

# THE GIFT OF THE DYING PERSON<sup>1</sup>

• Ruth Ashfield •

“Through the vulnerability and dependence of the dying person, we discover a call to reach beyond ourselves to those around us and ultimately to God Himself.”

---

## *Introduction*

“It seemed so strange; no one seemed to want to look at me.”<sup>2</sup> These words, spoken by a dying woman called Louie to Doctor Cicely Saunders encapsulate our struggle to face the deepest questions of meaning hidden in every moment of suffering and of which the dying person is a visible reminder. They highlight also the subsequent isolation of the dying person which our fear creates and which can only increase their suffering, since suffering is intolerable when nobody seems to care. And yet, Louie’s words are also words of hope because they were spoken to a woman who *was* looking at her and who had dedicated her life to living alongside those who were dying and to improving their care. Saunders had discovered that in learning to look at the dying person and to care for him, we can find a resting place for all the questions of meaning

---

<sup>1</sup>My thanks to Ms. Rachel M. Coleman for her editorial support.

<sup>2</sup>Saunders, “Terminal Patient Care,” *Geriatrics* 21 (1966): 70–74.

we encounter in the mystery of suffering. Louie's words call us to turn our attention to the dying, and in so doing we too may discover truths about the human condition which will enrich our understanding of life.

It should not be surprising that death holds a particular challenge for modern man since it calls into question our understanding of freedom as pure autonomy and of the person as a self-sufficient individual. How can my freedom be a lack of any limitation when I am "limited" by death? Death, the one certain thing in life, that from which I cannot escape, seems to be an assault on my freedom. Where is my personhood if I am completely dependent on others? And yet we shall argue here that an attentive examination of the lived experience of physical suffering and dying reveal that it is within these very experiences that I can discover the true dimensions of my freedom and the destiny of communion to which I am called. For it is the gift of the dying person to call forth from his community and his culture true compassion—and compassion is never one-sided—as what is necessary for real communion.

To focus our exploration we will look at the work of Cicely Saunders (1918–2005), whose contribution to these questions is remarkable. She is universally recognized as the founder of the modern hospice movement; her work caring for the terminally ill as a nurse, social worker, and finally a physician has changed the face of palliative medicine around the world. Saunders combined a determination for professional excellence with a deep Christian faith, making concrete an ethic of care which provides the highest quality medical attention in a thoroughly holistic framework. Her writings contain a wealth of wisdom born directly from the experience of caring for the dying and will be frequently drawn upon in what follows.

It is this experience of the dying person and of those caring for him which will remain at the heart of this article. This approach is undertaken following in the footsteps of Blessed Pope John Paul II and others who see that man's experience of life and love draws him to wonder, to search, and points him towards a fullness of meaning that only comes to light in an encounter with Love in the person of Christ. Both Saunders and John Paul II, enlightened by Christian faith, discovered in the experience of the suffering and

dying person a privileged manifestation of the continuity between human experience and Christian revelation. It is beyond the scope of this article to address the theological underpinning and consequences of all that will be discussed; rather, the focus will be on how these experiences can open man to such a revelation of love and so be transformed from within when lived in expectation of it.

In Part 1, man's quest for meaning and its relation to the body will be explored in order to propose a language of the suffering and dying body which points us towards meaning. Part 2 will examine the specific needs of the dying person and show how the only adequate response to the mystery of death lies in compassionate presence. The consequence of such a response will be explored from the perspective of the dying person in Part 3 and from the perspective of the community surrounding him in Part 4.

### 1. Man's quest for meaning and the language of the body

Man's quest for meaning always begins with his own experience of life and love, and woven into the fabric of these experiences is the reality of suffering. As John Paul II writes in his Apostolic Letter *Salvifici Doloris*, "Suffering is a universal theme that accompanies man at every point on earth. . . . [It] seems to be, and is, almost inseparable from man's earthly existence."<sup>3</sup> Indeed it is suffering, which arises when man experiences any kind of evil, that draws forth the deepest questions about the meaning of existence, since "within each form of suffering endured by man . . . there inevitably arises *the question: why?* It is a question about the reason and the purpose of suffering, in brief a question about its meaning."<sup>4</sup> Suffering provokes in man the deepest questions: Why am I suffering? Why is there evil in the world? Behind which lie the questions: What is man? Who is God? Does God even exist?<sup>5</sup> In virtue of this question

---

<sup>3</sup>John Paul II, *Salvifici Doloris, On the Christian Meaning of Human Suffering* (London: Catholic Truth Society, 1984), 2–3.

<sup>4</sup>*Ibid.*, 9.

<sup>5</sup>For a beautiful and profound presentation of how innocent suffering provokes the deepest questions in man see the dramatic presentation of the story of Job by Karol Wojtyła in his play of the same name: Wojtyła, "Job," in *The Collected Plays*

“why?,” suffering becomes a place in which man is destined to go beyond himself, since in asking “why?” he is addressing God. Suffering then belongs to man’s transcendence, it reveals his relationship with God and manifests the depth which is proper to man and the height to which he is called.

The two touchstones of man’s lived experience—love and suffering—bring him to this point of transcendence, and both are rooted in his body and in his place in the physical world. This reality has been increasingly explored in recent years following the emergence of John Paul II’s powerful *Theology of the Body*.<sup>6</sup> Within the framework of this work, a synthesis between the corporeal and the spiritual is accepted that allows us to speak of a “language of the body.”<sup>7</sup> The human body, united with the soul, bears within itself a primordial meaning and communicates this meaning within man’s experience of life.<sup>8</sup> John Paul II proposes that the body reveals three “original experiences” in God’s plan for man: “original solitude,” “original unity,” and “original nakedness,” and that these three interrelated moments stand at the foundation of every human experience.<sup>9</sup> They make up, as it were, the vocabulary of a “language of the body.”

In his article “Towards a Theology of the Suffering Body,” Father José Granados persuasively proposes that suffering is a “boundary experience” which allows us to glimpse again the truths of these original experiences.<sup>10</sup> By examining the dynamics involved in a moment of suffering it becomes clear how the different elements at play correspond with the truths revealed in these three

---

and *Writings on Theater* (London: University of California Press Ltd., 1987), 19–74.

<sup>6</sup>John Paul II, *The Theology of the Body: Human Love in the Divine Plan* (Boston: Pauline Books & Media, 1997).

<sup>7</sup>Carl Anderson and José Granados, *Called to Love: Approaching John Paul II’s Theology of the Body* (New York: Doubleday, 2009), 37–38.

<sup>8</sup>José Granados, “The Unity of the Human Person under the Light of Love,” in Carl Anderson and Livio Melina, eds., *The Way of Love: Reflections on Pope Benedict XVI’s Encyclical Deus Caritas Est* (San Francisco: Ignatius Press, 2006), 91–106.

<sup>9</sup>Anderson and Granados, *Called to Love*, 21–26.

<sup>10</sup>Granados, “Towards a Theology of the Suffering Body,” *Communio: International Catholic Review* 33 (Winter 2006): 540–63.

original experiences and so allow man's search for meaning to begin to take shape.

Firstly, any moment of suffering reminds man of his corporeality; his body immerses him in the physical world, he experiences pain and limitation. Such an immediate experience of this limit causes man to question, to wonder, to search. Human suffering is unique amongst all the suffering in the world because only man suffers and wonders "why?" and this peculiar question "why?" leads man to look beyond himself and towards God for an answer. This experience corresponds with what John Paul II calls "original solitude," in which he expresses how man discovers himself as unique in the created order.<sup>11</sup> He stands apart from the other creatures as a being capable of wonder and so capable too of a relationship with God.<sup>12</sup> Suffering is a moment that makes it possible for man to discover again this foundational openness towards God as he turns outwards in search of answers. This search for meaning and for relationship with God which "original solitude" points us towards becomes all the more urgent when man is faced with the prospect of dying.

A second moment in the experience of suffering is when man finds himself face to face with his need for others. He discovers that he depends on others in a very concrete way, whether that be on the skills and expertise of medical professionals or on the love and support of his family and friends. Through his body man learns his own dependence and vulnerability; he is broken open, as it were, and discovers that he does not exist as an isolated individual but in relation to others. This discovery of relation and openness is encompassed in what John Paul II calls "original unity."<sup>13</sup> In this term he describes how the creation of humanity is only complete in the unity of two, male and female; and so the human person discovers himself already existing in relation to another and can only fully understand himself in such a relation.<sup>14</sup> The experiences of dependence and vulnerability are particularly profound for the

---

<sup>11</sup>John Paul II, *Theology of the Body*, 35–42.

<sup>12</sup>Anderson and Granados, *Called to Love*, 26–38.

<sup>13</sup>John Paul II, *Theology of the Body*, 42–51.

<sup>14</sup>Anderson and Granados, *Called to Love*, 39–60.

dying person—he becomes acutely aware of his relation to all those around him.

A third element at play in man's experience of suffering is the response of those with whom he comes into contact, the environment in which he is received. This is crucial because it reflects to him the nature of the relation with others that his dependence and vulnerability has revealed to him. Since the only truly human response to suffering is one of *com-passion*, in which we reach out and care for the one who is suffering and even choose to *suffer-with* him, this relation should emerge as one of love. Anderson and Granados write: "the spectacle of suffering is a call to love the sufferer and enter into union with him. When we accept this call, love shines forth in the world."<sup>15</sup> In this way the experience of "original nakedness" is seen, in which John Paul II understands the body to reveal the nature of man's relation to the other and to God as one of love, since the male and female bodies are ordered towards a mutual self-giving that is fruitful.<sup>16</sup> An environment of compassion is essential for the dying person. It is the only way he can see reflected in the love of the other before him the Other for whom he is searching and with whom his life continues to have meaning and purpose. We see, then, that the experience of the dying person never merely involves only that person, but is also for and requires a community and a culture. Not only are the boundaries of him who is dying broken open, but in this very suffering a response in kind is called forth from those around him.

Thus, the "language of the suffering body" reminds us of these three original experiences by speaking to us of dependence and vulnerability in a way that opens us to the world and our fellow human beings, pointing us beyond ourselves and calling us to a moment of transcendence which is made most accessible by compassion. If each element of the experience of suffering is intensified for the dying person, then we should expect the truths to which his specific experience point to also be purified in some way; indeed, we can speak of a specific "language of the dying body"

---

<sup>15</sup>Ibid., 139.

<sup>16</sup>John Paul II, *Theology of the Body*, 51–66. Anderson and Granados, *Called to Love*, 61–79.

and this reveals that which underpins and binds together each of these three original experiences: the dynamism of gift.

2. *"Watch with me."*

Saunders understood well the search for meaning as lived by those nearing the end of their lives. Her writings reveal an awareness of a language of the dying body that is both practical and profound and which is born directly from observing the dying person in front of her. She once wrote: "It is the dying themselves who will teach us how to think of them and approach them, if we will only look at their dignity through their dependence . . . and if we will see our own need reflected in theirs."<sup>17</sup>

Saunders believed that the most important foundation stone for caring for the dying lies in the simple words spoken in the Garden of Gethsemane, "Watch with me."<sup>18</sup> She saw encapsulated in this plea a completely personalized attitude to care, in which each patient is approached as a unique individual, never categorized by his condition or symptoms and always considered in relation to those he loves. Saunders once asked a dying man what it was he needed from those caring for him. He responded, "I look for someone to look as if they are trying to understand me."<sup>19</sup> The dying need us to face them, to learn what their kind of pain is like, what their symptoms are like, and from this knowledge find out how best to relieve them. Such an approach to care stems from a deep respect for the patient; it requires a profound empathy on the part of the watcher and will always involve a personal encounter. "We have to learn how to feel 'with' patients without feeling 'like'

---

<sup>17</sup>Saunders, "Light at the End of the Road," *Christian Medical Fellowship Quarterly* 42 (July 1965): 2-7.

<sup>18</sup>Saunders, "Watch with Me," in *Watch with Me: Inspiration for a Life in Hospice Care*, 2<sup>nd</sup> ed. (Lancaster: Observatory Publications, 2005), 3-8.

<sup>19</sup>*Ibid.*, 3.

them if we are to give the kind of listening and steady support that they need to find their own way through.”<sup>20</sup>

To approach a dying person in this way means beginning, very simply, by receiving them as they are. Such an approach is an implicit acknowledgment from the outset of the gift of their being and, if we allow it to, this acknowledgment can shape the whole of our response to death.

Saunders’ genius was to see that the words “watch with me” offer all of us a way of living in the face of the mystery of suffering and death. “Those words did not mean ‘understand what is happening’ when they were first spoken. Still less did they mean ‘explain’ or ‘take away.’ However much we can ease distress, however much we can help patients to find new meaning in what is happening, there will always be the place where we will have to stop and know that we are really helpless.”<sup>21</sup> All suffering, but perhaps the suffering of the dying more than any other, can bring us to a place of darkness, of abandonment, where there seems to be no answer to the question “why?.” And yet, it is precisely in this place that the response of those accompanying the suffering or dying person becomes crucial. “Even when we feel that we can do absolutely nothing, we will still have to be prepared to stay. ‘Watch with me’ means above all, just ‘be there.’”<sup>22</sup>

There *is* a response to the “why?” of suffering, and it is a response not of words or explanations, but of presence. To remain, even when there appear to be no more answers, is itself the beginning of an answer. For in remaining we choose to accept to share in the dying person’s suffering in some small way and in so doing we continue to affirm the worth and dignity of this person.

---

<sup>20</sup>Ibid., 3. It was in learning to feel “with” patients that Saunders conceived of the now internationally recognized concept of “total pain” to describe the suffering of those nearing the end of their lives. In this term she expressed how pain can be physical, emotional, spiritual, psychological or social and by introducing such a category into the language of mainstream healthcare she helped pave the way for a more holistic approach to care. She made a particular study of physical pain, breaking new ground in pharmacological methods of pain management and developing the expert pain management skills for which palliative medicine is now famous.

<sup>21</sup>Ibid., 4.

<sup>22</sup>Ibid.



To “watch with” a dying person is to witness to the goodness of his being, even if he is completely physically dependent or perhaps unconscious. It is to say simply, “You matter because you are you and you matter to the end of your life.”<sup>23</sup> As Granados writes, “This movement of compassion is a new revelation for the suffering person. Someone cares for him in the midst of his pain; even more, someone wishes to suffer with him. This compassion reawakens in him the sense of his own dignity; it is the beginning of the answer to his question to God regarding the meaning of suffering.”<sup>24</sup>

It is *inside* this response of presence that both the dying person and the person watching with them can discover a new level of meaning. What cannot be changed, the fact of dying, can be transformed when it is lived in an environment of com-*passion*, of *suffering-with*. Even those who are seemingly completely passive—patients who are perhaps comatose or completely physically incapacitated—are, when remained with, shown not to be so. Indeed, in this experience, it is the watcher who is transformed into the patient, receiving from the dying person the gift of the question “why?” and a sign of what lies beyond our boundaries. As each person finds themselves both giving and receiving, so a true communion is born.

We will look at this transformation from two sides: first at the experience of the dying person who is received in such an environment (Part 3: Journey to gratitude) and secondly at the experience of those who are involved in their care (Part 4: Invitation to hope).

### *3. Journey to gratitude*

In 1967 Saunders founded St. Christopher’s Hospice in South West London. It became the flagship hospice for the modern palliative care movement in which a holistic approach to the person marked the beginning of a new era, not only for the care of the dying but for the practice of medicine as a whole. Patients arriving at St.

---

<sup>23</sup>Saunders, “A Death in the Family: A Professional View,” *British Medical Journal* 1(844) (1973): 30–31.

<sup>24</sup>Granados, “Towards a Theology of the Suffering Body,” 556.

Christopher's frequently spoke of feeling "safe" once they understood how they would be cared for there. As Saunders observed, "The world in which your own body is letting you down, feels and sometimes is a very unsafe place";<sup>25</sup> and yet, "the real presence of another person is a place of security."<sup>26</sup> To offer a dying person this sense of security allows them to begin, when and if they are ready, to face the uncertainty of what is to come. It protects them from an isolation which intensifies all suffering and gives them the context from within which to live the deep questions which naturally arise.

As a person's body loses strength he experiences a more profound and growing dependence on the people and environment around him. His vulnerability is more pronounced and the reality of existing in relation with others is felt more acutely. In an environment of compassion these experiences can open him to others and may even help him to glimpse a more fundamental relationship with an-Other. As Saunders once wrote, "one continually sees that faith in God and His care is made infinitely easier by faith in someone who has shown kindness and sympathy."<sup>27</sup>

At first glance the experience of a dying person may appear to be a completely passive one. After all, he cannot stop what is happening, his life is going to end, and gradually he can do less and less for himself. While it is true that all suffering contains a strong

---

<sup>25</sup>Saunders, "A Death in the Family," 30–31.

<sup>26</sup>Saunders, "The Management of Fatal Illness in Childhood," *Proceedings of the Royal Society of Medicine* 62(6) (1969): 550–53.

<sup>27</sup>Saunders, "Care of the Dying: Mental Distress in the Dying," *Nursing Times* 72(30) (1976): 1172–74. Moreover, it should be acknowledged that this realization of the presence of an-Other who is with me in my suffering is crucial because suffering alone cannot answer the question it raises. "Man learns that he is dependent on a world that is hostile to his existence. If this were the only answer to his question, his awareness of his own condition could only serve to convince man of his desperate situation. . . . As sufferers we are in need of first receiving a revelation that we ourselves cannot produce. In other words, the 'I suffer' only takes on meaning when its openness to the world is fulfilled by an encounter with the compassionate Other: 'someone is willing to suffer with me.'" Granados, "The Body, Hope and the Disclosure of the Future," *Communio: International Catholic Review* 36 (Winter 2009): 662–63.

element of passivity this is not the complete picture.<sup>28</sup> Saunders learnt that “we need to look at what the person is accomplishing in the face of his physical deterioration. This will be much more within himself as a person than in his activities and will be in ‘being’ rather than in ‘doing.’”<sup>29</sup>

Saunders recalls a policeman who had Motor Neurone Disease and who once said, when looking at a man with the same condition whose disease was further progressed than his own, “If I ever get like that I would want to do something to myself.” The policeman lived some time at the hospice and began to witness the process of dying repeatedly bringing a person closer together with their family, staff or with other patients. He came to define the situation in which he found himself as a “bringing together illness.” When he finally did reach the stage of complete paralysis and dependence that he had feared, he found from the inside that the situation was very different because he was not alone. “The complexities fall away. I cannot see round the next bend, but I know that it will be all right.”<sup>30</sup> As Saunders observed, “There is a freedom here which does not have anything to do with choice but comes from acceptance.”<sup>31</sup>

Louie, the lady whom Saunders knew well and who was quoted at the start of this article, had spent her entire life in bed with a severe disease. She spoke positively of her condition: “to *depend* on other people, not to be able to do things for yourself. . . . It’s well worthwhile. . . . It helps you over the hill.” In discussing her approaching death she talked in terms of offering: “God knows

---

<sup>28</sup>John Paul II explores this further in *Salvifici Doloris*, 7 wherein he states: “Suffering has both a subjective and a passive character (from ‘*patior*’). Even when man brings suffering upon himself when he is its cause, this suffering remains something passive in its metaphysical essence. This does not however mean that suffering in the psychological sense is not marked by a *specific ‘activity.’* In the midst of what constitutes the psychological form of suffering there is always an *experience of evil* which causes the individual to suffer.”

<sup>29</sup>Saunders, “Training for the Practice of Clinical Gerontology: The Role of Social Medicine,” *Interdisciplinary Topics in Gerontology* 5 (1970): 72–78.

<sup>30</sup>Saunders, “A Death in the Family,” 30–31.

<sup>31</sup>Saunders, “Caring for the Dying,” in Sylvia Lack and Richard Lamerton, *The Hour of Our Death* (London: Geoffrey Chapman, 1974), 18–27.

best. I'll give myself up to him. He's always got his arms out ready for you if you're willing to try."<sup>32</sup>

For others, the journey will be more one of laying-down than offering-up and may not be explicitly religious. Paula, a glamorous young blonde girl bedridden with advanced cancer is remembered by Saunders as "facing the certain outcome like the tough and realistic person she was."<sup>33</sup> When she was admitted to the hospice she replaced the simple cross in her room with a horny red devil, "looking at us sideways to see if we had noticed and taken the point."<sup>34</sup> The night before she died she asked the night nurse what she believed was the meaning of life and if there was anything beyond it. Having been offered a simple statement of Christian belief, Paula responded, "I can't say I believe like that. . . . would it be all right if I just said that I hoped?" With that she took off the false eyelashes which she wore night and day and, asking the nurse to put them away, said, "I won't need these any more."<sup>35</sup> Paula's longing was met with the faith of another person and this "helped her to make the simple gesture of being just herself and to reach out into the darkness of death and not be afraid."<sup>36</sup>

These experiences, discoveries and victories are by no means isolated events. Those who live alongside the dying witness time and again that there is a way of coming through hardship which leads to a new kind of peace and freedom. In their own ways each of these patients, and countless others whose stories have not been chronicled, have arrived at the realization, conscious or not, that he is not the source of himself. Patients know that they cannot hold themselves in existence and so they realize that they did not bring themselves into existence. And yet, if they are held in a community which continues to value them and reflect to them their worth, their existence is affirmed as a good and they can rest in the knowledge that it must have purpose and meaning. The discovery

---

<sup>32</sup>Saunders, "Terminal Patient Care," 70–74.

<sup>33</sup>Saunders, "Hope" in *Thought for the Day* (No publisher or place of publication stated) (1975): 16–20.

<sup>34</sup>Ibid., 18.

<sup>35</sup>Ibid.

<sup>36</sup>Ibid., 19.

that “I am not source of myself” can become the discovery that “my life is given to me.” The paradox of the language of the dying body is that it is just as life seems to be being taken away that we can discover it was given in the first place. And if life is given then there must be a Giver who stands as the Source of the gift, because only persons can give gifts in the full sense of the word. As John Paul II wrote, “The concept of ‘giving’ cannot refer to nothing. It indicates one who gives and the one who receives the gift, as well as the relation established between them.”<sup>37</sup>

Furthermore, the only adequate response to any gift is an act of gratitude in which the relation established between the one who gives and the one who receives becomes shaped by both parties. It is in this way that the dying body speaks to us of that for which our freedom is created; for, far from being limited by death, man’s freedom finds its true fulfilment as a response to the gift of life in an act of thanksgiving. The last stage of life then, is not a long defeat of living, but can be a positive achievement of dying in which people sum up all that they are as they come to die. As one 93-year-old man said to this writer two days before he died, “Now, I’m just grateful.” Or in the words of another patient, known as Mr. P., who was dying from esophageal cancer, “Over the past few weeks I have felt the need for somebody beyond all this to whom I could say ‘Thank you.’”<sup>38</sup>

#### *4. Invitation to hope*

This wealth of meaning which the language of the dying body offers us emerges only when we accept to “watch with” the dying person in the face of the mystery of death. If we are able to do so a beautiful paradox emerges, for those watching realize that they are the ones who are receiving and it is the dying person who is giving to them.

This is firstly because in remaining with the dying person we accept the opportunity to face the same deep questions of meaning which suffering and death give rise to and so we allow our

---

<sup>37</sup>John Paul II, *Theology of the Body*, 59.

<sup>38</sup>Saunders, “The Working of St Christopher’s” in Robert DeBellis, *Medical Care of the Dying Patient* (New York: Foundation of Thanatology, 1974).

own need to search for the foundation of life to be reawakened. Through the vulnerability and dependence of the dying person we are reminded that life is openness towards each other and we can discover in this openness a call to reach beyond ourselves to those around us and ultimately to God Himself.<sup>39</sup>

Furthermore, the dying person reveals to us that this openness takes the shape of an encounter of love because he is, in himself, a witness to the dynamism of gift that underpins the whole of reality. Since, if the dying person is a reminder that life is given and so points us towards the Giver who stands at the foundation of life and to whom we can return the gift of life in an act of gratitude, then he also reveals that we have an origin and so we have a destiny: being-from is also being-for. We discover in the weakness and vulnerability of the very ill and the dying the authentic revelation of life reduced to its essentials: the relationship of love, given and received.

It is in this way that the dying person, through the language of the dying body, offers us an invitation to hope. For if life is about love, death cannot be the final word; since love is not defeated by death, love instead brings with it a promise of fulfilment. As the author Wendell Berry writes so perceptively: "The world of love includes death, suffers it, triumphs over it. The world of love continues, grief is the proof of this."<sup>40</sup> Moreover, Berry continues, it is only in confronting death that earthly love can learn its true calling: "The world is a place where we may learn of our involvement in *immortal love*, such learning is only possible because love involves us inescapably in the limits, suffering and sorrows of mortality."<sup>41</sup>

Saunders observed, "Hope grows out of facing reality as well as we can. We often miss it because we duck reality and opt out of the struggle. Yet, man seems to be made to look forward."<sup>42</sup> When hope comes to characterize the experience of suffering and dying we

---

<sup>39</sup>Granados, "The Body, Hope and the Disclosure of the Future," 667.

<sup>40</sup>Berry, "Health is Membership," in *The Art of the Commonplace* (Washington, D.C.: Shoemaker and Hoards, 2002), 144–58.

<sup>41</sup>Ibid. Emphasis original.

<sup>42</sup>Saunders, "Hope," in *Thought for the Day*, 18.

find that time itself is transformed for all those involved. The last months, weeks, or even days of a person's life can become the most significant of all as everything that is unimportant falls away and real healing can be discovered. Saunders often spoke of Ramsey, a patient who became blind and inhibited in speech due to an inoperable brain tumor, who wrote in his diary two weeks before he died: "Amazingly enough, I believe I'm going to find a God. I find it quite exciting to think of my future. . . . I seem to be at the beginning of my life with God and that is amazing."<sup>43</sup>

However, we have to ask whether our culture is still capable of discerning and responding to the invitation to hope which the dying person offers us. Whilst any adequate critique of modern Western civilization is well beyond the scope of this paper, it is immediately evident that we are in real danger of losing the witness of the dying person in our world today. It has been argued above that there is a crucial interdependence between the lived experience of the dying person and the culture in which he finds himself—the two mediate meaning to each other. In a culture such as ours, which places the value of the person in having, doing and producing, and which understands dependence and vulnerability only in negative terms, the dying person can have no value because they have no *use*, they are ultimately a social and economic burden. In such an environment the very old and the dying have no sense of being received as a gift by those around them, and as a result their lives become devoid of meaning and purpose. In this way the beautiful cycle of true compassion is syncopated, the language of the suffering and dying body is not heard, and all the richness which an understanding of the dynamism of gift can bring to our experience of living is lost. Thus our culture itself is even further impoverished and all those left living are deprived of truths which would radically enrich the experience of life. As Saunders once wrote: "We need the dying person as much *and more* than he needs us."<sup>44</sup>

---

<sup>43</sup>Saunders, "Facing Death," in *Watch with Me*, 19–30.

<sup>44</sup>Saunders, "The Care of the Dying Patient and His Family," *Contact* (Supplement 38, Summer 1972): 12–18. Emphasis original.

*Conclusion*

Thus, within the “language of the body” with which John Paul II has provided us exists a particular “language of the dying body,” which can help throw light back on the whole human experience. It is clear in the suffering of the dying person that there is an original solitude, something which only he experiences, which is not necessarily isolating, but rather is an invitation into a deeper and more transcendent way of understanding his own life. We see too, in the work of Saunders, a new dimension of the original unity that John Paul II has explained so well in the context of the relationship between male and female. To look at original unity in the context of the dying person and his community reveals that it is precisely in his original solitude that space is opened up for the community to be invited into his experience: true compassion is only possible in suffering. Therefore, the experience of the dying person is never only his experience, but is opened up from the inside to all those who have the patience to “watch with him.” Within this patience it becomes clear that nakedness is not a being stripped bare of all dignity, but a vulnerability proper to our very being that leads us to understand that in which our dignity consists: that our entire life, and indeed even our death, is gift. The three “original experiences” mutually include one another and the gift of the dying person is such that we are allowed to see and experience this inclusivity in a privileged way at the very boundary of this life.

Therefore, we have an enormous amount to give and to gain if we accept the invitation in Louie’s words to stop and consider the dying person. We can discover with him that he is a witness to the gift that life is, to the response of gratitude which fulfils our freedom, and to the hope born from such a response that our time here on earth is in fact only a part of our lives. Suffering and dying, when lived in an environment of true compassion, become a birthplace for wonder and signposts towards the destiny to which we are called. Those fortunate enough to live alongside the dying, “watching with” them in the face of death, are responding with them to the call inherent in suffering, and essential to man, to reach beyond themselves towards the transcendent.<sup>45</sup> In so doing we see

---

<sup>45</sup>John Paul II, *Salvifici Doloris*, 2.



that our search for meaning can discover a resting place, if not a complete answer, in this mutual exchange of giving and receiving. As Saunders observed: “Love is the key to the answers of all the questions ‘why?’ for in love we learn to wait for full answers.”<sup>46</sup> □

**RUTH ASHFIELD**, a graduate of the John Paul II Institute for Studies in Marriage and Family, Washington D.C., is a palliative care nurse in Surrey, England and is pursuing doctoral studies in the work of Dr. Cicely Saunders at the University of Glasgow, Scotland.

---

<sup>46</sup>Saunders, “Faith,” in *Watch with Me*, 9–17.