



Excerpts from



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**TRAINING EXPERIENCE REPORT:  
PARTICIPATING IN THE KUBLER-ROSS WORKSHOP**

**“The emotion I felt was indescribable; like my heart was vigorously shaken...”**



**The three-day, two-night workshop enabled my inner voice to come out and express myself both verbally and physically. In the beginning, I was perplexed and fatigued, but I felt relieved and expended by the end. This is a detailed report of my personal progress during the workshop. By Chihoko Hirabayashi (JSDD counselor)**

I participated in the 43<sup>rd</sup> Kubler-Ross workshop under the auspice of Japan LDT workshop action committee. I was among the eight participants; there were 11 action committee staff members to support the participants. The workshop was held in a serene and quiet tea room located near the National Women’s Education Center building in Saitama Prefecture for 2 nights, 3 days during the Japanese national holiday week in May.” The workshop consisted of the following program:

(Picture: the tea room used for the workshop, surrounded by green and chirping birds)

### **【Day 1】**

The following topics were explained during the orientation before starting group exercises:

1) identify the emotional problems that are constantly put off to the side; 2) liberating and regenerating yourself; 3) transition to the next step, paying particular attention to the following rules since they will not be discussed: (a) do not interrupt others while they're talking, (b) stay away from denials, (c) do not seek others' approval, and (d) do not question others' statements.

All participants chose unresolved problems with relationships involving strong human emotions such as anger, sorrow, resentment, and inability to forgive, etc. for the emotional recognition practical exercise.

### **【Day 2】**

We conducted the group practical exercise in a Japanese tatami room. A mattress was placed where one person sits, and phone books were stacked in front of the person. Everyone sat around in a circle to observe with the facilitator in the middle.

Based on the first day's work, the person talked about anger, sorrow, suffering and all emotions while hitting the phone books fiercely with a rubber stick. Staff and other participants were to empathize and give them words of encouragement. The person talking found pleasure in sensing unconditional acceptance by others. Everyone hugged and sang together, sharing emotions and acceptance by one another. Every participant took a turn, and by the end of day 2, it was time for "emotional healing," through an entertainment that was filled with laughter and bonding of the hearts.

### **【Day 3】**

There was a lecture about Dr. Elisabeth Kubler-Ross, the history of the workshop activities and the purpose of group work. At the end, a ceremony was held to celebrate their new start, during which all participants shared with the group what they were throwing away and what they were bringing home.

## **What is a Kubler-Ross Workshop?**

Elisabeth Kubler-Ross (1926 – 2004) was a Swiss-American psychiatrist, a pioneer in near death studies. She is the author of the groundbreaking book, *On Death and Dying*, in which she first discussed her theory of the five stages of grief, also known as the Kubler-Ross Model.

Her workshop on Life, Death and Transition has been internationally conducted, initially only for the dying patients, but later to support family members and anyone who lost their loved ones to overcome their grief and emotional pain.



(Picture: a butterfly flying away from the hand, which symbolizes a soul freeing the dead body.)

## Struggling to forgive my mother who is always speaking negatively about everything and everyone

Here, I will introduce some actual cases shared by the workshop participants:



■ I lost my beloved and respected mother a half year ago. I am still experiencing the feeling of emptiness. I am haunted by the regret of having been able to materialize her wish to end her life in a familiar place where she had lived for a long time. I am tortured by the feeling of guilt and haven't been able to sleep at night.

■ During my childhood, I hated listening to my mother's negative talks about other people. Since becoming an adult I've kept a distance from her, but we are now living together since she is getting old. However, she has not changed at all, still badmouthing other people. I can't stand it, so I come home late from work only after she has gone to sleep. I am torn between the feeling of wanting to forgive her and not being able to forgive her.

■ I am divorced and raising a son by myself. Recently I heard from my son that my ex-husband had remarried. I resent my ex-husband who did not share any of the responsibilities in raising our son to be remarried and happy. I want to remarry and be happy too.

### Putting myself in their shoes...

At first I thought the group work would move forward rather easily, but in reality it was very difficult. It forced me to dig deep inside my soul and express those emotions verbally and physically. At first, I was baffled by others' facial expressions and physical gestures and could not accept them easily. I was frustrated and even fatigued just by being present there; however, through this experience I found myself enjoying this indescribable feeling of my deep emotions being vigorously shaken. It was a difficult exercise, but I felt a great sense of satisfaction and relief as if all the bad energy escaped my body.

As a counselor, I listen to people's complaints, suffering, and answer questions regarding patients' illnesses, terminal medical care choices, how to deal with dementia patients, medical professionals, etc., all through the telephone.

In this workshop, the first practical exercise was to listen to your inner voice. Through my experience by telephone conversation, I was used to listening to the inner voices of people on the other end of the line. When I had to put myself in their shoes on the other end of the phone, I found out that it was not easy. This workshop taught me to accept the other person first, and help each other to gradually relieve and liberate their minds.



Using this invaluable experience, I am determined to be a great medical consultant so that all the callers will be glad that they called.

## PROJECTIONS OF THE LW SUPPORTING PHYSICIANS SYSTEM



(Picture – Dr. Kaoru Konta in front of Ogawa Clinic)

Ogawa Clinic, which supports in-home care, is located in Inawashiro Town, Fukushima Prefecture, and has a beautiful panoramic view of Mount Bandai on one side and Lake Inawashiro on the other.

Clinic Ogawa was founded by Dr. Kaoru Konta's father who died of heart failure at the age of 62. Her mother (currently the chairman of the board), took over immediately, and later her younger brother (specialized in orthopedics) became the president. Dr. Kaoru Konta now supports him, as well as her husband who is a hospital doctor sometimes helps at the clinic. Along with this family of medical doctors, eight nurses are employed who take care of both outpatient and visiting in-home patients.



Dr. Kaoru Konta takes care of outpatients four days a week, and spends all day on Wednesdays visiting in-home patients. “I have about 15 in-home patients who used to be our outpatients. Our basic policy is to take care of our patients all the way to the end,” she says. She is willing to visit special nursing homes with over 80 beds and group homes if requested.

## **Refugees from the nuclear power disaster filled our whole clinic**

She has been visiting in-home patients for 27 years, taking care of about 540 terminally ill patients, of which 283 were in-home care. “The national average of in-home terminal care is less than 20%, so I should be proud of my figure of 52%,” she says.

Seven years ago, an earthquake disrupted her peaceful routine of caring for outpatients and in-home patients.

It was the March 11<sup>th</sup> Great Earthquake of Eastern Japan. People residing in Namie town and Futaba town who escaped the nuclear power explosion were temporarily sheltered in a nearby gymnasium (400 people) as well as hotels and bed-and-breakfast lodges accommodating skiers and tourists. Even Ogawa Clinic, which typically handled about 100 outpatients per day, was flooded with more than 200 outpatients from the disaster.

Dr. Kaoru Konta borrowed the only Geiger counter in town, and started measuring radiation levels for people who escaped to the Clinic from the earthquake. She said, “no matter who measured it, the needle showed over the limit. We all panicked, so we asked them to take off their clothes and were able to measure the correct levels. We decided that we couldn’t let them come inside the clinic. We set up desks and chairs outside the entrance and started examining them. It was like a battlefield.” She sent her three children (two doctors and one medical student at the time) to her mother’s home town of Kyoto to avoid any radiation risk. Finally, she felt a sense of relief.

Between patients, she went out to visit the gymnasium “The bathroom was so far from the gymnasium, so I didn’t drink any water for a while. I diagnosed many elders in terrible conditions. I had to take some of them back to the clinic to give them an IV. They didn’t have much choice for food: rice balls and bread only, so I made some pork broth, hamburgers and others and fed them. I learned a lesson from this. Food is more important than medicine.”

## **Total Community Care Network including a Clinical Buddhist Teacher**

With the exception of a slightly lower population, the foothills of Mount Bandai is now back to normal. The only change the town has incurred in the aftermath of the great earthquake is that the residents are not allowed admission to any hospitals; only in-home care is available, and terminal patients must go to specialized facilities such as nursing homes, etc.

Lately, Dr. Kaoru Konta’s focus has been to ensure gentle ending of life, namely, satisfying death. “If you take dehydration, for example, we provide terminal care with IV dripping, but it has been slowly replaced by “terminal dehydration” lately. We only provide them with water

and nutrients of 200cc. They tell me that there is no feeling of suffering or dullness. Some side effects of IV fluids include fluid retention, acidosis and hypernatremia, causing the patients discomfort. Some statistical data show that there is no difference in survival rates between IV fluids and terminal dehydration.

Dr. Konta is not only active in the Ogawa Clinic, but also her other facility, the Maria Clinic. She founded a nursing home called Keateru Inawashiro and a Visiting Nurse Station called Keiai. She is heavily involved in the development and use of terminal medicines and terminal care around the Mount Bandai area. In 2014, she registered in the LW supporting physicians system of JSDD.



Dr. Konta spoke at a public lecture held in Sendai in May titled, “In-home Palliative Care: Report from the Foothills of Mount Bandai. Her main theme was “In search of satisfying death,” but she also talked about how she takes part in supporting and taking care of elderly and terminally ill cancer patients as a whole community. The other speaker was a Clinical Buddhist from the same foothills of Mount Bandai, Mr. Kyoshin Kusunoki, the Deputy Associate Priest for Choshoji Temple (39 years old). This family temple is located near the home of Dr. Hideyo Noguchi\*.

( Pictures: Dr. Konta speaking gently to her audience at a public speech in Sendai)

\*Dr. Hideyo Noguchi (1876-1928), also known as Seisaku Noguchi, was a prominent Japanese bacteriologist who discovered the agent of syphilis in 1911 as the cause of a progressive paralytic disease. He was born in Inawashiro, Fukushima Prefecture.

Dr. Konta and Mr. Kusunoki founded the “Bandai Community Total Care Network” or abbreviated as “Ban Net”, a collaborated organization which provides medical care and medicine to the residents of Mount Bandai. They are the President and the Vice President of this organization.

### **In-home care patient are better bed ridden in the living room**



Dr. Konta was warmly welcomed by her audience speaking in Fukushima dialect. “When I visit the patient in their home, I can really observe their family dynamics and the relationships between the patient and other family members. I’m not only examining the patients for their illnesses, but also for their personal beings. When I see a patient who is bed ridden in the middle of a living room, I know that the patient is well loved and taken care of by the family members. If the patient is placed way hidden in the back of a room where the bedding is stored, I

know the patient is not being taken care of. I think that most family members expect me to just come by when the patient is close to dying. Therefore, I want to tell all of you senior citizens in the audience today, you have to live the rest of your life with love, wisdom and compassion so that you will be placed in the middle of the living room as if you're still the core of your family. OK?"

Picture: Dr. Konta with an audience deeply interested and concerned about how to face end of life.

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