

# THE ART OF DYING IS THE ART OF LIVING

*Ars moriendi is ars vivendi*

*Die Kunst des Sterbens is die Kunst des Lebens*

by

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"Frank and Ernest," drawing by Bob Thaves, © 1984, NEA Inc.

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To my readers:

This paper starts off rather slow and the climb may seem steep, but once it starts downhill, it really goes fast!

“The honesty and grace of the years of life that are ending  
is the real measure of how we die.”

- Sherwin Nuland

*“I’m not afraid of death; I just don’t want to be there when it happens.”*

- Woody Allen

## Part I

### Dignity

“Though the hour of death itself is commonly tranquil and often preceded by blissful unawareness, the serenity is usually bought at a fearful price – and the price is the process by which we reach that point...there is often a serenity – sometimes even a dignity – in the act of death, but rarely in the process of dying.

The dignity that we seek in dying must be found in the dignity with which we have lived our lives. *Ars moriendi is ars viventi: The art of dying is the art of living. The honesty and grace of the years of life that are ending is the real measure of how we die.* It is not in the last weeks or days that we compose the message that will be remembered, but in all the decades that preceded them. Who has lived in dignity, dies in dignity” (p. 268)<sup>1</sup>.

This paper and every word, comment, or quote is about these opening remarks. This paper hangs on it.

Nuland, in his book “How we die” talks about Francisco Goya who painted the picture below. “We see a doctor holding a young patient’s head steady with one hand on his neck while preparing to insert the fingers of his other hand down the boy’s throat in order to tear out the diphtheritic membrane that will choke off his life if not removed” (p. 9).

Nuland as a doctor lived in dignity if his writings are as realistic as his stories in his book.



*El garrotillo* de Francisco de Goya<sup>2</sup>

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<sup>1</sup> Sherwin B. Nuland (1993). *How we die: Reflections on life's final chapter*. New York, NY: Knopf.

<sup>2</sup> <https://hekint.org/2018/11/30/el-garrotillo-on-diphtheria-and-goya/>

## Paper Rationale

This paper will use input from people who have written about death and dying. This paper will use quotes and references on the Art of Dying as a way for an interested reader to follow up in more specific areas of dying and living. This is a short paper. For sure, a ton has been written on the subject.

My problem was how to get started. Yes, like most folks I have known people who have died, seen people die, and been around some that were dying. Therefore, this is not my story but it will help me – and maybe anybody else – when it comes my time to die and have an idea of what it is to have peace of mind and maybe some dignity.

To help me get started I have picked out some friends and especially the eight shooters in the 45<sup>th</sup> Rifle Brigade. Now, I have an audience! Now I have a way to get started!

## Group Discussion on Bullet Drop fall

Let's assume the eight of us are at John's lake on a pretty (68 degrees) day with no wind. We dispatch (or assume) a person to paddle out to the middle of the lake and making sure the rifle is vertical, fire eight 30 caliber rounds straight up into the air.

Well, we are going to have a discussion first and lay out some research questions and design hypotheses to cover this experiment. I promise you there will be a discussion! My bet is getting more than half to agree on any of the prognostications will be slim – and that's ok. There are some questions:

1. Will the bullets come back down on the lake where we can see them splash?
2. Will the bullets fall back down and land on their points, bases, or sideways?
3. How high will the bullets go?
4. How long will the flight be vertical, how long in the descent, and how long total for the flight?
5. Should the shooter wear a hard hat?

Can you imagine the raucous, rambunctious, and vociferous discussion around the pool while having a cold beer – or two? Maybe half agreeing on anything here is a dream...well, it would be worth the time. It would be worth filming actually but the results of the discussion are really what is important.

The bullets will come back down. Some may hit the water. How would you tell if they landed or splashed tip first? How high is high and how long is long? I'd really like to see the number of us who would wear a hard hat.

Ok. There are a hundred questions. Now what? Why did I start this with eight rounds straight up?

Glad you asked. Now we can talk about the Art of Dying and the Art of Living...it was just my way of getting your attention and starting the paper.

[These answers are partially in Hatcher's book<sup>3</sup> in Chapter 20 "Bullets From the Sky."]

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<sup>3</sup> Julian S. Hatcher (1962). *Hatcher's notebook: A standard reference for shooters, gunsmiths, ballisticians, historians, hunters and collectors*. Mechanicsburg, PA: Stackpole Books. John, of course, has this in his library.

## Rules for engagement

The rest of the paper will be exposure.

Let me point out some areas, direction, and writings on this subject. Again, this is not conclusive but a way to look at and see if there is some help out there to enable us to die with some dignity. I do not have direct, specific, and maybe even pertinent information and this is the reason why the rest of the paper will be 'kind of scattered.' This is a shotgun approach (12 gauge, of course).

A line, a quote, a book, a picture, a page may help. Hope it does - small prayer added here.

### **Nuland: *How we die***

"I have written this book, to demythologize the process of dying. My intention is not to depict it as a horror-filled sequence of painful and disgusting degradations, but to present it in its biological and clinical reality, as seen by those who are witness to it and felt by those who experience it. Only by a frank discussion of the very details of dying can we best deal with those aspects that frighten us the most. It is by knowing the truth and being prepared for it that we rid ourselves of that fear of the *terra incognita* (unknown territory) of death that leads to self-deception and disillusion.

There is a vast literature on death and dying. Virtually all of it is intended to help people cope with the emotional trauma involved in the process and its aftermath; the details of physical deterioration have for the most part not been much stressed. Only within the pages of professional journals are to be found descriptions of the actual processes by which various diseases drain us of vitality and take away our lives" (Nuland, p. xvii)

"...death hath ten thousand several doors for men to take their exits" (John Webster, 1612).

Another quote in Nuland's book by Maria Rilke: "Oh Lord, give each of us his own death" (p. xvii).

"...death is a grim adversary to be overcome, whether with the dramatic armaments of high-tech biomedicine or by a conscious acquiescence to its power, an acquiescence that evokes the serene style for which present usage has invented a term: 'Death with dignity' is our society's expression of the universal yearning to achieve a graceful triumph over the stark and often repugnant finality of life's last sputterings.

"But the fact is, death is not a confrontation. It is simply an event in the sequence of nature's ongoing rhythms. Not death but disease is the real enemy, disease the malign force that requires confrontation. Death is the surcease that comes when the exhausting battle has been lost. Even the confrontation with disease should be approached with the realization that many of the sicknesses of our species are simply conveyances for the inexorable journey by which each of us is returned to the same state of physical, and perhaps spiritual, nonexistence from which we emerged at conception. Every triumph over some major pathology, no matter how ringing the victory, is only a reprieve from the inevitable end" (p. 10).

"XXX's heart died because it was not getting enough oxygen...the arteriosclerosis (literally, hardening of the arteries) had occurred because of a combination of XXX's sybaritic diet, his cigarette smoking, his lack of exercise, an element of high blood pressure, and a certain degree of inherited predisposition" (p. 11).

We could talk about the term “inherited predisposition” and how it applies to a rifleman...

“The left ventricle, the most powerful part of the cardiac pump and the source of the muscular strength that nourishes every organ and tissue of the body, is injured in virtually every heart attack – each cigarette, each pat of butter, each slice of meat, and each increment of hypertension make the coronary arteries stiffen their resistance to the flow of blood.

“When a coronary artery suddenly completes the process of occlusion, a period of acute oxygen deprivation ensues. If the oxygen lack is of such duration and severity that the stunned and instantly bloodless muscle cells cannot recover, the pain of angina is succeeded by infarction: The affected muscle tissue of the heart goes from the extreme pallor of ischemia to frank death” (p. 26)...“It is the chronic disease of heart failure...that carries off approximately 40% of the victims of coronary artery disease” (p. 11).

“There are many patients with terminal, intractable congestive heart failure whose final hours – or days – of life are made uncomfortable and even miserable by their drowning, while physicians can only watch helplessly, and use morphine for sedation. It isn’t a pleasant exit” (p. 29).

“There are drugs to decrease myocardial irritability, prevent spasm, dilate coronary arteries, strengthen the heartbeat, diminish accelerations of rate, drive out the excess load of water and salt in congestive failure, slow down the clotting process, decrease cholesterol levels in the blood, lower blood pressure, allay anxiety - and every one of them carries with it the possibility of undesirable or frankly dangerous side effects, for whose treatment, of course, there are still other drugs. Cardiologists of today tread a fine line between so drying out a patient that he is too weakened to live normally, and allowing him so much of a fluid load that he is in danger of lapsing into serious congestive failure” (p. 37).

## Comments

Nuland is painting the picture of what it looks like to get sick and die and then discusses some of the most frequent ways we die. Our learning is either in school, from our doctors, or from a personal experience with ourselves, family, or friends. For instance when was the last time you had a doctor tell you to NOT to use salt – on anything? I didn’t grow up knowing that but a very good friend in Tulsa told me. He is a cardiologist.

“If one were to name the universal factor in all death, whether cellular or planetary, it would certainly be loss of oxygen...

‘Death keeps taking little bits of me.’

“As to cerebral circulation...‘These people take as long to die as they did to grow up’” (p. 67).

“It lies in the power of man, either permissively to hasten, or actively to shorten, but not to lengthen or extend the limits of his natural life...There is no way to deter old age from its grim duty, but a life of accomplishment makes up in quality for what it cannot add to quantity” (p. 70).

Can we say AMEN to that last line? My underline above.

### The death-dealing notes begin to be heard

“There are two distinct lines of reasoning to explain the aging process. One emphasizes the continued progressive damage done to cells and organs...in the ordinary environment of everyday life. This is often called the ‘wear and tear’ theory. The other suggests that aging is due to the existence of a genetically predetermined life span...and is caused by genetic factors” (pp. 74-75).

“...some 85 per cent of our aging population will succumb to the complications of one of only seven major entities:

Atherosclerosis, hypertension, adult-onset diabetes, obesity, mental depressing states (like Alzheimer’s), cancer, and decreased resistance to infection...

these seven are called the horsemen of death” (p. 78). (my red.)

A very big question(s) {There is a shift here he goes from what is killing us to asking some big questions.}

“These are possibilities that give rise to speculations of major significance in decision-making about our own lives. When an elderly man is offered the possibility of cancer palliation or even cure, providing that he is willing to endure debilitating chemotherapy or radical surgery, what should be his response?

Will he suffer through the treatment, only to die of his ongoing cerebrovascular atherosclerosis the following year? After all, the cerebrovascular disease is likely the result of the same process that so decreased his immunity to malignant growth that he developed the cancer that is trying to kill him.

But then again, different manifestations of the aging process proceed at different rates, so it may be somewhat longer than he anticipates before his stroke exerts its claim. Such possible eventualities can be estimated only by evaluating the present state of his nonmalignant process, such as the degree of his hypertension and the status of his heart disease.

These are the kinds of considerations that should go into every clinical decision involving older people, and wise physicians have always made careful use of them. Wise patients should do the same” (p. 84). “Tennyson says it clearly:

‘Old men must die; or the world would grow moldy, would only breed the past again.’” (p. 86).

How serious are these next remarks? – is this a challenge for us?

“I am not arguing here against an old age that is active and rewarding. I do not advocate going gentle into that enveloping night which is premature senility. Until it becomes impossible, vigorous exercise of body and mind magnifies each living moment and prevents the separation that makes too many of us become older than we are. I speak only of the useless vanity that lies in attempts to fend off the certainties that are necessary ingredients of the human condition. Persistence can only break the hearts of those we love and of ourselves as well, not to mention the purse of society that should be spent for the care of others who have not yet lived their allotted time.

“The fact that there is a limited right time to do the rewarding things in our lives is what creates the urgency to do them. Otherwise, we might stagnate in procrastination. The very fact that at our backs, as the poet cautions his coy mistress, we ‘always hear / Time’s winged chariot hurrying near’ enhances the world and makes the time priceless” (p. 87).

*The utility of living consists not in the length of days,  
but in the use of time; a man may have lived long,  
and yet lived but a little" (p. 88).*

## Epilogue

Actually I inserted his epilogue on the first page (as an attention getter) but here are a couple more.

"The only certainty I have about my own death is another of those wishes we all have in common: I want it to be without suffering" (p. 263).

"I have written this book as much for myself as for everyone who reads it" (p. 264).

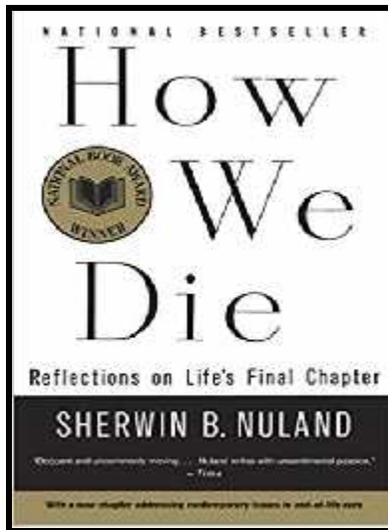
"The more knowledge we have about the realities of lethal illness, the more sensible we can be about choosing the time to stop or the time to fight on, and the less we expect the kind of death most of us will not have...

"We die in turn, so that others may live...

"All of this makes more precious each hour of those we have been given; it demands that life must be useful and rewarding" (p. 267).

Nuland ends his book quoting William Cullen Bryant (at age 27) with the final section of "Thanatopsis" at <https://www.poetryfoundation.org/poems/50465/thanatopsis>

So live, that when thy summons comes to join  
The innumerable caravan, which moves  
To that mysterious realm, where each shall take  
His chamber in the silent halls of death,  
Thou go not, like the quarry-slave at night,  
Scourged to his dungeon, but, sustained and soothed  
By an unfaltering trust, approach thy grave,  
Like one who wraps the drapery of his couch  
About him, and lies down to pleasant dreams.



There is a 21 minute **TED** titled “How electroshock therapy changed me” – TED2001 February 2001. They give this session great acclaim and I urge you to watch it. They were going to do a lobotomy on him but someone give him another shot (no pun intended). He had not told anyone about this until this **TED**.

[https://www.ted.com/talks/sherwin\\_nuland\\_how\\_electroshock\\_therapy\\_changed\\_me](https://www.ted.com/talks/sherwin_nuland_how_electroshock_therapy_changed_me)

What is sad is that he died in 2014 (a rememberable year for a lot of us) but what is really sad, for four of us at least, is that he died of prostate cancer. He was 84.

(I have some concern how a doctor can die over issues that seem to be medically preventable.)

### First Ending

This would really be a good place to stop or quit – but I’m not done yet. This is a graduate level paper, informative as it may be, there are some more stories to tell. “How We Die” will lead us into some more and maybe deeper personal questions.

We all have had/have/will have/should have, some dealing(s) with dying and living. Going to the hospital and caring for a sick and dying person is seldom very good. It is helpful to have help - I promise you - and I have thanked people like Wayne more than once for helping me and the girls with Jeanne.

How do you know which doctor to use, or make a judgment on what treatment/meds are next? Nuland opened up some wounds and I girded and guarded myself with “I ain’t gonna do that again.”

If I could do it over...I would confront my primary doctor with a million dollars and my Kimber. His task, I would say: “She is your only patient. Now you are full time to get her well. You decide every pill, every test, every result, every entry on her chart – you pick and monitor every doctor and every procedure.

Get her well - and you can have “all the left over money.”

Then I would ask “*Is there anything about this program you don’t understand?*”

**[THIS LAST PART IS UPPER CASE/BOLD: HOW CAN ONE HELP? - OR BE HELPED? THINK ABOUT THIS...**

## Part II

### Ars Moriendi (the “art of dying” – and how to die well)

The name *Ars Moriendi* first showed up for me after I received the Syllabus from my Perkins School of Theology professor Dr. Jaime Clark-Soles. This course (NT8365) was a follow-on class I wanted to take as it is titled “Evil, Suffering, and Death in the New Testament.”

The two books from the course and the lessons on the “Death” part are what I have quoted from in this paper. Of course, in a paper on death and dying the question that will come up for us Christians is “Where will I go when I die?” I will cover this rather briefly as there is more than one answer and it will depend on how you interpret or believe the Bible – or, which part of the New Testament you want to believe. Dr. Clark-Soles will more or less promote the Fourth Gospel (FG) advocating the author’s penchant<sup>4</sup> for “realized eschatology.” Allen Verhey, author of the main book<sup>5</sup> in the NT8365 course, will be generously quoted to finish this part of my paper.

### **Like the cleaning lady, we all come to dust.**

- Peter De Vries

“People have been dying for a while now. It started, I guess, with the first human being, and since then the death rate has been right around 100 percent. One might suppose that not much has changed over the years. At the end of life, death; ‘at the last a little earth is thrown upon our head, and that is the end forever.’ Much has changed, however, about the ways human beings think about death and about the ways they act in the face of it. The inevitability of death does not make inevitable any particular response to it. Throwing a little dirt on the head of the dead – or burial – is not, after all, a universal practice, and may have challenged the claim that death ‘is the end forever’” (Verhey, p. 1).

Verhey quotes from way back in written history using “The Epic of Gilgamesh” – about 2,000 B.C.<sup>6</sup>

“**Gilgamesh**, where are you hurrying to? You will never find that life for which you are looking. When the gods created man they allotted to him death, but life they retained in their own keeping. As for you, Gilgamesh, fill your belly with good things: day and night, night and day, dance and be merry, feast and rejoice. Let your clothes be fresh, bathe yourself in water, cherish the little child that holds your hand, and make your wife happy in your embrace; for this too is the lot of man...There, in Plato’s *Phaedo*, **Socrates** welcomes his death, insisting confidently that the human soul is immortal and that the death of the body simply frees the soul from its imprisonment in the body” (p. 2). Here, in a letter to a friend, **Seneca** gives good Stoic advice to meet death cheerfully, for ‘dying well means dying gladly’” (Verhey, p. 2).

Note: I will come back to Clark-Soles to end part two after covering more quotes by Verhey.

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<sup>4</sup> Jaime Clark-Soles (2006). *Death and the afterlife in the New Testament*. New York, NY: T & T Clark.

<sup>5</sup> Allen Verhey (2011). *The Christian art of dying: Learning from Jesus*. Grand Rapids, MI: Eerdmans.

<sup>6</sup> William H. McNeill & Jean W. Sedlar (Eds.) (1968). *The origins of civilization*. New York, NY: Oxford (p. 78).

In his famous poem<sup>7</sup> **Dylan Thomas** gives quite contrary advice:

Do not go gentle into that good night,  
Old age should burn and rave at close of day;  
Rage, rage against the dying of the light.

Remember the questions we had around the pool? Now it is time to ask questions about the art of dying and we'll go on with Verhey's work. Verhey asks these questions reflecting on the human condition:

1. Who are we?
2. Where are we going?
3. Is there life after death?
4. How do you prepare for it?
5. "Or, if death is the end forever, how should we live knowing that we shall die" (p. 2)

We may wish we were back at the lake shooting straight up into the air rather than wrestle with these five questions but tell you what, why don't we do both? Let me kick around some of Verhey's quotes for our discussion.

Verhey's notes will be mostly about the term "medicalized" dying. Quote below from Verhey, p. 9.

*We who must die demand a miracle.  
How could the Eternal do a temporal act,  
The Infinite become a finite fact?  
Nothing can save us that is possible:  
We who must die demand a miracle.*

W. H. Auden, For the Time Being.

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<sup>7</sup>Wild men who caught and sang the sun in flight,  
And learn, too late, they grieved it on its way,  
Do not go gentle into that good night.

For the complete poem see this URL:

[https://www.cgcs.org/cms/lib/DC00001581/Centricity/Domain/25/Coleman\\_Poem\\_Do\\_not\\_go\\_gentle\\_into\\_that\\_good\\_night.pdf](https://www.cgcs.org/cms/lib/DC00001581/Centricity/Domain/25/Coleman_Poem_Do_not_go_gentle_into_that_good_night.pdf)

“A first characterization of ‘medicalized death’ is that it happens in a hospital. In a swift but almost imperceptible transition, dying was transferred from the home to the hospital. At the end of the war in 1945, 40 percent of deaths happened in the hospital; in 1995, 90 percent did.

“When people became seriously ill, they would go to the hospital. They entered it with considerable anxiety, of course, but also with great expectations. Something like Auden’s line was written on their hearts, ‘We who must die demand a miracle.’ Auden’s line is from an advent prayer, a petition for the miracle of God’s sharing our human flesh. But we have grown accustomed to the rhetoric of ‘the miracles of modern science,’ and when we are sick, we look for one, plead for one to be performed with technological grace. Perhaps it will be simply the old ‘miracle drug,’ penicillin, or maybe the miracle of stem cell therapy. At any rate, we know that in the hospital great things can be attempted and sometimes accomplished. Sometimes the sad stories that patients tell with their bodies and about their bodies will be given a happy ending after all. But other times those sad stories still end with death, and sometimes with a lingering dying, in a hospital or in a nursing home, in a coma or in pain, hooked up to a respirator or to a feeding tube or to both. Reports of such lingering deaths can prompt us to say, ‘I’d rather die suddenly, with a heart attack or in a car wreck.’ Suddenly the sort of death most lamented when death was ‘tame’ seems preferable” (p. 14).

“When dying was moved to the hospital...there were some profound, if unintended, consequences for the dying role. Most notably, it was simply undercut, replaced by the ‘sick role.’ In a transition as swift and imperceptible as the transfer of dying to the hospital (and, of course, related to it), the dying were no longer treated as if they were dying: they were treated like anyone else who was recovering from major surgery or a serious disease. You do not go to the hospital, after all, to die. You go there to get better. You are expected to admit that you are sick, but you are also expected to share the hospital’s goal, to avoid death. So, suddenly no one was ‘dying’ any more. They were just ‘sick.’ That spelled the end of ‘the dying role’ with its rituals and community. All that was left was ‘the sick role’ and , of course, death itself” (p. 14).

{Pause – actually a side bar!...these long quotes are not supposed to be lugubrious and/or mournful; indeed, I have picked out some pertinent, succinct, and sometimes poetic expressions only the authors could use. Therefore, these long quotes are by design and not butchered up by me trying to explain the content. If I have done my job I will have picked out the most relevant quotes for you and have not wasted your time but have given some helpful information and maybe a place to look it up if you want more...sorry ‘bout that, but read fast!.....[un-pause](#).}

“People still died, of course, but until they did, they were just sick and , therefore, still expected to see competent medical help and to cooperate in the process of getting well. It required of the dying – pardon me, of ‘the sick’ – a slightly revised version of Auden’s petition, ‘We who must not die demand a miracle.’ A medicalized dying is characterized by the effort to avoid death” (p. 14).

Verhey spends the rest of this chapter in what is called or could be called **“Death will not have the last word.”** Let me give my spin on this and dig up some more quotes by the author to back it up – or at least point to where it can be read.

Let’s say you end up in the hospital (not “in hospital” but “the” hospital...the English are incorrect about this recent usage) and you get a bed, nurse, and skilled help with only ID, maybe SN, and most importantly your insurance cards. Let’s say you are really sick or you really get worse and you start to

die. What will “the” hospital staff do? Of course, they will do EVERYTHING to keep you alive. We all know that – it’s their job! We also know they will keep you on a machine till the second coming and keep you alive forever – at what ever the going rate is. This is how they make their money.

Now, I am not being rude but my example of “medicalization” is, say, you go on life support. Some family member says this is enough, please remove the life support system. We know, or should know, that this request needs more than a verbal request. A piece of paper with “Do not resuscitate” may not be enough but what is needed is a copy of your Advanced Directive (this may have different titles to it) which is what you wish for in case you end up in this position. Notice some of the language in the rest of Verhey’s chapter.

“The ‘person’ sometimes gets lost...and medicine treats ‘me’ like an ‘it’” (p. 16).

“Death and dying had been taken over by medicine. Death became medicine’s agony of defeat. ‘Tame death’ was given a ‘do not resuscitate’ order” (p. 16).

“People did not want to die in the hospital, although most did – and do. They did not want to die hooked up to machinery, surrounded by strangers, expert though they may be. Frankly, they did not want to die at all, but if they must, they wanted it to be their death, the end of their story, and not a footnote in some doctor’s story” (p. 22)

“The death rate is finally 100 percent...People are less tempted to deny death as a biological event than as an autobiographical event. They are unlikely to deny that death is universal, but they remain reticent to acknowledge their own death...Leo Tolstoy made this point long ago in *The Death of Ivan Ilych* where Ivan resists the acknowledgment that he is dying ‘It cannot be that I ought to die. That would be terrible’” (p. 52).

“It does make some sense, of course, to say that dying is a part of life and that dying can be a time of growth” (p. 51-52)

On the question of drugs:

“When a dying patient is distressed, drugs may not address the real cause of the distress but may simply mask it. Indeed, if the patient is rendered too drowsy to talk or think, the drug may make dealing with the real cause of the distress more difficult. The danger of being misunderstood is great here, so I repeat, the problem is not drugs but the reduction of the suffering that can attend dying to pain, and then managing the pain – and the patient – by medication” (p. 63).

On the question of final drugs: Drugs, distress, dying, defeat, and discomfort...have wondered and think I know, but here is a quick story and is still some concern. Given the idea a person who is ‘put under’ has no feelings or any sensations when undergoing serious surgery, is it possible to be ‘put to sleep’ and still maybe suffer inside when the body shuts down?

My guess is we won’t feel a thing – if the administration is correctly given. My example is being unable to respond with eyes, comment, or waving/raising any flags to contest the final event but have to die inside and drown, bleed out, or experience heart failure. The doctors told me Jeanne would not feel anything but without a lot of details I still shudder over her ending. It was like yesterday. Pulling the plug I hope was a relief for her – and maybe someday I will know.

[A page from Dr. Jaime Clark-Soles. You may find her stance difficult but to me, it is golden! Yes, really...](#)

## Heaven

“To denote ‘heaven,’ the FE (Fourth Evangelist) uses the words *ouranos*, *epouranios*, *anōthen*, and *ano*. Three points deserve mention. **First**, ‘heaven’ language in the FG (Fourth Gospel) designates the realm of God the Father: it serves as a metonym for God. Such language is used to emphasize source and agency. Heaven is God’s command center. **Second**, most modern understandings of the FE’s view of heaven seem to rely on the opening verses of John 14: ‘In my Father’s house there are many dwelling places [*monai*, from *menō*]. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, so that where I am, there you may be also’ (14:2-3).

“People often interpret this to mean one of two things: (1) at the general resurrection, believers will go to heaven, and nonbelievers will not; or (2) at the time of an individual’s death, Jesus will take one up to a heavenly mansion in the sky. I contend that the FE has neither in mind. Although John uses *ouranos* eighteen times, the term never appears in chapter 14. The FE’s failure to use *ouranos* in chapter 14 is a clue suggesting that the ‘many dwelling places’ do not have anything to do with heaven. Mary Coloe<sup>8</sup> analyzes John 14 in detail and argues quite compellingly that the image (*paroimia*) about the father’s house (*oikia*) that has many dwelling places (*monai*) ‘introduces the theme of the abiding of the divine presence’ and ‘draws upon and transforms Israel’s Temple traditions.’

“After careful exegesis, with particular attention to the language of John 14 as it relates to the rest of the book as well as to the Hebrew Scriptures, Coloe concludes that ‘the action therefore is not the *believers* coming to dwell in God’s heavenly abode, but the *Father*, the *Paraclete* and *Jesus* coming to dwell with the believers. It is a ‘descending’ movement from the divine realm to the human, not an ‘ascending’ movement from the human to the divine. In short, John 14 is about a familial relationship, not a castle in the sky...

**Third**, I want to draw attention to what John does *not* say about ‘heaven.’ He indicates no belief in layered heavens, as one finds in Stoic philosophy, the Apostle Paul, and Gnosticism. He never uses the language of paradise (*paradeisos*) as do Paul, Luke, and Revelation. He certainly never uses language such as ‘believers go to heaven when they die.’

“Everyone experiences physical death, including Jesus and the Beloved Disciple, but believers do not experience Holy-Spiritual death. Correlatively, believers gain Holy-Spiritual life (also called ‘eternal’ life), the highest reward possible. Unbelievers do not. For believers, *pneuma* is added to *psychē*. Believers can face death with the same confidence that Jesus exhibits, for death has no power to interrupt Jesus’ and God’s dwelling with the believer (John 14:23): the qualitatively abundant life that is available now extends forever. Heaven is not envisioned as a place where believers go posthumously; rather, it serves metonymically to signify God’s agency. Likewise the FE never imagines an afterlife in which Satan, a fallen angel, rules over a hellish territory to which unbelievers are carried by angels. With the revelation of Jesus Christ, Satan becomes ultimately impotent. **All people receive judgment, with its concomitant fate in this life, a fate that continues into the future**” (p. 130 - 131).

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<sup>8</sup> Mary Coloe (2001). *God dwells with us*. Collegeville, MN: Liturgical Press.

However, I religiously researched in other more daring and revealing places to find the best definition of just exactly what *Ars Moriendi* means. Hello Google. The Reverend Doctor Jaime Clark-Soles probably would not appreciate (she sure would understand...) this descriptive picture I just found defining the word *Ars Moriendi*.



Timeline Photos | facebook.com

Now that I have your attention again (Geezz! - you guys!) Here is a short 16 minute video on more or less what this paper is about – well, this second part, at least. You will, for sure, hear some of the same quotes in my paper – is that good or what?

See **TED** Dying to live | Jaime Clark-Soles | **TEDxSMU** - no date.

<https://www.youtube.com/watch?v=gcHNqvOmR44> (16:17) "People who die well."

### Answers to the 5 bullet questions on page 3

1. Will the bullets come back down on the lake where we can see the splash?  
You will need a very big lake.
2. Will the bullets fall back down and land on the point, base, or sideways?  
A lot of factors here but the pointed ones may do better going into a nose dive.
3. How high will the bullet go?  
On page 51, he says up to 9,000 feet
4. How long will the flight be vertical, how long in the descent, and how long total for the flight?  
Takes 19 seconds to go up, 36 to come down, for a total of 55 seconds.
5. Should the shooter wear a hard hat?  
See book # 089 on my Web site. Last line on page 487 of William Shirer's book "Berlin Diary."

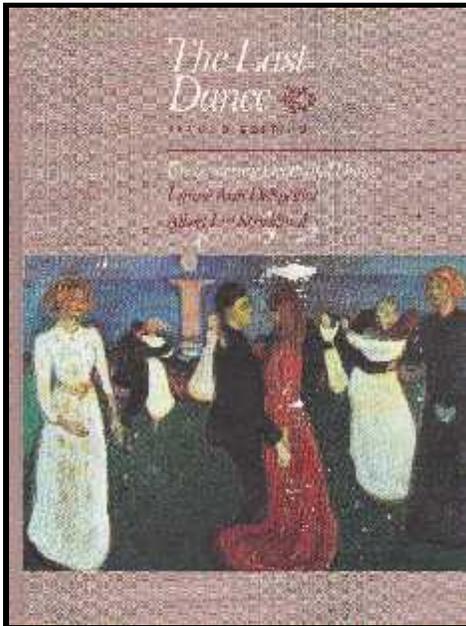
\*\*\*End part II\*\*\*

### Part III

#### Dying and Living Snips from Other Books

When I was the Lay Minister at Trinity United Methodist Church (in another life time back in 1989) we used a book<sup>9</sup> titled *The Last Dance: Encountering Death and Dying*. In review for this paper I would like to suggest if you want a resourceful and informative book on our subject consider *The Last Dance*. This one fits well into the other books referenced here - especially Nuland and Verhey. This book would take a semester of time to do it justice.

I promise you these two authors have covered almost every base on the issue of Death and Dying.



Examples of *Euphemisms* in Table 1-2:

Passed on	Croaked	Kicked the bucket	Pushing up daisies	Was a goner
Bit the dust	Departed	Gave up the ghost	Returned to dust	Snuffed
Ended it all	Cashed in	In the great beyond	Crossed over Jordan	Bought the farm

*Being with a loved one who is dying confronts us with the fact of our own mortality as well as the losses associated with that person's death. Even when communications is hampered by physical disability, such times can be precious opportunities for sharing our deepest feelings with someone we love whose presence will be missed in our lives.*

The Last Dance, page 165.

<sup>9</sup> Lynne DeSpelder & Albert Strickland (1987). *The Last Dance: Encountering Death and Dying*. Mountain View, CA: Mayfield Publishing.

**D**eath is not the ultimate tragedy of life. The ultimate tragedy is depersonalization - dying in an alien and sterile area, separated from the spirited nourishment that comes from being able to reach out to a loving hand, separate from the desire to experience the things that make life worth living, separated from hope.

Norman Cousins, *Anatomy of an Illness*, *The Last Dance*, page 480.

The funeral director is caught between ambivalent demands: On the one hand, he is encouraged to disguise the reality of death for the survivors who do not possess the emotional support once provided by theology to deal with it; on the other hand, he is impelled to call attention to the special services he is rendering. Thus, he both blunts and sharpens the reality of death.

Robert Fulton and Gilbert Geis, "Death and Social Values," *The Last Dance*, page 181.

### ***Requiem***

Under the wide and starry sky  
Dig the grave and let me lie  
Glad did I live and gladly die  
And I laid me down with a will.

This be the verse you grave for me  
*Here he lies where he longed to be*  
Home is the sailor, home from the sea  
And the hunter home from the hill.

Robert Louis Stevenson (his epitaph), *The Last Dance*, page 197

*The Last Dance*, Chapter 6, Last Rites: Funerals and Body Disposition – 35 pages...

[We all know or should know this section or one like it needs some scrutiny before the death event.](#)

"Of all funeral costs, many people feel that the most important is that of the casket...The customer is faced with a wide range of options...the price of a casket is highly variable. The latitude in choice ranges from inexpensive cardboard containers all the way to solid mahogany, copper, or bronze caskets costing thousands of dollars...Gasketed steel caskets are available at prices ranging from about \$1000 to several thousand dollars...The price tag on a top-of-the-line casket ranges upwards to \$10,000 or more.

"Our choices for displaying and disposing of the dead are regulated less by the force of law than by custom and by ignorance of alternatives" (pp. 190 – 191).

[Note the last three words as we should all do this funeral homework before we die.](#)

The funeral is a statement from the family to the wider community: 'We have lost someone, and we are grieving.' Ideally, it is a personal statement based on felt needs and values. Unfortunately, the funeral may become an occasion for an expensive or lavish display as survivors attempt to assuage guilt or to compensate for some unresolved conflict with the deceased. Spending a huge sum of money on a funeral, under such circumstances, may thwart the real purpose of last rites: namely, to acknowledge publicly that a member of the community has died, and to effect closure on that person's life for the bereaved.

The purpose of the funeral can be realized whether it is garnished with diamonds and rubies, or with poetry and a song. (p. 185)

## **Where is Thy Sting?: Death in Christian Perspective**<sup>10</sup>

"Many of us shun conversations about death unless they are forced upon us...We refuse to face the fact that our loved ones will die one day...When death comes we have not prepared for it.

"Often the most difficult moment I face in ministering to families where death has occurred comes when I suggest that the casket is to be closed before the service begins and is to remain closed. Difficulties seldom arise when I visit with the family about their Christian faith and Christ's victory over death. Why do I make this stipulation about the closed casket? To do otherwise seems to me to glorify the dead body by having it as the 'center of worship,' rather than acknowledging that our loved one is no longer present in the body. Basically, the open casket at the funeral denies our Christian belief that the life-spirit of a person is eternal and that the dead body no longer houses that living spirit.

"Does the open casket symbolize our fear that death is the final victor? Do we try to 'cosmetologize' death and tell ourselves that the body in the casket is not really a corpse, but our loved one 'just asleep'? Elaborate funerals do not help our sorrow or loss, but they may assuage our guilt feelings" (pp. 59 - 60).

Three questions to be answered by the three Scripture examples.

When will our resurrection take place?

With what body are the dead raised up?

When will this resurrection come?

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<sup>10</sup> Hoover Rupert (1969). *Where is Thy Sting?: Death in Christian Perspective*.

## 1 Corinthians 15 New Revised Standard Version (NRSV)

<sup>51</sup> Listen, I will tell you a mystery! We will not all die, but we will all be changed, <sup>52</sup> in a moment, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, and the dead will be raised imperishable, and we will be changed. <sup>53</sup> For this perishable body must put on imperishability, and this mortal body must put on immortality. <sup>54</sup> When this perishable body puts on imperishability, and this mortal body puts on immortality, then the saying that is written will be fulfilled:

“Death has been swallowed up in victory.”

<sup>55</sup> “Where, O death, is your victory?  
Where, O death, is your sting?”

## Luke 16 New Revised Standard Version (NRSV)

<sup>19</sup> “There was a rich man who was dressed in purple and fine linen and who feasted sumptuously every day. <sup>20</sup> And at his gate lay a poor man named Lazarus, covered with sores, <sup>21</sup> who longed to satisfy his hunger with what fell from the rich man’s table; even the dogs would come and lick his sores. <sup>22</sup> The poor man died and was carried away by the angels to be with Abraham. The rich man also died and was buried. <sup>23</sup> In Hades, where he was being tormented, he looked up and saw Abraham far away with Lazarus by his side. <sup>24</sup> He called out, ‘Father Abraham, have mercy on me, and send Lazarus to dip the tip of his finger in water and cool my tongue; for I am in agony in these flames.’ <sup>25</sup> But Abraham said, ‘Child, remember that during your lifetime you received your good things, and Lazarus in like manner evil things; but now he is comforted here, and you are in agony. <sup>26</sup> Besides all this, between you and us a great chasm has been fixed, so that those who might want to pass from here to you cannot do so, and no one can cross from there to us.’ <sup>27</sup> He said, ‘Then, father, I beg you to send him to my father’s house— <sup>28</sup> for I have five brothers—that he may warn them, so that they will not also come into this place of torment.’ <sup>29</sup> Abraham replied, ‘They have Moses and the prophets; they should listen to them.’ <sup>30</sup> He said, ‘No, father Abraham; but if someone goes to them from the dead, they will repent.’ <sup>31</sup> He said to him, ‘If they do not listen to Moses and the prophets, neither will they be convinced even if someone rises from the dead.’”

## John 20 New Revised Standard Version (NRSV)

<sup>24</sup>But Thomas (who was called the Twin<sup>[c]</sup>), one of the twelve, was not with them when Jesus came. <sup>25</sup>So the other disciples told him, "We have seen the Lord." But he said to them, "Unless I see the mark of the nails in his hands, and put my finger in the mark of the nails and my hand in his side, I will not believe."

<sup>26</sup>A week later his disciples were again in the house, and Thomas was with them. Although the doors were shut, Jesus came and stood among them and said, "Peace be with you." <sup>27</sup>Then he said to Thomas, "Put your finger here and see my hands. Reach out your hand and put it in my side. Do not doubt but believe." <sup>28</sup>Thomas answered him, "My Lord and my God!" <sup>29</sup>Jesus said to him, "Have you believed because you have seen me? Blessed are those who have not seen and yet have come to believe."

<sup>30</sup>Now Jesus did many other signs in the presence of his disciples, which are not written in this book. <sup>31</sup>But these are written so that you may come to believe that Jesus is the Messiah, the Son of God, and that through believing you may have life in his name.

To answer the conflict given in these three examples:

Which biblical viewpoint seems most acceptable to you?

What difference does it make to you?

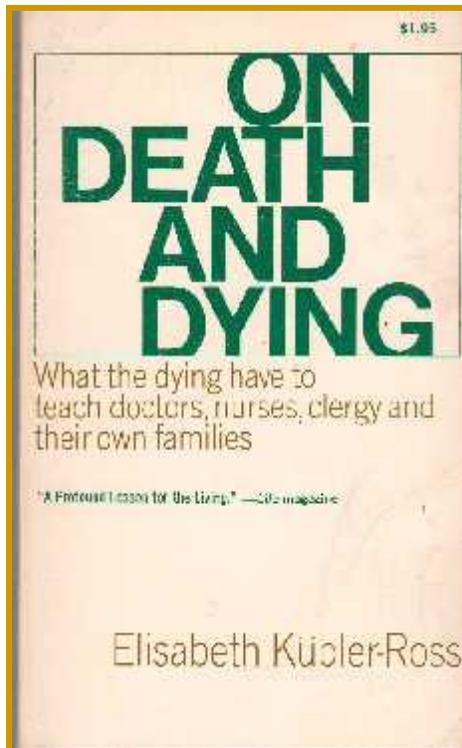
On what basis did you arrive at this view?

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I remember during the war I wanted to help men die. I was never finally able to do this. I tried. Sometimes I placed a lighted cigarette in a soldier's mouth as we talked. Sometimes I quoted for him the Twenty-third Psalm. Sometimes I wiped the sweat and blood from his face. Sometimes I held his hand. Sometimes I did nothing. It was a rude shock to discover that I could not in the final sense help a man to die. Each had to do his own dying, alone.

Joseph W. Mathews, *The Time My Father Died*, 1967.

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(1969). New York, NY: The MacMillan Company.

“When we look back in time...we are impressed that death has always been distasteful to man and will probably always be. From a psychiatrist’s point of view this is very understandable and can perhaps best be explained by our basic knowledge that, in our unconscious, death is never possible in regard to ourselves” (p. 2).

Her book promotes her five stages of dying: **Denial and Isolation, Anger, Bargaining, Depression, and Acceptance**. I had managed to save an August 11, 1991 “Parade Magazine” article by Christopher Phillips who told about her story working 17-hour days at her farmhouse in Virginia. She is described as “a small, trim woman of 65 with compelling hazel eyes. Born in Switzerland, she still retains a German accent...’Yes, my primary mission has been to bring death out of the closet...because everyone needs to view death as an opportunity...Death can show us the way to live...we have no way of knowing when our time is up - that we will begin to live each day to the fullest, as if it was the only one we had.’” “...your goal should not be that all people die in peace and harmony. Allowing people to die in dignity to me means allowing them to die in character.” “...she handed me a letter from a 50-year-old woman dying of cancer: ‘If I had to live my life over again, I would take more time to ‘smell the roses.’ I would be more of a risk-taker. I would pick more blueberries and wildflowers. And I would eat more chocolate. Lots more chocolate.’” “Elisabeth Kübler-Ross grinned and said, ‘There’s your answer.’”

Then, sadly, in an article by Don Lattin in the “Dallas Morning News” on June 6, 1997, and in Scottsdale, AZ he says:

“Incapacitated by a series of strokes, Elisabeth Kubler-Ross sits in a cluttered corner of her home in the desert, smoking Dunhill cigarettes, watching TV and waiting to die...Her mood is feisty, but her voice is faint, tinged with bitterness and a thick German accent.

“For 15 hours a day, I sit in this same chair, totally dependent on someone else coming in here to make me a cup of tea,’ she says. ‘It’s neither living nor dying. It’s stuck in the middle.’

“My only regret is that for 40 years I spoke of a good God who helps people , who knows what you need and how all you have to do is ask for it. Well, that’s baloney. I want to tell the world that it’s a bunch of bull. Don’t believe a word of it.”

“When I’ve had enough of this I’ll do it myself. I don’t give a hoot about the afterlife, reincarnation or anything. I’m finished, and I’m not coming back.’

Ms. Küber-Ross doesn’t miss a beat when asked which of the five stages of death she finds herself in at the moment.

“Anger,” she yells. “I’m mad!”

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He told me to turn around casually and look at a boulder to my left. He said that my death was there staring at me and if I turned when he signaled me I might be capable of seeing it.

“Death is our eternal companion,” don Juan said with a most serious air. “It is always to our left, at an arm’s length. It was watching you when you were watching the white falcon; it whispered in your ear and you felt its chill, as you felt it today. It has always been watching you. It always will until the day it taps you” (p. 54).

**...and I will leave. But the birds will stay, singing:  
and my garden will stay, with its green tree,  
with its water well.**

**Many afternoons the skies will be blue and placid,  
and the bells in the belfry will chime,  
as they are chiming this very afternoon.**

**The people who have loved me will pass away,  
and the town will burst anew every year.  
But my spirit will always wander nostalgic  
In the same recondite corner of my flowery garden (p. 314).**

Carlos Castaneda (1972). *Journey to Ixtlan: The lessons of don Juan*. New York: Touchstone.

Poem by Juan Ramon Jimenez. “El Viaje Definitivo” (The Definitive Journey)

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## POOR JERUSALEM

### JESUS

Neither you Simon, nor the fifty thousand  
Nor the Romans, nor the Jews, nor Judas nor the Twelve,  
Nor the priests, nor the Scribes  
Nor doomed Jerusalem itself,  
Understand what power is  
Understand what glory is  
Understand at all...understand at all  
If you knew all that I knew, my poor Jerusalem  
You'd see the truth, but you close your eyes  
But you close your eyes  
While you live your troubles are many, poor Jerusalem  
To conquer death you only have to die  
You only have to die<sup>11</sup>

### BLESSINGS

Within profound Silence, erect, fearless,  
in pain and in play, ascending ceaselessly from  
peak to peak, knowing that the height has no  
ending, sing this proud and magical incantation as  
you hang over the Abyss:

I BELIEVE IN ONE GOD, DEFENDER OF THE  
BORDERS, OF DOUBLE DESCENT, MILITANT,  
SUFFERING, OF MIGHTY BUT NOT OF  
OMNIPOTENT POWERS, A WARRIOR AT THE  
FARTHEST FRONTIERS, COMMANDER-IN-CHIEF OF  
ALL THE LUMINOUS POWERS, THE VISIBLE AND  
THE INVISIBLE.

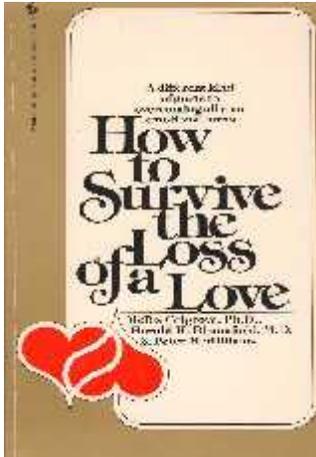
*AND THRICE BLESSED BE THOSE WHO BEAR ON  
THEIR SHOULDERS AND DO NOT BUCKLE UNDER  
THIS GREAT, SUBLIME, AND TERRIFYING SECRET:*

**THAT EVEN THIS ONE**

**DOES NOT EXIST!**

Nikos Kazantzakis (1960), *The Saviors of God: Spiritual Exercises* (S,  
Friar, Trans.). New York: Simon and Schuster.

<sup>11</sup> Jeanne and I saw this play early in the 70's on Broadway. The words are on page 13 of the program/pamphlet. Andrew Lloyd Webber & Tim Rice (1970). *Jesus Christ Superstar*. New York: Decca Records.



*It is as though you were  
dead*

*There is nothing to be  
done*

*Only accept it...*

*and hurt.*

*My friends are still there:*

*neglected,  
rejected  
while I gave all my  
precious moments to  
you.*

*they're still here!*

*god bless them.*

***missing your love  
with God's so  
close at hand.***

***It seems somehow  
a sacrilege...***

***but I think  
He understands.***

***I am missing you  
far better than  
I ever loved you.***

## Part IV

Here is a short list of some [additional references](#).

Terence Nichols (2010). *Death and afterlife: A theological Introduction*. Grand Rapids, MI: Brazos Press.

B. F. Skinner & M. E. Vaughan (1997). *Enjoy old age: A practical guide*. New York, NY: W. W. Norton.

D. Z. Phillips (1970). *Death and immortality*. London: Macmillan.

James Agee (1957). *A death in the family*. New York, NY: A Bantam Book.

D. H. Lawrence (1953). *The man who died*. New York, NY: Vintage Books.

Albert Camus (1972). *A happy death* (R. Howard, Trans.). New York, NY: Vintage Books.

Charles L. Allen (1959). *When you lose a loved one*. Old Tappan, NJ: Fleming H. Revell Company.

Kenneth C. Haugk (2004). *A time to grieve: Journeying through grief*, Book 1. St. Louis, MO: Stephen.

Mitch Albom (1997). *Tuesdays with Morrie: An old man, a young man, and life's greatest lesson*. New York, NY: Doubleday.

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*The next two pages are from the Air Force class I taught for 16 years titled **G. Heart Country**. They feature two clips from a movie called "Dead Poets Society."*

*The third and last page is an appropriate ending for this paper and comes from a fighter pilot I met once at a book store in Dallas.*

***These three pages sum up the total idea of this paper on The Art of Dying is the Art of Living.***

*I hope you enjoyed the reading as much as I enjoyed my life putting it together.*

*Last page is from Richard Bach (1977). Illusions: The Adventures of a Reluctant Messiah.*

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### ***Carpe diem***

*“They're not that different from you, are they? Same haircuts.*

*Full of hormones, just like you. Invincible, just like you feel. The world is their oyster.*

*They believe they're destined for great things, just like many of you.*

*Their eyes are full of hope, just like you.*

***Did they wait until it was too late to make from their lives even one iota of what they were capable?***

*Because you see, gentlemen, these boys are now fertilizing daffodils.*

*But if you listen real close, you can hear them whisper their legacy to*

*you. Go on, lean in. Listen. You hear it?... Carpe... Hear it?...*

*Carpe...Carpe diem...Seize the day, boys...Make your lives extraordinary.”*



We don't read and write poetry because it's cute. We read and write poetry because we are members of the human race. And the human race is filled with passion. Medicine, law, business these are all noble pursuits necessary to sustain life. But poetry, beauty, romance, and love; these are what we stay alive for.

To quote from Whitman,

*"O me! O life!... of the questions of these recurring;  
of the endless trains of the faithless...  
of cities filled with the foolish;  
what good amid these,  
O me, O life?"*

Answer.

*That you are here - that life exists, and identity;  
that the powerful play goes on and you may contribute a verse.  
That the powerful play \*goes on\* and you may contribute a verse.*

**What will your verse be?**

*Here is  
a test to find  
whether your mission  
on earth is finished:*

*If you're alive,  
it isn't.*