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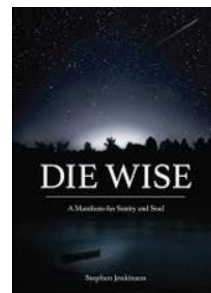
Book Review

Die Wise: A Manifesto for Sanity and Soul

Stephen Jenkinson

Berkley, CA: North Atlantic Books, 2015

In *Die Wise: A Manifesto for Sanity and Soul*, Stephen Jenkinson argues that the dominant North American culture exists in a phobic state of death anxiety which has turned to the medical model to find a *good death*; a death free of pain and suffering managed through pain medication and hospice palliative care – and yet the death-phobia has not diminished. Jenkinson challenges that in a competence-addicted culture the acquisition of information and knowledge are mistaken as wisdom – which is not something to be possessed but rather is achieved through learning. These pages are not filled with a how-to-guide for a good death. Instead, Jenkinson reframes the question entirely, so the reader can live a life of learning in order that they may *die wise*.



Jenkinson has master's degrees from Harvard University (Theology) and the University of Toronto (Social Work) and previous to 2010, he was a program director at a major Canadian hospital and a medical school assistant professor (p.395-396). His extensive experience in palliative care combined education in theology and social work makes Jenkinson's stories of particular interest to anyone who chooses to walk with people as the end of life unfolds. Further, these pages should be of particular interest to those who find themselves walking with the *living* as "dying wise is a life's work" (p.11).

The opening chapter is a passionate account of who Jenkinson is and how he came to be in this place at this time. He writes with vivid imagery and ruggedly honest prose, stating "I began in the palliative care business, but I ended up in the redemption business" (p.11) and so it is throughout the book. Subtitled *A Manifesto for Sanity and Soul*, in the opening chapter Jenkinson scribes his manifesto ... *Dying wise is*: 1) a right of everyone, 2) a moral obligation, 3) a political act, 4) an act of love, 5) spiritual activism, 6) immensely hard labour and 7) a subversive, Trojan Horse kind of deed. Jenkinson's call is to live and to die fully – deliberately – with the knowledge that those in the generations that follow will carry our memory with them.

Jenkinson creates a landscape of the reality of what he refers to as *the death trade*, methodically weaving together the aspects of death and dying with the compiled stories of the people with whom he journeyed over the years. The first eight chapters of the book form a shared language about death between author and reader. He does not shy away from the hard truths that undermine the personal agency of the dying – the predominant understanding that "if you can, you should" (p.23) when making decisions about treatments and how the body and the disease take priority over the emotional and psychological side effects of treatment. Jenkinson's mastery becomes evident early in the book when he carefully unpacks the concept of *buying more time* – which he handles with deftness and clarity – bringing the reader to the truth of the issue. The truth is that they are buying more dying-time and not the healthy living time that they desire. He explores

the loss of meaning in dying, the tyranny of hope, issues of quality of life, and the work of dying.

In the final paragraphs of the eight chapter, Jenkinson says of death phobia: “Our fear of dying is an inherited trauma. It comes from not knowing how to be at home in the world. It comes from having no root in the world and no indebtedness to what has gone before us”(p. 281). His call here is for healing of a culture, for the living and for the dead. In the final three chapters, Jenkinson focuses on this healing and he begins by looking at the North American culture.

Jenkinson identifies this culture as an orphan culture, a culture created on the foundation of a mass migration. As a result of this mass migration, our culture no longer has access to its parents or its people and it is from this position that Jenkinson identifies it an orphan culture. Jenkinson writes of death-phobia being rooted in an *inherited trauma, not knowing how to be at home in the world, no root in the world and no indebtedness to what has gone before us*, and of this being a “competence-addicted culture” (p. 283) that is obsessed with information which it mistakes for wisdom. What Jenkinson describes is a culture that has not been taught how to die or grieve well because it has no connection to the parent culture that would have taught these lessons of connection. As humans we have to “begin understanding our dying as an obligation we have to the people around us” (p. 350).

Through understanding our culture as an orphan culture, the culture making can begin and death phobia can be diminished by seeing our dying as part of a normal cycle in life, diminishing it’s negative impact and accepting it as part of a natural order where “dying is understood as justice, mercy, a sign of the compassion that is stitched into the fabric of life itself, that understanding is a midwife that can bring us into a world-loving, community-serving love of life” (p.350)

Jenkinson is an activist, teacher, author and farmer (or so that is what it reads in his biography on the back cover of the book). This book is the work of a poet and philosopher who has been willing to venture out to liminal spaces, to linger in the spaces in-between, to experience the journey of dying. This is not a book of quick fix solutions, far from it, but rather a reflection of who we are as a culture and nation. As readers, we are asked to step out of a consumerist posture and step into a place of community where together we may begin to heal these wounds – this death phobia – as an act of dying and living extravagantly. This is not a quick read self-help book. It asks the reader for thoughtful reflection and musing in exchange for the wisdom woven throughout its pages.

Jenkinson’s *Die Wise: A Manifesto for Sanity and Soul* (2015) will have a significant and lasting impact for those who make their vocation in the realm of palliative care, hospice care, spiritual care (institutional or corporate) and those in public service who have the opportunity to provide leadership to our communities.

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