

CENTER FOR MIND-BODY MEDICINE
COMPREHENSIVE CANCER CARE 2000

PLENARY: Care at the End of Life

PRESENTER: Dale Borglum, Ph.D.

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P R O C E E D I N G S

DR. GORDON: It gives me great pleasure to introduce our next speaker.

We live in a world which flees from and denies death in a culture that loses contact with those who've gone before us. The work of connecting us to the experience of dying and to death is work that is often not done at all or not done until the last hours of our lives.

Dale Borglum is someone who has been living consciously with his own and our collective mortality for a long, long time, as well as working with people who are going through the transition process of dying.

The people who've worked with him in long workshops, or brief workshops, have found him to be extraordinarily helpful in deepening their experience of mortality and, indeed, of the immortality one feels when one is dealing with mortality with open eyes.

He founded and directed the Hanuman Foundation Dying Center in Santa Fe and has been the executive director of the Living Dying Project in Santa Fe and, more recently in the San Francisco Bay area. He's the co-author of *Journey of Awakening: A Meditator's Guidebook*, and I welcome him to the podium and look forward to this experience with all of you, Dale.

DR. BORGLUM: In spite of the wonderful medical research and direct patient care that has been done by people here in this room and, of course, all around the country, every day there are approximately 2,000 people in this country that die of cancer. Seventy people an hour, one person each minute.

We live in a society that really does not honor death and, in fact, societies that don't honor the feminine principle, the mystery, the mother, have a hard time with dying. Traditional societies that honor the planet in the way that Michael Lerner was talking about, seem to have an easier time opening to our eventual dying.

Death is the shadow of our youth-obsessed, materialistic society. When I was coming down to give this talk, coming down from upstairs, two people got on the elevator who -- I questioned them, are you part of the cancer conference. And they said, yes, they are and I said are you going to the talk that's going to happen now. And they said, no, it's

about end of life, we don't want to hear about that. We're going to go outside in the sunshine. And I was kind enough to tell them that I was the person who was giving the talk.

Right now, if President Clinton came into the room, we would not see a human being, we would see the President of the United States and, depending on whether you were a Republican or a Democrat, that would mean something to you. But if a dying person was here in front of you, somebody who was obviously dying, it would be even harder to see the human being who was in that body.

Being a dying a person, or even being a cancer patient often, is the strongest identity that we can have. So, when I do this work, do I look into this bed and see a dying person? Do I see a cancer patient? Or am I able to see a human being who is in a body that might be dying? And to the extent that I have not done my own work, to the extent that I have not met my own dying, it's going to be very difficult for me to not get caught up in my own fears when I'm looking the eyes of somebody who might not be breathing that much longer.

Yesterday, Michael was talking about the hole in the ozone layer and many other environmental problems. And certainly, we can donate to Amnesty International or Oxfam, or Greenpeace, but as long as we live in a society that denies death; as long as we collectively and individually feel we're immortal, then all the donations and all the calling of our Congresspeople and all the agitating we do is really putting Band-Aids on gaping wounds.

My belief and my experience has been, that people are radicalized by coming into contact with death. And, in fact, by admitting that we're going to die, doesn't mean we have to die any sooner, and if I would have had a little more time on the elevator with those people, I would have explained to them that, in fact, to open to the possibility of dying, liberates energy that can be used in healing.

That if I'm busy denying the fact that I'm going to die, that denial, in fact, is chewing up energy that can be used in devotion and compassion and being present, and being with our own healing process.

The closer we get to the end of life, in my experience, it seems that no matter whether we come into this work as a doctor, or a patient, or a psychotherapist, or as a nurse, or as a social worker; the closer we come to the end of life, what's being asked for, what's being almost demanded is healing. As long as death is not being completely denied, the work with the patient is the movement toward healing, the movement toward wholeness.

My own training, you might be interested in knowing. My formal training, at least, is as a mathematician and as a meditator. I've had no training in psychology or medicine. And, in fact, I think that gives me some sort of fresh outlook on what dying can be about, rather than some psychological experience.

We are at something called the Comprehensive Cancer Care Conference. And it seems to me that when we start talking about the end of life, we have to expand mind-body, which is the name of whose putting all this on, of course, to include spirit.

It really seems that, the closer we get to death that living spirit is right there as part of the equation, right there as part of the living, breathing experience. And there certainly are a lot of texts out about how to help people die. It seems that most of them are written by Buddhists, for some reason. And it's been my experience, though, that it's very difficult to translate these texts directly to the Western mind.

And, as I continued my study and continued my work, it really seems that in these traditions, and, in fact, I can even say that in Christianity, in psychotherapy, in twelve-step programs, everybody is saying pretty much the same thing about healing. There is a path to healing and there is a path to healing that includes healing our relationship with death.

Until we do what are called the preliminary practices, it's impossible to do the deeper practices that actually heal the relationship with death.

The preliminary practices go as follows: Firstly, we have to know that we're going to die. Now, if you have cancer, you know that you're going to die. I know that I'm going to die intellectually. I mean, I've been around dying so much that people say are you afraid of dying and my mind would say to you, no. But the last time that I was in an automobile spinning out of control on a freeway, when the car stopped spinning and I tried to stand up, my knees didn't want to do that trick. So that something in me wants to keep breathing. Something in me wants to stay alive, as much meditating as I've done, as much being with dying as I have done, that deep yearning for breath, for heartbeat, for life goes on. So, in that sense, cancer is a gift because we know we're going to die.

The second part of preliminary practice is understanding the preciousness of human birth. When I meet people on the street in California and they say, hi, Dale, how are you doing, it can be kind of easy sometimes to be busy, to have this meeting go in a rather social and easy kind of way. When I look into the eyes of somebody who's dying and I'm about to leave and go home and come back maybe tomorrow or the next day, it is extremely difficult to have that sort of laissez faire attitude about my interaction with you in that moment.

So that is another gift of cancer, that we begin to directly come in contact with the preciousness of our human life. When you meet somebody who knows how precious this life is, it's an unmistakable event. When you meet somebody who is really so here with you in this moment because they don't know how much longer they're going to be alive, that is a gift.

That is why I do this work. I mean, I've been accused of being Mother Theresa in drag or being somebody who's pretty morbid, but, in fact, I do this work because the most beautiful Americans I've ever been around are people who are almost dead. And I have

the privilege of being with people who are no longer busy being rich, poor, PhD, fat thin, black, white, old, young whatever the differences might happen to be; when, in fact, we're approaching death or think we might be. It really essentializes what it is that's going on.

The third part of these preliminary practices is that we have to understand that resistance causes suffering. Now, I'm going to say something that I hope you don't get too mad at me for saying, but cancer does not cause suffering. And dying does not cause suffering, but resistance to cancer and resistance to dying cause suffering.

When I was helping my mother die and when I was helping my father die, I suffered and they suffered. And it certainly is the human condition that if we have cancer or someone that we love has cancer, that there will be suffering there. But I think it's very important to look very clearly at where that suffering comes from.

It comes from the resistance and it really seems that this work that I've been doing for almost 25 years now is almost like walking a tightrope, because on one hand, you and I and the cancer patient that I might be working with is a human being and on the other hand, we're divine beings.

So I can be Dale Borglum, director of the Living Dying Project, who's a meditation teacher and kind of pull back and say, well, it's all perfect, it's all God's will unfolding and there's really nothing here to worry about. And on the other hand, I can jump right in and say, I'm a human being, too, and I can feel your pain. And that's really horrible and I don't understand why this is happening and it hurts me deeply.

But is it possible that I cannot lose my humanity and hold that spiritual truth and not lose my connection with the sacred, and still be this human being?

So after we go through these understandings, the preciousness of human life, the fact that life is impermanent, this moment is impermanent, and that resistance causes suffering; then we can enter into this path of healing.

Now, the first two parts, and what I would like to do now, is instead of going on with this didactic semi-sermon here about how healing arises is encourage us all to let the remainder of my talk be sort of a guided meditation.

As I'm talking about these things, I'd like you to, as much as possible, take this as a guided meditation. I mean, you can write things down and that's maybe a useful thing to do but some recent psychological studies have shown that 95 percent of learning takes place at a level below the rational mind.

So it's nice for me to entertain and inform your rational mind, and it's nice for you to feel entertained, but really what's going on right now is transmission, from me to you, from you to me and from you to the people next to you.

This group, the people in this room, this group is going to die in less than an hour. It will reform again tonight and tomorrow with slightly form but who we are now is really dying. This is a precious moment, it's not more precious than getting up this morning and trying to remember where you were in this strange hotel that we're in or all those other moments but it is that precious.

When the Dalai Lama first came to the United States, he said that the thing that surprised him the most about being here was that people in the West were not happy. In the East, before we start doing these healing practices, it's assumed that's somebody's happy. So that we're going to do these healing practices, you're a happy person and we can just plunge right in and do all these sort of psychic tricks.

But it doesn't seem, as I've been saying, that that really translates too well to working with the often neurotic, and mine certainly is, Western mind.

So the first stage in this healing path is invocation. It could also be called prayer. Everybody, in my experience, trusts something. You might call it God, you might call it sacred, you might call it the mother, you might call it Jesus, you might call it Buddha. I have certain friends that are very antireligious because of certain things that happened to them in their childhood but they very deeply believe that if they let go, that if they trust the moment that, in fact, that will lead to healing.

So I'm kind of assuming in my work and in my talk here with you is that everybody trusts something that we can invoke the spirit of healing. We can invoke our path to healing.

Often when I'm called to the bedside of somebody who is very sick in the last weeks, days, months of their lives, the most important thing is to get them to really invoke that which they trust, to admit that which they trust. Saint Theresa of Avila said, "The only mistake in praying is to pray as if we didn't believe that God were present."

So, just about a year ago, I had a client in San Francisco, who was a quite remarkable person. She had three children, she loved them very much. She had a great marriage, she had a fantastic job, she made tons of money. She had more friends than just about anybody I had ever met. And I was called up the day the doctor told her there was nothing more that they could do for her metastasized breast cancer.

She died 33 days later. I met with her 12 times in these 33 days. And she, in her own way, had kind of done this preliminary practice of invoking. She was somebody who was just very naturally a loving person, but when, in fact, the doctor said you don't have very long to live, unless I'm really mistaken, she became quite frightened.

After we spent a few sessions just building some trust and talking about who she was and who I am, I suggested that she find something that she could invoke when she started feeling frightened.

Invocation is the antidote to denial and, as I have been mentioning, denial, particularly when we're talking about death, is very strong in our culture. If you have a client who is in denial, invocation is the remedy. It is an art form to find the right invocation for somebody. I can't tell you how to pray. I can't tell you what form of the sacred is going to work for you. But the world's traditions, the world's healing traditions say that healing happens through contact with the sacred.

Even if you're a doctor and you're a very busy doctor, even if you're a nurse and you're very busy administering drug protocols, it really is in that contact with the sacred that the deeper healing that we're talking about now is going to happen.

So my client and I investigated what is it that we could do in terms of invocation? And we finally came up with some idea of God that kind of pleased her and she started saying this very short prayer over and over and over again. But the next time I came back to see her, she said, it changed. And the Mother has come to me. And it was kind of funny because the only difficulty she really had in her life was with her birth mother.

During those 33 days, we never talked about her husband, we never talked about her kids, because those relations were complete, but her relationship with her mother was not, and yet who was it that showed up? It was the Divine Mother. And for a week or so, whenever fear would arise, she, in that moment, had the choice as you do right now.

She had the choice of redefining that fear, going into the psychological process, which in fact, we did not have the time to unwind in those few days; or she could go directly to this invocation.

As she did this for a few days, I came in and I said, there's also the Dark Mother, the Mother isn't just this nurturing, loving, Virgin Mary kind of person that's been coming to you. But the Mother is also somebody who will eventually devour you and will eventually devour me. And she said, that scares me, I don't know if I want to form a relationship with that part of the Sacred.

I said, we don't really have much time left, I think that that part of the Divinity is something for you now to open up to. And, at first, she didn't want to do it, but very, very quickly that changed, too, as her energy decreased, and the pain in her body increased.

So invocation happens in different parts of our being. In a physical way, to invoke means being centered down in our belly and be grounded, as we're standing, as we're sitting, as we're lying down, to really be present. How present in your body can you be when you're close to death. How close to death can you be and be in your body?

I notice that as I get close to somebody who might not be breathing much longer, I get closer and closer, then something in me wants to run away. So that I, then, have to invoke myself.

And, as I'm talking about this healing path, I want to make it very clear that this is not something I am doing to or for a client, it's my work on myself. If I can't model this, if I'm not doing it myself, no matter how clever my words might be, no matter how funny my jokes, and my stories might be, if I am not living that in the moment, the person who is very sick is going to know that. Because a dying patient, or a sick patient, is somebody who is probably very, very psychic, because intuition is really only interrupted by our identification with body and personality.

I'd like to interject here now, also, that whenever I talk about a dying patient or somebody who is very sick, that doing this work with healing that we're just beginning to talk about, this invocation, is the best way to create miraculous cures.

I am not coming to someone's home or bedside to help them die. I'm coming there to help them heal. For the first few years that I was doing this work, I thought my job was to help people die well; that I was the antidote to AMA medicine, which was saying, don't die, we're going to help you not die. And then the New Age says die well, and I was this New Age person who was going to help you die well.

But after I did this work for a few years, I really began to feel that it's not about dying well or not dying, it's about really trusting, healing, going beyond either of those polarities, that there is healing that transcends living and dying. There is a joy that transcends happiness and sadness.

Certainly, as I was holding my mother as she was dying, certainly, as I was with my father, who died of prostate cancer, I would have done almost anything to have them stay alive.

My father and I, he was a Danish Lutheran, as are most of my family, so you can imagine we didn't have the warmest, closest relationship. He was a great guy, but it was really only the last two weeks of his life that we had deeply meaningful conversations.

So there I was with him actually meeting him and invoking this Sacred quality. And finally there we were together. How wonderful it would have been if that could have continued but that was not to have been.

So being in the body. Can we be in the body right now? You're sitting on a chair, what does that feel like? Your butt on the chair, the back of your back resting against the chair, being down in your belly. Can you be here, sitting in this hotel chair at that physical level? Excitement about what I'm saying, disagreement about what I'm saying, boredom about what I'm saying, whatever arises, can you keep coming back to being an embodied person in this room?

Can you feel how sometimes I'm embodied as I'm standing here, and that sometimes I start getting excited about my ideas, that I kind of as not fully embodied, and then I drop back down again? And it's just this movement, again and again to drop down.

The Bible talks about the peace that passeth understanding. Death is not something we can understand. Death is a mystery. And as long as I'm trying to understand my relationship with my client, that's good but there's something beyond that. There's something far beyond that. It takes a lot of trust, it takes me again, and again invoking.

In the mind, invocation takes the form of being present, being in the moment, having a calm, open, alert mind, really being aware. So, as we invoke, awareness arises, we become aware of presence, we become aware of absence. And it's very easy at this point for our superego to get involved. I'm not doing it very well, I'm not really invoking, I'm not a very good meditator. And I would like to suggest that, in those times when you think you're not a good meditator, you're not very good at praying, when the invocation is being taken over by our thoughts and our distractions, whatever, that that is when we really learn the most.

When you're dying, you might not have the luxury of sitting in full lotus with your guru sitting at your side whispering sweet nothings or somethings in your ear. It might be that when you're dying, you're in an automobile that's spinning out of control on a highway and the person you love the most is sitting next to you screaming.

It might be that you have a lot of morphine in your bloodstream so much so that you really can't focus your mind. It might be that you're so weak that you can barely move at all. So that we really need to practice this quality, being present, when we have a chance, the preciousness of a human life.

When this invocation deepens and, once again, please remember that I'm asking you to invoke as we're sitting here together. I mean, there's a bunch of us here in a room that's one level of what's going on. But is there something, is there a larger picture here?

If, in fact, we were actually dying in half an hour from now, if this were the end of life, end of life care that we're doing here together, how real could we be? How much could we meet each other? How much could you open to me in love right now and me to you? How much would that invocation be a real thing?

Do we have to keep doing it over and over again or actually saying God's name one time, does that actually do something? Or do we not believe it and have to do it a thousand times.

When this invocation deepens, when awareness of what's going on deepens, then invocation, itself, transforms into compassion. Compassion literally means with passion and that's the second stage of this process, compassion.

Compassion is not pity, compassion is not being nice and kind, although often it is. But compassion arises out of emptiness. Compassion is our true nature.

So, when in fact we are around deep suffering, compassion often takes the form of being the nicest, kindest person that you could imagine. At the same time, it might be very fierce and I find that I have the luxury that maybe a lot of you don't, that I'm invited into somebody's life because I'm with the Living Dying Project, that there's an implied contract that we want to get straight here, we want to be as open and honest as we can be.

Often, this compassion takes the form of really getting in there about what is going on now. Psychologically, what is blocking us from being present? Who are you angry at? Where is the shadow? How can we deal with that?

The Dalai Lama said, "If you want others to be happy, practice compassion. If you want to be happy, practice compassion." Walt Whitman said, "Sometimes touching another human being is almost more than I can bear." Thomas Merton said, "Love and prayer are learned in the hour when prayer becomes impossible and the heart turns to stone."

So right now, after we have invoked, how much compassion can we have for being workshop participants, being somebody who has to sit there and listen to a talk here for half an hour or an hour? How much compassion can you really have for yourself?

In a sense, this whole healing process, this whole work with suffering does boil down to compassion. And the meaning of compassion, the vast expansiveness of compassion has been continually revealing itself to me over the 20 years that I've been doing this.

At first I thought, if I'm just this kind of loving guy, that's what compassion is. But eventually my strategy with people is that if I really trust my heart, I'll do anything at all and if I don't trust my heart, I fall back on the strategy of being nice, being kind.

But when, in fact, compassion can be trusted, when, in fact, you really feel out of emptiness, out of an emptiness of clinging to self that love is there, then one can meet death, one can meet suffering, one can meet life with passion as compassion implies.

We're really not talking about a fix-it project here, I mean, very often we can think that, as a care giver, we're asked to help somebody to fix them, to help them get better. But, if you are in a body that might be dying and I come to you and say, you've got a problem because you're here at point A and you've got to get over here to point B, and I'm here to help you to fix that, that's really a pretty scary message. Because you don't even know what point B is.

I certainly don't know what point B is and yet if my fear is saying you've got to change, you've got to fix it, that's going to be a pretty scary message for somebody.

Compassion is not a one-directional event. It isn't that I'm standing here now beaming compassion to you and you're beaming compassion back to me. Compassion is actually a verb, something we do. So, when I'm feeling compassion, it has to include me as much as it does my client or the people that I might be talking to.

In fact, one of my main jobs, it seems, is to model compassion for my clients. In other words, if, when my father was dying over the course of these several weeks, if I get so exhausted, if I get so upset that I really am not taking care of myself, how can I be there for him?

If I'm not being compassionate for myself, then I can't take care of the other person. And, in fact, at the risk of sounding almost selfish here, it seems that out of selflessness, we have to take care of ourselves first. And if we do that, then care for those around us is a natural extension, because compassion, in fact, as I said, is actually our true nature.

When we find a place where we aren't feeling compassion, what do we do? At that point we go back to invocation, that's where we invoke. So we look around in our lives, who don't we feel compassion toward? Who embodies our shadow? Maybe some friend you have, maybe some relative you have, maybe some patient you have, maybe some caregiver you have, maybe some part of yourself. Where you don't feel compassion, there invoke, again and again.

When compassion then deepens, we get to the third state, invocation, compassion, we come to empowerment. God acting through us, if you will.

So compassion isn't just a feeling, it isn't just allowing this spacious, loving quality to be there, but actually is, in fact, then transformed into allowing this power to be there, all the power in the Universe.

In Tibetan Buddhism, before healing, visualizations are done. We open up the power center, the belly center, because it seems to be rather optimistic to think that painting a pretty picture in your mind is going to change a disease that may have been roiling around for decades, with this visualization that just takes a few minutes.

But if, in fact, after we feel this compassion for suffering, the open heart meeting suffering, devotion to the Divine. After we feel that, then it is possible to then allow the power of the Divine to come through. And when we bring these things into balance, empowerment, compassion, invocation, healing can happen.

I don't have too much time to tell you stories about clients who have had remarkable transformation, either into curing illness or into dying. And, clearly, I'm summarizing here in a few minutes something that really is the work of a lifetime.

But having the structure of invocation, compassion, empowerment, healing and seeing where I get caught, seeing where my clients, my friends get caught, has proved very, very useful to me.

One of my first meditation teachers gave this following short quote, let me read it to you, "We live in illusion, in the appearance of things. There is a reality. We are that reality."

When we understand this, we will see that we are nothing and being nothing, we are everything. That is all."

So what I'd like to do now is open this up to questions. And I guess the way we do this is one microphone there. If you'd like to ask a question, please just go over to that one microphone.

FEMALE SPEAKER: How do you start the conversation about dying?

DR. BORGLUM: That's a really good question. How do you start the conversation about dying? It really depends, of course, on what the situation is, what the contract is. I am the director of this thing called the Living Dying Project. So, right there, if somebody comes to be, the conversation has begun.

There is a meditation practice that I teach called pain meditation and often when somebody's really sick, they're in pain. So, if we don't have this implicit contract, I might come into somebody's room and say, I hear that you're in a lot of pain, would you like to not be in so much pain? Almost everybody says yes, to that.

So we do this meditation a few times and we get to know each other and then the conversation about dying can begin because some trust has happened.

But often what I do and, let me just give you a really brief example, which was --

MALE SPEAKER: Tell us a little about that pain meditation.

DR. BORGLUM: Well, the pain meditation is a lot like what I'm saying here about the mind, which is bringing awareness and compassion to physical pain.

In our society, I think there's -- in Western medical tradition, there's a kind of a confusion between pain and fear of pain. And what's often being medicated is the fear as much as the pain itself. So I use meditation for the fear and medication for the pain.

And the meditation itself is really, instead of pushing pain away, encouraging the patient to feel a clear awareness of what the pain is, its changing nature, its shape, its color, its form, any emotions that arise in relationship to it and, particularly, feeling a quality of compassion and softness in that part of the body and in that part of the mind.

So that the pain can actually be something that opens the heart. The relationship with the painful part of the body can be something that opens the heart instead of closing the heart.

And, in fact, my experience has been that often people who are dying with a great deal of pain, have an easier time dying than people with no pain because physical pain often ejects people from identification with the body.

But the last answer to your question that I'm getting to rather slowly here is I ask people questions. I'll come to somebody's bedside and I'll say, what do you think is happening? Like, with my father, he didn't want to think he was dying. He was, I'm going to get better just like Lorraine did, his relative who had beaten her cancer prognosis.

But a week before he died, I came into his hospital room and I said, Dad, what do you think is happening here? And he said, I don't know, what do you think? So he invited me for the very first time to talk about these things.

I said, well, I hope I'm wrong, but I think you're dying. And he said, I'm right. He said, I know, I think you're right. And we talked about that and we had this incredible conversation. He said go home and tell your mother that I'm dying and I want to talk to her about that. I came home and said, Mom, Dad is dying now and he wants to talk to you and she said, no, he doesn't. This is my family.

Eventually, she went beyond that, and they held each other in bed and it was a really quite beautiful experience.

FEMALE SPEAKER: What's your perspective on assisted suicide, the Hemlock Society?

DR. BORGLUM: Right. That's a big question, my perspective on assisted suicide. My world view is that the way we live determines how we die and how we die kind of determines what happens next, whatever that might be. Heaven and hell or reincarnation, whatever your belief system is. And that if we do something that's pushing away suffering, that creates more suffering.

At the same time, we review for how we get in how we acted in this play of life is not dependent only on those last few minutes but all of the generosity and kindness and love that we generated in an entire lifetime.

So if somebody has had a very full life and they choose for some reason or another to take their life, that's their business.

However, I have seen many cases where somebody comes to me and says I want to die, do you have the medicine to help me take my life? And I say, no, I don't and I couldn't do that even if I did. Then a few weeks or a few months later, they came back to me and say, either I still wish I could die, but a lot of people say, I am so glad that I didn't die when I wanted to a month ago, because there has been so much living in the meantime, not in spite of, but even because of the process I'm going through right now.

So, I mean, it's far too complex and deep a question for each of us and I think --

(Whereupon, the PROCEEDINGS were adjourned.)

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