

**"A Buddhist minister looks at end of life experience"**  
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*To live in this world, you must be able to do three things.  
To love what is mortal; to hold it against your bones as if your life  
depended on it; and when it is time to let it go, to let it go.*  
Mary Oliver

This poem by Mary Oliver addresses in the inimitable way that only poetry can the concerns I wish to reflect upon today in our time together. In my role as hospital chaplain I have the privilege of being able to be with the dying, for whom the intersection of mortality, meaning, hope and despair reaches a point of tremendous intensity, sometimes leading to great clarity and peace as well. Although these reflections are informed by a lifetime of Buddhist practice, I speak first and foremost as a fellow traveler, a sister mortal.

Every person, in the event of a terminal diagnosis, and in possession of the cognitive capacity for awareness, experiences a deep confrontation with mortality, woundedness, and questions of meaning, value, and reconciliation. And regardless of one's religious affiliations and beliefs, or lack thereof, these questions are fundamentally spiritual in nature. They include such questions as: What, in my life, has been of greatest meaning? Does my illness, suffering, dying, have any meaning? What do I want my dying to be like?

Many of us think about these questions on occasion, and some of us do so quite often. But they become a matter of great urgency for those approaching death. This is the spiritual work of the dying. And though people often *want* to talk to their caregivers, be they professionals or intimates, about these great questions, this is not an easy thing for many of us, because inquiry into such questions can make us uneasy, uncomfortable, and bring up our own mortal woundedness.

And though this work can happen in any setting, it can be especially challenging to create the conditions for these kinds of

conversations within the medical environment, precisely because these concerns are beyond the reach of empirical science, and cannot be quantified, managed or controlled. And so making a place for these concerns within the medical model of end of life has been a difficult and haphazard endeavor. This is what palliative and hospice care seeks to redress in the care of the dying.

Most of us are deeply attached to life. We respond almost instinctively to the threat that advanced illness poses in a way that wishes for it to just not be happening. There is almost always anguish, loneliness, and lament. But these experiences can also become a thirst, a thirst for meaning, and for transcendence. I think one of the most fundamental and complex questions is how to live with our anguish—not seeking to run from it, deny its power, numb out to its impact, succumb to the numerous forms of addiction and escape, but rather somehow discovering the meaning inherent in our crying out, in our anguish.

Certain conditions are needed for this delicate process of listening to our anguish to yield fruit. Tenderness for one. An open, almost empty listener, another soul who can meet whatever is arising with acceptance and without judgment. And in the alchemy of such a relationship, wholeness happens.

Where can one look for hope, meaning and peace of heart in such moments?” What I have found in countless conversations with the dying has been this: meaning is the hope and the healing of the dying.

In working with the dying we need to create an atmosphere that supports the search for meaning, for value. Thus, in palliative care and hospice setting one often hears the question asked “In the time that remains, what is most important to you? “ The answer to this question may surprise us; it may contradict our own values and deeply cherished beliefs about what is important. For some of our patients it is “fighting” to the end, even if it means dying in an ICU setting with invasive procedures or tubes and machinery that make physical closeness impossible. But being a “fighter” has been what has always

defined such a person, and maintaining that personality characteristic until the end is what is most important. For me, I'd really prefer a death supported by a community of wise meditators who could help to create and protect a peaceful space for my transition to whatever comes next. For one patient of mine it was to write letters to her young children to be given to them at significant moments in their growing up such as graduation and marriage. And for another, a basketball coach, it was to sit on the couch and watch March Madness with his family. For another, it was to find forgiveness in her heart for a husband who had sexually abused his children. For another, it was to give away her pearls. The list is as varied and inventive as we are.

What gets in the way of these explorations into hope and meaning is not only the medical focus on cure and treatment but also our own very human wish to avoid the pain of loss. So much of my work with the dying is simply to educate, facilitate and guide patients and families in opening up to this natural cleansing, healing and clarifying process called bereavement.

In a culture dominated by the ideals of objectivity and reason, tears are a matter of shame and so they are censored from public display. What I have observed is that the tears are almost always cleansing and healing, and that the grief process is part of an intrinsic human wisdom that enables us to metabolize our losses and live fully, no matter how many days that will still be ours. The Eastern Christian tradition talks about this as the "gift of tears."

Visiting a patient who had been given a terminal diagnosis, he described having the experience of a great anxiety setting into his mind. Thinking of my own terminally ill elderly dog, who simply carries on without the slightest indication of anxiety, I commented that it seems we are the only species which is burdened with knowledge of our mortality, to which he quipped in reply: "you mean if I was a dog we wouldn't be having this conversation?" The laughter gave way to tears, the tears to a fuller exploration of this man's fears, and so on. In other words, together we created an environment in which the full range of

complex and contradictory feelings could be voiced. I later printed out and gave him a copy of this poem by Wendall Berry that you may know, titled "The Peace of Wild Things."

*When despair for the world grows in me*  
and I wake in the night at the least sound  
in fear of what my life and my children's lives may be,  
I go and lie down where the wood drake  
rests in his beauty on the water, and the great heron feeds.  
I come into the peace of wild things  
who do not tax their lives with forethought  
of grief. I come into the presence of still water.  
And I feel above me the day-blind stars  
waiting with their light. For a time  
I rest in the grace of the world, and am free.

The wild things that "do not tax their lives with forethought of grief" seem to have a better deal in some ways than us! And yet, where would we be without our grief? It seems so fitting to thrash and wail for the loss of our lives and our loves. Even as a Buddhist, a tradition that values equanimity, I would hope to give room to all the emotional turmoil en route to a more even heart and mind.

The spiritual needs of the dying can be understood in many ways, but for me they are deeply relational. When asked what is most important, almost to the one the dying people I have counseled have responded that it is their relationships that give their lives meaning. In the end, it is the love we have given and received, that will give us hope, meaning, and spiritual peace.

One practice that I regularly share with my patients is that of the loving-kindness meditation of the Buddhist tradition. In that practice, one sends wishes for well-being, safety, and peace to others as well as to oneself. Both parts of this practice are equally important. For many people, the ravages of illness can impact one's sense of value and worth. Feelings of being punished by a vengeful god can predominate; or feelings of unworthiness can surface because of needing so much help and support from others, for not being able to fulfill familial obligations,

or participate in the usual roles of spouse, parent or breadwinner. Thus, sending loving-kindness to oneself can be an important counter message. Likewise, recognizing that illness does not have to destroy one's ability to give to others is a deeply healing recognition for many. Offering thoughts of loving-kindness to beloved family members and friends, others who may be suffering similarly to oneself, and on out in ever widening circles of inclusion such as animals, the community, and the planet, provides a profound opportunity to open the heart to others even within the confines of one's bed.

Another popular description of the spiritual needs of the dying has been formulated by a palliative care doctor, Ira Byock, thus: to say "I love you," to say "Thank you," to reconcile any brokenness in relationships by saying "Please forgive me" and/or "I forgive you," and finally, to say "good-bye." The expressions of love and gratitude I have witnessed have been extraordinary. These tasks seem to come the easiest for most of us. The reconciliation of broken relationships, the seeking and offering of forgiveness seems much harder and more rare. Likewise with the spiritual task of saying goodbye. Since many patients are very uncomfortable with the finality of that word, I will often point out that it comes originally from the blessing "God be with you," and that in saying the other three things, one is in fact offering one's blessing.

But all of these needs ultimately can be subsumed under the greatest spiritual need of all: to be at peace in one's dying. And in affirming meaning in any of the ways described, in thus finding a source of hope that is rooted in a reality deeper than the physical limitations of the body, people can and do find fulfillment of that deepest spiritual longing. To be at peace.

Let Evening Come

Let the light of late afternoon  
shine through chinks in the barn, moving  
up the bales as the sun moves down.

Let the cricket take up chafing

as a woman takes up her needles  
and her yarn. Let evening come.

Let dew collect on the hoe abandoned  
in long grass. Let the stars appear  
and the moon disclose her silver horn.

Let the fox go back to its sandy den.  
Let the wind die down. Let the shed  
go black inside. Let evening come.

To the bottle in the ditch, to the scoop  
in the oats, to air in the lung  
let evening come.

Let it come, as it will, and don't  
be afraid. God does not leave us  
comfortless, so let evening come.

--Jane Kenyon