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DEATH AS A MENTOR FOR LIFE: A personal account of a journey to widowhood

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Abstract

The author describes changing attitudes toward dying in America and her personal experience with the loss of her husband from cancer in 1993. She nursed her husband at home until he died, with the guidance of Dr. Anna Lups, a physician trained in therapeutic care for the dying which is based on the philosophy of the Austrian mystic and scientist Rudolf Steiner (1861– 1925). Elements included in this particular protocol include use of homeopathy, massage, creating an atmosphere of peace and beauty, detoxifying the body with enemas, and minimizing the use of drugs in order to allow the people who are dying to be as conscious as possible in order to meet their death.

The author also describes the support of the community after the death and the involvement of children in the event.

Death and dying in western culture

When dying is understood as being the means by which the spirit and soul are born into a new existence, there will be the courage to face every stage as part of the whole.

– Capel, (1979. p. 13).

New Paradigms for Dying in America

Three years ago, we four sisters and our brother took turns caring for our seventy-seven year old mother while she was dying of cancer. Mom wanted to die at home, and fortunately, thanks to the juggling of schedules and with the help of the local hospice nurses, we were able to grant her that wish. We held her memorial in her home, having tended to her body there with the help of a funeral director who supports people in managing their family's funerals.

Millions of men and women of my generation are now dealing with the illnesses and deaths of parents or loved ones. This is forcing us to confront our deepest questions about mortality and the survival of the spirit and soul. It is fair to say that baby boomers are redefining death with the same commitment to personal and spiritual truths that compelled so many of us to challenge the status quo in the

Sixties. This is leading to explorations of complementary/ alternative practices like those chosen by my family, and the creation of new ones, particularly around the death event and what follows after.

These new paradigms are grounded in the work of a number of pioneering individuals. Elizabeth Kubler-Ross (1986), with her seminal studies on the stages of dying, and the hospice movement (Internet, n.d.), which brought death out of the sterile surroundings of the hospital and back to direct, individual experience at home, are two prime examples.

Grief psychologists Stephen and Ondra Levine (1997) and terminal care physician Dr. Rachel Naomi Remen (1998) have done much to help change the view of death-as-a-failure to death-as-a-creative inspiration. Interest in shamanism continues to grow – with its commitment to honoring ancestors as living spirits, as does interest in Buddhism – with its belief in reincarnation. Books like the bestselling *The Tibetan Book of Living and Dying* (1992) offer ancient perspectives on how to prepare for death.

As more and more people insist on playing a primary role around the death event, funeral directors, hospital personnel and even church authorities are realizing that their jobs are evolving from directing the process and rituals surrounding death to supporting and facilitating families in dealing with this momentous transition. There's also a new term for the dying: "deathing" (Internet) reflects the changing view of the soul's passage out of the physical body into the spiritual worlds, just as the word birthing was coined a few decades ago to describe the transition at the opposite end of life's spectrum.

Lack of preparation in dealing with death

My mother's death was not my first experience with the mysterious passage from this life to some other dimension. It was the third, following close on the death of a friend from cancer of the mouth two years before, and the death of my husband two years before that. I was both a caregiver and a witness for all three events and each was very different, causing me repeatedly to revise my understanding of the dying process.

I have now embarked on a journey to fully understand all aspects of my experiences, from the passage into death to the possibility of life afterwards.

When I was young, I was deeply affected by some of the literature I read in school, especially books like *The Story of Anne Frank* (1952) and other descriptions of people who dealt with horrifying experiences during a time of war. At some point, I began to question what inner resources I would draw on if ever I was to face the sort of threats to my life and to the lives of those I loved that were related in my reading. This wondering eventually translated into a sense that, some time in the future, I would indeed be tested. I thought about this premonition with a mixture of dread and anticipation. In some part of myself, I longed to know what I was made of; perhaps a secret wish we all carry in our hearts.

Jim Chapman was my second husband; I had been divorced when I was thirty-four and married again at 38. Jim and I became kindergarten teachers, the mom-and-pop for a class of twenty children in a small Vermont private school based on the educational philosophy of the Austrian mystic, scientist and philosopher Rudolf Steiner (1861 – 1925). Jim and I met while studying Steiner's anthroposophy – a term for Steiner's worldview – at a college in England. Both of us had been involved with Steiner's work for nearly a decade. Jim was an architect, and I had been a teacher of crafts and an administrator in other Steiner schools.

We had been married for eight years when a Stage III melanoma was discovered on Jim's back. Exactly a year later, the cancer appeared in his lymph nodes and soon after, in his brain. Although Jim had been feeling unwell for some time over the past year, we had been in denial.

Jim and I had both been raised with a considerable distrust of the medical profession – his mother had never taken a pill in her life and my father had taught his five children the principles of mind over matter – inspired in part by studies in Christian Science – during his own lengthy spiritual questing. We were also do-it-yourselfers by birthright, Midwestern pioneer stock. Also, I imagine that we were typical of many of the Sixties generation; our spiritual beliefs were eclectic, a mishmash of Buddhism, Christianity, Steiner, and occultism.

In the Beginning: Chaos

I've learned a lot about illness and death over the past ten years due to other losses but when we were first confronted with Jim's possible demise, we had no experience in dealing with either major illness or cancer, and no disciplined spiritual practice that would ground us and help us prepare for what lay ahead. We initially dove into chaos, combining modern medical approaches like radiation and drugs (with all of their attendant side effects) with alternative medicine – including homeopathy, vitamins, herbs, massage and other kinds of body work. This whirlwind had been precipitated by an epileptic seizure indicating that Jim's cancer had far advanced and was terminal.

There was spiritual chaos also; we could not decide whether to go to church, to make our own prayers, go on retreat, or to look for a last-minute spiritual guide. We had had problems with some of our experiences in the Steiner movement, so we did not feel inclined to look there for help. Jim became withdrawn, dealing with his fears and loneliness in his own way. I began to pray over him at night. He did not join in, but shared his dreams with me, many of which seemed to be important messages but we could not decipher them.

As we struggled to keep afloat in the storm, friends and members of the community began to offer support and contacts. Two were pivotal in our progress. One led to a session with a woman named Jacelyn Jemoi, a psychic living in northern Vermont who channels a spiritual entity named Careen. Jim and I had never had this sort of experience before, but Jemoi/Kareen's sensitive and compassionate approach helped us to calm down; we began to think about death as a birth into another reality. Careen also helped Jim with some unfinished business concerning his relationship with his mother, which was his highest priority as an issue to understand before death – whenever it came.

The second individual was the man Quang Van Nguyen, whose extraordinary story was published in March 2004 by St. Martins Press under the title "Fourth Uncle in the Mountain." A Vietnamese doctor and Buddhist priest, Quang had been in this country less than a decade, and he had the depth of knowledge and experience that made us feel that we were not talking with someone who lived in terms of propositions and theories. Quang lived his truth in terms of absolutes. We were grateful for his insights as he treated Jim with Chinese herbal medicines and acupuncture. He challenged Jim to "remember his religion," keeping this knowledge before his third eye every single moment of the day (Van Nguyen 1993). Quang also counseled us about death and dying, advising Jim to simply let go, advising me not to cling. His equanimity and kindness was also an important grounding force in our lives.

Jim wanted to die at home. His mother, a tough and tender individual came East to help. I wanted to take care of Jim until his death, however long that might take, even though the thought of such a

task filled me with fear and a great sense of inadequacy. In Vermont, the law allows you to “take care of your own,” and I wanted to be strong enough to do this, to wash his body and put it in the coffin with the help of friends and family, to know that no stranger’s hand was the last to touch him.

As Jim went downhill, so did everything else around him. He moved to a bed in the combination living room/kitchen/dining room that was the ground floor of our small house, and all around him the evidence of his illness piled up with papers, pills, a commode, swabs, drapes, and other nursing paraphernalia.

Meanwhile, modern medical interventions began to add their stress to Jim’s constitution. Radiation and drugs to prevent seizures kept him constantly sweating and unable to sleep. As the tumors became more active, he began to have terrible headaches and pains in his knees and lower back. Morphine was prescribed and immediately his intestines stopped functioning, one of the main side effects of the drug. Our ambivalence towards doctoring left us without crucial advice in terms of dealing with this condition. Jim’s appetite disappeared and despite various pills and powders, he could not eliminate. He also lost his ability to walk as his legs became paralyzed from a tumor on his spinal cord.

The house was a mess, Jim was beside himself with pain, and had not been able to eliminate in a week. The brain tumors had not only taken away his ability to walk, but also his ability to speak, and the drugs prevented any attempt on his part to communicate. We had the assistance of home health care and the local hospice, but somehow this support did not help us see how to find the path to a good death for Jim. I had somehow imagined it was going to be like in the movies, I holding his hand while he quietly slipped away after we exchanged loving words. He was not even available for a loving look and it appeared that he would become even less conscious day by day.

A mentor appears

If the one who is dying is permitted to remain as conscious as his natural condition will allow he may pass through many stages of experience, some of them distressful, but the power of his true self will grow, becoming more able to face the experience of death.

– Capel (1979, p. 14).

One evening, into this chaos walked Dr. Anna Lups. A feisty Dutch South African who had been a client of Jim’s when he was a practicing architect, she was trained as a cardiologist and in anthroposophical medicine, a form of healthcare inspired by Rudolf Steiner. When she had heard the news about Jim, she had immediately driven up from New York.

It is important to note that the description that I give now of the approach used by Dr. Lups comes from memory. I have tried without success to contact her in order to verify certain elements of her protocol, especially about the other medicines she prescribed. Nevertheless, I feel confident that my summary is accurate.

Dr. Lups took charge. Jim was slumped in a chair in a drugged stupor occasionally broken by his moans of pain. His mother and I were running back and forth to the clothes dryer, heating up towels in an attempt to alleviate the throb in his knees. “Jim is too great a soul to die like this,” Dr. Lups said to me. Then she challenged me: did I really want to carry primary responsibility for Jim’s care until the end? She believed in me, but had to hear my commitment. I gave it to her, drawing strength from her presence. I knew that my answer meant that I would be under her guidance, but since she lived so far away, I would be ministering to Jim while she consulted, and it was likely that I would be alone with Jim when he died. I told his mother of my decision and she supported me. I also told her that I

planned not to have a funeral director and that I would be washing his body and caring for it afterwards, including transportation to a crematorium. I was very fortunate; she gave me her full support in this, too.

The Anthroposophical approach to care for the dying

Dr. Lups began teaching me about the Anthroposophical approach to care for the dying even as she worked with Jim, giving him an injection of homeopathic gold in order to help him “come more to himself.”

Anthroposophical medicine is based on Steiner’s description of four principal aspects of the human. These include the physical substance of the body and three spiritual bodies: the etheric, the astral, and the ego.

That which gives life and the powers of growth to the material element of the body is provided by a “body” of formative forces known as the etheric. That which imposes controlling form on the life-forces of the etheric body... which give... consciousness and a capacity for feeling is provided by a body of sentient forces called the astral body... At the center of all is the immortal core of his being, his ego, whose home is in the eternal spirit-world (Matherne).

Steiner described how the physical body and the etheric body predominate at the beginning of life: a baby can be seen to be a miracle of life processes developing in a material form. As the baby grows, it begins to develop sentience – which, Steiner said, we have in common with the animal world – and also a sense of ego. At the end of life this process happens in reverse: the life forces and the physical diminish while the sentient part of ourselves and our ego predominate (Steiner & Wegman 1983).

Each of the four aspects exerts a kind of organizing energy over the other, and the ego over all. This is, I believe, a different way to think about the concept of mind over matter.

According to Steiner, when these four aspects are out of balance with one another, pain is experienced in the organism (ibid), and particularly in the astral and ego bodies. Dr. Lups’ first priority was to stimulate Jim’s ego so that he could begin to become more integrated in himself and therefore more able to deal with the pain. The choice of homeopathic gold was made because in Anthroposophical medicine, gold is considered to be a substance that has this capacity.

The change in Jim was immediate. His gaze cleared and he began to blink and appear as though he had discovered how to think again.

The integration of all four bodies was also a factor in terms of Jim’s ability to meet his death consciously and courageously, also a priority in this approach. Gold was to be a primary support for this, but also Dr. Lups wanted to see if Jim could get off of the morphine and have his pain controlled differently so that he would be able to be conscious and not expending energy in his system to deal with the effects of drugs. She also counselled me to allow him to stop taking the medicine to control his seizures, saying that, although these appeared frightening, they actually did him no harm and would make him feel better afterwards if one occurred. I agreed to do this; Jim only had one minor seizure from that point until he died.

Dr. Lups prescribed homeopathic injections of a substance derived from a plant that purportedly has a therapeutic affect on nerve pain. She also demonstrated a massage using a homeopathic analgesic oil for his back and feet. This massage would also assist in maintaining integration of the four bodies. The massage for his feet was specifically to help his ego to remain integrated completely from head to toe, for the Anthroposophical belief (in common with many other traditions) is that when the spirit withdraws from the body, it leaves through the top of the head. If I focus my consciousness in my feet, I become more grounded. In the same way, stimulating Jim’s legs and

feet enabled his ego to continue its primary organizing function, and not only would his pain be more under control, but also he would be able to be more conscious.

Another procedure, which is more commonly utilized in Europe than here in America, consisted of daily enemas with a coffee solution, followed by one of chamomile. The first was to stimulate the bowels, the second to soothe. At the same time, a thick flannel that had been permeated with castor oil and heated on a low temperature in the oven was placed on his lower abdomen, followed by a gentle abdominal massage. All these served to keep the physical organism working with its normal function of digestion and elimination. This, Dr. Lups told me, would make an important difference in terms of the state of his body as he neared the end, because it is quite common to see a mottling and disintegration of the skin in the days before death. This absolutely turned out to be the case, to the extent that a home health nurse, who stopped to check on us a day before he died, was amazed by his radiant appearance and surprised when he died.

As a result of these changes, Jim was able to stop the morphine and within a day, was able to communicate with me, albeit sporadically, with a significant word-finding problem because of the brain tumors. The enemas and massage kept his body detoxified and his eyes became luminous as his body became weaker and emaciated. He was able to be present; this was the great gift that Dr. Lups brought to us.

Dr. Lups also made a strong point about the chaotic environment of the room in which Jim was doing his dying, calling it "Luciferic." The concept of the two opposing archetypal beings of *Lucifer* and *Ahriman* is a dualistic principle that may be compared to the Chinese philosophical concept of yang and yin (Boardman, 1999):

The tendencies to expansion and contraction, which Rudolf Steiner named Lucifer and Ahriman respectively, are non-physical beings with their own "biographies" - beings whose power, when exercised excessively within the human soul, is capable of driving the soul either to lose itself in self-obsessed fantasy and self-delusion (Lucifer) or else in sense experience, mendacity and material acquisitiveness (Ahriman). The soul needs to find an inner autonomous space in which it can hold its own in a dynamic balancing act between these two polar forces...

Lups' statement reminds me today of the principles of *feng shui*, the ancient system of environmental placement which sees the world as alive with everything interconnected in a dynamic relationship that affects everything we experience (Feng Shui, 2001). It was important for Jim to be surrounded with and nourished by beauty as he prepared to meet his death. Consequently, all signs of illness as made evident by all of the medicines and other therapeutic and supportive materials were banished from the room and order was restored.

We rented a hospital bed for Jim and put a table with fresh flowers and candles next to him. His food was simple and basic and served attractively, in order to whet his appetite and also to nourish his senses. Talking, reading, playing music – all of these were permitted only if he welcomed them. It was important to recognize, Lups said, that as people die, their attention needs to go to this great work; the things of this world no longer have much appeal or interest, and in some cases, as with music or certain sounds, they can cause pain by overstimulating a weakened organism. Jim rejected all attempts to "entertain him" and mostly slept or seemed to be in a contemplative state.

Jim's death

He will need, when he has crossed the threshold, all the strength of selfhood which he has gathered in the process of facing the great change of death knowingly... Without the body the self has to establish another means of self-consciousness. The moment of death clearly known

can act as a beacon illuminating the consciousness of being a self long after the time has passed.

– Capel (1997, p. 14)

Four months after his first seizure, Jim contracted pneumonia and fevers raged through his body during the day, while he slept peacefully at night. Dr. Lups told me that I had other choices: I could get oxygen for Jim, or put him in a hospital, or I could allow him to complete his dying without the interruption of processing drugs through his liver or bringing machines into the room, which would only prolong his life and possibly affect his state of consciousness. It was hard for me to make this decision without Jim, but having seen him radiant and even conversant when the fever was down, I had to trust that he was finding his way. I learned the European method for reducing a fever by wrapping the legs in bandages that have been soaked in lemon water and I applied these to Jim with success.

Dr. Lups told me that the fever would last seven days and after that time Jim would either be dead, or he would be healed, for the heat process in his body would also be killing the cancer. Approximately forty-eight hours before his death, Lups said, his guardian angel would leave him; I would know this because there would be a marked change in him. This angel would meet Jim as he crossed the threshold into death and accompany him while he did a review of his life – during which time, the life forces would be withdrawing from his body. Anthroposophists believe this takes about three days to complete. During that three-day period, the soul is considered still to have, “ thoughts and feelings and purposes concerning itself and those left behind, enmeshed within the life forces which supported it within the physical body on earth” (Christian Community, n.d., pp. 5-7).

In fact, the evening before Jim died, I saw that his face looked gray and dark, and he seemed drawn into himself. I was worn out, yet still capable of awe. In some way, I knew it was time, yet I went to bed that night, telling him that his mother and sister would keep watch for the first half, and I would come to be with him at four in the morning. I don’t know how I knew that he would wait for me, but he did.

I was alone with him when he died just before daylight. His breath stopped, and then, after ten minutes, his heart did also. As soon as I realized that he was indeed going, I placed a candle at either side of the head of the bed, for Dr. Lups had told me that he would see the light as he left his body. I don’t know why this was important but as I think about it now, it seems like an image of a final loving farewell, like the light in the window that tells you someone is keeping watch always.

I called Dr. Lups later in the morning to say that he was gone. She reported that she had been awakened at the time of his death by the howl of a wolf and was mystified until she realized: “Lups” in Dutch means wolf.

Epilogue

After I washed Jim’s body and we placed it in a coffin – built by a close friend and my son – the community shared a day and night vigil at our home, keeping Jim’s soul company in the three-day period following his death. Children from our class came to the house, and as each one arrived, I took this child on my lap and described Jim lying in the coffin in the beautiful brown robe I had made for him and with flowers in his hands. Many drew pictures – I had left out paper and crayons – and wrote to Jim, including six year-old Bridget, who had had a special connection with him. She made a crayon drawing of Jim in his robe, his face slack and turned sidewise to show that he is dead. But out of his body flies a joyful spirit, while overhead a great angel sends down a rainbow to show him the way to Heaven. On the back of the picture, she wrote him a special message.

I've attached a copy of Bridget's picture, which is on my website (www.healgrief.com). While we adults continue to ponder the mystery of death and what comes after, we are forever blessed with children, who know how to make it very simple:



Jim: I lve you eevin if you are in havin from Bridget, age 6

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Rondi Lightmark is a writer and workshop leader interested in promoting new ways of thinking about death and grief. Her article titled "Heal Grief in Your Body" appears in the September 2002 issue of *Body & Soul* magazine (also published on her website), and two of her essays on the loss of her husband appear in the collection "When a Lifemate Dies: Stories of Love, Loss, and Healing" (Fairview Press). See also A month-long study of the effects of holistic interventions for a 68 year-old widower coping with cancer in *IJHC* May 2004.

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