

Volume 6, No. 1

January, 2006

## BOOK REVIEWS

**JC Hugh MacKimmie. *Presence of Angels: A Healer's Life*, Eureka, MT: Knowing Heart Publishing 2005. 477 pp \$19.95**

James MacKimmie is a chiropractor who discovered his healing gifts spontaneously many decades ago. He has a keen eye for details, an awesome gift of pattern recognition, a wonderful wealth of experience in healing, a great sense of humor (laughing at himself as well as at the memory to recall ways in which healing has helped in his practice – or not. His view is that we are spirits incarnated for lessons; that illness is a message about disharmony in our lives; and that healing cuts through resistances to bring into awareness that which is asking to be heard, in order to restore balance and harmony.

The goal of the healing that flows through me is soul growth. The ego personality is made up of wishes, wants and desires, all clamoring for fulfillment. But that is not why we are here. We are born into this physical body for soul growth and to balance the great book of life. It is my belief that we all carry our own healing with us as we walk our path through life. My purpose is to facilitate that healing to the extent allowed within each person's karmic pattern to awaken people to the higher aspects of life. For once touched by the Creator's love, you, and the world as you know it, are forever changed. Your eyes see differently, your heart opens, and your horizons expand beyond all comprehension. Life simply begins living itself through you. God is ... You are ... (p. xiii-xiv)

With great warmth, humility, openness and wit, MacKimmie shares his path of learning the ways of being a healer.

Silently, I prayed, "Dear God, I pray to be a willing channel of love, healing and grace for this patient. I release her to You for her highest good, asking Your love and blessing for whatever is best in every way for the good of all concerned in a state of healing and grace." These words, given to me by the Power when I was very young, have always been my prayer before beginning a healing session. (The Power is my name for the healing energy and the angels who guide me.) (p. 4)

People have asked how he knows the many ways of helping people that he shares in this lovely book.

I just knew things. Watching people's thoughts and emotions was quite natural to me, but seeing into people spooked me. Not in the seeing itself, but in what I saw. People could lie, break their word, and were, in general, not to be trusted. Too often they said on thing, but thought another.

It never bothered me to see death take up residence in someone's energy. We all go through that doorway at the appointed hour. Our time on earth is well-charted, and when our contract is over, we take flight. But it did bother me to see how many people lived their lives in fear. They stayed in the mind, seldom visiting the heart where the infinite energies of the Creator reside. (p. 7)

I had long since learned that the healing energy did what it wanted and there was not much I could do about it. Some folks had evidently signed up for instant healing, while others had to work to achieve results, and others experienced just enough to impress them that “something” was taking place. (p. 118)

MacKimmie has a lovely balance of right and left brain awareness, matching awesome gifts of intuition with his above-mentioned intellectual gifts.

When intuition speaks, it is best to follow, for it is always right. However, personal desire, or any emotional attachment, stops intuition’s true wisdom from coming forth. While the flow of intuition may appear to have no rhyme or reason, this inner wisdom knows all when we stand aside and allow it a free reign. Then, what we know vaguely, or not at all, is fully revealed to the intuitive senses. Intuition is judge, jury, and the verdict all in one without needing any evidence, coming to its conclusion with a speed, accuracy, and total knowing that are superior to all thinking. (p. 126)

MacKimmie also shares his personal healing lessons, as when he was faced with cancer of the liver. A wise, holistic doctor advised him to change his diet and to stop cooking in aluminum pots. He did so and saw great improvements in his health... at which point he started to doubt the advice he had been given. He reverted to his old dietary habits and was very soon ill again. He returned to consult this doctor.

Putting a reassuring hand on my shoulder, she explained, “You can either choose to live and fulfill your contract to heal, or die, and come back in another life and take up where you are leaving off in this life. The universe doesn’t really care which option you choose since it has all eternity to bring perfection into being.” Realizing the truth and wisdom in her words, I nodded and decided to get with the program. (p. 152)

This book is not only chock-full of healing wisdom, it is a good, entertaining read. Warmly recommended to anyone who wants to understand some of the mysteries of healing.

(See article by MacKimmie in this issue of IJHC, sharing more about his healing work.)

**Steven Gaynor. *From Physician to Healer: A doctor's encounters with spiritual healing*, Center for Light 2005. 132 pp \$14 (includes shipping) [www.centerforlight.com](http://www.centerforlight.com)**

Steven Gaynor was practicing as a board certified foot and ankle surgeon and podiatrist when he unexpectedly found a great gift for healing opening in his life. He found that he had only to hold his hands near a person and invite healing to happen by reciting a Hebrew prayer, and unusual healings would occur. Over several years, his healing evolved in a variety of interesting ways.

Since I believe all prayers go to the same source, I incorporate prayers that fit the patient's belief system. This might be anathema to some people who would say, "How could a Jewish person effectively recite a Christian or Hindu prayer?" But I believe God is present wherever He is welcomed. It never seemed to matter which prayers I used, as long as I said them with the intent to heal. (p. 39)

Gaynor has a keen sense of being a channel for healing, a marvelous openness to allow healing to happen as it is capable of unfolding, and the medical training to describe the problems people bring to him and to assess the unusual progress they make with the healing.

He came to use the visualization of an energetic diamond connecting him with the person in need of healing and with the Divine, as another way of strengthening the healing effects.

The Star of David or hexagram is the symbol for the duality and separation of this world. The two inverted equilateral triangles are joined, yet separate, which mirrors the relationship

between our flesh and our soul. The diamond represents the hexagram in its unified form. As humans move beyond their separation from God and become whole, the dual structure of the star shifts to the unity of a perfect diamond. (p. 40-41).

Gaynor points out that we often manifest our mental constructs into realities of health and illness.

When we have an idea or we want to create something, our consciousness makes a call to the divine database to gather everything needed to manifest our creation. The hardware of our brain then provides all the practical components necessary to bring our creation into our reality.

Although this process appears cold and remote, nothing could be farther from the truth. Each time I access the cosmic database and activate the metaphorical software, there's an almost overwhelming experience of love and divine communication. As evidence of its universality, the people with whom I work feel it too. Words will never be enough to express the majesty of the experience. They can't adequately convey how it feels to connect with the divine and experience healing with a fellow human being. (p. 28)

Gaynor is also aware that the healings he offers also bring healing to himself.

I became fascinated by the connection between science and spirituality. I reasoned that if spirituality is related to God and God created the world, surely there must be scientific evidence that links the spiritual to the physical. Soon after having this thought, synchronicities began to occur and information about the physical-spiritual connection seemed to come at me from all angles. It felt as if just by asking the question, I had unleashed a flood of responses from various sources. It was almost as if the materials were waiting for me to ask so they could be presented. (p. 45)

Gaynor describes how he helped people who had pain, amnesia, gangrene, liver disease, lung cancer, and varieties of psychological and relationship problems. He also includes a series of brief reports written by people he helped.

This book is an excellent introduction and provides fascinating insights for experienced healers as well on ways in which healing can be helpful.

(See also a detailed report by Gaynor in this issue of IJHC, describing how severe pain in a woman's foot, which had been unresponsive to every known medical and surgical treatment, responded rapidly to a spirit releasement and healing for emotional problems.)

**Lori Wilson. *De-mystifying Medical Intuition*.** Toronto: Lori Wilson Education Corporation, 2005. 408 pp. US\$27.00/ Can\$32.00.

Lori Wilson, a trained social worker and pioneer in the world of service through teaching and training in the field of intuition, channeling and past life regression, has now provided a wonderful source of information on the subject of medical intuition in her new book *De-mystifying Medical Intuition*. This book is directed at newcomers to the field as well as expert practitioners. For more than two decades the author has been true to her personal mission to de-mystify, educate, and inspire, and here she has her goals set to make the field of medical intuition accessible to as broad an audience as possible by sharing her own gift of listening, caring and attending. Throughout the book, Wilson also challenges many traditional views and concepts and invites her readers to engage in personal soul-searching to find their own opinion and stand on each topic.

The twelve clearly laid-out chapters can be broken down into three distinct sections. In the first five chapters, Wilson provides background information on her own professional growth and goals, explains her personal approach to attending to the body, supplies historical information on the development of medical intuition, discusses briefly the psychology of the body, and most importantly, addresses the role that fear plays in our lives, both as clients and as practitioners. Under the heading

“Would Your Life Change if You Could Simply Know All Things,” she discusses the implications of the energetic ethics of ‘knowing all things,’ her catch-phrase for using intuition as a simple set of skills. She engages the reader in a discussion on fear, which in her opinion “keeps intuition in the hands of the few” (p. 84). In order to frame her discussion, she relates how her own Spirit Guide, Grandmother, views fear – namely as a fearful child whom we simply need to embrace. Wilson reaches the following conclusion:

There is no doubt that fear is powerful. As long as we continue to give it power, it will always feel alone and incompetent. If we fight it, fear will simply grow within us and around us. Fear loves and needs company. Just because we consider Grandmother’s wonderful, clear philosophy on fear, does not mean it will simply disappear from our world. It will take a great deal of time, strength and maturity for us to master handling fear in our world. (p. 87)

Why may such discourse be required in the exploration of medical intuition? Wilson’s understanding of the role of fear brings her to suggest a necessary shift of paradigms, one in which the sense of protection, a fear-based concept, is replaced by practicality in which trust and ethical responsibilities are highlighted. Wilson refers to this process as the creation of a “new frame of reference.” (p. 95). This is a critical section in the book, and therefore the author would have done well to supplement this particular topic with a few sources, both substantiating and contradictory.

The second section of the book concerns itself with the five distinct styles of medical intuition that Wilson has defined. She considers them the five most common styles and includes a description of each one in the name of education and service to the vast and varied field of medical intuition at large. These five styles are 1) The Psychic Reading; 2) Channeled from Guides; 3) Healer’s Hits; 4) Map-based Knowing; and the 5) Attending Model, which is the art of the Total Body Intuition style of intuition that Wilson developed herself and has been teaching since 1999. The Attending Model is based on the following four basic principles: look, observe, source, and serve. It is described as “the least directly therapeutic style of the five” (p. 186).

Students ... are very strongly coached to refrain from doing therapeutic energy work, offering health recommendations, or even entering into a therapeutic type of relationship by dialoguing with the body during the scan. We just stand behind our imaginary one-way mirror/glass and report objectively. The reason behind limiting the therapeutic interaction between practitioner and clients is that our sole purpose in providing a medical intuition scan is to provide an accurate portrait of what is so in the client’s body. (Ibid.)

Wilson provides a description of each style with a sample reading and the client’s response to the reading. Following is a chapter that explores the so-called ‘choice points,’ which describe from where the practitioner gets the information and how this practitioner proceeds when the information is unclear. A further discussion clarifies the commonalities and differences of each style. Even though the author presents as objective a view as possible, the preference for her own style becomes obvious, which requires the practitioner to “continuously maintain a strict position that observes, attends, and describes rather than jumping to conclusions about what is being seen, sense, or perceived within a client’s body.” (p. 208). One of the main advantages of this style is seen in the practitioners’ ability to “likely uncover more unique factors influencing their clients’ health including some of the more subtle, or out of character roots that interface with health challenges.” (p. 209).

The last part of the book concerns itself with the practical applications of medical intuition from both a client’s as well as a practitioner’s perspective. Two thoughtful and thought-provoking chapters provide the author’s greatest contributions, in this reviewer’s opinion, ‘sourcing’ and ‘energetic ethics.’

‘Sourcing’ is a term she coined herself, which means “determining who is talking and sharing the wisdom coming from the body during a scan or intuitive reading. Wilson provides many examples of possible sources of information. But why would we need to know and why do we care as long as we get the information? Because, in her opinion and experience, “unless you are clear from the where the information is actually coming, I believe that the information itself can be very misleading or

be given inappropriate weight or credence.” (p. 276). Such precision will in turn allow medical intuition to become more valuable as a supplementary resource for the healthcare practitioner.

The chapter on ‘Energetic Ethics’ provides a framework for ethical considerations of intuition. This deserves much further study and attention in the field of medical intuition and must be included in any discussion on intuitive knowing and practice. In her engaging discussion on the topic, Wilson provides suggestions to intuitives on how to take care of themselves, deal healthily and ethically with intuitive information they are receiving, and how to conduct themselves in various demanding situations. In particular, when asked to perform a scan, she admonishes strongly: “Do not do a medical intuition scan unless you have the intended person’s express consent. This can be awkward or even confusing for the person asking for your help. They may think you don’t care. The reality is that you care deeply.” (p. 358). In other words, it is best to be very careful, especially in light of requests concerning loved ones, to assure that boundaries of confidentiality are not crossed. Once again, she challenges the more conventional way of thinking regarding permission to work with a person. According to her, the concept of obtaining permission from the higher self is outdated: “Ethically, ‘Your higher self told my higher self’ just doesn’t wash anymore,” (p. 338) a practice that proved to be rather common in the exploratory stages in the eighties and early nineties. Rather than just dismissing the past, the author continues to explain that these kinds of violation of boundaries occurred because

...it was simply the only way we had to make sense of knowing things, without focus or permission, at the time. It was a popular catch-all phrase to help make sense of how and why we were getting intuitive information popping into our awareness. In reality, intuitive information will always pop in. It always has, and likely, it always will. Just because it pops in, however, does not mean we need to run across the room and announce this wisdom to others or assume their higher self has chosen us to report it as part of our intuitive destiny... Does this mean we cannot access the information without someone’s conscious consent? Absolutely not. You can access whatever information you want, about anyone, intuitively, with or without their consent. This is precisely why we need to formalize the process of consent while using our intuitive skills with others. It’s not because we cannot get information without their permission, it is because we *can*. (p. 338-9).

Lori Wilson leaves her readers with suggestions for simple ethical boundaries and applications, which require lots of practice. She briefly recapitulates the four main goals she had set for her book: 1) Define the field; 2) De-mystify; 3) Encourage discernment; and 4) Inspire professionalism. Her final words on “honouring the historical values of mystery and fear” (p. 396) again gently provoke the reader to shed old frames of reference and build new ones.

Overall, Wilson has succeeded in reaching her goals, in particular by remaining transparent and simple in her descriptions of concepts and approaches. Apart from Wilson’s unique perspective and effort to categorize the various styles of medical intuition, her most valuable contribution to the field of Energy Medicine and Intuition must be seen in the expansive and thought-provoking chapter on Energetic Ethics. *De-mystifying Medical Intuition* can indeed serve as a solid introduction into Medical Intuition to both practitioners and clients.

Reviewed by Martina Steiger, ThD  
IJHC Assistant Editor

**John O’M Bokris. *The New Paradigm: A Confrontation Between Physics and the Paranormal Phenomena***, College Station, TX: D&M Enterprises 2004. 504 pp Heavily referenced after each chapter (many irregularities in refs), with generous footnotes. \$34.95 (Payment via PayPal) [www.thenewparadigmbook.com](http://www.thenewparadigmbook.com)

John O’M Bokris, PhD presents an excellent discussion of the interdigitations between physics and psi phenomena. Bokris is well qualified on the physics side of this book: he is a chemist who has worked

in Physical Electrochemistry (University of Pennsylvania) and Solar Hydrogen Alternatives (Flinders University of South Australia), Energy and Environmental Chemistry at Texas A & M University, and has been acknowledged professionally by his peers in many of these areas of study. On the psi and spiritual side of the book, his background appears weaker. He has had numbers of encounters with spirit entities and is broadly familiar with the spectrum of psi phenomena and literature in this area.

Bokris has an obviously awesome gift of pattern recognition. This enables him to do an excellent job of summarizing the theories and experimental findings in modern physics that suggest there is an interconnectedness between every conscious being and between consciousness and inanimate matter in the universe. He does an excellent job as well of summarizing research in psi, with a very broad range of references. The book is well organized by topics and numbered subheadings, and generously illustrated with helpful diagrams and figures.

Likewise, he does a reasonable job of summarizing succinctly the dangerous state of our world today, with threats of overpopulation; poor management of resources by industry and government and pollution; problems of societal ignorance and complacency about these issues; and with the entrenched positions of scientists in paradigms and approaches that have contributed to the worsening of the problems they were supposed to be addressing and solving.

Bokris also points out the limitations of mathematics to analyze the findings of physics, and some of the pitfalls in math that have led to errors in assumptions and conclusions about the nature of the world – points often ignored by other writers in these areas. He also boldly lays bare the stultifying atmosphere in academic research, which shies away from innovative findings that might threaten the funding of established lines of research and thereby threaten the jobs and careers of scientists whose theories are becoming outmoded.

The best parts of the book are his summaries, often in excellent tables, of the findings in a given area of research, and his discussions of the ways in which these areas interdigitate.

The most frustrating thing about this book are the numerous errors in citations of names, references and occasionally in content that is familiar to me. Here are a few of many examples:

p. 384-5: 'Leskom, 1981' is cited as author of a study of healing for bacterial growth, (noted by Bokris as being from p. 287 of my book, *Healing Research*, V. 1) and 'Muchsam, 1994' for healing effects on enzymes. Facts: There is no author 'Leskom' but there is a Leikam; there is no reference to Leikam in either the popular or the professional edition of my book on p. 287; there is no 'Muchsam' but there is a Muehsam.

p. 461: The psi conditioning of a laboratory is discussed. A related observation from healing research is the *linger effect*, where anesthetized mice were wakened by a healer more quickly than control mice placed on the opposite side of the same table. If anesthetized mice are placed on the same side of the table as the mouse that received healing (within 20 minutes of the healing) they also waken more quickly. Bokris states, "... if a mouse is laid to die in a certain place, a succeeding mouse, equally ill will die more quickly..."

I was therefore left with questions about how much I could rely on any of the content that was unfamiliar to me.

Technically, this book gets some low grades: There are no running headers in the book, so it is difficult to know where I was when I picked it up after a break, or when I was searching for the end of the chapter to locate references. The index is rough and rudimentary, again making it difficult to navigate the book. Another minor issue is the rough formatting of the book, with empty parts of pages preceding tables or figures, adding to the feeling that this was thrown together in a hurry, without due attention to details.

If this book were cleaned up and the cited details reliable, it would be an outstanding reference.

**Sharon R Kaufman. ... *And a Time to Die: How American Hospitals Shape the End of Life*,**  
New York: Scribner 2005. 400 pp 17 pp references 35 pp notes \$28.00

This is an excellent book about a difficult subject: The ambivalent attitudes and approaches to dying in the culture of US hospital settings.

Sharon Kaufman is professor of medical anthropology at the University of California, San Francisco. She teaches students in anthropology, sociology, medicine and nursing. She explored the experiences and views of doctors, nurses, social workers, and occupational, physical and speech therapists, plus over 100 patients who died, many patients who were in critical condition but survived, and patients' families in three hospitals in the San Francisco area 1997-2000. Her contacts with patients were often brief, but quite extensive with their relatives.

Kaufman observed that *time* was the factor which most influenced many of the interactions and experiences of the participants in the drama of dealing with serious health challenges. Institutional pressures on the staff demanded that care be provided in the most efficient and economic manner. The staff were constantly faced with decisions around the timing of interventions and with the pacing of the therapies and their effects and consequences. Staff had to deal with obstacles to the most efficient provision of care and with the timing of death. Patients were often unconscious, leaving relatives to have to make extremely important and difficult decisions – ones that they would have to live with for the rest of their lives, and ones that might set them in conflict with other family members who could not be present at the time.

The control that modern medicine has over the timing of death brings the patients, staff and families into discussions and negotiations over physical, psychological, relationship, moral, ethical and religious issues and concerns. When there is no living will/ directive from the person who is ill to guide the medical facility and family regarding decisions about when and whether or not to activate resuscitation efforts and life support systems, an urgent situation is created in which decisions of major consequences must be taken.

Struggling to find ways to either stave off death or arrange for 'good' deaths, hospital staff, together with the powerful technologies that are part of hospitals today, can also allow a third possibility – a prolonged hovering at the threshold between life and death. Instead of death, the hospital opens up an indefinite period of waiting during which patients do not cross that threshold until it is decided when it is *time* for them to die. (p. 4)

Neither the management of the threshold nor the way death occurs in the hospital is inevitable. Both are complicated cultural fabrications. Our understandings of how hospital death occurs and is staved off, and of what is 'right' and 'wrong' with either, are determined by historical trends in politics, medicine, and social life. Those include the changing power relations among the institutions of science, religion, and the law; the ways in which biomedical technologies have come to be used and valued; developments in Medicare and other federal regulations and policies; the transformation over the twentieth century of ideas about the body, the person, and old age; and the evolving roles of medical specialists, ethicists, legal experts, managers, hospital patients, and families in that transformation. (p. 9)

I was studying phenomena characterized as problematic in my own society, and I was observing activities considered troublesome yet ordinary, expected yet feared. (p. 11)

Kaufman shows great sensitivity to the struggles of all parties to these deliberations, as well as her own struggles with how to deal with the feelings that are raised under the tensions of having to make life and death decisions. What makes this book so valuable is the balance between considered presentations and discussion of the issues and examples of the actual dilemmas faced by all parties in these situations. Here is one of the many moving vignettes Kaufman reports:

For everyone in the room, the pressure on Mrs. Tran to 'decide' to withdraw life-sustaining treatments from her mother is palpable. Once medical personnel are convinced that death is

imminent or inevitable (even though the time of death cannot be predicted with accuracy), the haste with which the dying transition is initiated is important to the system. Mrs. Tran is obstructing the proper flow of events along the pathway by refusing to 'decide' to withdraw treatments.

The conference ends and everyone stands up to leave. Mrs. Tran tells me she is going to leave the hospital for a while. She is not sure what the staff are going to do, but she is going to let her mind rest and not think about this—at least until she comes back in the evening. The social worker says that someone always takes the heat about putting pressure on families, and this time it was her turn, but she didn't mind. The nurse case manager goes to see Mrs. Vinh, who has obviously taken a turn for the worse. The case manager thinks the patient will die quite soon.

Two hours later Mrs. Tran leaves me a telephone message. She is crying as she says, "My mother just passed away at 7:30 p.m., and she had the elegance to pass away without her children making any decision."

For the doctor, Mrs. Vinh was not *alive* in any meaningful sense (she lacked any expressive capability), and that 'truth' was indicated by all her bodily signs, including her apparent lack of consciousness. For him, Mrs. Vinh's general condition—very near death—trumped the vagaries of consciousness. For the patient's daughter, Mrs. Vinh was very much alive—she even died *elegantly*. The patient's son wanted to know the operational definitions of 'quality of life' and 'let nature take its course' vis-à-vis his mother's condition, since the doctor introduced those concepts. He needed to learn whether her condition could be classified as *life*. Any attribution of suffering would flow from that designation, as would any decision on his part about terminating life. The doctor made the ambiguous point that though the *life* of the patient is questionable, the family is keeping the patient (or at least her body) *alive*, and that is an *unnatural* (and perhaps pain-causing) thing to do. The patient's son remarked to the assembled group that if staff was going to place the responsibility for actively terminating his mother's life on the family, then they needed to meet as a family to gather support for such a profound choice. Such talk between hospital staff and the family about the patient's condition and the need to move things along is a standard part of the movement imperative. This particular meeting, like many I observed, ended with the typical doublespeak that is born when the movement imperative is coupled with hospital liability concerns: "Please (we ask you) move along smoothly, but we will (only because we must) accommodate your choice to remain recalcitrant." (p. 172-173)

An ICU nurse reported that the common advice given by her co-workers was to focus on clinical aspects of patient care, leave the decisions to the family, and not to bring any of the feelings home. This nurse shared with Kaufman:

Much suffering seemed so incredibly unnecessary, like octogenarians with living wills discovered after the fact, or aggressive surgeries on debilitated and/or chronically ill people who had not a fighting chance of surviving these insults to their bodies and souls.

For two years this went on [experiences that she 'didn't bring home with her'], until one rainy February when my husband and I checked into an inn by the sea. I thought I was relaxed and happy, but that night I dreamt of all those patients I had seen die, whose bodies I had cleaned and bagged. One by one I looked at each of their faces, recognizing their souls, letting each of them go, floating out over the ocean. I awoke with a detailed memory of my dream, feeling truly at peace with my soul. The advice to not become involved and to form a tough, repellent barrier against my patients had backfired. What I learned that day was to enable me to know and demonstrate true compassion in my work. To be truly human you must experience life bravely, and facing issues of death and dying takes courage. When a human being dies, everyone present is affected, whether they want to be or not. I now let their spirits come in and trough me, recognizing their passing, then consciously letting them go. (p. 205)

This powerful book should be read by every student and caregiver who deals with seriously ill patients, as well as by families with people who are approaching the last stages of their lives. It would make an excellent focus for caregiver discussion groups.

***No One Dies Alone: A Guide for Creating & maintaining a Volunteer Companion Program for Dying Hospital Patients***, Eugene, OR: Sacred Heart Medical Center, 1255 Hilyard Street, Eugene, OR 97401 [www.peacehealth.org](http://www.peacehealth.org) \$20

This manual presents an extraordinary, innovative hospital care program for volunteers who sit with dying patients who are alone – because their relatives could not come to the hospital in time or because they have no available relatives. It offers comprehensive suggestions for developing, introducing, coordinating and supervising the program. It serves people who have no surviving family, no family living nearby when they are hospitalized in terminal condition, or are hospitalized when passing through the city where the hospital is located.

Volunteers are drawn from employees at all levels within and outside the hospital. The program is non-sectarian, seeking solely to provide a human presence for people who are dying without anyone else available.

The program is usually activated by a staff member who calls pastoral care (or, after the normal working day, the nursing supervisor). The volunteer on the roster for that date is phoned. The program is completely voluntary, with no rules or expectations for how long or short a time the volunteer will be present at any death. The ‘compassionate companion’ receives a meal ticket and parking pass, and has access to a supply bag containing a CD player with several CDs, a journal to record whatever feels appropriate and a bible. Any reference to religion must not be initiated by the ‘compassionate companion’ but rather by the dying patient. Both the ‘companion’ and the staff use an evaluation form intended to improve the program.

Employees have volunteered from all levels of hospital services and maintenance, including carpenters, kitchen workers, secretaries, nurses and administrative heads. A common reason to volunteer might be a person with a large family of origin who cannot imagine someone being alone at the time of death; other volunteers come forward because they are themselves alone. A nurse from the cardiac cath lab saw many people die despite the high tech care. He wished once again to experience “why I became a nurse in the first place—to care for those who can no longer care for themselves.”

Sandra M Clarke, CCRN, founder of this program, relates that she worked for fourteen years on the ICU, where no one dies alone. Speaking with nurses from various ICUs, she found what seemed to be an unwritten, universally accepted protocol for attending patients who are dying with no friends or family present. The nurses’ other patients’ care is covered by other nurses. Rituals of passing are enacted: they may quietly sing, hold the hand of the dying, and in other ways show care and respect while a person passes through the portals of death. Nurses acknowledge their awe at being present for the birth or death of another person. Clarke believes these are innate human responses, “the very essence of humanity.”

Clarke states, “I am not an especially pious person. I do have a strong belief in human rights, particularly when a person is most vulnerable. *No One Dies Alone* has been a profound professional and spiritual experience. It gives both job satisfaction and a *raison d’être*. It is a plan which could be readily implemented in any hospital. In time, it may be true that *No One Dies Alone*.”

(Quotes from article originally published in *Supportive Voice*, Vol. 8, No. 3, Summer 2002.)

The volunteers often report they feel incredibly enriched by the experiences of sitting with the dying. Here is a report from this manual.

## Reflections from Staff

A few weeks ago I had the opportunity to sit with an elderly man in the last hours of his life, through the *No One Dies Alone* program. When I first got there things were starting to settle down on the unit and it seemed to be fairly quiet and serene. The room was dimly lit, and the patient appeared to be comatose, though his breathing was ragged and uneven. He sometimes gasped and would stop breathing for a second or two at a time. At first I was uncomfortable and I asked the nurse if there was something I could do for him. I hadn't been through the program's orientation yet and didn't know what was expected of me, though the staff members were very nice and kept coming in to see if I needed anything.

I brought a book with me and began reading to the man, whom I'll call Mr. Smith, and I noticed after awhile that his breathing became more even and deep and he seemed to be resting better. By about 11 p.m. the night shift was coming on and the evening shift was leaving. The unit seemed pretty well under control. I was tired of reading, and Mr. Smith continued to rest comfortably. I began to feel like it was sort of a waste of my time to be there. I was really tired since I had gotten up at 4:30 that morning and I needed to be at work the next day. I began to feel a little sorry I'd volunteered for this duty.

Then a young CNA walked into the room. She said she was leaving the area but wanted to tell me how much it meant to Mrs. Smith that someone was going to be with her husband that night. She told me that Mr. and Mrs. Smith had been married more than 60 years and she had felt really bad that she couldn't be with him 24/7. When the nurses had offered the *NODA* program, Mrs. Smith was amazed and couldn't believe Sacred Heart had a program like that. The CNA told me a little more about Mr. Smith and the difficult time the family was having dealing with his impending passing. It was so obvious how much this young woman cared about her patients. I told her how much I appreciated her going out of her way to stop by and let me know about those things. She told me about how she was working full-time as a CNA and went to school part-time in the hopes of getting into the nursing program at Lane Community College. She said it had been her lifelong dream to work at Sacred Hart as a nurse, and she was so excited to be realizing that dream; she just couldn't believe it.

Even in the dim light I could see the light in her eyes, and her wake of energy and enthusiasm stayed with me through the wee hours of the morning. That night, she helped me to remember that everything we do can just be a job or it can be a calling... it can be something we do or something we are. I could either be sitting all night with an old man in a coma, or I could be providing comfort to a grieving wife and to a man who was transitioning from his time here on earth.

I was with Mr. Smith until 4 the next morning, when the next volunteer came in to sit with him. I got a couple of hours sleep, showered and came into the office. Later I went back up to the unit to see how Mr. Smith was doing. I learned he had passed away at 8 that morning, just before Mrs. Smith got there. The other volunteer had been with him, though, and the nurse said Mrs. Smith was just so grateful he hadn't been alone.

In the past few weeks I've thought about that night and the example that CNA has been to me. I've often been proud to say I work at Sacred Heart, but since that night I've also been proud to work with the people here and to be a part of the way lives are touched and changed by the care we all provide. I'm sure that little gal doesn't know about the legacy she passed on, but I hope I can pass it on to someone else here, and they'll pass it on, and they'll pass it on, and on and on.

--Jan Steigleder, Medical Staff Services.

See *more* reports from volunteers in this program as shared in the article of Cindy Clair in this issue of IJHC.

**Paul Hawken. *The Ecology of Commerce: A Declaration of Sustainability*, NY: HarperCollins 1993.**

Our planet is threatened on the one side by pressures of overpopulation and on the other side by pressures of nearly exhausted natural resources and pollution that are threatening to make our world uninhabitable. Paul Hawken does a masterful job of explaining the problems we face and suggesting creative solutions to these problems.

Hawken points out that our pursuit of material gain has grown to be such an accepted goal and one that has been so successful for the industrial nations of the world, that it is difficult for most people to realize that the western standard of living cannot be sustained much longer. Writing in 1993, he observes that in North America we have used up 97 percent of the original forests and are consuming more wood and wood products than we can produce domestically. Our farmers and ranchers pump out an excess of 20 billion gallons of water daily from underground reservoirs than can be replaced through rainfall.

Whatever possibilities business once represented, whatever dreams and glories corporate success once offered, the time has come to acknowledge that business as we know it is over. Over because it failed in one critical and thoughtless way: It did not honor the myriad forms of life that secure and connect its own breath and skin and heart to the breath and skin and heart of our earth. (p. 6)

Limits of sustainability have been reached and in most of the world have been exceeded.

*Having expropriated resources from the natural world in order to fuel a rather transient period of materialistic freedom, we must now restore no small measure of those resources and accept the limits and discipline inherent in that relationship. Until business does this, it will continue to be maladaptive and predatory. In order for free-market capitalism to transform itself in the century to come, it must fully acknowledge that the brilliant monuments of its triumph cast the darkest of shadows. Whatever possibilities business once represented, whatever dreams and glories corporate success once offered, the time has come to acknowledge that business as we know it is over. Over because it failed in one critical and thoughtless way: It did not honor the myriad forms of life that secure and connect its own breath and skin and heart to the breath and skin and heart of our earth. (p. 6)*

Hawken suggests that it is entirely possible to create companies that are profitable but do not destroy the environment – either directly or indirectly. The problem in most Western countries is the limited vision of environmental proponents. They are doing a good job addressing recycling and reducing pollution, but are missing several important principles.

*The economics of restoration is the opposite of industrialization. Industrial economics separated production processes from the land, the land from people, and, ultimately, economic values from personal values, in an industrial, extractive economy, businesses are created to make money. Their financing and ability to grow are determined by their capacity to produce money. In a restorative economy, viability is determined by the ability to integrate with or replicate cyclical systems in its means of production and distribution. The restorative economy would invert many fundamentals of the present system. In such an economy, there is the prospect that restoring the environment and making money would be the same process. As in nature, business and restoration should be part of a seamless web. Environmental protection should not be carried out at the behest of charity, altruism, or legislative fiat. As long as it is done so, it will remain a decorous subordinate to finance, growth, and technology. (p. 11-12)*

Currently, the public is bearing the brunt of costs of recycling, cleaning up pollution, and slow development of cheaper and alternative energy resources. ("the single most damaging aspect of the present economic system is that the expense of destroying the earth is largely absent from the prices set in the marketplace." (p. 13) In Germany, a green business ethic has been promoted by the public, now widely adopted by businesses. Businesses design their products to minimize disposable residues. Product design includes plans for recycling of worn out parts. Degradation of the

environment (as in foresting) should be redressed through actions (such as reforestation) that exceeds the minimal level of sustainability – “restoring degraded habitats and ecosystems to their fullest biological capacity.” These changes place the burden of costs of ecological responsibility, dealing with pollution and recycling on the companies – which they may pass on to customers for their products – but not to the general public.

Hawken also recommends taxation on pollution.

The purpose of integrating cost into pricing is not to provide a toll road for polluters, but a pathway to innovation. The incentive to lower costs is the same one that presently operates in all businesses, but in this case the producer's most efficient means to lower them is not externalizing these costs onto society, but implementing better design...

Also, the concern about higher costs to consumers ignores the fact that we consumers are already paying the costs in the form of higher health costs, both individually and through higher insurance premiums; in the form of mitigation costs to clean up toxic waste sites; in the form of lost economic output; and in the form of environmental degradation, which drives up the cost of resources. Integrating cost with price does not "raise" the over-all expenditures of the consumers of the society, but rather places them where they belong, so that the consumer and producer can respond intelligently. (p. 83)

Pointing out that the public tends to blame business for the environmental problems we are facing, Hawken quotes Wendell Berry, "There are not enough rich and powerful people to consume the whole world; for that, the rich and powerful need the help of countless ordinary people." (p. 15) Each of us must do our own part to address these problems!

Hawken cautions that the public must stand vigilant guard on issues of protecting the environment, because our government is run by those who have vested interests in corporate profits rather than in the general good of all.

*In the business realm, democracy as the founders envisioned it is now in abeyance. All that's left are the mechanisms, the rituals, the all-important image of democracy that is invoked by the very power brokers who would subvert it. In Washington, D.C., corporations act as they do in the marketplace: They play to win. The problem is how they win, for their usurpation of political power destroys the democratic process. Perhaps most disturbingly, we as citizens have become inured to these incursions and accept them as part of the rough-and-tumble of politics. (p. 114-115)*

This is an outstanding book about healing our environment, the conduct of business, governmental management of both – and most importantly, about healing our indifference to the crises of planetary pollution and our limited healing of these problems. This book is very highly recommended – despite its publication a dozen years ago.

**Ervin Laszlo. *Science and the Akashic Field: An Integral Theory of Everything*, Rochester, Vermont: Inner Traditions 2004. 205 pp 12 pp references and bibliography \$14/95**

Ervin Laszlo is a brilliant French former professor of philosophy, systems theory and futures studies, who holds the highest degree awarded by the Sorbonne (State Doctorate) and four Honorary PhDs. In this book he presents a wholistic view of the world from the vantage points of quantum physics and systems theory. He marvels at the amazing combinations of factors that make it possible for the basic subatomic particles and energetic forces of the universe to harmonize and balance in ways that created matter in the universe and that provide stable conditions on our planet for life to exist.

He does not hesitate to question the commonly held beliefs within quantum physics, pointing out facts that do not fit within currently popular theories explaining the universe. For instance, he summarizes

evidence that the so-called 'empty' space between stars is not really empty, but contains enormous amounts of energy, and provides the medium for the transmission of light throughout the universe.

In a clear and succinct summary, he points out the unlikelihood of chance coincidence alone providing an explanation for the development of the universe as we know it. There is an extremely minute possibility that the 'fine-tuning' of the properties of subatomic particles, the forces that govern interactions of these particles, and the timing of the big bang, and the conditions on earth that permit life to exist could have occurred by random combinations of factors.

Coming from the opposite direction, Laszlo suggests that living organisms have similarities with quantum systems:

No matter how diverse the cells, organs, and organ systems of the organism, in essential respects they act as one. According to Mae-Wan Ho they behave like a good jazz band, where every player responds immediately and spontaneously to however the others are improvising. The super jazz band of an organism never ceases to play in a lifetime, expressing the harmonies and melodies of the individual organism with a recurring rhythm and beat but with endless variations. Always there is something new, something made up, as it goes along. It can change key, change tempo, or change tune, as the situation demands, spontaneously and without hesitation. There is structure, but the real art is in the endless improvisations, where each and every player, however small, enjoys maximum freedom of expression, while remaining perfectly in step with the whole.

*The "music" of a higher organism ranges over more than seventy octaves. It is made up of the vibration of localized chemical bonds, the turning of molecular wheels, the beating of micro-cilia, the propagation of fluxes of electrons and protons, and the flowing of metabolites and ionic currents within and among cells through ten orders of spatial magnitude.*

The level of coherence discovered in the organism suggests that in some respects it is a macroscopic quantum system. Living tissue is a "Bose-Einstein condensate": a form of matter in which quantum-type processes, hitherto believed to be limited to the microscopic domain, occur at macroscopic scales. (p. 83-84)

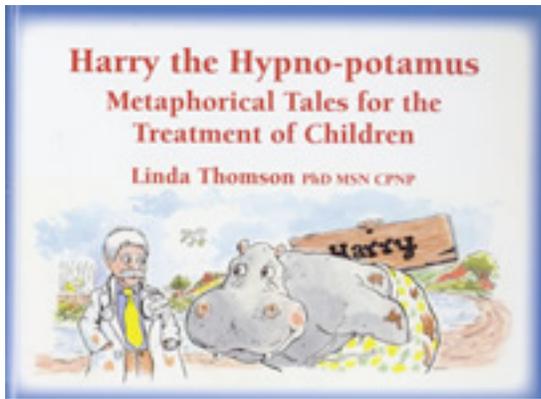
Laszlo argues that all matter is conscious, on the one hand, and on the other, that we are hard put to define exactly what consciousness is. He marshals cogent arguments to support his argument that the entire universe is conscious, interconnected through a universal field. He cites scientist after scientist who postulate theories that can explain a universal, collective consciousness which has been called in mystical tradition *the akashic field*, and which he calls the A-field.

His view of survival after death is that of the consciousness of the individual.

*Nothing in this world is evanescent; all things continue to exist through the traces they leave in the cosmic information field. We humans, too, create an Akashic record of our lifetime experiences, a record that can be retrieved by others. Our individual experience is not limited to ourselves and to our individual lifetime. It can be re-experienced and thus relived at any time and at any place, today and at all times in the future. (p. 161-162)*

This is one of the few points on which I find myself in disagreement with Laszlo. My personal view is that we survive as spirit, not only as parts of a vast collective consciousness.

This book is an excellent summary of the overlaps between science and mysticism, with materials that will interest those familiar with this field of discussion as well as newcomers to these explorations.



**Linda Thomson, *Harry the Hypno-potamus: Metaphorical Tales for the Treatment of Children***, Norwalk, CT: Crown House 2005. 172 pp 8x11" 3 pp refs (found on p. 18-20) \$44.95

This is a lovely collection of stories to suggest positive attitudes and solutions to children's problems. Winsome colored illustrations of various animals who are helped by story-line doctors – who are invited to assist when the animals are in distress – add to the charm of this helpful book.

Here is a sample story:

### Elephant

Elkins was an African elephant who lived at the Ashland Zoo. Unlike his Asian cousins, Elkins had very big ears. They were shaped like the map of Africa. Everything about Elkins was big. When he was full-grown, he could weigh as much as four tons.

Elkins's trunk was very special. He used it to pick up food, drink water, and breathe. He could suck up water with his trunk, and then squirt it into his mouth. His favorite thing was to take a dirt bath. Elkins would pick up the dirt with his trunk, then blow it all over his back. With his very clever trunk, Elkins could break off a branch of a tree, or pick up something as small as a peanut.

Elkins had six sets of teeth, called "molars," on the top, and six sets of molars on the bottom. When one set of Elkins's molars was worn down by chewing on tough branches, another set of teeth moved forward, pushing out the old, worn-down ones. When elephants have used up all six sets of teeth, they will no longer be able to eat and grind up food, and they will die.

Elkins knew how important it was to take good care of his teeth, but he hated going to the dentist. He got so nervous that he shook all over, and couldn't hold still so the dentist could work on his teeth. Finally, he went to see Dr. Kay, the zoo's dentist. Dr. Kay was very nice and very gentle. She told Elkins a story about her friend, John, who liked to row out into the middle of the lake.

"It was so peaceful there," said Dr. Kay. "John could feel the gentle rocking of the boat, making him feel even more **comfortable** and **relaxed**."

"I heard a story about a movie that was being made on a lake in Mt. Dora, Florida," Elkins said. "They painted everything in the town pink for the movie, and they taught an elephant how to water ski. I'm not sure that I would like to water ski, but I think I would like being out in a boat. I can imagine what it would be like, floating and rocking in a boat. It makes me feel good, like when my mother used to rock me with her trunk when I was little."

Elkins got nice and comfortable as Dr. Kay continued her story about her friend, John.

"John liked to imagine the world of the fish, and what it was like to live underwater, and all the things he could see there. He was having fun imagining, when something bumped into his boat. He could see that it was a very big fish. The fish was tangled in fish line, and a fishhook was caught in his mouth. John reached over to catch the fish so that he could help him. He tried to get the fishhook out of the fish's mouth, but the fish was wiggling and squirming too much.

“John was having a very difficult time. All he wanted to do was to help the fish. Suddenly, the fish looked up into John’s eyes, and saw the kindness there, and became very still and calm. That’s right, very still and calm. John was able to easily take the hook out of the fish’s mouth, and gently put the fish back into the water. As the fish swam away, he waved his tail to say ‘thank-you.’ John smiled and returned to the underwater world of his imagination.”

Elkins smiled. “I like that story,” he said.

Elkins also liked Dr. Kay. While Dr. Kay cleaned and polished Elkins’s teeth, the elephant opened his mouth very wide. Elkins imagined that he was holding a fishing pole with his trunk, in a boat on the lake, as the boat rocked gently back and forth. Then, he imagined following a fish underwater. Using his trunk as a snorkel, Elkins could stay underwater for a very long time. He didn’t even hear Dr. Kay say that she was all done. He was having too much fun fishing in his imagination. (p. 61-63)



**Mirtala. *Cosmic Visions***, Xlibris 2005 52 pp \$26.65 retail, \$19.99 if ordered directly from publisher [Orders@Xlibris.com](mailto:Orders@Xlibris.com)

This is a stunning collection of photos of Mirtala’s art, superimposed on NASA photos of earth and of galaxies in outer space.

Matted 8.5 x 11 photo prints are available for \$35 (plus shipping) from Mirtala [mirtala@earthlink.net](mailto:mirtala@earthlink.net).

(See also articles by Mirtala: ART: LOVE IN SEARCH OF FORM  
An Interview with Mirtala, IJHC Volume 2, No. 3  
HEALING THROUGH ART, IJHC Volume 3, No. 1)

#### TERMS OF USE

The International Journal of Healing and Caring On Line is distributed electronically. You may choose to print your downloaded copy for relaxed reading.

We encourage you to share this article with friends and colleagues.

**The International Journal of Healing and Caring – On Line**  
P.O. Box 502, Medford, NJ 08055  
Phone (609) 714-1885 - Fax (609) 714-3553  
Email: [center@ijhc.org](mailto:center@ijhc.org) Web Site: <http://www.ijhc.org>  
Copyright © 2005 IJHC. All rights reserved.