The Significance of Views on Nature in Forming Views on Life and Death

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1. The rupture of nature and life

The modern Western perspective on nature, which has developed against the backdrop of the natural sciences, positions nature in opposition to civilization and external to the cultural context of daily life. In light of environmental problems, nature becomes “a precious resource” that should be protected. By contrast, the Eastern view of nature positions humans and nature not within an oppositional structure, but rather as elements of a single living environment connected in KYOSEI (a coexistential living of mutual respect involving both independence and connection).  
Where all of creation is seen as being imbued with life, as in animism, nature also bears “a sacred quality”. The view that the dignity of nature are self-evident arises from this sense of coexistence with the environment, which is strongly rooted in Japan’s religious foundation: it is not a universal understanding shared by all of the world’s societies and it is by no means easy to explain.  
On a fundamental level, views on nature cannot be discussed independent of their context. For instance, Christian doctrine teaches that the world was created by God, that humans were made in the image of God, and hence, occupy a special position within creation and have dominion over the earth. Perspectives on nature are in this way defined by a range of factors including history and creation myths, spirituality, and beliefs about the afterworld and the nature of spiritual entities such as God. They cannot be discussed if the singular grand narrative to which they belong is ignored. Perspectives on nature, in other words, are expansive and comprise one aspect of a person’s worldview.

The same can be said of views on life and death. The phrase “views of life and death” here refers to understandings of what life and death are and whether life continues after death, but it also encompasses the ways in which those understandings give meaning to one’s actual life and death and the question of how one lives, as well as perspectives on human life and existence more

generally. In the Western tradition, the concept of *dignitas hominis* (human dignity) has been discussed over the years in the context of the meaning of life and death. The problem that arose in this discussion was the difference between humans and all other forms of life—in essence, the qualitative gap in their existence. Aristotle argued that the ability to reason gave humans ascendancy over plants, animals, and everything else on earth and placed them closest to heaven. As mentioned above, Christianity teaches that humans receive God's grace as beings made in his image, and that those who have faith in God will ascend to heaven after death. Both life and death are determined by the will of God and humans should therefore not interfere with either. This metaphysical worldview underlies Western views of life and death.3)

In both the East and the West, a single grand narrative has shaped the meaning and value of all of existence; perspectives on nature, life, and death are interlinked as aspects of the same worldview. In the present day, however, it is difficult for this type of grand narrative to function. The power of religious worldviews is fading as the rational worldview of the natural sciences ascends together with the utilitarian worldview of the market economy. While these worldviews define our lives, however, they fail to provide us with goals, norms, or a real sense of value in life. The advance of rational worldviews brings no real awareness or meaning to life, while utilitarian worldviews force endless competition and rob us of the opportunity to search our conscience. They subtly determine human action, to the point that contemporary society dismisses as unnecessary the act of stopping to reflect on the meaning of life.

Yet if we consider this question in the context of our own perspectives on nature, life, and death, we can find answers. Each person has his or her own thoughts on what happens to human beings after death, whether it is reincarnation, going to a different world such as heaven, or simply returning to nothingness. Alternately, people take actions such as creating gardens, visiting ancient pilgrimage sites, or excluding particular foods from their diet. In this sense, even today, views on life, death, and nature have not been lost. But are they rooted in clear experiences or volition? At least within our daily lives, it is enough that speech and attitudes regarding perspectives on life, death, and nature are expressed in pastimes such as fortune-telling, mangas, and games, and in the shells of old customs. In these instances, phenomena related to views on life, death, and nature depend on decisions made in the context of the situation and, therefore, lack consistency. Even people who believe that death leads only to nothingness may visit

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3) However, statements concerning the dignity of man do not recognize an inherent human dignity, but instead base it on the individual living up to his or her abilities. In other words, this perspective does not recognize the dignity of weak or ill individuals who cannot reach their potential. This problem continues to be debated today in personhood theory, which addresses decisions surrounding life and death such as death with dignity and abortion. In addition, associating dignity with ability can lead to discrimination on the basis of ethnicity, education, class, or gender.
pilgrimage sites and have a sense of spirituality; hear voices of guardian spirits or past lives through a fortune-teller; arrange their living spaces based on feng shui; fear ghosts, curses, or divine punishment; ask God for help; or pray at graves. Although this situation indicates the loss of true meaning in life in the sense of a grand narrative that feels real to people, it poses no problem within daily life.

Accordingly, the image of a dichotomy between Western and Eastern perspectives does not accurately reflect the current problem. The problem facing contemporary society does not lie in the choice between different perspectives on life, death, and nature or between contrasting worldviews, but rather in the fact that the meaning of and connections between the “worldview (view of the world)” and “view of nature”, “view of life and death” that determine our attitude toward life are being lost. In addition, when faced with a real crisis, the weakness of perspectives on nature, life, and death that are based on vague or fragmented experiences is exposed, and they crumble without having provided a solution to the crisis. Thus, present-day perspectives on nature, life, and death may appear cohesive on the surface, but lacking truth based on a feeling of reality, they are in fact being hollowed out.  

However, while we have up till now drawn comfort from our weak and severed worldviews and perspectives on nature, life, and death, we are now gradually being pushed toward a crisis in which these views will be directly called into question. Environmental problems are one example of this crisis: end-of-life care is another. These problems are currently independent of one another, but from a philosophical perspective that investigate the roots of the crisis we now face to help us, both provide opportunities to restore interlinked “worldview = view of nature = view of life and death”.

2. Landscapes at the epicenter of life and death

The following sections present a practical discussion of the potential for philosophy to address the current situation, in which interlinked “worldviews” and “views of nature”, “views of life and death” are being hollowed out and losing their meaning and feeling of reality. The activities and ideology of an independent hospice located at S Hospital in Tokyo, where the author participated as a volunteer for approximately two years starting in 2008, provides a context for this discussion. As Kübler-Ross’s theory of stages indicates, terminal patients pass through a range of physical and psychological conditions and are not uniform. Patients can seem to be different people from

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morning to night, and may react to the same action with gratitude in one instance and resentment the next. A simple smile can plunge the patient into dejection. As a result, communication with patients requires sensitivity and flexibility, even when communication is indirect. Putting volunteers who have no specialized knowledge into contact with the delicate situation of terminal patients is considered risky from the perspective both of the patient’s psychology and the hospital’s responsibility. The author was exposed to a range of education on these risks during volunteer training. For instance, volunteers are not permitted to make promises to the patients, because there is no guarantee the patient will be alive the next time the volunteer visits, so the promise becomes a burden on both parties. Of course, volunteers do not directly take part in treatment, and in that sense, their presence is not necessary. However, for the hospice to fulfill its unique role, they are necessary. In order to reflect on the relationship between perspectives on nature and perspectives on life and death, the following section examines this unique role through the example of gardening, an indirect service provided by volunteers.

The hospice is designed so that at least one of the several English gardens at the facility is visible from each of the rooms where patients spend their days. “Visible” in this case means visible to patients even while laying in bed. The volunteers who care for the gardens are also a part of the view that patients see on a routine basis. During training, volunteers learn practical gardening techniques, but before that they learn something more important: that the primary goal of gardening at the hospice is not to tidy up the garden, but rather to “become a scene of garden work.”

For the majority of patients, the hospice is their final home and the remainder of their life will be spent within the public space that is the hospital. When healthcare workers interact with patients, it is of course in their role as care providers. The primary people surrounding the patients are specialists (that is, healthcare workers) and family members. This environment is very different from that in which they spent their days when they were healthy. Illness thus takes away from patients their place in society and their human relationships as well as their physical functioning.

The World Health Organization defines palliative care as “the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” Palliative care, then, is distinguished by a “whole-person approach” that goes beyond providing medical treatment for illness by positioning the very life of the patient as its primary

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6) However, volunteers do provide non-specialized pain relief such as massages, and as discussed below, they are not entirely dissociated from the patient’s condition.

target. The role of volunteers in the hospice is to respond to the patient’s lost connectivity. At S Hospital, this is referred to as “becoming the breeze of society.” In other words, the volunteer serves as the breeze that carries the breath of daily life from the other side of the hospital wall into the isolated environment of the hospital. By interacting with patients not as specialists or family members who have spent their lives with the patient, but as strangers living within society, volunteers enable the patient to maintain a diversity of interpersonal relationships, as well as a connection with society beyond the hospital walls.

It is worthwhile to reflect further on the meaning of the phrase “become a scene of garden work.” The purpose of volunteer engagement in gardening is to enter the patient’s line of vision as “the breeze of society.” In addition, a latent potential exists for this view to restore the connection between nature and life.

Becoming a scene of garden work requires particular skills. While remaining conscious that he or she is being viewed by an unknown number of patients, the volunteer must devote himself or herself into becoming the view. Put in terms of the philosophical theory of the other, devoting oneself into being the view means to continue acting as the object of being-in-itself (être-en-soi) and to avoid turning the patient into the other through one’s own gaze.8) The gaze of the other, particularly that of the healthy other, pushes the patient towards self-rejection and entrenchment in a horrible reality. Patient reactions to this gaze vary from distress to shame to anger, but to suddenly appear in the patient’s field of view and turn one’s gaze in through the window at the patient constitutes a violent act that is far from appropriate care. The volunteers therefore constantly keep their backs to the patient quarters, although to avoid revealing to the patients that this posture is intentional, they work at a slightly diagonal angle. The care that the volunteer provides when doing garden work lies in never turning their gaze on the patients, or even leading them to suspect they might be doing so. In these moments, the person tidying the garden dissolves the boundary between themselves and nature, which also exists as being-in-itself, and gradually fuses into a single landscape. Day after day, the patient accumulates experiences of lying in bed and viewing this landscape in which humans and nature are one.

Innumerable techniques exist for becoming more fully a part of the landscape, even just within the context of garden work. In addition to not turning their gaze on the patient, volunteers must avoid quick movements, refrain from doing dangerous or strenuous tasks no matter their own confidence, avoid gathering in groups to chat, and otherwise refrain from engaging in activities that sever them from the landscape and make patients aware of them.

Through devotion to the single aim of becoming part of the landscape, the volunteer, too, slips into a different mode of consciousness, and a range of options come into focus with regard to his or her actions and perceptions. For instance, when raking leaves with a bamboo rake, consciousness turns toward the scraping noise produced. Sound, too, is a landscape. If this scraping sound is produced with a somewhat regular rhythm, the volunteer begins to wonder, might it not be a pleasant sound? And how should he or she rake the leaves in order to maintain a regular rhythm while not appearing unnatural? In this situation, there is absolutely no need to take efficiency into account. To take the point to the extreme, the volunteer might as well pretend to rake the leaves. In this way, possible actions ripple out from a single realization. Awareness of attitudes and values different from those of daily life varies for each volunteer, but these realizations and doubts are shared at meetings. Diversity is therefore ensured and volunteers are able to recognize the mistakes in their own actions.

At one such meeting, the author raised the question of what to do about spider webs in the gardens and patient quarters. The other volunteers responded with a variety of answers, since in practice each one did something different. One person said they did the same thing they did at home, which was to remove the webs in order to maintain cleanliness and get rid of spiders. Another person said they left them in place in case the patients had seen them as a metaphor for weaving their own lives. Yet another said that spider webs were beautiful. There is no final answer to this type of question. Depending on the patient’s personality and condition at the time, the best solution varies, and there is no way of knowing whether a particular action is the best. All the volunteer can do is keep in mind the particulars of the patient who would see the spider web, consider a range of opinions, and in the end make a decision on his or her own each time. Consideration for the patient in this type of situation requires the volunteer to think not about how he himself or she herself would feel or what is “normal,” but rather reflect on how a particular patient, who is sensing the approach of death, would feel. This process of constantly groping towards an understanding of one’s own ideas and ideal attitude through both meetings and internal reflection is continuously passed on from one volunteer to the next. In this way the volunteers, unbeknownst to the patients, are constantly striving to create the best possible environment.

Natural environments such as gardens are thought to be important elements in end-of-life care. Looking at nature and sometimes entering into it are believed to be effective methods of care for the patient’s psychological needs.9) The same goes for depressive patients treated in institutions.

9) Patients are sometimes taken outside in their beds, in addition to walking or going outside in wheelchairs.
with a rich natural setting. The symptoms of terminal and depressive patients differ, but the beauty of being surrounded by greenery and the slow flow of time in the world of plants and animals are experiences that bring relief, realization, and self-reflection to all varieties of patient suffering psychological distress. There is no question that natural environments fulfill a useful psychological function for people spending their days in technology-oriented medical facilities. They also bring a piece of ordinary life into the extraordinary space of the hospital.

For the author, a healthy individual, the work of gardening was a fresh experience that brought him into contact with the changing seasons and the subtleties of plants and animals. Logically speaking, people should be able to experience the same thing just by walking to the station on their daily commute and feeling the breeze or looking at the trees along the way. Yet their busy everyday lives lack opportunities to stop and notice the nature all around. Only when their mode of consciousness changes does the meaning of their environment also change, giving rise to another mode of consciousness. This is what happens within the hospice garden.

3. Connections between nature and life in clinical settings

Does the role of nature for terminal patients go no further than providing the same psychological effect that healthy individuals enjoy, which is to say, a minor escape from everyday life? And are gardens in hospices merely one type of alternative treatment?

The unique condition that terminal patients face is that their own death is imminent. Patients feel anguish regarding both death itself and the process of dying, during which they experience a series of losses as they gradually approach the end of their lives.¹⁰) Certainly, every person will eventually gradually grow old, approach death, and ultimately die. The problem, however, lies in the consciousness of death’s imminence, or to borrow Heidegger’s terminology, whether we are authentically (eigentlich) conscious of death.¹¹) Kishimoto, who battled cancer for many years, has said that people conscious of death’s imminence are in a “state of starvation for life” and that the gap between the presence and absence of imminence is as definitive as that between a hungry person longing for food and a well-fed person abstractly discussing it.¹²) For terminal patients in this state of starvation for life, natural environments likely hold a special meaning. The poet Jun Takami, conscious of his own imminent death, left behind the following poem:¹³)

¹⁰) Kübler-Ross refers to these two reactions to death as “reactive depression” and “preparatory depression” (see Kübler-Ross, op. cit., On Death and Dying, p. 78).
¹¹) “Eigentlich” means authentic in the sense of “own” or “particular” (eigen) rather than “true,” and its negative form “uneigentlich” (inauthentic) does not mean a “false” or “mistaken” life (see Martin Heidegger, Sein und Zeit, Tübingen: Max Niemeyer Verlag, 2001).
Outside of the train window / everything is full of light / full of joy and life  
When I think about departing from this world / the familiar colors suddenly seem fresh  
This world / human existence as well as nature / is filled with happiness  
Yet I must die / even though the world is so truly full of joy  
This does not sadden me / instead it soothes my sadness  
It touches my heart / where it becomes stuck and I feel like crying  
The warm light pouring into each apartment window  
The flock of sparrows chirping and flitting to and fro  
Glittering wind / joyful river / ripples like a smile  
Smoke bursting from the smokestacks of the Keihin industrial district on the far bank  
Outside the train window, everything living as if it were the embodiment of life  
Filled with strength / sparkling with life  
Gentlemen rushing down the road on your way to work—Good morning!  
Going about your work full of life  
I am at peace / If you are here, things will be alright.  
Goodbye / Take care of the rest for me / Take care

This poem describes how the view outside a train window is transformed by the author's deep awareness of his own impending death. Experienced through a mode of consciousness focused on life and death, the ordinary scenes in the poem become extraordinary and beautifully luminous. The plants and animals, and even the inanimate objects and natural phenomena, appear filled with joy, and are precious objects that bring the author happiness. The commuters he sees at the end of the poem are analogous to the volunteers outside the hospice windows. They are strangers going about their ordinary lives, never once turning towards the viewer. Nature and humans melt together within the landscape, but at the same time, the strangers that the patient sees are fellow members of the human race. The life of the natural world and of strangers becomes connected to the life of the patient moving towards death. Because awareness of their own death has led them to a mode of consciousness focused on life and death, the landscape that they see again and again outside their windows causes them to sense the connections between nature and human life, and opens up the possibility of transforming their consciousness and attitudes towards their own life. However, for patients battling strong emotions about sickness and death as they grow physically weaker, the beauty, strength, universality, and slow pace of nature can sometimes feel like a violent assault. As a result, they may feel hatred towards the natural landscape or sense their
own powerlessness and fall into depression. The work at S Hospital is guided by a conviction that if these feelings of worthlessness, aggression, or depression are treated with appropriate palliative care, they will gradually change until the patient ultimately accepts his or her own death and is able to face the last phase of life with gratitude towards others.14) Appropriate care is realized through a team that includes not only doctors and nurses, but also social workers, lawyers, and other experts, along with friends and family.15) The care this team provides includes not only easing the sources of the patient’s distress to the extent possible but also addressing the more fundamental distress that arises from their consciousness of life and death and their perspectives on these phenomena. The role of the volunteers who become a part of the landscape is to encourage a transformation in the patient’s awareness of life and provide an opportunity for them to develop their own perspectives on life and death.

The scenery of the hospice is not intended to inspire one particular perspective on life and death. Rather, the transformation in consciousness that it engenders may lead to a Buddhist perspective in which the interconnection of all life spurs a consciousness of samsara (rebirth), to a Christian one that offers hope of reaching a promised heaven, or to one in which the patient finds some peace or hope even while acknowledging their own return to nothingness. Many terminal patients have mystical experiences regarding death, such as in seeing loved ones who have passed away.16) The problem with these experiences is not whether they are real or whether they result from delirium or hallucinations. The problem is whether they cause patients to feel that their interconnected “worldview = view of nature = view of life and death” hold enough truth to give meaning to their life. What is required is the type of subjective truth that Kierkegaard contrasts with objective truth, that is, “an idea for which I want to live and die.”17) The world viewed in the mode of life and death transforms the viewer’s attitudes toward nature and his or her own life and death. This transformation goes beyond the clinical concept of relieving distress; it has the philosophical significance of allowing the patient to “well-being.”

4. Conclusion

14) Currently, not all palliative care facilities and practices share this conviction. Furthermore, as demonstrated by the fact that even Kübler-Ross, the founder of the stage theory of grief, ended life full of anger, terminal patients do not necessarily accept death before they pass away.
15) While family and friends are part of the care team, they also need to be provided with long-term care for their own grief before and after their loved one’s death.
16) In a survey by Morooka et al. of family members of deceased patients, 155 of 366 said that the patient had talked about “people or scenes that other people could not see” (Ryosuke Morooka and Kenshin Kirihara, “Where has the Afterlife Gone?” in How to Live, How to Die: In Situ Perspectives on the Study of Life and Death, Tokyo: Kyusen Shoin, 2009, p. 170).
Terminal patients experience the interlinking and full realization of their “worldview = view of nature = view of life and death” within the extraordinary environment of the treatment facility; for people wrapped up in everyday life, these views are more distant and harder to experience as reality. Similarly, the problem of global warming is occurring on a global scale, and for that reason people have difficulty feeling that it is real. Yet both problems are currently at a crisis level, and both relate to views on nature, life, and death. When we become fully conscious of the reality of these crises, our interlinked “worldviews” and “views of nature”, “views of life and death” are called into question. Hospice care presents the possibility of treating crisis awareness and response not in terms of resolving a problem, but rather as an opportunity to deepen awareness of “well-being.”

However, while nature, life, and death are generally recognized as important issues, their position within the priorities of everyday life is extremely low. For that very reason, whipping up concern over the impending crisis and appealing directly for cooperation in resolving it are not very effective approaches. A more realistic approach is to temporarily defer solving these problems and instead focus on transformations that lead people toward a self-affirming and possibility-filled “well-being,” thereby indirectly resolving the crisis. The scientific validity of environmental problems has the power to bring about change in policies and markets. End-of-life care holds the potential to connect views on nature, life, and death and make them feel real. By taking advantage of the strengths and compensating for the weaknesses inherent in each of these problems, it becomes possible to expand to everyday life the evolution toward a “well-being” that hospice landscapes enable. Designing environments that are conducive to that process will resolve both end-of-life and environmental problems, and serve as philosophical care for contemporary society.