

What Death Can Teach Us About Living Fully

Interview with Dr. Zur by Mike Brickey, Ph.D., ABPP

Michael Brickey: This is Dr. Michael Brickey with Ageless Lifestyles Radio, cutting-edge thinking for being youthful at every age. On each program I interview experts on what it takes to live longer, healthier, and happier. Today's show is "What death can teach us about living fully," with maverick psychologist Dr. Ofer Zur. Dr. Zur is quite simply the most fascinating person I know. His career has included being an oceanographer, studying and combating malnutrition in East Africa, and for the past twenty-two years doing psychotherapy, leading seminars, and developing more than a hundred online continuing education courses for health care professionals.

He also does forensic consulting, is an ethics expert, and challenges the often stodgy views of the American Psychological Association. His brushes with death, his experience as a therapist, and his passionate approach to life bring a lot of insights into how death can increase our appreciation and passion for life. Ofer, welcome to Ageless Lifestyles.

Ofer Zur: Thank you for having me, Michael.

Michael Brickey: Our society has kind of a "don't ask, don't tell" policy about death, and most American deaths are occurring in hospitals and nursing homes, where we handle death antiseptically. Why do we need to be thinking and talking more about death?

Ofer Zur: First I would like to confirm indeed that our culture indeed looks at death with dread and enormous fear. You mentioned it avoids looking at death as much as possible. I read in the paper earlier on today, I forgot what his name, he died at 101 years old from a kidney failure. Death is a failure. This guy, at 101, died from old age. He did not die from any failure. It was his time to go, 101 years later. We look at it as a failure. It ties in an even broader sense about our culture's myth, or the beliefs that we live by, that resources are unlimited. That means the resources that support our life as well as our longevity are unlimited. We are entitled to use and consume all the resources, medical and technology and otherwise.

Then the third one, that technology is our new god, and medical technologies will save us. Put all these things together, the three ideas of this Western, primarily American culture, the European a little bit different in this regard, and you get that death is indeed something that shouldn't be happening to people who are entitled and good consumers of technology.

Michael Brickey: How would you have us view it rather than seeing it as a failure?

Ofer Zur: I get up every morning, and I look at the obituaries in the newspaper. I don't read them. I just look at them. It sounds depressing, but it sure isn't. When I look at the

obituaries, I tell myself, I talk to myself, "Ofer, this may be your last day," and I ask myself, "How do you want to live this last day?" I have an interview with you right now, and I'm going to give you my best, because that may be our last conversation. After that, I'm going to have lunch with my beloved wife, and I'm going to tell her one more time that I love her and thank you for lunch. Because it may be the last time that I will be able to do that. Later on, I'm going to play ball with my fifteen-years-old, and I'm going to give him my best, whether coaching him and critiquing him and loving him, whatever it is.

I look at death, and it gives me the vigor, it gives me the focus, it gives me the attention, and above all, it gives me the presence to live life to the fullest possible.

Michael Brickey: So being more aware of death pushes us to see life as more precious, but let me press you again on, if you just say, "don't see death as a failure," what should we see it as, then?

Ofer Zur: It's like birth. It's part of the cycle of life and depends on what your spiritual view, you'll see it as a part of the universal cosmos that you get to be in this form, in this body for, whether it's one hour or 101 year old. It's part of the journey, on this time, on this planet. I also want to emphasize that this approach to death is not necessarily for everybody. Some people, really thinking about death immobilizes them and frightens them, makes them so anxious they cannot function. There are many ways for people to not to look at death in the same way and still to live fully.

The problem is, if you spend your time denying it, running away from it, dreading it, this is when you start consume more gadgets and accumulate more money and have more sex or more cosmetic surgery, whatever it is that you do, kind of death-defying actions. Not everybody may embrace this way of looking at death, but they avoid it by all means, by accumulating gadgets and gold and having more sex, and whatever it is that they do to get the sense that they're immortal, building higher building in Las Vegas, whatever it is that they need to do. This is where life become kind of meaningless, the way to run away from death, and wasteful, in many regards. This kind of, I don't advocate for everybody to look at the obituaries every morning, necessarily.

Michael Brickey: If we see the cycle of life, then fall and winter aren't failures. With the people you said that are the exception, is that primarily people who have very high anxiety levels and obsessive/compulsive tendencies anyway, or is it broader than that?

Ofer Zur: I think it's much broader than that, and I don't think they are the exception. I may be the exception, I have no idea. I think that we are having an increased sense of our sense of mortality. You and I, Baby Boomers, will be probably one of the first generation in the West since the Industrial Revolution to embrace death in a more open way and kind of not to see it as a failure, to plan for it better as well as hopefully to live better. I wouldn't put labels of people who are really kind of dreading death, definitely would not put it under any mental disorder or anything, because when we do that, before you know it, the pharmaceutical companies will

come with a pill. We don't want to do that.

I think that we are, with hospice and many other movements, we are kind of having an increased sense of develop a new relationship to death which will hopefully will translate to living better.

Michael Brickey: Hospice was just such a profound, to me, breakthrough in how we handle death, not that all deaths are handled that way, but as having an option for a kinder, gentler way of, and more sensical way of, dealing with death, when it fits. I'm hearing a lot more optimism about Boomers "getting" death, and I'm not sure that I see it. What makes you so optimistic about how Boomers are handling death?

Ofer Zur: You know, I've been talking about what the Boomers are like, and you of course study them and make it kind of your life mission to understand them and how they're growing old. My sense that the Baby Boomers have some kind of distinct characteristic that a lot of them like to be in control. They are probably, in a couple of generations ahead, they'll be this one generation that still have resources and saving in the bank. Also, hospice right now is in the picture. I think combining, there's more sense of consciousness, wanting to live, kind of, there are more Esalens around the world, and more meditation retreats for this generation. They have the money, they have the time to think about these issues, they have the money and the time to take continuing education courses, adult education courses, and to seek experiences the way you define it and provide it for them.

I think they're not wanting for them to waste their resources the way you and I, whatever saving we have, we don't want to waste it for the last six months of our lives, the way most people when they die. Where the kind of the resources nationally, internationally, as well as familial resources are being wasted. They're going to be more conscious about being in control as well as not wasting the resources, and on top of it, there'll be more consciousness about the possibilities of hospice. There'll be some narcissistic Baby Boomers, there'll be other kind of Baby Boomers that will not follow that, but as a group, I'm definitely optimistic and see it in my clients and see it in my courses, in my community, much more enlightened, much more open attitude towards this among the Baby Boomers. It's economically driven, generational driven, as well as consciously driven.

Michael Brickey: Another factor is caring for their parents and dealing with the nursing homes and the health care system.

Ofer Zur: Absolutely, so we got to see it, you and I, got to see our parents—thinking on the glaciers. We had a conversation in our household, this was like a couple of years ago. I've never done much with ice, I decided to go backpacking on the glaciers. My question around the dinner table with my boys were, is it time for me to walk on the ice? Apparently, the Eskimos don't have this legend, but it's a white man legend about the Eskimos. It's when the old people ready to die in the village and they can't chew the meat anymore, they walk out on the ice for the bear to eat them, so the young ones can hunt the bear and the tribe would survive.

We sat around the table, and I ask my fifteen- and seventeen-years-old, is it time for me to walk on the ice? They knowing me really well, they say, "You know, let us think about it, it's a good question," they said. They were not going to say, "Oh, no, Dad, don't do that." I guess I also grew up in a household and in a culture that death was much more present. I wonder if the newer generation, with hospice and less isolated hospital and nursing home as a place for people to die, will grow up with more exposure to death and it won't freak them out, and they won't see it as some kind of a failure and it won't be something as abnormal.

Going along these lines, I grew up personally in this existentially oriented household, so talking about mortality and choices were served every night for dinner. We didn't have the soup of the day, but we have a Buber and Sartre and Maslow served, their ideas.

Michael Brickey: Your mother was psychotherapist, if I remember?

Ofer Zur: My mother was a psychologist and my father was kind of a union organizer. They were existentialist and humanist, and this is what we talked, so talking about mortality was part of it. Living in the Middle East, growing up in Israel, we have September 11 not once in a lifetime, we have September 11 on a regular basis. At age nineteen, I already held my first soldier, dead in my arms, and that gave me a different sense. I saw combat in '73, and I had to face death straight in the eye. Later on ...

Michael Brickey: Before you go on, so how did combat change your views of death?

Ofer Zur: When you go into combat, you needed to come to terms that you may die. You do what you were trained for, with the idea that you may die, and what's important is, traditionally the soldier's psyche is not whether you survive the battle or not, but were the mission were accomplished or not? The survival of the unit and the accomplishment of the mission are higher values than your own life. You kind of get used to that, that you are part of a bigger mission.

I remember crossing the Suez Canal bridge, and there was bombing on this bridge, it was the last part of the '73 war. I remember not only not being afraid, I remember stopping in the middle of the bridge, and making some, I'm not sure, whether I meditated or had a joke with my friend in the middle of the bridge. But we didn't run through the bridge. We kind of looked at that and said, "Okay, I'm ready to die. Try me." We stopped. War developed this, at least for me, incredible high tolerance to know that I may die, which I carry all the way to, today I'm sixty years old in a couple of weeks, and I carry this sense that I may die at the end of this conversation with you.

Michael Brickey: Then one of the next chapters in your life was being in Africa dealing with malnutrition. How did that add to your views of death?

Ofer Zur: Went right along. I went to do some fish work with northern Kenya, southern Somalia, and I remember sitting in the village, and there was a little pond there of water, 3,000 square mile around, there was no other source of water. They let the camels and they let the donkeys and they let the sheep defecate within the waterhole. Limnologist, water expert that I was, I knew these people are going to die. I went crazy, tried to chase the animals out of the waterhole. They really say, in Swahili, they said, "The white man went nuts," and I did. They were not concerned with survival. It's a place where they have eight kids and six of them will die. This is the rule of the desert. The desert cannot support eight kids as adults. The desert cannot even support two, so perhaps seven out of the eight will die in the desert. So life and death, life was supported by death of those children.

Of course, we live in a culture, if our children die before us, it's just incredibly traumatic, it pains me even to think about it. Being in Africa and knowing that other people just are not concerned about it, they don't even try to survive it, and they don't necessarily work superhard for the eight kids to survive, because if they survive, the tribe will die.

Michael Brickey: For me, that's a dual message. It's back to what you were talking about with the rhythms and cycles of life and seeing that in a very different way, but also seeing that we have the ability to have a big effect on our health and how long we live.

Ofer Zur: It is an effect, and sometimes death is not much different, when a tree dies, helps the forest grow, a person dies, helps the community, whether it's somebody who walks on the ice and feed himself to the bear, or in Africa when seven or six kids will die out of eight, so the community will survive. So do soldiers in war, so they sacrifice as well. Death and life are not on the opposite extreme. They are actually mutually interplaying in an unavoidable existential way.

Michael Brickey: The real heart of it is purpose and meaning, and that's where the sacrifice comes in. I think most of what we do in therapy is reconnecting people with a purpose and meaning in life.

Ofer Zur: You hope so, you know. But as you and I know, the field of medicine and psychotherapy moving to more pills and to more diagnosis and to more money for the pharmaceutical companies. I think originally it was more focused on meaning and enhanced quality of life and relationship. There's still some of it in our field, but regretfully, we see less and less of that as we become more medicalized. The heart of our profession is indeed helping people live with meaning, hopefully starting with Freud, also facing our fear of death in this culture.

Michael Brickey: Of those trends that you were talking about, another mixed blessing has been evidence-based medicine, which on the surface you say, "well, certainly, let's go with what the research says works." But when it comes to therapy, it often has a way of trivializing it and rewarding the areas that have the most research.

Ofer Zur: Absolutely, like somebody will come to my office and they say they are depressed.

According to evidence-based therapy, I need to try to use some cognitive behavioral therapy and thereafter, if it fails, to start using medication and psychotherapy, etc., etc. But if somebody come and ask me they are depressed, my first question, my first line will be, with most people, not with all, will be, what depletes you? What depletes you spiritually? What depletes you existentially? What is the meaning of your life? Where are the connections in your life? What is the purpose? Why life is worth living?

I'll move the question, is it biologically and dopamine-determined to start with, because I've found that most people who are depressed in this culture, are depressed because life has no meaning and they have no connection. I'm seeing a ninety-three-years-old man in my practice. He lives alone in adult community, doesn't see anybody, except that he sees me twice a week, and the only thing that he yearn when he sees me in the office is just to hold my hand. I can recite the alphabet in Hebrew for him, and it wouldn't matter.

What gives you a sense of connection and kind of lifeline of some regard is me holding his hand. Once he got over his homophobic kind of fears, I sit with him and hold his hand. Then perhaps we slowly working out how can we reintegrate more of that into his life outside therapy, where he can create connection, so a pill will not change his existential or spiritual void. It will just mask it, and his life will be still a waste, according to his criteria.

You're absolutely right that we in the mental health field have the capacity to attend to these issues of meaning and relationship to death, regrettably, less and less of us in the field are trained to do that or even doing it as the pressures to medicalize and to medicate continue to grow, and managed care wants everything to be done in a few sessions.

Michael Brickey: Whether it's depression or whether it's aging well, and living longer, healthier, happier, I think both of them are tied into purpose and meaning and connection. That's what people are craving.

Ofer Zur: They are, and we start seeing more movies that depict this kind of yearning. Of course, the first one that comes to mind is *The Bucket List*. Here is two people who ready to die, and they have still the bucket list that they have to cross things off. It may be that they needed to go to the Great China Wall, that I hope to go, by the way, in December this year, but that also he had to say "I love you" to his daughter, estranged daughter, and then granddaughter that he hasn't seen before. The bucket list is not necessarily about climbing Kilimanjaro or doing free jump from planes, parachuting. It can be about the small things that, again, it gives you meaning, that makes you feel connected, that ultimately makes life worth living.

Michael Brickey: That was such a wonderful thought-provoking movie, but I know you and I have slightly different takes on bucket lists. You think it's wonderful, and when it's done the way it was in the movie, of "here's these things I need to cross off before I die," it, to me sets up an expectation of, gee, when everything is crossed off my list, I'm

going to die. That kind of self-expectation bothers me. I want people to think of how do I live longer, healthier, fuller life, and then what will it take to do that?

Ofer Zur: Actually, I do agree with you. The bucket list is like what gives us meaning. It's something that we continue to revise. It's not static, it's not the one-time list written in stone. I, and so do you, we have our bucket list, and it changes. It changes as our kids grow older, as our parents grow older or die, when we grow older. For me, the bucket list, it's just an invite to look at what is it that you want to do. I wanted to see the China Wall from the Mongolia side. I'm just still trying to find ways to do that. Perhaps climb Kilimanjaro, this time with my young one. But he needs to come into terms with the fact that I may die on my second summiting of Kilimanjaro, which is really, as you know by now, it's okay with me, but it's still hard for him at fifteen, and understandable.

The bucket list, it's something that continue to be revised. It's not any different than what gives us meaning and joy in our lives. You and I know that every few years, we ask, what is this life about, and what do I need to do and not to do, and how do I want to be in order to feel that life is worth living? That changes, and so does the bucket list. I don't, in this regard, I agree with you, but I guess we have a different definition of what the bucket list is.

Michael Brickey: I think the only difference, then, is that the movie got it a little wrong, in that in the movie, it was a static list, instead of the constantly updated list that you're describing.

Ofer Zur: Absolutely, you're right. Yeah, it is, and at the end, he kind of crumple it. The list is done, and he can die in peace. I prefer a static bucket list over no bucket list, let's put it this way, because it still forces us to look at death. Ultimately, this list really needs to be extremely dynamic and fluid.

Michael Brickey: One interesting difference between you and I is, you are just drawn to climb Kilimanjaro, and go out on the tundra, and all kinds of physical challenges. I've tried a few of those things, not that extreme, and afterwards I said, "Well, that was kind of interesting, but I'm not in any hurry to do that again. I'd prefer to keep the life-threatening risks as minimal as possible." Do you think it's just a different personality style, or people need to seek out the physical challenges more?

Ofer Zur: I think it varies from person to person. I don't think necessarily that climbing Kilimanjaro or facing whatever, the glaciers in Alaska, going last year to the jungle in Malaysia in monsoon season, so I do not find that climbing Kilimanjaro or going on the glaciers or being in the monsoon season in the Malaysian jungle last year [audio drops out] driving to work. It is an illusion that death really happens in physically challenging situations.

Here is a quick story about death. I give blood, since my heart attack in 2000, I'm giving blood, checking my blood panel every year, every six months. The woman asked me, "Where are you from?" I said, "From Israel." She said, "Oh, it's so

dangerous there." I asked her, "Let's talk about danger and death for a second." I said, "Did you drive here this morning?" She kind of was a little bit shy with me, she doesn't know me. She say, "Yes, I drove." I say, "You were in the most dangerous place on the universe." Even in Israel, with all the terrorism, everything, more people die from car accidents than they die from terrorism. This is what happen in United States, too, this is one of the most dangerous places in the world are the roads.

Then I asked her, "I don't want to be intrusive," I said, even though I was intrusive, I say, "are you married?" She said, shyly, she said yes. I say, "You know, women as a group, one of the most dangerous places for women as a group is at home, because they get killed, percentage wise, more than any other group in other situations, by the person they married." Domestic violence, in other words. Then to cap it all, I asked, "You work in the hospital, and as of last year, we have about 200,000 preventable deaths, with simple computer and communication system can be avoided, not to just complication, just sheer death due to negligence, miscommunication, or lack of technology in the hospital." 200,000 people. That's a lot of people.

We have an illusion that people die on Kilimanjaro and the glaciers, but they're really, death is, for you and I, on the road within an hour of this interview. This is why I treat this interview as maybe my last famous word.

Michael Brickey: You've now developed a Columbo approach to death, by the way you've interviewed her.

Ofer Zur: Yeah. First of all, I don't think that it's death-defying, necessarily, even though it seems like that. Back to your question, do we need to do this physical challenges, I'll call it, not so much death-defying challenges, in order to live fully? Absolutely not. My wife is going to Europe, to Norway, to sit on a geomantic site, where there's a certain energy, and to meditate, which I find much more intriguing, in some regard, or harder, than climb Kilimanjaro. She's going to sit for, I think, five days in silence, on top of a mountain in Norway, for God's sake.

I mean, that's hard. She's drawn to this kind of challenges. As you said, due to her personality and whatever, her background, whatever God kind of gave her when she came to this planet. It doesn't need to be physically challenging by no means. You need to find your own ways that you connect to your life juices, to your life forces, that makes life worth living. For me sometimes tackling ideas are very similar to Kilimanjaro, except I need to fight fellow psychologists rather than fighting the elements on the glacier.

Michael Brickey: So everybody needs something that recharges their batteries, that gives them the sense of really being alive, but it doesn't need to be death-defying.

Ofer Zur: Absolutely. Many people find it in music. We'll talk about my website later on. There's a place where I have a document to say, find your calling. You see what are

you called for. What is the part that will give you meaning, that will make life worth living, that you can die in peace. It has to do with what your gifts and talented, it has to do with areas that you have discipline to pursue, and it has to do with what gives you joy. Lastly, it has to give you some sense of meaning, that what you do has some importance for you, for your family, for your tribe, to the world. If you have those four components, you can find it, by playing, meditating in your own home, or playing the violin in your own living room. It does not need to be on top of Kilimanjaro, or in the tundra of Alaska.

Michael Brickey: The website you're talking about is Zur, Z-U-R, institute.com, and the particular one you mentioned was zurinstitute.com/vocational.html.

Ofer Zur: I think the simplest way to find of dozens of dozens of free articles and free resources and blogs and all is to go the www.zurinstitute.com, and from there on, to go to free articles or to go to blogs or to take any of our more than a hundred online courses on issues that discussing here today and many other ones.

Michael Brickey: It's a huge site. You've got more than a hundred online courses that people can take, even including Aging and Positive Psychology.

Ofer Zur: You contributed two fantastic courses, Mike, that are very popular and are very important, and they're tied to exactly what we're talking today, because you interview experts in your courses and this is courses that many people taking who are not psychologists, psychiatrists, social worker, or nurses. This is a course that's open to the general public, and it's a fantastic writing of yours as well as the interviews.

Michael Brickey: Thank you. I wanted to note the articles section, there's both articles for therapists and for general public, and the blog section has a blog specifically on end-of-life issues.

Ofer Zur: Absolutely, yep, and discussing these issues as well as kind of people's attitude towards life as well as my journey through life. You know, one more thing that I think kind of shaped my life around it that we didn't mention is, when I was about in early twenties, I remember my mother got very gray one day, and my sister and I say, "Mom, you have to slow down." She was busy saving the world and treating unemployed and treating the addicted and never charging for anything. She was working very hard. We were not worried about not her making money but her really killing herself.

She looked at my sister and I, my sister is four years older than me, both of us in my twenties. She said, "I'm not going to slow down." She said, "Trees die erect." My sister and I looked at her and say, "What are you talking about?" She says, "Trees don't, they don't bend down to the floor, they don't just go very, they just die erect. They die standing up." My sister and I say, "What about Dad?" "I have been talking to Dad about it, I do not want to slow down. I would like to die erect." Next day she got a heart attack, which she somewhat survived, but two, three years

later, she got a series of heart attack, because she never slowed down, it didn't occur to her to slow down.

She was on a mission to save the poor and the underprivileged and whatever it is that would give her meaning and was on her bucket list. She died, and on her grave, we wrote, "Trees die erect." This was a huge influence. This was after the war but before I went to Africa. It gave me kind of a different look, and I think the Baby Boomers are getting it a little bit.

Michael Brickey: Yeah, Baby Boomers hate the idea of, a lot of them, hate the idea of retirement and want to keep working until they drop.

Ofer Zur: Absolutely, and not necessarily working, but it's the way you and I, we continue to redefine our way of being on the planet. There may be a retirement from some job that gives us money, but we are not, we're staying erect and staying involved, and they continue to take life-long learning courses, and perhaps starting new businesses and going on adventures. They are not going to bend down and to die like most of our parents. My mother was a little bit ahead of her time, but it just set the tone for me.

Michael Brickey: All you have to do is say "shuffleboard" to most Boomers and you get quite a reaction.

Ofer Zur: Yep, yep.

Michael Brickey: You mentioned, when you had a heart attack, and you kiddingly told me once that you felt cheated that you didn't see the tunnel of light. Did the heart attack experience change you any?

Ofer Zur: You know, I did get a heart attack playing on a basketball court, and I didn't stop, until I dropped dead, even though I was getting cold and short of breath. I ended up in a hospital, it was a cardiac arrest for fifty seconds, they were ready to zap me with the electrodes, but I guess my body or my soul, whatever, decided that I don't want to be zapped. When I woke up and they told me that I had a cardiac arrest and I was dead for fifty seconds, which is my heart stop, I really get so upset with the wasted experience of not seeing white light, not seeing the room from above. Then came of course the question, what is the heart attack about? What is the meaning of what we call the illness? What's the message here?

My friend Sam Keen came to the hospital, and probably within hours of me waking up, and he helped me find out what's the meaning for me. He didn't wait for me to figure it out. He said, "You know, Ofer, most people who get heart attack, we tell them, stop smoking, stop drinking, and start exercising. With you, Ofer, it's the other way around. We need to ask you to slow down the exercise, and start smoking and start drinking." That means, kind of, you need to slow down. I did take it to heart. I didn't really slow down, but I think it increased my sense of presence to what I do, which as a side effect slowed me down.

Knowing that I may die, and even one more example, one more reminder that I'll die, I prioritize much better and focus better in a way of being present to, whether it's to you right now, lunch with my wife right after, or basketball after that with my son. I'll be 150 percent present to each of these events. What we call in the new technology, with digital technology, I'm hopping very well. I'm not multi-tasking, I'm hopping very well.

Michael Brickey: I think one of the differences that probably happened is, even though your schedule is very, very full, it's not pressured.

Ofer Zur: You know, you're right. People continue to ask me, you write books, and you lecture. I'm on my way to San Diego, and next week, to Virginia, and then to Bend, Oregon, and then I'm going to celebrate my sixtieth, and then back to L.A. What I do is I just shift, and when I'm home, I'm home. When I'm playing ball with my kids, I'm playing ball with my kids. When I'm present to you right now, I'm present to you right now. So as I say, it's not a form of slowing down, but it's a kind of appreciation. That came to me with years of practicing meditation and yoga. The discipline came in this angle, to learn how to stay present.

Michael Brickey: The antithesis of staying present is when somebody's at work, they're worried about home, and when they're home, they're worried about work. You might say, they're always travelling.

Ofer Zur: Well, ultimately, not staying present is not facing death, if we want kind of to recap what we are talking today. In the back of your mind, you have fear of dying, but you're seeking more sex and more gadgets and better cars or another cosmetic surgery as a way to escape your sense of mortality, but you're not present to the fact that you're going to die. Running away from that, it's another kind of funny way to define multi-tasking. It's kind of an unconscious multi-tasking that reduces the quality of your life.

Michael Brickey: We have the solution that if St. Peter comes, we'll be able to tell him, "We're too busy."

Ofer Zur: Yep, yep, and we keep ourselves kind of in a busy mode. It's very sad, it's very, very sad, because sometimes when people come to the end of their life and they didn't say all the "I love you's," they didn't jump from the plane that they wanted to jump from, it's very sad, they feel a sense of failure in this regard, because there will be a moment that you kind of face your death, and this is when they get anxious and panicky and not connected to the people that they love. Hospice, hopefully, is going to teach us and the world around us how to accept it and to softly engage with death as a way to live more fully rather than to live in a panic.

And to know that technology will not save us, that more medical technology are not necessarily going to increase the quality of our lives. At one point it becomes irresponsible to use all the medical technologies, and of course, this is a cutting

edge question in medicine. Are we going to withdraw care for the people that cannot be, the quality of their life cannot be improved. Just longevity can improve, but not the quality. I think that we need to come to terms that resources are indeed limited, and technology is not our savior, and knowing that this tribe and this nation or this western world, or this United States, has only that many resources, and we need to make conscious and difficult choices how to use them. Now we kind of wasting, because so much of it is being driven by profit to the medical industries.

Michael Brickey: It's profit, and it's also the health care professionals are trapped by the system. The doctors feel pressured to do everything possible to keep somebody alive, regardless of the quality of life. The families in turn often apply that kind of pressure on the doctor as well, and if the doctor isn't doing that, they may get written up to the board.

Ofer Zur: It is definitely a culture-wide attitude, the way we started today, that resources are limited, we are entitled to these resources, and death is a failure. You put those three things together, and you get this attitude. You're right, the doctors are definitely getting incredible amount of pressure from the family to sustain life, because the family is a part of this culture. We've not really trained and not really learned to embrace death as part of life.

Michael Brickey: How do we get the doctors to be more flexible?

Ofer Zur: I think it's kind of what happened in Oregon and I think in one more state right now, when we have the right-to-die laws start passing. I have no doubt that when the Baby Boomers kind of get older, it will pass in all fifty states. Doctors have been doing it for thousands of years, whether it's the medicine man in Africa or the modern doctors, they've facilitated death. I think passing these laws will help people make medical wills that are clear, and we see more and more of "do not resuscitate" on the refrigerator doors when the 911 is coming, or sometimes the 911s are not coming any more.

I think that, I'm not generally an optimist, but in this regard, I think that we are going through a cultural shift right now that the Baby Boomers will change the scene, as well as the medical profession and the culture at large. My hope is that all this is going in this direction, that of much more acceptance, in this case, there will be much less pressure on the doctors. Perhaps with the naturopathic perhaps taking more of a role and the nurse practitioners will have kind of more humanizing of the medical profession, which should include embracing the idea that death is not a failure, it's just part of life.

Michael Brickey: The right-to-die legislation, what does that usually say?

Ofer Zur: I'm not sure about the legalistic, but there's some kind of acceptance that people have control whether they're going to be resuscitated, and when they write a medical executor, somebody that can make a decision whether to continue to

medicate or not, whether to continue to keep on life support, etc. For me, kind of philosophically, what's more important is that, at the heart of the legislation is that people can make choices how they're going to die. At the heart of this issue is, that they are thinking about death. They're not phobic. So this is where I see, anthropologically, how we are changing, sociologically, how we are changing with this legislation. It's not even what's in the small print or not. Just the fact that it's on the screen. The people went to the voting booth and voted for it.

Michael Brickey: I think that one of the easiest transitions for our culture to make would be for people who are very ill to feel that it's perfectly all right, and be allowed to just say, "I want to stop taking these medicines, I want to stop going to dialysis. Enough is enough, and if I don't take my heart medications and I die, so be it."

Ofer Zur: My sense from, I guess, I live in California, northern California, so probably it's a little bit more ahead of the curve here, even though we didn't pass the right-to-die legislation here yet. My sense is that we see more and more of that, and as I say, it's kind of sadly, in some regards, sometimes it's even economically driven within the family. How long can we sustain Grandma in this situation, how much we want to waste our own resources and deplete our inheritance of our kids. Seeing movies like *The Bucket List*, and many other ones that kind of start looking at death, it will all go together. If we have this interview, you and I, in ten years, my sense, is it will be a very different picture. Let's schedule it in, Mike.

Michael Brickey: Okay.

Ofer Zur: In ten years, okay? You can quote me, you can replay this one. "Ofer, you say in ten years it will change, and then we'll see." If I'm around, unless I'm dead by tonight.

Michael Brickey: Well, then you can't walk out on the ice for ten years.

Ofer Zur: I can't promise you that. I just give you my best right now.

Michael Brickey: I always love the way George Burns scheduled his 100th birthday bash in Las Vegas, and that kept him going, because he had a fall in the shower several years before that. He was in a lot of pain, but he said, "By golly, I'm going to make that 100th birthday party," and he did, and then several months later, he died.

Ofer Zur: That can really, again, if you embrace it with juiciness and you look at it the way he did, it can give you the juice to sustain life. I have my sixtieth on the 23rd of May, just in two weeks. I'll be okay if I'm dead, because I invited people, invited you, to come and tell stories. I don't like the term roasting necessarily, but they can, good, meaningful stories about my relationship with the people in my life, this is what kind of sustained me. This can be done, even when I'm dead, in my mind. There can be as much laughter. There better be as much laughter.

Michael Brickey: I'm a big Fred Astaire, George Gershwin fan, and I was listening to "They can't take that away from me," you know, "the way you wear your hat" and all that. I said,

"This would make a great song to play at a funeral, as a matter of fact, I may want that played at my funeral." Maybe change the words a little, tweak them, I think funerals are a good time to say, hey, they can't take the memories away from you.

Ofer Zur: Absolutely. I tell my kids and my wife and my friends, if you, my funeral, you're going to say, "Oh, he was such a good guy and we are so sad," I'll come out from my grave roaring. I want you to have just the time of your life, and all this will pass and all the embarrassing moments of my life and oh, and you're out there the way I am, you just stumble, right, left, up and down, and all this just makes good stories and good community.

Michael Brickey: I wish I could be at your sixtieth.

Ofer Zur: You know, we're going to get you remotely, actually. We're going to get, I think my young techie is working on a kind of Skype technology, that you'll be able to tell the story. You'll be able to see us and we'll see you.

Michael Brickey: Cool.

Ofer Zur: Just expect some technical instructions from my digital native techie.

Michael Brickey: Okay.

Ofer Zur: So you will be with us. No, I don't want you to miss it. I'll miss you.

Michael Brickey: You talk about calibrating. Is that something we've already talked about, or did you have something different in mind?

Ofer Zur: When I talk about calibrations, it is that we kind of redefine our priorities. When we're young and we wanted to be with more girls and we wanted to get more credit cards, whatever it is, or climb more mountains, whatever it is, we change through our lives. What give us joy and what give us meaning regularly changes in our lives. Similar notion of a dynamic bucket list. I think we need to continue to calibrate and to ask ourself at different eras, different seasons of our lives, what is it for me and for you. What is it at age sixty that gives us meaning, that makes life worth living?

Continue to calibrate so we're not going to stop with old notions that we need more money or we need more saving or faster cars or whatever it is that was appropriate at a different age in our lives or inappropriate at a different age, but we nevertheless pursued it, that we stay calibrated to the season in our life and to our sense of evolution. This is what is called calibration with your soul and with your body and with what you can do. I stopped playing basketball a couple of years ago, very competitively. It was a fantastic transition. I don't regret it. It will allow me to continue to hike, and to continue to travel for as long as I live.

We need to stay calibrated with our evolution, both physical, spiritual, economical,

and of course, age-wise.

Michael Brickey: If you go back even a hundred years, you didn't have to do much calibration. You grew up on a farm, you lived in the same house, in the same community, went to the same church all your life. You knew what all the stages of your life were going to be like. Now with the pace of change, exponential pace, the calibration, you have to do it practically every year. It's really ...

Ofer Zur: You're right, we have the choices of where to live, and who to connect on Facebook, there are many more choices right now. We live longer, and we develop the consciousness. There are some other cultures that were more in tune with adult development issues, whether it's Indian or many of the tribes that live in Africa. There was different roles for different people, different ages. I think sometimes it's culturally, the calibration is built in.

Definitely with technology and the possibility that's available for us in the West, and the luxury, perhaps, to contemplate issues of meaning because we are not that hungry, the Maslow triangle kind of hierarchy. Many of us have the roof over our head and we know where the next meal is going to be served, even though it's not necessarily true, definitely not right now with the economic crisis. But many of us have the luxury of looking at issues of meaning and our relationship to God and to our sense of mortality. We have the luxury for that, which is kind of part of modern age bonus.

Michael Brickey: Exactly. We're talking with Dr. Ofer Zur. The website is zur, Z-U-R, institute.com, which has more than a hundred CE courses and books and articles for therapists and the public and blogs. You have one particular entry that's a little hard to find, and I'll put it on Ageless Lifestyles as well, if people didn't have a pencil handy. It has pictures of many of the physical challenges that you've talked about and you talk at length about some of your trips and journeys and thoughts about death. That's at zurinstitute.com/biography.html#ponder. Ofer, I assume that's for the general ...

Ofer Zur: Yeah, that's okay to give, it's not easy to find, and it's intentionally.

Michael Brickey: I was just going to ask, is it okay?

Ofer Zur: It's really okay to give and it's okay that it's hard to find. Also true.

Michael Brickey: Okay, so it was originally intended for friends, but you're comfortable with it ...

Ofer Zur: No, it's intended for people who really want to do the hard work of finding it.

Michael Brickey: Okay.

Ofer Zur: I'm playing kind of hard to get.

Michael Brickey: Anything else you want to say about the website, or anything else?

Ofer Zur: You know, the website is a way really to disseminate information and a way to connect. I have tons of resources that hopefully will help people. My daughter and I embarked on all kinds of education about older and younger generation about technology. One of the biggest issues that we are facing, the relationship between digital natives and digital immigrants, and all the way to, ways to find your calling and vocation and pondering on death. I would just welcome people to go and to see if it can help them live longer, happier, and with more meaning in their lives and better relationship to death.

Michael Brickey: Wonderful. Ofer, thank you so much.

Ofer Zur: It has really been my pleasure. It's always so nice talking to you, Mike. You make me think, so I appreciate it.

Michael Brickey: Well, I think we make each other think.

Ofer Zur: Yep.

Michael Brickey: Commentary. Comedian Mike Birbiglia says he dreamt that he could fly, but in his dream he decided not to fly for safety reasons. Dr. Ofer Zur reminds us that you're more likely to die on the freeway than from a life-enhancing pursuit that makes you feel alive. Ofer and I discussed how most therapy patients, while presenting with problems like depression and anxiety, are primarily seeking a sense of purpose and connection. We discussed how a bucket list is a great idea as long as it isn't static, but gets periodically updated to reflect our changing needs as our lives change.

Ofer talked about how our culture sees death as a failure instead of part of a natural rhythm of life. He sees an emphasis on toys and fancier cars and cosmetic surgery and more and better sex and miraculous technology as often an attempt to deny death. Those emphases have a lot of financial vested interest in selling toys and surgeries and filling hospital and nursing home beds and in selling pills, even when a patient's quality of life is abysmal.

There are, however, several aspects of our culture that are improving how we view death. If you think of Maslow's hierarchy of needs, most Americans are able to meet basic needs and have the luxury of being able to give considerable thought and pursuit to being fully alive. Most Baby Boomers are not willing to settle for reaching sixty-five, getting that gold watch, and retiring into obscurity. Most want to continue to make a difference at every age. As Ofer put it, "They want to die erect."

Boomers' experiences caring for aging parents are shaping a more realistic outlook on how they want to age and die. While we didn't talk about it, the Greenhouse movement and the Eden Alternative are starting to change nursing homes from institutions to homes. More information on that is in my Ageless Lifestyles

interview with Beth Baker. To find it, just search the content section of agelesslifestyles.com, or the link in the commentary for this show.

Americans are increasingly seeking alternative medicine as well as conventional medicine. Finally, the hospice movement has had a huge impact on how we view dying from chronic illnesses. The hospice movement has prompted increased calls for physicians to go along with a good death. In England in 2007 and 2008, more than 16 percent of deaths were from continuous deep sedation until death. This is a procedure in which the doctor provides heavy sedation, and death usually takes a couple of days. Most of these patients have terminal illnesses and are in the late stages of dying.

Netherlands physicians started with lethal injections, which only takes a few minutes. Continuous sleep sedation, however, has become more common there because lethal injections required so much paperwork. Oregon's 1997 Death with Dignity legislation set up a number of procedures to serve as safeguards against requests that don't involve intractable, unbearable pain or terminal illnesses. This is also called a timely death as opposed to a premature death.

Philosopher and right-to-die advocate James Park makes an excellent argument that rather than setting up a bureaucracy for asking permission to die, we should have laws about what constitutes a premature death. Crossing the line would be a criminal offense, and the burden of proof would be on the prosecution. I think that makes a lot of sense. We don't need a HIPAA law version of the right to die. Enough of bureaucracy. Personally, what I favor most is allowing patients to choose to stop taking medication or dialysis or even food and water and die a natural death. That way, physicians aren't dragged into a Dr. Death role and the qualms that that may bring. While I strongly support a right to die as we choose and without bureaucracy, caution is also indicated. Family or governments may pressure people who don't want to die to conserve resources and make that human sacrifice for the greater good. It's a slippery slope.

I agree with Ofer that we are out of balance in expecting unlimited health care as a right and entitlement and not appreciating limited resources. Great caution is needed, however, to make sure the pendulum doesn't swing too far the other way. It's one thing for soldiers to make a sacrifice for the greater good. That's very different from asking civilians to give up their lives, if they feel it would be premature. The cultural shift needs to come from alternative views like hospice as opposed to bureaucrats and government.

Further, alternatives influence choices. Many who live in nursing homes might decide, "This is hell, and I would prefer to die." If they were living in their own home, or a Greenhouse or Eden Alternative home, however, they might find life quite fulfilling. The Greenhouse or Eden Alternative facilities, by the way, are a little more expensive to build but no more expensive to run. Well, I'm getting sidetracked on right-to-life issues. The main theme of the interview was how being ready to die, at any time, enhances our living fully now.

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