

This transcript is automated, and so may have some mistakes. We're working to hand correct these, but are keen that some was available in the interim so have uploaded these temporarily.

[00:00:00] **Pippa:** Hello, I'm Pippa.

[00:00:21] **Kate:** And I'm Kate.

[00:00:23] **Pippa:** Welcome to a practical guide to death.

[00:00:27] **Kate:** This discussion episode shares a conversation between writer Rochi Rampal and end of life doula Katrina Tae.

[00:00:39] **Pippa:** They're discussing Rochi's play breathe in breathe out, so if you haven't already listened to that, maybe cause now and listened to that first. So you don't hear any spoilers here.

[00:00:49] **Kate:** And if you've already heard, breathe in, breathe out, then we hope you find listening to this conversation interesting.

[00:01:15] **Rochi:** Hello. My name is Rochi Rampal and I am a performer and writer, and I wrote, breathe in, breathe out. I'm here today with Katrina Tay, who is an end of life doula and co-author of a beautiful book called surviving the tsunami of grief, which she co-wrote with Wendell and Nicole, which was illustrated by Ruth thought.

[00:01:41] Uh, hi, Katrina. Thanks for being with me today. Uh, Katrina, you want to tell us a bit about what you do?

[00:01:48] **Katrina:** Yes. Well, at the moment, um, my third career is being an end of life doula. And the way that I've taken that forward is I've started teaching, um, a foundation course for living well dying well and teach really.

[00:02:07] People from all sorts of backgrounds, different age groups, men and women who want to know more about end of life and the dying process and everything encompassed in that. So that's really fun. But actually my background is that I was a nurse, um, for a while. And, uh, Particularly enjoyed that to me are working on oncology wards and also the OSA psychosynthesis counselor for 18 years working in a hospice.

[00:02:38] So I've got quite a bit of hospice experience I'm on as part of a team.

[00:02:43] **Rochi:** What psychosis psychosynthesis

[00:02:46] **Katrina:** psychosynthesis is it it's a transpersonal psychology. So it, that ensure that means that it includes people's spirituality within the work. It's very much a core part of it.

[00:03:02] **Rochi:** Amazing. Gosh. So you have. You do many interesting things. And can you tell us a bit about your work as at the end of life doula please?

[00:03:13] **Katrina:** Yes. Well, end of life doulas, um, do all sorts of things. I mean, actually we'll do anything we're asked to do by a family. Um, that might be things like accompanying a dying person or a family member. To the death of the person that they love.

[00:03:33] Um, it might be having conversations or brokering conversations between family members. Um, we offer companionship. We like to call ourselves a friend and death. If you like that, we're not, um, scared to sit with people as they're dying on that longer journey or shorter journey. Um, we also do a lot of advanced plans.

[00:03:59] Um, so that's things like, um, do not resuscitate forms and making advanced decisions and personal statements, but what people want at the end of life. Um, and also we offer lots of practical help. And one thing we really love to do is help engage people's communities, friends, and families. So that to form a really lovely.

[00:04:24] Um, support network around them high good at signposting as well.

[00:04:30] **Rochi:** Yeah, I think all of those things that you're describing Katrina are, um, in my opinion, kind of very much needed elements of support, I think in a fairly well, the most epic part in our lives. Um, and. All that's the future. You're saying about not, not being scared to sit with death and dying, uh, really strikes me as, um, well, it, it speaks to me, I suppose. It's kind of one of the, one of the reasons I wanted to right.

[00:05:11] Breathe in, breathe out. Um, So it would be really lovely for, for us to have this, this conversation about, um, about how we kind of what we think, what we think about breathing, breathe out. And that's why Katrina and I are here today. And to kind of unpack what's in the story really in the context of what Katrina does and understands and what Katrina knows in her experience with being an end of life doula.

[00:05:36] Um, so I wrote breathe in, breathe out because, um, In 2019. So couple of years ago, uh, I went, I think I went to about nine or 10 funerals in a year. I was, I had a couple of months off. I was spared a couple of months at a couple of months holiday. Um, so in that year I spent a lot of time thinking about, um, about death and dying and approach and talking to people and listening to people about, about their experiences and understandings of death and dying.

[00:06:11] I also spent quite a bit of that year, um, with a close family member who, who had been told that she wasn't going to see the end of the year. So, so we also did a lot of thinking. And as you, like you say, planning, Katrina about kind of looking to that point in time. Um, and all of these funerals that I went to and people that I talked to, I really, it really struck me that so many people talked about, um, Death being a peaceful thing and people kind of going peacefully.

[00:06:45] And I suppose that what, that's not a new thing that I've heard people say, you kind of, it's like a, a tagline to death. Lots of people say they died peacefully. Didn't don't they, um, and to me, I spent a lot of time that year thinking, but in my opinion, death, When I, when I watched someone die, it wasn't all peaceful.

[00:07:08] And the process of leading up to that point, wasn't a particularly peaceful, happy process and talking to lots of people, they didn't seem very at peace with saying goodbye to their loved ones. And, um, even though we'd spent a lot of time myself and this case volume in, but we'd spent a lot of time thinking ahead and planning.

[00:07:30] Ultimately, I don't, it didn't feel like we were well-prepared. So I would really like to know from you Katrina, what your thoughts are on that in terms of what, you know, what you see in the people that you support in this point in life. Can you, what do you think, can you be prepared for that?

[00:07:54] **Katrina:** I think you can actually Richie I really do, but that's not to say that everybody will or will want to, or will ever get to that point.

[00:08:05] Um, it's like a, a sort of utopia, isn't it? That we would reach this point where we could accept death, like the highest, a Buddhist monks perhaps, or something like that who spend their whole life preparing for death. I do think that it is absolutely possible to have a calm, peaceful death. If you're lucky.

[00:08:33] I think planning ahead really helps that. Okay. I'm a, I'm a big fan of that. You know, if you, if you decide where you want to die and you're clear. So from, for myself, for example, Just as a point I really thought about COVID and I thought about, um, do I want to go into an ICU and do I want to be intubated?

[00:09:04] And I was very clear. I didn't. And so I've written that in my advanced statements, should that happen to me? So for me, I would be getting what I want. Right. Which is, I don't imagine it would be a very peaceful death. It would be a difficult one, but I definitely didn't want that. So that makes me feel calm.

[00:09:24] And I think sometimes people. Who make plans do feel more in control of the end of their life and perhaps having that sort of sense of control and that you're going to get what you want. Actually, you feel very settled in yourself. That doesn't mean to say you're going to have a peaceful day, but it is possible to have a peaceful day.

[00:09:49] **Rochi:** So the that's interesting. So that, that the idea of. Planning and putting elements of being, being in charge of what you foresee or how, how you want it to be, um, is, is a way of kind of having that calmness. Um, but then what you're saying is that it doesn't necessarily guarantee that those moments are going to be those final moments more. It might not be peaceful is up. Is that what you're saying?

[00:10:18] **Katrina:** Yes. Yes. That is what I'm saying. And in fact, you talk about it in your play Roshi, because I know you're a mum, aren't you? And, um, yeah. And, um, I made a birth plan. I don't know if you did. And, and that's all part of. Planning ahead for that, but we all know that birth plan is go skew, but when we get to the end of our pregnancies, we feel better cause we've got a plan.

[00:10:49] **Rochi:** Yeah. Um, yeah, I'm really glad that you've, um, that you've mentioned this idea of the birth plan because, um, because I did make a birth plan. Both like, what do they say in our birth preferences? The kind of biggest thing of a birth plan is to be prepared for the fact that it might not go to plan.

[00:11:11] Um, you know, there's a sort of wave of a massive wave of focus on hypnobirthing now. So that women, um, and, and their birthing partners can be as, as prepared as they can for that process. Um, and as calm as they can for that process. And, uh, and actually that was, and I, and I did hypnobirthing when I was, uh, when I was pregnant with both of my children actually.

[00:11:42] So it's all about kind of, uh, hypnobirthing is all about, um, repeating mantras and positive affirmations and visualizing positive. I suppose outcomes and positive moments in that process, changing the language so that instead of saying contraction, which lots of people associate as a kind of negative, um, and then a negative thing, then you call it, you might call it a surge or something that kind of frame reframes it and enables you to see it in a, in a different light.

[00:12:16] Excuse me. And actually when. In in 2019, when, when I watched someone die, I remember thinking this doesn't feel like, um, this, I could cut it on with like hypno dying in a way a heterodyne course could've done with some, something that really helped us see this in a different way. Um, so yeah, I think, um, Y where am I going with that?

[00:12:45] I think, yeah, just really interested in the fact that you can. You sort of raise that as a notion of being prepared for full birth. And, and actually there was a point in birth where they typically say, um, that moment of transition at the end, where lots of people say that's, it I've had enough. I can't do it anymore. I'm done. It's too much like, um, yeah,

[00:13:11] **Katrina:** I think that's very, I think it's interesting cause in your place. That's really what you did. Didn't you, you had that the meditation, it opens with the meditation. You know, really, we we'd all love to have that and have it sink in and really help us and help us prepare.

[00:13:32] And people do do that. And as students, we, we, we are prepared to do that, to help people. I think it does help that breathing. I, I do actually really believe in that. Um, but again, then your voice came in, didn't it? And it said, well, hang on a minute. Actually, it wasn't that peaceful. And I think that's so true of both birth and, um, you know, we do our best, but we might not win.

[00:14:03] It might not go like that. And I think it's important for doulas to really hold that quite loosely in their hands and to tell families that if it's not going the way that you wanted that actually it's okay.

[00:14:19] **Rochi:** Can you tell us a bit about that then Katrina, when, when you say, if it's not going the way you want it, there's, there's that, there's that sort of vision of how a person might envisage or see or hope the death to go, but what, what are the things that people might see that might sort of it might not be what they hope for or what, what are the different things that people experience?

[00:14:49] **Katrina:** Well, I think, um, again, your play touches on it, but, but I think one of the big things is time. Um, because if you ever watch a Hollywood

movie, I can't think of one, bring one to mind, but perhaps something like beaches with Bette Midler.

[00:15:07] Yeah. And then, you know, they go in and there's a sort of dying time and this quite quick, but actually sometimes it's weeks of active, dying. Um, and families go and sit in a room or next to the hospital bed or next, you know, in the bedroom at home thinking it's going to be momentarily. Right. And it isn't because actually they can, um, people who are dying can keep breathing for a really long time. And I don't know why they hold on.

[00:15:41] **Rochi:** Is that what that is? Do you think hold holding on. Well,

[00:15:46] **Katrina:** I do wonder, you know, sometimes it's well-reported that people will, will hold on for their child to arrive from America, for example, or get that flight or drive back from a certain place or they want to get to Christmas or Hanukkah or eat.

[00:16:07] And so they hold on to something which we, we don't really know what it is. So I think if I were to be with somebody who is like that, I would be saying it's okay. You go when you're ready, or I know it's really important that you wanted them here. I really admire you for holding on it's. Okay. It's okay.

[00:16:31] You know, so reassuring meeting them where they are, that's the point, but I think the other more difficult things to things like agitation. You know, people can be very agitated towards the end of life. And that might be a poor pain control, right. It might be emotional distress, right. It might be spiritual pain.

[00:17:00] Um, perhaps, um, They have lost their faith, or they suddenly want to retouch where they're at the end of life, or they're very worried about what's going to happen after they die, or what's going to happen to the family who are left behind, um, particularly young parents, you know, that's a force, very distressing death.

[00:17:24] Um, and those people can be extremely upset and. It's so that is a difficult picture within a household and let's not forget. Um, we think it's all going to be calm and everybody's going to be getting on. But the reality is, especially if, if you've got lots of children, um, and maybe they don't get on, there's going to be friction and, and all the people who come to the death bed that you might not want that.

[00:18:02] I can think on many occasions, people in the hospice thing, oh, we should just go away. Just want to be with my husband or my wife. There's so

[00:18:11] **Rochi:** much isn't there there's so much going on in that room. And I suppose we are talking about, um, a particular kind of death, I suppose. We're not talking about certain death or like, um, or for example, death.

[00:18:28] Uh, in a COVID ward in 2020, where people couldn't have their family around them and that sort of thing we were talking, you know, that, that, but, but there is so much in that space that, that you described, which is, I suppose, that isn't necessarily a really interesting thing to me, the kind of the dynamics that come in.

[00:18:50] From every family member and every family members needs and the dying person's needs, or, you know, all of that hopes, fears, practical things like physical pain, not wanting to see that, wanting to be open about it. People not wanting to talk about things. Um, I just it's um, it's kind of, yeah, it's fascinating how I suppose it unfathomable.

[00:19:16] That seems, um, and how actually, maybe the presence of someone like yourself, someone who, who works to be there to support all of that just feels like that's what we should all have. Um, Because there's just so much to navigate. Um, how do, how do people do that without it, without it someone present, I suppose, with the, with the kind of purpose to support that, do they come there? I don't know.

[00:19:49] **Katrina:** I think they can, of course you don't have to have experts there or people who can help or people who want to help. Of course, some families manage it well, but. Remember that almost all the time, particularly in the sort of death that your players about an expected death, there will have been a long period of illness or maybe it's short or maybe it's months or weeks sometimes, but grief is in the room.

[00:20:20] You know, grief starts way before a death it's called anticipatory grief. And so anywhere there's grief, anything can happen. You know, this is not just about feeling sad. It's about every emotion in the book is an erosion in. And when, when you're feeling emotions, you're all over the place. And yeah, I was going to say siblings and children and loved ones, partners, friends, whoever, you know, everybody's experiencing that differently, according to their upbringing and their own experiences so it's so multilayered

[00:21:01] **Rochi:** and it's sad, isn't it? In the sort of the process of grief that there, isn't a kind of clear. Trajectory is that word that I always struggle to say trajectory, that there were kind of definite stages of grief, but they don't happen in a particular order. And you can kind of like hop, skip and jump from one element of grief to another.

[00:21:23] And, um, yeah. So I guess put, put that in one human being and then bring a load of human beings into the dining room in inverted commerce, I suppose then. Then potentially that's all kind of like, that's, that's a massive melting pot of stuff. Um, what about, and, and, and on that, what about, um, how people talk to one another about these things?

[00:21:55] Because going back to what you were saying about being prepared and planning, w what about how family. Share that openly, or don't share that openly. Um, in terms of talk, saying things out loud and being open and honest.

[00:22:13] **Katrina:** Well, I think you see, this is where I'm a great believer in advanced planning, because I think if you've talked about it before it happens, or if you've planned the funeral, if you want to, before the family to get to that point, it takes out a lot of the sting in the tail.

[00:22:34] I don't know if you know, the dying matters week, which is a national week, which happens in may and last year there, their theme was, um, have something like have the conversation and having these conversations is so difficult. So sometimes the doula's work is just to bring the, um, subverted. Out into the light or bring the darkness into the light. If you want to be youngin about it and get everybody talking,

[00:23:08] **Rochi:** why don't we talk about it? Why is it hard? Why do we need help to do that?

[00:23:15] **Katrina:** Well, I really like Catherine Mannix, Dr. Catherine Mannix story about that in her book with the end in mind. And she talks about going into a family and the older couple and the wife, the husband takes her upstairs and says to my wife's dying, but don't tell her.

[00:23:36] Um, don't say that. And then the wife says to her husband, wife, who's in bed says to her husband, have you made Dr. Manny's a cup of tea, go down and get out of the proper China and don't make it nice. So of course that takes some time and she says dying, but please don't tell him. Yeah. They know, but it's such a difficult conversation.

[00:23:59] And I think we're protecting each other Roshi to come to your point. It's hard. Isn't it to open that up?

[00:24:10] **Rochi:** Yeah, I think it, I think it is really hard having, having, I suppose, walked an element of that, that sort of journey that, that you've described that at Catherine, Dr. Katherine Mannix describes in her book, um, And, and, and again, it sort of comes back to some of the things I was thinking about in, in writing, breathe in, breathe out.

[00:24:35] I found it much easier to, I know maybe that's just me as a person. I find it so much easier to kind of wear my heart on my sleeve. And just like, if there's an elephant in the room, I want to talk about it. I don't want to not talk about it. Yeah. Um, I dunno if someone's got a bit of snot on their nose, I want to be like, oh, you've got a bit of snot.

[00:24:54] Just what I get off. I don't want me to start out with away from things, you know, let's just be open and honest, but, and I think that's why I'm so interested in this thing of, yeah. Drifting peacefully off. And I know that that's such a kind of. Uh, that is, that is a sort of end point for most, but in amongst all of that, in the lead up to that people who are with people who have, who are dying or who have experienced that still aren't saying, wow, that was pretty hard core.

[00:25:32] Or, um, you know, there were so many different ways of saying dying and dead, you know, Why can't we just say, well, I didn't really enjoy that. Or, or, um, or for example, you know, this, this, the idea of saying, um, I've lost them. I lost, I lost. So, and so last year, this kind of the alternative, even the alternative ways of just switching language, which going back to the whole hypnobirthing thing, I definitely feel like that was really useful for me.

[00:26:06] Then when I was giving birth, I wanted to say surge, not contraction. But then in terms of like death and dying, I don't want to ever say, I'm really sorry for your loss. I want to, I want to be clear and, and on it with people and say, let's talk about this, cause this is a thing it's happening. Why, what about all these other ways of saying death and dying and you know, what do you mean all of that?

[00:26:34] **Katrina:** Well, I think it reflects how very hard it is to talk about death and to admit that somebody died. I mean, we're talking about the euphemisms for death. Yeah. Yeah. So, so, so Manny,

[00:26:48] **Rochi:** you've got a massive long list. Haven't you? Katrina?

[00:26:51] **Katrina:** I have got a list because we actually, in the teaching, we talk about euphemisms for death, but.

[00:26:58] And, and people might go down the humorous route. So for example, um, they might say, oh, he popped his clocks. What does that mean? Well, it's so interesting as hoping you were gonna ask me that, um, in the old days when people wouldn't club. Yeah, obviously they were, they were sustainable before their time because they didn't rot.

[00:27:27] And so they were passed onto people and the word popped actually means Portland and the family would immediately take the shoes and pawn them to get money, to maybe pay for the funeral. That's incredible. But there are so many ways to not say the word. Dead died or, or death. Yeah. And one of the ways I notice in this modern age is when I write letters of condolence, I always make sure I say, I am so sorry.

[00:28:04] Your husband or wife died, or child died. They didn't lose them. They're not a bus pass that got left in it accidentally thrown out. They, they died and I do think it's important to acknowledge it. Do you ever forget,

[00:28:24] **Rochi:** um, do you ever get, do people demonstrate a difficulty in hearing that, do they ever say, don't say.

[00:28:34] **Katrina:** Or, um, I haven't, but then I'm not with them when they read the letters. Of course. Um, no, I've never had anybody say that to me, even when I was counseling at the hospice. Nobody ever said that to me, because I suppose in one way, if you think about it, they're having counseling in the hospice where their loved one died.

[00:28:55] And so it was, uh, a reality. Um, it was a connection to that place. So, no, I personally haven't

[00:29:05] **Rochi:** we, so obviously, you know, I'm kind of, we're talking about these, it's sort of, it's not making light of, of, of something sad, devastating, tragic, obviously, but you know, thinking about the history behind those, the ways that we have historically, and we do reframe.

[00:29:29] Death and dying and, and, and how that's basically protecting us from something so difficult. Um, I think what, what really strikes me is that, that that is about turning away from something that doesn't sit comfortably with us, but. That the idea that's that that is something we shouldn't face only sort of shows really, to me shows me that, that, that that's a normal part of this, that,

that, that fear and sadness and not wanting to look at the thing is actually that that frightening stuff is actually very much a normal part of the process of dying.

[00:30:23] Whether we're talking about. Uh, from the moment we know we're going to die. You know, if we, if we, if one receives a diagnosis for example, or whether it's in the final moments of life or whether it's in stages of grief, that that's all that's part and parcel of it. Um, and. Yeah, I suppose I think I don't, I don't know what my question is around this Katrina, but I think it's, I suppose it's more a kind of advocacy, um, that, you know, the work of end of life, doula and us as humans is about like, just normalizing this thing that it's normal to feel scared and sad and frightened.

[00:31:12] Whether you are the person who is reaching the end of your life or the. The person who's the personal people who's supporting them. W what do you think about that kind of idea of normalizing the,

[00:31:28] **Katrina:** I think the queen said it when prince it died, didn't she, that love is the price you, that, you know, grief is the price you pay for love.

[00:31:40] I mean, I think the thing is most of us. I don't want to leave the people we love. And please don't think for a moment because I'm an end of life due to, and I've got advanced plans and I've thought about my death and dying that I'm not going to be absolutely terrified about what might be coming ahead of me, but there are ways that.

[00:32:04] Looking, I do well to go back to your point. I do think it's absolutely normal to go through all kinds of emotions and fear is, is definitely one of them. But I think what most people say is I think I wish I got the statistics to hand, but most people want to die at home, but they don't want. In fact, because that you need to plan that ahead really and get supporting.

[00:32:34] And it fails often times if you, if you don't have the right kind of support. And also it's how we look at it. Roshi because, um, Allen Keller here who's, um, a palliative care specialist, but also a sociologist. So he comes at it from that point, said, You know, 95% of the, of the time is life. And then if 5% is dying and that actually only takes a few seconds to die in reality, but the rest is life.

[00:33:10] So if we turn the question on its head, it's like, how do we actually still live while we're dying? And what's important to us. Atul Gawande said that didn't he so beautifully in, in his book, but what is important to us? And then

when we know what's important to us, what decisions do we make around our dying, given that?

[00:33:40] **Rochi:** Gosh, yeah, that's really that's. I really liked that actually, the kind of. So much of those, we might say, we might look upon final moments, weeks, days, whatever us as the dying process. But, um, but if we see that as living and that, that, that dying only takes a few moments. Yeah. How do we, or how do we, how do we live in, in our dying.

[00:34:12] If we are, for example, not at home or, um, if we haven't put that planning in place or that thinking in place, how do we live in a hospice or a hospital, or, um, does that sort of, does that sort of thinking or wrangling come into your work at all? As a, as an end of life dealer and supporting people who are in hospital, for example.

[00:34:37] **Katrina:** Well, I mean, I think people can be supported anywhere. I've supported families in hospital, um, on the odd occasion. And really it's about being with the people you love. So how much are they, you know, are they comfortable? Have they got good pain relief? Are they able to contact the people they love are their loved ones allowed to come in and sit with them.

[00:35:03] Are they given a side room? Are they given respect? And their dignity are the needs of the family being met is the nurse who's on duty. Really nice. That makes a huge difference. Her death is as good as. Person who is looking after you that night, you know, so there's a lot of living to be done anyway. You are.

[00:35:36] And maybe it's just the look and it's just holding hands is just knowing that love is in the room and that's enough for that time in that place. It doesn't have to be all bells and whistles. You know, it's not Hollywood death scenes. Oh gosh. They've not done this as proud. They're not very realistic.

[00:36:05] **Rochi:** I could, I'd love to get a kind of little montage of.

[00:36:10] Hollywood endings of, you know, the, sort of the notion of like finally spit moments.

[00:36:17] **Katrina:** I'll tell you a little story. I, I, I went to sit for two days and two nights with my step-grandmother, who I really just didn't know at all. Well, and, uh, my aunt, uh, was there and one of the most beautiful things. That I have ever seen that a death happened and she was quite difficult and she was very

elderly and she had dementia and she'd been known to be quite unpleasant to the staff in various ways.

[00:36:50] Not, you know, because she was ill, not on purpose and quite, I think, quite trying to look after would be my guess. And. When the duty nurses went off, who, uh, um, Filipino women probably poorly paid and, you know, it's just very difficult work. It's hard, hard work that they all came in and surrounded the bed and held her hand and kissed her goodbye.

[00:37:25] Wow. Okay. And I just thought to myself, that's so beautiful and so heartfelt and so kind of them, and that's what I mean about living until you die, that, you know, something like that would happen to you and be in the space.

[00:37:48] **Rochi:** There's an openness, there's an openness there isn't there from the women that you described, the kind of, kind of prepared to.

[00:37:57] But they won't do what you do. I suppose. Sit, sit with that and accept it. And, um, it could, if, yeah, because if we could all do that and feel like that, and I suppose, yeah, I suppose there's a, sort of the difference between saying goodbye to your loved ones and maybe having that distance as a professional, um, That's where it's helpful to have the kind of that space offered by people who are at a distance and emotional distance, I suppose.

[00:38:35] Maybe that's where it that's what, yeah, it's all obvious stuff. Isn't it really it's. It, it goes without saying that it's hard to say goodbye to people that we love, but it is easy to be so open and honest about it, I think. But.

[00:38:48] **Katrina:** I think one of the things that really helps family members like yourself, Roshi, but anybody who's a family member who may not be very familiar with the process of death is too.

[00:39:02] Um, have somebody and it can be a nurse or a doctor, or just a friend who knows about it or an end of life. Do that. Doesn't matter who it is, explain to you what's happening, what they're seeing and what it means. And where we are in the process and her Marnie Elliot who runs living well dying well, cold calls us exquisite watches and, and, um, that's a rather beautiful, but what it basically means is I'm noticing this.

[00:39:37] Have you noticed it? Do you. Do you know what that means? And they might, or they might not, but I'm not going to assume they, they don't, you know, so with respect, but to point out. The physical signs and that's very

helpful to people. It makes them feel to the families and loved ones. It makes them feel better.

[00:40:00] It makes them feel more comfortable when they understand those

[00:40:02] **Rochi:** things, all those sorts of things, Katrina. I mean, I mean, is that just a list as long as. Forever. I mean, no,

[00:40:10] **Katrina:** no, no, not really. I mean, there's lots of signs of dying, but there are a few that come to mind and, uh, attached. She happened to, um, somebody I was at school with recently, my, my sister rang me up and said, this has happened.

[00:40:29] What do you think? And what it was that she, she had seen, um, a family member had come from. Too, into the room to talk to her who had died. I forget who it was. It was her grandfather or her father, something like that. I can't remember. And, and, and, and those deathbed visions where people see somebody and might be, um, pointing to them or talk, even talking to them, or clearly staring at something in the corner of the room.

[00:41:07] Yeah, RSI. And that death is NY it's, it's coming fairly soon. Right. And you know, people might say, well, that's a load of rot. You know, I don't, I don't think that's true, but what do we know do history? And there are. Thousands upon thousands upon millions of people who have seen somebody in the room who has possibly, I don't know, come to collect them.

[00:41:39] I don't even want to say why they're there, but I don't know why they're there, but they're there. And in fact, in this instance, this girl who's younger than me. She said, well, I know his dad, but I'm telling you he's here.

[00:41:56] **Rochi:** You see the, the logical or the rational, I suppose living part of me wants to say, oh, come on, come on country. But, but, but yeah, but there's a massive, but, but I don't really, we don't know. We don't know anything. Do we, um, There will be some sort of shared, but a lot of shared experiences that we don't know about until, until we're in that, I suppose.

[00:42:28] Sorry, what were you going to say?

[00:42:30] **Katrina:** I was just going to say that. I think perhaps it's really gorgeous to keep the idea of the mystery of death. Very present at the end of life. 'cause we, we, we can't know. We don't know and whatever sort of death somebody somebody's having, whether it's like the character in your play who

actually found it really difficult, or the one or the speaker who wanted to it to be also peaceful and Zen, like, we don't know how that's going to be sometimes there are very difficult physical symptoms, but it's all a mystery.

[00:43:09] **Rochi:** Yeah. And I suppose that's another version of reframing, maybe what we're so kind of used to looking upon as a terrible and the thinkable moment, but, but how beautiful if we could hold onto that idea, that actually the thing that is coming to all of us is, is something scary.

[00:43:36] Terrifying devastating, but mysterious. And, um, we're not going to know until we know. Um, yeah,

[00:43:46] **Katrina:** I've got a lovely book from a nurse in America. And the one thing that stood out to me, she says the body knows how to die. Of course it does because every single ancestor that has gone before us has died.

[00:44:05] **Rochi:** Katrina. Thank you so much. I wish we could talk all day, but thank you so much for sitting here and talking with me and sharing with us, your thoughts and your experiences. It's been great.

[00:44:25] **Katrina:** Thank you for having me. And I'm, I'm very excited that you are raising the conversation you see about death and dying.

[00:44:33] So that's a very joyful thing for me. Yeah. Thanks. Bye.

[00:44:47] **Pippa:** We hope you found this conversation as absorbing, as we did.

[00:44:52] **Kate:** Our thanks to everyone involved and our sound designer in Armstrong and editor, Fraser Youngson.

[00:44:58] **Pippa:** This podcast is produced by. She wants to. It's support from our commissioning partner, Nottingham Playhouse and funder art Scouts of England. Thank you.

[00:45:08] **Kate:** To find out more about the series and other she wants a dog series. Follow us on social media at she wants a dog or visit her website. She wants a dog podcasts.com.

[00:45:21] **Pippa:** Don't forget to listen to all five plays in the series and look out for other series from us, including Sickbabe exploring life with invisible disabilities, and the perverts podcast, a queer audio cabaret.

[00:45:34] **Kate:** And please do rate, subscribe and share if you enjoy these and doing this again for more extraordinary explorations into a subject that affects us all: death.