Dying into Freedom:
A Nurse’s Handbook to Conscious Dying

Susan C. Storch, RN, MA
Thanatologist
Acknowledgment

To all the teachers that have crossed my path to help me learn and to heal me, I dedicate this book.

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Graciously, I accept the kind offer of Thom Adcox-Hernandez and Jaime Gallardo, to use their painting by California artist Lalo Garcia for the cover of this book. This idea for this picture came from Jaime Gallardo for the logo of Sacred Path Hospice.

Comment

This book may be used in any form for spiritual and educational purposes if the intent is to heal.
Table of Contents

Chapter 1: The Energy Fields of Man.......................................................9
The idea is introduced that man is made of different energies vibrating at different rates which intertwine.

Chapter 2: The Signs and Symptoms of Dying.................................13
Descriptions of the normal changes are that take place when a person dies out of the physical body.

Chapter 3: Issues of Pain Control......................................................19
Appropriate use of narcotics, fear of addiction, and differentiating between pain and suffering.

Chapter 4: Dying a Peaceful Death...................................................23
The writer’s observations that seem to attribute to a peaceful death. What we need to address now to assist us at the time of death.

Chapter 5: What Can Near-Death Experience Teach Us?.............27
Research in NDE shows that there are lessons to be learned from the experincer’s reports.

Chapter 6: Bardo (intermediate) States of *The Tibetan Book of the Dead* .................................................................35
This chapter describes the changes of consciousness at the time of death and in the afterdeath states and its great importance in liberation and the evolution of man.

Chapter 7: The Role of the Guide in Conscious Dying...............39
Addresses how a person can assist another in the transition called death and in the afterdeath state as described in ancient “books of the dead.”

Chapter 8: Script for Death Education and Guiding ..................45
Uses common language to explain the happenings surrounding death which can be used to educate a dying person and a possible script that can be used in each bardo (intermediate) state, based on ancient text using today’s common language.

Chapter 9: Model Hospice for the 21st Century ......................... 53

Conclusion.....................................................................................55
This lifetime, I was destined to confront death at a very young age, and to spend years learning the meaning of death. As a hospice nurse and thanatologist, I feel that death has become my friend. I will share with you the story of this transformation and my work in leading a soul out of the physical dying body into the Light.

Nurses and friends have encouraged me to write this book. At first, I clung to the notion that I was “a person of the oral tradition.” But “this is the age of the written word, videotape, audiocassette, and CD-Rom” has been the reply!

My purpose in writing this is to inspire you to seek and express your own Truth in your unique way. I hope to give you a hint of how to get started on your own exploration of death, dying, bereavement, and afterlife.

One of my earliest memories concerns death. But first let me set the stage a bit. I am the middle child of five. I was born in Montreal, Canada and lived on a ski resort owned by my parents in the nearby Laurentian Mountains. When I was three, we moved to French River, Ontario; the place that I have always considered “home.” I lived close to Mother Nature on a fishing and golf resort. The family traveled between the United States and Canada for many years: Ontario in the Spring and Summer, Pennsylvania in the Fall and Winter.

This lifestyle was an important influence in my life because I became acquainted with various languages, cultures, and religions. I lived among the French Canadians, English, Scotch, Irish, gypsies, Obijway Indians, Amish and Pennsylvania Dutch, and Germans!

Chefs who came to work in our resort were originally from Poland, Latvia, and Lithuania. These people told me of their forced marches of terror while under Nazi domination and life in the concentration camps during World War II. I saw the numbers
tattooed on their arms and contemplated what their lives must have been like.

The karmic storms arrived early in my life; the forces that would mold my life. Alcoholism, mental and emotional cruelty, physical and sexual abuse were the unwanted guests of the family. The stage was set when I was four or five. The alcoholic parent raged, “You bad child. I’m telling the gypsies that live at the end of the lake to come in the middle of the night to steal and kill you.” And I totally believed this parent. I would sneak out of bed at night, hide in a shower wrapped in a blanket, trying to stay awake all night in order not to be killed. I don’t remember when I stopped this practice...in memory, it seemed an eternity.

I don’t know how I would have survived the mental cruelty of my alcoholic home had it not been for my best remembered friend and guide from the Ojibway tribe named Jackie Commando. He was perhaps 8-10 years older than me; he was like the older brother I never had. He would paddle the canoe for endless miles in silence to be with me as I did my long distance swimming; the river healed me and I knew I had this one friend who would protect me from danger while I was with him. He taught me the joy of adventure as we maneuvered through rough rapids and portaged around the waterfalls on the river. His uproarious laugh still sings in my brain. Jackie’s legacy to me was the gift of being with someone who only knew how to live in the present moment. He was a guardian angel in my life, giving me respite from the secret suffering at home.

I no longer feel sorry for the past events; I now realize that I chose to be born into my family. It was destiny through which I’ve learned lessons of tolerance, patience, perseverance, and forgiveness.

For my mental and physical survival, I turned to paths that helped me explore the meaning of life and death: critical care, cancer, and hospice nursing plus the study of thanatology. I have studied thanatology through the ancient texts called the Books of the Dead, such as The Tibetan Book of the Dead and Dante’s Divine Comedy. Importantly, each dying person in my nursing career has been my teacher. It was through meditation and
prayer that I contacted new states of consciousness and awareness. The intense fear I experienced as a child, I now see etched into so many faces of dying people. Every cell of my being calls me to help these people; to at least try.

In my book I will share with you my reality. There may be a risk in writing this down; people may try to replicate my methods and not get the same results. This is not a book about techniques. This is a book about as much truth as I know about death, and I share it with you so that you will become more comfortable with death, and perhaps look upon it as the ultimate adventure to freedom.
In order to understand death, we must have a new perspective of what it means to be human. Most people in the United States understand that the physical body dies. They’ll say, “Melinda died,” “John died.” There is the sense that everything about this human being is totally extinguished with these few words. Beyond that, a person might say, “The soul goes on.” When asked what this means, there is usually no experience based understanding. It has been my experience over the last thirty years in nursing that reading religious philosophies brings little comfort to those who are dying or bereaved.

Without an enlightened understanding of the total process of dying, people continue in their feelings of profound fear and unending grief. The healthcare team believes they have completed their duty on these issues with a referral to the clergy. No one gets to the basic core of the suffering: lack of knowledge of the nature of human existence which includes death education.

It is time to change the teaching of anatomy and physiology to reflect what we have learned of the universe from the “new physics.” We are microcosms of the universe. We, too, are filled with light and different vibrational energies. It is these fields of energy that we must understand in order to comprehend death. I believe we are in an ever expanding universe; a basic understanding is possible now, and more will be discovered and verified scientifically.

None of us have problems accepting what our ordinary senses perceive for us; seeing, hearing, smelling, feeling, and touching. This is the way we perceive the physical realm in which we live. We see the beautiful ocean, feel the ocean spray on our skin, touch the foamy waves on the sand, smell the seaweed with our nose, and hear the music of the pebbles going to and fro with the rhythm of the waves.

There are now many humans whose senses perceive beyond
this physical energy field. In the olden days, these people were considered very special, perhaps psychic. As our species has evolved, these “extra-ordinary” senses are now becoming more prevalent.

The energy fields and bodies of man that we now know are the following: physical, etheric, astral, mental, and spiritual.

The physical field is characterized by being highly visible to ordinary vision, solid, dense, and heavy. The ordinary sight working on the physical plane leads us to think we are separate, distinct from everything else. It is this ordinary vision that sees a dead physical body, cold and blue; that says, “He is dead.”

In reality, we human beings are a Soul, Divine Spark, or Absolute Energy (each of us chooses the proper name of our sacred self) that is inhabiting a physical body on the planet Earth, drawn here by our desires. Ancient texts say this is a warring planet. My experience, being born in 1941, tells me this is true. Others say this is the plane to learn of love; we learn it or get to return to “go” by getting reborn and trying again. We are given bodies to enable us to take actions and learn.

The human being has other energy fields besides the physical, with a corresponding body made from energy of that field. These energy fields interpenetrate each other and are interdependent; defined by their vibrational rate.

The etheric body is the exact replica of the physical body; cell for cell. It is also known as the etheric double. It can be thought of as the mold into which the physical is poured. The function of this energy field and body is to bring energy to the physical body in order for it to be alive. This “vital body” distributes its energy to the physical body through the nervous system. This body is also associated with the term “health aura” because this energy radiates colors; someone with extraordinary sight can perceive these colors which have to do with our state of wellness. This energy body is the connecting bridge from other faster vibrating energy bodies to the physical.

At the time of death of the physical body, it is the breaking of the “silver cord” of this etheric matter from the physical body that terminates the flow of vital energy needed to keep it alive.
With physical body death, the etheric body disintegrates. The etheric body, by itself, can not hold the consciousness, and, therefore is always associated with the physical.

Extending a little beyond and interpenetrating the physical and etheric bodies is the astral body and field; the seat of our emotions. While in waking consciousness, we are usually aware of the power and energy expressed through this body. It loves to powerfully vibrate from strong emotional responses. It is a complete body, in that, the consciousness can operate in this body. During sleep, the consciousness is often focused in this astral body which can travel about and appears almost like our physical body; allowing us to recognize each other on this plane. We might bring the memory of this astral travel through our dream world to the waking state. Some people have the ability to maintain awareness of the consciousness as it focuses through different bodies on different planes. It is like our capacity to tune into many different channels on the television. This ability to change our focus of consciousness allows for a perception of realities other than the physical plane.

During the 70’s, 80’s, and 90’s, we have been encouraged by psychologists to get in touch with our emotions and express them. Our emotional energy and body can be used to further our human growth. A problem arises when the individual doesn’t recognize that he is much more than these strong emotions, and doesn’t align with the finer vibrations of the Soul, Divine Spark, or Absolute Energy. People give tremendous attention to this emotional body; when the person’s life is dictated by these passionate emotions, highly addictive behavior can result...a self-made prison, or soap-opera existence.

The name “astral body” comes from its luminous, starlike qualities. Those with extraordinary vision can see this body quite easily and have described its vibrating, multicolored nature. The colors of this body change dramatically as we change from one emotion to another. We know our emotions can range from intense anger to caring for humanity. These fields have different “layers” depending on the vibration. The negative emotions have coarse vibrations; the more positive emotions have finer, higher vibrations.
Man’s ability to think and express himself has to do with his capacity to use the mental field to build his mental body. Mind processes thought through the physical brain to bring knowledge to the physical plane. This field interpenetrates the astral and etheric; the mental body extends beyond the astral. The size of the mental body depends upon the ability of the person to think and reason. This field can be divided into the lower and higher mental planes. Most people operate out of the physical, astral, and lower mental fields. The higher mental field is associated with blissful, peaceful energy. The increased sensitivity to all the happenings at death have to do with our mental perception.

The consciousness can focus in this mental body and have a “life of its own” while the physical body sleeps. Much of what is learned is not brought through the brain to the waking state but may come through as insights, impressions, or hunches. However, it is totally possible to clear a channel from the higher mental plane to the waking conscious state...and even beyond the higher mental field. This implies a mind that has been trained and stabilized; a mind that can hold a thought-free state. When this state is achieved, we can comprehend and participate in multidimensional living.

Beyond the higher mental field, we have the realms of Spirit...the regions that Perfected Souls dwell in. This is an area beyond the scope of this book; ancient texts state it to be Total Compassion.

It is wonderful to become sensitive to these energy fields. As I’ve sat with so many wonderful beings whose physical bodies were dying off, the movement of these energies and bodies have come into my awareness. I am still very much a student, but my “usual” sense of reality has forever been changed.
Chapter Two
The Signs & Symptoms of Dying

Anatomy and physiology are subjects taught from grade school through high school and university. When studying the human, I've never been taught how a being dies out of the physical body in terms of energy bodies. Considering every person is going to go through this process, enlightenment on this subject is needed.

This chapter will explore the external and internal signs and symptoms of death.

Modern science says our universe came into being through the “Big Bang” theory. It is from bits of this explosion that the human body is made. The Tibetan Buddhists say our body and mind are made from the elements of earth, water, fire, air, and space. When these body-mind elements dissolve, there is death.

Weakness of the body is a very visible and dramatic sign to the dying person. One realizes that no matter what one does, the vigor is not returning to the body. Usually the legs become weak first. We tend to keep strength in our hands and arms longer. These limbs feel cool or cold as the energy leaves them; this is normal. Not everyone has this coolness, but it is a very common sign.

The need to eat and the ability to digest food diminishes and will end. When close to physical death, the ability to swallow is lost. It is comforting to moisten and cleanse the mouth and place a protective ointment on the lips to prevent dryness and cracking.

During my nursing career, I've heard many arguments between the dying person and family or significant other over food issues. The plain truth is a dying physical body no longer needs to eat. In fact, I've seen suffering caused by well intentioned people who will force drinking and eating when the swallow reflex is greatly diminished. The choking that ensues is distressing to witness. Sometimes, I believe the family can't accept the imminent death and, therefore, demands the intake of food. Squabbling
about food follows, with loss of this precious time for healing relationships, acceptance and letting go.

Because the eating and drinking have decreased or stopped, there is little urine production (dark yellow in color) and bowel elimination is reduced or stopped. A dramatic decrease of urine production, combined with other signs, often means death within three days. It is not uncommon at the moment of the last breath for the physical body to release any remaining urine from the bladder and feces or gelatinous substance from the bowel. This happens because death brings total relaxation of the bladder and bowel muscles.

The sleeping pattern might be altered for quite awhile before death. Sometimes one finds the person’s day and night have reversed; asleep all day and up all night. If this person is at home, there is havoc for the caregivers. Part of the altered sleep pattern is from the profound weakness; some from pain medica-tions...(remember that Morpheus is the god of Sleep, hence the name morphine for our “gold standard” narcotic). The health-care team will try to regulate medicines for pain in order to maximize the “good” awake time. However, the dying person’s status may be such that, to keep the person out of pain, the amount of pain medication given also produces sleep. Families and significant others usually believe they’d rather see the person peacefully sleeping, than awake and in pain.

Often the reason for the sleep pattern reversal, is that the darkness of the night reminds them of death; something to be feared. The morning sunrise means, “I’m safe, now I can go to sleep.” This problem can best be handled through death education, exploring the fears concerning death, having someone sit with the person at night, and sleeping medication if the other things don’t work. It is very common for the sleeping medicine to be repeated once during the night. Sometimes a family will pool resources to hire a night nurse. This is also the time to ask out of town family and friends to take the night shift one week at a time. Protect the primary caregiver from sleep deprivation.

A word of caution about moving the person to a single style hospital bed; this is the type usually rented by the hospice or home health agency. If possible, I’d much rather see the rental
of a double bed with electronic controls, so the partner can still lie beside the dying person. This closeness is very comforting, and allows for many more catnaps by the caretaker. If this type arrangement is not available, I’ve seen people take the large mattress off the bed and place it on the floor...preventing falls out of bed. This works well providing the caretakers have strong backs!

A problem for caregivers during this time is exhaustion. In the older population, there might be the situation of an 80 year old wife caring for her 83 year old husband; they have been married for 60 years. The adult children do not live close by and the husband doesn’t want “any outside help.” The wife is willing to give every last ounce of energy in caring for her partner at great cost to herself. This scenario takes place in the Gay community when both people of a couple are in a rapidly declining health status due to AIDS disease. One partner is totally giving to the dying lover and having to compromise his/her health in the process. This is why I feel we need inpatient hospice facilities as well as home hospice care. These inpatient hospice facilities (free standing or in existing facility) offer us an option for care without driving the caregiver to exhaustion.

Another sign of impending death, is the increased heart rate as it tries to deliver more oxygen to the failing body. One can observe the pounding of the heart in the throbbing neck veins and pulsating large blood vessel of the abdominal area. It is common to feel an irregular pulse beat at the wrist. As the heart weakens and the chemical imbalance progresses, this irregular heartbeat becomes part of the normal pattern for a dying physical body.

Congestion of the breathing system comes about because the body can’t handle the usual secretions; you might hear gurgling sounds in the throat or chest. Sometimes this is helped by raising the head/chest area on two or three pillows, raising the head of an electric bed, or raising the head of a regular bed by placing blocks under the two head casters (these can be obtained from a hospice or home health supply company). Sometimes a medication is used to help dry up these secretions if they are copious. Very infrequently, a suction machine will be
used for secretion removal. No one enjoys being suctioned; trying the above mentioned measures are recommended first. It is important to realize some congestion is normal. Another reason this happens, is that the rapidly beating heart has become an ineffective pump and the fluid backs up into the lungs. In fact, the heart and lungs can be thought of as one continuous system; malfunctioning of one immediately and directly affects the other.

Because of this situation, it is extremely important not to overload failing heart or lung systems by placing intravenous needles into the veins to deliver fluids “IVs”. It is counterproductive to treat a dying body for dehydration. Dying physical bodies are under less strain if they are “dry.” Many times it is this fluid overload from IVs that causes undue congestion and pulmonary edema; this brings with it unnecessary discomfort, distress, and struggle. Giving IV fluids to an actively dying body is not an act of compassion.

Restlessness can be a distressing symptom to see and deal with. It is usually caused from lack of oxygen (remember the lungs can no longer take in oxygen adequately...this is normal in a dying body) and the buildup of products of metabolism in the blood. This happens because the whole body is in a shutdown mode and not excreting these “poisons” through the urine system which is in low production. A quiet reassuring voice, gentle stroking of the hand and arm, body massage, peaceful music are helpful remedies; sometimes they need to be coupled with a mild antianxiety medication. For extreme restlessness, stronger types of medication will be needed to break this cycle which distresses the patient and the caregiver.

Anxiety attacks are usually caused by a mind conjuring up terrifying thoughts. This “monkey mind” can be calmed through meditation, listening to a guided meditation on audiotape, seeing a meditation video, or participating in co-meditation. The latter is of particular interest to me, because it does not need any prior experience to be effective. It is a process of using the breathing to directly affect the mind to quiet it down; this is done with a partner with the patient being the lead person. Medications are frequently used for anxiety by the healthcare
team without trying any of the aforementioned which I feel are superior methods: participating in a method where the patient gets control of his mind and not dependent on a pill.

The hallmark sign of dying is a dramatic and permanent change in the breathing pattern. One can observe rapid, shallow breaths from the upper portion of the chest. Eventually, this rate begins to decrease; it could change from 20 per minute up to 44 breaths per minute and gradually down to 8 breaths per minute. Soon an irregular pattern begins which has periods of no breathing.

So one might see two regular breaths, a lapse of 20-30 seconds, then another couple of breaths. The “regular” breaths at this time are not from the upper chest but are low in the abdomen. This irregular breathing with periods of lapse is called “Cheyne-Stokes” breathing; a sign of imminent death which usually happens within one to three days.

There are great changes in the state of the mind while these visible physical changes are occurring. Although some people are mentally clear the whole journey, it is not unusual to observe agitation, irritability, frustration, and decreased perception. These conditions might arise from the impairment of the body functions and the lack of excretion of toxic products, These circulate in our blood stream rather than being excreted through the kidneys. The type and quantity of pain medicine is a definite factor in mental clarity; each individual showing his unique response. Increased weakness and decreased oxygen delivery to the brain are another two factors influencing the state of the mind. Many times the person very close to dying out of the physical body will be semicatatose to catatose (little or no response through the physical body). This is a very quiet time with total drawing inward of all the forces. There is little or no pain, usually, in this state; no more eating or drinking. Simply being with the person is the gift. It is most important to remember that the person can still hear; continued communication from loved ones and friends reassures the person “all is on course.”

Often the person, with the loosening of the boundaries of ordinary mind, will see and talk to deceased family members.
Dying brings with it altered states of consciousness, so these communications from those that have come to help the dying person are very comforting. Perhaps you are not aware of this nonphysical being; this is one of those times when the dying person becomes your teacher...observe and listen intently.

The Tibetan writings on death and dying teach there are internal signs that occur as the external signs are happening which correspond to the dissolution of the elements from which we were formed. For the person interested in liberation, it is helpful to be informed of the internal visions that accompany dying of the physical body. The person dying out of the physical body can be conscious of the internal map, no matter what is happening externally. For further study in this process, refer to Chapter 15 in *The Tibetan Book of Living and Dying* by Sogyal Rinpoche.

When reflecting on our life on Earth, it is crucial we take that first breath at birth and crucial we give up the breath when death beckons.
Pain control is an expanding frontier. There are new drugs being produced and new delivery systems. Basic research on the nervous system gives us a deeper understanding of the sensation we call pain.

The issues I would like to address have to do with the amount of drug given, fear and myths, pain versus suffering, and delivery systems.

Pain education addressing the causes of pain and their control has made great strides in the Western world in the past 20 years. Most of the education has been geared to combat underdosing due to the fear of drug addiction.

The word “addiction” has negative connotations. Education has helped to change this judgmental attitude. In the old system, the physician made the judgment call as to what was the proper dose; today, the dose depends upon the patient’s subjective response and a partnership with the healthcare professional in finding the adequate dose. There are tools the health professionals use in grading this response (i.e. face symbols from happy to sad which have a numerical value).

There is also the fear: “if I take the strong medicine now, then there won’t be anything that works when I really need it.” Pain research has proved this to be incorrect. Through careful pain monitoring, first line narcotic drugs can be used effectively for long periods of time (months to years).

My experience has been if the drug is being used to alleviate physical pain that is increasing, demonstrated by tumor growth for example, there is little need to worry about addiction. When working in radiation oncology, it was not unusual for people to need high doses of narcotics until the radiation was able to kill off or reduce tumor size, thereby taking pressure off the nerves and tissues causing the pain. When the cause of pain was removed or reduced, the drugs were greatly reduced or stopped.
Addiction factors may come into play when there are physical disease causes for pain and great psychological stress and/or previous history of addictions.

Another fear in families and care providers is: “I don’t want to be the one to give the last dose of pain medicine.” The implication being that they had helped “kill” the person; the guilt was too much to live with. If the medication is the usual dosage or slightly higher per parameters ordered, the medication has to do with keeping the physical body out of pain while the emotional, mental, and spiritual bodies make their exit in a smooth manner. The medication might also be used to calm down an excessive breathing rate which is causing the physical body undue distress. Remember that there is a direct relationship between our breathing rate and the state of our mind.

I remember one time watching a young man struggling with his breathing as he was close to leaving his physical body. At this time he was semicomatose to comatose. I encouraged his wife, who was lying on the other bed in the room, to get into his bed and snuggle up to him. A little later, I quietly peeked around the curtain to see how they were doing. Both were fast asleep, he was calm and breathing in a slow, deep rhythm matching her pattern! What a beautiful sight to see at 3am. He died out of the physical body a few hours later in this peaceful, gentle state.

Overmedicating occurs when healthcare workers, families, and significant others have good intentions but lack death education and pain management skills. “I don’t want him to suffer any more.” This is often what I hear when I see a person in a stuporous state that is drug induced. In essence they often wish that the person had already left the physical body; they can’t take anymore. A reminder to these well intentioned people often suffices; let the patient determine when he wants to leave, turn the problem over to a power greater than yourself to handle, return to the present moment, and don’t let one’s mind get into a frenzy. For this very moment, are conditions tolerable? Does this family/significant other need support from volunteers who will walk the last mile with them? Issues of “quality of death” come into play for the patient and caregivers. The caretakers individual needs must be addressed in a compassionate
manner; perhaps a grief counselor may be of great assistance to the caregivers in expressing their pain.

Another “overmedication” issue is the giving of high dose narcotics on a regular basis; “Just in case he is having any pain. I don’t want him to suffer at all.” This is done when there is little or no signs of pain present. Again, a stuporous to comatose state is induced by drugs (plus the declining physical factors). “How do you know he doesn’t have pain?” My answer, based on years of experience and pain control education, is that the physical body will tell you if it is in distress. Even when in a semicomatose to comatose state, the body gives off signals of pain: moans, grimacing, clenching, spasms, shrieks, fluctuating pulse rate, and unexplained large drop in the blood pressure. Families and significant others become experts in monitoring these changes, and thereby, feel empowered to better care for their loved one.

This brings us to the issue of pain versus suffering. Is there a relationship, or, are they two totally separate entities? For ease of thinking, I’ll define pain as an unpleasant sensation of varying degrees in the physical body, and suffering as an unpleasant sensation of varying degrees in the emotional/mental bodies. Because of the mind/body connection these very often overlap and intertwine. When one has denied thinking consciously about death, not recognizing death as part of the life cycle, the confrontation with this reality results in tremendous emotional upset. Often, I believe, the patient perceives all the sensations of pain and suffering and labels them “pain.” He’ll tell the doctor, “The pain is unbearable.” A repeated cycle of increasing the pain medicine follows without relief of the distressing symptoms. The solution to this problem is the willingness to explore death education with the person and to address the emotional issues of loss. Issues of “pain” in a dying person are multidimensional, physical pain reflecting psychological issues, and need to be addressed accordingly.

The delivery route of pain medicine is another important issue needing attention. My main concerns are ease of delivery for the patient and family/significant other, effectiveness, and cost. Pain management has many options of delivery: oral (including
lollipop), nasal spray, rectal, transdermal patch, injection into the tissue which can be intermittent or continuous, intravenous through needles or catheters (short or long term), nerve blocks, and medications into the of the brain and spinal column. The list goes on with man’s research and creativity.

When a person is in an acute care hospital setting the high-technology world is a given. The problem arises in the transition of pain management from this highly professional, highly technological scene to the home or other care-giving setting. Medications for pain need to be properly adjusted and converted to an oral route or the least invasive method which meet the three concerns stated earlier. All too often, a high tech system is initiated in the home not different from the one previously used. The patient remains hooked up to machines and entangled in a maze of tubings. These invasive, high-tech methods are frightening to the patient and family/ significant others in many instances (especially aged seniors). In the appropriate instances I certainly advocate the use of such technology. However, if a pill or liquid can easily be given and the dose adjusted, I advocate these methods. The high-tech pumps et cetera bring a lot of revenue to manufacturers, home health agencies, pharmacies and hospitals. The care and servicing of this technology is very costly. A much better use of this money would be to hire a certified home health aide to assist in the care of the dying person and to allow respite to the caregivers.

Why is it our insurance writers fund machines for technology and won’t fund basic, compassionate needs that only another human being can give?
Chapter Four
Dying a Peaceful Death

Some people die peacefully. Is there something we can learn from their experience?

First of all, a person who is dying who has developed a philosophy of life that includes the idea that we are more than our physical bodies, is in a much better position to deal with the deteriorating and loss of the physical body. This philosophy might be grounded in any religion with an afterlife view. In the Tibetan view, the physical body dies but the subtle body, what we may call an energy field continues. In the Indian karmic view, the mental and emotional impressions are carried forward into the next life by the means of the subtle body.

A person who dies peacefully has surrendered anger and fear, and all past wounds and guilts. Energy is no longer expended in mentally going over things of the past that did not happen as desired. There are no more regrets, this person has lived life as fully as possible.

People who die peacefully generally have a cosmic view that includes a pattern of cosmic consciousness, or of God as the divine creator. In His/ Her wisdom, all things arise and fall. The purpose, although not comprehended by humans at times, is loving, ultimately. These peaceful people hold gratitude for all that has been, all the opportunities, all the blessings that have been part of their lives. There is a feeling of forgiveness towards all and everything, a belief that we all did the best we knew how, despite perceived failures. There is a feeling of acceptance of the divine cycles of life and death.

A person who dies peacefully has been able to understand and experience the inner light as his/her essential being. Through meditation, the person may have an out-of-body or nearing death experience, and has faith in his ultimate destination; to a place of love and light. A person who dies in the light may have read about near-death experiences, and realizes there is
a map for the territory of dying, with common denominators of light, love, reunion with loved ones, life review and bliss. There is a loving presence in the form of a recognizable being such as Jesus and Buddha.

A person who dies peacefully is likely to have read Elisabeth Kubler-Ross’s book *On Death and Dying*, and recognizes the stages of dying being passed through: denial, anger, bargaining, depression, acceptance or resignation. As these dramatic changes are faced, the person can take comfort in accepting the various stages as they appear, overlap, disappear. And all the time this person knows the journey will take him into the light; his true essence. There is no need to fear the dissolution of the temporary, physical body which is being shed like a snake’s skin.

Many people do not want to deal with the unfinished business of life or have any interest in philosophy, subtle bodies and the like. They want simply to die without pain, usually quickly, giving over all responsibility to their medical doctors. However, once the medication level is raised high enough to do away with the pain and produce a stuporous state, the person has lost the ability to carry on the work of integration and acceptance that will enable him to achieve the highest evolution for this lifetime. If so, that is his choice and the caregiver can only stand by.

Much of the fear of dying is based on erroneous belief systems. There may be the idea that this should not be happening to me, not now, not ever. There may be a belief that God should not let death happen to people, and not to me. There may be many ideas that are confronted and refuted by being faced with death. What happened to the loving God? Am I being abandoned? Was my life for nothing, is this the ending? No one can take away the suffering that results from adhering to these ideas.

A person is likely to die peacefully if they have been able to say their “good-byes” and “I love you’s” to people close to them, near and far, alive and dead. It is important for a dying person to realize that expressions of love and leave-taking and sorrow should be undertaken at this time. It is essential to realize that silence and a refusal to acknowledge what is happening, result
in further distress and alienation.

It is important for the dying person to look at the stages he is going through and to fully express one’s feelings. Especially to look at what one might be angry about, is of great value. To be angry means you still desire something from life. What is that for you? Who has hurt you? Who do you need to forgive? Forgiveness and release are great gifts you can give to yourself which end suffering.

The person who dies peacefully is likely to hold on to loving thoughts and a visual image of light, both for oneself and for those held dear. We can pray for physical healing and we can pray for emotional and spiritual healing. The latter can enable the bereaved family to feel somewhat empowered, although they may not be able to bring back physical health to their loved one.

The dying person should have the understanding that all bargaining is future oriented, which takes away energy from the important work of bringing one’s mind to peace through being in the present moment. The person facing death may find value in writing on a piece of paper all the bargains he would like to make with God, and letting this piece of paper be consumed by fire, as an act of surrendering to God’s plan.

It is helpful for the dying person to realize that the withdrawing and depression are valuable experiences which can last a few days and up to a week. During this time, the subconscious mind and everyday consciousness are doing battle with the reality of imminent death. Having won the battle (acceptance of reality), the person can reconnect with the outside world with a sense of inner peace...the peace that surpasses all understanding. (Remember, depression is normal for everyone who realizes that endings are taking place on the physical plane).

If the family and friends and dying person have knowledge of how a physical body dies off, this too can be peace-producing. For instance, the breathing pattern changes and there is usually throat/lung congestion, only small sips of water are tolerated; these are all part of the process. If the dying person slips into coma, loved ones realize they can still talk to the dying person
because they can always hear.

Knowledge is power. Perhaps now, more than any other time in history, people can understand the processes of dying; physically, psychologically and spiritually. And they can choose to create a positive dying experience, knowing they are returning into the
Chapter Five
What Can Near-Death Experience Teach Us?

Near-death experience has been in recorded history since the ancient Vedas through Christianity to the present. This phenomenon has become more common in our society with the advances in medical technology in the early 1960s.

Medical doctor and philosopher, Raymond Moody, popularized this subject in his now famous book, *Life After Life* which was published in 1975. I believe it was his philosopher’s mind that “heard” what these people were saying and correlated it with ancient writings; bringing about his research and books. In this book Moody lists 15 common experiences that people said they underwent in near-death incidents. Most people interviewed had 8 out of the 15 experiences:

1. Ineffable- inexpressible experience; no words will express experience.
2. Hearing the news- M.D. pronounces they are dead or dying.
3. Feelings of peace and quiet- auto crash, flash of pain, floating.
4. Noise- auditory buzz, it can be loud, disturbing.
5. Dark tunnel- rapidly drawn through dark tunnel; some see light at end.
6. Out of the body
7. Meeting others- guides; say you must return
8. Being of Light- LOVE and WARMTH; guide; describe/culture-religion.
9. Review- “What have you done with your life?” Flashbacks; lessons to learn: love, forgiveness, patience.
10. Border or Limit-associated with a gray mist or water.
11. Coming Back- complete unfinished business; tasks to accomplish.
12. Telling others- feelings of absolute reality
13. Effects on lives- changes in perception, deepened experience of small beauties—nature, home. Change in attitude to positive values, preciousness of life, no longer want to waste life.

14. New view on death

15. Corroboration—experiencer witness to happenings; M.D. relates same.

I recommend this book because of its content, ease of reading, and clarity.

Many people have joined in on this pioneering research; cardiologists, pediatricians, psychiatrists, professors, scientists. All have contributed to this body of literature which fascinates the public. Professor Kenneth Ring in Life at Death describes the experience like this:

1. Affective component: peace and sense of well-being
2. Body separation: leaving the body
3. Entering the darkness
4. Seeing the Light
5. Entering into the Light
6. The decision to return to life
   a. Life review
   b. The encounter with a “presence”...mental understanding, a few hear
   c. The encounter with deceased loved ones; not happen for all
   d. Making the decision
      1. They decide
      2. They are sent back

A near-death scenario might be told to you as follows: “I knew I was having a heart attack, I could hear the doctors giving orders and see the nurses giving me cardiopulmonary resuscitation. While this was going on I felt myself swoosh through a dark tunnel and I heard a loud buzzing in my ear at this time. Then “pop” I was out of my body and saw my deceased grandmother greeting me. I remember being drawn toward this beautiful light; it was full of love. Beings of light explained what
happened to me and that it wasn’t time for me to come here yet and that I will be going back. I asked them, without talking with my lips-just thinking, who they were and many questions about life as they experienced it. I was taught many things, some I remember and some I don’t…I only remember the essence. They asked me what I was doing with my life. I saw many flashbacks in my life; there were lessons I needed to learn concerning love, forgiveness, and patience. There was a limit beyond which I could not pass. I knew it was time to come back to complete my life. I fell into unconsciousness and awakened on my hospital bed. I healed, returned home…I was not the same person. I knew I was a spiritual being who was inhabiting my physical body. I appreciated the preciousness of all creatures of the earth and the beautiful plant world. Old worries seemed irrelevant, I realized how lucky I was to see the wholeness of life. I want to share this with everyone.”

One explanation of this event is that the person did experience a life-threatening event and the technology was able to assist in bringing him back to physical consciousness in a physical body. If we look at our energy bodies, we realize he was forced out of the physical body but still attached by the “silver cord” while the consciousness was focused in the mental body. In this mental or astral body, he was able to travel to different planes, enter the heaven realm, use the inherent clairvoyant and telepathic capacities of the mental body, and then return into his physical body. The ability to remember teachings when one returns into the physical body depends upon the bridge we have built to these higher realms than our everyday consciousness.

Many of these happenings are recorded in *The Tibetan Book of the Dead* in the description of the dissolution of the physical body and in the bardos (see chapter 6).

As an observer in this process, being a nurse in critical-care units in the 1960s and 1970s, I recognized the power and calm these people experienced. Quietly and cautiously, I would ask if they remembered anything of our intervention to save their life. In minute detail, most could describe what the medical team did and what happened to them in “other” realms.
To be with someone who has undergone this experience, is to enter into the experience because it is so real, so vivid. These are the people that remembered a rich, positive experience. Some didn’t remember anything, others remember only a darkness. I don’t believe all these experiences are positive, but the mind may bury the negative experiences in the subconscious mind. This happens all the time when we are focused in the physical body in everyday consciousness. When we feel safe to remember these events, they will be “remembered.” The positive or negative quality of the near-death experience depends upon what plane we are drawn to; the heaven world (high planes of the mental plane) or the hell realm (low realms of the astral plane).

There are qualities about the person relating the experience that are astounding: exuberance, awe, humility, fearlessness concerning future physical death, transformed, spiritual depth, vividness of memory, quantum growth as a human being. When a person is telling me of the near-death experience, I have no sense of when it happened because of the enthused, full of life expression in the voice and body language. It could have been two days ago, two months or twenty years ago; the expression of the event is the same! As time goes by, the meaning of the experience grows in richness; there is no fading.

Another description of near-death experience, quite different than those from Raymond Moody, M.D. and Kenneth Ring, Ph.D., is recounted by James Perkins in his book *Experiencing Reincarnation*. He was walking near a freeway in Chicago on a cold, wintry day. There was no traffic in sight. He was in a deep state of meditation when a car came from behind after drifting across the road and struck him. “The astonishing truth is that my stream of consciousness, which was engaged in meditation, was not interrupted! Whatever happened to the physical body occurred with no attention given to it. My awareness remained focused in the abstract regions I had entered while walking along the road prior to the accident. The continuity of my mental pursuit remained unbroken, and following the violent change in my physical body.” page 7

He continues, “What was important was the expansion of
consciousness that opened horizons vaster than any I had ever before experienced. Indeed, the expansion was overwhelming. I seemed suddenly directly related with everything in existence, and completely devoid of any sense of time or space.” page 7

This went on for five days before he returned to his physical body permanently. He states during that time he would temporarily enter his body to answer the nurse’s questions! There was no meeting of people, talking telepathically, or going through a tunnel. He had entered a state of cosmic consciousness where he became one with everything.

This is an important recorded event to me because it implies the trained mind in meditation can maintain the continuity of consciousness while going through a violent near-death experience. In the body of literature known as “the books of the dead” (i.e. The Tibetan Book of the Dead, The Egyptian Book of the Dead), the teachings state the trained mind, death educated person can leave the physical body in the death process without losing consciousness and enter into an ever-expanding universal flow of energy. This state of consciousness is beyond the recorded former lives which are kept in the akashic records (mental plane).

These different experiences have lead me to totally believe in their reality; it is a message of hope. I offer this message to people who are uneducated concerning the dying process as a gift from one person to another; I’m the messenger. I can say, “I haven’t had a near-death experience but I was nursing Tom when he did. This is what he told me.” I then tell the experience with the exuberance that has entered me through Tom. If this is received with interest, I will tell him of books about near-death experience and offer to have a volunteer read it to him. This offer is often accepted; it is a wonderful experience for the volunteer as well.

I believe near-death experience has taught us the following:

1. There are guides and Beings of Light to help us at the time of death.
2. We can call upon these guides to help us prior to dying out of our body.
3. We experience only the amount of light that our mind can tolerate.

4. Judgment comes from within; the highest spirit part of ourselves is weighed against our actions, deeds, and what we carry in our heart.

5. This life is about learning lessons of love and compassion; letting go of anger and desire.

6. The last thoughts on a person’s mind upon entering into death are very important (chaos versus serenity).

7. The death educated, meditative mind has the possibility of not being thrown “off course” in the goal of merging and becoming one with the Light.

The treasures from patients’ near-death experiences I’d like to share with you.

An elderly gentleman came into the intensive-care unit and experienced another “heart attack” with aggressive intervention being needed. Later, he told me, “Susan I saw a flight of doves coming toward me. There was one that came right before my face and fluttered its wings. “No,” I told it, “I won’t go yet.” That dove then joined the flock which flew around the back of my head and then into the sky in front of me.” This gentleman recovered and the last time I saw him was at a Mall where he was shopping to go on a summer camping trip near Hoover Dam!

A young man came in from a farm to the intensive-care unit after being in an accident where the tractor he was driving flipped over with him underneath. He sustained major crush injuries with great difficulty breathing. His heart and lungs stopped working; his heart was shocked to make it start again and a machine breathed for him (ventilator). We were working fast and furious to save his life. I remember going home that afternoon in a state of exhaustion. A few days later when he came off the ventilator, I asked him if he remembered anything of this critical time. “Susan, I was swept out of my body very rapidly, and I was watching the rescue by the doctors and nurses from that corner up on the ceiling (pointing to it). I remember trying to tell you I was going to be O.K., but you were too anxious to hear me! I then remember seeing and be-
ing near this wonderful rainbow, no, I was the rainbow. I was peaceful and happy.” I explained to him there were ancient teachings that I had studied from Tibet that told of this rainbow body; it is a very high state of consciousness; a very pure body that vibrates at a high frequency. I said, “Perhaps this is what you’ll experience when it comes your time to die.” He looked at me incredulously, “Who could ever be afraid of dying then?” It interests me that many years later, when pediatric near-death experiences were being documented the children were drawing pictures of rainbows.

I was asked by nurses if I could be with a dying middle-aged woman who was brought from her solitary lifestyle in a mountain cabin. Neighbors became concerned for her when they hadn’t seen her out and about. No relatives could be located for her. I went in to her and saw she was very close to dying out of the physical body. I said, “Mary we can’t find any of your relatives. There is nothing more the doctors can do to save your physical body. You and I have been brought together to journey this last mile together.” I spoke close to her ear, she was semicomatose to comatose at this time. “Mary, when you want, take the last few breaths and rise up through the top of your head. Call upon the Holy Ones to come help you now. I know you can’t speak out loud but you can send out messages with your mind. I tapped the middle of her forehead. You can call upon Mother Mary, or Jesus or Moses or Buddha or the Great Spirit. Call whomever you want. You can also call your mother or father to help you now. With that statement, an incredible event happened. In a dying, comatose state, I saw her rise up at a 45 degree angle from the bed, kiss someone in front of her (I could not see anything) and then lie down again. There was a sense of peace and calm about her; she died out of the physical body a few minutes later. This exquisite happening follows what is reported in near-death experience; loved ones who have departed come back to help in this transition. This is not a NDE but a nearing death experience that is so powerful; for the dying person and the person who is there as witness.

Eric was a young man dying in an AIDS hospice. “Susan, you promise, no matter what, you’ll come to help me when I call
you." “Yes, Eric, I’ll be there no matter what.” Late in the afternoon, I visited Eric before I went home. I knew the call would be coming soon. Late that night, the nurse phoned to say Eric was calling for me. When I arrived, I saw he was surrounded by his loving hospice volunteers and friends. There was no family Eric wanted around him. As I sat close to him and communicated I was here for him, he stated “Susan there is a black, scary thing that won’t let me go to the door.” “That’s O.K. Eric. We’ll call upon Jesus (his choice he had communicated to me earlier) to protect you now and I’ll walk with you to the door.” At this time, it appeared to me there was no barrier to his consciousness being on multiple planes at the same time. As we walked the path together, we were holding hands physically, Eric again stated how scary the black thing was. I encouraged him to invite the black thing to join us in opening the door to see what was there. In a very loud, strong voice he extended the invitation! He said the black thing said, “O.K.,” but that he was still scared. To watch Eric at this time was awe inspiring. His eyes opened so wide, his mouth dropped open, his very frail body shook with delight. “Susan, Susan. You won’t believe what I’m seeing.” “Yes I would Eric. What is it like?” “It is so beautiful, you just can’t believe the colors and lights. They are shimmering. Oh! It is so beautiful here. Susan, there is a little girl here. She’s dancing toward me. She has on a pretty white dress and she is very blond...there she is! I wonder where she is going?” Eric made many more such observations. Then I asked, “Are you ready to go through the door?” “NO way, not yet!” For three days Eric vacillated, checked things out, had his last hamburger and french fries (how he could eat this I’ll never be able to explain!). He died after his foster mom, of long ago, visited him. Quietly, gently Eric slipped out of his physical body and through the door into the land of awesome light.
CHAPTER SIX

Bardo States of

The Tibetan Book of the Dead

There is no word to explain *bardo* in the Western culture. Words have been used to describe this intermediate space where changes in consciousness take place. One of these instances, is at the time of physical death when the consciousness enters the bardo, undergoes transformation, eventually is liberated or reborn.

The esoteric or mystical traditions of each religion cast light on the subjects on life, death, afterlife, rebirth, salvation, redemption, liberation. It has been my experience that the mainstream Judeo-Christian religions ignore these traditions or “disinherit” them. The problem arises in that the answers to many questions concerning death issues are incomplete in the exoteric texts.

My journey to understand the pain, suffering in dying that I was seeing in my early nursing career which was not attended to, led me to study traditions from around the world. Thus began my study of the “books of the dead” in order to search for a solution.

In my study of *The Tibetan Book of the Dead*, I’ve found the most knowledge because of its detailed study of the changes in the physical body and consciousness during the dying process, moment of death, and afterlife. It speaks to the issue of maintaining consciousness during these transitions in order to gain control of our destiny.

In the book *Life to Death: Harmonizing the Transition* by Richard W. Boerstler and Hulen S. Kornfeld (page 17) an interesting commentary is made concerning *The Tibetan Book of the Dead*:

“It is intriguing to speculate about life after death. The different traditions have many and varied stories giving impressions of heaven, paradise, hell, and fate of the soul after-death, but most say little about what happens at the moment of death. However, *The Tibetan Book of the Dead* provides extensive details of this passage. It describes what Tibetan
Buddhists believe happens during and immediately after death. No other literature, East or West, is so explicit."

The Tibetan Book of the Dead states there are bardos (intermediate or inbetween) states one goes through before being reborn into another realm. The bardo is the extremely powerful time of the appearance of the Clear Light and the unwinding of the mind. Recognition of this Clear Light or of the happenings in the bardo leads to liberation. This means the ending of births by necessity; there can now be choices of how one wants to serve.

The cycle would usually be birth into a physical body, illness and death, bardo without recognition, rebirth into realm according to one’s actions in the past life with influence from past lives. Eventually one would die out of this life, go through the bardo, reborn into another realm...the process repeating until we awaken in consciousness to reality.

The powerful moment of the Clear Light happens for everyone and recognition of this Light as one’s essential nature brings liberation. This moment of the Clear Light usually happens 15-20 minutes after the clinical death of taking the last breath. For a spiritual practitioner it might be with the last breath. This “inner death” happens when the white seed of intelligence descends from the mind to the heart and the red seed of bliss arises from the low abdomen to the heart. These seeds join to create a “blackness of fullness” at which time all thought ends; this creates a gap, out of which the Clear Light arises. With recognition, the bardo process ends and liberation is gained.

If one doesn’t recognize this light, one continues in the bardo. The mind comes apart into its primordial colors; there is further mind displays in light, sound, and color. If recognition, there is liberation, if not, the next bardo happens.

All the events of the past life come before the being in the bardo. This can be an unsettling event because without a physical body, it is said all happenings are 7 times more powerful. For instance, an unresolved fight would be recreated with 7 times the intensity.

It is important to have a guide and spiritual being to call upon
for help to keep one centered. It is critical to be detached, aware that all the events are in the past...they will all fade away. Unfortunately, the bardo being thinks it is happening now and gets into the fight all over again; this causes a downward spiraling into a rebirth situation...not liberation.

Without recognition of the essential nature and the events that are happening, the next bardo comes into action which has to do with rebirth. During this bardo, there is a judgment which is the deeds of the immediate past life being judged by the highest part of ourself. One can make choices about parents, country, profession in this bardo. One can also recognize what is happening, “close the womb door”, and be liberated or be transferred to the heaven world and from there be liberated with the help of great spiritual beings.

The bardo period is said to be 49 days (Chikhai bardo or Clear Light 3 days, Chonyid bardo or Review 14 days, Sidpa bardo or Becoming 31 days). The texts state each bardo can last up until this amount of time or one can have swooned into unconsciousness and quickly whirled through the bardo by the winds of karma. Once one has passed through the first bardo, the time of the bardo can vary from 7-49 days.

It is interesting to note the similarities of these teachings with the experiences of NDErs:

The passageway or tunnel, those there to assist, the seeing of a light at the end of the tunnel, the appearance of a great loving, spiritual being or light filled with love.

Death education shows the importance of going into the moment of death with the mind/ body at peace in a state of quietude; thus the person will be ready for the light, ready for the oneness as expressed in the patient’s religion/culture.
Chapter Seven
The Role of the Guide in Conscious Dying

It is my hope that the guide in the active dying process would feel comfortable as educator, caretaker, and guide. It is difficult to separate these roles because to be totally there for someone means we are comfortable with the entire process. This means we are educating the person or reminding them of the death education teachings, giving comfort measures (remember in the active dying process the multitude of nursing tasks needed previously has ended) and guiding them into the Light.

In an ideal situation, the dying person and the guide would be familiar with a Core Curriculum of Death Education:

1. Signs and Symptoms of a Dying Body
2. Comfort Care Measures
3. Inner Signs of Dying
4. Emotional Process of “Letting Go”
5. Legal documents, Burial Plans, Financial Accounts
6. Music Thanatology
7. Teachings from Near-Death Experience
8. Co-Meditation, Guided Imagery
9. The Significance of Conscious Dying
10. Tonglen and Phowa Practice
11. Teachings of the happenings at the moment of death and afterdeath states
12. Training as Guide in the Dying Process
13. The Healing Work of Grief

This knowledge will ground a person in the dying process. Working together with one’s chosen guide will bring peace, calm, and adventure to both people walking the path toward the light. Again, each person’s experience is different but there are some guideposts in educating for death. As we become more evolved in the expansion of consciousness this curriculum will change.
The vast majority of times in my nursing career, the dying person has had little or no death education. Those who have had education in the process of dying are less fearful, more peaceful and adventurous as they journey into death. As I teach seminars in death education (thanatology) to nurses, I am reminded of situations that are occurring today (1996), just as they were thirty years ago. Nurses come into situations where there is denial of death; little or no honest communication between physician/ patient/ family, little sharing of feelings; and no death education.

The person to be the guide should be someone who has a close relationship with the dying person: a mate, lover, sibling, best friend, buddy, clergy, or nurse. It is important that the guide be someone with a strong positive relationship to the dying person so the lines of communication and trust are already there. This is something we offer to those we dearly love; our last gift. Eventually, more and more caregivers may choose to educate others as guides to the dying.

Early in the last stages of the disease process, the guide/ personal friend would make sure that all the necessary legal documents are in order: Will, Durable Power of Attorney, Durable Power of Attorney for Health Care, burial / funeral arrangements, co-signatures on bank cards as necessary. Having these details finished allows the dying person to relax into the dying because the business work is completed. This is all part of the “Letting go” process and is important psychological work.

As the physical body begins to deteriorate, the guide reminds the person that this is right on schedule; there is nothing going on out of the normal process. There are no more emergencies. They are going to be able to handle whatever comes up. As they both talk about the physical changes, this is a time to mourn over losses of function (legs becoming too weak to walk, the arms are getting weak and cool etc.). We grieve by sharing our feelings about these changes, and our tears rinse away any residue of “hanging on” which allows us to move deeper into the psychospiritual process.

The dying person will share with the guide any internal signs
that are experienced. The guide can see the physical and psychological “Letting go” at the same time. This is caused by the dissolution of the mind/body elements from earth into water, water into fire, fire into air, and air into space. This is the time to complete any unfinished relationship issues; otherwise, they will cause the dying person to cling to physical life...a cause for suffering. The guide shares in all these endings with the dying person. Are there any last things to say or write down?

The guide (or friend) can help the ill person during the whole process in another special way called Tonglen. “Put very simply, the Tonglen practice of giving and receiving is to take on the suffering and pain of others, and give them your happiness, well-being, and peace of mind.” (The Tibetan Book of Living and Dying, page 202). The paradox of this practice is that we can help another, and this helping, develops our compassion which purifies and heals ourselves. The process to practice Tonglen for a dying friend is the following:

1. Center yourself in a quiet, meditative mind.
2. Visualize the dying person in front of you; imagine all his pain and suffering coalescing into a black, smokey ball.
3. As you breath in, visualize this black mass entering into your heart. There it purifies my own heart of all grasping.
4. As you breath out, visualize the light from your heart filling the dying person with peace and love.

You can practice this in those quiet moments when you are with the patient; and when the spoken word isn’t appropriate. Teach this to other members of the family; they can be giving service in a spiritual way and not feeling useless.

If the person is sinking into unconsciousness, the guide will remind the person of the many changes taking place but, most importantly, about the characteristic dying breathing pattern. As all bodily systems close down, the guide promotes a peaceful state of mind by practicing co-meditation with the person...this deep relaxed state puts one in rhythm with his own breath. One of my teachers would say to me, “Susan, you don’t breath, He breathes you!” Again, remember the person can always hear no matter how he appears outwardly. Remind the dying person
to call upon deceased relatives or friends to be there for him on this part of the journey; call upon the chosen spiritual deity for help in this passage: God, Jesus, Mary, Buddha, Great Spirit... the patient’s personal choice.

During the active dying process the guide can pray, aloud or silently, meditate; calling upon the spiritual deity and deceased relatives/ friends for the dying person. All these beings have been decided upon while the dying person was fully conscious. When the breathing pattern has changed permanently (irregular, slow rate with longer and longer lapses), it is time for the guide to remind the dying person that he can lift out of his physical body into the bright shining light whenever he so chooses...it is all his decision.

There is a powerful practice that the Tibetan’s teach us called phowa which is the transference of consciousness to the heavenworld. The educated person in this technique can practice for himself or the guide, friend can practice it for him. The guide or friend can “visualize the Buddha or spiritual figure above the head of the dying person: Imagine that the rays of light pour down onto the dying person, purifying his or her whole being, and then he or she dissolves into the light and merges into the spiritual presence.

Do this practice throughout your loved one’s illness, and especially (and most important) when the person is breathing their last breath, or as soon as possible after breathing stops and before the body is touched or disturbed in any way. If the dying persons knows you are going to do this practice for them, and knows what it is, it can be a great source of inspiration and comfort.” (The Tibetan Book of Living and Dying, page 218).

As the last breath is taken, the guide is lovingly directing the person into the light. If the person has chosen a deity, use that name. For example, lift out of the body into the light of Jesus, this is the Christ-Light, the “true Light, which lighteth every man that cometh into the world.” If the person hasn’t chosen a spiritual deity, I feel it is my job to guide them into the light; the person’s soul will name the light. Being aware of the events taking place immediately following the last breath, the guide
knows that the “inner” death process is taking place. This light is an unfolding process, continue to focus the consciousness to become aware of the bright light and merge with it by speaking close to the ear in a soft, reassuring voice. Continue to call upon the chosen spiritual deity and deceased relatives/friends for assistance. The guide can direct friends and family to send their utmost love to this person and remind them that the power of prayer at this time is tremendous. This should continue for approximately 20-30 minutes from the last breath.

It is best if the body can remain untouched for 2-3 hours after the last breath to make sure all the energies have left the body. Once all the immediate spiritual and religious rituals have been completed, the body is cleansed and preparations are made for transporting the body to the morgue or mortuary. This is a most important time for the family and friends to give each other emotional support. To see the physical body leave is a very powerful event. We know the spirit has left, but we aren’t used to thinking of the being without the physical body.

The role of the guide is to connect with the deceased person and guide through the bardo interval. If the corpse is present, one can sit close to the body and recite the guidance. In some cultures, the body wasn’t buried or cremated until a few days later. It was thought that the soul or spirit stayed close to the physical body until burial. When the body is no longer present, I sit quietly in meditation and ask that the prayers of guidance be done for the highest good. The person is pictured in my mind and called by name three times (this can be out loud or mentally since the body is not present and using mind to mind communication).

During the first three days (Clear Light), I sit in meditation three times a day to guide the person or more as I sense the necessity...a visualize and pray method. I remind the deceased person to call upon the chosen spiritual deity for help. We must remember that many newly deceased beings do not realize their physical body is dead. They try to continue the lifestyle the same as before. Gradually they understand they are in the intermediate or bardo space. I proceed as the guidebook instructs through the 49 days or as the person has asked me (i.e.
“guide me into the light”), giving instructions for each bardo area. Three days prior to the last day, I tell the person my job as guide will soon be completed and that they always have their spiritual deity any time they call. I feel I must complete my task as guide and say good-bye; there must not be any attachments between us...each goes in freedom.

To learn of this work and understand it (ongoing process) has taken me a long time; to put it into everyday practice has also taken a long time. I think this was so because there was nothing in my early background of this lifetime to support this. Western nursing and medicine, in the past, considered this work to be unscientific and verging on the abnormal. After 20 years, I find a small group in medicine and especially in nursing, who support this type of caring for the dying as an integral part of our profession in the healing arts.
You might be asked the question, “What is going to happen to my body as it dies?” Or perhaps you want your friend to know what is going to happen to his physical body in order to prevent his fear, and he isn’t asking the question. You might say, “Michael, I’d like to share with you what will happen to your body as it gets sicker. Is that O.K. with you?” Sometimes we are the one to “break the ice” on these subjects concerning death education. These are usually issues lurking at the back of one’s mind. Often the person is relieved to have this out in the open. If the answer is a positive one, one might proceed something like this.

“Michael, your body has served you every minute that you’ve been on this earth. Isn’t it amazing to think it never took a day off or went on vacation! As it wears out, you’ll notice a big change in your strength level. You feel weaker and weaker, no matter how much you rest. Usually, the legs lose their strength first and eventually your arms and hands. All the energy centers in the trunk of your body. It is not unusual to begin to lose the heat of your body at this time too; your legs and arms are cool. You won’t want to eat very much and eventually you’ll stop eating and just take small sips of water or juice, then nothing. The need to urinate is greatly reduced and the same with the bowel. It won’t be unusual to urinate twice a day and have a small bowel movement every three, four, or five days. It all depends on your body. The main thing is not to worry about these decreasing functions...little in, little out! You will sleep or rest more, and, your mind may wonder or be a bit hazy. You might see visions of people coming to help you, or perhaps deceased relatives you haven’t thought about in a long time. Your mind can get fearful which can be calmed down with co-meditation; I’ll help you with this and teach your friends to help you. I can also bring you a guided meditation tape to listen to and a sample of meditative music. (Book about co-meditation Life to
Death: Harmonizing the Transition by Richard W. Boerstler and Hulen S. Kornfeld...there is an easy script to follow included and meditative audiotapes are Pacific Suite by Dan Gibson and Ascent of the Eagle by Dick Sutphen). A dramatic change will occur in your breathing pattern. Your breathing will slow down to a few times per minute: now you are at a rate of 18 times per minute, and then you’ll probably go down to 4 times per minute before taking the last breath. Usually this breathing pattern is irregular, and with lapses in-between breaths. All this is normal. This permanent change lets us know you are very close to leaving the physical body, and you will probably do so within one to three days. You’ll always be able to hear our voices even though you’ll be too weak to talk; your eyesight will be very hazy at this last period. Shortly after the last breath all the forces will center in your heart; out of this comes the beautiful Clear Light that you simply merge and become one with. In my guiding, I’ll be reminding you of these events and to stay with the bright, Clear Light. It is important to remember that we honor you and your body; we’ll take good care of you when you can no longer do it for yourself or have the ability to ask. We’ll be giving you small sips of water, bathing you, turning you from side to side, and giving you massage. We’ll do everything to keep you comfortable, plus keep you centered on the journey. It is your job to stay relaxed, call upon spiritual deities and deceased loved ones to help you, and let the adventure unfurl. Michael, this is all I can think of to share with you today. Do you have any questions for me?

This script is for people who have had death education and are aware there are outer and inner signs of dissolution of the mind/ body. Such a person may be very familiar with the teachings in The Tibetan Book of Living and Dying and practice meditation daily. If appropriate proceed!

Michael, the other day we talked of the changes your physical body will undergo. There are a few more teachings that go along with that. As I stated, your mind state varies and thus your ability to communicate with the outside world. But I will know you can hear me all the time and that you can recognize inner secret signs that are taking place. It is important for you
to realize that your mind can be aware while you are in a hazy state or your body is sleeping. These inner signs are important guideposts to know about on the way. As your body gets weaker and weaker, you'll see a vision of a shimmering mirage. As you lose control of your body fluids (urine, saliva, tears) you will see the inner vision of haze with swirling wisps of smoke. As you lose the heat in your body, you'll inwardly see shimmering red sparks dancing above an open fire, like fireflies. We talked about the changes in your breathing; this has the inward sign of a flaming torch or a lamp with a red glow. So these four things will appear before your mind: shimmering mirage, swirling wisps of smoke, red sparks over an open fire...like fireflies and a flaming torch. (*The Tibetan Book of Living and Dying* by Sogyal Rinpoche pages 251-2).

“Susan do you believe in near-death experiences? What does it teach?” This statement is music to my ears and allows me to proceed with powerful teachings. If the dying person doesn’t raise the subject of possible happenings when the soul or spirit leaves the body, you might say, “Michael, people have nearly died in accidents and heart attacks, and have survived to tell us of their experience. Would you like to know what they said?” Because I’ve been with numerous people as they experienced a near-death incident, I’ll often open the subject by saying, “Michael would you like me to share with you what a patient told me about death after he had a heart attack and survived?” Again, if there is a positive response, I have the opportunity to share.

“Michael, people describe going down a long tunnel and they might hear a swooshing noise coming up their back and out the top of their head. They realize they have left their physical body, and can hear the doctors and nurses calling out emergency orders and can see all this scurrying about to save a life. They often float to the ceiling and observe what is happening to them. They are greeted by deceased relatives and are drawn into an incredible Light. Many see a figure coming out of this light to them; they have described being in the presence of Jesus, Buddha, God (the name of the presence seems to coincide with their religious/cultural norm)...the being, the Light...
is always described as filled with love. This Light being talks to them about their life, what lessons they have yet to learn, or things they need to do, or why they can't come yet to this realm...why their work on Earth isn't completed yet. They go to a barrier and know they can't go any further, and that it's time to go back to their body. Often they describe not remembering the journey back but just remember awakening in their body. The marvelous thing is that they are no longer afraid of death; they know there is more to life than the physical body and that other beings will be there to greet and help them. They do realize the necessity to love each other, heal relationships, and hold no resentments.” “Michael, what is your sense about all this?”... (Reply by Michael). “Michael, I remember you were working on issues about your father. How is that going?” “Susan, the social worker and I are working on that one. My dad has agreed to meet with us tomorrow afternoon. I need to make peace with him and say good-bye.” “Michael, this is such important work because the negative things we carry into death block us from seeing the Light...the Light that has always been inside you. These are the issues that come up for us after death as the mind goes through a review. If we've made peace with everyone and let go of the physical life; we experience calm, peace. If we don't work these out now, in the afterlife we create our own hell. You are courageous and wise to work this out now.”

“Michael, I'm going to leave you with these thoughts for today. I'll answer any questions you think of on my next visit. You have my home phone number if something needs to be answered sooner!”

“Susan, I've been thinking about this whole process a lot. It is awesome to think about; I need your help. Will you be my guide?” “Michael, I'd love to be your guide. We'll be a great team, full of the explorer spirit. Michael, there are some pertinent questions I need answered from you. Do you have any deceased relatives or dear friends you want me to call upon to assist you during this transition? (Answer). Do you have a spiritual deity or master in your life that you want to be reminded to call upon? (Answer). “Susan, what do people do who don’t have any spiritual deity or master?” “Michael, I ask them if they
have loved to go to the beach and feel the warm sun on their body? They all agree that this is a wonderful experience. I suggest to them that the Light they are going into is many times more loving and comforting than the sun. Would you like me to call upon this Light to assist you? “Yes” has always been the answer.”

“Last time we talked, Michael, you asked me to be your guide, which I am honored to do. My understanding is that you want me to guide you through the transition called death and through the intermediate or bardo realms of 49 days (from The Tibetan Book of the Dead).

Is this correct?” “Yes, Susan that is what I want.” With a positive answer one would want to elicit from the person what path he would want to pursue in the next life. (If liberated into the Light he can choose anything, if not, then the guide can remind him what he had thought about.) Examples I have heard are spiritual teacher, elementary school teacher, physician with this spiritual knowledge...and the list goes on. “Susan, I’ve been in the theatre all my life, and I want to return to help other young dancers fulfill their life through dance.” “Thanks for sharing this with me Michael.”

“At the time of dying after the last breath has been taken, you’ll hear me guiding you into the Light; this will go on for about 20-30 minutes. Hopefully, you’ll become one with the Light at this point. However, I realize this is hard to do so I will continue on with the teachings. If you are liberated, you can communicate that to me! So after the last breath, the forces come from your head and gut, intelligence and love, and unite in you heart... you’ll see a blackness of fullness. All thought stops, a gap is created and it is out of this gap that the Clear Light appears. This is the radiant energy that has always been in you. Just merge and become one with this Light. This is your joy, your birth right to be free!

If you are not liberated into the Light, there is the breaking apart of this Light into light, color, and sound; I’ll remind you that this is your essence presented in a different way and to join with it. Eventually you pass from this area (unless liberated), and awaken in a mental body to process your life review. Ev-
Dying into Freedom

Everything you have done this lifetime has been recorded in your brain. This content is displayed before you. At this point, please remember that everything is so much more vivid because you are no longer in the dense physical body. Your job is to watch the unraveling scenes and remain totally detached. Just think of yourself watching a TV screen of “This is Your Life”...everything is in the past; IT IS NOT HAPPENING NOW! Our problem is that we think events are happening NOW and we get caught up in the delusion; we get angry, rageful, and woefully sad et cetera. It is being caught up in these past events which we think are happening now that pull us down into a rebirth of necessity... not one of our choice. Remain unattached and emotionally disconnected to these events. I will remind you that “you are a child of God, a child of the Light” and nothing can harm you in this centeredness. If you become afraid “off center”, this is the time to call upon your chosen spiritual deity, teacher, and guide for help. They can hear your call for help. With recognition that this is all part of one’s mind, one can be liberated at this point.”

“The next stage after this review is a judgment of all these events and deeds of the past life by the highest part of yourself...you are your own judge. This is very important to remember because we tend to think it is an outside force; it isn’t. However, we are accountable for everything we have done. Depending upon the outcome of this judgment, this will determine the realm we are attracted to be reborn in. Modern day Christian-Judeo religions tell of these realms being heaven, hell, and purgatory. Eastern religions such as Buddhism tell of six realms of rebirth: heaven, god, demigod, hungry ghosts, human, and animal. No matter where we are reborn, remember we’ll eventually die from there with the goal of liberation once again!

As you are drawn into a rebirth area, I’ll remind you to choose your parents wisely; choose someone who will support your spiritual life and what you want to do with your life. It is still possible to be liberated from this rebirth space by calling fervently to your spiritual deity for help and thinking of your parents as Buddhas, Jesus and Mary (the religious figures important to you). In this rebirth cycle, these two means of stopping the process will gain for you a heaven-world birth and from there
one can be liberated.

“Three days before the end of the 49 day bardo, I’ll remind you while I’m in meditation that my role is nearly completed; I’ll be saying good-bye and reminding you that your spiritual teacher will always be there for you. I’ll send you a big hug and a basket of love on the last day! Is that a deal?!”

“Susan, this sounds very comforting to me to know you’ll be guiding me on this side and that I’ll be welcomed and helped on the other side...and I realize I can have all this help right now.”

“I’ve told you many teachings Michael, they are now all recorded in your brain...your own personal giant computer. I’ll just remind you to push the recall button!
Chapter 9
Model Hospice for the 21st Century

Considering the fact that all of us will one day die out of the physical body, the need for hospice care should be great. Our need for denial is greater...this is the fact that must be addressed by society. Why do we not accept death as part of the life cycle? Why are we not educated as to this process when we are studying basic courses in school; starting with grade school. All physicians and nurses must rotate through the birthing area (obstetrics), why do they not have to study the deathing area (hospice/palliative care)? Why are there so few schools to study this specialty?

For the next century, I can see inpatient hospices on the grounds of large teaching hospitals. They can be either a free standing building or taking over existing hospital space and converting it into a home-like atmosphere. Here, we can have a school to educate all members of the multidisciplinary team and have a place to cultivate our skill under mentorship conditions. This type of training is not widely available; therefore, strategic centers across the United States need to be developed. The existing smaller hospices and home health hospices can be affiliated with the center nearest to them.

Having hospices on teaching hospital grounds would give the client easier access to needed services that are palliative in nature; either services within the hospital or clinic. Examples of this are the following: radiology, radiation oncology (pain control), all practices of alternative medicine, dentistry, dermatology, ophthalmology, and podiatry. The closeness to facilities is important because of transportation issues. It is very hard to get transportation from home to appointment (the patient has little or no ability to walk) and have a driver or volunteer to wait a few hours for the whole process to be completed. This issue is the same no matter what the age of the client.

The new model emphasizes living well each day and learning what the transition of death means; what process will the patient
and family be going through. We are very much on a learning curve at this time in our life, classes on death and dying plus grieving and healing are appropriate for everyone. People will learn what it means to die consciously; to live consciously. No one will die alone; each person will lovingly be ushered from one plane of existence to another.

The services offered will be the standard of today (1998) plus the non-invasive healing arts. A client can choose what services he wants and the monies allotted can pay for this choice. The old system is one in which insurance companies dictate what they will pay for. Some of these non-invasive healing arts would be the following: herbal medicine, chiropractics, massage, therapeutic touch, guided imagery, acupressure, acupuncture, hydrotherapy. Co-meditation and music thanatology would be an automatic part of the active dying process; modalities to enhance conscious dying.

Perhaps the main difference in this hospice is the integration of the psychospiritual aspects of hospice into the model of today dominated by physical and emotional care. This is a new milieu for all types of research: pain control, near-death experience, close to death experiences, changes in consciousness in the dying process, and after-death states of consciousness.

Because of the multiplicity of cultures in this country, we'll be able to respect each individual path and yet see the universal process. We'll have the opportunity to understand multiple paths that lead to the center of radiant light.

One such hospice was conceived for Los Angeles county in California (1993) but because of the recession, and perhaps not the "right time", the project didn't get beyond the grant writing phase. Mr. Jaime Gallardo, director, asked me to participate in this project which I was honored to be a part of. The hospice was named Sacred Path Hospice/ Hospicio Senda Segrada in honor of the Indians of the American continent: their gifts of teaching us to love and honor the Great Spirit and Mother Earth. I hold the vision that this new type hospice will be part of our evolution, part of bringing heaven to earth.
Conclusion

This little book can be summed up in one sentence: “Be at one
ment with the Light.”

Far Horizons,
Sequoia National Forest
Summer 1998
Bibliography

Chapter One


Chapter Two


Chapter Three


Chapter Four

Chapter Five


Chapter Six


**Chapter Seven**


**Chapter Eight**


**Chapter Nine**

Sacred Path Hospice Grant submitted to the Los Angeles HIV Consortium.
Susan C. Storch, RN, MA
Thanatologist