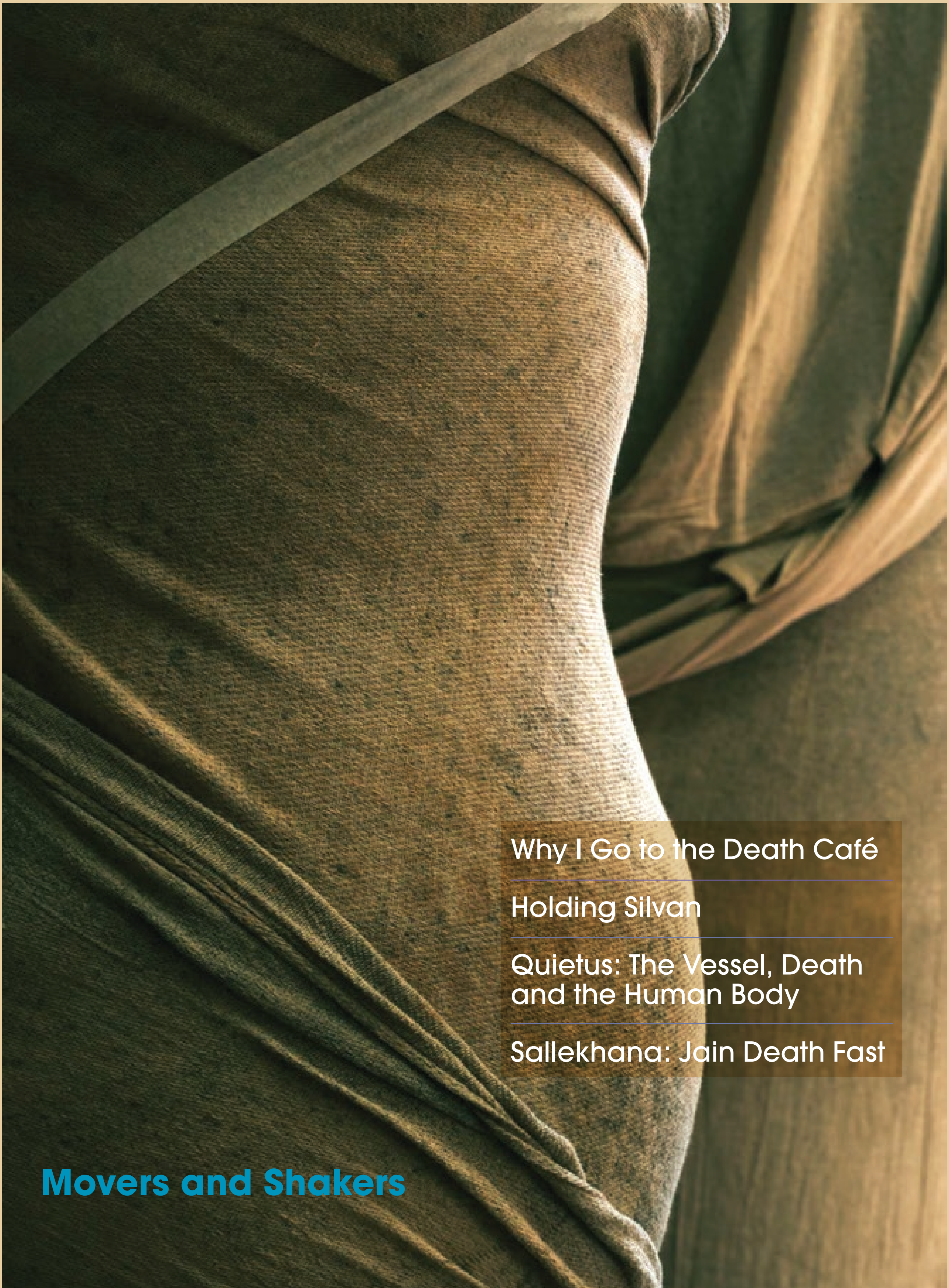
Natural Transitions

Conscious, holistic approaches to end of life

Volume 3 Issue 3



Why I Go to the Death Café

Holding Silvan

Quietus: The Vessel, Death and the Human Body

Sallekhana: Jain Death Fast

Movers and Shakers

FINAL PASSAGES

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Jerrigrace Lyons, Founding Director of Final Passages, is a trailblazer in the new field of home funeral guidance. Since 1995 she has trained hundreds of students in a sacred approach to conscious dying, natural death care and family-centered funerals. Many of her graduates are now leaders in the home funeral movement. Jerrigrace is one of the founders of the National Home Funeral Alliance and now an emeritus board member. She is featured in the acclaimed PBS documentary "A Family Undertaking."

Final Passages is a non-profit educational 501c3 dedicated to compassionate choices in conscious dying, natural death care, family-directed home funerals and green burial. Our work has appeared in major newspapers, television and in film. www.finalpassages.org

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On the Cover:
Monumental clay pot from Quietus exhibition
by Julian Stair

"There is something about clay that is elemental. Many creation myths refer to the forming of man from clay; it's the stuff of the world we live in, it's what we walk on. Taking that material which symbolises our origins and then making vessels to house the body to take it back into the ground creates a wonderful kind of circularity."

EDITORIAL

The Courage to Be with Death

by Karen van Vuuren

Editorials customarily address the current issue of a publication, so forgive me for starting off by writing about a past issue. The theme for *NTM* 3.2 was "Responding to Crisis." How difficult that can be, considering all the variables coupled with the inability of those in the trenches of grief to think and make decisions! Not long after that issue came out, deep sadness rippled through our school community when a seventh grade student was swept to her death in the torrents of Boulder Creek. Thirteen-year-old Sophia DuBose died after the family vehicle crashed into the creek after hitting a car that had stopped to avoid a bear in the road.

Two members of our school community learned that the parents were on their way to the mortuary to "make arrangements." They sensed that the family was open to ritual that could reconnect them to their child who had been carried away—first by the river, then by the coroner—for a legally mandated autopsy. If they were to hear information about a different, potentially more healing way of marking this tragic event, it was imperative to head them off before they walked through the funeral home doors.

Outside the mortuary, parents and friends listened as Natural Transitions' advocates painted a picture of possibilities. There was no barrage of questions. (Questions can be overwhelming for people in shock.) Instead the family simply heard, "You can go to the morgue and get Sophia when the coroner is done. You can take her home."

The emphasis of the article "Looking at the Dead" in the last issue of our magazine was on the importance of offering those who are suddenly and tragically bereaved the opportunity to make an informed choice about viewing their dead. Supported by caring, courageous members of their community, this family chose, unequivocally, to reclaim their daughter.

Fear is the reason for our disconnection to death. It takes courage to change attitudes and conventions that are rooted in fear. Imagine the courage—and the love—it took for Sophia's family to retrieve their daughter from the morgue. Imagine the courage and incredible capacity for service of the school parents who stepped in and assisted the family in laying out their precious child. The result was a most beautiful and profound vigil and memorial.

In this isue of *NTM*, Lee Webster features just a small selection of the lesser known, courageous movers and shakers who are working to change the paradigm that surrounds death, inviting us to overcome our fear and reestablish an affirmative relationship to our mortality. The anthropomorphized funerary art of potter Julian Stair provocatively asks: What is your relationship to death? Jon Underwood's Death Cafe idea has proliferated beyond his wildest imagination ("Why I Go to the Death Cafe" by Holly Pruett). This issue of *NTM* is about bringing death into view and responding to it in the most heart-centered way, lest we forget that it is part in life.

Karen van Vuuren

Natural Transitions

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OUR VISION
- Acceptance of death, loss, and grief as a natural part of life

OUR MISSION
- To share holistic approaches to end of life
- To provide a forum for end-of-life caregivers and educators

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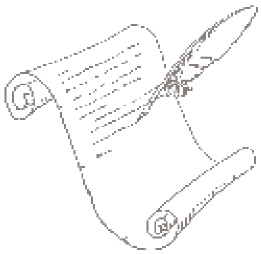
Look at the Dead: The View from the UK



Natural Transitions has always focused on building community. With that goal in mind, our Community Forum page is to encourage communication among our subscribers and within this movement for more conscious, holistic, and greener approaches to end of life. We welcome comments on the articles and sharing news and inspiration from your part of the world! Email your letters to mag@naturaltransitions.org.

From my experience, everything in the article "Looking at the Dead: Can We and Should We See Our Departed after Sudden Traumatic Death?" (*NTM* 3#2, excerpted from a *British Medical Journal*) is true. I know this from our experience here in the UK, as green funeral directors, gently leading shocked people into the presence of the dead, unembalmed, unadorned, undisguised from the truth of death. It sounds brutal, but it is quite the opposite.

When someone dies, even when it is an expected "normal" death at a good age with a clear trajectory and minimum discomfort, almost immediately the bereaved experience a profound disconnect between the head and the heart. The head hears the information and repeats in a loop: "They are dead. This is it. I will not see them alive again." But the heart rebels as that faithful, passionate protective child of our psyche. It refuses to believe, even though the pre-shocks of incoming death may have been felt for months, even years before death.

We need to reunite the head with the heart, to bring them together gently, in the same space. We do this is in the presence of the dead; we see them, feel them, and sit with them, while our blurred selves gently reconfigure.

In the UK, we are lucky that we still deal with death in a very open way. My wife, Claire and I have no official qualifications. Our training has been with the families, brave and generous enough to invite us to share this most intimate of times. Our practice is based on the *Natural Death Handbook* and our gut instincts.

We have never embalmed. Modern refrigeration makes it unnecessary. We also feel that embalming is psychologically damaging, producing a strange simulacra of the dead who looks weirdly alive, waxy and unmarked like the haunted imaginings of a schizophrenic delusion, a person replaced with their unconvincing double.

We've been tested in these beliefs. I remember a man who killed himself, violently, whose best friend demanded I open the coffin. I remember the anguished, angry three-way conversation between us: myself, the friend, and the mute awfulness of the sad corpse. I remember the wife, cradling the discolored face of her husband, undiscovered for several days. I remember her deep gratitude that she was allowed this last intimacy. As if I or anyone else had the right to deny her this.

We gently hold these people who come to verify these physical truths; we warn them, explain what they will see, offer them many chances and much time to reconsider. We wait, while they think—and think again. But all those who choose to step into the room to see their friend or child or spouse emerge grateful.

Rupert Callender and his wife, Claire own and operate The Green Funeral Company. They were 2013 joint winners of Green Funeral Directors of the Year Award from The Good Funeral Guide, UK. The new fifth edition of the Natural Death Handbook *is available only through the Natural Death Centre, UK, at naturaldeath.org.uk. (Amazon carries older versions.) Contact them at thegreenfuneralcompany.co.uk.*

Why I Go to the Death Café

by Holly Pruett

When brain cancer ended my father's life just shy of his 65th birthday, I made a bargain with the universe. You took my father, I said, but no one else. No one else I love can die. Of course, that's the kind of bargain the universe is no good at keeping. I know that I will die; so will everyone I love. And that's what brings me to the Death Café.

Death Cafés are part of a global movement whose aim is to increase awareness of death with a view to helping people make the most of our (finite) lives. At Death Cafés, people drink tea, eat cake, and discuss death. It's as radically simple—and deeply complex—as that.

According to deathcafe.com, the international website that supports this all-volunteer social franchise, over 700 cafés have been offered since Jon Underwood and Sue Barksy Reid created the first one in London in September, 2011. Inspired by the ideas of Swiss sociologist Bernard Crettaz, Death Cafés are now taking place across Europe, North America, and Australasia.

In the Death Cafe there are no hierarchies.
We all meet simply as people who are going to die.

I first heard about Death Cafés from Kristine Bentz of Sweetgrass Ceremonies in Tucson, AZ. My funeral celebrancy instructor (through the Celebrant Foundation and Institute), Kristine is a self-proclaimed "rites of passage activist." After her Green-Burial Meet-Up group had run its course, she was looking for a more dynamic format to engage with others in her community. She connected with Jon Underwood, a British web designer who had co-created the model, and with Lizzie Miles, a Columbus, OH, hospice social worker who'd brought it to the United States. I also got in touch with Jon and Lizzy.

I had been talking with a hospice chaplain and a death midwife about how we might combine our talents to offer something in Portland, OR—a workshop, we assumed, or a training. But a Death Café? The name was just offbeat enough to fit our community's "keep it weird" vibe. But a time to talk about death without any agenda, without experts, without any program or content except what participants brought to the table themselves? As we recruited other co-hosts, experienced facilitators who were comfortable with death, we were all humbled by the notion of leaving our credentials at the door and getting out of the way of the conversation rather than controlling it.

"There's an art to providing a Death Café well," says Jon Underwood. "The egalitarian nature of it is unique. Death Café hosts should make the event safe without being controlling; you need to straddle those polarities in a creative way. The model is non-directive. We don't have any answers around death and dying. We all just come to this with our questions."

If we build it, will they come?

Armed with Kristine, Jon and Lizzy's advice, we decided to take a step into the unknown. I recruited an iconic Portland breakfast spot as our first location and scheduled the event for a Sunday afternoon when they were not open for regular business. As co-hosts spread the word through their own networks, an astonishing 100 people expressed interest in attending—this based on zero advertising and no media coverage. The PDX Death Café was born. [PDX is the accepted abbreviation of Portland, OR.]

Before we knew it, 60 people were seated at tables of four, sharing why they had come to the Death Café. If asked to go indoors to talk about death on a gloriously sunny springtime day in notoriously soggy Portland, would you expect to describe the experience as fun, exciting, inspirational or enlivening? But those were some of the words participants used to recount their experiences.

The format consisted exclusively of sitting with three or four strangers and sharing why they chose to come to a Death Café. About half the tables included a host, but many were entirely self-facilitated, following the few general guidelines offered in our opening. Some chose to draw from the conversation-starters provided on their tables, and others generated their own flow from topic to topic.

When commenting on the most enjoyable aspect of the event, the majority mentioned some variation on "meeting new people and hearing their stories" or "feeling commonality and deep compassion." One said, "Talking about death in such a matter-of-fact way was a great way to connect on a touchy topic."

Nearly everyone filled out our two-page evaluation form, with 100% saying they would recommend the Death Café to friends or family. Ninety-five percent were interested in returning and 91% reported that "the event had a positive impact on me."

The Death Café is not intended to change people's views or even to make them more comfortable with the idea of death. Consistent with evaluations done by US Café pioneer Lizzy Miles, we found that many participants did not cite big changes as the strongest measure of their experience. While 52% agreed that they felt "more comfortable talking about death and dying now" (27% strongly agreeing), 35% were neutral on this statement, and 12% disagreed—several commenting that they came in already comfortable with the topic. Only 28% reported a change in their perspective on death and dying. Eighty-seven percent of participants reported that it "was helpful for me to meet people with different viewpoints," and 55% strongly agreed with this statement.

Since that first café, I've organized five others on a quarterly pop-up basis in locations including an urban winery, a residential social justice center, a Unitarian church, and a bistro (where the owners contributed a full meal). Each subsequent café has had 70–80 participants and a long waiting list. Without any systematic outreach, advertising, or news coverage, we have an email list of 450 and as many following us on Facebook. Over 70 volunteers have expressed interest in serving as café facilitators; we're now offering regular workshops to deepen our relationships with one another and practice the skills needed for this subtle role. New organizers have come forward, with another sizable café sharing our list and others proliferating in communities around the state. With interest seemingly still on the rise, we're now planning a Festival of Life and Death for 2015.

Death: the conversation stopper?

When Jon Underwood shared what he had in mind with his father-in-law, the response he got was: "The problem is, no one wants to talk about death."

Jon says, "He was wrong. For whatever reason, we're shifting as a society. The Death Café was the right thing at the right place at the right time." At the end of January 2014, the tally of events logged on the global site topped 500; the prior year's total had been 50.

"What has enabled it to grow," Jon says, "is the number of people who are passionate about talking about death, are willing to come along, and have enough energy to put into making it happen."

Jon's motivation for doing this volunteer work is personal. "It helps me to recognize that I won't live forever. This time is all I've got. Cherishing time with my three-year-old daughter and seven-year-old son—the stroke of a cheek or a cuddle is so much richer, knowing one day we'll be parted."

Kate Brassington, another young parent, was the very first person to contact me when I put up the PDX Facebook page last year. She wrote, "Earlier today I saw the story about Death Café on NPR's website and was immediately compelled to seek one out. I'm fairly young and fairly healthy, but death has always felt very important to me, and I've always been extremely concerned about the stigma surrounding the topic. For me personally, contemplating death is an essential part of leading a holistic, healthy life."

All volunteers have skin in the game. We recently asked a group of Death Café facilitators to write a few lines on why they chose to step forward. One said, "I was totally lost the first time I had to face the death of a person I was close to. Rather than the chaos and helpless feeling, I want to face the dragon and befriend it and enjoy or at least experience the ride when it is my turn to pass."

Another said, "I have worked as a hospice nurse, and now in elder care. I'm interested in deepening the conversation with others and for myself." Another said she seeks this role "because the conversation is important, life-affirming, validating, empowering, healing, and community building."

Not everyone is well-suited to holding the space for a truly participant-generated conversation. Jon spends much of his time these days in difficult conversations with well-meaning organizers around the world who stray outside the bounds of the model by offering specific topics, set questions, and guest speakers. As the thorough "How To" Guide offered on the web site explains, "Our view is that, when it comes to death, people have enough to discuss already."

Who attends?

Every Café we have organized to date has had a strong cross-generational component. The largest segment attending are those aged 55–74, but participation is not limited to the baby boomers you might expect. Women generally outnumber men by three to one. Typical of this least-churched corner of the country, most people describe themselves as spiritual or mark the faith/religion/belief system question on their evaluation form in individualized fashion such as: Unitarian/Buddhist, “became a witch at 30 while maintaining a cultural identity as a Jew,” “interfaith Catholic,” “naturalist/hopeful,” and “Christian/questioning.”

In a show of hands during the introduction to our first Café, roughly half to two-thirds indicated they worked in a professional or volunteer capacity with grief, death, or dying. Several reported afterwards how much they welcomed the opportunity to “let their hair down” and share their personal experiences and beliefs rather than those of their employers or clients. The students in the mortuary sciences program at the local community college are now encouraged to attend for extra credit.

As the Death Café Guide says, “In the Death Café there are no hierarchies. We all meet simply as people who are going to die. As such any facilitators who work around death and dying should be willing to leave their professional identity at the door.”

One PDX facilitator cites this as one of the best aspects of the Café. “I enjoy conversations that have truth and meaning for me and others. Since death is a great equalizer and nobody actually can be an expert, we can explore our thoughts and ideas without being wrong.”

To Jon, the notion that conversation about death “is the domain of professionals is completely wrong. Professionals have a vital role in the provision of services, but for the rest of us to think that we need to seek professional advice plays into anxiety about death being too scary. It makes people put it back into the closet. As death is pervasive, we all have a role in dealing with it. To deny our role is to push death into the shadows. That does damage to us.”

Empowerment emerges as a strong theme from each Death Café experience. There is a sense among participants that we are engaged in an act of courage—breaking a taboo perhaps, isolation, certainly. We laugh, we listen, we nod in recognition. Sometimes we cry. We witness for each other our fears and our sorrows and our attempts to get our arms around what has aptly been called “the full catastrophe” of life.

Why I talk about death

After our third large Café, Kate Brassington went home and made a video called “Why I Talk about Death,” now posted on deathcafe.com. Featuring visuals from the fill-in-the-blank writing prompts that had been on the walls of the venue, Kate’s voiceover explains, “I am interested in death and in dying, yes. And I want more than anything for us to talk about it. But this doesn’t come from a morbid place. ...No, my focus is on LIFE and on the living.” And then she offers a few examples:

I focus on the closeness brought to relationships of all kinds when people talk about their feelings surrounding death, an experience that invariably unites any two people on earth.

Optional Conversation Starters

Compiled by Kate Brassington, for a recent PDX Death Café

1 What should someone say, or NOT say, to someone who is grieving?

2 What life experiences have most influenced your current perspective on death?

3 If you could have a talk about death with anyone in the world (past or present), who would it be?

4 What are some ways in which death influences your daily life?

5 Before I die, I want to__________.

6 Imagine yourself on your deathbed. What would you feel proud of? What would you regret?

7 If you knew exactly when you were going to die, would that change anything for you? What?

8 It’s easy to think of ways in which death is “bad.” See how many ways you can think of in which death is “good.”

9 What do you want your legacy to be, and what are you doing to make sure you leave the legacy you envision?

10 If you could control one aspect of your death, what would it be and why?

11 If you could live forever, would you want to? Why or why not?

12 What’s the most recent realization or new thought you’ve had about death?

13 What’s something you know for sure about death?

14 What are things you do now to prepare for your death?

15 What aspect of death, if any, do you struggle with most?

16 Do you have any thoughts or feelings about death that you find particularly difficult to talk about with your friends and/or family?

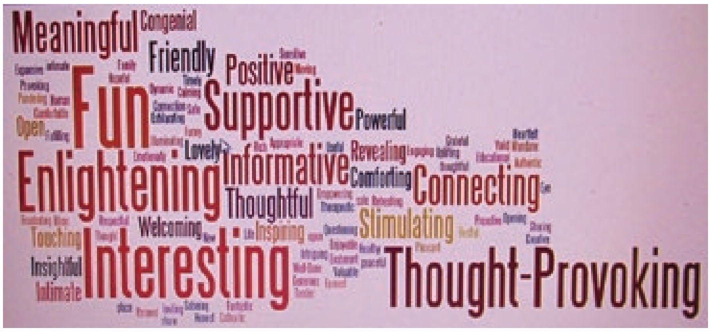
I worry about the crushing fear I see people suffering through as they approach their own death after a lifetime of seeing death as the enemy (if seeing death at all).

I worry about the elephant in the room, not just haunting the adults who choose not to talk about it, but also haunting, and often terrifying, the children who see it. And who know they're not to mention it. And who are left to their imagination to explain why.

I look to my own death, seeing it as a call to LIVE my life fully, like it's a giant billboard with the words, "You Are Alive!!" on it.

I look to the death of each person in my life, seeing it as a call to LOVE that person with all my heart, like it's a giant billboard with the words, "This is your chance!" on it.

For me, organizing the PDX Death Café has been one of the absolute highlights of my 25+ years as a community organizer and professional facilitator. Now that I've crossed into the latter half of my own life and become a Life-Cycle Celebrant providing ceremonial support at the end of life, I'm hungry for connections with others willing to look this topic squarely in the face. That hunger, clearly, is shared.



We all need community, especially around loss and mortality. Seeing so many people willingly open their hearts and minds to each other and the great mysteries of life and death is a profoundly moving experience. I am grateful to all who give themselves to it.

More than anything, though, I go to the Death Café to get ready. Ready for my death, the deaths of those around me, the deaths of those I serve, the death of control, the death of certainty, the death of regrets and fear, and all that holds me back from the full embrace of life. ◉

Holly Pruett, co-founder and primary organizer of PDX Death Café in Portland, OR, is a Life-Cycle Celebrant who has completed Final Passages home funeral guide training and is currently enrolled in Stephen Jenkinson's Orphan Wisdom School. Contact: holly@hollypruettcelebrant.com.

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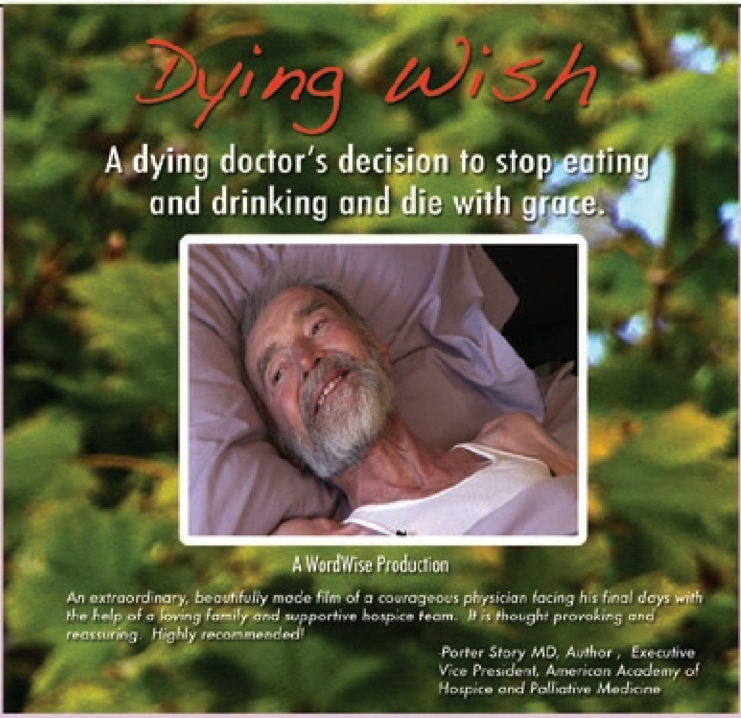


Spotlight on Movers and Shakers

People Who are Changing

People often ask me how I got started in this business. I usually reply, “Well, I’m not a funeral director, or a nurse, or a social worker, or a teacher, or a scientist. Actually, I’m a recovering English major.”

It usually gets a laugh, especially from fans of NPR Prairie Home Companion’s, Garrison Keeler, who never fails to point out that a degree in English, particularly one in literature, may be the least marketable major ever offered; yet no course of study feeds its students an intellectual diet of death as part of the human condition as unfailingly as Vonnegut, Chekov, Dickens, and the rest of their ilk.

And yet, as I’m speaking to college classes, permaculturists, faith communities, early morning Rotary, and anyone else who will listen, I understand on a fundamental level that most degrees don’t really prepare us to take up this topic. The work I do—educating the public about funeral options, home funerals and green burial in particular—is not a business; it is a vocation. And it’s hot.

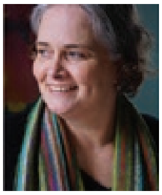
Yes, hot. Talking about death in public has become, of all things, trendy.

Death Cafés, Death with Dinner, Mortality over Margaritas (okay... so I made that one up), Living Life Dying Death Family Gatherings—all are organized to encourage open conversation about That-Thing-We-Think-We-Don’t-Like-To-Talk-About.

Except that we do. We DO like to talk about death. And it doesn’t take a degree to have a valid point of view on this one human thing we all share.

What it does take is imagination and a dash of gumption. For some, comprehending death is like trying to hit a moving target. Our brains function best when not in constant awareness of our shelf life on the planet. Sometimes, even though willing, we need to approach the topic on little cat feet.

Enter some amazing innovators whose provoking ideas are stimulating productive and cathartic conversations and movement toward more sustainable death practices. They are doing so through art, science, education, and social media in ways that are interesting, accessible, engaging, and—dare I say it?—fun. Meet a small sampling of the movers and shakers who are doing something about busting the conversation wide open.



I first met **Nina Thompson** at a Funeral Consumers Alliance meeting in Vermont. She slipped me a sheet of paper that gave a quick peek into her Wake up to Death Project. When we spoke a week or so later, I asked her how she had come up with the concept.

“It came to me in one complete flash,” she said. “I knew exactly what the project was going to look like, what all the elements were going to be, why it was important, everything.”

What would happen, she wondered, if we just paid a little more attention to the fact that we die? Her answer: Perhaps we would pay more attention to the way we live.

Thompson, who has extensive history in politics, the business world, and the nonprofit sector, saw not only a way to engage people, but the need to meet people where they live rather than expecting them to find her.

The project gathers and shares stories about death and dying, and makes them available in a traveling, interactive exhibit. Her team records stories from experts and everyday people that play in surround-sound as people enter a trailer that also houses contemplative hands-on activities and videos. The mobile unit can be parked on any given Main Street for days, and travel from community to community, recording and sharing as it goes.

Adjacent to the listening trailer is a large tent that acts as a portable community-gathering place, with tabling space for local organizations and room for workshops, presentations, films, discussions, or other community events.

wakeuptodyingproject.org

In Alabama, **Monica Williams-Murphy**, MD, author of *It’s OK to Die*, makes educated guesses about who might or might not die on any given day in her ER. She is also a leading force in imploring the medical community to begin reassessing criteria for advancing clinical interventions, often called heroic measures.

While her training has prompted her to do all she can medically to keep patients alive, her experience has taught her that sometimes the most heroic thing to do is allow a natural death that encourages family to be fully present during the last minutes, hours, and days.

With a compelling and entertaining style and stories that will never fail to move her audience, she suggests that patients and their families routinely make uninformed decisions about whether to choose medical intervention and for how long, under what circumstances and to what purpose, when the end result likely will be the same.

Make no mistake: Williams is not a proponent of physician aid in dying.

the Conversation

What she is promoting is an emerging discussion about how the medical community can offer more than one path toward addressing decisions around treating terminal conditions.

OKtoDie.com

Across the country in Washington state, **Ashley Benem**'s art exhibit, "The Art of Death: Shifting the Way We Look at Death," aims to bring death front and center in the Bellingham Majestic Ballroom in the fall of 2014.

A birth doula and death midwife, Benem is envisioning the event as a full-immersion art experience that will allow participants to explore their relationship with death through creativity and curiosity. The multi-sensory exhibit will focus on juried regional artwork that expresses death as an act of movement or transition. Included in the exhibit will be original display art, as well as live performances in dance, storytelling, music, and poetry.

Supporting the event will be organizations and agencies offering educational materials aimed at informing end-of-life choices: medical questions and care, living wills, DNR orders, information about legal concerns, powers of attorney, wills, cremation, burial, green burial, funerals, vigils, ceremonies, and religious and cultural services.

facebook.com/events/208397829362587

Heavy Man Rising and Falling *On display in Benem's "The Art of Death" show, this image is part of a series of works that revolve around a recurring alter-ego character named "Heavy Man." He is someone who deals with grief, sadness, and other afflictions, often becoming physically heavy and falling through floors or breaking chairs. This piece juxtaposes a moment of heaviness with a moment of grace. This image is a still "capture" from the video/drawing as it plays in the gallery. The video installation loops imagery of the character falling through space on the right and rising with the help of animated birds on the left.*

Want to be a lifetime learner? Enroll in **Karen Wyatt**, MD's End of Life University. Wyatt established EOLU to connect groups of death workers by broadcasting interviews that span caregiving, end-of-life preparation, advance directives, spiritual lessons, ethical concerns, and practical information about end-of-life concerns, the dying process, and post-death care and practices.

After attending her mother during her transition, Wyatt discovered that helping others cope with loss had become her passion. "I realized how important it is to find the deeper meaning in life and that the message I needed to get out to people was that we find more meaning when we accept the fact that we are going to die one day."

Wyatt's collection of interviews culminated in a weeklong seminar series in the fall of 2013 when 565 EOL "students" tuned in. Here's a sampling from 2014's roster:

- Deanna Cochran, RN, CHPN, author of *Accompanying the Dying: a Practical Guide and Awareness Training*
- Cassandra Yonder, MA, gerontologist and thanatologist, Canadian homesteader
- Betsy Trapasso, MSW, on starting death cafes
- Stanley A. Terman, MD, PhD, CEO and medical director of Caring Advocates
- Edgar Barens, filmmaker of *Prison Terminal*, about providing hospice care for terminally ill prisoners

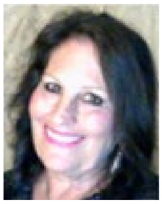
From her retirement home in Colorado, Wyatt continues to conduct interviews and weekly teleconferences that connect those who have devoted themselves to death work with those who are ready to learn. She writes about her experiences in her book *What Really Matters: 7 Lessons for Living from Stories of the Dying.*

eoluniversity.com

If you've heard about natural burial, you've no doubt heard **Mary Woodsen**'s statistics detailing how much embalming fluid, board feet of hardwoods, and tons of steel and concrete are buried in US cemeteries every year. She has recently updated those statistics to surprising results.

A science writer at prestigious Cornell University, Woodsen was the founding president of Greensprings Natural Cemetery Preserve, one of the first conservation burial cemeteries in the US. "It took us ten years from conception to opening Greensprings, and we learned a lot about how to go about it," she reports. "Now I get to share that knowledge and help local groups get started with their own projects by traveling all over the country as part of my work with the Green Burial Council."

greenburialcouncil.org
naturalburial.org



Speaking of natural burial, who remembers the 2005 HBO series "Six Feet Under" episode where Nate is buried sans casket or vault? The shroud he was buried in was made by **Esmerelda Kent**, Hollywood-born costume designer turned shroud-designer and owner of Kinkaraco™. Kent's keen design sense, love of high quality fabric, and lifetime commitment to organic living converge in the creation of shrouds that are both ancient and contemporary in intent and design.

The publicity Kent's shrouds received as a result of the groundbreaking TV series served to usher in the concept of natural burial to the American consciousness. She continues to be a top designer and producer of quality shrouds for green burial.

kinkaraco.com

Cynthia Beal has taken to the classroom at Oregon State University's Soils Department in the College of Agriculture to create an online program in cemetery management. Her Natural Ends Living Cemetery Project gives students a chance to get their hands dirty as they transform cemeteries into habitat for native vegetation and indigenous animals, and create open space for social and cultural exchange.

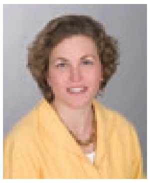
Beal is an entrepreneur in the best sense of the word. Her Natural Burial Company's Good Funeral Store has been one of the forerunners in providing biodegradable burial products—including wicker, bamboo, seagrass, and papier maché coffins and urns—made by crafters around the world, and her considerable energy is now driving a movement to produce these goods in the US.

She has designed funeral products such as the Shrouding Board™, the Caskit™, and the Earth Cell™, spurred by her background in natural product standards and business and by her deep interest in sustainable post-death practices.

Along with other notable cemeterians, Beal is senior technical advisor for the Sustainable Cemetery Management Group, helping existing cemeteries convert to natural burial, and promoting sustainable business models and burial spaces.

Last but not least, Beal manages the Natural End Map, featuring funeral service providers who have pledged to provide natural funeral goods and services.

naturalburialcompany.com
facebook.com/natural.burial.company
naturalendmap.com
natural-burial.typepad.com/digging_deeper



In the home funeral world, **Merilynne Rush**, former birth midwife and current home funeral guide of After Death Home Care, crusades to expose and balance the complexities of after-death work.

Rush, who lives in Michigan, a state that requires hiring a funeral director, brings an ethos of inclusion to the movement, encouraging the acceptance of blended funerals where families, guides, and professionals keep hearts open to the possibilities that home funerals present, rather than trying to over-define or place restrictions on what it means to have a home funeral. "We need to bridge the divide between people's preconceived notion of what has to happen when someone dies, about who can be involved, about how and where it happens, and keep all of our options open."

Rush is currently busy organizing Green Burial: Exploring Issues and Options, a conference that will feature open forum discussions, networking with professionals, and a demonstration to be held on the grounds of the Matthaei Botanical Gardens in Ann Arbor, MI, in the fall of 2014.

afterdeathhomecare.com

To prove that not all death talk is gloomy, meet bloggers **Caitlyn Doughty**, **Caleb Wilde**, and **Suzette Sherman**. Though distinctly different in style and content, these bloggers are reaching epic numbers of "deathlings" across all socio-economic lines with their witty banter, astute observations, moving essays, cunning videos, and absurdist and wrenching photo images.

What's the appeal? At a guess, I'd say it's the raw honesty. While some see their death posts as cavalier, a false bravado to disguise fear, or just plain

not circumspect enough (and many do), their followers—thousands of them on Facebook and Twitter alone—are confronted with the conversation directly, no euphemisms, no place to hide.

The result is a younger generation that is taking death in its stride rather than avoiding it. Baby boomers, savvy enough with technology, are reaching their come-to-grips-with-it moment with more tools and better connections than previous generations, too. Together, boomers and their hip progeny are taboo-busting their way to creating a more level playing field when taking on every English major's favorite theme.

Caitlyn Doughty
Order of the Good Death
orderofthegooddeath.com

Caleb Wilde
Confessions of a Funeral Director
calebwilde.com

Suzette Sherman
Seven Ponds: Embracing the End-of-Life Experience
blog.sevenponds.com

Email us at *Natural Transitions Magazine* about other movers and shakers you would like to see featured.

Lee Webster writes from her home in the Lakes Region of New Hampshire. She is current vice president of the National Home Funeral Alliance and the director of New Hampshire Funeral Resources, Education and Advocacy.

Teaching Careers to Access the Subtle Energies

Breaking into Light

by Tarron Estes

I have always been fascinated with death and the stories associated with "going home" and "returning to the Light." When I was very young, the paintings of Christ surrounded by a full body halo magnetized me. I imagined that God was Light. My longing to get closer to this light was stronger than anything I knew, and of course, at that time, inexpressible. The only reason I wanted to go outside and play was to see the sun hitting a leaf wet with dew and sending off rainbows of light, or to see a shaft of light falling through the limbs of trees.

I would practice feeling my skin as porous, the edges of what I called "myself" disappearing, so that I could be this light. Even though I had no words for this then, deep in the cells of my physical body, somewhere inside each of these living mysteries, I knew that Light, God, and Death were encoded within me; these were my holy trinity. It was death that seemed to hold a key to this special, subtle aspect of being human. Despite death's association with that "final exit," it became the focus of my longing. If death could get me closer to the Light, I wanted to go there.

Later in my teens, my fascination with death expanded as I learned more about its magical power as a portal of access to the Light. My father was a devout Christian, whose love for reading brought him to the works of the late Rev. D.H. Moody. One day I found my dad's copy of *Life after Life* by Dr. Moody and started reading it because the cover showed a person drifting off a hospital bed into a portal of light.

I was hooked! Sitting on my grandmother's couch, I read the entire book over the weekend while she brought me meals and cookies and made sure I stayed alive!

Published in 1975, *Life after Life* focuses public attention on the near-death experience NDE) like never before. Moody recorded and compared the experiences of 150 people who had died, or almost died, and then recovered. In his book he describes the results of decades of inquiry into the NDE phenomena and outlines nine elements that generally occur to an individual during an NDE.

A strange sound: A buzzing or ringing noise while having the sense of being dead.

Peace and painlessness: Dying people may be in intense pain, but as soon as they leave the body, the pain vanishes and they experience peace.

Out-of-body experience: A dying person often has the sensation of rising up and floating above his or her own body, watching as a medical team is at work. There is the feeling of being in a spiritual body that has been described as a living energy field.

The tunnel experience: Being drawn into darkness through a tunnel at an extremely high speed, until reaching a realm of radiant, golden-white light. Although those experiencing an NDE sometimes report feeling scared, they do not sense themselves on the way to hell or that they fell into it.

Rising rapidly into the heavens: Instead of a tunnel, some people report rising suddenly into the heavens and seeing the earth and the celestial sphere as these would be seen by astronauts in space.

People of light: Once through the tunnel, or having risen into the heavens, some experiencing an NDE have reported meeting people who glow with inner light. Often, friends and relatives who have previously died are there as well.

The Being of Light: After meeting the people of light, the dying often meet a powerful spiritual being whom some have identified as God, Jesus, or another religious figure.

The life review: The Being of Light presents the dying with a life review: they relive every act they have ever done to other people and come away feeling that love is the most important thing in life.

Reluctance to return: The Being of Light sometimes tells the dying that they must return to life. Other times they are given a choice of staying or returning. Most are reluctant to return. The people who choose to return do so only because of loved ones they do not wish to leave behind.

The work of Dr. Moody became the single most confirming source of my belief that being human is more than my skin and bones. I began to love death because it could take me out of this flesh into a finer, rarified, subtle reality. During my childhood and into my early adulthood, I felt like Alice in Wonderland who went down the rabbit hole, but I wanted to access the tunnel going up! I searched everywhere—mountains, valleys, foreign countries, teachers, the right food, community, dreams, moonlight, desert, ocean. Somewhere between then and now, my belief about the subtle realities turned to knowing. Along the way, that knowing has come and gone, though the longing remains. It is a longing for death that is life, light that is love.

Now, in my work as a conscious dying educator, I am called to remember this knowing and talk about it. So I ask:

Is there something inherent during the dying process that can transform our experience of ordinary reality,

something subtle and mysterious that is available to anyone?

Do we have to be a special kind of person to experience it, if in fact, it exists?

If this subtle reality exists, are its inherent features within us or outside of us?

Do we have to work hard, study, become saints to reach them?

Is subtle energy simply a myth within our religions?

Do miracles really happen now?

Why do people laugh or freeze up when a dying person talks about seeing God, or a dead relative, or an angel?

What is this subtle energy many people talk about when someone is dying?

Do we all feel it?

Are we attracted to it, like the moth to a flame, or do we turn away from this invisible, altered reality?

Many people are mystified, shocked, or "frozen" when they encounter the mysterious, subtle energy surrounding death. Nurses and caregivers helping people at end of life might witness something mysterious or inexplicable. Based on their faith tradition, they may believe in the existence of such miracles, yet have no confidence or authority to validate the dying person's experience. Caregivers may feel regret, guilt, shame, or confusion because they denied their own beliefs and lost access to the portal of transformation that appeared for them and for the one who was passing.

What if a traditional, clinical education included training in how to validate and support the experiences of those who speak of traveling back and forth between this life and the next? How would this impact caregivers and their ability to serve the sick and the dying if they were introduced to the subtle energy realms listed below and allowed to express their own understanding of them?

Accounts of subtle energy as factual reality have existed since the beginning of recorded time—experiences with angels, devils, fairies, elves, gods, heaven, the void, mysteries, colors, sounds, and miracles—a whole universe of mysterious events during life and death.

It doesn't matter whether you believe in these things or not. What matters is how you use this information to tap into these subtle energies to become fully human, fully conscious and present, integrated with all elements, visible and invisible. It is about becoming aware of human capacities as caring, healing beings to be of maximum service to those in emotional, physical, or spiritual crisis in life or death.

Subtle Energy Realms ©

1. Acknowledge mysteries
2. Be open to miracles
3. Acknowledge unexplainable events
4. Be aware of nearing death portals
5. Allow for the return of the ancestors
6. Validate the presence of departed loved ones
7. Honor the waiting in between
8. Protect the time of crossing over
9. Imagine breaking into light

Death is an especially valuable time for transformation and healing. Some people say that the veil between the subtle realm and our physical reality is so thin that with awareness and preparation, we can enter it along with the one who is passing. From this perspective, the dying person is like a beacon or a divining rod, receiving and sending signals that connect this life to the next. If we are open, we can feel this enhanced, subtle energy field in the presence of the dying one as the portal increasingly opens around the time of death.

What is this portal and can scientists describe these subtle realms? How can we learn to access them to enhance our wholeness, our interconnectedness, and our caring, healing ability? Dr. Jean Watson, internationally renowned nursing theorist, has integrated the work of many leading thinkers in the caring world to broaden our understanding of medicalized care and treatment to include healing versus curative care.

Dr. Watson identifies a fundamental life source—referred to as the unitary field of consciousness—that feeds us and connects us to our essential nature of love and compassion. This is a life-generative force field and the web of life into which our human and cosmic belonging to all life on earth and beyond is woven.

It is my experience that the portal of death amplifies our connection to the unitary field of consciousness, allowing us to access this powerful resource for personal and collective transformation. The transformation of human consciousness—the return and restoration of our innate caring, healing nature—is why I am totally in love with this thing called death. It is why I teach transformational conscious dying care. And why I developed the *10 Conscious Dying Principles and Practices* listed below. These, I believe, are supportive guidelines that assist us to enter the transformational portal and the subtle realms during the time of death.

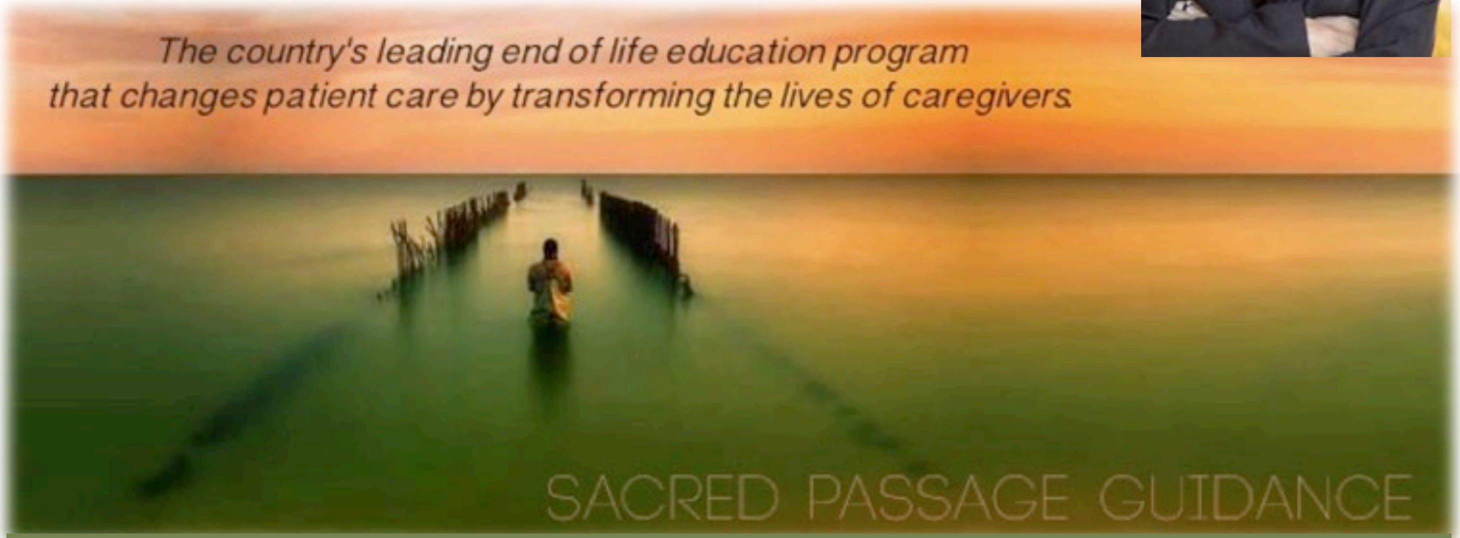
Tarron Estes is the founder of the Conscious Dying Institute, ConsciousDyingInstitute.com.

Conscious Dying Principles and Practices©

- Increase beauty, pleasure, contentment.
- Provide emotional and spiritual support.
- Initiate conversations about the dying process.
- Practice self-care to reduce burnout and emotional fatigue.
- Demystify the stages of the dying process.
- Acknowledge mysteries, miracles, and unexplained events.
- Learn how to be with intense emotions.
- Honor other's beliefs without allowing them to threaten your own.
- Be a steward of conscious deaths.
- Attend at bedside. No one dies alone.

Conscious
Dying
Institute

Restoring death to its sacred place in the mystery, beauty and celebration of life.
Tarron Estes, Founder



Expand Your Healing Gifts~Learn Complimentary Healing Therapies
Provide Emotional and Spritual Support
Learn to be with Intense Emotions
Feel Confident Talking About the Dying Process~Create Choice Guided Care
Be Open to Miracles and Unexplained Events
Demystify the Stages of the Dying Process
Be a Steward of Conscious Deaths ~ Attend at Bedside~ No One Dies Alone

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Phase 2 Tue, Oct 21 – Tue, Oct 28th

2014 Certificate Retreats

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Holding Silvan

Only nurses who agree with our choice for Silvan work with him. Perhaps these nurses aren't supposed to tell us how they feel personally, but now that we have public approval, more of them seem free to speak to us and this is helpful. One maternal-looking nurse with her hair up in a bun tells us that for seventeen years on this floor, she never questioned her job. For seventeen years, she accepted that her job was to save lives until the day she tried working at an institution for children whose lives had been saved. She no longer believes it is in the best interest of all children to be saved.

"They suffer," she says.

This is the refrain. "They suffer. They suffer."

"They suffer," says a nurse who sometimes works with children a floor above ours, children who spend their lives in and out of hospitals. She also knows from personal experience. As a delivery nurse, she'd once delivered a baby whose mother died in childbirth. Over time, she'd fallen in love with and married the widower and taken such meticulous care of his brain-damaged baby that the baby survived until age twenty-one. "He was considered high-functioning because he was able to roll."

This really sticks with us: "able to roll."

"He did know us, so there was that," she says, "but his only real pleasure was eating, eating also being a higher function. His favorite food was ice cream." But it was hard to feed him, she went on. It was her full-time job. Often she had to insert a feeding tube anyway. And eventually, despite the fancy wheelchairs and physical therapy and constant attention, he was terribly ill and it was discovered that his spinal deformation was cutting off his duodenum and this was the reason for his increasing pain and illness. Her own pain is obvious. "We had to starve him to death then, at twenty-one."

Another nurse says, "I would do what you are doing for my own child."

Another simply crouches at my feet, clasping my knees. "Let it out, let it out," she says as I sob.

Needing something to occupy his mind besides Silvan, David becomes good at guessing at the problems of babies around us. For example, one day there is a new baby. We can see him easily from Silvan's room. He is a big baby. Must be a term baby. Already on artificial ventilation. And here comes the woman who did Silvan's EEC, the one who was evasive. As she did with Silvan, she attaches electrodes all over the baby's head and stares at her computer screen for twenty minutes. David overhears a nurse describe the EEG as "flat." A very young woman shows up in a wheelchair then, looking dazed. Since the nurses are setting up a screen for privacy, we figure he's about to die. It's all happening very fast. We go on a break, and when we return the young mother is being wheeled away and her baby is gone.

I want to tell her that I empathize, but whatever I mumble comes out wrong, for she stares straight through me, stricken.

Her baby is dead whereas mine is still alive.

"It's hardest on the nurses," Nurse Kerry says, "when the parents aren't involved. At least with Silvan you can see that he is loved, but with those babies, it's the nurses who do all the work… ."

"Does it make you want to hold those babies less?"

"You want to hold them more," Kerry says. She tells us about one baby born without a brain at all. Those parents simply left the baby to die and never came back. "That was hard," she says, "because when the nurse picked her up, she didn't react at all."

Is a baby with no brain even human? I don't know, but I feel ill. I can't imagine leaving Silvan. I can only imagine letting him leave us.

"Tell him that you love him and will be okay if he leaves," Father B once said. "Tell him you're ready." Hospice had warned us that it would be a day or two at most, but the priest seemed to know to the minute when my father would go. How familiar this seemed, the priest summoned, the family gathered, how familiar from old paintings, and from the story Maggy had told me in college of her mother holding out for Easter; it is the good death that many of us used to aspire to. As we settled in a circle around his bed, my father searched our faces one by one, and the pale blue of his morphine-hazed eyes seemed anxious. Kim, only eighteen but somehow already wise about death, said, "I think he's looking for Mark."

"Mark is safe in heaven," my mother reassured my father.

My father relaxed, stopped his search, and closed his eyes.

Still he lay there breathing. On and on we sat. One breath, a pause, one breath.

Then Kim said, "It's okay, Daddy, you can go."

After the next breath, he was gone. His body sank and stilled like clay, while just above the surface something skimmed, a sense of breath, of light.

My mother, who slept each night next to my father in his rented hospital bed, my mother who would do anything I ask of her for Silvan, worries that our love

is only prolonging this agony. Silvan is now over two weeks old. Perhaps, she suggests, we shouldn't keep holding him so much if we really want him to go. Perhaps our holding him is keeping him alive.

This may be true, but it's what I want, it's what seems right for Silvan, and the nurses back me up. All day long we hold him; and at night, a nurse tells us, they vie for him on their shift. From nurse to nurse he is passed, nestled in the crooks of arms, as the nurses go about their work. "So you're the mother of the beautiful baby," a nurse says to me one morning, craning her neck to see me from the other end of the long sink where David and I and a bunch of nurses are all scrubbing our hands and arms. "No wonder he's so cute," she says, which is about the sweetest thing anyone has said until now, because it's so normal.

Another normal thing the nurses suggest is that we take him outside, away from the stale air and constant light and noise. After all, he's never been outside. They describe the hospital courtyard with its beautiful trees. Unlike some hospitals, this hospital has no palliative care ward. It's designed only for babies they're still trying to save; but they want to help, to make this dying as good as it can be.

The courtyard we find is a ring of backless benches around a u-shaped driveway; it faces a three-story helicopter landing pad. Hospital employees come out here to smoke and helicopters land with a deafening racket, and the grass is almost always too wet to sit on. Over time, it will depress us. But the first time we take Silvan from his room, we feel giddy and alive. We free him from his monitors (only monitors for his heart rate and temperature now, attached by sticky pads, "So he won't, you know," one most honest nurse admits, "die alone.") and we wrap him snugly and walk out of there.

He feels so small in my arms, so manageable, so mine.

As we pass other parents with babies still hooked to machines, they look up at us with distant smiles. Dr. A had wanted us in our own little room so we wouldn't envy the other parents taking babies home. But Silvan is the only baby I want and I have him, right now, in my arms. I want to tell them, "Don't envy us. He's dying," and yet I'm bursting with pleasure and pride. It's a crazy feeling. I'm triumphant. I'm ecstatic. Mother and child, we stop passing strangers in their tracks. "Oh, look at you," they coo.

Chance of Regret

On Silvan's twelfth day, the ethics committee meeting takes place in the basement of the hospital. What David and I are doing, we will later learn, is unusual. Prior to us, few parents have made this particular choice in this particular hospital. In a strange reversal from the time of Karen Ann Quinlan, most parents who come to ethics committees these days come to fight for the right to a miracle. But we are unaware of how we may be fitting into the arc of medical history; we simply have a feeling between us and are hoping we will have the language to express it.

Sister C leads us there from Silvan's room, David, David's father Larry, and me. David wants Larry there as a third, calmer witness to the proceedings. Sister C has lost her soothing tone in favor of a lighthearted efficiency. As she leads us into the bowels of the building, she banters about the latest improvements to the hospital. She leads us down corridors and into elevators and eventually into a large, windowless room. Despite fluorescent lighting, the room recedes before us into gloom. In front of us: three empty chairs. Seated around the conference table beyond our chairs, maybe twenty people, though it seems like more. We recognize almost no one. There is Silvan's sweet nurse Kerry, and an intern we know, Sister C, and of course, Dr. Z. The rest are a blur of suits and skirts. They are all silent, waiting.

The director of the ethics committee is a familiar-looking, older woman with graying, tousled hair. That helps. She invites us to sit. Friendly but businesslike, she introduces herself and asks everyone else at the table to introduce themselves one by one.

David has a pen and paper with which he draws a diagram of the table, where each person sits, who each person is—Dr. Z, Nurse Kerry, a medical ethicist, legal counsel, a lay person whose child once died in this hospital. David is still convinced that this will be a grueling debate and that he will need to knowwho his allies are, who his enemies.

I, on the other hand, am beginning to believe Dr. Z that this is for us. Considering my love for Silvan, it seems impossible that they will disagree. The night before, rounding the corner to our street after leaving Silvan at the hospital for the night, I felt my love for him rearing up inside of me on its hind legs like a bear with claws extended. No one can force me to make my baby suffer life.

Introductions over, it is our turn.

Despite his preparations, David is without a speech. He turns to me. "Do you want to start?" Yes! With that beast of love reared up inside me, I say, "No one in this room could want to feed my son as much as I do." In my breasts, I feel stirring whatever milk remains.

Now what? I think.

I have to stop and catch my breath, blow my nose. On the other side of David, Larry realizes he will not be the calm witness after all. Like everyone else, he will later tell me, he is tearing up. But at the time, I'm unaware of other people's emotions. I am aware only of my own words, that cocoon I need to weave around my son.

Since he came into the world through love, since he's been surrounded by it, I'd like him to leave knowing nothing else but love...

Without a speech prepared, I tilt between instinct and intellect. At last, I go with intellect. "What we don't know, however, is if he could eat if he tried. He seems to be sucking, but we don't know if he can coordinate sucking with swallowing and gagging. So it's possible he could choke and die. Or, if he can't protect his airway, that he'll get pneumonia and die. Or that he'll only be able to eat enough to prolong his starvation, which I think would be worse. And somewhere down the road, even if he can learn to eat, we'll have to make another decision. What if he gets pneumonia, or if his seizures return, or he stops breathing again? Where's the line? When's enough? So far he hasn't even known the discomfort of eating, gagging, gas, poopy diapers. All he's known in life is love. Since he came into the world through love, since he's been surrounded by it, I'd like him to leave knowing nothing else but love..."

Go on, I think, go on. I feel as though I've only made an introduction here, given the background. My voice has ended on an up-tone, expecting more facts, more persuasive logic, something to come out. But then I hear my final word: love.

It is not everything, of course. I feel deceptive for not having strayed beyond my love for Silvan, afraid to lose the argument if I appear to care for anyone but him. And yet, what is the difference between Silvan and me? The lines between us are still blurry, fresh as he is from my womb. When I close my eyes for a nap, I still feel that I am him. When I touch my face, I'm startled to find my own nose there. And anyway, in the incredible way of our marriage in this crisis, David is taking up where I left off. "I know firsthand what it's like to have a developmentally delayed child in the family," he begins. "My first cousin was born with a range of developmental problems, and I've seen how much her parents have had to struggle to raise her, the suffering of that family."

I am afraid. Indeed, there is fresh movement around the room. Questions. About his cousin's diagnosis. And what exactly constitutes parental suffering.

"It sounds selfish, but a part of me is relieved," David goes on, "that Silvan is as damaged as he is so that we can make this choice for him. Because if he was less damaged, of course we would take care of him. But I know what a toll that can take on a marriage, and on subsequent children, and on the whole community."

There is a nodding of heads. People seem to understand that Silvan is part of a larger community. What a relief this is. How much larger it makes Silvan himself that he is part of this larger family.

Now David is done and it's time for general questions.

First, someone asks if we understand that no prognosis is a hundred percent certain.

"Yes," I say, "but this one is certain enough that I would not want to gamble for a miracle and have Silvan suffer more because of it."

Dr. Z sits forward then and I stiffen. Will he say that we have to be more certain? Will he say that we always have to gamble on the side of life? After all, this is what some Christians say, as if staying alive is the greatest good, as if the longer we stay alive, the more likely we are to get to heaven. Instead, he says, "Do you have the support of your whole family in this decision?" For once, he is not using medical language. For once, he is not disagreeing. For once, he seems interested in us. Still I'm suspicious. Perhaps he thinks I'll be defensive and say, "Of course everyone agrees with us," and then he will know I've closed down real conversation. How wrong he is. I think of my father, home with hospice, trying to sit through a family dinner with a neck brace on because he hardly had the strength to chew, let alone to keep his head upright. Food kept running down his chin onto the cream-colored foam, until at last he turned to a friend of mine who was trying not to gawk at the pathetic scene, and teased her, "If you ever want to write about this, check with Monica first. I'm giving her the story." After dinner, he gave me a stamp, "To start mailing out your writing," he said. I think of my mother who married such a man, a man so honestly funny and kind even in his dying. How much I love her for marrying him. For her own honesty and generosity. Her tolerance of ambiguity. Her support. I look at Dr. Z triumphantly. "Not everyone in our family would necessarily make this choice for their own child, but they all support us."

Sister C weighs in then, as if to counterbalance Dr. Z. "Any decision born of love is the right decision," she says.

It is a lovely sentiment, though I doubt it's always true. But no one scoffs at her because love, I suppose, is part of what we're doing here. This committee is listening to the quality of our love, making sure that they recognize it as love, and that our actions are consistent with that love. This committee is not just about science and facts.

The mother whose child died tells us we are brave and unusual for coming here with this argument on behalf of our child.

Nurse Kerry agrees. "I'm learning a lot from you," she says, "from watching you love Silvan." She likes the boom box we've brought in for Silvan. She turns on music so she can dance with him around his room.

Then the ethicist asks if we are clear that euthanasia is illegal. What we are doing is not euthanasia. What we are doing is stopping a treatment that is futile—in this case, feeding—because feeding will not change the grimness of his prognosis, it will not keep him from dying of his condition. "Yes," we say.

He reminds us that morphine does not hasten death—it only palliates a death that is already coming.

Yes, we say, we understand.

We understand and yet we don't. We know Silvan has been trying to die since birth, through seizures, through forgetting to breathe. We know he should be allowed to die again. And yet, how is it that not feeding him is more compassionate than euthanasia? Why can we withdraw his food but not let him die in other ways? Later I will learn that this ethicist is a Catholic priest. Later, I will learn that the Catholic Church has been at the forefront of this issue for hundreds of years, providing much of our legal understanding of the balance between preserving life at all cost and considering the quality of that life. For the church, biological life is considered a "good," but not the highest good. According to the church, we are sacred not just for having bodies, but for having a relationship to those around us. Later, I will learn how our own advances in medicine have created a field of medical ethics out of what used to be a purely religious debate. I will also learn first-hand how ethicists may be able to navigate issues in the abstract while never living with the consequences, ethicists who might actually be made "queasy," as one put it, by the details resulting from allowing Silvan to die while agreeing that it was a moral act. I think Silvan should be allowed to die, but is this a good death? On this day, we are too overwhelmed for such probing. On this day, we're only looking for agreement on a decision that feels right for our son.

The director of the committee is now saying, "You will be relieved to know that this committee agrees unanimously with your decision. You've shown great understanding," she goes on, "of Silvan's diagnosis and prognosis. You clearly understand the challenges of caring for a child who would require around-the-clock monitoring for whatever remains of his life. And because feeding would only prolong a suffering you do not want for him and would not want for yourselves in the same situation, we agree with you that feeding is futile. So long as you understand that we cannot and will not practice euthanasia, we agree to proceed with the current course of treatment, including comfort care."

Again, we say we understand.

Then David wants to know if there could be any change that would force us to come back to an ethics committee meeting.

"No," she says.

"Not even if Silvan starts speaking in full sentences?" I ask. Though I joke, I can't help thinking this is possible in some dream world; I am relieved when people laugh.

Dr. Z does not laugh. He's not quite done. He leans forward, licks his teeth and says, "Is there any chance that someday you'll regret your decision?"

* * *

Excerpted from the memoir published by Hawthorne Books, *Holding Silvan: A Brief Life* by Monica Wesolowska. Reprinted by arrangement with the author.

Monica Wesolowska is the author of Holding Silvan: A Brief Life, *which was named a "Best Book" of 2013 by* The Boston Globe *and Library Journal and is now available in German. She teaches fiction and memoir writing at US Berkeley Extension. Read more at monicawesolowska.com.*

The Vessel, Death, and the Human Body

JULIAN STAIR'S Quietus

Julian Stair is a British writer and potter of international renown whose work ranges in scale from domestic to monumental. His pots can be seen in more than 20 public collections around the world. His first major solo exhibition, "Quietus: The Vessel, Death, and the Human Body," toured the UK in 2013.

Stair says he is not "religious," but he is interested in looking at how we deal with death in a secular way, mediating our difficulties with it. He describes Quietus—which consumed his life for four years—as "technically demanding. The work is extraordinarily difficult to make. Some of the pieces took nine months. I didn't realize how much time it would take to see it through its tour."

Stair's pottery is a symbolic response to transition. He emphasizes that he is concerned with the haptic as well as the optical experience of his art (*haptic*, from the Greek, pertaining to the aesthetics of touch.) The Quietus vessels appeared without the standard "Don't Touch!" exhibition signs.

Stair shared with Karen van Vuuren of *NTM* more about the motivation for his remarkable, provocative work.

~ ~ ~

Quietus was important to me in terms of my discipline as an artist, but also because of my view that art needs to reengage with life in a more meaningful way. Underpinning this was the idea that death is so profound, and yet, in our 21st century, we often deal with it badly.

Simon Critchley, author of *The Book of Dead Philosophers*, describes death as the "last great taboo" of humankind. Sexuality has been disinvested of puritanical or constricting social attitudes, but death is something that still causes consternation a lot of the time.

Our first child died unexpectedly during my wife's labor 20 years ago. It was a terrible shock to the system. I remember how we were trying to make sense of it, and when we were organizing the funeral, the music, for example, had an incredible part to play, as did the readings. But when it came to the material culture of the object—the coffin we chose to bury our child in and the place where we held the service—those left a lot to be desired. As an artist, I have a heightened take on these things, and it occurred to me that if we had such beautiful music and profound readings, why didn't we have objects that were equivalent to those other areas that could help to mediate and shape this incredibly important event?

As an artist, I take direct life experiences and combine them with my work. That's what I think art should do. Quietus exists in the art world as a formal body of work with a theme and a conceptual rationale, but for me, there is this strong connection with human life and social context.

The Quietus tour began at the Middlesborough Institute for Modern Art (MIMA), a modern, white-tube environment, pure and sterile. MIMA was "neutral" space. (Quietus vessels were placed alongside conventional works of art). The idea for the tour was to position the work in different spaces in order to get different readings of the work.

The next venue was the National Museum of Wales, a location that was about tying into historical precedent (where we reinterpret the past). Pottery is a part of human culture, and in Cardiff, I worked with an archeologist to bring cinerary jars from the Neolithic and Roman periods into the Quietus exhibition. My work also went into the archeological galleries. The intent was to create a context to reinterpret funerary ware in a contemporary way.

The third venue was Winchester Cathedral, one of the great Gothic cathedrals of Europe. Winchester is littered with tombs, chapels, and sarcophagi. It's a fantastic space with a history of mediating death with social rituals. (The cathedral contains the remains of St. Swithin and Jane Austen, as well as other notables who were buried there before the church outlawed the practice in the 19th century.) Quietus was on display in Winchester Cathedral in August and September of 2013.

The final venue for the Quietus tour was a strange place in London called the Dead House, which is a subterranean space in Somerset House (a UK government building) on the River Thames, on the site of a former Tudor palace. It is almost more crypt-like than a crypt—dark and dank, with niches and headstones in the walls. The atmosphere and presence are extraordinary, and it has a very different quality of space than the other Quietus venues.

The first room of Quietus at MIMA had the theme of columbaria (a take on Roman *columbaria*). Displayed were 130 cinerary jars, rising 30 feet up to the ceiling inside a massive gallery. All were of the right volume to hold the ashes from a cremation. The second room had the theme of inhumation (burial), and the third room was corpus (the body), with big monumental jars. The fourth was a pot on a plinth, which was Leslie, my dear, departed father-in-law's brother, whom I had known for 30 years. He was the proverbial uncle, there for every birthday. When he died, I asked my father-in-law if I could make an artwork out of him, a memorial.

> We should not just look with our eyes, but we should also appreciate with our hands.

Ceramicists use natural materials and, in their simplest form, these are chemical-based. Bone china is made out of bones, almost always cattle bone. It is burned and reduced to a pure chemical state that creates the porcelain material. I wanted to make a memorial for Leslie that encapsulated all my thoughts about art and death. So I made china out of his ashes and threw a funerary pot for him that would hold all the ashes I didn't use in the composition of the bone china clay. It was a jar where the memorial for him was actually him. I gave it the title "Reliquary for the Common Man," as he was a common man, a devout atheist. (I don't see why people who don't have faith shouldn't be accredited with spirituality, which Leslie certainly had. He was a humanist and a genuinely lovely person.) So, the final room at MIMA was Leslie's pot on a plinth with a film and an audio recording.

We had compiled a short video from home movies that the family had shot over the last 40 years, so you could see Leslie in motion. I wanted to animate him, so you saw him walking, talking, smiling at a barbecue, on a beach. He was in his eighties when he died, and I wanted to show the progression of his life from boy to man to older man. The third element in the room was an audio interview he gave about his life history, reflecting on his time as a political activist who never owned property because he thought property was theft.

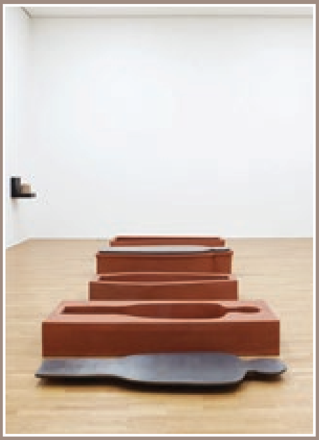
"Reliquary for the Common Man" had a profound impact on people. It made the exhibition human and real, a potent mix of art and life coming together.

Possibly the most gratifying aspect of the tour for me was that I was touched that people were touched, even hardboiled art professionals who had been in the business for a long time. A common response was, "I was surprised how moving I found it. It was really gratifying." I think art has rather lost touch. It's become removed from people's lives, become a literary, theoretical discipline. So coming back to the reason I make pots: It's because pots have this extraordinary potency as familiar things that are ingrained in our lives to which we have a strong attachment, like we often do to a favorite coffee or tea mug.

Pots are at the center of people coming together, and I think art needs to reengage a bit. It's not as simplistic as making functional work. Pottery is a human discipline, from the role it has in our lives to the forms it takes. We talk about pots in anthropomorphic language as having a neck, a shoulder, a foot. With the idea of pots as vessels, the *raison d'être* is to hold things, to contain. So, the analogy with the human body as a physical container for the soul or the spirit. Pots are abstract versions of the human body; look at the proportions and the nature of the shape. One reason I wanted to go life-size—one pot is six feet tall—is to abstractly represent the human body, so when you stand by it, it is kind of representing the person.

We are used to reading coffins and sarcophagi on a horizontal dynamic; that shape has instant association. But some of the forms I made were almost like the negative space of the coffin made three-dimensional.

Many philosophers say that if you come to terms with death, you come to terms with life. If you fear death and run away from it, it becomes unnerving, destructive, and negative. Whether you are Howard Hughes or the Queen of England, no one can escape it. It is, absolutely, thank goodness, part of life. That life is finite is something to accept. I don't think I ever had a great fear of death, but certainly I don't have a fear now. If you can come to terms with it, it enhances the extraordinary meaning of life. I lead my life in the full knowledge that I will die, and I appreciate that I am alive.



The concept of anthropomorphism is central to the identity of pottery. We use bodily terms such as neck, shoulder, hip and foot to describe the constituent parts of a pot. And the very nature of the vessel as a container, a holder of things is analogous to the idea of the body as a physical container for the soul or spirit.

Photographs courtesy of Julian Stair

"Reliquary for the Common Man"
MIMA exhibit

The Victoria and Albert Museum in London has acquired one of Julian Stair's Quietus monumental jars with an abstracted human form, as well as an infant's sarcophagus and three cinerary jars. They are not, as yet, on display. There is talk of a Quietus exhibition in France at some future date. Contact Julian Stair at julianstair.com.

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Making Sense of Nonsense
Final Words

by Lisa Smartt

Holly sits at her father's side, sending love through her fingertips into his dying body. Suddenly his eyes pop open, "The humming goes down the hole through the center of that green light."

He closes his eyes again. Holly reaches for a pad to write down his puzzling words. "The words your father says now are precious," the hospice chaplain tells her. "Even if they don't make sense to you now, write them down."

Holly transcribes everything, from, "Can you bring me some water, dear? I love you" to the more confusing, "The broken box is the glove. Give me that tool. We will see if we can fix it now." The transcriptions become both an important record of their final conversations and a bridge for Holly to enter her father's world.

Raymond Moody suggests that we can better understand the language of the dying by studying near death experiences (NDEs). Those who return from death explain that their journey had no time, space, or language as we know it. They tell us of fascinating paradoxes: Time seems both to collapse and expand all at once. Profound truths are communicated. Moody notes that the term "life after death" itself violates common logic, as it is clearly self-contradictory. He suggests a logic of unintelligibility that allows for death and life to exist concurrently.

Logic is binary. However, there is the unintelligible dimension which does not seem to fall into true or false. The language of the dying—as well as that of those who experience NDEs—may reflect this dimension. Just as the Chinese language is incomprehensible until we learn to speak it, the language of the dying may represent its own logic, incomprehensible to those who are not yet fluent in it.[1]

In his unpublished manuscript, *The Secret World of Nonsense*, Moody describes thirty kinds of nonsense.[2] He does not use the word "nonsense" pejoratively, rather he uses it descriptively for words that are not fully intelligible to us. He demonstrates how various forms of nonsense effect cognitive shifts. Collectively and individually, these small shifts may relate in some way to the crossing of dimensions. We see nonsense emerge in a number of environments, particularly when there is a major life transition, a change in consciousness, or a time of crisis.

> *A boy has never wept ... nor dashed a thousand kim.*
> – nonsense phrase uttered by gangster Dutch Schultz on his deathbed
>
> *My vocabulary did this to me.*
> – last words of poet Jack Spicer
>
> *Wow! Wow! Wow!* – final words of Apple Computer's Steve Jobs
>
> *Get me down from here. Thank you.* – last words of Morton Felix, the author's father

Nonsense often marks a kind of linguistic space that differentiates the ordinary from the extraordinary. For example, shamanic songs are filled with nonsense syllables, as are spells and incantations and speaking in tongues. Altered states of consciousness are often marked by non-ordinary, non-literal language.

In Trinidad, medical practitioners call the nonsense spoken by the dying "traveling"—that is, it is language that reflects their moving between this world and the next.[3]

Not all people who are dying will speak nonsense. However, research indicates that a very high percentage of dying people do move away from use of literal language to more figurative language, especially metaphors. This shift to more metaphorical language may reflect moving away from literal thought and literal reality. Just as nonsense has the power to alter our states, so do metaphor and figurative speech.

In their book, *Final Gifts*, Callanan and Kelley categorize end of life communication into messages that: "described what patients were experiencing, which included being in the presence of someone not alive; the need to prepare for travel or change; mention of some place that they alone could see; their knowledge of when death would occur.... [M]essages about someone or something needed so death could be more peaceful: the desire to reconcile personal, spiritual, or moral relationships, and requests to remove some barriers to achieving this peace."[4]

They also describe how metaphors play a significant role in these types of communications. Callanan and Kelly and Peter Fenwick, in his *Art of Dying*,[5] explain that metaphors about travel and journeys are common as people approach end of life. These might include phrases such as, "Pack my bags, the train is coming," "Bring my oxygen tank with me to the bus station. It's time to go home now," and "The boat has arrived." Metaphor is prevalent in the last words of terminally ill patients no matter the diagnosis or medication.

Eliana Derr

Author Lisa Smartt, transcribing words from her father in his final days

We know, then, that metaphors and figurative language are more abundant in deathbed conversations than in ordinary speech, as are references to people and things that we in this dimension may not perceive, such as deceased relatives, beautiful landscapes, and more.

Another communication pattern that has been well documented at end of life is terminal lucidity or the Sunset Day.[6] Patients who are either unintelligible or non-communicative, including those who are paralyzed or have Alzheimer's, will often become lucid again in the days before dying. Often the words spoken seek forgiveness, express love, or make last requests. Barbara Wood, hospice nurse, shares her own personal experience: "My mother never told me that she loved me in all our years. She had stopped speaking altogether in the final week before dying, but then, the day before she died, she sat up in her bed, looked right at me, and said, 'I want you to know how much I love you and have always loved you.'"

The final words spoken on the Sunset Day are always intelligible—even in cases in which people have Alzheimer's or dementia. That people's language will shift from unintelligible to lucid, to unintelligible again, is compelling. If the language function were completely destroyed by illness or old age, it would be impossible for it to return again so clearly It appears that we cannot attribute nonsensical or figurative language solely to a dysfunctional mind.

Very commonly, people who have NDEs say that our language is "too finite to describe the infinite quality they experience in the near death experience."[4] In a video, *Conversations Beyond Proof of Heaven*, Eben Alexander explains how during his near death experience, he thought with the "non-linguistic" mind in which communication took place telepathically, without words.[7] Perhaps in our dying days, our linguistic mind transforms into another kind of mind—as it travels through the spectrum of intelligibility from literal to metaphoric to unintelligible language and reality.

As language becomes increasingly less literal, it becomes more associated with right-brain thinking. Brain scans reveal that our left hemisphere is engaged in literal thought, but both hemispheres are activated by metaphor. Certain types of nonsense have been shown to engage the right hemisphere, most highly associated with mystical or spiritual experience. Perhaps what looks like the disintegrating mind as death approaches is really the cross-dimensional mind—and our changing language at end of life reveals this shifting of consciousness and dimension.

Callanan and Kelley and others recommend that when our loved ones tell us about the dead relatives joining us at the dinner table, we engage their reality with curiosity and love rather than trying to talk them back into this reality. "Isn't that wonderful, Mom! Tell me who is here with us tonight." Likewise, Moody suggests that when our loved ones speak nonsense, we answer back, engaging them in some way, if only by our questions: "Can you tell me more about that? What do you mean right now? I am so curious, Papa."

Writing down the words when we can will often yield interesting insights during and after our loved one's death. Nonsense and figurative language can open a doorway into the realm of poets and mystics, often ringing true and affecting us despite the absence of literal meaning. For example, my father said to me days before dying, "Oh, dear, there is so much so in sorrow."

Technically, my father's deathbed sentence would be considered nonsense, but I received a profound meaning from these final words, one that went beyond literal comprehension. It was as if my father were sharing the depth of his grief, and, in his usage of the intensifier "so" several times, he deepened the expression of his sadness. (The intensifier "so" is also concealed within the word *sorrow* itself.) It is an inevitability, he seemed to say, that sorrow should be felt intensely, because deep feelings are part of grief. My father's apparently nonsensical phrase contained layers of meaning and feeling that a literal sentence could not have conveyed in such a poignant, poetic way.

Using Moody's taxonomy of nonsense, the Final Words Project is concerned with the study of both the intelligible and unintelligible speech of the dying to see what we may discover about consciousness and the dying process itself. We are in the very early phases of our research. Certainly the conversation about final words has only just begun.

Notes:

1. Moody, Raymond. *The Secret World of Nonsense*, unpublished manuscript, Anniston, AL, 2010, p.13.
2. Ibid, p.26.
3. Personal Interview with Mike Findley, R.N. Lodi, CA, November 2013.
4. Callanan, K. & Kelley, P. *Final Gifts*, New York: Simon & Schuster, 1993, p.36.
5. Fenwick, Peter. *The Art of Dying*, New York: Continuum, 2008, pp.24–25, 62, 82.
6. Ibid, pp.34–36.
7. Alexander, Eben and Raymond Moody directed by David Hinshaw. *Conversations Beyond Proof of Heaven*, Atlanta: Mudpuppy Productions, October 2013.

Lisa Smartt, PhD student and founder of the Final Words Project, works under the advisement of Dr. Raymond Moody using his taxonomy of nonsense to analyze and understand the language of the dying. To contribute to the Final Words Project, contact Lisa at finalwordsproject@gmail.com.

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because to be fully alive requires an honest and living relationship
with our approaching death.
We say we know we're going to die but is that true?
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include an awareness of our approaching death?
We will die and we don't know when.
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and our aversion, denial and avoidance of death?
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community work has become big business.
We have robbed ourselves of important soul work
and community work, hindered our ability to grieve,
and further separated ourselves from the natural world.
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Full Moon Funeral

by Merilynne Rush

The moon was full and brilliant on the night I first attended a home funeral. It was at my friend Laura's house, whose mother, Sharon, had died of cancer.

I had met with Laura and her sister Beth three days earlier. They were caring for their mother at home with the help of hospice and realized they needed to make some plans for what to do when their mother passed. They didn't have the money or the desire to send her body to a funeral home.

Laura's little apartment had been transformed into a sick room, with her mom's few possessions in boxes. These, along with her medications and equipment took up the entire living room. Sharon's brother and the hospice chaplain were also visiting when I arrived, so Laura, Beth, and I sat at the kitchen table, had tea, and talked, while the others sang hymns and prayed in the adjoining "bedroom."

Laura and Beth said, "We don't know what to do when our mom dies."

I replied, "Well, there's really very little you have to do. You don't have to do anything in a hurry and you can learn what is involved." This seemed to be a big relief to them.

Then I explained the steps. The first was to thoroughly wash Sharon's body, similar to how they had been giving her bed baths. Next, they should select some clothes and dress or swaddle her, then adorn and arrange her body in the way they wanted her to look for the next few days. Her body would rest on Sharon's own marital bed that had been moved into the apartment to be her resting place and give her a sense of home. A few pieces of dry ice would be wrapped in cloths and placed underneath her body to cool it and delay decomposition. This could be replenished as needed. I assured them that they could call me and I would guide them through the process if that would help.

Sharon Bailey at her last birthday, age 64, September 2009.
Beth, Marcellin, Jean Marco, Sharon, Brian and Laura

This all sounded good to them. They wanted to be the ones to care for their mom. They knew that Laura's home was the right place for Sharon to remain with her own things and surrounded by the people who knew and loved her. After Sharon died, Laura and Beth could decide if there was anyone else they wanted to invite over and if they wanted to have a gathering or ceremony.

They already knew that Sharon wanted to be cremated. I explained that I could refer them to a funeral director who could help with a home funeral and facilitate the transportation to the crematory. We arranged to get together again in a week to go over more details, and they planned to call me at the time of death.

Three days later, before we had time to talk again, Laura called to say that her mother had stopped breathing. "We had just gotten off the phone with Beth. Beth told Mom she loved her, and Mom opened her eyes for a moment. When I was getting ready to let the dog out, I heard a breath, and then I realized that I didn't hear any more. I turned and looked at her, waiting for it, but it didn't come."

"How are you doing?" I asked.

"I'm okay, I guess. What should I do?"

I replied, "You should call the hospice nurse. She'll want to come over. But other than that, there's nothing you have to do right now. Just be with your mom. Do you want me to come over?"

"No, Beth is on her way. I don't want to bother you."

"That's okay, you're not bothering me," I said. "Just call me when you're ready."

It was 10 pm. I had been in bed reading, and I knew I wouldn't be sleeping that night. I had so many thoughts and questions. When would she call me back? Should I just go? Did she really need me now but not want to say it? What supplies would I need?

I got up, got some clothes ready, checked my bag, and prepared a snack. After an hour, Laura called me back to say that Beth was in transit but would be awhile.

She was having car trouble. Laura wanted me to come over.

As I drove to Laura's apartment, the largest full moon I've ever seen illuminated the highway directly in front of me. Grandmother Moon provided a brilliant beacon, a path. For many years I was a home birth midwife and called my practice New Moon. Now, as I left to attend my first home funeral, I was being led by the full moon.

Laura's apartment was on the ground floor of an old Victorian mansion. I thought, "There have probably been other deaths in this home over the years, and probably home funerals, too." In the old days, most people died at home and were cared for by family. Only in the last three to five generations have people stopped doing this.

Laura greeted me at the door, gave me a little hug, and led me to her mother's bedside. Sharon looked peacefully asleep. The lack of movement made me stop and wait, as if I had to check for myself to believe she was really not breathing. Laura took my coat and I squeezed her hand.

At first we just talked as Laura moved around, straightening things in the tiny apartment. Many thoughts and memories were coming to her, and she wanted to share them. After a cup of tea, we took the dog out and looked at the moon while she had a cigarette. This visiting and chatting seemed to be exactly what Laura needed right then, as if telling me the details helped her believe them: "I went to work, I came home, I had dinner, my mom died."

Like a midwife, I was there to reassure them that … this was natural. When we got scared, I told them it was all right.

Beth arrived after about an hour and it was time to begin washing Sharon's body. If we waited too long, the body would be very stiff and washing would be more difficult.

Beth immediately sat on the bed, caressed her mother's hair, and talked to her. We got a bowl of warm water, picked out some nice-smelling soap and some linen, and Beth began to carefully and lovingly undress Sharon. It was slightly difficult because her arms didn't bend very well, but Beth was not daunted.

"Oh, her arms are getting stiff," she said. "I guess that's what happens when you stop breathing and you die. Oh, Mama, you're not breathing any more." Beth continued talking as she gently washed every inch of her mother's body, tears streaming down her face. "Look at her beautiful hair. She was so proud of it. Remember how she did our hair when we were young? Her lips are so dry; can we put on some ointment? Oh, Mama, you washed me so many times when I was a little girl. Thank you for caring for me and for giving me life. With these breasts you nurtured me. With these hands you guided me. With these arms you rocked me." As Beth gently turned her mother over, she said, "Look, her back is still warm. Oh, I want to hold you just a little bit longer and feel that warmth. I love you. I'm so glad we are taking care of you now and not anyone else. I don't want anyone to take you away yet. This is so special. I will take good care of you now, Mom."

At the end of the bath, Beth and Laura chose some special, scented oil and took turns rubbing it on their mother's feet and hands. The room was filled with reverence; love and honor and emotion were flowing.

Laura and Beth were in the haze of extreme grief, openly crying, talking, and processing. To feel one's mother's body turn cold and become stiff requires a great deal of strength and will. At times I thought it was almost too much. I began to feel a little afraid. Was this really a good thing? Should these daughters be doing this? Were they going to be all right?

Although I had studied how to be a home funeral guide, I had never witnessed these actions and such extreme, raw emotion. All the memories of my childhood, how I was told not to cry, to keep my distance and not break down, came flooding back to me. I had no model to reassure me that this was okay, that these daughters would make it through. I had to trust in myself and in these friends. I had to trust that they could handle it. And I had to trust in the wisdom of our foremothers, our great-grandmothers and aunties, who must have done this for their own kin.

When I had first heard about home birth when I was pregnant with my first child, a light bulb went on. I gave birth at home, then became a midwife to help other women birth at home. I attended hundreds of women and their families, watching through the night while their healthy bodies did what they were made to do—push a baby out into the world.

Beth with water for washing the body

Five years ago, when I learned it was possible to attend the dead at home, another light bulb went on. As a midwife I had been with parents as they said goodbye to a dying newborn child. As a hospice nurse, I had accompanied family members as their loved ones died and had seen overwhelming and all-encompassing grief; now I learned that one could be at home during the time immediately after death as well.

Being with Laura and Beth after their mother died was much like being with a woman in labor. I attended them, but it was clear that this was about what they needed to do. Like a midwife, I was there to reassure them that doing this was natural. When we got scared, I told them it was all right.

Laura and Beth cared for Sharon at home for more than two days. On the third morning, they arranged for the funeral director to retrieve her body. As they lovingly helped place her on a sheet on the floor, they tucked flowers, love notes, and mementos in her arms, wrapped her up, and placed her in a cardboard cremation box whose lid was adorned with loving phrases, well wishes, and expressions of grief, poetry, and art. These decorations had been done by visiting family members and friends. They escorted her body to the waiting black van.

Beth with her two boys, Jean Marco, 9, and Marcellin, 7, see their grandmother for the first time after her transition.

Laura on the third day, with Rosie, Sharon's dog

We got in my car and followed the van the few miles to the crematory. It was an industrial-looking place, about the size of a large garage. It had a cement floor, high ceiling, and metal walls. A technician in work clothes opened the door for us. There was no family waiting area or place to sit.

Laura and Beth went directly to the open cremation box and touched their mother one last time, lingered a few minutes, and then wrapped the sheet over her face and placed the lid on the box.

The box was pushed into the retort, with Beth and Laura's assistance, and the doors shut. The technician asked them if they wanted to be present when he pushed the button; they said yes. We heard a whooshing sound, paused a moment, and then slowly walked out into the cold, winter day.

In the driveway outside, Beth looked at me and said, "That was really difficult, but I feel relieved." She continued, "We were with her all the time; we never left her body. I'm kind of glad to know exactly what happened. We saw it all through. I don't have to wonder where she was or what happened to her."

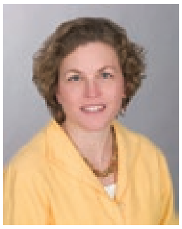
Later Laura told me, "It's as if we just waded right into it. We didn't skirt around the edges, dipping our toe in just a little; we walked right in."

Laura and Beth made their way through. Now, several years later, they are reaching out to other families, helping to teach about home funerals and sharing the precious photographs of that time at home with their mother.

Since that full moon, I have found a new calling: to educate families who wish to care for their loved ones at home after death. And I have good teachers—the families I serve. Beth, herself a midwife, had been a student model for me at a midwife workshop thirty years ago. Laura, using the gifts of her mother's journey, became my assistant and has helped several other families care for their own dead. We all teach each other. The circle continues.

Epithet

This essay is dedicated to the memory of Laura Lynn Bailey who died of cancer in March 2013. Laura was a birth and postpartum doula, beloved auntie, dear friend and home funeral guide. Laura, Beth, and Merilynne all learned from this Full Moon funeral experience, and went on to attend many other home funerals together.



Merilynne Rush, midwife, BSN, has 30 years' professional experience attending families in major life transitions. Her current work focuses on consultation, education, and advocacy regarding natural death care options, including home funeral, green burial, and advance care planning. Rush has served as a board member for the National Home Funeral Alliance and currently serves on the board of the Green Burial Council. Contact her at AfterDeathHomeCare.com.

MEDIA

Preparing to Die

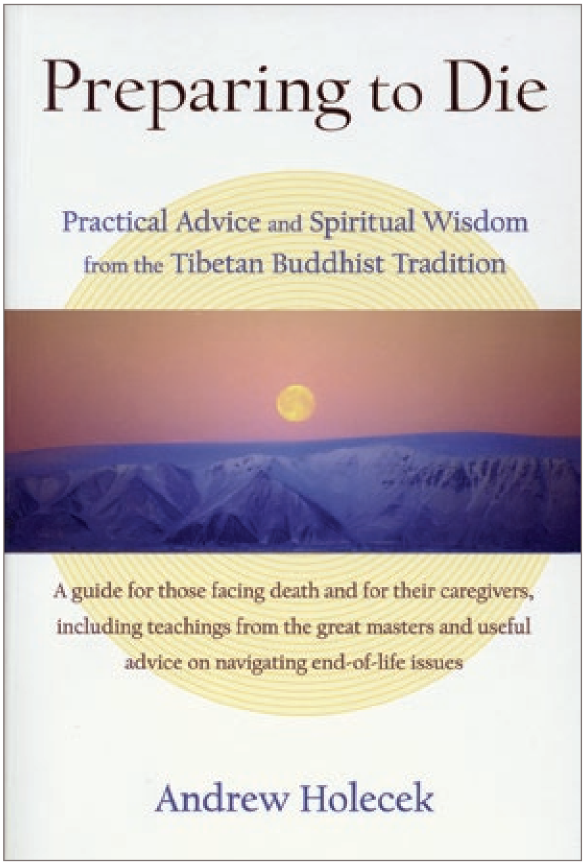
by Andrew Holecek

Reviewed by Deborah Luscomb

"With the proper view, death is not a defeat. If you're prepared, you can transform the greatest obstacle into the greatest opportunity. There are more opportunities for profound spiritual growth during old age, sickness, and death than during life." This is how author and Tibetan Buddhist scholar, Andrew Holecek, explains his approach to end of life in his new book, *Preparing to Die: Practical Advice and Spiritual Wisdom from the Tibetan Buddhist Tradition.*

Don't let the subtitle scare you off. At a time when the market is flooded with how-to books with death-related themes, Andrew Holecek offers a definitive work that encourages us to look deeply at the wisdom in the teachings of the great Tibetan Buddhist masters while offering "useful advice on navigating end-of-life issues." (My own dog-eared, zealously underlined and highlighted copy of this comprehensive volume of spiritual and practical advice is testimony to its usefulness.)

Preparing to Die is divided into two major parts: Spiritual Preparation (obviously focused on Buddhist traditions) and Practical Preparation. A third section offers heart advice from 20 leading Buddhist masters who actively teach in the West. There are extensive appendices, including numerous checklists for before, during, and after death. The table of contents alone is seven pages long, with advice from many besides the author, including Alex Halpern, JD, on legal concerns; Beth Patterson, MA, LPC, JD, on hospice care; Mitchell Gershten, MD, on stages of dying; Kim Mooney on working with grief; and Karen Van Vuuren, *NTM* editor, on after-death care.



Luscomb

During a conversation about his book, Holecek assured me that his belief in the transformative potential of decline and death is "not just rhetoric." He referenced the meditations included in the book that allow us to prepare to "die before we die." Old age, he insisted, is "a great invitation to go into retreat—which is close to what the word *retire* actually means. What is lost at the level of form is gained at the level of spirit." Holecek believes that we really do have something to look forward to if we are prepared. He told me, "There is part of you, your spirit that doesn't get AIDS, cancer, or Alzheimer's. There is part of it that does not even die. Come to identify with that, and you have transcended death."

Andrew Holecek is an author, spiritual teacher, and humanitarian. As a long-time student of Buddhism, he frequently presents this tradition from a contemporary perspective, blending the ancient wisdom of the East with modern knowledge from the West.

Andrew has completed the traditional three-year Buddhist meditation retreat, and offers seminars internationally on meditation, dream yoga, and death. Other works include *The Power and the Pain: Transforming Spiritual Hardship into Joy*, the audio learning course, "Dream Yoga: The Tibetan Path of Awakening through Lucid Dreaming" (Sounds True), and contributions to *Shambhala Sun*, *Buddhadharma*, *Light of Consciousness*, *Utne Reader*, and other periodicals.

Preparing to Die: Practical Advice and Spiritual Wisdom from the Tibetan Buddhist Tradition
Shambhala Publications
Paperback: 6" x 9", 480pp
Publisher: Snow Lion, July 2013

Sallekhana: A Natural Transition

by Whitny Braun

During the summer of 2006, I found myself in Jaipur, India, conducting graduate research on public health. It was the end of a particularly scorching June day, and I was about to retire to my room at the Jain ashram when my host called out to me, inviting me to a birthday party. "The man is turning 80, and he is going to take Sallekhana!" he said.

"Who is Sallekhana?" I asked. (I thought she might be a Bollywood star!)

> ***The supreme goal for Jains is ahimsa, or non-violence. So at the end of their lives, Jains strive to die with the least violence.***

He laughed, "No, *what* is Sallekhana. Sallekhana is not a person. It is a sacred vow." He gave me that half-nod, half-bow gesture of reverence that Indians often do.

I still knew nothing about Sallekhana, but as a lover of cake and air-conditioning, I was more than happy to attend a birthday party in the city.

The gathering was a grander affair than I was expecting, held in the penthouse of the Best Western Hotel in downtown Jaipur. The party was for a successful businessman, and many of his friends and family were prominent members of the Jain community. The guests were all dressed to the nines, the women draped in glittering saris, the men in kurtas with vibrant scarves. Most of the conversations around me were in Hindi, and, as I couldn't construct a sentence to save my life, I just smiled, nodded, and stuck close to the people who had brought me there, letting them translate for me.

By the middle of the evening, the man with the birthday took the stage, and although I could not understand all he said, I could make out enough to feel thoroughly confused. He walked before the audience and explained how he had lived a good life, had tried never to acquire or hold on to too many possessions nor commit unnecessary acts of violence. He had been a successful business and family man, but now at the age of 80, with no obvious physical ailments other than the aches and pains that come with age, he was ready to take the vow of Sallekhana, giving up food and water to purge the negative karma from his soul. Nods and murmurs of approval issued from the crowd.

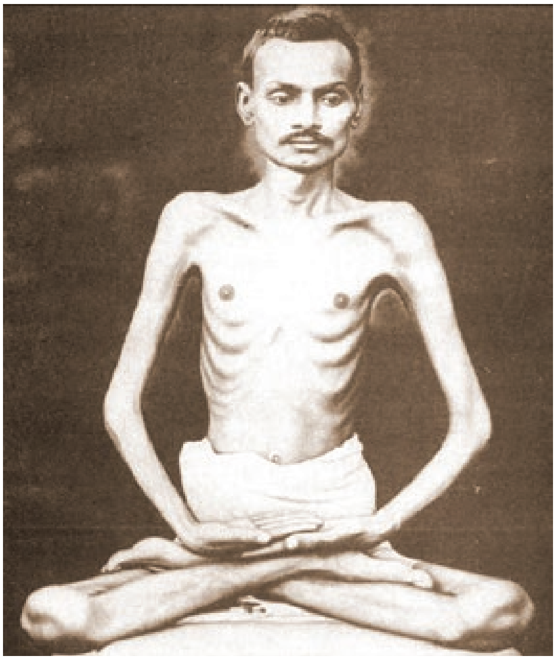
The man explained that he had approached his guru, a Jain monk of great repute, and asked for permission to take the Sallekhana vow. Here, he paused. Everyone in the room waited with baited breath to hear how the guru had responded to the man's request. Eventually, the man sighed and said the guru had told him that now was "not the time," that his life still had meaning and purpose. There was a deep, collective out-breath from many in the room, but I couldn't tell if it was with relief or disappointment.

A short while later, the man walked toward me and, in perfect English, thanked me for coming to his party. I was perplexed. I reached out to shake his hand and said, "I am not sure whether to congratulate you or to give you my condolences. You and everyone else seem disappointed that you aren't going to be starving yourself to death."

He chuckled and replied, "It is neither happy nor sad. It is just part of life. I have been asking for permission to take the vow of Sallekhana for several years now, but my spiritual journey is not done … maybe next year."

On the way home from the party that evening, I asked my hosts every question I could think of: Who took Sallekhana? Why did they do it? How often did people practice it? Was it legal? Was it painful? Was it a happy, sad, or bittersweet occasion?

As an American clinical bioethicist (and a WASP girl from California), I have been trained in an environment in which the prevailing social consciousness conforms to a Judeo-Christian ethic that says the body is the temple of God. This means: (a) we must preserve this body whenever possible



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Shrimad Rajchandra, prominent Jain poet, philosopher, scholar, ascetic. He died at the age of 34 before he could take full sallekhana.

through aggressive medical means, and (b) only God, neither a physician nor an individual, can dictate the time and place of one's death. The Jain concept of Sallekhana, through which a person consciously and autonomously decides to abstain from food and water in order to die, was so utterly foreign to me when I learned about it in India that I simply had to find out more.

Also known as *santhara* or *samadhi-marana*, Sallekhana is a centuries-old ritual of starvation, considered by members of the Jain faith to be the ideal way to die. The origin and meaning of the word are unclear, but the most commonly accepted definition is "properly thinning out the passions of the body."

After my experience at the birthday party, I spent the next few months poring through Indian newspapers for classified ads in which Jains announced decisions by family members to take the Sallekhana vow, just as, in the West, we might announce a birth or a wedding. I found several people who were willing to speak with me candidly about the process. I learned that in Jainism, all life forms—from bacteria to a head of lettuce or a mosquito—have a soul. To rely on another form of life for your own survival is an act of violence or *himsa*. The supreme goal for Jains is *ahimsa*, or non-violence. So at the end of their lives, Jains strive to die with the smallest "carbon footprint" and the least violence. An autonomous decision to die in this way, with no regrets and avoiding the accrual of any negative karma in the process, is considered the ideal.

The process of fasting to death is, by nature, slow, so those taking the vow of Sallekhana begin by parting ways with loved ones, forgiving debts, letting go of old grudges, and divesting themselves of their assets. By the time a person takes the Sallekhana vow, all business matters have been concluded. The person then selects a quiet place in which to slowly decrease the intake of food and water, and in doing so, reduce the violence committed against other souls. Ultimately, the Sallekhana practitioner will consume only water. As the person drinks less, the kidneys begin to shut down and renal failure occurs. They die in their sleep, to awaken in their next incarnation. (To be clear, this ritual is more multi-layered and complex than this brief description.)

Jains have practiced Sallekhana for at least 3000 years. Some Jains take the vow after a physical disability or at the onset of Alzheimer's because they believe they no longer have the capacity for spiritual growth within this lifetime. A Jain will pursue Sallekhana only after careful contemplation and meditation.

More recently, Sallekhana has attracted the attention of Jains and non-Jains around the world. It appeals as a gradual, peaceful way to die in which individual autonomy is paramount. It stands in stark contrast to Western medicalized death with patients tethered to machines while relatives and physicians argue over the next heroic, extravagantly expensive and futile measure. In the Jain dharma, Sallekhana is considered the most noble and peaceful way to die.

Whitny Braun, Phd, MPH, MA, is a bioethicist and the director of the Center for Jain Studies at Claremont Lincoln University, CA. She is currently finishing her dissertation, an examination of the moral, ethical, cultural, and legal implications of Sallekhana in India and the United States. Her work has been featured on the National Geographic Channel and in the Los Angeles Times*. Contact: wbraun@claremontlincoln.org.*

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Holly Blue has been a student of mysticism and shamanism for decades, with foundational teachers such as Morrnah Nalamaku Simeona, Elisabeth Kübler-Ross, Brooke Medicine Eagle, Angeles Arrien, and The Foundation for Shamanic Studies; and more recently focused on end-of-life issues with Jerrigrace Lyons, Nancy Jewel Poer, Tarron Estes and Lyn Prashant. An active member of a *Chevre Kadisha* (Jewish burial society) since 1995, she speaks, writes and counsels on the practical and spiritual aspects of conscious dying and sustainable burial. Author of *The Heart of the Circle: A Guide to Drumming* and co-editor of *The Soul's Legacy: Writing a Spiritual Will*, her next book is planned for release in early 2015.

Witness TO A CONSCIOUS DEATH

by Janet Adler

Preparation

Our mother led her life fully, especially in her relationships and in her work as a visual artist. As I matured, she discussed with my brother, Larry, and me her clarity about not wanting to live beyond her capacity to have a clear enough mind and to enjoy dignity, self-control, and a reasonable absence of pain. By the time she was in her late sixties, she showed me the bottles of pills in the bathroom cabinet, supervised for her by Dr. R., a gifted, warm, and deeply kind physician, who understood her fears … not of death, as she said, but of "dribbling away." I witnessed the second time she spoke with Dr. R. in her home, when she thought that her failing eyesight and increasing pain from osteoporosis might be warnings toward choosing to end her life. Both times he urged her to wait, feeling that she was not "suffering" enough to make such action appear ethical.

Six months after Mother is celebrated in her beloved Chicago at her 90th birthday party, she fears that in another six months she will need round the clock care. She decides that it is time to die. She is clear. She is ready. She contacts Dr. R. but, with compassion, he tells her that now he cannot help her as he is retired and cannot prescribe medication if she should need it. She patiently tries to convince other doctors of her decision and can find no physician who will agree to help. I am with her once in the office of a doctor who says he might help her. She looks so small and frail, naked under the crisp paper jacket, sitting on the edge of the cold, metal table. He is examining her and then asking her questions. He decides he cannot help.

After three interviews, the hospice staff also say they will not help because she is not suffering a life-threatening disease or, by any medical standards, is not close to death. Finally, when Dr. R. realizes how persistent she has been, how profoundly disappointed she is now with no support, and how she intends to go ahead with her plans regardless of doctors or hospice, he decides he will be there for her and will ask a colleague to help with prescriptions, if they are necessary.

With this news, Mother seems elated. Dr. R. has been a friend for many years and, like Mother, is a pioneer in Compassion and Choices, a national organization that supports people who are clear about the way they wish to exit this realm. He and Mother attend a meeting of this organization in which he announces the publication of the first book by his colleague, Dr. Stanley Terman, about dying with dignity by refusal of food and water. He honors Mother by giving her one of the first copies: *The Best Way to Say Good-bye: A Legal Peaceful Choice at the End of Life*. She tells me that the evening she received this gift, she stayed awake until 2am, reading, marking pages, taking notes.

Before her last visit to our new home on an island in British Columbia, she tries to meet with the clinical director of Compassion and Choices. Mother is told on the phone that Helen will be away for a month—on the same island! Mother is completely amazed by the synchronicity, as she knows no one who has even heard of this island where my husband and I have chosen to live. Helen's and Mother's visits coincide. The three of us have tea in the late afternoon. I see Mother speaking, and I hear these words: "Helen, how will I know exactly when?" and I hear Helen respond: "Posy, you will know."

Janet Adler with her mother, Posy, about two years before Posy's death

Not long after this quiet, vivid encounter, Mother writes letters, with loving intentions, to her children and grandchildren, explaining her plans. She had always said she could never die by stopping eating and drinking, as she loved this part of life so much. Yet this is the very path she has chosen and the only one she knows in which no one else can possibly be incriminated … no pills in applesauce, no possible fingerprints of another on any supporting object, no helium tanks and plastic bags.

Mother commits to her own death. Her consistent attitude brings her now to this choice. I completely trust her. I remember so many conversations that we have had about this matter. In these years since her death, I have found articles and books in her library from long ago about death as a natural rite of passage for all beings and how individuals and cultures have struggled with this inevitable part of life in similar and different ways. Who chooses when, how, where? The mighty, unreachable God, the loving God, the indwelling God? The doctor, rabbi, or priest; the inner witness or the clear Self? Who decides?

Once Mother decides, doubt appears as it always does once one commits to something that matters. Even though she has reviewed the whole picture repeatedly, including her feeling that this is a good time to die because no one in her immediate family is in crisis, she turns back one last time and asks: How can I do this to you and your brother? I tell her that I know in my bones I will be devastated whenever she dies, now or later. She cannot prevent my experience of her absence indefinitely. Like her death, my grief will be inevitable.

For years and years, it had been understood between us that I would be Mother's ally and do whatever I could in support of her way of dying. I commit to her and to her commitment to this process, with careful inquiry into any judgment, projection, or interpretation I might have regarding her choice. I find no inner obstacles, no hint of confusion about what she tells me. And paradoxically, I am aware that my experience of her dying, her death, the absence of her presence—phenomena about which I know nothing—are ahead of me, unimaginable, literally unimaginable. For now, I need to stay as connected to her as I feel, honoring her truth.

> ***We ask Mother if we could do a ritual before we begin the meal, to help us hold awareness of what is happening … a simple Shabbat service, though it is a day early.***

As autumn appears, Mother impeccably attends to all of the ways in which she is connected to life. Larry's children and grandson come to her home in southern California to say good-bye. She welcomes visits and phone conversations with relatives and friends, trying to explain her plans. Most refuse to listen, voicing strong judgment. She thoughtfully organizes her finances and legal matters and continues to care for her roses in the garden, her family of birds needing seeds every day, her correspondence … one by one, completing. Slowly she begins to eat less, preparing. Mother is resolute. Many say: "Of course, Posy, you can always change your mind, even once you begin." She smiles and nods and I know that she knows that nothing will change her course of action.

Thanksgiving

Our sons, Joshua and Paul, arrive at their grandmother's home a few days before Thanksgiving. She directs them first in rearranging her bedroom. She knows exactly where she wants the furniture for her final exit. They tell us they slip into a familiar place of caring for their grandmother and, of course, are still being cared for by her. They shop with her for the final family meal of turkey, dressing, sweet potatoes, greens, and pie. It has been agreed among us all that this meal will not be elaborate, just the basics and just what we love. Mother especially loves leftovers and, most of all, Thanksgiving leftovers.

My husband, Philip, and I arrive and we all cook together the day before Thanksgiving. Sort of overseeing, Mother prepares the turkey as she always has but does not engage in the rest of the preparations. The table is set with the familiar linen, china, crystal, and in the center, she has placed a papier-mâché cornucopia that she made when I was a child and which has adorned our Thanksgiving table for as long as I can remember. I know this Thanksgiving table. This knowing does not feel like a memory. No, it is a recognition of a synchronicity of time and space, a collapsing of all that is skin-familiar into a warm, safe aching.

We asked Mother if we could do a ritual before we begin the meal to help us hold an awareness of what is happening, suggesting a simple Shabbat service, though it is a day early. She sweetly agrees, trusting that her wishes for an absence of what she calls sentimentality will be honored. We get dressed up a bit and meet at the table in the living room at 4 o'clock in the afternoon.

Mother arrives in shiny black pants covered with iridescent, brightly colored, butterflies! We begin the ritual by lighting the candles, sharing the challah bread, and drinking some wine. Mother says, yes, she would like to read the *vidui* prayer, which in Judaism is spoken before death by the one dying or the rabbi. We listen to her read the English version of this prayer, carefully translated by our son, Rabbi Joshua, so that God never appears in it … since Mother has little patience for God or, for that matter, for prayer.

As she reads, I see color drain from her face. I hear her voice shaking, as she acknowledges that she is choosing to die.

"In the spirit and tradition of my fathers and mothers, I offer this prayer:

"Please, forgive me for that which I need forgiveness, for that which may still be heavy on my heart. Forgive me for the ways that I have missed the mark throughout my lifetime. Forgive me for the times that I have caused others pain. I did the best I could.

"And please forgive those who caused me pain. Forgive those who hurt me intentionally or unintentionally. May there be forgiveness and release.

"May it be possible now to experience a full healing: an opening, an allowing, a great compassion for myself and for others.

"I acknowledge, before my ancestors and the great mystery before which I stand, that my life and death are out of my hands. May I be sheltered in the shadow of great wings. May I be protected and guarded on this next journey, as I have been protected and guarded on the journeys that have brought me to this point.

"Protect my dear loved ones, with whose souls my soul is bound."

After reading the prayer, one she has never seen or heard before, she wonders out loud if she is indeed taking her death in her own hands, as if this might not be an honorable way to die. We speak of her decision to die as another choice on her path. How the process will unfold. How she will actually stop living will not be in her hands. She seems relieved.

Posy with son, Larry, on Day 3 of her fast

It is customary on Shabbat for the children to receive blessings from the parents. Mother says, yes, she would like to do that, although she states her lack of comfort with words in such a situation. Reassured that words are not necessary and accepting that we would also like to bless her on her journey, she is ready to continue the ritual. The four of us stand around her as she sits in her white chair in the living room. We each speak a personal blessing as we place our hands on her body, weeping with her, exquisitely present. Staying present, now she rises, asks the three men to bend down a bit, and reaches her hands out over all of us … these hands that I know … I know these hands, now trembling as she speaks to each of us. I can't say how we all stop crying or how we arrive at the Thanksgiving table.

The meal begins. The light feels softer and warmer. Somber and deeply connected, we ask to hear the stories that she always loves to tell us. Before pumpkin pie and ice cream, I thank her for choosing a path in leaving that in no way will confuse any of us in terms of responsibility, directly engaged or not. After dinner, Mother pulls out a game for us to play because she is worried about us—what we might do or talk about during the evening together.

We go back to the same card table and become involved in moving colored, plastic discs and picking cards that ask us to say something: Tell about the time when your brother embarrassed you or when a family member offered you wisdom. Mother picks a card that asks: "Do you want to live forever?" It seems like we are each completely committed to this game. Other cards ask us to do something—sing a lullaby or sound like your husband snoring in bed. We are laughing so much, again we are crying. I experience my mother as hilarious, so absolutely familiar.

Later Mother comes from her room with a little paper bag of audio tapes of Joshua and Paul's voices when they were little boys, telling Grandma and Grandpa stories as gifts for their birthdays. Mother and I lie on her long couch, each at an end, reaching for the other's feet. Philip and Joshua sit on chairs across the coffee table, and Paul sits on the floor near his grandmother's head. As we listen to the tapes, I hear the voices, know them deeply, from another time, time past, inaccessible, irretrievable, and simultaneously I know Mother's death is imminent, not yet accessible, soon to be irretrievable.

Transition

As breakfast the next day comes to a close, Mother is reminded that her grandsons are about to leave for the airport. She gets up quickly, saying, "Wait a minute," and then goes to her room. I follow and find her sitting in her chair, her face with no color, her hands slightly shaking, while Joshua and Paul wait at the front door, trying to prepare themselves for saying good-bye. How does a young man do this? Mother embraces each of them. They embrace her. I seem to be catching them and handing them to Philip, who stands just outside the door. He helps them into the car. Mother and I walk arm in arm to her bedroom window where she insists on waving good-bye as they drive away.

Now she goes right to bed and sleeps. In the afternoon, Dr. R. comes to talk with Mother, Philip, and me. Sitting at the card table, we ask him questions, and she fills out legal forms, clarifying her intention. Philip leaves the next morning, hoping that he will be back before Mother is in a coma. For this reason, his leave-taking has a different quality, though their embrace feels ineffably sad.

Mother and I have the next four days alone before she begins her fast. When we are hungry, we eat small portions of leftovers and whatever else is around. We sort through her lush, soft sweaters, water the plants, and wonder if we should refill the hummingbird feeder. She remembers one more check to write to her favorite charity, Planned Parenthood, speaks on the phone with Larry, and putters in her ceramic studio.

On the patio after lunch one afternoon, I ask, as I have before, about any fear she might be feeling. She answers, "I was so afraid of childbirth and then I realized that most women have experienced it. Every single person has or will experience death. It can't be that bad." Laughing, she continues, "I am really looking forward to it … my next great adventure."

Her dearest friend, Jerome, visits one evening. Walking by the living room, I pause as I see them sitting together on the couch, their heads turned toward each other, for me in profile, speaking quietly together. Their long lives behind them, they appear transparent somehow, yet outlined in pastels. Continuing past them, I arrive at the linen closet. Placing the apricot sheets on top of the stack next to the white pillowcases, the PWA monograms in blue appear to me now as marks, just colored marks on fabric, evocative and disorienting.

One evening at the kitchen table before bed, Mother asks me if I have received any visions about her dying. I tell her, "When the opening of your art exhibition two years ago ends, and Philip and I fly back home to Northern California, I get into the tub before going to bed. I see my legs open and come up in preparation for birth. Then I see you, Mother, coming out of my body with no pain or rumple, no drama or obstacle. You lay flat on your back, wearing the blue outfit that you wore at your opening. Your hands are folded over your heart. You float into infinite, bright light, merging effortlessly, not a glimmer of disturbance."

Mother looks right at me and says, "Oh, I get it." And then she gestures with her right pointer finger moving away from her body in front of her, curving down and now pointing back at herself, smoothly arriving and pointing upward next to her face.

I say, "Maybe we are taking turns." She nods. The house feels clear and deeply quiet. A sacred space is emerging.

Sunday evening I ask if she would like me to light a fire in the living room, put a cloth on the card table, bring the candles and make a beautiful last dinner. She is clear that she prefers to sit in her chair in the kitchen with the plastic table mats, the photos of her family all around her, her tiny coffee pot nearby ... everything just as it is. We eat the very last spoonfuls of Thanksgiving. When we are finished at 8pm, I see her lift her glass, drink one sip of water, get up and take one chocolate truffle from the cupboard, and walk toward her ceramic studio. Maybe I am a half second delayed in my awareness that I am actually witnessing her last taking of food and drink. I remind her that she had not planned to begin until tomorrow morning. Is this my resistance? Maybe she would like some water before bed? She gestures with her hands, swinging them with the tops of her fingertips under her chin, out and away from her face, and simply says, "I want to get on with it."


Posy in her ceramic studio, circa 1958

The First Six Days

I sleep on the other side of her big bed in her bedroom. As we awaken Monday morning, we simultaneously and silently roll toward each other, our outside arms reaching straight up and clasping in the middle of the bed. She speaks: "I will always be with you."

Once dressed Mother goes straight to her studio, and with a serious look of focus and intention that I recognize, sits at her work table, finds the radio station she wants, and begins working with her hands. This is a seminal moment for me, one of her greatest teachings. It is her creative work toward which she brings her attention, to which she commits in this moment and again and again in the first days of her journey. She does not, in what might be the most difficult moment of her journey, talk to me about her feelings, ask me how I will navigate my days when she is gone, tell stories, or disclose long-held secrets. No, instead, I see her lift the tool, shape the material, move her hands into gestures that I recognize as actually a part of me, ones that perhaps have been a part of her since she began art classes at age nine.

She enters her creative work as a vessel, a strong vessel to hold her as she crosses this threshold, choosing to move through with awareness. It seems that her creative work anchors her, is the process, the way that contains this unimaginable turning, turning directly into her commitment to die. I stay near her. We talk a bit as she intends to finish three small sculpture projects.

This day, I forget when, Mother stops answering the phone. I follow her from room to room as she touches tabletops and objects, makes associations with people in her life, quietly reminds me to phone someone, write someone, call someone. She returns to her studio work after a nap. When she naps, I rearrange the kitchen and realize suddenly that I am in charge of this home, our mother's home, the one she has been in charge of throughout my life. I put food away in the cupboards. I place a green plant in the center of the kitchen table—in place of the round, marble plate that held her vitamins, little packets of Equal, salt, pepper, a tiny bouquet of yellow pansies. The lawyer comes in the late afternoon for a final visit. Jeannie, a close friend, comes in the evening.

On Tuesday the hospice organization agrees to visit with the possibility of participating because now Mother is in the active process of dying. Mother is this organization's first experience with a person choosing to die by refusing food and water. The intake nurse, Alice, deeply kind and present, reminds Mother of one of her dearest and oldest friends. After spending time with Mother, she convinces the organization that they should formally help. Alice's son has been in Iraq twice and is unwell. I want to help her in a specific way, yet with this awareness, I realize I have already left the outside world and a familiar relationship to it. As Alice leaves, she tells us to dial 930 any time for our case manager, Brenda, who will always respond.

Later in the day a man working for hospice brings metal and plastic equipment to the front door. Mother seems relieved to move into a hospital bed where she says she is more comfortable. We set it up next to her own bed where I will continue to sleep.

Posy displaying her wire sculptures, circa 1970

We decide to take the telephone out of the bedroom. I witness myself unplugging it—the primary vehicle for our intimate and constant communication since I left home at age 18—picking it up and carrying it out, out where?

By the time Larry arrives late Tuesday evening, Mother needs help walking. Her body edges appear softer, less clear. Her hand gestures are slower. She tells us with such joy, "I'm not hungry! I'm not hungry!" Because she is not receiving any of the sensual pleasures of food or water, we ask our family and friends who call and want to help, to send flowers. And so begins Posy's Garden.

Wednesday morning the doorbell rings. A bouquet of long-stemmed gladiolas is left in the entryway. Soon the doorbell rings again, and then again, each time announcing the arrival of flowers. Larry walks Mother into the living room and out to the sun-filled patio. On the round table there, I open the boxes, cut the stems, place them in vases, while Larry reads her the loving cards. He places some bouquets in her arms and, smiling, she touches the flowers, fingering each petal. He holds her hand and speaks to her so sweetly. As we take the flowers to Mother's room, I experience a fragrance, a feeling of fragility, a tenderness unbearable. May my presence, however it is received, be enough.

It is Thursday and I am feeling a shift within. I notice that I am dressed in black. As her presence fills all space no matter where I am, I notice that I am less and less able to literally be away from her. Smiling broadly, speaking softly, gently holding my hand, she says, "There is nowhere in me that doubts this decision."

When she sleeps, I sit at the foot of her bed in the big chair that she asked Joshua and Paul to place there for me. I am very slowly hemming a large, silky, aquamarine piece of fabric which, guided by my description, Paul chose and brought here from San Francisco. I have seen it for months in my mind, covering her dead body, covering the metal table when she is wheeled out of her home. The fabric helps me prepare. This will be Mother's shroud.

Now she awakens and I moisten her mouth and lips with sprays and sponges on sticks. She asks to see what I am doing, the cloth I had told her about. I show her. She touches the fabric lightly, expresses gratitude, and falls back asleep.

In the afternoon, as Larry and I tuck her in bed with Tchaikovsky's *Swan Lake* on her tiny audio player in her hand, she reports, "I feel so limp, with no strength." As she speaks, her hands tremble, moving toward her face. "If a rapist came now, I couldn't do anything to resist. But if one comes, I hope he is young!"

The door bell rings again. Opening the door, I see a now-familiar man has returned, speaking with a strong mid-eastern accent, three long, white boxes at his feet. He holds a bouquet in each hand, arms outstretched. He asks me, "What is happening?" I tell him my mother is dying. I see tears in his eyes. I feel simply and gently embraced by his presence. I receive the shape his body makes as his left hand extends toward me, giving me the translucent, white lilies. He is somehow joining the circle growing around Mother as she dies.

In the evening, surrounded by flowers that perhaps she can no longer see, but maybe can smell, I am aware that there is barely room on her bureau for my late father's photograph. Mother tells me that this morning she saw an "image" of her own mother in the back of the room, standing next to her mother's bureau, where there is a plate of grapes, cheese, and crackers sitting on a doily. She falls asleep. I hem the shroud.

Later in the night, after I moisten her mouth and lips again, she invites me to get into the hospital bed next to her. Lying on our left sides, she brings her left hand to her opposite shoulder and I reach to touch it with my right hand as she whispers, "I am not dead yet." Then she rolls over onto her back, reaching her arm up and asking, "Do you think there are any questions that have no answers?"

I ask, "Do you mean like death?"

And she says, "Yes, like death."

Friday morning Mother awakens and says, "I don't know why everyone gets so worked up about death. It is all hearts and flowers." Soon I find Jerome in the front courtyard, with two dozen yellow roses in his arms and grasping a challah bread in his hand. He is weeping. We hold each other, knowing something, maybe something specific but unnameable, about our shared love for Mother.

Though we needed her only once, our nurse has been replaced due to scheduling issues. The new one just arrived and I leave Mother alone with her so they can become acquainted. When I return she is trying to persuade Mother to drink water! She is the only hospice person who does not support Mother's process. We know what to do: We dial Brenda at 930 and we never see this woman again.

I brush Mother's hair, massage her hands, stroke her brow, change her clothing. These gestures feel like water pouring from me, so essential, so much what I need to be doing. I had promised her I would not hover, so I am trying, but my need to be with her is immeasurable. Now I can't be out of her room for more than five minutes at a time. Here I am now, from moment to moment. There is nowhere else to be. May my presence be enough.

As this journey accelerates, I am aware of choosing to not ask Mother questions about her inner experience. She has been so clear all along about not wanting any emotionality from her loved ones. More intimate questions could well invite her grief in leaving us, her worry about us, or actually intrude, even violate her concentration. Intuitively, I feel that she is focusing in her own way very specifically on what she is doing, her will silently, vividly, dominant. She speaks to me when she chooses. I do not notice any need for more. I notice much more the ferocity of my need to be near her, to love her.

As I prepare her for this night arriving, she takes my face in both of her hands and brings me so close, speaking words, intimate, unveiled, deeply loving. Soon I lie in bed with her, holding her. She whispers, "We will meet again, I know we will." There is a long pause and she adds, "I'll just keep going up the steps," as she gestures with her hand, making the shape of a spiral staircase.

After finishing the hem of the second side of the shroud, I crawl into the big bed. As I fall asleep, I see a vision. The grim reaper, our cultural symbol for the arrival of death, appears. I have never seen him before. His hand is just bones, his fingers look like talons. I reach up and gently pull the edge of his hood to the left, away from his face. Now I clearly see Mother's face. I see and I know. This process of transition has nothing to do with her being taken away by a dark force. Her face is filled with light. This is her own natural, timely death, just as natural and timely as her birth. In this moment I see her becoming without weight and realize how deeply I long for her a seamless exit from her body when it is time.

Together we wander toward and into the night, the kind I can remember when I was the one, as a child, in need of constant care from her. When she is awake, I read her poetry that she loves. I try to keep her mouth moist every ten minutes or so. She sleeps again. When she awakens, she reports a dream: "We are packing everything. Jan is taking things one by one and placing them from here to over there."

Saturday comes and after days of indecision between Mother and Jerome about a last meeting, Mother says, "I just want to hold that bald head in my hands one more time." We phone him and he arrives in minutes. After their private visit I walk him to the door as best as I can. When I return to Mother's room, she is asleep.

Philip arrives and I see him lean over Mother, embracing her. I see her recognize him and wrap her arms around him. How would I possibly do this without him? Later he and I massage Mother's feet, each with a foot in our hands. We sing. Dr. R., who has been coming every other day, arrives and we all gather around her bed. Standing now at the head of her hospital bed, he says with such warmth, "Posy, you are very close."

She responds, looking up at him, her face shining, "I am so happy." She lifts her arms wide to her sides and blows us all kisses. She speaks to us, "I feel so loved."

The Last Three Days

Sunday comes and we all acknowledge an awareness of a transition. The beeswax candles burn, large and glowing with flame, all night, all day, one on the bureau in her room, one just outside her door, another in the kitchen, and one in the living room. Mother is less and less conscious. In one moment of a clear presence, she takes my right hand and brings it toward her face, moving it very slowly from finger to finger, kissing each one. As I bend toward her she is kissing my cheek, now each eye, my forehead, and now my other cheek.

In the late afternoon, I lie down to rest in Mother's big bed, strongly sensing the invisible presence of another. As I close my eyes, I see Mother walking a thin, wire-like form made of light. Arms outstretched to her sides, she moves in a lively way toward the opening of a mauve-brown, soft-in-texture, tunnel. I see bright light at the other end. This is not me in this vision. I clearly see Mother on her way.

Sunday evening she becomes increasingly agitated and we can't keep her safely in bed. She is sweetly determined to get up. By the middle of the night, Larry insists that we call hospice. They send their night nurse immediately. Kathy takes charge and explains that Mother is entering terminal agitation, something about 30 percent of dying people experience. She tries many different ways of calming Mother. She tries massaging her arms and hands for a long time. She tries letting Mother get up, allowing the impulse to be embodied, and then once she tires from sitting on the edge of her bed, we help her again to lie down. Kathy increases the medication. She puts in a catheter. Mother finally sleeps and Kathy invites us all into the kitchen for a meeting. Unable to be away from Mother, I go back to her room to check on her.

Shocked, I find her lying on the floor, on her back, her bent elbows on the floor supporting her as she looks up at me with enormous eyes. She does not look at all frightened, angry, or defiant. Instead she looks like a child, a bit surprised, and maybe cheerful. I call to the others and they rush in. Kathy adeptly directs us to slip a blanket under her, creating a hammock with which she can be lifted back into bed. I watch Philip and Larry's wife, Ruthie, do this so lovingly. I see Larry step back toward the door, looking as stunned and grief-stricken as I feel. I have scooted back on the floor toward the foot of Mother's big bed. I can witness only from a still place.

Kathy takes the catheter out, increases the medications, and calls for another nurse to sit with Mother through the rest of the night so that we can all sleep. The other nurse arrives and I beg her to wake me the instant anything changes, and I lie down in the big bed. I witness the nurse who sits in a chair at the foot of the bed to make sure she is really awake and I see her immediately fall asleep. I get up and sit with Mother, my mother whom I now no longer recognize. Blinking toward imagining this is true, I notice there is only one side left of the shroud to hem. I sew each tiny stitch, not thinking, not knowing, only wanting to be with Mother.

Very early Monday morning, I stand at her window, seeing the sun rising beyond the hills and a full moon falling away. I see Marilyn's house across the street and I wonder what she is experiencing as she looks over here in these days of celebration of her 100th birthday, knowing that her dear friend is dying. Who will die next? Turning back to Mother I see one tear spilling from the corner of her right eye.

Heather, from hospice, comes again and gives Mother a bath in bed and changes the sheets. In the late afternoon, I climb into the hospital bed and hold my mother in my arms. Lying there with her, as though it is the first and last time, I see small droplets of light falling from a specific source above our heads, like a shower of tears made of light, not water. Raining—it is raining light, clear light, soothing me.

With the touch of her soft spine along the front of my torso, I hear myself telling Mother I am ready, whenever she is, for her to die, because her great love is within me, within all of us blessed by her life. Here is an infinite silence and I wonder where I am. Kissing each one of her fingers, naming time passing, marking the infinite ways of touching gratitude, I remember I can do this. Back in the big bed while Larry sits with her, whispers to her, I realize I can no longer find our mother. I don't know where she is.

It is now early Tuesday morning and Philip takes his turn sitting with Mother while I try to sleep. Suddenly I awaken and join him. He goes to Larry and Ruthie's room and tells them to come. We witness, not knowing, as she takes her last breath … 2:10am, Tuesday, December 6, 2006—an eight-day journey complete, a lifetime complete.

Because she insisted that her brain be given immediately to science for research, there is not enough time for me to be ready to let her go. I need more time, more time. Ruthie and I wash her body with white cloths and gardenia-scented water, a candle burning at her feet. We dress her in the blue suit that she wore in my vision when she moved out of my body and so seamlessly into the bright light. Larry, Ruthie, Philip and I slowly unfold the shimmering turquoise fabric, beginning at her feet, until it reaches her chin. We pause. Can I actually make this last gesture of separation from her physical body? Her face is now covered, all of her is under the shroud and we follow Larry in chanting: *Shema Yisrael Adonai Eloheinu Adonai Echad*. I close with a poem from the Indian poet and mystic, Tagore:

When I was born and saw the light
I was no stranger in this world.
Something inscrutable shapeless, and without words
Appeared in the form of my mother.
So when I die, the same unknown will appear again
As ever known to me,
And because I love this life,
I will love death as well.

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That which blossoms
falls, the way of all flesh
in this world of flowers.
– Kiko (1771-1823)

Japanese Zen monks and haiku poets traditionally wrote death poems shortly before death (sometimes just moments before the last breath) to express their understanding of life.

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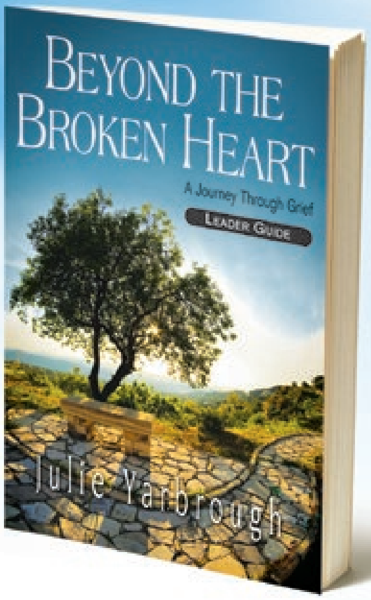

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About the author:

Julie Yarbrough. Inspired by her personal experience after the death of her husband, Dr. Leighton Farrell, senior minister at Highland Park United Methodist Church for many years, Yarbrough established a support group for widows and widowers and began writing for persons who are grieving. She is president of Yarbrough Investments and lives in Dallas, Texas.

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