start doing what we can to help and support them.

Ira Byock,<sup>1</sup> Michael Kearney<sup>2</sup> and Christine Longaker,<sup>3</sup> each in slightly different ways, show how rewarding this helping and support can be, for both the dying person and the helper. Byock begins with his father Sy's death. Sy died with courage and dignity at the age of 62, which gave Ira a precious gift — his life's work. In a series of stories he tells of the rewards of dying well. What is extraordinary is that this does not fit the conventional myth of what successful palliative care looks like. Take, for example, Byock's story of Terry Matthews, a 31-year-old mother of 3 young children who has metastatic

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*Family*, by Robert Pope (1990). Acrylic on canvas, 91.4 × 121.9 cm.

renal cell carcinoma. Terry rages against the dying of the light. She requires huge doses of morphine (more than 100 mg/h) to control her pain, and even at that she cries out in the night until finally she is sedated with intravenous barbiturates. She never lets go, gives up or seems to accept her dying. And yet when she dies her aunt Clarice says, "We all grew so much in this. I feel like Terry brought us all together. We're gonna take care of those children, don't you worry." Other stories, although less harrowing, are equally powerful. People find forgiveness, love and a sense of completeness that was often missing from their "normal lives."

Kearney tells similar stories but with a more specific point of view and a technique for helping. His basic point of view fits well with Sogyal Rinpoche's. The problem for dying people is the controlling ego. Let go of that and our deaths (and lives) become a gift because healing, inner resources become available from deep in the psyche. Kearney uses a visualization technique that helps dying patients let go of their control and be open to the gift. Longaker is a declared disciple of Rinpoche's and says that suffering comes from attachment. Like Kearney, she believes that the main task for the dying person is to let go of that attachment. In her world the help that then becomes available is more like light and clarity shining from above rather than healing welling up from the depths, but the difference is not crucial at the end of the day. In both books support from other people and surrender are the keys to a rewarding death.

These 3 books clearly have a message for how we in the West view and deal with death and dying. Palliative care has a crucial spiritual and interpersonal dimension. We need training and expertise in these aspects of deal-

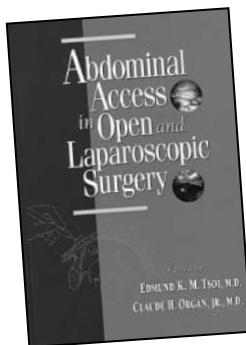
ing with dying people. Facing death may also have a message for the living. If support and surrender work so well for dying people, surely they also make living rewarding for people who are not actively dying? The freedom of finally admitting to a friend that you really cannot control your children, your spouse or your boss? What about illness? Instead of simply being a problem that has to be solved or cured, is illness also a door to a spiritual reward? Do we, or can we, help people find such a reward? Support groups based on the idea of surrender have been extremely successful in one disease — alcoholism. What about similar spiritual support groups for people with other chronic illnesses? Do physicians have a role to play here? Do we need palliative care for the sick and not just for the dying? Is this a Pandora's box, or a growth industry, or perhaps the needed balance that Western technological medicine has been missing?

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