

# The Many Faces of Death

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May the merits from this Dhamma-dana be dedicated to the beloved memory of these Dhamma teachers:

Jacqui James, the author of this booklet; a meditator; co-founder and spiritual teacher of the House of Inner Tranquillity, a meditation centre in Bradford-on-Avon, England; died on 24th February 1989 & Khaw Siew Tuan, a school teacher at St. Xavier's Institution, Penang and an adviser to the school's Buddhist Students' Society; a meditator and active helper at the Mahindarama Buddhist Temple and the Malaysian Buddhist Meditation Centre in Penang; died on 2nd October 1999.

#### THE MANY FACES OF DEATH

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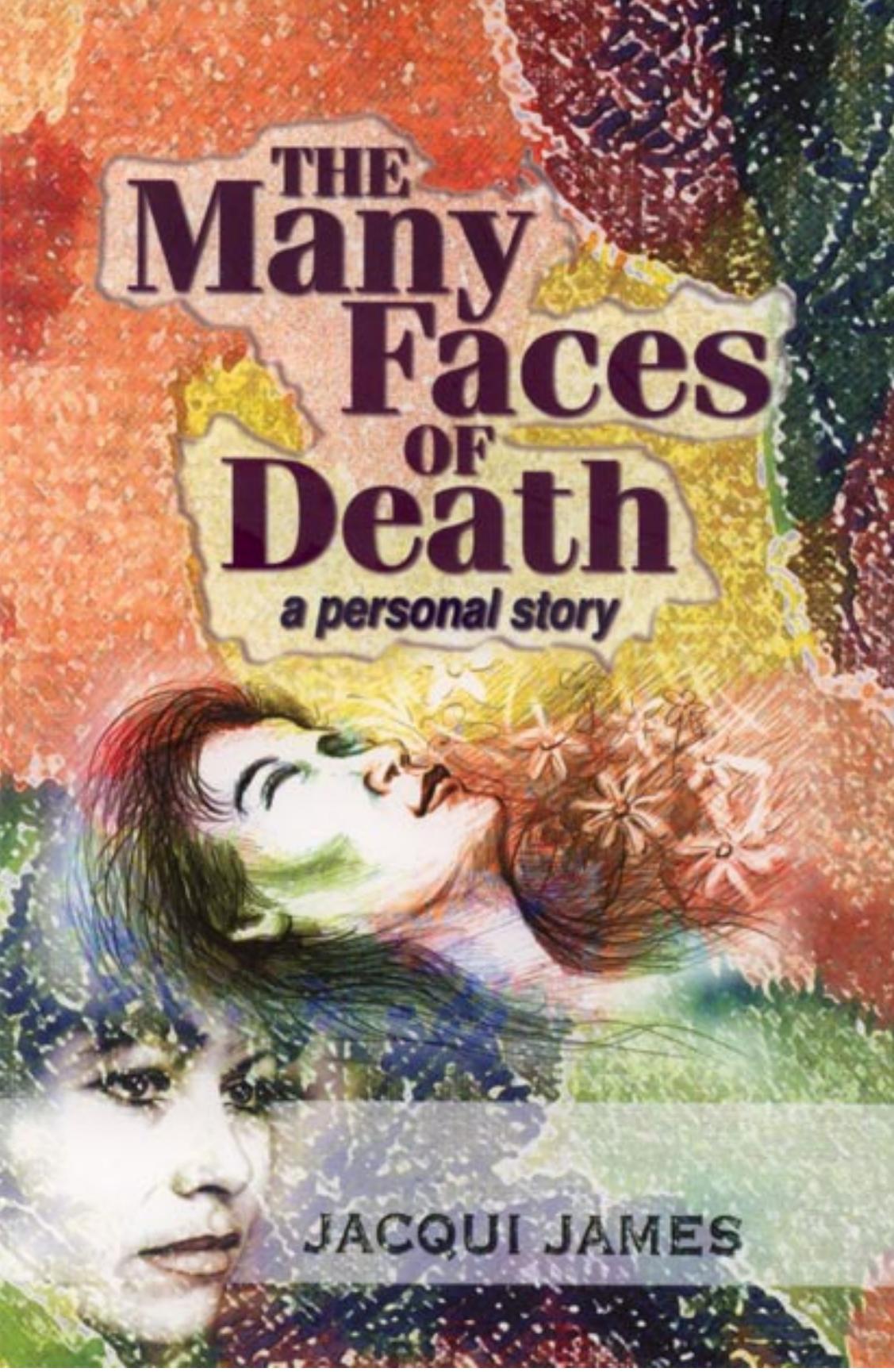
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# THE Many Faces of Death

*a personal story*

JACQUI JAMES

*illustration by Yeoh Kean Thai*

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## ABOUT THE AUTHOR

JACQUI JAMES, spiritual teacher, died on the 24th February 1989 whilst undergoing intensive chemotherapy for leukemia. She was cremated in Bath, Avon at a ceremony presided over by her husband and fellow teacher, Alan.

Her meditation career started when she was 19, shortly after which she met her teacher, Kapilavaddho, who was then Abbot of Wat Dhammapadipa, Hampstead, London. Jacqui was trained in both *vipassanā* and *samatha* meditation and later became secretary to the monastery. She and Kapilavaddho, whose health was failing and who had returned to lay life, were married in 1970. When Kapilavaddho died in 1971, Jacqui, together with Alan James, the other foremost student of Kapilavaddho, took over the running of Dhammapadipa. Jacqui and Alan were married and continued to teach in London for two years, after which they left for Thailand, where they completed their meditation training.

Coming back to England in 1980, they founded the *House of Inner Tranquility*, a meditation centre in Bradford-on-Avon, Wiltshire. As the centre flourished and interest in their teaching grew, they helped to establish a new monastic order and founded two monasteries, the *Monastery of Absolute Harmony* and the *Monastery of Infinite Compassion*, for monks and nuns respectively. Two books containing collections of Jacqui and Alan's teachings have been published: *A Meditation Retreat* (1986) and *Modern Buddhism* (1987).

Jacqui was a rare teacher who combined an understanding of the supramundane and a high degree of mundane wisdom. Her teaching was an expression of compassion and something to which she gave her all. To bring her students to understanding she would use everything from the most gentle encouragement to the most fiery directness, as the situation demanded. She was totally committed to teaching just as, in earlier life, she had been totally dedicated to treading the Path. The world has lost a great teacher.



## INTRODUCTION

Imagine a life partner, a family member or a close friend of yours is dying. How might she or he be feeling? Facing death, being in pain maybe. What are her or his intimate needs and wishes? What happens to us when staying with a dying person? How can we deal with the sorrow, the confusing thoughts and the trying situation? How should we communicate with her or him and with the family members and friends? When a beloved person is dying we are touched to our deepest core. Difficult, painful emotions may rush up, settling in our heart. Dying and death become a great challenger, breaking into our lives – which we try so hard to keep smooth and under control.

In this essay Jacqui James, an experienced meditator and meditation teacher, recounts the time she spent with her dying mother. It is enlightening to see how her mindfulness and openness of heart guide her through the process in herself, the process of her mother dying and of the group around the deathbed.

Her family decides at one point to engage the help of a hospice nurse. Hospice workers are people specially trained in accompanying and accommodating the dying. They often have great sensitivity and practical skills in relating with and caring for terminally ill people, a knowledge that has been lost in a world alienated from the experience of death.

“Enough, Ānanda. Do not grieve.  
Do not weep. Have I not told you before,  
Ānanda, that all things that are dear  
and delightful are of the nature to change,  
to separate, to sever? So how could it be,  
Ānanda – since whatever is born, become,  
compounded, and so is subject  
to decay – how could it be that it  
should not pass away?”

~ The Buddha, on the eve of His final passing away ~

## PREFACE

Imagine a life partner, a family member or a close friend of yours is dying.

How might she or he be feeling? Facing death, being in pain maybe. What are her or his intimate needs and wishes?

What happens to us when staying with a dying person? How can we deal with the sorrow, the confusing thoughts and the trying situation? How should we communicate with her or him and with the family members and friends?

When a beloved person is dying we are touched to our deepest core. Difficult, painful emotions may rush up, stirring in our hearts. Dying and death become a great challenger, breaking into our lives – which we try so hard to keep smooth and under control.

Death, arriving maybe after a long period of physical pain, is the hallmark of life in *samsāra*, the rounds of rebirth and passing away. There are many ways to distract ourselves in our everyday life and forget about the ever-present and basic unsatisfactory nature of things. Yet when death enters our home, we are forced to turn to our deepest concerns and feelings. Death can then become our great teacher or messenger, shaking us up from our complacency, just as it happened to Prince Siddhattha in his encounter with a corpse during his third visit to the town of Kapilavatthu.<sup>1</sup>

*Māra*<sup>2</sup>, or master death, never stays far away from us. If we have to encounter death suddenly, after having been spared from its sight for a long time, it might ap-

pear to us as frightening, or even shocking. Then, gathering our courage, we may dare to look into its face and into the turmoil of our feelings.

Reading and pondering frequently the Buddhist teaching of impermanence can prompt us to understand dying and death and integrate its reality into our lives. To start with reflections on death might be very scary at first but such reflections have the power to change our attitude toward life. One might find that reminding oneself of one's own mortality helps one to do what is most essential in life. Keeping death in mind also makes it easier to let go of one's petty grudges towards people with whom one has disagreements.

The cultivation of one's mind through insight meditation is a most excellent training to face the dying and death of others, and ultimately of oneself. The practice of insight meditation influences our inner abilities and reactions on different levels.

Insight meditation is in the first place training in *emotional intelligence*. We learn in particular how to recognise, to probe into and handle difficult emotions with mindfulness. We learn how to catch the very beginning of an emotion and how to let it be in spite of its unpleasantness. We find out how to discern "all that mess that is happening in us" into the categories of thoughts, imaginations, feelings and bodily sensations. After some training, the accuracy of recognising which particular emotion happens to visit our heart – may it be sadness, unhappiness, dissatisfaction, loneliness, or whatever – increases. Once emotions are recognised correctly, our mind learns through training to observe

the emotion closely, to investigate its nature and thus gain understanding. A demon which is closely examined is much less scaring.

Those who have repeatedly observed their painful emotions with mindfulness realise the rule that emotions *heal themselves* when they are given ample space to unfold in our heart and are listened to with love. The technique of noting and labelling is unfortunately often misused to rather *note away* difficult emotions and suppress them, instead of really acknowledging them and letting them be.

On a more profound level, the influence of insight meditation on the mind and its behaviour is of even greater effect than with only a basic application of mindfulness. In higher stages of insight into the realities of mind and matter one perceives the incessant flux of all things. No object of observation lasts longer than a split second, death and destruction of all phenomena are experienced on the most subtle and elementary level. The mind might be seized by fear and terror at such an experience, yet it is exactly out of such insight that the most genuine understanding of death emerges.

In this essay Jacqui James, an experienced meditator and meditation teacher, recounts the time she spent with her dying mother. It is enlightening to see how her mindfulness and openness of heart guided her through the process within herself, the process of her mother dying and of the group around the deathbed.

Her family decided at one point to engage the help of a hospice nurse. Hospice workers are people spe-

cially trained in accompanying and accommodating the dying. They often have great sensitivity and practical skills in relating with and caring for terminally ill people, a knowledge that has been lost in a world alienated from the experience of death.

The hospice movement is also active in Malaysia, offering its services in a number of cities. I have included an appendix on *Facing Death*, an extract taken from their website. I would like to warmly encourage our Buddhist social workers to take an interest in the hospice movement and support it wholeheartedly.

*Bodhisara Stephen Gerber  
Penang, 1997*

<sup>1</sup> See the story of the four heavenly messengers as recounted in Majjhima Nikāya.

<sup>2</sup> *Māra* is the personification of death in traditional Buddhist culture.

## THE MANY FACES OF DEATH

**T**onight's talk is centred round a personal story: the story of my mother's last two weeks of life. It's about how she coped with her approaching death, and how the family, relatives and friends coped. It is a typical story – the reactions, the fears, the anger and the embarrassments suffered by those who were close to her are common to most people who suddenly find themselves facing death – and because it is a typical story, it illustrates well the many faces of death, which is why I have chosen to tell it to you in some detail.

This account is for those who have been exposed to death and have found it an embarrassing and difficult experience, and it is for those who have not yet been exposed to death and want to know what to do when the occasion arises. It is also for those meditators who in answer to the question, "Why do you want to meditate?" have said, "Because I want to learn how to die properly." Death is one experience that all human beings have in common; we all know that sooner or later it will be our turn to die.

Some of us share in the dying experience many times throughout life because we are present at the deaths of many people. Others of us face this experience only once, when we ourselves arrive at the doors of death.

## **THE FACE OF TERROR**

One of the faces of death, a very common one, is the terrified face. It is the face seen by those who have ignored death throughout their lives and who have refused point blank either to talk or to think about death, regarding the subject as morbid and one which, if indulged in, would hasten their own deaths. This superstitious attitude is a common human failing: ‘ignorance’ of anything found unpleasant or threatening.

We ignore all sorts of things which we find frightening. We ignore our own anger, our own worries, our own fears and our own violence, believing that by refusing to acknowledge these dark and fearful things they will somehow disappear. Only when we are prepared to start learning do we discover that looking squarely at something, whether it be our own anger or our own death, transforms that thing into another experience entirely, one which is no longer fearful and terrifying but is instead enriching and beautiful. We discover that ignoring these dark and ugly qualities actually makes them grow stronger.

## **THE ANGRY FACE**

Death has an angry face. It is aroused by the question, “Why me?” The dying person is angry that he is dying. This can be seen particularly in the terminally ill with about six months left to live.

Anger also grips the members of the family. They feel helpless and can’t see any purpose in their loved one lying on the bed, in physical and mental pain, un-

able to wash himself, or turn himself, or feed himself. To family members, those last weeks look futile, painful and degrading, and so they get angry with frustration. The angry face of death comes and goes in waves for both the dying person and the onlookers. I have seen family members get angry, friends get angry and even nurses get angry – though they have been employed to nurse the dying person for only one day.

The number of times the angry face presents itself is directly linked to spiritual development. Anger surfaces frequently and with great intensity when there is no knowledge of what happens after death, no knowledge of how the dying process works, no knowledge of action (*kamma*) and result (*vipāka*), and no experiential knowledge of conditionality. When one has a deep and experiential understanding of these things, then anger doesn't even flicker across the mind.

For some people the spiritual path does not include the concepts of rebirth, kamma or conditionality but does contain a belief in the will of God. These people say, "Whatever happens, whether it be pleasant or painful, it is God's will. Therefore it is right that this illness and dying is happening to me. The degree to which I can accept what is happening with total surrender and no questioning, the degree to which I am successful at this surrendering, indicates the degree to which I am fulfilling God's will." As long as this is not just a pretty religious concept but is a basic, conscious attitude which permeates his whole being, there will be no anger for the dying person or for the onlooker with this attitude. Surrender to God's will incorporates

the ideas of action-and-result and conditionality and therefore the person who surrenders ends up with spiritual benefits similar to the Buddhist whose every fibre is saturated with understanding of rebirth, kamma and conditionality.

There is far less grief and far less crying when a dying person or an onlooker of the death process has a deep conviction that there are other realms besides the human one. They expect, after death, either to be reborn instantly as a human or else to take birth on one of these other realms, perhaps later to be born on earth once again. When this view is present then death is not seen as the great catastrophe; it is not seen as the end but rather as a change. Even parting from loved ones is not seen as final, for there is the conviction that somehow, at some time, they will meet again.

## **OTHER FACES OF DEATH**

Other faces of death are the bargaining face, the depressed face and the accepting face. A dying person wearing the bargaining face attempts to bargain with God or with beings from other realms by making promises like, "I'll go on a pilgrimage to such and such a shrine provided you let me live." Often there will be a promise added: "I'll never ask another favour of you as long as you grant me this one." When the dying person realises that bargaining has not worked he gets depressed, for now he can no longer deny the fact that he is seriously ill and is going to die.

The accepting face surfaces when the family and the dying person give in gladly to the realisation that

death is going to take place. At this point much spiritual growth can take place.

## **AN APOLOGY**

Before I go any further I would like to apologise to my father and to my brother and his girlfriend, should they ever hear this talk, for they may feel that it is too personal a story and therefore should not be told. However, in the teaching of spirituality it is noticeable that a story makes the strongest impact on people, no matter what their sex, age or educational background. Teaching linked to a story sinks more deeply into the mind of the listener than does dry theory which is not apparently linked to life. I know that for all of you the question of death and how to handle it will have more meaning and be more helpful if I link it to a real situation.

One person, I feel sure, will be very happy for me to tell this story and that is my mother herself, for she said to a friend of hers that if she ever recovered she would devote her life to helping people. Although she did not recover, the use of her story to illustrate the problems and possibility of spiritual growth in the death process goes some way towards fulfilling her wish to help others.

## **MY MOTHER'S ILLNESS**

Two years ago my mother got cancer. She had an operation to remove the cancerous growth, followed by radium treatment. She had the usual side-effects from

this: loss of weight, vomiting and loss of energy. For a while she seemed to be on the road to recovery. She went back to work and returned to playing tennis, a game she loved dearly.

The first I heard of her approaching death was when I received a telephone call from my father in South Africa. He asked if I would go out to see my mother as her doctor had given her anything from two hours to two years to live. We had just started a residential meditation course, which I was teaching, so I booked to fly out to South Africa once the course was finished. As the week wore on and telephone calls flew back and forth it became clear that there was the possibility that she might not even last the week as her health was going downhill rapidly and she had stopped eating.

I sent her a mental message and told her not to die till I arrived at her bedside as I wished to see her before she left this realm. The date of departing for South Africa was brought forward to the last day of the course.

One thing my father did say during our first telephone conversation which made me think, "Oh, dear", was that he had not told my mother that she was dying. Whichever way you look at it, not to face up to something is a negative move. Death is no exception to this rule.

## THE FACE OF DENIAL

If a family does not tell a relative that he is dying, the patient becomes psychologically isolated. Instead of

there being a warm, close and tender relationship between the family and the dying person during those last few days of life, a falseness sets in, with everyone wearing a mask, pretending that everything will be all right, and that the person will get better and be off his sick bed in no time at all. There is a refusal to talk about what's happening in the moment and what the future holds. Rather is there a clinging to the past and to a fantasy of what everyone wishes to have happen.

In some cases, the person who has to break the bad news has a fear which he doesn't want to face. It is very difficult for many a doctor to tell a patient that he or she is dying. The doctor has taken the Hippocratic Oath to heal people, so when a patient dies on him it is the ultimate failure; he has not done his job properly. For this reason many a doctor would prefer to avoid the whole difficult issue of whether to tell or not to tell. The head of the family usually has the responsibility of informing the relative that he is dying but may choose not to – not out of consideration for the dying person but – because he doesn't want to face his own feelings of embarrassment or distress. He doesn't want to face his distress at losing someone or the unpleasant feeling that will arise at the dying person's response to the news. Most people cover up the fact that they are more concerned about themselves than the dying person and rationalise away their discomfort by saying that it is best for the dying person if he does not know that death is imminent.

This is the "denial" way of handling death. Far from comforting the dying person, it actually has the oppo-

site effect; he feels isolated and lonely; excluded from a secret that the rest of the family shares. No longer is there honesty and openness between him and the rest of the family and because of the lack of truthfulness in the relationship, he feels he cannot express his feelings of anger, depression, or fear of what's going to happen to him once he dies. None of these things dare he bring out in the open to discuss and share with his family.

The conspiracy of silence does not allow the dying person to vent his anxieties through discussion. It does allow him to receive any information about what happens after death. It does not allow him to receive advice from others as to how to die peacefully and with dignity. He cannot unburden himself and he cannot apologise for past errors towards family members. He cannot even say all the tender things he wishes he had said during his life but which his personality prevented him from saying – those things which are so much easier to say when you know that you are never going to see a person again. None of these things can be said because of the conspiracy of silence that the family has chosen to adopt.

The effect of denial on the family members who are left behind once death has occurred is equally negative. The shock of parting is greater and the grief at the loss is harder to cope with when 'ignore-ance' has been chosen as the method of handling this particular difficult situation. Ignore-ance is a very negative thing and brings more trouble than comfort when it is used as a way of handling life's troubles.

## DEPARTURE FOR SOUTH AFRICA

I had not been an active member of this South African family. I had not set foot in South Africa for fifteen years, I hadn't seen my brother for ten years, nor had I seen the house my parents currently occupied. Also, as we all lived so far apart from one another, there was never any question of frequent Sunday lunches together as a family unit. In short, I was somewhat on the outside of this particular family and because of that I felt I had no right to express my wants as to the way in which my mother's death should be approached. Before I even set foot on the plane, I had decided that if the family wished to handle my mother's death with the tools of denial, then I would go along with them and play the same game.

When I boarded the plane at Heathrow, I was not in the slightest bit concerned about how I'd cope with dying and death, for I knew that for me it would be easy. When you have spent the major part of your life dedicated to experiencing birth and death in the moment, there is no way that the death of your own or someone else's physical body is going to disturb you. What concerned me more was not the issue of dying but how to cook a meal.

Who was doing the cooking in my parents' home was never mentioned, but I had a sneaky feeling that the person who would end up doing the cooking was yours truly – and I hadn't done any cooking for four years. The knowledge of how to cook is like anything else: it's transient, as I had discovered last Christmas.

Christmas is the time when the Meditation Centre is empty of people other than Alan and myself, so it is one of the few occasions when we get to cook for ourselves, which we thoroughly enjoy. We decided on this occasion to cook rice as part of the midday menu but I soon discovered that I couldn't for the life of me remember how the rice should be done. I couldn't remember the quantity of rice to water or how long to cook it or whether one started with cold or hot water, and at that precise moment I had no access to a cookery book to look up the relevant information. I was somewhat startled at the discovery, especially as in the past I had been used to cooking a great deal, frequently for as many as seven people. Suddenly, I was like a raw beginner. The experience just underlined one of the major tenets of Buddhism which is that all things are transient – even cooking knowledge. When I stepped on to that plane I was really more concerned about cooking than the issue of dying.

On arrival at Jan Smuts Airport in Johannesburg my father was there to meet me and one of the first things he said was, "You will be shocked at the sight of your mother." My mother looked like an Ethiopian famine victim, just skin and bones. I was told that a week ago she had weighed 30 kilograms (about 66 pounds) and that was when she was still eating. Now she was confined to bed, needing to be turned from her back to her side and back again every half an hour or so. She ate nothing, but she did have frequent sips of water and apple juice. Her lips were rubbed with lanolin to keep them moist and she bathed in bed. That was

the extent of the nursing she required. The rest was a waiting game. Waiting for her to die.

I watched relatives and friends go into her room. Some had seen her two weeks previously, some several months ago. Many came out crying. They were shocked at the sight of her, at how much she had physically deteriorated in the past few weeks. Many showed the face of anger. They were angry with the various doctors she had been to, for filling her with false hopes by telling her that she was going to recover. They were angry that she had not been told the true state of affairs. It was amazing how many were angry at her condition, feeling that the quality of her life was gone, that her body was spent and useless and that someone ought to do something about it and 'put her out of her misery'. Some were angry with me for not having produced a grandchild for my mother, for they knew that she had dearly wished to have one.

### **COPING WITH THE ANGRY FACE**

When the angry face of death presents itself it hits out at random, at anything and everything in sight. Anger is one of the stages in the dying process; so, if you find yourself in this situation and are the object of someone's anger, don't be frightened or resist it. You help the other person to discharge his anger and thus his tension if you let him get cross with you and don't try to stand up for yourself or justify your position in any way. If you do stand up for yourself, or are silent but indignant, then you are resisting his anger and you don't help the other person one little bit. Anger cannot

discharge if it is expressed only to be met with a brick wall of resistance. If you know that anger is a natural part of the reaction to the dying process then it is easier to accept it and not be disturbed by it.

Some of these friends said to me, "You must have been so shocked to see your mother in this condition. It's so much better to be able to remember her the way she was, healthy, vital and able to move around. You must find it so distressing to watch her wasting away." They found it very difficult to believe when I said that I was neither shocked nor distressed. I was not shocked by the sight of my mother's wasted, stick-like body because I had been through this death experience before. When I was twenty-five I got married and shortly afterwards my husband became very ill. I nursed him during the illness with neither of us getting much sleep. He had to sit up at night to prevent his lungs from filling up with fluid and drowning him. I watched him getting thinner and thinner and when he eventually died he looked the way my mother looked, so I had come to associate dying with physical emaciation.

The other reason I was not shocked, but I did not mention this as it would have made my answer too complicated, is that when you have undergone a meditative training and you have absorbed the teaching so that it becomes part of you, then your responses to many of life's events are quite different to other people's. With the training you gradually learn to let go of the past, and not to drag it into the present moment to destroy what you find there.

When I saw my mother for the first time after I

stepped off the plane there was immediate acceptance of the way she was, with her thin, worn-out body. There was no comparison with the way she looked the last time I saw her when she was well, healthy and mobile. Because there was no comparison, there was no thinking, "Oh, doesn't she look awful. I wish she looked well and healthy again." When you don't drag forward into the present moment the memory of the way the person used to look, then there is no problem. There can only be distress in the mind when there is expectation; if you expect the person to be the way he used to be. If you then cling to that expectation, and you *want* the individual to be the way he was, that clinging to the past will give you awful problems. You will find yourself crying, depressed and suffering deeply.

## THE HOSPICE MOVEMENT

Something which did delight me when I arrived at my mother's bedside was to discover that the face of denial was no longer being exercised by the family. This change had been brought about because my mother had called in the hospice movement.

The hospice movement exists in many countries in the world and deals exclusively with the terminally ill. I can only tell you about the hospice movement as I was exposed to it, although I assume it functions in more or less the same manner in whatever country it is found. Its aim is to get dying people to face up to their situation and to their own feelings about death. In that way, the dying person's preparation for death is such that not only does he grow spiritually in those last

days of life but also he dies with dignity. The family looking on also benefits from the presence of the hospice movement for they too are encouraged to come to terms with their own feelings about death and dying. Those feelings particularly include the grief associated with the tragedy that has suddenly hit the family as well as the grief at the forthcoming loss of the loved one. By facing up to these feelings, much of the grief is discharged before the person dies, thus making the death, the funeral and the subsequent loneliness easier to handle.

The undertaker said that the moment he walked into a house just a few hours after the death, he could tell if the people from the hospice movement had been involved because the dead person's family would be much calmer than in households where they have not been called in. I think they are a wonderful group of people, doing much wonderful work, and I would unhesitatingly recommend them in any case involving terminal illness.

The hospice allocates one nursing sister to look after the physical requirements of the dying person and one person, whom they call a care-giver, to look after the emotional needs of both the dying person and the family. These two visit the home once or twice a day right up to the day of death. The care-giver spends much time listening and talking with the dying person and the various family members. Dying is, after all, a family affair for most people. It doesn't affect only the person who is dying; it also affects the husband or wife who's left behind, as well as their children. All

the remaining members of the family have to come to terms with the illness, the bereavement and subsequent changes in lifestyle and relationships.

I discovered that the hospice's attitude to dying and death is identical to the Buddhist attitude. They encourage awareness of the situation and a non-judgemental attitude so that, whichever face of death is presented, it is not denied but rather is accepted and worked with so that, in the best case, both the dying person and the family arrive at the face of acceptance. Only when there is total acceptance is there the possibility of the positive qualities of love and peacefulness being able to flow and when those are there, the person is able to die knowing they have grown in understanding from their illness and from facing death.

The accepting face of death allows the person to view the whole experience as worthwhile, because so much is gained, rather than seeing death as a waste and a failure, to be done quietly in a corner out of sight of the world. He doesn't 'go out' fighting against the inevitable, terrified and enraged at death. On the contrary, he dies with the mind settled, knowing that both he and the family have gained something from the experience. This is dying with dignity.

The care-giver allocated to my mother believed that death was not the end, which meant that I could happily talk to my mother about what would happen to her after death without cutting across the hospice message.

## THE LAST DAYS

My mother became bedridden during the last two weeks of her life. During the first week the family turned her from her side to her back to her side again, to relieve the stiffness and the discomfort of lying in one position, but that first week had passed, the accumulative effect of days and days without food meant that the muscles that usually pad the bones and make it comfortable for us to lie on our sides had wasted away. Anybody touching her body and moving it, even slightly, caused her great pain and her face would screw up with agony; so, from this point on, she lay on her back day and night.

From time to time we gave her a teaspoon of water or apple juice. She could no longer suck the water through a straw for herself as she had been doing for the past week, so we would lift her head up and carefully pour the water into her mouth. From time to time we cleaned her teeth and tongue, put lanolin on her lips and sponged her face with a damp facecloth. Other than this we could do nothing more for her physically.

She lay hour after hour on her back, conscious most of the time. The nursing sister had provided morphine to control the physical pain and a sedative to relax her body and help her sleep. Both these drugs, particularly the morphine, knocked her unconscious, sometimes for as long as nine hours at a time. As the days passed she refused the medication, which was normally given to her every four hours. Not taking any meditation, she was conscious for much of the day and night. She

lay there hour after hour, letting out little moans from time to time, and saying that this waiting to die was terrible; it was the worst possible torture.

During those two bedridden weeks she wasn't in much physical pain but she most definitely was in mental pain. The mental pain was caused by her inability to accept the waiting period and her inability to see any purpose in it. My father also suffered, for he too could not see any purpose to her lying there, just waiting to die. Her body was spent; it was now useless. To him it appeared that she was just marking time, waiting to be released from a useless experience. He said that if he could see any point at all to her lying there, if she were gaining something, then he would be all for it but as he could not see that she could possibly get anything out of it, he thought the whole thing was tragic. At times he got quite angry about it. Friends got angry about it. My mother herself would get angry and then depressed. These two faces of death, the angry face and the depressed face, showed up often during that final week. They didn't last long but they were there as frequent visitors.

My mother was a Westerner with a Westerner's conditioning, which says one should be a productive member of society. To lie in bed day in and day out, not being able to cook and care for others, not being able to go to work, is unproductive and so waiting to die is seen as a complete waste of time and produces lots of guilt feelings for the average Westerner. From a very early age we are taught that we must show some concrete physical results for our existence if we are to be

regarded as worthwhile human beings. It is common for Western parents to say to their children, "Don't just sit there doing nothing. Do something useful with your time." Given this conditioning it is natural that lying in bed waiting to die will be seen by both patient and onlookers as 'doing nothing'. At least if you are actually dying that is doing *something*.

## **WAITING FOR DEATH**

What's the point of all this waiting, all this suffering? Unless they have already sorted out their views on the purpose of life, this question obsesses the dying person, the family, the friends and the medical people involved with the patient at this time. If there is little spiritual development, this is the point at which much suffering is encountered. There is mental turmoil about the best course of action. This is when discussion about euthanasia occurs. This is when the nurse who has access to drugs is often pressurised by the patient or the family or both to give the patient something which will end his life. This is the point where, if you do not have a clear view about the disadvantages of killing, the true purpose of life and what happens after death, you may well find that you are one of those people pressurising the nurse to take the patient's life. There is so much emotion in the air at this time that to start sorting out your views about life and death is an impossibility; your already-existing belief system simply takes over.

In contrast, for those steeped in spirituality there is no suffering; there is a total acceptance of the situation. You know why there is a waiting period. There is no

resistance to waiting. You see it as a beautiful time and not as a tragic one.

There is a purpose in this waiting for death, and there is a purpose in it for the members of the family who also wait, being helpless to do anything other than tend to the dying person's occasional physical needs. The point of the waiting period is closely linked with the whole purpose of life.

We visit this human realm for the purpose of learning how to experience joy and pain without judgement; we have to learn to accept fully any experience and to let it go when it's finished.

At first we have a very strong tendency to seek out pleasure and reject all that is painful or in any way unpleasant. We will return time and time again to this human realm until we have learnt the lesson of acceptance of all the opposites of joy and sadness, praise and blame, illness and health, waiting and action, anger and peacefulness, life and death. Waiting to die or waiting for a loved one to die is to experience one of these opposites – one of the unpleasant opposites. If the dying person in particular can be patient and accept the wait, knowing that death will visit when the time and conditions are right, then he can make great strides forward in his spiritual evolution. It is never too late to learn.

## TEACHINGS ABOUT DEATH

Each day I spent time with my mother, either talking to her or just sitting there meditating. I talked to her about what would happen to her after she died. I talked to her about how to die, which is just to let go; to let

go of life. She had at one stage asked the hospice nurse to give her a pill to make her die and when it was refused, she asked the caregiver how to die. The caregiver's answer was the same as the Buddhist one; just let go. After receiving this advice my mother asked me if I would help her to die. I said I would. However, all I could do was to assist in providing suitable mental conditions so that she would find herself more capable of letting go. *She* had to do the letting go; I couldn't do it for her.

I taught her the meditation on loving-kindness as well as some visualisation meditations, one of which was to visualise herself letting go of life. The loving-kindness was to help achieve a relaxed mental state from which letting go is easier to accomplish. I talked to her about how dying was like going to sleep at night; when you wake up the next day you are different and yet still the same. Dying is like going to sleep; you will find you are different and yet the same. One of the differences is that you will have a different body; a body which is free from disease and free from pain.

I told her there was no need to fear dying. She didn't fear going to sleep at night and yet when she went to sleep she ventured into the unknown, for she didn't know if she would wake up again. She didn't know if she would sleep well or badly or whether she would dream. She could dream and find it nightmarish. She did not know what lay ahead when she put her head down on the pillow and closed her eyes, and yet she was quite happy to do it and she was not afraid of letting go of consciousness. So it should be with dy-

ing. It is just like going to sleep.

I told her what would happen once she had let go of life. She would wake up in a fully-formed mental body. Passing through death's door is like the moment of birth; there would be people present who would be delighted to see her and who would want to assist her in her new life. Just as there are relatives around a newborn baby, thrilled at the new arrival, so there are beings around the deceased to welcome them into their new life.

### **BEING WILLING TO DIE**

Someone I met in South Africa who was training with the hospice movement to become a care-giver told me how she had mentioned to a nursing sister that death was not the end; that there were more lives to come. It seems that the sister was absolutely horrified at the idea of continuous life. She said she could think of nothing worse than coming back again and again, which seems to imply that the idea of rebirth rather than being comforting is, for some people, a distressing concept.

However, even the individual who thinks the idea of rebirth to be horrific or silly is very willing to entertain the idea of returning to the human realm when faced with the immediate prospect of *his own* life coming to an end. My mother was one such type. Many years ago I had mentioned the subject of rebirth to her and she was horrified. She said the last thing in the world she wanted was to come back again. On her deathbed, when the end of life was a reality and not

just something that lay off in the remote future, she was only too happy to hear about rebirth.

The same observation can be made of the person who begs those closest to him to give him a pill or some poison or in some way to end his life. It looks as if he wants life to cease, but what he really wants is for the *physical and mental pain* to cease; he does not want *life* to cease. This was clearly the case for my mother. She begged for a pill to end her life and yet she clung on desperately, taking a whole week from the time she asked for the pill until the time she let go of life.

One of the major conditions bringing about death is the mental letting go of life. It was noticeable that my mother's actions contradicted her words. She wanted life but she did not want the unpleasantness of a sick body, which is totally understandable; that is what we all want. We all want life but we don't want suffering, either of a physical or mental nature.

I told her constantly that death would occur when the conditions were right and not to panic and think she was going to last in this ill state forever; that everything that is born must come to an end. That is the Law. The illness had a beginning, therefore it would come to an end. I spoke much on this subject to try and calm her distress at lying there waiting to die.

## THE AGONY OF WAITING

If you want to know what the distress of waiting is like for the dying person, take a look at a very familiar meditative experience. You're sitting doing an hour's meditation and your back starts to hurt. Do you just

note that the pain exists, let it go, and pass on to the next object, which would be the *right* and *dignified* way of handling back pain? Or do you start to get agitated, wondering how long the hour has to go, wondering if you can bear to sit there any longer, wondering if you'll jump up and rush out of the room?

The instruction is that you must finish the hour regardless of the trials and tribulations which beset you and, furthermore, that you mustn't move to ease the back pain, for that would imply an attempt to avoid the pain instead of accepting it. You sit there in great distress, willing the hour to end, getting more and more tense and wondering if you can handle any more of this mental distress. This response to the unpleasant experience of back pain is no different from the response to waiting to die. The way the mind works is identical in both cases. In both situations the person wants to get away from something he finds unpleasant. The 'wanting to get away' is the mental factor of hatred and wherever there is hatred there is suffering. The meditative training is to stop the mind from wanting to get away. When you can do that, distress ceases.

Every meditator here has experienced wanting to get away from a painful hour of practice; so, when faced with someone wanting to get away from the agony of waiting to die, you can understand and sympathise fully with him. You know from your experience how difficult and frustrating is the handling of the desire to get away from something unpleasant. With the back pain you had the remedy for the ceasing of distress at your finger tips: all you had to do was to let go of your

want for something other, but *still* you found it difficult to put the remedy into practice. How much more difficult is it for the person who is dying who has not been practising how to let go? You know what he is going through and can sympathise with him. This will help you to find the right words to assist the dying person to cope with his agony.

## HAPPINESS IN THE FACE OF DEATH

I talked to my mother about how desirable it was to die with the mind happy or tranquil. To help her accomplish this I taught her and often guided her through a visualisation of tranquillity and happiness. Thinking of a happy mind in the past immediately gladdens the mind and if you constantly re-visualise it, in no time at all your mind will be filled with happiness.

I told her to remember a happy or tranquil scene. As an example of what I meant, I reminded her that the night before the whole family had been sitting round her bed, joking and laughing, and when I had looked at her I noticed that she was really enjoying the occasion and that she too was laughing at the jokes. I thought that the memory of the family together, laughing and united, would be something she would treasure. A little while after this she lapsed into sleep.

When she awoke, she started talking about Brass-knocker Hill, which is in Wiltshire, not far from the meditation centre. As you come down the hill, magnificent views of the English countryside spread out before you. There are hills and trees, a river and many fields with grazing sheep and cows. She said that was

what she had chosen to visualise. I should have realised she would want to choose a scene like that because she loved nature and animals and had dearly wanted to spend her last days in Britain. That scene contained many of her major loves: it contained countryside and animals, it was tranquil and it was in Britain. She spent a lot of time after that visualising the beauty and tranquillity of Brassknocker Hill.

When sitting silently with her I always did loving-kindness meditation (*mettā*), exclusively towards her, to assist her to relax. If she could relax sufficiently then she could withdraw her attention from the world about her and so enter the first stage of death. She desperately wanted to die. She wasn't frightened of dying, but being alive and waiting for the end to come was too much.

### **THE GOODBYE CEREMONY**

After I had been in South Africa for two days the family went through the 'goodbye' ceremony. This is one of the hospice's methods of helping the person to die. When the individual decides that he is ready and that he wants to die then the hospice care-giver advises the family to assemble and one by one to go into the dying person's room to spend some time talking with him about personal things. A member of the family may want to say loving words which up to that moment he or she has been too embarrassed or too self-conscious to mention, or maybe want to apologise for past actions. It is an occasion for opening up and letting go of the defences and for saying all the things one may

have neglected to say. It is a time to profess one's love for the person, it's a time to say thank you to the person for having been part of one's life, it's a time to say goodbye.

It was a Sunday morning when this happened to us. My father went in, I went in, my uncle went in, and my father went to fetch my brother from the tennis court where he was playing a league match so that he could come and say his goodbyes. For the rest of that day we sat and waited. Evidently once the goodbyes have been said and provided everything which should have been said is said, then death follows very shortly afterwards, sometimes as quickly as two hours later.

I wondered if my mother would manage to let go that quickly. Letting go is not so easy. This I knew from spending year upon year listening to meditation reports. Even when a meditator can see clearly that his present state of distress is caused by himself to himself, by clinging on to physical or mental pain, he still cannot let go of the pain. This is when the meditation teacher hears the cry, "*I know I'm doing it to myself, but I just can't seem to stop it!*" Even though the meditator dearly wants to rid himself of suffering and knows of the remedy – to let go – still he is incapable of relaxing his grip on suffering.

The family waited all day Sunday. Monday we were still waiting. Tuesday, we were still waiting. Seven days later we were still waiting. She was like so many other human beings; she couldn't let go even though she dearly wished to. It's hard to let go. It's even hard to let go of the things we hate. It takes much medita-

tive training to learn to let go.

Mother caused the family many a chuckle. After that Sunday when we all had said goodbye, a little ritual was performed on many of the following evenings. Mother would announce that she was going to die then, and she would call us all in to be with her at her death moment. On one occasion she said, "Oh, this waiting takes so long I think I'll go out and get drunk whilst I wait." It was such a funny statement coming from someone so thin, so immobile, so incapable of moving her limbs. She couldn't even lift a glass of water to her face, let alone a glass of alcohol.

On another occasion she called us to her bedside and said, "I'm going now. I haven't died before so I can't be certain that this is it, but I think it is." Again the family chuckled. I asked her why she thought she was dying. She said because she couldn't remember anything. As she had just taken some morphine and a sedative, I came to the conclusion that these two drugs had so affected her mind that she had temporarily lost her memory. This was such an unfamiliar state to her that she thought it was a sign of approaching death. Needless to say she didn't die on that occasion either.

### **DISENGAGING FROM DAILY LIFE**

During the last week of my mother's life the family decided to take turns to sit with her during the night to attend to her physical needs whenever she awoke. My brother and his girlfriend sat with her from 10pm to midnight, my father from midnight to 3am, and I sat with her from 3 to 6am. On some days a nurse would

arrive at 7am, otherwise my father and I looked after her during the day as well.

We organised the shift system because we felt it was very tiring for my father to be doing the nursing all night with no assistance from anyone else and it would have been a very distressing experience for him had he fallen asleep next to my mother and then awoken to find that she had been dead for several hours, that *rigor mortis* had set in and that the body fluids had started to leak out from all the orifices.

When the dying person is getting near the end, it is not always appropriate to visit him because it pulls his awareness back into the physical realm and delays the dying process. In order to die a person has to become uninterested in what is going on around him. He has to become 'disengaged', which is a term favoured by the hospice movement. In short, he has to let go of his involvement with the world. This is the first stage in the dying process.

It had become clear very early on that my mother was far too involved with the world for death to occur. Whenever there were three or four of us gathered in the house and a meal time approached, she would want to know from my father if we were all being cared for and if he was collecting the spring onions and tomatoes and green peppers from the garden to be used in the salads. She would tell him that if he didn't use the vegetables they would go rotten.

When someone rang the front doorbell at night, she would want to know who it was and why they were there. One day, at 3am, there was a tremendous

commotion outside the house. My mother wanted to know what it was. I told her it was cats fighting. "Ah," she said, "I've heard dogs and chickens too." All this showed she had too much interest in what was going on around her.

Have you ever had the experience, when ill, of being so uninterested in what is going on around you that you are quite sure that even if the whole house fell down around your sick bed, you wouldn't care less? You're sure you wouldn't even be bothered to investigate, but would just lie there. That is being uninvolved with the world around you; that is being disengaged from the physical universe.

Exactly the same disengagement has to occur for those meditators who practise concentration meditation and who wish to enter the deeply internalised calmness called *jhāna*. In order to get deeply concentrated they withdraw their interest from the physical senses and from thinking for long periods. Occasionally a sound does impinge; maybe a telephone rings. The ringing seems very far away and muffled, and the meditator feels no inclination whatsoever to get up and answer the phone. This state of indifference is reflected in the meditator's thoughts: there is either a complete absence of thinking or there is an occasional thought concerned with the immediate present or with the state the meditator is attempting to achieve. If thoughts arise about organising the house or the business or the garden, then the meditator is too involved in the physical universe and is not sufficiently disengaged to enter *jhāna*.

In order to get deeply concentrated or to die, the same disengaged state has to be entered into.

## THE DEATH

On the morning of the day my mother died I was standing in the kitchen talking to a friend of my parents who had come in to arrange flowers around the house. We were talking in normal voices but a message came via my father from my mother. Please would we talk more quietly. It was a very good sign. It meant that she was starting to let go of the physical realm.

In the early hours of the Tuesday morning, nine days after I had arrived in South Africa. I got out of bed and dressed ready to start my allotted 3am shift. When I entered my parent's room I saw tissues piled high on the side of the bed. My father had put them there so that whoever nursed my mother could wipe away the froth of phlegm from her lips. This build-up of phlegm was something new and it had started only an hour or so before.

My mother could no longer swallow the phlegm that gathered in her throat, so she pushed it out of her mouth where it formed in a froth around her lips. I had to be alert to quickly wipe it away or it disappeared into her mouth again.

After I had sat with her for a while it became obvious that she was getting into a state of panic about choking on the phlegm. I put my hands over hers and told her not to panic about choking. I told her that choking was the way her physical body was going to die. I told her that she had another body, a new one

that was not subject to illness and physical discomfort and which was young and vibrant. I told her that she should let go of this worn-out body and get into her new body and that if she found it difficult to let go of her diseased body, not to worry, for she would suddenly find herself in her new body ready to go on her journey. I told her that she would then have a long, well-earned rest, after which she could decide where she wanted to go.

Whilst I was talking to her she had turned her head to one side so that her ear was directly in line with my mouth. When I finished speaking, she settled right down. The atmosphere went calm. She stopped spitting out the phlegm. She stopped groaning. The mental atmosphere went calmer still. She let the phlegm start to choke her. There was one death rattle. (The death rattle is a fairly loud guttural, gurgling sound created by choking on phlegm.) There were a few moments' silence. Then another death rattle.

I started to speak again. I told her she was doing very well. I told her to continue to let go. I told her that once she was out of her physical body and in her new body she would find herself up near the ceiling looking down on her old body and on me sitting in the chair beside her. I told her not to fear leaving her old body, that it was like moving from an old house to a new one. My mother loved moving house. She and my father rarely stayed in a house for more than five years. After three or four years she would get itchy feet and start off on the house-hunt once again. I reminded her how much she loved moving into a new and different

house and that leaving her body was like leaving an old house and moving into a new one.

A few seconds after that she died.

Her face had gone ashen white. I'd been told by the hospice people that it would. All day the family had watched this ashen colour gradually creeping up her face, starting with her chin. By evening it had reached her eyes. By the time she died it had covered her whole face.

Once she had died, I was thrilled that she had made it. She had tried so hard all week to let go and at last had mastered the technique. Knowing that she would still be around but in a mental body now, I congratulated her, told her I loved her, thanked her for being my mother, said goodbye, and wished her well in her new life. I told her I would go and fetch the rest of the family so that they too could say their final goodbyes.

Learning how to die properly is all about learning how to let go, learning how to watch the natural ebb and flow of all things, learning that life is a process of continual beginnings and endings, continual birth and death. When you see this cyclical movement clearly then there is no more fear of death. When you have learnt *that*, not only have you learnt how to die but – you have also learnt how to live.

# APPENDIX

## FACING DEATH

*...taken from articles by the Hospis Malaysia*

**W**hen you have experienced... the loss of a loved one it is important to:

- Understand Your Grief Process
- Be Able to Talk to Someone
- Know the Feeling of Wanting to Escape
- Focus on the Needs of Those Around You
- Begin to Live Again

When faced with the death of a loved one, you may feel the actual loss is too difficult to bear. You may feel that you no longer have a reason for living, that nothing interests you; you may even feel that you are going mad. Perhaps you will feel guilty for the things you did or didn't do. Many bereaved people find themselves feeling angry with God, family, friends, themselves, or with the one who died. Feeling of anxiety, helplessness, fear and tremendous loneliness are experienced by many people during this stage. You may think that you will never feel better again. Remember that you need to:

### **1    *Understand Your Grief***

Grief is normal. It is important to allow yourself to grieve, in whatever way is comfortable for you. Cry

if you want to or shout it out.

The bottled up feelings must be allowed to flow. It is because your whole world seems to have fallen apart, broken into pieces. None of us can be so brave and feel so detached when a loved one dies.

## **2** *Talk to Someone*

Whatever your feelings, it is important to remember that it is normal and healthy to express them. It is often helpful to talk them over with someone who understands and who has time to listen. This person may be a friend or relative, but many people find it easier to express their feelings or thoughts to someone who is not so close to them. You can call us at Hospis Malaysia for help.

No one can completely understand what another person's grief is like – but grief is an experience most of us go through at one time or another in our lives, so there will be people who are willing to share and understand as much as they can. Try not to keep everything to yourself.

## **3** *Wanting to Escape*

You may feel that you could cope better if you disposed of the things that are reminders of the loved one who has died, or you may want to move house. Bereavement is painful. But it is much better to make important decisions, like moving house, when you are able to think more clearly and ob-

jectively. Try to avoid making decisions you might regret until you feel better.

#### **4 *Focus on the Needs of Those Around You***

Remember that you are not alone in your grief. You may have children and they may be grieving too. No child is too young to notice when an important person in his or her life is no longer there. Children always sense something is wrong from the behaviour of those caring for them and from the changes that inevitably occur as a result of the death. Their own little worlds are shattered and it is imperative that those who are living help them to put the pieces back together again.

Parents who lose a child will need the rest of the family to help them pull through the period of grieving. Brothers and sisters can prop each other up when a parent dies. The important thing is to focus on others who are also grieving from the loss. It will help ease the pain because you know you are not alone in your grief.

#### **5 *Beginning to Live Again***

In time, you will become aware that you can sleep better and eat more. You will realise that life must go on and that there are still good days. You will find that you can listen to that special piece of music or remember something that you once shared with the one who has died without feeling acute pain. Gradually you will begin to take up new interests

and make new friends or renew some of your old friendships. At this time you may sometimes feel you are being disloyal to the person who has died but you should try to remember that, while the past will always be with you, there is the present and a future that you can enjoy.

## **I**f someone is **terminally ill**\*...

### **How should I behave?**

- Try not to avoid your friend. Be there – it instills hope.
- Call and ask if it is okay to visit. Let your friend make the decision. Now is the time when your friendship can help keep loneliness at bay and fear at a distance.
- Respond to your friend's emotions. Laugh and cry with him/her. Sharing these intimate experiences enriches both of you.
- Encourage your friend to make decisions. Illness can cause a loss of control over many aspects of life. Don't deny your friend's right to make decisions.
- Be prepared for your friend to get angry with you for "no obvious reason", although it feels that you've been there and have done everything you could.

\* Terminal illness is a fatal disease with no prospect of cure and where the advent of death seems certain.

Remember, anger and frustration are often taken out on the people most loved because it's safe and will be understood.

- A terminally ill person may experience extreme mood swings. You have to exercise extra patience and compassion when dealing with them. Be prepared to go that extra mile.
- Don't lecture or direct your anger at your friend if he/she seems to be handling the illness in a way that you think is inappropriate.
- You may not understand what the feelings are and why certain choices are made.
- Help your friend overcome any feelings of blame regarding the illness. Help him/her be positive about it.
- A loving family member is a source of strength and moral support. Remember that by being a friend in times of need you are helping to build up that moral support which the person needs.
- Tell your friend that acceptance of the illness should not be confused with defeat. This acceptance may free your friend to make rational decisions about many things that need to be done.

### **What can I say?**

- You can ask about the illness, but be sensitive to whether or not your friend wants to discuss it.
- Tell your friend how good he looks, but only if it is realistic. If your friend's appearance has changed,

don't ignore it. Be gentle, yet remember, never lie.

- Your friend may be a parent. Ask about the children. Offer to take them out for a treat.
- Does your friend feel the need to make contact with his spiritual leaders? Perhaps you can help to put him in touch with an appropriate person.
- What's in the news? Discuss current events. Help keep your friend from feeling that the world is passing by.
- Don't allow your friend to become isolated. Keep your friend updated on mutual friends and other common interests.
- Talk about the future with your friend... tomorrow, next week, next year. It's good to look forward to the future without denying the reality of today.
- You don't always have to talk. It's okay to sit together silently reading, listening to music, watching television... holding hands. Much can be expressed without words.

### **What can I do?**

- Send a card that simply says "I care" or bring fresh flowers as often as you can.
- Call and say you would like to bring a favourite dish. Ask what day and time would be best for you to come. Spend time sharing a meal.
- Touch your friend. A simple squeeze of the hand or a hug can let him/her know you care.

- Check with your friend's spouse/children: They need a break from time to time. Offer to care for the sick person in order to give the loved ones some free time. Invite them out. Remember, they may need someone to talk with as well.
- Offer to help answer any correspondence which may be giving some difficulties and which your friend may be avoiding.
- Be creative. Bring books, periodicals, taped music, a poster for the wall, homebaked kueh or delicacies to share. All of these can bring warmth and joy.
- Celebrate holidays and life with your friend by offering to decorate the home or hospital room.
- Call your friend and find out if anything is needed from the store. Ask for a shopping list and make a delivery to your friend's house.
- Can you take your friend somewhere? Transportation may be needed to a treatment... to the store or bank... to the physician... or perhaps to a movie. How about just a ride to the town or to the park?
- Go for a walk or outing together but ask about and know your friend's limitations.
- Tell your friend what you'd like to do to help. If your friend agrees to your request, do it. Keep all promises you make.
- Help your friend with household chores or babysitting. It will be appreciated.
- Modern medicine can go a long way to relieve suffer-

ing. If symptoms are distressing, encourage communication with the community (family) doctor, and/or hospital doctor. There is no point in suffering needlessly.

- Make sure that prescribed medicines are being taken regularly. If not, find out why, and make sure that the doctor knows if your friend is not happy with the treatment. Very often, simple alterations in the medical regime by the doctor can really improve a person's quality of life.
- Maybe your friend and the family could benefit from some professional nursing help? Get in touch with those offering private nursing services.
- Does your friend have a family doctor? It is worth finding one – eg: in a government health clinic, or general practice – who is readily available to help with day to day problems.
- The time will come when your friend will have to face the reality that his/her condition is weakening and the end is approaching. You may need to be extra supportive as well as tactful in helping your friend accept the inevitable. If your friend is religious, ask if you could pray together. Encourage further contact with his/her spiritual advisor or support group. Spirituality is often even more important at times such as these. And don't forget that symptom control is possible and should still be sought at this time, for quality living is still the aim.

## **Remember...**

Don't forget to take care of yourself. Recognise your own emotions and honour them. Share with others your grief, anger or feelings of helplessness. Getting the support you need during this crisis will help you be there for your friend.

If you are interested in gathering information about Hospice Care, you can visit Hospis Malaysia's website:

[http://wwwcharityorg.my/hospis/html/hp\\_hmpg.html](http://wwwcharityorg.my/hospis/html/hp_hmpg.html)

or write to:

**Hospis Malaysia c/o Assunta Hospital  
Jalan Templer 46990 Petaling Jaya, Selangor, Malaysia.  
Tel/Fax: 603 778 17018**

## ABOUT THE AUKANA TRUST

Based in Wiltshire, United Kingdom, the **Aukana Trust** is a Buddhist charity which supports two monasteries (one for monks, one for nuns) and a meditation centre, the *House of Inner Tranquillity*. The spiritual head and co-founder of the Trust is **Alan James**, who has been teaching the Buddha's path to enlightenment for over twenty-five years.

Both the monasteries and the meditation centre were established for those in search of a practical approach to the Buddha's teaching. The instruction offered is the traditional training in the three aspects of the Buddhist way: *sila*, or control of personal conduct, *saññādhi*, or control of mind and *paññā*, the development of wisdom. While the central practice taught is *vipassanā* (insight) meditation, much emphasis is placed on developing a committed and systematic approach to all aspects of the Buddha's Eightfold Path. We particularly stress the importance of ethical discipline, mindfulness in daily life and *mettā* (loving-kindness).

The Aukana Trust has also published several books on Buddhism. Titles currently available are: *The Unfolding of Wisdom* by Alan James; *Buddhism In A Foreign Land* by Robert Mann; *Life As A Siamese Monk* by Richard Randall; *Buddhist Character Analysis* by Robert Mann & Rose Youd; and *Modern Buddhism* by Alan & Jacqui James, of which *The Many Faces Of Death* forms the last chapter of this book.

All proceeds from sales of the above books go to the support of the monasteries and meditation centre.

For further information, please contact:

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