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Writing death: a personal essay

Biographical note:

Irene Waters is currently undertaking a research higher degree examining sequel memoir at Central Queensland University. Growing up as the daughter of a minister of religion, she saw death from a spiritual perspective. Her career as a nurse led to her seeing death and dying from yet another angle and, as a writer, she is compelled to write about these deaths. She has had work published in an anthology, *Eavesdropping* (2012), and in *Idiom23 literary magazine* (2013, 2014). She has completed a memoir, 'Nightmare in Paradise' (2013) and is currently writing a sequel to this.

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Creative writing – Memoir – Death and dying

There is nothing more sure in life than that death will be the inevitable end. Most of us have infrequent touches with death early in life. As we age, this contact increases as our parents die, our first close friend, acquaintances and those that we know of only via news broadcasts all die, each death affecting us in different ways. When I write about death I attempt to show the uniqueness of the occasion. As Carson McCullers wrote, 'Death is always the same but each man dies in his own way' ([1961] 1998:1). Sometimes my writing is humorous, at other times sad, but in all I attempt to answer one question: Who does death belong to – the dying or those that will be left behind?

We are all impacted by death at various stages of our lives and, as a memoir writer, I write about the deaths that have affected me. For the reader, a memoir can be a guide through the human experience; it can give insight into another's experience which can offer comprehension of his or her own or an understanding of experiences which are unknown territory and, as such, could be of value to those dealing with the dead and dying.

Why do I write about death? Elisabeth Kubler-Ross, the guru of dying during my nurse training, wrote of death and dying as 'a dreaded and unspeakable issue to be avoided by every means possible in our modern society' (1975: 40). Her books taught me well, as it is not a subject that I avoid. One friend, after receiving my Christmas letter one year, told me that I was the only person she knew who talked about death and dying openly and she would appreciate it if, unless it was happening to myself, I left her out of future details of those whose deaths had affected me.

I have perhaps had a longer relationship with death than most people my age as I grew up a minister's daughter in the 1950s and 1960s. In those days, spiritual needs had to be met when a soul was going to meet its maker. These were the kinds of terms that people used to refer to death in those days. Perhaps dying then was easier as it represented a transition in form as one went from life to heaven, and spiritual beliefs were more commonly held than they are perhaps today. As a child, death seemed to come of a night and at the end of a phone call.

> I hate it when the phone rings in the middle of the night, shattering my dreams. The darkness swirls around me leaving me alone with my thoughts in my bed. I can hear my parents talking but they don't come near me. I can hear my Father dressing and walking down the hall. The front door will close quietly behind him. I lie and imagine the door closing on life for whoever caused us to lie wide-eyed in the dark. Dad will come home and Mum will make him a cup of tea. She'll massage his shoulders as he sits wilting like the flowers in the vase. He'll sip his tea and talk softly, of the newborn strangled by the cord that had been giving her life, the boy decapitated as his car went through a fence, of the elderly woman leaving the world as quietly as she had come. The old and terminally ill always seemed to die at night. From my hiding place in the hall I would strain to hear the unabridged detail.
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> The next day we are told who died, a sanitized version. We knew most people in the town and that "passed away" meant that we would never see that person again. My Dad would say, "They have gone to heaven." Later, a few days after these phone calls, I would sit in the organist's stall looking through a *fleur de lis* carved in the wood surround at the pale faced people, some sniffling, others unsuccessfully suppressing

> watery tears which ran down their faces as my mother belted out the chords of God of Ages and Abide with me (Waters2014).

The most common form of death in fiction books is in the "whodunit" (who did the killing) followed by the "whydunnit" (why did they kill) (Skelton 2003). According to Messud, apart from these types of books, death and dying rarely appears in fiction in modern times and seems to have become the sole province of non-fiction (2009). She believes that in non-fiction (memoir, biography and other creative non-fiction forms), death becomes something that we can learn from, as we know these real life characters lived and died and that we can see from their stories how we should live our lives. These modern memoirs rarely end before either the dying or those grieving have reached Kubler-Ross's fifth and final stage, that of acceptance (1969). The death and the process of dying are seen as being beautiful and something that the reader can aspire to. This view of the modern writing of death seems to be upheld by the work of Adrienne Nater who has compiled a list of 120 literary works that deal with death in Western literature (2008). She has done this both in a chronological table (commencing with *Gilgamesh* 3000 BCE and ending with Harold Pinter's *Death etc.* written in 2005). These are also categorised by type of death (40 categories in all) with over 70 of the 120 fitting in to the category she titles 'welcome, accepted, justifiable, peaceful'.

Working as a nurse, as I did, my aim was to defy death. That is what I had been trained to do. This natural conflict is more pronounced in the medical profession, putting a barrier between the patient and doctor from achieving the aim of all dying – to reach the desired stage of acceptance.

> Death is not pleasant. It leaves me with nightmares. I can't get the visions out of my head. My first patient to die on my shift was the woman with scleroderma; she was only young, older than me but younger than my mother. She was grotesque when she died. Her skin had stretched taut against her features, so tight that the skin split open. They told me that this was what her insides looked like also. In one way I was relieved when she died. Every movement was a lesson in agony and I struggled to perform my nursing functions. It hurt me to have to hurt her.
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> The fellow who shot his head off will never leave me either. Luckily he didn't live long in that state that made him unrecognizable as a human. The man from the car accident on Roseville Bridge is another that lives on in my memory to haunt me. I have never travelled that road since. There are other ways to get to the beaches. For a while, it began to seem that most patients died. All these conditions went around in my head. I had a headache – I was dying. I had a touch of diarrhoea – I was dying. I had acute appendicitis – I refused surgery. Surgery killed. Everything in life seemed to lead to death.
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> I look back on that time. I see a teenager dealing with the horrors of life at a time when life should have been fun. How would those bad days have been survived if I had not been able to go to the nurses' home where I lived, and talk, hug and cry with others who knew and were themselves experiencing how it felt.
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> Is it any wonder nurses gained the reputation for having a good time? We knew time was short. That's how it appeared in those days. Did it matter that we smoked? We

> were not going to live long enough for it to kill us and yet not one of my nursing group has yet died and that bond forged in the nurses home as we supported each others' lives on (Waters 2014).

Kubler-Ross recognised that for medical staff, death shows our 'lack of omnipotence … and our own mortality' (1969: 8). Members of the medical profession who come face to face with death and dying but often cannot deal with it well can also learn from literature (Killick 2009). Often in hospitals, death is hushed up. The fact is kept from other patients. No-one talks about it. Why is this? Is it because doctors and nurses are unable to look at death as anything other than their own failure? Is this why they cannot talk to patients and their silence then inhibits the patient from talking of their own fears and from asking questions regarding their own possible mortality? In a goal-oriented profession focused on saving lives, the person's wishes may become overlooked in this quest. The medical profession can hide behind rules and regulations, machines and equipment in their effort to avoid confronting death. Killick states, 'literature and medicine both strive in different ways to reveal and make sense of what it is to be human, offering insight on the human condition. We know that there is no evading death, not for us and not for our patients. We all must endeavour to find ways of preparing for death that benefit both patient and doctor. Great literature can illuminate that path for us' (2009: 526).

> So beautiful. No external mark hinted at the catastrophic injuries she had sustained in the crash. She was my patient and I would give her the last dignities of life despite the tubes that gave her breath and drained her fluids.
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> "I'll get security!", another nurse said. "The boyfriend's getting angry. I've told him it's relatives only. Some people". She went off, her huff travelling with her.
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> Some people indeed, I thought. I couldn't leave my charge. I called over another colleague, who did my bidding.
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> The boyfriend stood behind the closed curtain with me. Tears streamed from our eyes. We hugged (Waters 2015a).

Skelton believes that literature touches our emotions and allows authors to deal with their personal experiences of death (whether their own or another's), whilst other authors are attempting to mould the reader's beliefs, giving structure and order to death. Others use it as a literary tool using death symbolically. Above all, Skelton states that literature shows us that 'death means different things at different times' (2003: 2), and allows the inarticulate the means by both being able to use the literature as an example of how they themselves feel whilst at the same time show them that they are not alone with the condition that they are experiencing.

> We were bored. Bored and depressed. The government in its wisdom had decided the hospital was to close. We were past the marches and protests and were in our final death throes. Only a few weeks to go before the doors shut for the last time.
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> Bit by bit the life that filled the corridors and wards ebbed. The demoralized staff worried about their futures as the patient numbers rapidly dwindled. Here we were, highly trained intensive care nurses with not a single patient. Normally we ran all day

as the hospital serviced the nightclub area with its variety of injuries, stabbings, bottle attacks and motor vehicle accidents as well as other medical and surgical emergencies.

So we were bored. Not a patient in sight. The ambulances were already diverting all traffic accidents and medical cases to other hospitals. Routine surgery requiring intensive care had ceased. Our help was unneeded elsewhere as the other wards were also winding down. We had nothing but dull monotony to look forward to until the doors closed forever.

Fellow nurse, Judy, and I chatted all morning. We tidied and restocked and visited other areas in the hospital. At least they still had some patients. After lunch we waited eagerly for the next shift to come and relieve us.

"We should check the emergency trolley", Judy suddenly said.

"Yes, I guess you never know – one of the old nuns might need resuscitating".

"Hey! Why don't we make them jealous and make it look like we've had a really busy morning and leave them to clean up the mess?"

"It'd give them something to do at least", I said as I imagined the night stretching far into the distance. "I know. Why don't we get John the wardsman to be the body? We can wrap him in a shroud then get the nurse when she comes on duty to take him to the morgue".

We had worked through enough resuscitations to know how to make it look realistic. John, although initially reluctant, soon agreed. The wardsmen were as bored as we were. We roped in Tony, one of the resident doctors and sat him at the desk writing copious notes and filling in the appropriate forms. By shift changeover, our preparations were complete. The closed curtains shielded the shrouded body from view. Another orderly waited with the mortuary trolley and we gave the appearance that we were tidying up after an emergency by again checking the emergency trolley.

On time our third year nurse arrived for her shift along with our replacement registered nurses. "Thank heavens it's that time", Judy said. "We've had a hell of a morning".

"Would you mind taking the patient to the morgue? We've got a lot to do to finish up here". I directed my request to the nurse, knowing she had no choice but to do as she was bid. We all assisted moving John from the bed to the morgue trolley and off they went, the plastic doors flapping their departure. We followed at a distance. We didn't want to miss the best part.

As the lift doors opened John slowly sat – a mummy come to life. Our nurse ran for hers, screaming as she fled, scared to death, her face paler than the white shrouded figure now sitting.

The reprimand came quickly but was not severe. The nuns were keenly aware of the low morale and anything that buoyed it up, even if short-lived, was welcome. The whole hospital, with the exception of our nurse, laughed along with us.

The next day on our arrival at work we quickly sobered. John had worked his last shift. The morgue doors had opened for him and this time he would not sit up. Had he

> found some peace inside that shroud that he wanted to replicate? I will never know. But, I will always wonder (Waters 2012: 99).

Whilst death is generally not often acknowledged publicly in everyday life, the media certainly focuses on death and the reactions of the survivors, invading privacy at a time of greatest grief. Does death sell papers? Do the public need to know all these details? How do these public deaths affect the viewing public? Does it show them how they should grieve should they be the survivor? Does it give the viewer a sense of relief that it is not them that has suffered this catastrophe or a lasting horror that will live on in the viewer's memories forever? Sullender suggests that vicarious grieving was and is essential for survival and remains as a hard-wired essential human emotion (2010). He also suggests that with the media access now everywhere and immediate, we are seeing death in all its gory detail as never before and, are now invited to grieve vicariously at deaths around the world that previously we may never have heard of but due to the same factors we have now formed an emotional attachment with the deceased. He suggests that the media now interprets the meaning of the death, which in earlier times had been the domain of theologians, politicians and historians. Not only this but the constant viewing of traumatic events can lead to a post-traumatic stress disorder vicariously obtained or worse, the overexposure to these events can have the opposite effect – callous non-caring.

> "You're becoming a vegetable. You don't know what's going on in the world".
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> "I know what's going on all too well. I mightn't know the detail anymore but I know the content and I can't take any more death and dying. When President Kennedy died I heard about it in the school playground. When Princess Di was killed I was sitting in my office writing and heard it on the radio. 9/11 I heard and watched as it happened, over and over. The Middle East with their beheadings and then the executions were the same. There was no respite. I felt like I was the one being executed as well as the one being left behind to grieve. No, I'm not going to listen to the news anymore".
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> "You're being ridiculous. It doesn't worry me. I know it's happening but it's happening to people we don't care about so why should I care. It's no worse than watching a violent film".
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> "I don't like those either. I mightn't know what's going on but at least I haven't been desensitized. I still care" (Waters 2015b).

Writing the death of friends has the potential of helping the author deal with their own mortality and feelings of grief whilst for the reader it can be beneficial by giving an insight into the experience, which may help them through their own experience. Three deaths of friends from cancer were very different experiences. One did not attempt to fight it and died quickly, another refused treatment believing positive thoughts would work. He died even more quickly. Another fought and fought but eventually the cancer won. Each journey was different and they taught me that each needed me to approach them differently. In answer to my question, whom does death belong to? – watching these friends die in fashions of their own choosing, often in ways that were not agreeable to their loved ones, I concluded that this is the last choice they have in life and the dying deserve to have complete support allowing them the death that they desire. I learnt that death belongs to the dying. After death, it belongs to the grieving.

> The florist delivered more buds. Listlessly she read the attached card, these from a childhood friend of his. Not many had known him from birth, as contact had been lost when he moved half way around the world. These flowers were from a school friend. From happier times. They'd have better memories than her. The career failure, withdrawal, excessive drinking, anger. How that anger had hurt her. And him. His abuse caused his body to fail. The dementia that came and left him needing care. Those final hours as he battled for breath, his legs and face both purple. Now the flowers arrived. She preferred the cards. Flowers were like him, buds one day – then dead (Waters 2015c).

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Research statement

Research background

Childhood circumstances, career choices and life itself have exposed me to death from an early age, giving me my own theories of death and grieving. As a writer, I have written memoirs of some of these deaths. I determined that I would examine the scholarly literature on death and dying and examine my own works for personal illustrations of these theories, from the many angles which death is viewed.

Research contribution

Memoir is a powerful aid to confirm or show deviation from a normal pattern of life. As everyone has a life, memoir can often guide other's through their own. I found many researchers focus on one aspect of dying, often giving illustrations of their own to support their arguments. The contribution of this research is that various aspects of death and dying are brought together using examples from one person, demonstrating that death and the effect it has on others can vary. It is also written in an innovative form where memoir segments serve as illustrations to the other prose sections.

Research significance

This creative work was accepted for presentation at the Australasian Death Studies Network Conference in Noosa, Queensland, in 2015 and after peer review scrutiny, has also been accepted for publication in leading journal, *TEXT*.