

Love Letters to the Dead: Immortal Gifts for the Lifelong Learner

How are you? Does the Great One (the goddess of the West) look after you according with your wish? Behold, I am the one you loved on earth.

Letter from Mer-irtief to Neb-itief (Little Stele, Cairo Museum)¹

This fragment is from one of about 15 surviving letters from relatives to their recently dead, often written on papyrus, pottery bowls or linen, between Egypt's late Old Kingdom (2700-2200 BC) and late New Kingdom (1550-1000 BC) (Wente, 1990, pp. 210-219), the earliest extant exemplars of an art form still espoused by grief counselors to the recently bereaved. It features in autobiography and research, including C. S. Lewis's *Grief Observed* (1976) and Elizabeth Kübler-Ross's *The Wheel of Life* (1997). Moffat's (1992) selections from the literature of mourning includes writers who "address the beloved as if he or she is still alive and reunion is a possibility" (p. 159). For this essay, we were inspired by Bajer's (2005) play, *Molly's Veil*, based on longtime Mayor of Ottawa Charlotte Whitten's life, whose personal papers were not to be made public until 25 years after her death. When opened, they revealed the details of her 30-year love affair with Margaret Grier — mostly through letters written for 3 years after her beloved's death.

Dying and mourning are holistic concepts, hard to teach through didactics, be our audience healthcare students or professionals, families or community. Pedagogy must be woven with personal connection, fostering listeners'/readers' own reflections and self-

¹ [Online]. Available from "Letters to the dead." In *An Introduction to the History and Culture of Ancient Egypt*: http://nefertiti.iwebbland.com/texts/letters_to_the_dead.htm

expressions, and acknowledging the interplay between dichotomies — grief and joy, hope and fear, impotence and autonomy — along with the divine mystery that insistently intrudes (see Lander & Graham-Pole, 2006). Writing is best illuminated by personal story, exemplar, reflection and dialogue — a pedagogy of “reflective practice” rather than “technical science” (see Holman & Thorpe, 2003, p. 2). Ellis and Bochner (2006) suggest a “contrast between humans as scientists and humans as poets. ... All of us suffer loss sooner or later, and our capacity to make sense of and to work through pain is the foundation for rebuilding a life” (p. 118).

The bereavement literature speaks to the learning/healing power of recounted and written stories, memories, and dreams (see Rooks, 2001; Saresma, 2003), which Rachel Remen (1996) applies not just to pedagogy but to personal and professional practice and research. “Stories allow us to see the familiar through new eyes. We become in that moment guests in another’s life, sitting with them at the feet of their teachers. The meaning we draw may differ from that they themselves have drawn. No matter: facts bring us knowledge, stories wisdom” (p. xxx). As teachers of those whose lives and work bring them into intimate relation with the dying, we offer the art — or craft — of experiential portrayal, building narrative relationships between teller and listener. In praise of craft, Paz (1973) writes: “The handmade object is a sign that expresses human society in a way all its own: not as work (technology), not symbol (art, religion), but as a mutually shared physical life” (p. 21). Whereas preservable “fine art” can become cult, handmade objects are useful *and* beautiful. We are “forbidden” to touch fine art or religious icons, but “made *by* human hands, the craft object is made *for* human hands” (p. 21). Its transpersonal nature symbolizes healing touch, contrasting with the biomedical

model of clinical history-taking from patient/family, standardized through the “SOAP” (Subjective-Objective-Assessment-Plan) note, with which every American medical student has enduring acquaintance but which has little place in palliative pedagogy (Graham-Pole, 2005).

The “Immortal Gifts” of our title captures this pedagogy inherent in the evanescent-preservable art continuum. Anthropologist Edmund Carpenter (1966) tells us: “The Eskimo word ‘to make poetry’ is the word ‘to breathe;’ both are derivatives of *anerca*, the soul, that which is eternal, the breath of life” (p. 206). Memory immortalizes every act of human/divine artistic creation; every unique and intimate reminiscence is a work of healing immortal art. To cultivate this intimacy through experiential portrayal, we use autoethnography — of ourselves and those cared for; and reflexivity — a person’s *fixed* (demographic), *subjective* (life history), and *textual* (language) positions (Sunstein & Chiseri-Strater, 2007, pp. 131-132). For us then, *fixed* is: John is Emeritus Professor of Pediatrics, Palliative & Arts Medicine at an American university and Dorothy is Senior Research Professor in Adult Education at a Canadian university, and a bereaved spouse; *subjective* is our personal relationship, starting as academic co-researchers in art and palliative care between Nova Scotia and Florida, and unfolding into our spousal relationship; *textual* is our letter-writing to our beloved dead, reflective dialogue, and first-name/first-person usage.

Our autoethnography draws on our arts-based research (Lander & Graham-Pole, 2007) in several cultures — hospitals, research and voluntary organizations, professional and student classes, families, homes and communities. Autoethnography informs lifelong pedagogy from cradle to grave, and encompasses formal and informal learning as

mourning — from the Indogermanic for “re-membering.” Becker and Knudson (2003) see mourning imaginally:

Mourning entails moving into the mythopoetic space in which the living and the dead co-exist. ... An ethical act of ‘re-membering’ the dead ... [has] several layers of meaning, including (a) to recall or recount; (b) to reattach the limbs of the body (suggesting forgetting is a kind of violent dismemberment); and (c) to grant the dead their autonomous membership in the living community. ... Just as we remember the dead, so they remember us. ... We are not responding to a ghost or a concept, but to a metaphorical ‘person,’ the source of which does not matter as much as the immediacy. (p. 694).

Transitional experiences in William Bridges’ (2001) before-after autobiography of his wife’s death unfold through mourning/remembering the broken connection in learning new ways of being. Like Dorothy, he experienced new love while in the “neutral zone” before a year had passed (p. 171). Mourning contrasts with grief — from the Latin for “heavy” — the feeling of sadness accompanying broken connections (p. 224).

Parker Palmer (1998) links re-membering to teachers recovering from losing the heart to teach: they must learn “*re-membering*” — “putting ourselves back together, recovering identity and integrity, reclaiming the wholeness of our lives. When we forget who we are we do not merely drop some data. We *dis-member* ourselves, with unhappy consequences for our politics, our work, our hearts” (p. 20). Chris Hawes (1991), after failing to come to terms with his brother David’s death through poetry and play-writing, became a hospice writer-in-residence. Known as “the man who listens to stories,” he finally got it:

It is about a dialogue, a sharing, a learning: it's about listening to the dying. ... It's about admitting we're frightened too, and that the dying are further up the road, and that they may, hopefully, be able to turn back for a moment and help us understand. (p. 527)

Art's most important aspect in this pedagogy may be linking creativity to spirituality, treated in depth in Matthew Fox's (2004) book *Creativity*: "We are creators at our very core. Only creating can make us happy, for in creating we tap into the deepest powers of self and universe and the Divine self" (p. 28). We have evolved from Freudian psychoanalysis, requiring emotional detachment for successful mourning, to recognizing the need for continuing bonds with the deceased (see Becker & Knudson, 2003; Daggett, 2005; Field & Friedrichs, 2004). Becker and Knudsen hold that "the road to the dead is a *via negativa*, a willingness to suspend belief and disbelief in favor of imaginative engagement... without any reasonable reaching after fact and reason" (p. 694).

For Bochner and Ellis (2006), autoethnography's power to inspire reflections extends its value beyond teaching and research to caregiving. The popular culture around what constitutes a "good" death or mourning is reflected in the "canonical stories that circulate in one's society" (p. 116), often through TV and movies. Autoethnographies "show people struggling to resist or revise meanings that are not of their own making" (p. 116), and "allow another's person world of experience to inspire reflection on your own" (p. 119). In *Final Negotiations*, Carolyn Ellis's story of her loss of her partner Gene offers "readers companionship when they desperately need it. Maybe not *now*, but everyone's time surely will come" (Ellis & Bochner, p. 111). Laurel Richardson's (2007)

ethnography *Last Writes* portrays the intricacies of a long term friendship at end of life; during Betty's last few months, both Laurel and Betty give and receive care.

We offer our letters of mourning to show autoethnographic art as pedagogy, intending them as “an act of caring, of generosity, witnessing, becoming ...” (Bochner & Ellis, 2006, p. 117). Our reflections on them unfolded as dialogue, often on hand-in-hand walks on our wooded Nova Scotia roads, to “show or enact communication [teaching and learning] as a living, breathing, active process” (p. 112). They echo Dwight Conquerwood's *praxis* of co-performative witnessing: “what it means to be radically engaged and committed, body-to-body, in the field” (as cited in Madison, 2007, p. 826). “We cannot be subjects without dialogue, without witnessing. Counterbalance is central in the give-and-take of dialogue and the meeting of two subjects whose subjectivities grow and deepen from their mutual encounter” (p. 829).

And so it is John writes his mother, a single parent who died aged 51 when he was 12, and Dorothy her husband, Patrick, who died aged 75 in 2004.

Dear Mummy,

It's high time I wrote you! The last letter I actually posted would have been from boarding school — over 50 years ago. Yesterday I was having a good cry while Dorothy, my wife, soothed me. There haven't been many people I've really trusted since you died. So I still miss you — I guess grief lasts a lifetime.

But — 65 years young and happier than ever! And you'd be proud, and sure let me know it — like when I won that prize (Dombey & Son) for Latin or that little silver cup for the school handicap. I just retired after 40 years of doctoring. About 20 years ago

I figured out my course was set — subconsciously — the moment I heard you'd died. Uncle Ken always tried to talk me out of it after we went to live with him, and I could never come up with why I was so sure — after all, I hated science in school! I know now it was no accident I chose oncology and pediatrics — your death made me declare a 12-year-old's war on cancer, and after my miserable adolescence I lost my heart to the first sick child I saw — though it was scary as hell. And the last 5 years I've been a hospice doctor. People often ask me how and especially why — and lately I've been figuring that out too. Another of those things I got into without knowing why. Here's the story.

I went to Barts [St. Bartholomew's Medical College, London University], like dad, and the year after I graduated ended up as Dr. Hamilton Fairley's intern — the first Oncology Professor in the NHS. I used to go to "The Blood Clinic" — a nickname for the weekly visits of patients with blood cancers, mostly leukemia. Forty years ago, hardly one was cured — most lived only a few weeks. But these were chemotherapy's early days, and Fairley was at the forefront. It was nothing for 60 patients to show up, a lot of them London stockbrokers and journalists, so pretty smart and informed. They figured out how to educate themselves and each other from the few resources out there, and there was something of a comrade-in-arms feel to where they waited to be seen by the specialists, or get their blood counts or chemo shots. They called themselves "The Blood Club", and obviously got to know each other well in their cramped surroundings — we'd call it a patient support group today.

But the docs didn't socialize with them at all, and there was one unbroken rule: no staff ever used the "C" word (= Cancer), let alone the "D" one (= Death), with a patient. Any such utterance was confined to quick asides in back corridors between social

worker and wife of someone close to his deathbed. And the family members were encouraged to keep up this pretence; the thinking was, if you told a patient the truth you'd speed up their end. I saw this charade played out dozens of times — and it gave me an inkling why no one had warned me about you. Crazy thinking about it now, but you just didn't tell a 12-year-old his mother's dying — time enough afterwards.

The way it happened with me was — that second term after I went to Epsom [Epsom College, a private boarding school], my housemaster, Mr. Berridge, summoned me into his study and told me to go home for the weekend. No explanation; Uncle Ken met me at Weston station and drove straight to the hospital. There you were, sitting up in bed in your pink bed jacket, Elizabeth, Mary, Jane [my three elder sisters] and Aunty Joan on either side of the bed. I sulked horribly — I can see now I must have known perfectly well something bad was happening, and was scared. But it took me years to get over being that way. So — I'm sorry I was mean to you, mummy.

Because that was the last time I saw you — alive or dead. They sent me straight back to school in time for Monday morning French and Geography. And a month later I went through the whole scenario again—from Mr. Berridge's study to Uncle Ken at the station in his Ford Prefect. This time, though, we drove straight home to Ravenswood (I don't remember anything on the way), where he took me into the drawing room, sat me on the sofa with him in your armchair across the room — it seemed a hundred miles away — and told me you'd died three days ago. Fifty-three years later I still can't remember if he said anything else. Next thing I was walking down Bristol Road toward the seafront. That's all I remember — if my sisters or other uncles and aunts were at

home, I don't remember seeing them, or even when I did get home. I "came to" sometime the next Monday back in Geography.

So, mummy, this is how I came to it — I must have chosen my career then and there. I did a year's residency in 1968 at Jenny Lind Children's Hospital in Norwich, and early on I looked after a 10-year-old — Audrey, I think — with a horrible cancer. But she lived most of the time I was there, because by then we were using chemo with children, which worked for a while. And I found out it was okay to make friends with my patients! She was in hospital most of the time toward the end and her mum and dad lived a good way away so couldn't visit much. I'd go and play card games and chat with her in the evenings. My boss got wind and worried I'd get too hurt when she died, but I knew it was all right. I held her hand and talked to her when she was dying. It was the best thing I'd ever done. I'd like to have held your hand, mummy, when it came your time but life doesn't work that way, does it?

So that's my story. You're the first to hear it — I haven't even read this to Dorothy yet. I'll write again or maybe I've said enough until we're together again.

Reflective Dialogue

D: Did you learn something new writing your letter?

J: Oh yes, I really got it — grief is lifelong one way or another. Though it's no longer acute — it's almost nostalgia for that childhood freedom and safety she supplied. Funny, I called her *Mummy* — absolutely a child's word. A grown-up wouldn't use it, so writing threw me back in time and I relived the experience... So cathartic. My poem, "Leaving Mother" (Graham-Pole, 1998), speaks of the last time I saw her *joyful* — the end of

summer holidays before that first school term. We were walking in Weston Woods when she tired and my sisters and I “hoisted her four limbs between us, swung her with the abandon of children whose mother would never commit the treason of abandonment” (p. 65). Twenty-five years on, I found my first good listener, and sorted things out — I made that 12-year-old’s subconscious decision to make war on cancer by choosing medicine. No one could talk me out of it — though uncle-doctor Ken tried his best. It’s astounding what a huge and finally positive impact a seemingly senseless tragedy can have.

D: That reminds me of the Rumi poem that grief is a blessing (see Lander & Graham-Pole, 2006, p. 10).

J: Making meaning of the existential purpose of loss — that idea can be a stretch for doctors. It’s central to my teaching young students who mostly don’t have the perspective life experience brings.

D: You seem to link grief to feeling safe, *held*. Here we are 50-odd years later, and you still feel sad — guilty maybe? — about not holding your mother’s hand that last time. Perhaps your not trusting people easily has something to do with feeling abandoned by your mother — by all those people who ‘couldn’t’ use the C-word or the D-word?

J: It was more than simply feeling “left out” and not knowing what was happening. I still feel some anger, maybe with her for not talking to me, though mostly with the whole culture that condoned this. But I see now it was really my fear and sadness about her being no longer *available*. Writing to her, I could take this stuff out and tell her I’m sorry — something I couldn’t do as a boy brought up to hide all feelings! And with the perspective of age and “distance” I see how the good gets passed around. I didn’t hold my mother’s hand but I did Audrey’s.

D: So as a doctor you could translate your anger into compassion? Has it made a difference to how you tell someone their loved one is dying?

J: Oh huge. Backing up a minute, though, letter-writing is an act of creativity – call it art or craft – and, like anything creative, implies self-expression, “getting it from inside to outside” — always good. Even 50 years on it’s still therapeutic. Another epiphany I had is it’s okay to “befriend” your patients — witness Audrey. Nowadays, I teach that flouting barriers between caregiver and receiver is easier than blocking those feelings. It’s also a huge gap in health professional education to know how to handle pain and distress in ourselves and our colleagues. So how’s it changed my approach?

Fundamentally! I had no guidance in med school. The first time I had to talk candidly to a family, indeed a patient, I was just on faculty back in London, with nobody “above me” to tell me what to do. And the resources I found came from quite different places. For example, I’d done a lot of acting, where you get good both at dialogue and stagecraft.

D: How you enter a room?

J: Yup. My theatre professor friend at Florida taught my students the importance of skilful, precise interaction, spoken and unspoken.

D: How might you hold your body when delivering bad news? I assume not like Uncle Ken who sat as far from you as possible.

J: No indeed. I think how one uses one’s body is instinctive if you let it. It’s self-evident that telling bad stuff requires sitting down and getting as close as acceptable to create the connection.

D: Like your example of 6-year-old Joy who couldn’t touch her dying brother because her Korean parents believed it “would hold his soul in the world” (see Lander & Graham-

Pole, 2007). Brings me back to the unfinished business of grief. Was there any resolution in making this first communication — structured communication, that is — with your mother?

J: Absolutely. A sense of closure came from going over the details so specifically. I had this vivid image of my mother's bed jacket — pink, handmade, probably crocheted — swimming up from the past. Crucial too, I found faith we'd meet again. I think personal faith is vital to teaching this subject.

Beloved Patrick:

In Sunday's paper, Silver Donald Cameron's First Word was headlined "One Musician's Final Gift" (The Nova Scotian, 2007, p. 2). Like you, Mary Louise VandeBerg gifted her body to science through Dalhousie's Anatomy Department. She died on Canada Day 2007 in her daughter's Nova Scotia home. I knew the procedure so well — after your heart attack you'd carried your donor card in your wallet for 7 years before you died, contact numbers pencilled on the back — so useful when I finally delivered on your gift. For you, it fit with two threads in your life: find value in anything you could — even your wasted body — and enrich human inquiry, however you could. Your body could teach especially about heart disease, diabetes and colon cancer.

In your final months, whenever the nurses asked if students could attend you, you were happy they have their first try — so uncomplaining — at starting an intravenous infusion, tricky often for experienced nurses. You proudly gave your body to science, wanting to avoid dying in Christmas week, or when they had more than needed, and yours wouldn't be accepted. I gave the social worker your donor card the morning you

died and heard another possible reason for refusal — dementia. Well, I could confirm you were lucid to the end; your last words — “too late for Susan and Cathy” [two daughters expected the next day] — showed your certain knowledge of your death just before your last breath.

And I proudly attended the donor memorial service in Dalhousie’s Memorial Gardens 18 months later; they buried your ashes in a collective grave, and offered prayers for you. During the service, several made tributes. One student said the bodies of our loved ones were “my first teacher.” I’d tried to block pictures of students dissecting your precious body — only then did I let myself shape concrete images. We were especially moved by OT Student Jo-Anna Arseneau’s tribute. At your eldest daughter Evelyn’s request she emailed us the text. Here are some of her heart-warming words, which for me capture the meaning of your gift that keeps giving:

The selfless gift of your loved one ... will help all the people we will help throughout our careers, a truly endless gift. ... When we began studying the hand, we reflected upon the significance and the meaning behind this part of our body. In our everyday life, we speak and feel with our hands, hold others with our hands, and provide love and comfort with our hands. So despite efforts to try and distance ourselves from the people we were working with, humanity overrides and our hearts were touched.

This took me straight to those expressive listening hands of yours that I held the moment you died. Only Louise of your daughters was there, and as the morticians wheeled you past us, the sheet hiding you from view, she spoke her thought that we’d abandoned you to strangers: “I wish I could go with him and hold his hand.” Octavia Paz’s In Praise of

Hands broadens the craftsmanship concept that “teaches us to die and hence teaches us to live” (p. 24) to all handwork of self-expression and relationship.

*My reading has kept your body’s image front and centre. Two things in Cameron’s article struck me. First, I hadn’t known Dalhousie students say a prayer before beginning dissection. I’m so comforted by the idea of students gathering around you in prayer. Second, I was taken with the picture of Peggy pinning a “vivid account of Mary Louise’s life and character ... to her mother’s clothing before the body was taken away” (Cameron, p. 2). I wish I’d known students can, and like to, know about their donors. The OT student, Jo-Anna, said, “As students, we did not know your loved ones in the capacity that you have, nor did we know them in the traditional sense of what knowing a person might be. We don’t know what names they held, where they came from or the things that they loved to do, but we do know that by their ultimate sacrifice and gift, they had a beautiful, kind and generous spirit.” I wish I’d pinned an account of your life and character — much more meaningful if they knew you loved jazz, that you were a master of spontaneous songs with altered lyrics to fit any occasion, were a longtime CBC radio/TV broadcaster in the city where they were studying. Maybe their parents danced to the music when you hosted *High Society* [Maritimes equivalent of Dick Clark’s *American Bandstand*]. As they were dissecting your hand, I could envision you asking them your engaging questions about their own aspirations, and listening intently with your face — and your hands.*

*In Vincent Lam’s (2005) novel, *Bloodletting & Miraculous Cure*, his work as an ER doctor validates his description of students’ first encountering death. The Dean’s injunction — “distasteful incidents regarding cadavers have, in the past, resulted in*

expulsion” — and the anatomy demonstrator’s declaration — “This fine cadaver is your first patient” — seem odious. They reduce your body — and in a way, your life. I’d never use the word ‘cadaver’ or ‘corpse’ — it diminishes your gift and your humanity. Our language has made “over my dead body” a curse not a gift. And no mention of prayers before beginning. I learned their dissection manual was particular about the first incision “at the top of the sternum, extending downward to the xiphoid” (p. 34) and I thought, “If only they were as particular about ‘treating your [first] patient nobly’” (p. 34). But I hear in my “mind’s ear” your challenging, clarifying question — a frequent response to my academic writing — “Are you really recommending a step-by-step manual for treating the patient nobly?” Preempting, as usual, a potential reader’s/listener’s question. For me, being “as particular” would focus on words and metaphors. For starters, I think it would change the relationship with your dead body, if the advice was — paraphrasing the student at your service — to treat your first teacher nobly. Calling your body a cadaver doesn’t.

*Richard Selzer (1998) talks about patient and caregiver both needing story and metaphor to illuminate their suffering. This could apply to the anatomy lab. Lam’s students try to make meaning from signs written on their first teacher’s body, in this case a tattooed crucifix in a heart. The manual called for an incision directly through the tattoo so they had to negotiate this conflict — learn the “bicipital groove” but still “respect a man’s symbols” (pp. 42-43). I purposefully read Pauline Chen’s *Final Gifts* (2007) for its subtitle — *A Surgeon’s Reflections on Mortality*. She reflects that one effect of separating death from life may be the sense of doctor immortality, which defines death as the result of errors: “Death is no longer a natural event but a ritual gone awry” (p. 95).*

She laments this definition as “erasing the face of our patients and inserting our own fiercely optimistic version of immortality. ... When we refuse to accept our own fallibility, we deny ourselves grief” (p. 119). “‘Surviving’ the illnesses and deaths of others creates the kind of illusory immortality that leads not only to professional arrogance but also to those selfless feats of medical heroism” (p. 195). I want to believe medical practice and pedagogy has moved beyond Chen’s experience of relegating the dead to “just another middle-of-the night operation” and “forgetting their humanity” (p. 195); that the students who learned over you didn’t erase your face but tried to piece together your “book of life ... [beginning] with the epilogue and attempt[ing] to read backwards” (p. 13).

You know how attracted I am to Michel Foucault’s ideas of how everyday practices are an effect of dominant discourses. Chen’s book is a goldmine for tracing the history of public acceptance of anatomical dissection, a fairly recent phenomenon. Her scholarship ranges from early Christian beliefs about desecrating the bodies of Crusaders to the Renaissance lithographs of human anatomy, complete with artful poses (p. 21). I think the effects of the 19th-century discourse that the “truth about illness and disease lay in the body ... medicine could only ever be absolutely certain about disease once the patient had died and the body could be dissected” (Nettleton & Burrows, 1994, p. 95) can be traced to the present. Covering your dead body with a sheet and wheeling “it” down the corridor extends the view of patients as objects of scientific knowledge and practice to the human anatomy lab. I blocked images of students working on you because I shuddered to think of your being mined for science, with your humanity and life’s value held of no account. Now I’ve come to this deeper understanding, I shall use the image of

your precious body as a symbol to capture the attention of caregivers and policy makers. You, meticulous recycler in life, would appreciate this symbolic use of your dead body as a gift that keeps on giving.

Reflective Dialogue

J: Patrick spent 27 years as a CBC radio/TV interviewer, right? So, is it too fanciful to imagine him in his last hours interviewing Death? What might be his opening question?

D: Well, when he interviewed Oscar Peterson, he asked what flashed through his mind as his fingers raced over the ivories. So I see him asking Death about the timing — timing’s a big thing for interviewers who have to “do a wrap” in just a few seconds — *Why now when we had so many wonderful plans?*

J: Your letter changes the whole idea of lifelong learning. Not just cradle to grave but beyond. I always say I’ve learned more from patients than medical mentors. I think Pauline Chen feels the same; her very first patient had been dead over a year before she laid eyes or hands on her (p. 3). And her dissection fears, like Lam captures in fiction, resound with me. The lectures Chen attended preparing for her first day of dissection were replete with tools to detach emotionally from the experience (p. 8), with language the main tool in her kit, beginning with “the cadaver” – not a person who’d had a life.²

D: Probably the students working on Patrick had only the information Chen had on her “cadavers” – a card with gender and approximate age at death (p. 13).

² “We must view this dead human body not as ‘one of us’ but as ‘one of them,’ a medical case to be understood but not embraced. ... It was as if such separation would provide me with a greater sense of objectivity ... and thus an enhanced ability to care for my patients” (Chen, 2007, p. 8).

J: No wonder the cult of death jokes grew up in anatomical dissection rooms, to deal with embarrassment and barely suppressed fear of the dead.

D: I wince thinking that Patrick could have been the subject of such taunts.

J: I'm glad we're getting a bit more enlightened. Memorial services are quite widespread in medical schools, honoring the dead as students' teachers. The spread of humanities programs has brought telling and writing stories of the emotional impact of first intimate encounters with human life and death right into the dissection rooms.

D: It was such a tribute, the medical student referring to the bodies of our loved ones as his "first teacher," rather than his first patient, as Chen does.

J: Words are potent, aren't they? We lose sight of the MedSpeak that pervades medical culture. It's terribly hard to get students to talk to their patients in "lay" language when they talk to each other in codes as unintelligible as "legalese" to non-lawyers. When I arrived in the US as a new professor from England, I understood what Churchill meant about two countries separated by a common language — one medical culture doesn't even cross to another. Expected to teach residents and med students, I felt like a 6-year-old unable to understand US MedSpeak — quite different from England's version.

D: It's a funny thing, even though I know from adult education that writing is a reflective practice that churns up unexpected things, it took me by surprise when I wrote about Patrick's last words: you remember — "too late for Susan and Cathy." I thought they were a kind of goodbye to those daughters who wouldn't see him again alive. But in writing, their deeper significance came to me — Patrick, always the inquiring mind, still learning and asking the hard questions, must have wondered about death itself.

J: When he was dying, did you, an educated and intelligent woman, understand everything the doctors told you?

D: It wasn't so much I didn't understand the *words*. I couldn't *read the codes* of what was *unsaid*. Both the surgeon and the oncologist drew pictures for us after Patrick's surgery, showing exactly where the tumour was in his colon, showing us they didn't get it all. I still have those scribbles. The oncologist's drawing showed the stages, with likely outcomes. Patrick's was C – 60% chance. I just heard “chance,” better than the worst stage – D. But given his age — 75 — Dr. M. left it up to us whether to go with chemotherapy. Once that failed, and draining the ascites became a frequent necessity, he told us: “All bets are off.” That felt like a body blow. I remember we walked out of the hospital gripping onto each other. But still I didn't “hear” the message to prepare for his death. In retrospect, though, I think Patrick did, and took concrete steps — always practical, he gave cash gifts to his daughters to avoid probate. But I chose to hear the oncologist's comments as clinical and statistical details, not — perhaps I couldn't — that Patrick was dying.

J: Well, the oncologist didn't say so directly. “All bets are off” is euphemism — and you didn't you use the D-word with each other, did you? [D: No.]. Even if you heard it with your heart, you chose the strong resource of denial. Is that right in retrospect?

D: Yes and no. What about “Tell all the truth but tell it slant” (Emily Dickinson, c.1868) as in your poem about the two surgeons' response to your telling an 8-year-old straight out: “Joey, you're going to die” (Graham-Pole, 2002, p. 90). So they told us — but they told us *slant*. After all, right until the week before Patrick died, they were trying second-line chemotherapy. Though I remember telling his daughter Susan, when the nurse

showed us the statistics on the drug's success rate in terms of little blue men against colorless white ones, "I wish there were more little blue men." I think you can know and not know the truth simultaneously. Perhaps it got *told slant* just for me because, alone, Patrick would have asked the straight questions and insisted on the straight answers.

J: Yes. My poem ends: "Was I *too* candid? They'd thought so. For me, I knew he knew. He knew I knew it: straight, no slant in that" (p. 90). Maybe your doctors knew Patrick knew it, but didn't know you didn't know it! "We didn't get it all" and "All bets are off" are telling it slant, you know now. They sound commonplace but they're so significant. For all those little-blue-and-white-men statistics, it's the distinction between a cancer with every chance of being cured and one where all bets are off. You see, they use the best drugs first, and if they definitely fail — Patrick's tumour had spread to damage his liver — substitutes are almost always much less successful.

D: It's just these kinds of clinical statistics that break my heart because they reduce Patrick to numbers — a specimen. That's why I was so taken with Cameron's tale of Peggy pinning her mother's story to her clothing.

J: So ... how might the oncologist have done things differently, to humanize his relationship with Patrick and yourself?

D: I don't want to demonize those doctors, who were clearly very drawn to Patrick, and had him talking about his *life* — especially his CBC life. And when the surgeon saw him last — he was moving to Virginia — he gave Patrick a long hug, and, more startling for me, Patrick returned it warmly. I witnessed how, in many ways, neither man wanted to let go.

J: Gosh, can you remember how that felt to see two older men from different cultures joined so intimately?

D: I was moved to tears. But this was a code I knew — no slant. Unconditional love between two humans, not doctor-to-patient. Elisabeth Kübler-Ross, who revolutionized how the world sees dying, says: “The only thing that truly heals people is unconditional love” (Kübler-Ross, 1997, p. 15).

J: The surgeon’s hug seems like an act of real nobility. Isn’t it a wonderful juxtaposition for those brown Semitic hands that had skillfully removed 180 centimetres of Patrick’s colon to now embrace him? That’s Paz’s true art of handicraft.

D: Oh, lovely, use *and* beauty, not *either-or*.

Coda

D: Let’s go back to the themes of gifts and learning in our title. Did our process of challenging cultural norms by writing to the dead along with reflective dialogue, do what the theorists and practitioners say it would do in terms of mourning and meaning-making?

J: Those folks, Rumi among them, ask us to learn from our greatest tragedies by seeing their gift. Let’s try this. Take it back to your experience. Can you at this point after Patrick’s death find any gift in his cancer, the way you have in the gift of his body to science?

D: Being with Patrick at the moment of dying is the greatest gift. It was a sacred time and space, giving me a glimpse of my own death — what it means to have no time, no space, no fear. Fear’s an utterly earthbound phenomenon. I wouldn’t have got that without our

reflective dialogue on my letter. One striking new image is of students remembering Patrick's life and his generous spirit as they dismember his tissues. Memory animated with dialogue is the art at the heart of the pedagogy of mourning as re-membering/dis-membering. Celebrating the hand's touch as the reciprocal care of the living for the dying, and the dying for the living, has shaped our thinking about "immortal art" on a preservable-evanescent continuum, which Edmund Carpenter (1978) calls "Silent Music and Invisible Art." Your image of those hands that removed Patrick's tumour enfolding him in a goodbye hug is pure poetry – maybe it'll wend its way into a new poem! We've preserved the story of this evanescent experience as immortal memory – and as gift. Did something similar get jogged loose in our dialogue after your letter?

J: Yes, as teacher-practitioner, I've always tried to help students and colleagues handle hard truths around dying with integrity, recognizing the nuances, verbal and non-verbal, arising in these interactions. In our dialogue about my anger with the grown-ups taking care of me totally evading the truth, I saw clearly how formative those experiences were in setting me on course to find my power as physician-teacher.

D: Do you think mourning provided you with the creative materials for writing poetry, as the literature suggests, and for the "altruistic love" involved in teaching the art of truth-telling?

J: Yes, profoundly — but gradually, subconsciously over the 47 years since my first pre-med days. I never knew why I started writing poetry but I always knew bringing art into my hospital was linked with my drive to become a doctor of palliative art.

D: We didn't plan this paper this way. It's only coming to me now that we're wrapping up that we're engaging in the third level of dialogical learning — third-loop learning —

which is “the learning that opens inquiry into the ‘whys’” (Isaacs, 1993, p. 30) underlying reflective dialogue. It’s learning about our learning, which goes from single loop — *remembering* (our letters); to double loop — *re-membering* (reflective dialogue); to triple loop — *re-remembering*. Can we think at this level about this challenge to cultural norms about mourning, and teaching about dying — namely, communicating with the dead?

This particular third level of learning opens inquiry not into the “whys” but into the “what ifs.” As-if conversations give a special place to the subjunctive voice, so we can sustain our relationship with the dead, unlike the usual emphasis on confronting “reality” and accepting loss (Hedtke & Winslade, 2005, p. 197).

J: Like “Mummy, you *would* be so happy to know I care for children” or “Patrick, what questions *would* you ask the students dissecting your tissues?” And, of course we often have “as if” conversations with Patrick when we cook in *his* kitchen. Because he was so meticulous in following recipes to the teaspoon, we often laugh at each other winging it through supper-preparation: “Patrick would turn in his urn!” It’s like the down-to-earth quote from Mer-irtief’s letter to Neb-itief we began with — “How are you?”

D: It makes the beloved’s presence palpable. The subjunctive voice of “would turn in his urn” allows us a three-way chuckle with Patrick. I was comforted to find autobiography and in-depth research as evidence of the continuous bonds with the dead. Fifteen of Daggett’s (2005) eighteen interviews with the bereaved reported experiences of communicating with loved ones. I love the response of one man who wished he’d known about it so he “could have been on the lookout” (p. 197). Almost by the by C. S. Lewis talks about the “*quality* of last night’s experience” with his beloved H. I trembled with recognition where he says: “I never in any mood imagined the dead as being – well, so

business-like. Yet there was an extreme and cheerful intimacy, an intimacy that had not passed through the senses or the emotions at all” (Moffat, 1992, p. 199). I’m surprised too there’s no big emotional charge to the experience. I have only one experience of Western mourners exposed to the commonplace among indigenous people of talking to the dead, but it sure unleashed emotion. When my brother David, a United Church minister, assisted at Aunt Flo’s funeral, shortly after he returned from a 3-year placement in New Zealand, he included the Maori tradition of acknowledging the dead’s presence in the funeral rites. He turned to the closed casket and spoke directly — conversationally. My Aunt Dorothy said later, “I was okay until David began to talk to Flo,” in which “okay” meant holding that “stiff upper lip” expected of women of her generation. Looking back, there’s something almost comical in the unexpected set against the conventional.

J: Did anyone laugh, I wonder? In my experience, laughter is quite common at funerals, even if it seems unseemly. Actually, the Irish wake is a time of merriment. I’ll tell you, you can feel free to laugh as much as you find it in you if I die before you.

D: And you can write me love letters and tell me jokes in the hereafter. For me, cultural norms about dying are deeply instilled. Look at *Hamlet* – you were the First Gravedigger in last year’s community theatre production so it’s fresh in my mind. Communication with Hamlet’s ghost is filled with fear and trembling. And the cultural norm suggesting disloyalty in marrying soon after losing a spouse — “funeral baked meats did coldly furnish forth the marriage tables” (Act I, Scene II) — is very personal for me. So writing letters to my beloved Patrick, then laughing with him (subjunctively) *and* you in *his* kitchen turns this cultural norm on end.

J: Theory into practice, isn't it? Just what we've been posing all along about autoethnography: it's a teaching and research tool, but also for caregiving, including self-care. It's a hand-i-craft in Octavio Paz's (1974) terms because "it teaches us to die and hence teaches us to live" (p. 23).

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