

**Freeing Spirit:
Life Epics and the Deindustrialization of Death**

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Abstract

There is a disconnection in North American culture from the naturalness of death. This disconnection impedes the spiritual process undergone when dying. This spiritual process is necessary to fully complete the sacred journey of life. The denaturalization of death in North American culture is a direct result of the industrialization of life. The disassociation of death embedded in the psyches of North Americans manifests itself as a spiritual crisis, often arising during the dying trajectory. Hospitals, the institutions which carry the mandate of caring for the ill and dying in North American culture, are ill equipped to handle this crisis. Residential Hospices were created to provide viable alternatives to the dying, ensuring the priority of the spiritual and emotional care of their residents within their mandates. This paper explores Buddhist mindfulness practices, as well as aboriginal protocols, as ways to facilitate the spiritual crisis people often undergo when dying. Further, this paper suggests that Residential Hospices should go beyond facilitating spiritual needs of their residents and begin to proactively evoke spiritual transformations using Buddhist mindfulness practices and aboriginal protocols among its staff and members of their communities.

Introduction

To die in North America means not only facing the end of one's life; for many it means navigating a health care system which is designed to treat death as the enemy (Connor, 1998). The ramifications for people dying in a health care institution include a loss of identity, isolation and sometimes prolonged agony as their lives are continued mechanically long after the body has been ready to die; in a hospital, people often die without dignity. Advances in technology have improved the quality of life in medical terms, but they have created a society which has lost touch with the sacredness of death as being the culmination of life. Death is not being treated as the natural progression of life that it is; its naturalness is no longer honoured in North American society.

There is a direct connection between the development of the post-industrial complex and the denaturalization of death that has occurred in North America. As death in North America became managed by the industrial complex, people were freed from the responsibilities of fully caring for their loved ones through the complete dying trajectory. People were also relieved of the responsibility of preparing the body for burial, as professionals became responsible for those activities on behalf of family members. Because the health care industry came to manage the complete dying process, there has been a disconnection between death and its role in life; death is no longer accepted as a natural process in life because it is no longer experienced as a natural process. Further, the opportunity to gain an understanding of death has been lost in this process. The outcome is that death has become a sterile process, held at arms length by the majority of North Americans (Connor, 1998). Unfortunately, this attitude towards death intensifies the painfulness of the process for the dying through the denial of what is happening to them. Further, opportunities for healing are lost through the inability, or unwillingness, of people to discuss their feelings about death. In the process, science replaced and negated the importance of experiencing spirit in the lives of humans (Berry, 1999, and Abram, 1996). People in North America do not face death with equanimity and acceptance, with the result being that death is a more painful experience for all involved.

Hospice Movement

Organizations called hospices developed in answer to the uncompassionate way in which death was, and continues to be, managed by health care institutions (Siebold, 1992, and Connor, 1998). Hospice care today includes residences which provide viable alternatives to hospitalization. They also offer hope in the quest to reclaim death as a the natural and sacred process it is; it has been argued that hospice organizations, being grassroots in nature, have the power to induce social change (Ley, 1994, and Connor, 1998). In order to reconnect North American society with the sacredness of death, residential hospices need a new proactive approach to facilitating death acceptance. This undertaking is crucial because one of the most pressing issues faced by people who are dying is their search for meaning in life (Kubler-Ross, 1975), and this search manifests itself as a spiritual crisis when people die. This spiritual crisis is not concerned necessarily about obtaining religion (Connor, 1998); most people in North America will have had some connection to a religious faith at some point in their life. This spiritual crisis is about getting a sense of order in the universe; it is about understanding life and how each

individual has played a role. A life review is a major part of this process (Kubler-Ross, 1975, Coberly, 2002 and Buckman, 1996). This spiritual crisis at death is ultimately about connecting to the larger consciousness of life, one which exists separate from oneself, yet encompasses all beings (Connor, 1998). Through finding meaning, people can connect to this larger state of consciousness, and through that connection, people can face death with equanimity and thereby complete the spiritual journey that life is meant to be.

Residential hospices can become a place of spiritual retreat where people can reconnect to the universal life force. This spiritual ethos finds its articulation in an intercultural dynamic that reclaims the dignity of death from those cultures whose memory of natural death best suits the spiritual ethos of hospice. This paper confirms that these practices are best articulated by Buddhist practices and aboriginal protocols which provide methodologies to facilitate this journey; they are each models of how to live and die connected to the life force of the universe. Buddhist practices and aboriginal protocols can be integrated to create a new model for a spiritually based residential hospice which can facilitate each individual's spiritual journey towards death acceptance at their own pace.

The strength in implementing Buddhist practices and aboriginal protocols into a residential hospice is in the complimentary alternatives they offer in the search for meaning; individuals can acquire a sense of meaning for themselves within the universe through connecting to either of them, or both of them. Both connect individuals to the spiritual essence of life and death. The power of incorporating Buddhist practices and aboriginal protocols into a residential hospice, beyond providing different approaches to the spiritual journey, is in their ability to compliment each other; Buddhists practices broaden the awareness of the mind and spirit, an awareness which can facilitate an understanding of, and openness to, aboriginal protocols. Aboriginal protocols extend awareness through applying attention to the interconnection of life and how best to interact with the universe; in these protocols are guidelines which can ground the awareness developed in following a Buddhist practice to an individual's environment.

Given the experiential nature of both Buddhist practice and aboriginal protocols, the best way to illustrate how they can facilitate an individual's spiritual journey is through story, story being itself an aboriginal protocol. Through story lessons can be illustrated about how to integrate these traditions into a new model for residential hospice concerned with connecting to the universal spirit, while maintaining an accepted level of professional standards, and preserving a homelike environment of compassionate, sensitive care for people who are dying. Through this type of spiritually evocative residential hospice, the dying process can be maintained and supported as an end of life healing.

The Legacy of Domestication and Industrialization

North Americans have a hard time with death because they do not see themselves as a part of nature and under the same rules (Albom, 1997). Ecopsychologists believe that North Americans have been trained through domestication and industrialization to deny their innate feelings to commune with nature and the world around them (Glendinning, 1994, Macy, 1991, and Franklin, 1990/1999). The process of industrialization altered belief systems to accept the new, yet unnatural, power structure within society which requires the domination of all living beings by industry (Glendinning, 1994). In so doing, the industrialization process separated human beings from the way of life they had lived for thousands of years. Civilization and survival had earlier meant interacting and respecting the rest of creation. What people did not fully realize at that time is that the new order required humans to dominate other humans. Through industrialization, both life and death lost their meaning; both life and death became defined and bounded by the confines of the industrial complex. People came to accept the domination of nature in favour of the good of industry, and acquiesced their personal power in order to belong to this new society. The sacredness of life and death were a challenge to maintain in this process.

The start of the human disassociation from the natural world goes back to when hunter-gathers settled in one location and initiated the Neolithic Revolution. This required the domestication of plant and animal life, marking the start of the need to control nature and the loss of balance between human beings and their environment (Glendinning, 1994). Domesticating animals and cultivating land required the domination of both. Once established in one location, women began having more babies, which in turn

required more food. Food storage and the guarding of that food became a necessity. It also generated the need for workers, as people started to form villages. It seems that the act of settling in one location in and of itself took on its own energy (Diamond, 1999). As the demand for food multiplied, so did the need to control more and more of the natural world, progressing in what seemed to be a natural evolution in the development of the human race once the human race began to settle in one location (Diamond, 1999). It has been argued that imperialism of Europe ensured that all hunter-gather societies would come in contact with the domestication of plant and animal life with the consequence being that the process of the separation of human beings from nature was inevitable, except in the remotest of areas (Diamond, 1999).

_____The entrenchment of industrialization and technology into modern society started the process of the separation of human beings from themselves. The division of labour which is the basis of industrialization lowered the priority of human relationships (Kubler-Ross, 1969, Franklin, 1990/1999, Glendinning, 1994). Technology and its effect on human relationships is explored in Ursula Franklin's *The Real World of Technology* (1999). Franklin defines technology as a practice, a way of doing things. The book discusses how the growth of technology required the loss of individualism and through that loss, the need and opportunity for authentic human contact diminished. Franklin explains that this evolution in the change of attitudes towards historically human ways of being has occurred slowly over time to the point where the new generations have accepted it as normal, with the implication being that the increasing lack of human contact in society has been taken as the natural evolution of a technological culture. Human beings have slowly lost their biocultural communication skills involved in direct human contact through their embracing of technology and increased distance from nature.

Technology, however, does have its place in the modern world and has improved the quality of life for many human beings. The clock can not be turned back. Although advancements in science have had the correlating effect of increasing the denial of the reality of death, as well as an excuse to distance humans from the experience of death (Kubler-Ross, 1969), the choice can be made to change how and when these technologies are utilized. The practices of the past which gave meaning to individuals and their communities, their closeness to nature and their purposeful personal connection to one another, can be integrated into the North American present to balance the omniscient impersonal dimensions of technology. Developing an awareness of the choices available instead of acquiescing choice to the status quo lies at the heart of my planned revival of the biocultural ethos of Buddhist and aboriginal practices in hospice.

The Status Quo: Death in the Post-Modern Industrialized World - The Culture of the Hospital

_____Post-modern North American society is not oriented towards supporting the dying process. Instead, North American society is focused on avoiding and denying its own mortality (Siebold, 1992, Glendinning, 1994, and Macy, 1991). Death is not a celebration of life lived, death is the enemy (Connor, 1998). This mindset is the direct result of the industrialization of death which has been one of the repercussions of the industrialization of life. Both are interrelated; both have become denaturalized.

As a society, North Americans have transformed from a pre-modern world of death being a regular occurrence in life, with death and dying being witnessed at home and around the community, to the marginalization of the dying through placing the dying in health care institutions. This evolution from caring for the ill and dying at home, to the industrialization and containment of the dying, where the burden of responsibility for the ill and dying is placed on professionals, has come at a cost. Death, and the dying process, have become less natural for all involved. That is not to say that it has been a logical transformation to have the ill and dying cared for by institutions which have the ability to ease pain and prolong life through the availability of new and better technologies. The harm, however, to the emotional preparedness and acceptance of death within the North American psyche is large. The normalcy of dying has been lost in the transition from home care to institutionalized care.

The majority of the population in North America relies on hospitals for care in the face of death, however hospitals are not places which are capable of offering reliably compassionate care for the dying (Kubler-Ross, 1975); hospitals are simply not designed to support the dying process (Siebold, 1992,

Callwood, 1986). Hospitals exist to cure en masse. Death is viewed as a failure. Individuals who enter a hospital for care lose their autonomy because they are required to surrender that autonomy to the hospital system (Kubler-Ross, 1969, and Connor, 1998). The hospital and its agents start to make decisions for the patient, including limiting their options. This is not a new concept. It is the way hospitals need to operate in order to efficiently and effectively handle the high demand on their services. However the efficiency leaves patients with less control over their bodies than before they entered the hospital and, as a result, more vulnerable and fearful than before becoming a patient (Kubler-Ross (1975). There is an increase in the denial and shutting down of feelings by hospitalized patients in an effort to deal with the new level of vulnerability (Kubler-Ross, 1975). Hospitals make the prospect of death more horrifying than the dying process itself through the way in which they administer, or choose not to administer, care. Hospitals have the mandate to try, using whatever means possible, to keep a human being alive. This often leads to more pain and suffering for both the individual who is dying, as well as their family members. Death is not treated as natural. Life is not honoured by allowing an individual to die naturally, with dignity.

Specialized leading edge Palliative Care Units have been developed within hospitals to counteract the “keep alive at all costs” mentality of hospitals. Palliative Care Units are exclusively for terminally ill patients. The term “palliative care” is a type of care designed to provide compassionate emotional, spiritual and mental care while treating the physical symptoms associated with dying. Palliative care is more of a philosophy of care and not a total care platform (Ley, 1994). That philosophy includes an integrated team, with all team members being equal. Hospitals are unable to provide an egalitarian palliative care team because of the power dynamics within its culture. Palliative care provided within hospitals does not fully represent the original philosophy of palliative care.

The need to provide spiritual and emotional care forms the basis of the philosophy of palliative care; hospitals, however, are not designed to provide this qualitative care. The power structures which characterize hospitals are not designed to function from an emotional or spiritual basis. As noted above, hospitals strip away the personal identity of patients. In the hospital system, people become patients who are interchangeable. The amount of contact and attention each patient receives in a hospital varies. Emotional and spiritual care are not ensured in the institutionalized environment of a hospital where the guidelines which govern how to care for patients inhibits that depth of care; there are simply too many people to care for to provide ample time for the attention required. The problem is further compounded by the lack of training both doctors and nurses receive on the spiritual and emotional needs of the dying, the result being that most feel uncomfortable with facing the emotional issues of their dying patients (Coberly, 2002, and Connor, 1998). The tendency of dying patients not to utilize the official professional support provided by hospital culture is a result of emotional and spiritual care not being priorities in the definition of healing in Western medical science (Coberly, 2002). Western medical science has limited itself through its narrow scope of what effects good health through its denial of the body-mind connection which keeps emotional healing lower on their list of priorities (Coberly, 2002). The outcome is a heightening of the spiritual crisis which is naturally faced by people who are dying because they have few, if any, outlets in the Westernized hospital system to help them find their way through the crisis and come to terms with their mortality. The hospital culture, more often than not, leaves North Americans to fend for themselves in completing the spiritual journey of life and death. This denial provides for an inadequate passage into death that the hospice model I will describe can counteract.

Residential Hospices In Canada: A Promising Alternative

Residential hospices in Canada are designed to provide holistic care to people who are dying; the emotional and spiritual needs of their residents are top priorities (Ley, 1994). The mandate of residential hospices is to provide patient driven holistic care in a homelike environment. They are locations where people can die in a compassionate setting, honouring the wishes of the dying individual as well as providing twenty-four hour care. For most people, they are a viable alternative to dying in a hospital.

Residential hospices in Canada are small non-profit organizations, being able to accommodate between four and thirteen residents at a time, free of charge. They often have a skeleton administrative

staff and employ a small contingent of registered nurses and registered practical nurses¹. The majority of their services are provided by volunteers (Ley, 1994, and Connor, 1998) Other professionals required are paid for under current provincial health care plans. Residential hospices are neither funded nor regulated by any governmental body in Canada and therefore are able to aid only a fraction of Canadians. Residential hospices do, however, offer hope to many people who do not have the support or the financial ability to die at home.

Dying in a residential hospice offers comforts which health care institutions are not equipped to offer: patient driven care. Residential hospices endeavour to offer individualized care through having their patients, whom they refer to as residents, direct their own care. Residents choose what and when they want to eat, often doing the cooking themselves or directing it. They choose when and if they want to take a shower and who they are willing to see. They are not awakened at night by shift changes and nurses taking inventory. Nursing staff are there to support and administer care as agreed to by the resident. Residential hospices are designed to look and operate as close as possible to a private home, so much so that residents are encouraged to decorate their rooms with personal items. The lack of medical technical devices allows for these additions. The most important aspect of this type of care is that the resident is not forced into any uncomfortable position or treatment of care.

The choice to die in a residential hospice does include limitations to the level of care which is available. Residential hospices do not have access to medical technologies which may be utilized in a hospital. Most medical technology requires professional operation and supervision. Medical emergencies offer a choice between calling the on-call professional to attend, or dialling 911, which usually means a trip to the hospital and a subsequent loss of personal control over treatment (Connor, 1998). This is important because medical technology can prolong life and, in some instances, make an individual more comfortable as they are dying. For an individual who is dying, these conditions may be important considerations in deciding where to die based on their acute circumstances. Nonetheless, there are still important advantages in foregoing technology; the natural transition from life to death is not altered by machines and technology. Death can be fully experienced, in all its pain and glory and with dignity. When a person is actively dying, prolonging their life may not be what they want. Those wishes can be honoured in a residential hospice.

The continuation of residential hospices as non-institutionalized entities has currently been brought into question in Canada. Standards have been drafted by members of the residential hospice community with the hope that the Government of Canada will use those standards as the basis for regulation. Regulation means funding. Funding means government guidelines and restrictions which may require residential hospices to alter the way in which they operate and thereby change the essence of the hospice movement (Perlmutter, 1994). The current lack of regulations allows residential hospices to operate creatively, trying leading edge and alternative therapies to aid their residents as they die. There are therapies which are widely used in residential hospices, such as Therapeutic Touch, which are not necessarily welcomed in hospital culture. Residential hospices are the entities which have been helping people to experience dying as a natural progression of life; they hold the hope in North America of returning the dying process to becoming culturally accepted and treated as a natural event.

Hospices started as volunteer organizations that wanted to improve the quality of care received by people who were dying (Connor, 1998); and those volunteers continue to be the foundation of hospice organizations. That foundation maintains the ability of hospice volunteers to focus their energies on promoting social change through their actions. If nothing else, volunteers evoke cultural standards through example; the public perception of the use of volunteers in non-profit organizations continues to

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Registered Practical Nurses are limited in the amount of medical attention they can provide; the guidelines are set up as to be particular to each patient, however they do uniformly state that the more complex the patient, the more need for a Registered Nurse to manage the care. They can not change medications, nor can they administer anything other than oral medications already prescribed. They also can not work I.V. lines to provide hydration.

garner the trust of the public through their altruistic motives and roles as watchguards of the organization (Connor, 1998, Cnaan, 1996, Hammack, 1995). Given the spiritual crisis faced by many people in North America when dying, and given the essence and mandate of residential hospices, it seems only natural that the next step in the evolution of residential hospices is to provide proactive methodologies which help facilitate individuals through their spiritual process when dying. Residential hospices should become places which, through their design, evoke and facilitate the spiritual journey which is meant to occur while dying to complete the human life cycle.

The San Francisco Model

A residential hospice in San Francisco, California, has taken on this role of spiritual facilitator. The Zen Hospice Project in San Francisco, is a residential hospice which operates based on Zen Buddhist principles. These principles are incorporated into the methods utilized by the hospice through its staff and volunteers. Being a staff member or volunteer in the hospice requires that each individual have their own regular spiritual practice, whatever form that might take. Training involves the deepening of spiritual awareness through the introduction of Buddhist thought and practices. Meditation and confronting the egoic self are the main practices incorporated into the training and operations of the hospice. Daily meditation is promoted in the hospice. A space has been created for meditation, as well as a time allotment to each shift. The purpose is to quiet the mind and allow an individual to come to a place of equanimity with life and death prior to starting their shift. It is also a time to develop some awareness as to what state of mind they are in prior to their shift. In quieting the mind and tuning into personal needs of the moment, staff and volunteers more available mentally and emotionally to help the residents of the hospice than before taking the time to meditate. The space of a quiet mind is better able to hear the requests and needs of a resident, as well as more prepared to help facilitate the emotional, spiritual, and physical needs of the residents. The space that is The Zen Hospice Project, is a space which exudes the spiritual energy of compassion and equanimity, so that all aspects of life in the hospice partake of these energies. Residents are not asked to follow a certain path, nor are they formally introduced to Buddhist teachings. Learning and awareness comes to the residents through how the staff and volunteers support them and from the space itself.

Educational Dimension of Residential Hospice

Given the extent of death denial in North America, and the corresponding spiritual crisis many of its citizens face because of this denial, residential hospices in North America should go beyond simply facilitating individual spiritual journeys; they should take on the responsibility of re-educating their communities about the inherent spiritual nature of life and death; this is the only way to change the current state of denaturalization of death in North America. Education is the key to changing modes of thought. Residential hospices currently do act as information providers to their communities, as well as to the residents, volunteers, families, and friends who have personal interaction with each hospice (Connor, 1998). Much of the information formally provided is technical and practical in nature, however information concerning the quality of care and its effects on both residents and family members is also provided to the community inadvertently through word of mouth. Although this form of providing information has reached many people, it is not enough; in the twenty years of an active hospice movement in North America, many people still do not know what a hospice is or what they do (Connor, 1998). Residential hospices need to take the next step in educating their communities by using proactive measures. Further, they need to include in that education the spiritual nature of life and death. This can be done through regular outreach practices, as well as through offering and advertising courses to the public. Because people experience spiritual crises prior to dying (Grof, 1989), and because most people do not know where or how to start their spiritual journey when they find themselves in a spiritual crisis, residential hospices can act as facilitators in the process of developing a spiritual practice and working through the journey of self-discovery that evolves out of that spiritual practice.

Change happens one person at a time. Awakening to the realization that human beings are more than the sum of their parts can only happen through a personal journey of self-discovery utilizing practices which evoke a spiritual connection to all living beings. Further, change often has a ripple effect; a change in attitude in one person will often effect other people in their immediate circle, as well as effect people further along in the chain of connection (Richmond, 1999). Providing the place and the

methodology is a natural evolution for residential hospice to undertake. And so maintaining the emphasis on spiritual and holistic care is essential especially if the Government of Canada regulates them into institutions.

The Need to Reclaim Death as a Natural and Sacred Journey in North America

People in North America have become disassociated from the naturalness of death because they no longer experience death in its natural form. Dying at home made death normal, as family members and friends witnessed and supported the process. Dying at home created a forum where the dying process could be discussed as death was witnessed. Death was introduced to children early on in their lives to allow them to experience death as a natural, regular event. Children learned how to process the grief and responsibilities associated in caring for a dying person and were given the opportunity to discuss what was happening with the adults (Kubler-Ross, 1969). Further, people who died at home had an opportunity to do so with dignity through the attentive compassion and care provided by family members. Death could not be avoided. Death could not be denied. If society is no longer trained from an early age of the naturalness of death, and how to support the dying while living, society can not be expected to do a very good job in supporting the dying process as adults. Society has disassociated from the human need to face death (Kubler-Ross, 1969).

The dilemma faced by North American society is that their death denial is a manifestation of their denial of the sacredness of both life and death and this has created a spiritual crisis which is most prevalent when people are facing death. Most people can maintain the illusion of fulfilment while they are healthy and able to find some satisfaction in the material things made available through the industrialized economy, however when people near the end of their lives they start to question the meaning of life; they want to know that their life somehow mattered. Death becomes a spiritual crisis as people search to understand their role in life. Fixation on the physicality of death is also a denial of the spiritual dimension of death and is an extension of the material obsession of conventional life in North America.

Death As A Spiritual Crisis: The Transpersonal Nature of Life and Death

Dying is, above all else, a spiritual process. The personal growth that comes from deep reflection becomes a spiritual endeavour when individuals confront themselves in an effort to give their life meaning. Together with the natural questioning of the meaning of life on Earth, leaving a legacy of meaning is the key issue explored by people who are dying (Kubler-Ross, 1975, Coberly, 2002 and Buckman, 1996). As noted above, spirituality, in this sense of finding meaning, is not concerned necessarily with a formalized religion; it is more a sense of belonging to something bigger than oneself and one's immediate surroundings (Connor, 1998). This spirituality is a sense of the interconnectedness of the universe and, in particular, life on Earth.

When death draws close, the dying often experience a taste of this interconnectedness through a phenomenon called a transpersonal experience (Coberly, 2002). Transpersonal experiences go beyond time and place to connect with a source of power and understanding beyond the consciousness of people who are engrossed in industrialized life. The transpersonal is an altered state of awareness, often witnessed by people who are not experiencing it as hallucinations or a coma-like state (Coberly, 2002 and Buckman, 1996). Transpersonal experiences originate from a source that is larger than an individual but occur through an individual (Coberly, 2002). The importance of these experiences are revealed in their provision of a sense of peace and calm they bring to people who are dying (Coberly, 2002).

The transpersonal is a topic which the philosopher Ken Wilber has written about extensively. He speaks of the transpersonal as the next stage in the development of awareness of the self; it is the *witness mind* (Wilber, 1998). The transpersonal is the observer of the actions undertaken by the empirical self controlled by the ego; the ego, according to Freudian theory, is what gives human beings their notion of "I". Transpersonal experiences transcend the ego and the notion of a single and separate self. A transpersonal experience in the face of death is the dropping of the egoic mind to surrender to a bigger mind which exists outside of the body. Ken Wilber believes that this awareness can occur consciously in life. Awareness of "big mind" can be developed through psychotherapy, meditation and other spiritually deepening techniques. If North Americans can achieve "big mind", or an awareness of

“big mind”, prior to death, then death would not have to be treated as a horrific event. There can be an acceptance of death in the awareness that there is something bigger to which all living beings belong; what is required is the conscious development of an acceptance of transpersonal consciousness prior to death.

Conscious Development of Transpersonal Awareness: Buddha Mind, Big Mind

Buddhism, in part, is about developing an awareness that all plant, animal, mineral, human life, as well as all experiences are interconnected. In fact, interconnectedness is not an issue because they are simply all just “one”. There is no separation. In Buddhism, the dissolving of the separateness of things into one is often referred to as awakening to “big mind” (Suzuki, 1970). In Buddhism, “big mind” is cultivated through quieting the mind to allow an individual’s sense of awareness to expand and connect with all other living beings. Buddhists believe that all concepts of the separation of living beings is an illusion. It is an illusion maintained by the ego and that is why in Buddhist thought the ego is at the root of all suffering (Lama, 2002); suffering is caused by attachment which is generated by the egoic mind. The egoic mind can never be satisfied because instead of dealing with its unhappiness and insecurities, it looks to secondary sources for satisfaction (Glendinning, 1994). These secondary sources do not satisfy, and the ego remains in a constant state of insecurity. The ego provides the illusion of separation and need for attachment which causes human suffering in both life and death. This illusion of separation keeps human beings from experiencing that sense of interconnectedness while alive.

A predominate practice of the Buddhist path in developing “big mind” is the practice of meditation. Meditation is the act of quieting the mind. This is done through various techniques, the most common of which are sitting in lotus position, very still, on the floor or a slow walking meditation. The body is placed in a mechanical position which requires no attention to maintain so that the body can let go of the brain and the brain can slow down its thought processes. There is no activity of body or mind, just breathing. The need to quiet the mind and let go of the brain is based on the need to tame the ego. The untamed human ego is what causes us to suffer (Lama, 2002). The egoic mind has a need to control to ensure security. This ego leads humans to believe that life is the survival of the fittest and therefore drives the human need for security. The untamed ego continually controls the mind through worry and planning. Meditation tames the ego through stopping the continuous cycling of the mind allowing the body to relax and let go of stresses and tensions held in the body.

As the ego is subdued, the need to be on guard for the next attack subsides. Human beings hold a lot of tension in their bodies, that tension being the readiness to fight back and the stress involved in contemplating and worrying. When the body relaxes it opens to the energy flow around it. The further the body lets go of the egoic mind, the deeper the body relaxes and this facilitates a connection, if only for a moment, with all things. This moment of connection is described as “big mind”. Although authors have attempted to describe the feeling of “big mind”, the only way to truly understand the concept is through its experience. Big Mind is said to be experienced at death, however Buddhism provides a model in developing Big Mind in life. If an individual can connect to a sense of “Big Mind” when dying, they will have the opportunity to undergo a spiritual transformation which will help them face death with equanimity.

Experiential Learning: Reconnecting with the Natural World To Reconnect with Ourselves

People in the dominant culture today are more alienated from their environment than at any other time in history (Glendinning, 1994); they, in turn, dissociate from their connection to the natural world, to other human beings, as well as from themselves. Further, this time of lack of awareness of the interconnectedness of all living beings is characterized as the most destructive and insecure time in history; the promise of mass death is all around us. Weapons of mass destruction in the hands of religious extremists, chemical weapons that can be spread through the mail, Cancer, A.I.D.S., guns in the hands of children, all of these sources of death are uncontrollable and unpredictable; many people are dying under horrible conditions. These conditions and symptoms are incontrovertibly connected. North Americans are involved in a game of Russian Roulette, where they have created a self fulfilling prophecy of self-destruction through avoiding taking responsibility for the state of the destruction around them. The

planet, if it is not dying, is definitely changing dramatically. This change includes the daily loss of species, plant and animal life. This change may very well mean the loss of human life as the world's water and food supply becomes more poisonous. In the North American effort to control their surroundings, they are poisoning their environment and themselves. The need for a comprehensive psychology of surroundings, for environments, is thereby essential.

Ecopsychology is the study of the relationship between human beings and nature. It is a tenet of ecopsychology that people living in the Westernized industrialized world have been traumatized through their continual separation from, and destruction of, the natural world to which they belong (Glendinning, 1994). This situation of separation has created the need to repress feelings in order to function in a society which is out of balance. Feelings are how human beings connect with each other, as well as other living beings. Human beings have to deny the commonalities in all life in order to control their environment. This is not a natural and free state of being. In the shutting down of feelings, human beings have lost their awareness of the interconnectedness of all life on Earth. In the shutting down of feelings, human beings have created their own spiritual crisis through their disconnection from the awareness that they are part of something bigger than just themselves (Glendinning, 1994). The interrelationship between spiritual and ecological crisis then requires ecopsychology to have a spiritual as well as an ecological focus.

Whether North Americans are aware of it or not, most go through their lives with the pain of being separate from the rest of existence repressed inside of them (Fisher, 2002). People die the way they have lived (Kubler-Ross, 1975 and Buckman, 1996). People who have a deep faith, or sense of spirituality, often face death with equanimity instead of fear and uncertainty (Buckman, 1996). It is a compassionate act to provide people who are dying with the opportunity to suffer less through facilitating their reconnection with a sense of spirituality grounded in the feeling that there is something bigger than themselves. Ecopsychologist, Chellis Glendinning, suggests that North American society can look to the aboriginal peoples of North America to guide them in how to rebuild their connection with the rest of creation (Glendinning, 1994). Andy Fisher, another ecopsychologist, suggests that the way to address this disconnection is through incorporating Buddhist mindfulness practices (Fisher, 2002).

North Americans need to reconnect to the sacredness of life and death. The loss of sacredness is most prevalent to an individual who is dying; they fear death not only because they have been taught to do so, but also because they have not been able to complete the spiritual journey of life and gain the spiritual insights that are meant to occur in death. Death and moreover life, are meant to be spiritual processes. Methodologies are needed to help the dying complete their sacred journey through completing their spiritual process. If both Buddhist mindfulness practices and aboriginal protocols offer ways in which the spiritual crisis can be facilitated through developing a consciousness of the interconnection of life, then it behooves residential hospices to try to implement them into their operations.

An Indigenous Protocol to North America: Storytelling As A Medium for Discovery

It has been said that the spirituality flowing through North America is a gift from the continent, Turtle Island, herself (Mehl-Madrone, 1997). It is for everyone to experience and is the natural form of spirituality to be practiced by people living in North America (Mehl-Madrone, 1997). The knowledge of the protocols which govern and make accessible this North American spirituality has been upheld by the aboriginal peoples living across the continent. One of those protocols is storytelling. Stories are not only a form of communication, education and entertainment; they are a medium through which an understanding of the nature of life can be facilitated (Cajete, 1999). Stories are the way human beings interact with the rest of the world (Bringham, 2001); they are the medium through which nature speaks to human beings (Kane, 1998). Stories provide a cosmology. They take place in human time, however they have the power to touch the human psyche's different dimensions of understanding, including psychological, emotional, ecological and ethical understandings (Cajete, 1999). Stories demonstrate the connection between all things in everyday life.

Aboriginal peoples believe that stories have a power of their own; they lie in wait until a human being becomes their vehicle (Kane, 1998). Once the story is told, its spirit is released (Mehl-Madrona, 1997). The power of that spirit is the mirror which it provides for personal reflection (Cajete, 1999). The story itself is not meant to be analyzed. Stories are meant to affect an individual's psyche. Stories provoke visions, dreams and emotions, all of which are meant to educate the listener about life and their connection to it. Stories answer questions about living (Pinkola Estes, 1995). Stories do this through inviting the listener into the multiple realities of the story. They captivate the listener to an extent that for the duration of the story, listeners engage in the multiple realities represented in the story. As a listener plunges deeper into the world of the story, their lives are contextualized by those other realities. Emotions rise to the surface as they develop affinities and aversions to characters. In this way, stories have the power to get under the skin of its listener to evoke thoughts and emotions that have been refined and stored in the story. Through these reactions, emotions and visions a listener is provided with insights into their own personal dilemmas and what needs their attention (Cajete, 1999).

Thomas King (2003) has argued that it is stories that control life; all living beings are made up of stories. Stories control our lives because of their power to focus our intentions and understandings, an influence that can not be undone once released; a story can not be untold and remains within the psyche of all who hear it (King, 2003). Stories are the way in which balance is maintained in creation (Bruchac, 1989). Stories are environments as surely as spirit is also a place. Every place has a spirit and the protocol of placenaming divines that spirit.

Placenames are another protocol alive in North America and upheld by aboriginal peoples. Placenames are similar to a story in that each placename represents the story of that place. Each place has a story and an energy. The purpose of placenaming is to educate and transform. Aboriginal peoples' use of placenaming confers cultural norms of ethics, morality, ways of being, wisdom, ritual and history to each place.

Placenames, similar to stories, have the ability to connect with deep levels of an individual's psyche, having effects beyond just the education of the individual's cultural knowledge. The story behind the placename leaves room for the imagination to explore an individual's connection to that place (Basso, 1996). Placenames involve recreating a story of the past, a story which involves memory but also imagination to find out how each individual connects to that place; it is about showing human beings where they have been and what got them there (Basso, 1996). Story and placenames are kindled by curiosity, wanting to understand and know a place. They are the intellect and the spirit which are available to all human beings if so inclined (Basso, 1996). Placenames also have the ability to shift an individual's awareness; a shift can occur when an individual is transported to another point in time, through the use of placenames. A further shift in awareness can occur through physically visiting a location associated with a placename; a change in location can cultivate a change in awareness as habitual ways of interacting with an individual's surroundings shift, relaxing their hold on an individual's perception of things (Basso, 1996). This is what is needed in North American culture; to let go of cultural norms grounded in the separation of human from surroundings and allow the inherent knowledge within each human being to reconnect with its source in the natural environment. Further, in allowing individuals to let go of their habitual reactions and their entrenched lifestyles, if only for a moment, an opening is created through which the universal life force reconnects with the spirit inside of them.

Places have the ability to facilitate transformation because a person's interpretation of a place is closely connected to how they view themselves and their place in society (Basso, 1996). Placenames are a way to construct social norms, and societies do this through bestowing upon places particular meaning in a subtle and unobtrusive way (Basso, 1996). Senses of places are taken for granted by people in the modern world, forgetting that a place has the ability to alter an individual's level of consciousness (Basso, 1996). Individuals today are not aware of the extent to which they are connected to places until that place no longer exists; modern society has forgotten that human beings become intertwined with the landscape on which they live (Basso, 1996).

Storytelling is felt in its full power when experienced orally; the primal nature of language allows words to be felt in the body when heard. While it is true that the intricacies of body language and

gestures which accompany orality can not be entirely presented by the written word, the mechanics of reading in the English language involves sounding out in our heads the syntax of the word. Each word has a particular taste (Abram, 1996). As long as the word has been fully experienced orally, that sound can be experienced in the body when heard through our own inner voice or the voice of another. Language is embodied by humans, kept alive in their minds and in their bodily feelings and gestures (Abram, 1996).

Language is itself an organism which lives within every environment (Bringhurst, 2001). A living language is one that is used regularly in everyday discourse, whether that discourse is written or heard. It is alive because the reactions and understanding of the medium of the language is kept as a memory in the body and mind of living beings. In the case of language using words as its tool to speak with human beings, those words do not lose their meaning whether heard or written, if full authentic contact is made with the word so that word is embodied. If the word is not heard or seen in its fullness, with the attention of the mind and body being otherwise preoccupied, full contact with the word does not occur and therefore the full meaning of the word is not experienced. Otherwise, the understanding of the word is kept within the body to be experienced. The written word is able to communicate to the knowledge embedded in the body.

In North American society where written stories dominate, it is important that the lessons embedded within oral stories be converted into the written word (Cruikshank, 1990). The transformation is important because, even though the group dynamic is lost when stories are converted from their oral form to the written form, in the post-modern world, both children and adults are educated more often through the written word and not through oral forms of communication (Cruikshank, 1990); it is important that knowledge about the interconnectedness of life be infused into the minds of all people using the most accessible means possible. Aboriginal peoples hold the knowledge of how to keep the interconnection alive. Employing protocols that have been used for thousands of years on this continent to remind human beings of their role and responsibilities within nature seems appropriate, especially at a time when people are looking for meaning in their life. Especially when facing death.

The Evolution of Hospice: Integrating Nature-Based Spirituality With “Big Mind”

Aboriginal peoples of North America believe that all life is interconnected (Cajete, 2000). Death is also connected to life in that death is the metamorphosis of the body and spirit into a new form, with the body returning to Mother Earth and the spirit returning to the Spirit World (Cajete, 2000). Aboriginal peoples leading a traditional life follow protocols which uphold their responsibilities in maintaining balance on Mother Earth for the generations to follow. These protocols, ways of being, are based on the original instructions provided to them by the Creator. The survival of all life on Mother Earth depends on all beings upholding their responsibilities. Aboriginal peoples take these responsibilities seriously; they acknowledge this balance each day through their rituals, ceremonies and stories. It is through these responsibilities that aboriginal peoples embody the understanding that all life on Earth is interconnected. Humanness is only discerned through contact with other species (Abram, 1996). It is this contact with other living beings which gives human beings perspective on how and why they are living (Abram, 1996). The gift aboriginal peoples have to give to the rest of North American society is their sense of spirituality based on their feelings of equanimity towards all living beings; aboriginal peoples understand that both inner and outer peace is derived from living in harmony with the universe (Benton-Banai, 1979). In order to obtain this peace, aboriginal peoples understand that extensive self-reflection is required (Benton-Banai, 1979). Aboriginal peoples also understand that this peace is dependent on treating all living beings as brothers and sisters (Benton-Banai, 1979).

Residential Hospices As Spiritual Facilitators

Residential hospices in Canada have the ability to create an environment which embodies the aboriginal beliefs towards life which can help facilitate a process of acceptance and equanimity in the face of death through facilitating an awareness of the interconnectedness of life. Residential hospices in Canada are currently not required by law to take an institutionalized form, nor are they restricted in how they decide to deliver their services. They have the ability to incorporate protocols, rituals and practices within the operation of the hospice. The Zen Hospice Project in San Francisco provides a model of how

spiritual practices can be implemented into a residential hospice. Aboriginal protocols and Buddhist practices can be incorporated together into a residential hospice to provide a diverse and balanced way in which the feelings of spirituality, interconnectedness and equanimity can be fostered. Buddhist practices can be incorporated into the operations of the hospice to foster a space of equanimity, respect, compassion and peace through taming the worrying, insecure egoic mind of staff, volunteers and any residents and visitors who are interested. Aboriginal protocols can be introduced to the staff, volunteers, residents, and their visitors, teaching the interconnectedness of life. Buddhist practices can have the effect of deepening the understanding of aboriginal teachings through their ability to open the awareness of the mind beyond the boundaries set by the ego. Both practices support each other in creating a space which facilitates the development and deepening of spiritual awareness and the feeling of equanimity towards all life. Both practices foster the creation of spiritual energy within a space without all members interacting with that space participating.

This is not to suggest that aboriginal protocols should be appropriated into residential hospices and modified to suit their needs. Nor does this model seek to exploit the aboriginal protocol of sharing knowledge for the common good. Both would be disrespectful of aboriginal peoples around the world. This model seeks to celebrate and extend this gift of knowledge sharing. What can happen is certain protocols can be utilized, such as storytelling and placenaming, in a form that is respectful to aboriginal peoples without taking their content and disrespecting their origins; aboriginal information and knowledge needs to be transmitted by aboriginal peoples to ensure that the respect and integrity it deserves are upheld. Rituals and ceremonies can be created for a particular hospice and, if appropriate, guided by local aboriginal peoples. The awareness developed by following Buddhist teachings will help to ensure that all aspects of aboriginal knowledge are introduced and used in an honourable and right way. For people committed to a Buddhist path, the motivation of action and inaction comes from a place of compassion within (Lama, 2002).

This is not to suggest that people, especially in North America, will start accepting death if more places are created which facilitate personal growth and the development of spirituality and equanimity around death, if given the opportunity. Death and dying are scary. Dying involves many unknowns and personal losses. Everyone faces their time of death alone, regardless if they are surrounded by individuals who love them. This loss of control is naturally frightening to human beings. Creating a space which embraces dying as a natural process can provide emotional and spiritual support to people who are facing their impending death. More people should have the opportunity to die in supportive environments that have meaning to them. Places can hold comfort for people who are dying, especially when surrounded by the people who willingly support them emotionally and spiritually in their dying process. If given the opportunity, a sense of peace and completeness can be obtained if people who are dying are supported in this undertaking (Kubler-Ross, 1969). Taking the next natural step in the evolution of the hospice movement begins with educating communities of the need to experience death in a natural way, allowing for the sacred journey of life to come to its natural completion: spiritual awakening and transformation to the afterlife.

Robert Bringhurst has written that text is a map and the story is the territory (Bringhurst, 2001). Stories are meant to take their own journey. Each human being is a story. Each story is unique. Each story that is shared can then be encompassed into existing stories to create something new. Through illustrating this new model of residential hospice through story, not only is a map provided to create a hospice; a map is also provided illustrating how to undertake a spiritual journey. This story, independent of any residential hospice, can help others create a new chapter in their own personal story; their stories of change can become their legacy to friends and family. Through using story as a medium for education, a larger audience can be reached through the simpleness and beauty of its language; people who are dying will have access to stories that will inspire their acceptance of the transition to the afterlife. Most importantly, in creating a story this spiritual residential hospice model takes on a life of its own. As Thomas King has commented on his stories:

“You can have it if you want...Do with it what you will. I'd just as soon you forget it, or, at least, not mention my name if you tell it to friends. Just don't say in the years to come that you would have lived *your* life differently if only you had heard this story. You've heard it now.” (King, 2003, 167) [emphasis not added].

What follows is the epic of my own journey to learning the lessons that allowed this model to emerge. This is a story of a transformation and a journey and both led me to the heart of the landscape of Turtle Island where, in turn, I left the conventions of urban life and economy for an adventure. The adventure became a lesson and finally a transformation. The lesson was about assuming spiritual obligations on the North American continent and about assuming the duties to thinking those obligations through. For me, the lesson became the transformation and Buddhist and aboriginal beliefs became the path toward acting on the denial of death and the remedial spiritual practices I am now advocating for the spiritual transformation of the dying. Buddhist and aboriginal stories revealed their power in inspiring the ideas I am implementing in hospice reform and reconceptualization.

Central to this reconceptualization is story and the realization that story is the only language that serves to articulate the enormity of the transformation that is death. What follows is a recreation of the fieldwork data and interviews that comprised my research. As my interviews included observation and dialogue they fit neatly into the language of story and the scope of story. The dying speak in stories and that is as it should be. Similarly with aboriginal peoples. The violation of intent that would be represented by speaking outside of the discourse of story would be enormous and hence I have chosen to represent the foundational importance of story within the tradition of story. As you will note, the expository prose of the hospice model and its intellectual expression of the elements within the stories are hereafter represented in an attempt at crafting from narrative a system for making hospices effective transition points in spiritual transformation.

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