

# ***Shining Light on Death...Creating a Sacred Space***

**Event by The Janki Foundation for Spirituality in Healthcare**

**Wednesday 21<sup>st</sup> November 2018, Global Cooperation House, LONDON**

## **DETAILED REPORT**

Live violin music by **Gil Fernandes** welcomed everyone, 60 present and 50 online, into the warm space, to discuss an important and not often spoken about subject: how we deal with preparing for our own death and how do we create a supportive space for those who are dying.

**Dr Sarah Egger** introduced the evening as a follow-up conversation to the one held in July, which attracted many, and which everyone felt was opening the door for many more conversations to be had on shining light on death.

**Suja Chandran**, a Senior Social worker at King's College Hospital, who specializes in cystic fibrosis in children, facilitated the conversation with Dr Sue Morrison and Bridget Haley.

**Dr Sue Morrison** was a GP and a medical educator and is now working as a coach and trainer, with a particular interest in mortality and loss. Through her company CoachDoc, she runs workshops with the aim of bringing a more structured approach to conversations around loss and end of life issues using coaching skills.

**Bridget Haley** is a nurse and caregiver, who began the Sacred Care Project in 2015, in response to the fear and unpreparedness she witnessed many times when caring for the dying and their families. She feels that with the right guidance and support we can be part of this natural, holistic process in helping healing to take place in a sacred way. She has recently run a workshop on 'Harmony in death and dying.' Bridget's sharing:

- **We don't have to create sacred space, it is always there. We are not separate from it, but we do have to open ourselves to it.** We can be a conduit for the sacred.
- In 2007 I experienced the sacred for the first time and first hand. I volunteered to be a companion in 'No One Dies Alone' programme in America. It led me to deeply question living and dying, and spiritual transformation. My perception around dying and death changed completely. **When sitting with people who were actively dying, there comes a point when there is just stillness and breath. In that space we connect to each other as beings.** There was an opening up and I experienced an intangible love present. I was not separate to the process, but sharing in the flow of each one's essential nature.
- The longest time I spent with someone dying was 2 years and shortest 30 mins...and everything in between. I considered myself a caregiver, but I was also there to support, guide and advocate for them and to offer love and compassion in that space.
- I noticed a lot of fear and lack of preparation, and families not being able to handle death. Our medical professionals also do not handle it well; there is a culture of denial that this is a natural process happening, even when it is clear someone is dying, but no one addresses it or talks about it, to help people come to terms with what they were facing.
- In 2015 I started the Sacred Space project to engage the public in these conversations and help people understand the process of dying. **To start talking about the holistic process of dying and spiritual transformation.** Part of the project was to see if communities could take responsibility. **To take back the responsibility that we have handed over to medical professionals.** Could we help community groups practice together and learn how to take care of ourselves and groups?
- We are now in a time where we are addressing end of life. It is a subject being raised within medical institutions; doctors are writing books about it and raising this subject. Now is another opportunity to talk about it.

**Dr Sue Morrison:** There is so much similarity in what we are sharing:

- When I was asked to certify the death of a nun within the hour of her passing, she was lying there smiling and the serenity was just gorgeous and the stillness in death still continues to stay with me.
- I am a long term meditator and familiar with internal space.
- I very much feel at home with terminal care patients and it is an extraordinary privilege to be let into peoples' lives and families.

- **When someone is dying everything can fall away and it is simple and uncluttered.**
- I am getting older and contemplating death more and thinking more about formal links between mind, body and spirit. I have always espoused this trilogy, but now I am engaged with what that means. I have been body centered all my life, working in the NHS. What interests me is **how we can make the link for spiritual space whilst attending to bodies.**
- **Death is not an illness, it is a process and part of life.**
- In the NHS it is seen as a giving up, as being beaten. **I am very motivated by the notion that we are alive until we die and probably alive after we die. This informs my being.**
- **A good death needs preparation.** We prepare for birth and lots of events throughout life, yet we do little for death. **I think it is possible to have an enhanced sense of well-being at the end of life, but we need to prepare as it doesn't just happen.**
- Fear and ignorance underpin a lot of skirting around death. We are concerned whether we are going to be in distress or distress those around us.
- There is also a lot of ignorance around the process. Yet all deaths are similar and have a common pathway.
- So I have become interested in coaching for end of life and coping with bereavement and loss. For example, getting a major diagnosis is a loss and starts bereavement.
- **In coaching we give up 'being the expert'.** It is co-creating something and the paradigm has completely shifted away from giving advice and supporting our own hypothesis to **asking the patient what do they know and need.** All the processes are shared and very rewarding. **One of the biggest necessities for anyone working with death and dying is to profoundly consider their own death or dying.** Many healthcare givers have not done this, but we work with this and people find it very valuable. Our serenity with ourselves and our ability to consider our own immortality and mortality.
- In this room we have a sense of a beyond....a soul life that will extend. **But many think that everything finishes, so how do we create a spiritual space with them?** Also if we can open this up within ourselves, then our patients may be receptive to it.
- No one is doing this work. There is bereavement counselling, but no one is doing coaching for the end of life. It really needs to happen. We are looking at conversations and why there is this sense of denial.

#### **Bridget Haley:**

- **The dying are great teachers.**
- There are emotional aspects of dying: chaos, then surrender and transcendence.
- **Dying is a process and a reality. It is a surrender of the ego nature, which is actually the survival mode of being able to operate in this world.**
- We live in this ego context and yet on dying there is the stark realization that we are moving away from this and back to our essential nature.
- **What I have seen happen, again and again, is as this egoic sense surrenders the spiritual begins to surface.** Some people in this process will hold on to the very last moments; it depends on the work and nature of the person.
- **The point of these conversations is to recognize that this is the work we need to do on ourselves, this is our spiritual growth and path.**
- **Death is about spiritual transformation.**

#### **More points shared by Dr Sue Morrison, Bridget Haley and Suja Chandran:**

- If something happens within, then it is transformational and it allows personal and professional development to move on.
- One of the skills in providing support is holding onto all three phases of chaos, surrender and transcendence, each is at work a little bit.
- It isn't possible to change and help others if we haven't done it for ourselves.
- One thing I have learned about bereavement is that it can be more difficult when there has been a difficult relationship, as it is the end of hope of repair.
- It is a paradox that **when there is simply love it is easier to let go of someone.**
- Often people say there is fear because it is unknown. Being prepared can make it more known.
- I am training people who are working with people who are dying. Helping people to practice how they might start a conversation, which can be very difficult as you have to find a language where you feel comfortable to ask questions.

- Doctors and nurses are very skilled and professional in doing their work, but rarely have time to answer questions that people have.
- **So getting people to understand the connection by just being present....stepping into our own fear....once we step into this space there is a gift....something is coming to the fore...it is there, but we have just forgotten how to do this.**
- Many doctors have thanked me for creating this sacred space.
- **We need to learn to ask the right questions, be reflective and enabling.**
- There are starting questions. **How can we make this a safe space for you? What would you like to tell me about your dying? What is important to you?** Simple and profound questions.
- Familiarity in bringing death into conversations is very important.
- It helps to taking the person back to their first experience of death and how that has informed them about how they think about death now and more recent experiences can also influence this.
- When we learn by watching and seeing someone in the spiritual space other people can then rise to it.
- Many have seen how they cease to feel afraid, having experienced this place within and when the loved one is gone it helps like a ripple effect, with grieving....as they are empowered to step in. It is something simple and yet can be hard too.
- There are practices that healthcare providers can do to support and help build resilience.
- **Death is inevitable and we need to get used to it, but how does a carer develop this strength when supporting?**
- Communities of practice are very important, small groups can work with being able to talk and share experiences of fear and difficulties. It is not easy, but it is simple.
- **I think sharing is very important: reflecting, shifting our perception as to what is happening and the inevitability.**
- Can you explain the difference between timely and untimely death? How would you open a conversation about the fear and inappropriateness of dying younger?
- It can be hugely difficult. But we have to see what life is. Whatever life we are given, that is what it is. We cannot change circumstances....it is what it is. Sudden death also...how do people come to terms with that?
- How do we talk with a patient with very little time to prepare. The principles are the same, to go to what matters and declutter the conversation...
- How do you approach the notion of no recovery against the hope of recovery? We have to redefine hope through the process. **We have to honour the process and help as the process changes and as we get closer to the end of life.**
- To have conversations on the end of life are brave, courageous conversations.
- I work on a children's ward and sometimes we can tell if a child is going to die. We also see the pressure on a medical team to try and save a life. It takes a brave medical staff to open up the conversation with parents to think about the possibilities and yet this can really open up a different death and a much better experience. Giving time to prepare, plan and make choices for example where they die. Then it is an active death.....everyone being involved. Letting go is a choice and there is power in that. **Choosing to have power in death, rather than being passively led to it and there is something in owning it.**
- We are in a death phobic society. There is a huge over medication of people as they are dying. So in the face of a death phobic society and a medical society that uses drugs as first reference.
- We are now very adept with the use of syringe drivers, which can be at the expense of talking and listening.
- **Death now has become technical and it needs a rebalancing.** However, the main medical bodies are now opening the door to address the care.
- **We also have to take the responsibility for the self. Each one has to do that. Live consciously and die consciously. It is about transformation of consciousness.**
- When we are obliterating consciousness with drugs it needs looking at. It is up to us to explore our own selves deeply on these questions. We cannot rely on medical people to get it right for us. Whilst there are structures there are different advocates in place.
- I recognize there is huge pressure in institutions for whom spirituality doesn't equate with how the human dies. It is fear within the establishment.
- Now mindfulness is available in most outpatient departments. Most people in hospital settings wouldn't know what we are talking about with transcendence, but we have to believe that we are contributing to a ground swell that is gaining momentum.
- **We do need to explore our spirituality and what is important to us.**

- **When someone is dying and they say 'where am I going?'** What do you answer? Most will say what they are afraid of....I ask questions? **What do you think? What do you imagine?** The spiritual part of us starts to come to the surface when we let go.
- **People say different things, but I remind them they are safe.**
- **There is a way of working with people to help them practice tranquility in their minds and space.** If this is a practiced place and a place where they can let things pass by and go out, then that is the best we can do.
- Often people use a lot of metaphor before departure.....I am on my way now.....when we are dying we are back and forward and this often relates to them going on a journey.
- **People who are dying have a limited choice to when it is they go, and often this can be at the quietest time.**

We will just have a few moments of reflective time and ideas about stillness and silence and preparing ourselves....so let's reflect on this deep love and silence and to bring it into our lives to help us be better prepared.

**Sister Maureen** was then invited to offer a response:

I was moved listening to the conversation, it was very rich. We are responding with our hearts to this subject and I think it is so important to have these conversations. There is often taboo and superstition around death. Whether it is being with people who are in the transition phase or a whole variety of circumstances, it happens to both young and old. We learn a lot at this time and over the past few months I have officiated at several funerals. **It is interesting the process that we go through within ourselves as we face situations of death. We are facing our own mortality and immortality. Exploring one's own spirituality is what it is about.** I cannot imagine not existing. 'What is it like to die?' was how I expressed it as a child of 7 to my mother. **The life force is the soul and the body, the vehicle. This can be so clear when a person is going and this understanding is a great comfort, understanding the continuity of life.** At the time of death there can be a lot of rituals and support, but after many can be left alone and this is where a spiritual exploration is so valuable, for both the one going on the journey and the one staying behind. This gives us strength. **When there are people around the soul that are clinging to them, it is often difficult for the person to leave and often it is when there is diversion that the soul will leave.**

Final thoughts offered:

- **How we say farewell to each other at the time of dying is so important and how we create an atmosphere for that farewell to happen in peace and not in grief, not that we shouldn't grieve....but so the letting go is possible for everyone present.**
- **To hold the feeling of this being the end of one journey and the beginning of another journey...when we are in a spiritual space the right thing comes at the right time...this is very beautiful...that is why at the time of helping others say farewell it is important to help create the atmosphere.**
- Any thought of insecurity or sorrow at this point will set up a wave, **so we have to be very centered and to invoke the presence of God, the Divine. To feel comforted by the Divine Presence.**
- This kind of awareness really helps the self and everyone.
- **Thoughts and time are deeply connected.** Thoughts of worry and fear mean it is very difficult to use time well.
- **When there is economy of thought we are enabled to do the right thing at the right time, without wasting time. Everything then happens in an easy way, because we are using our thoughts in a positive, spiritual way so time follows.**
- So thank you, this conversation has been very nourishing.

Sister Maureen shared a reflection on letting go of all the conditioned identities and stepping into the real, authentic self which is eternal...the self that is filled with truth, with peace, with love....our true essence where we can feel at home with the self and there is freedom to connect with the greater being ...the Divine and draw on this one strength and bring the purest peace into ourselves. Our true task in life is then to share this.

A sweet and blessings were shared with all. Thanks were given to both Sue and Bridget and to Suja, as well as to Gil. ENDS