ONE

Coming to Terms with Our Mortality



Is death something so terrible and absurd that we are better off not thinking or talking about it? . . . Or is it possible to befriend our dying gradually and live open to it, trusting that we have nothing to fear? Is it possible to prepare for our death with the same attentiveness that our parents had in preparing for our birth? Can we wait for our death as for a friend who wants to welcome us home?

HENRI J. M. NOUWEN
Our Greatest Gift: A Meditation on Dying and Caring

n the pages that follow, Dr. Edward W. Bastian, founder of the Spiritual Paths Foundation, talks with both Joan Halifax Roshi and Rabbi Zalman Schachter-Shalomi about the difficulties of facing our own mortality. Joan is the founder of the Project on Being with Dying, training health-care professionals in contemplative care of the dying, and the author of *Being with Dying: Cultivating Compassion and Fearlessness in the Presence of Death.* Zalman Schachter-Shalomi, better known as Reb Zalman, is the founder of the Spiritual Eldering movement and the author of *From Age-ing to Sage-ing: A Profound New Vision of Growing Older.* They discuss questions of facing the best- and worst-case scenarios of our own death to confront our fears head on, rather than avoiding them.

— Ed.

DR. EDWARD W. BASTIAN There is a popular book by Stephen and Ondrea Levine called *Who Dies?*¹ And I think it's a great question for us (even outside of its rhetorical Buddhist context), because death is so often the proverbial "elephant in the room." Nobody wants to talk about it; all of us will experience infirmity, aging, and the irresistible "mystery of death," but we live as if death is something that only happens to other people. So perhaps we should begin with, "Who dies?"

JOAN HALIFAX ROSHI Robert Thurman likes to say, "We all have a sexually transmitted terminal condition. It's called being human." It's funny when you hear it that way, but it gets the point across.

Sometimes I like to begin a talk on dying with an experiment. I ask a series of questions and request that the people stand up if the question applies to them. After they stand up, I thank them, and they sit down again. First, I start with people in health care . . . doctors, nurses, people who work in nursing homes or for hospice. Then I ask people to stand who are currently taking care of a dying person, those who have lost a good friend or a family member, those who have lost a child, and those who have had a catastrophic illness in the past or currently have a

catastrophic illness. And by this time most of the audience has risen at least once and participated in a living demographic, seeing people stand up alone or in clusters all around the room. Then I ask, "Those of you who have 'issues' around your mortality, around death, will you please stand up?" And for this last question, everyone, or nearly everyone stands. Then I ask my final question, "Those of you who want to die in a hospital, will you please stand up?" *No one stands.*³

I have asked these last two questions of thousands and thousands of people, and the response is uniform: we have "issues" with our mortality, and we are afraid of dying in a hospital. And the thing we have to know is that most of us will die in a hospital at this point in our society! Personally, I would really like excellent care when I die, and a hospital offers that possibility. But it's a revolution in consciousness, and a revolution in society, that we're asking for; we need it for ourselves, our children, our parents, and our grandparents.

DR. EDWARD W. BASTIAN It really seems to me that these two issues could be boiled down to . . . fear of death and fear of dying. One seems to be a problem with the unknown, and the other with the known, what we know enough about to fear—murder, tragic accidents, catastrophic illnesses, and the dreaded hospital. How can we get past these fears? Reb Zalman?

RABBI ZALMAN SCHACHTER-SHALOMI You know, at this point, I am over eighty years old, and there is a certain truth that one speaks when one gets close to the end of life. And so what I have to say is as much a "witness" as they are ideas.

There is a lot about death that is painful and that gives us grief—violent death and catastrophic illness, people being

snatched up in the midst of their lives—and these often cause us to think of death as something we have to escape; that's the "emergency room" mentality, where you save a life at any cost. But there is another death about which the Bible speaks when it says, "he was old and sated with days." And there is that wonderful promise in the Psalms, saying, "with length of days I will satisfy you," so that when we get to that ending moment, we can look back at life and say, paraphrasing Goldilocks and the Three Bears, "not too long, not too short . . . just right." (See Zalman Schachter-Shalomi's "Life Review Exercises" on pages 153–160.)

Without forgetting the tragedies of lives being lost everywhere in our world, the people dying from AIDS and other diseases, and the compassion that we need to have for our Mother, the planet, who is crying out from all the pain that she is experiencing now, we need to learn to talk about what is "just right," to talk about the kind of death where one is *sated with days*, and of what happens to us after we leave the body.

DR. EDWARD W. BASTIAN Will you start us off on that conversation?

RABBI ZALMAN SCHACHTER-SHALOMI First, we have to talk about what is holding us back. The truth is, we are not usually very sophisticated about the feelings that are going on with us. For instance, many of us have had—at some point in our lives—an experience of feeling "That's it, I'm gone." Whether, God forbid, when you had an automobile accident or an illness, something caused you to ask with your feelings, often in an instant, "Is this it?" But notice how when you try to go back to that moment, trying to remember the feeling of "Is this it?" just how quickly

you switch gears from *feeling* to *thinking* and abstraction; most of the time, you'll hardly be aware a switch has happened!

In a way, we are "hardwired" not to spend time with that feeling. The earliest and most basic brain construct known to us is what is called the "reptilian brain." And while our brains have evolved much more sophistication over time, the reptilian aspect of the brain is still functioning. So when you sense danger or experience fear of the unknown, the adrenaline starts pumping and everything in your body gets organized for a "fight or flight" response. But if when the feeling of "Is this it?" comes up, we can keep from reacting with the reptilian brain—if we can take a breath and say, "What else is there?"—then we can learn something about transitioning out of this life.

DR. EDWARD W. BASTIAN If the reptilian brain is counterproductive here, then what aspect of the brain allows us to take that "breath" and become comfortable with the idea of facing our mortality?

RABBI ZALMAN SCHACHTER-SHALOMI For this, we have to use the "limbic brain," the aspect of our brain that can reach out and be cozy with these feelings, allowing us to stick around and settle into "Is this it?" From that settledness, we can move into the cortex, which wants to understand, "What was my life all about?" and then, move still further beyond the cortex to the place where we can ask with curiosity as we approach death, "What is this momentous feeling all about? What happens beyond that 'door'?" (See Zalman Schachter-Shalomi's "Exercises for Facing Our Mortality" on pages 161–169.)

Of course, the reptilian brain chimes in again at this point, asking, "Do you want to be distracted from that now?" And the

answer is, "No, I don't want to be distracted; I know that the inevitable is about to come, and I don't want to fight it. I want to surrender to it. I want to relax into it." And in this feeling of peaceful resignation, you can say "amen" to the long hymn of life.

DR. EDWARD W. BASTIAN The fear response of the reptilian brain is interesting here, because usually we get carried away with "worst-case scenarios" and our desire to control the circumstances; what can we do when we are already into that response?

JOAN HALIFAX ROSHI We can use it. I often ask people to explore the "worst-case scenario" in their imagination, touching into the details, seeing who is there, looking at all the circumstances, and paying attention to how old they are in that scenario; because often this fear is just under the skin of your heart and ends up shaping a lot of your decisions. So I think it's worthwhile to take a close look at just what you are afraid of—what thoughts and feelings come up for you as you explore this scenario—and to look at how the body feels. Just to take notice of them, and notice if you don't want to go there, as Reb Zalman was saying.

Once you've done that, then it is important to look at your "best-case scenario"; how do you really want to die? What do you want to die of? Whom do you want to be there? When? Where? And again, notice your thoughts and feelings and how your body feels as you explore that scenario. When that is coming through clearly, you should ask yourself, "What do I need to give away, and what do I need to do to enhance the possibility of my best-case scenario? What are my priorities? What's really important in terms of how I live and how I die?" (See Zalman

Schachter-Shalomi's Scripting Our Last Moments on Earth in "Exercises for Facing Our Mortality" on page 164.)

My own answers to these questions have changed a lot over the years. So it's really important for us to continue exploring these questions, because all of us will face decisions related to our health care and the health care of others sooner or later.

Death is often seen as simply a physiological event, and some even view it as a failure, and even in some instances, a kind of moral failure . . . the ultimate defeat. But the truth is, death is a developmental phase in our life cycle.

DR. EDWARD W. BASTIAN What is the benefit of bringing this knowledge into our awareness?

RABBI ZALMAN SCHACHTER-SHALOMI Elisabeth Kübler-Ross⁷ once described how one of her patients said to her, *Ich will mein Sterben erleben*, "I want to live through my dying." They didn't want to sleep through it; not like Woody Allen, when he says, "I don't mind dying as long as I don't have to be there!" On the contrary, I want to be there!

Coming to terms with one's mortality is important work, especially for elders today; if we, as elders, don't come to terms with our mortality, we aren't going to do the eldering work that is necessary for the health of the planet. We'll just "get old," wasting years in a protracted dying, "killing time" while we could be living and giving what we know back to the planet. (See Zalman Schachter-Shalomi's A Voice for the Planet in "Exercises for Facing Our Mortality" on page 168.)

The Earth needs elder-mind today as much as She ever did. It has always been the task of elders to give over wisdom to the next generation, to be wisdom keepers and to pass that wisdom and experience on to others. It is really important that we grow into sages, that we grow into elderhood with wisdom. We have to realize—yes, technology is changing rapidly, information is increasing exponentially, but how to use it responsibly *is not*—responsibility needs wisdom, not more information. That wisdom comes from sages, from people who are seasoned with a life full of deep experience. But "age-ing" only becomes "sage-ing" as we come to terms with our own mortality, as we take account of our lives and temper our experiences against the knowledge of our eventual death.⁸