



Listening at the End of Life

An Interview with Tenzin Kiyosaki

By Sarah Conover

Barbara Emi Kiyosaki grew up in Hawaii. She earned a B.A. in psychology with an emphasis in gerontology from Antioch University, and she also holds a master's in Indo-Tibetan Buddhism and Tibetan language from Naropa University. In 1985, at age thirty-seven years, she was ordained as a Buddhist nun in the Tibetan tradition by His Holiness the Dalai Lama. Known as Venerable Tenzin Kacho, she then served as the Buddhist chaplain at the U.S. Air Force Academy for six years. Since that time, she trained in hospital chaplaincy at UCLA and Long Beach Memorial Medical Center and has worked as a hospice chaplain at Torrance Memorial Medical Center Home Health and Hospice. She leads retreats on the end of life and working with the dying. Sarah Conover interviewed her for Present in the spring of 2012 during an end-of-life workshop held at Sravasti Abbey in northeast Washington State. In August 2012, shortly after the interview, Tenzin returned her monastic vows and returned to lay life. She rejoices in twenty-seven years of monastic life and now wants to explore additional avenues of livelihood and study. For upcoming events, see her website at www.tenzinkacho.com.

Sarah Conover: Can you tell us how you came to hospice work and chaplaincy?

Tenzin Kacho/Kiyosaki: Certainly. A friend who was a Dharma student invited me to look into a post as a hospice chaplain where he was a social worker and bereavement counselor. I had already completed one unit of chaplaincy training at UCLA, so I applied and they accepted me. At that point I had to complete my chaplaincy training, which I did at Long Beach Memorial Medical Center. It's quite a lot of training—it takes a couple years—so I did that while I worked as a chaplain. I am *loving* my work. I find chaplaincy work very suitable for a monastic; it informs my work as a monastic and I can share some of my experience and training.

SC: Were you also a monastic at the time you did your chaplaincy training?

TK: Yes. I've been a nun for twenty-seven years and a hospice chaplain at Torrance Memorial Medical Center for four years now. Before that, I worked as a chaplain at the U.S. Air Force Academy with Air Force cadets. It has provided a nice juxtaposition of the beginning of life and the ending of life.

SC: What do you feel makes the field so different from other realms of human experience and chaplaincy?

TK: It's a time of saying goodbye to our life, and it's the end of our life. It's a *huge* transition where we lose everything that we had worked to build, establish, and create—our family, our relationships, our business, our careers—and we have to say goodbye to them. For most Americans, we are also in tremendous denial, so we don't look at it. Even some people in hospice don't want to say



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the “H-word.” Many of the families advise us not to mention hospice because they don’t want to let the patient know they’re in hospice. Interestingly, some people graduate from hospice. They get better because of the palliative care in their own homes, the relaxation, and comfort care; they get well and we have to discharge them!

SC: What are some core aspects of working with the dying?

TK: I think one of the main things is to be a good listener and have an open heart—to be able to hear what people’s needs are and to intuit what they would like to talk about or what their concerns are. So, being a good listener is critical. Another concern is the ability to hold people in a way that helps them develop ease of mind, peace of mind, contentment in having lived their lives, and acceptance of the end of life. Sometimes that’s not possible. Some people deny end of life until they are unconscious.

The people who do accept it are at a whole other level to work with. And then there are those who are very open and receptive to the prompts for looking at the stages of dying, letting go, and not grasping. They understand that this is the end, and they appreciate hearing the Loving Kindness (Metta) Sutra and a contemplation that is called “The Four Things” by Dr. Ira Byock (www.dyingwell.org). Both really help them clear and open their hearts. The “Four Things” are: Please forgive me, I forgive you, thank you, and I love you. Sometimes they can say it aloud to their spouse and family, sometimes the person just does it in his or her heart. I’ve been able to do it with families together, and it really creates an opportunity for conversations that they’ve sometimes just been assuming, like saying, “I love you.” Sometimes the response is, “Well, she knows that, or he knows that,” but to be able to say it has so much meaning for everyone. So that practice and the Metta Sutra are tremendous tools in hospice.

SC: What if your patients aren’t Buddhist? Do you still use the Metta Sutra?

TK: Absolutely! Love is universal. One phrase is: “May I be filled with love.” Oh, my gosh, that relaxes people instantly and often fills their eyes with tears.

What the hospice doctors and nurses are looking for are three key things: shortness of breath, pain, and anxiety. The medications can help take care of all three. A lot of time when you take care of the shortness of breath, the pain and anxiety go down, but there’s still the emotional anxiety of losing everything. In facing death—this is the end—the Metta Sutra is tremendously powerful, extremely powerful. Saying “May I be filled with love” can instantly help relax muscles, mind, and body. When I do that with family members around, it’s very powerful. I have the patients do it for themselves first, and then I have them do it for and with others. I ask everyone in the room to do it for the dying patient. All around him he’ll hear “May you be filled with love.” Depending on the person, sometimes he may have some conflicts about different things, so I may say *loving kindness* instead of *love*, or I may say *kindness* because of some complexity in the stages of death or in his relationships with others.

SC: Do you explicitly talk about the stages of dying?

TK: It totally depends on the person. I’ve been able to mention it to a few patients because sometimes, by the time I see a person, it is only days before death. Other times, I get to work with people for a few years. The general measure for someone who comes on hospice is a life expectancy of six months or less, but because of some chronic illnesses and not knowing when we may die, the person may stay on for years. But what is the quality of her life?

Sometimes we're working with people with dementia that can't even respond to "How are you?" Or people who are in and out—partially there—some of them are delightful. Then there are those that have physical deterioration but their mind is clear and right there with you. So it depends on who they are and what I can bring up. Where I can go with them really depends on them. Also, most of the patients are Judeo-Christian where I work, so I say the Lord's Prayer a lot; I carry a Bible—I'm a Bible-packing Buddhist nun! I read scripture and really try to find the verses that assist the Christian person who is passing. Or for the Jewish patients, I say the Mi Shebarach, which is about sickness and healing. So the opportunity to really speak about the dying stages is variable because people are on a spectrum of what they are open to discuss.

SC: Must a patient request a chaplain for you to show up?

TK: Generally, yes. But we let them know chaplaincy services are available for them. Sometimes patients ask me about what happens, you know, "What do you Buddhists think about dying?" I might say that we believe that the body disintegrates, declines, so it can no longer support consciousness, and that as a person, we are made up of body and mind, and that at the point when the body can no longer support consciousness, at death, subtle consciousness separates. I often speak about the qualities of consciousness being different from the qualities of the body—which are dense. Consciousness is the ability to apprehend things, to know, and clarity; it is different than the physical elements of bone, blood, and organs. I speak about that quite a bit. It gives people a lot to think about.

SC: What works best being with the dying and their families?

TK: What works best is being calm, being receptive to the family members, and really encouraging people to rejoice in the relationships that they've had, in the life they've lived. For a lot of people who have been married for fifty, sixty, seventy years, I encourage them to rejoice in the life that they've had together. On the day that they took their marriage vows, who knew how long it was going to last? I ask them to think about how fifty years or seventy years is something remarkable and to celebrate that and to really develop a sense of joy in what they've had, rather than grief in losing it.

SC: How do you help patients hold their grief?

TK: It's definitely not by denying it! [Laughter] One must empathize with the people and just be really sensitive. You know, one time I was watching a film of a Tibetan lama who



had gone into a remote area of the Himalayas. From the top of the peaks he knew he was looking into Tibet, the land he had left in 1959, and he started crying because he was seeing his country even though it was just snowcapped mountains. Someone whom I was talking to later said, "What's he crying for? I thought they were not attached?" So, it's important to be really careful when we work with the dying that we don't have this callous mode of "Get off it!" We're going into families that have been in circumstances of all kinds of joy and chaos, challenges and successes over the decades. There's one physician who says he always thought the term *dysfunctional family* was redundant. [Laughter] No matter what the circumstance, we've got lots to work on, even when it's working well. You know people are putting in a lot of effort, and I rejoice for them so much.

Sometimes, when people have had a lot of suffering, grief, and pain, they are looking at dying as some kind of relief. I worked with one woman who is paraplegic, and she'd been in a wheelchair almost all her life and then bedridden for the rest of it. She was so happy when she was told, "This is the end." She was absolutely celebrating. She started calling friends, "Don't come. Just celebrate and say prayers for me!" She was so happy. She thought it was going to be in two weeks, so she made all these phone calls. When she was still around a month later, she was quite upset: "I'm still here! When is this going to end? Why is this taking so long?"

SC: How does one work with persons who are not religiously or spiritually oriented?

TK: It's really all about the heart. And I've worked a lot with agnostics, atheists, radical materialists . . .

SC: They tell you their designations?

TK: Yes. They live it. I worked with one woman, an atheist, who was a real self-made woman. She raised her own son and he became a physician; she had lived a good life. She was a skier and a swimmer—very active. And she said, “When we die, we just become dirt. That’s it. There’s nothing else.” I went to see her, although I don’t know how or why she wanted to see me. Personally, I would think in some ways it would be scary to die if you believe we become nothing. But I went in to see her, and every time I’d open my mouth, she’d start screaming and covering her ears. [Laughter] “Why did you want to see me?” I asked. She calmed down, and I actually got to be with her for quite a few months and to work with her, but it’s a challenge, you know? She was very, very [knocks on the table]—“Matter is all there is. Show me the proof otherwise.”



SC: And how do you hold that paradigm for somebody?

TK: No matter who someone is or what they believe, they have their sensitive spots, their loves and fears. It’s important to really see how to work with that and how to approach it so we can journey with them and help them be a little more comfortable and confident about what’s going on.

SC: Is fear often the large presence in the room?

TK: Not necessarily. Sometimes it’s anger. And denial is another *huge* one. So I talk about the niceties of the day, or lunch, or . . . I just really use my horse sense in a way, to see where there are openings to get to that soft spot. For instance, the dementia patients a lot of times may not be able to carry

on a conversation, but they can go straight to the Lord’s Prayer and say it with me. Early memories and early training is really lovely because it has a lot of meaning for them. And sometimes the dementia patients surprise you with words of wisdom, remarkable words.

SC: Do you have an example?

TK: I remember this time when the wife had been taking care of her husband for many years. He was so emaciated. If you looked at his ribcage, you could see into the abdominal cavity and almost see his spine—he was that thin. I guess he’d always been like a James Dean kind of tough guy, and here she was, taking care of him in his decline. We were standing over his bed one day and I was trying to lead the Four Things, but I did it backwards for them. He’s laying in bed with his big blue eyes and this very emaciated body and face. I said, “You can say to each other (prompting his wife), I love you.” And so she says, “I love you.” And he says, “I love you,” [imitating a rather gruff voice]. Then I said, “Please forgive me.” He says nothing, just nothing. And his wife tells me, “Did you know we’re both Catholic, but we couldn’t get married in the church because he refused to go to confession? He told the priest, ‘I’m not going to confession, because everything I did I did with full knowing and full volition. And I’m not going to confess that!’” The wife and I looked at her husband, and he’s grinning from ear to ear!

SC: In what ways does your Dharma practice inform your work?

TK: Oh gosh, I am so glad I have that background! It gives me strength in the way of understanding, particularly because of the Four Noble Truths—our life is impermanent, and I’m right there with it every day I go to work because I’m seeing it. I’m seeing the dissolution of the family patriarch, or the daughter who was pivotal in all the family decisions, the favorite child, or . . . I’m watching that major milepost in our life called death. My Dharma practice is really what helps me be strong, and it also helps me have love.

It’s also making me inquire a little bit more, even nonverbally, at what happens in the death state, at the dissolution. In the Tibetan tradition especially, they talk about the bardo, the intermediate state, and rebirth. Physicians

will mark something as physical death, but I've been in the room right after people have been pronounced dead, and there's still energy. Even though someone's eyes are fixed, it's almost as though an energy is moving in the body. And so I am becoming more inquisitive, studying more, and learning about it. In most of the situations I encounter, my job is to just help calm the chaos and to prepare for the end. Yet sometimes people are at another level—those looking at acceptance and rejoicing—appreciating what they've had. And then at another level are those who have interest in or a view of an afterlife. So I want to study more. I perk up more when teachers speak about it.

SC: How do you help a family hold the death of a young person or child?

TK: In our hospice, we're not working with children. I think that would be a whole other level to work with. For some people, hospice work is just not for them. We had one young nurse who was fantastic, everybody loved her. She was a long-haired, blond surfer who studied in Costa Rica so she could become fluent in Spanish. She would absolutely collapse

SC: It sounds like you ask a lot of questions in your work, and then you listen a lot.

TK: Oh yes. Questions can open up conversation and help me to get to know the person, and also help me to know how I can work with a person. So questions are key, but listening is more key. Listening and *not* offering solutions, but allowing the person to find ways to deal with his or her own condition.

SC: I can see that being a bit of a challenge—not offering advice—because the Dharma is so beautiful.

TK: Yes, but we absolutely can't go in and proselytize, which is what could happen. We had one chaplain in training at the hospital who was so upset at our chaplain supervisor. He said, "Why didn't you let me go in there and convert them and baptize them? What a waste!" But it's absolutely against the code of ethics for chaplains. It's a very interesting balance as a chaplain, because you have to be grounded in your faith tradition, but you are absolutely not supposed to go in there and impose your views on others; you must work in a non-denominational, interfaith way.

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after every patient died. She had to take a medical leave of absence. It was too painful. There is some kind of endurance or strength that you need for this work, and I think working with children might be challenging for me.

I have worked with young people in hospice at times. It's hard when people want to get married when they are on hospice, or if they're young or have everything going for them. I went to one patient's home—a beautiful home overlooking the ocean. Her gorgeous grandchildren answered the door, and then her husband led me in and showed me her paintings—she was a wonderful artist. She had her own studio in the back so she could paint; she was a successful gallery artist. I was led into her bedroom and it was gigantic—a living room in the bedroom! She was in the bed and I'm slightly distracted because outside the window I can see the Pacific Ocean rolling in. I said, "How are you doing this (facing death)?" And she calmly said, "I'm on to my next adventure!" And I thought, I have to remember this one because this is from a woman who went for it. She did her art; she raised her family. In some ways I find people more in regret who haven't done what they wanted to do.

SC: How has this worked changed the way you think about death?

TK: Hmm . . . It's made me a little more accepting. I keep working on it. I'm more aware of death. There's an old Tibetan story about a man coming to his teacher and asking, "Can you please teach me about death so I can be prepared when my time comes?" So the teacher said, "Someone up on the mountain passed away. Someone else in the valley passed away. Someone in town passed away." That was his teaching. At the time of this man's own dying, the teacher came, and the man said, "Why did you never answer my question about death?" And the teacher said, "I did. Someone on the mountain passed away, someone in the valley passed away, and now . . ."

Because I'm in people's homes and in nursing homes (I'm not in the hospital), I'm all over Los Angeles and I drive through town thinking, two people passed away on that street, somebody over there in that mobile home park, someone over there in those swank houses. In our society we cover and distance ourselves from death so much. So in that way

of the Tibetan story, I know. I know that from mansions to tenements, death is with us.

SC: Do you have any suggestions for Dharma practitioners for books you found very useful?

TK: *The Giving Tree*, the children's book, and *Mind of Clear Light: Advice on Living Well and Dying Consciously* by his Holiness the Dalai Lama. In it is a seventeen-verse prayer titled "Wishes for Release from the Perilous Straits of the Intermediate State, Hero Releasing from Fright" by the First Panchen Lama, Losang Chokyi Gyeltsen. Actually, there are many, many books on impermanence, many books that are excellent from all different angles. From the more secular model, there's one by a physician named Dr. Ira Byock, who wrote *The Four Things That Matter Most*, and he's released a new book called *The Best Care Possible*. He is a physician working very beautifully in the end-of-life field. His primary point is that the medical field is very advanced technologically but lacking and lagging in the support around the dying process.

SC: This is heavy work. How do you recover? How do you deal with your own grief, your own residue from it?

TK: It's *inspiring* work. It's helping me to look at my own mortality and that of those around me, and I work part time. If I had to do this full time, I think burn-out could happen. It's really painful when I think of the fact that my daughter and grandkids will one day have to face death, and it's also sobering. The people I work with inspire me constantly; I work with an amazing hospice team—the physicians, nurses, occupational therapists, social workers are really a great team. It's a different way of thinking, a different philosophy in working with the patients in hospice. It's much more providing comfort and a lot of psychological care, rather than going for the cure at all costs, when little can help anymore. It inspires me.

SC: Anything else you'd want to add?

TK: I think training in hospice work so that one can offer support is really, really important. To have more Buddhist chaplains out there would be wonderful. Hospices that really support the dying person in a spiritual way are essential. The fact that a lot of places—nursing homes and hospitals—are just littered with televisions going nonstop is not a very good imprint for the mind facing death. We need to really look at ways that we can support the end of life. Also, I think stretching our hearts so that we're not working in just one sphere is important. You know, working with Buddhist patients is great, but in the West there aren't that many Buddhist chaplains. As monastics and as Buddhist practitioners, we really need to expand our field in such occupations.



Postscript Comments (from a telephone interview in October 2012 after Tenzin returned her monastic vows)

SC: Will your new status as a lay woman cause you to change either your practice of the Dharma or your chaplaincy work?

TK: I'm still very much a Buddhist! I really believe that my change in status will allow me to expand my work. As a nun, I felt like I needed to explain myself all the time. Now, as a lay chaplain, I can just go in and be accepted as a chaplain. I could have done that as a nun as well, but now I can be a little more incognito as a Buddhist. I'm choosing to practice more from the heart space, rather than the mores of monastic appropriateness. For instance, having tea with a man—because his wife is dying—was worrisome for me as a female monastic. I can also sit more deeply with someone who is losing her husband and just wants to talk about God. I'm just more in that heart space with her and not defending or protecting my monastic vows. I can commune with her where she is, even though I'm holding my precepts inside.

I also returned my monastic vows because I need to take care of my own end of life. I don't have a pension or a retirement. I need to be able to focus on this without feeling bad about it. So for me, I'm rejoicing in the twenty-seven years of holding monastic vows—really appreciating the dedication and effort and the perseverance. It's just a different way of practice now, a different way of Dharma practice.

Sarah Conover is the author and co-author of six books on world wisdom traditions and spirituality. Her book *Kindness: a Treasury of Buddhist Wisdom for Children and Parents* was ranked by *Booklist* as one of the ten best spiritual books for children of 2001. She is a long-time student in the *Recollective Awareness sangha* under Jason Siff and currently serves as editor in chief of *Present*.