

Character and . . .

Inevitability

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ANNALEE R. WARD

Character and Inevitability

Articles

DONOVAN E. TANN

*Beyond Inevitability: Telling Another
Story about Climate*

KATIE E. BOYER

Aging Well

DALE H. EASLEY

The Inevitability of Dying

DANIEL P. FLEMING

Attention and Digital Mourning

Response

ABRAM VAN ENGEN

The Sense of an Ending



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The Inevitability of Dying

Dale H. Easley

Abstract

Though death is inevitable, our response to it is up to us. Rather than allowing our suffering to lead us to self-deception and despair, we must find our way through grief with honesty, integrity, and compassion. Using stories from my own life and framing events in different lights, I demonstrate how to focus on hope and positivity, rather than the negative. Though no easy task, making the choice to change the inner narrative helps us find peace as we embrace both death and the lives that precede it.

Three weeks after our class returned from studying sustainable development in Haiti, one of my students, Jennifer, became partially paralyzed and was transported by ambulance to Charity Hospital in New Orleans. By the time she arrived, Jennifer was feeling better and was put on a bench to wait for five hours. She had no insurance. Rising to go to the bathroom, she passed out, went into a coma, then died. She was 25. The coroner told a nurse who told her mother that Jennifer had died from meningitis that she caught from a mosquito bite she had received in Haiti. It seemed that going on my trip had killed her.

For many of us, the inevitable dealing with a loved one's death is our most extreme experience, the time at which we are most miserable. Whether sudden, as with suicide, or lingering, as with cancer, we inevitably confront mortality and must face how we deal with death in our life. And we suffer. As we search for some meaning in that suffering, our character is laid bare—do we think only of ourselves or do we think of others? Do we behave nobly, whine, or, worse yet, inflict suffering on others? Do we demonstrate courage, compassion, and tenderness—good character—or will we slide into self-delusion, self-centeredness, and isolation? Viktor Frankl says that we get to choose.

In *Man's Search for Meaning*,¹ considered one of the greatest books of the 20th century, Viktor Frankl tells of his experiences surviving imprisonment in a German concentration camp during World War II. He observes how his fellow prisoners responded to the torture and humiliation of their conditions, observes who maintained hope, generosity, and compassion—and who despaired or, worse, contributed to the suffering of others. He uses those experiences to develop the central theses of logotherapy, his approach to healing through finding meaning in our suffering. He says that “this striving to find a meaning in one’s life is the primary motivational force in man.”²


Frankl says,

And there were always choices to make. Every day, every hour, offered the opportunity to make a decision, a decision which determined whether you would or would not submit to those powers which threatened to rob you of your very self, your inner freedom; which determined whether or not you would become the plaything of circumstance, renouncing freedom and dignity to become molded into the form of the typical inmate.³

Once again, Frankl says that we get to choose.

Though Frankl’s writings about his experiences are widely read still, logotherapy is not widely embraced among today’s mental health practitioners.⁴ Telling someone that they need to find meaning can be far apart from actually helping them find it. In some ways, logotherapy is the work of a lifetime, a change in worldview driven by introspection and reflecting on our actions and interactions.

Sometimes things just happen—as Jayson Greene says after his two-year-old daughter was killed by a brick that fell off a building, “It represents everything that is meaningless, malevolent and terrifying about the universe.”⁵ Is there really meaning in his suffering? A more immediate relief is often called for.

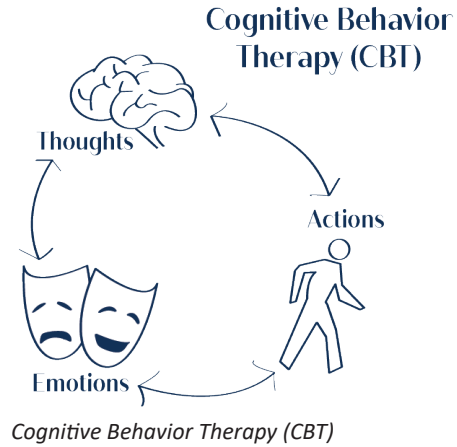


Telling someone that they need to find meaning can be far apart from actually helping them find it.

Unfortunately, much therapy is not evaluated in terms of its effectiveness. According to the National Institute of Mental Health, “There is no formal approval process for psychotherapies like there is for medications by the U.S.

Food and Drug Administration.”⁶ However, evidence-based approaches⁷ such as Cognitive Behavioral Therapy (CBT) are the preferred approaches, often in conjunction with medication, especially as the duration of treatment is often limited by cost and insurance.

Where Frankl argues that the need is to find meaning in the suffering so as to endure it, CBT sees suffering as the result of maladaptive thinking patterns that need to be altered to alleviate distress. Evidence suggests that CBT is effective. Frankl’s approach is excellent for the philosophically or religiously oriented who can afford the time required, but CBT provides specific actions that can be taken quickly to reduce distress. In either case, we are pushed to choose different ways of thinking about our suffering. We need to change our story.



The term for stepping back and thinking about our ways of thinking is *metacognition*⁸—thinking about thinking, the sort of reflection that is part of any good education. We learn to observe our thoughts and how they influence emotions and behavior. Only as we step back and recognize those thought patterns can we begin to change them. Otherwise, we tend to ruminate, get anxious or depressed, follow our addictions, and act out.

That said, I’m not a therapist, though I have experienced therapy in multiple forms (and my daughter is a mental health counselor). If distress is extreme or debilitating, seek the help of a professional. Medication may be needed. Both logotherapy and CBT may offer help, as may a myriad of other therapies.

But not everyone needs professional help. In part, this paper is a response to the overmedicalization⁹ of the grieving process. Social work researcher and scholar Joanne Clarke says,

Grief and loss are universal experiences of the human condition, and as such have long been the subject of reflection and research across many and varied disciplines. Despite the multiplicity of grieving experiences, the Western tradition has predominantly applied rational approaches

to understanding and working with grief and loss. This has resulted in the pathologizing of grief responses that do not fit within medicalized normal ranges.¹⁰

She goes on to say that there is a “need for a narrative approach as an alternative to the medical/psychological model in our response to grief and loss.”¹¹

Our distress plus Frankl’s writing can motivate us to change. To achieve that change, CBT and storytelling can provide specific methods. For those who seek to learn from their grief and live with it through personal effort, this paper will provide an approach that relies on narrative construction and modification, drawing from therapy approaches.

The Story of Grief

In this article, narrative and storytelling are often used interchangeably. This is an oversimplification—narrative is a broader concept than storytelling and includes most communication structured to make a specific point. Storytelling, particularly in its common understanding, is structured to have a beginning, middle, and end.¹² In some cases later in this article, stories presented are more like snippets of stories, thus falling instead into the category of narrative. Regardless, the focus in either case is reworking those things we say to ourselves and others during the time centered around the death of a loved one.

David Brooks says,

What’s necessary for understanding people is narrative thinking. Stories capture a person’s character and how it changes over time. Stories capture how a thousand little influences come together to shape a life, how people struggle and thrive, get knocked about by lucky and unlucky breaks. People also just speak more freely when you get them to tell stories about themselves.¹³

Not only does that narrative thinking help us understand others, it helps us understand ourselves.

As we turn our thoughts into a story, we can examine them better and then, if we choose, modify them. Below, written in the first person, are example stories followed by alternative stories that demonstrate how the shift in emphasis or selection of content can lead to alternative expressions and descriptions of times of grief.

Narratives 1A and 1B: My Father's Death

1A: *My story as an adult begins when I was 19 and a sophomore in college. Just after I was home for Thanksgiving, my father was diagnosed with leukemia. He spent the next six and a half weeks in the hospital before dying in the intensive-care unit. Our family had agreed that we didn't want to die hooked up to machines in a hospital, but that's exactly what happened with my father. It wasn't the death we envisioned or what he desired.*

This is a story of failure and regret. The focus is on the downward trajectory of illness, the poor decisions made, and the sense of disempowerment. The effect is to add a burden to surviving loved ones—a haunting question of “What should I have done?”

1B: *During Christmas, Dad was going through chemotherapy for the second unsuccessful time. Despite his troubles, he thought of Mom's wish for a*



Mom and Dad soon after they were married in 1948

wooden trunk in which to store some of her work—quilts, baskets, needlepoint, sewing. With the help of a friend, he arranged to refurbish an old wooden trunk. My future brother-in-law and I snuck it into the house on Christmas Eve while Mom was in the bath. The next morning, after we had finished unwrapping all the presents, we gave Mom that trunk.

This is a story of love. It demonstrates the power of good character, and it inspires others. By choosing to focus upon the second story, mood is uplifted, distress is decreased, and the likelihood of future positive action is increased. For me, it was an embrace of so many good things that I valued about my father's life and the character he showed as he died.

Narratives 2A and 2B: My Mother's Death

2A: *When my mother began to develop dementia, I convinced her to move to a memory-care facility that had locking doors to prevent her from leaving. In her perception, I went from being her Golden Boy to being her jailer. Though I was trying to keep her safe while also taking care of all the logistics, I soon*

had to try to appease her anger at being in an institution. Family members were of little help. Ultimately, she, like Dad, died in an institution, hooked up to an I.V.

Like in 1A, this is a story of distress and failure. Though intentions may have been good, once again the outcome was not. There's isolation, disappointment, and medicalization.

2B: *As Mom's dementia progressed, she was endangering herself and others by driving. Later, at the memory care unit, she wandered the halls at night, going into others' rooms. If it weren't for the locked door, I don't doubt that she would have wandered out and down the road. I was still being a good son by trying to keep her safe. When she died, I, my sister, and my niece were with her. We'd worked with Hospice to ensure that Mom felt little pain—thus, the morphine drip. Though Mom didn't die at home, she died in the bed where she'd slept for months, surrounded by her family.*



Mom at 83 while visiting Carolina Beach, NC

This story shows a son doing his best to take care of his mother as her mental faculties decline. It emphasizes the validity of decisions and the successes, painful though the time was. Once again, like in 1B, it is a story of love, of thinking of another despite ongoing distress, of respectable character.

Changing the Narrative

How to change the story isn't obvious, but contemporary therapy gives us some tools. CBT starts from the belief that thoughts influence feelings that in turn influence behavior.¹⁴ Change the thoughts and a change in feelings and behavior follow. And we begin to feel relief.

Many of our thoughts are derived from prior experiences—"I'm not good enough" may be a thought that arose from criticism by parents or teachers. "The world is dangerous" may come from hurts we experiences as a child.

And we may come to believe, “I’ll never be good at anything because everyone hates me.”¹⁵


These thoughts become our identity¹⁶—the unchallenged story we tell ourselves about “how things are.” We take those stories into new situations far from their origin, perhaps at the time of death of a loved one. We find ourselves feeling badly and acting poorly. Those thoughts are maladaptive and what CBT calls cognitive distortions. We need to change them in order to find relief from our distress.

It is no trivial task to alter the stories we tell ourselves. Altering them means changing who we see ourselves as being, both personally and in relationship to others. We have to break through our self-imposed limitations, our self-delusion, and our narcissism—and open ourselves to alternatives. And that requires a level of vulnerability that is often painful.

Most of us have had the experience of sharing a part of ourselves, something we hold dear, and then having it rejected or even made fun of by others. After those experiences, few of us are willing to open up again. We shut in the pain, internalize it, even blame ourselves for being vulnerable.

Brené Brown has written and spoken about the power of vulnerability, of opening ourselves up to the possibility of being hurt.¹⁷ She says, “Vulnerability is not winning or losing; it’s having the courage to show up and be seen when we have no control over the outcome. Vulnerability is not weakness; it’s our greatest measure of courage.”¹⁸

And courage is one of the most important aspects of good character. It takes courage to turn the other cheek. It does little good to be honest about a bad situation without the courage to try to change it. And it takes courage to show compassion to others while feeling pain or anger personally. Courage allows us to put good character into action.

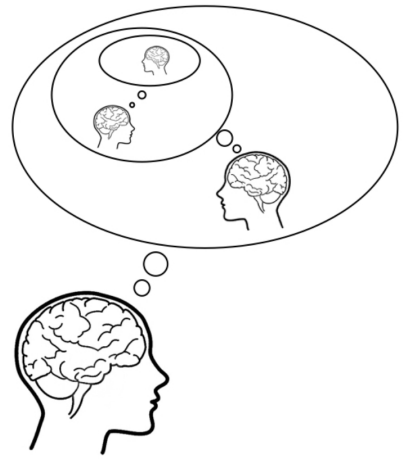


Courage is one of the most important aspects of good character.

Methods of Change

Even with high levels of courage and vulnerability, we still need guidance on specific techniques to use to accomplish the transformation of our stories. We have to develop skills at managing our thoughts. Some common approaches are the following:

1. Observe thoughts and emotions. Many faith traditions have some sort of meditation, such as mindfulness and centering prayer, that calls for us to watch without judgement the thoughts and emotions we are experiencing. As Arthur Brooks says, “Observe more, judge less.”¹⁹ This is an important aspect of metacognition and is required for beginning to rewrite our stories. He also says, referring to the COVID-19 pandemic,



Metacognition

People are experiencing more than just everyday bad feelings right now. Many have lost jobs and loved ones and are feeling the devastation of this once-in-a-lifetime tragedy. Even for those of us who haven't, however, the pandemic is a particularly rough patch in our lives. But we have an opportunity here to assess the benefits of negative emotions and experiences—and how we can use them for personal improvement instead of trying to push them away.²⁰

2. Learn the ABCs. When we feel distress, CBT teaches that we should pause and ask ourselves, “What was the **A**ctivating event?” Something *triggered* our emotional response. Then we look to see what **B**eliefs we hold about that event and try to reevaluate them. Finally, we ask ourselves, “What were the **C**onsequences?” That is, how did we respond?²¹ In the case of a dying loved one, the triggering event is sometimes easy to identify, at least superficially. But it takes more effort to identify the underlying beliefs that we hold about how things ought to be and how we ought to behave. The behaviors we actually perform, often in stressful conditions, can give us insight into the thoughts that are driving them.
3. Continue to reflect on the events. Much of our best thinking occurs when we force ourselves to create sentences on paper or screen,²² getting the poorly structured ideas out of our heads to a place where we can look at them²³ and begin to reshape them. Write.²⁴ Start a journal.²⁵ Publish a blog.²⁶ Throw up in the morning, clean up at noon, as Ray Bradbury advised.²⁷ Being vulnerable starts with being honest with ourselves, digging into the hurts and history that helped shape us.

4. Tell the story publicly. Getting up in front of others, maybe crying, is scary. But in the right venue with a set of supportive listeners, it can be liberating. Try speaking at a Moth²⁸ event, PechaKucha,²⁹ church, or support group. Go watch others first. See their courage³⁰ and it will help us find our own.
5. Change expectations. Boethius, who wrote *The Consolation of Philosophy* as he awaited execution, said, “So true is it that nothing is wretched, but thinking makes it so, and conversely every lot is happy if borne with equanimity.”³¹ Perhaps as important is the recognition that every culture has expectations for dealing with death, most of which are unspoken but assumed. Make them explicit. For those who don’t understand those expectations, additional distress is generated when the unexpressed expectations are unmet.
6. Practice gratitude. It’s hard to be grateful during the dying and death of a loved one. But after, it will help to appreciate why we loved the deceased person and how others supported us.

In these techniques, the emphasis is on what is currently occurring, not childhood events and family history, though those may help us understand the thoughts and beliefs driving our behavior. That said, if there is a history of trauma, such exploration is best done in the accompaniment of a trained professional.

Example Application

What follows is an example of walking through the grieving process. It describes my own experiences as my father died, described in **1A** above.

The fall before my father died, two of my classes had a student newly back at college after a year off. Both were small courses, and soon Jim and I were laughing together. But after my father was diagnosed with leukemia, I learned more about Jim’s grief. Jim had been waterfront director at a church camp on Lake Michigan that he first attended as a young boy. The summer before his year off, a camper drowned. Jim couldn’t understand how a loving God had let the drowning happen. That’s why Jim had taken a year off college.

The next school year, Jim and I were co-editors of the college newspaper. It was a weekly in the time before word processors and computer typesetting, so we’d stay up late on Sunday and Monday nights, first choosing the articles to include, writing our weekly editorial, and then the next night doing the

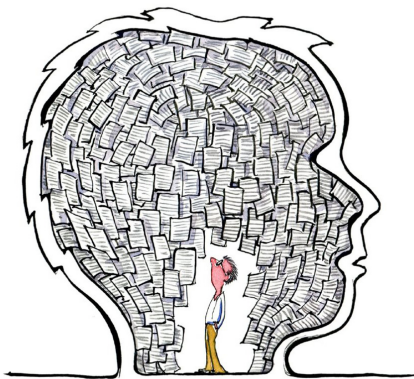
layout of the print. Afterward, instead of going to sleep or to study, we'd head out for omelets at an all-night diner, to a doughnut shop, or to one of our apartments where cold beer awaited. Our conversations seldom dwelled on our grief, but it was always in the near background.

Somewhere during our college days, Jim went on an Outward Bound³² trip. Near the end, one of the counselors gave Jim a quote that starts by stating that its author is a searcher, not being satisfied with society's easy answers. He asserts that there are many of us. Jim shared the quote with me after Dad died, knowing I was searching for some way to understand what had happened. It ends with this:

Our sadness is as much a part of our lives as is our laughter.
To share our sadness with one we love
is perhaps as great a joy as we can know—
unless it be to share our laughter.³³

Several decades later, I can still call Jim and within a few minutes be laughing. But the depth of our friendship comes not just from laughter but from shared grief. I still can't make sense of Dad's death. But I can now understand how the grief Jim and I were going through was the foundation for our lasting friendship.

If ever there is a cure for loneliness and isolation, it's a friend like Jim. But that level of friendship isn't reached without some vulnerability. Grief ripped open a level of vulnerability that allowed us to heal and to bond for life.



Stories we carry with us

In this story, the decrease in distress over my father's death is driven by finding my community—primarily Jim but others, too,³⁴—and speaking with them of my experience. My editorials were tinged with it, my understanding of music deepened, and I began to recognize the deeper friendships that grief had led to. Though I never found meaning in my father's death itself, my life became richer because of the relationships it led to.

And though it may seem minor, the shifting in identity from searching to being a searcher is significant. A searcher values the search itself, not a potential endpoint. To see oneself as a searcher is to embrace the search

instead of thinking, “There must be some explanation out there that I haven’t yet discovered.”

After I graduated college, I headed to Africa to teach high-school mathematics, no longer just searching, now a searcher.

Beginning to Make Peace with Death

Many of our experiences of death have an emotional distance despite the upset we feel at the time—we read the news, perhaps follow a celebrity who becomes ill and dies, maybe know of classmates who die in car accidents. But, usually, our first serious encounter with dying and death is with a loved one. It’s harder to maintain that distance when the dying person is close to home—we’re distressed and we suffer.

We can be better prepared for those inevitable times and for living a full life if we also contemplate our own death. The Stoic philosophers often use the phrase, *Memento Mori*, *remember that you will die*, to remind themselves that life is fleeting and unpredictable. Their intention is not to be morbid or timid but to live well. They and others follow a long tradition—Socrates said that the proper practice of philosophy is “about nothing else but dying and being dead.”³⁵

When the dying is close to our hearts, we receive a test of our character. Ryan Holiday, author and contemporary popularizer of Stoic Philosophy, says,

The great psychologist Viktor Frankl, survivor of three concentration camps, found presumptuousness in the age-old question: “What is the meaning of life?” As though it is someone else’s responsibility to tell you. Instead, he said, the world is asking you that question. And it’s your job to answer with your actions.³⁶

Our actions are the physical manifestation of our character, which is the focus of the Wendt Character Initiative at the University of Dubuque. It “aims to help students, faculty and staff at the University of Dubuque



“Remember that you will die”

become people of integrity, justice and compassion.” We seek to be “people of character leading lives of purpose.”³⁷

Holiday continues, “If you see any of this as a burden, you’re looking at it the wrong way. Because all we need to do is those three little duties—to try hard, to be honest, and to help others and ourselves. That’s all that’s been asked of us. No more and no less.”³⁸

Holiday’s statement brings us back to Frankl, to revising our stories (“you’re looking at it the wrong way”), and to character (“to try hard, to be honest, and to help others and ourselves”). Frankl would approve.

As Holiday says, “It doesn’t need to be depressing. Because it’s invigorating. And since this is true, we ought to make use of it. Instead of denying—or worse, fearing—our mortality, we can embrace it.”³⁹

Ultimately, I learned that the pain I felt at my father’s death was proportionate to the love I gave and received from him. I would not trade a lesser father for less pain. I embrace the story of the man he was.

And in the case of Jennifer, my student, I learned that she did not die from meningitis but from a brain aneurysm. If she had been treated quickly, she might still be alive. Learning the different story of her death not only took the load of regret off my shoulders but also led to a better future for others—a student whose mother was a nurse at the Charity Hospital Emergency Room told me that the policies and procedures there were altered in light of Jennifer’s death. As they should have been.

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p. 55: “A Picture is Worth a Thousand Words” by HikingArtist via Wikimedia

Notes

1. Frankl, *Man's Search for Meaning*.
2. Frankl, 99, loc. 1235.
3. Frankl, 66, loc. 872.
4. Nelson, “What are Some Common Types of Therapy?”
5. Greene, “What Does Daddy Cry About?”
6. National Institute of Mental Health, “Psychotherapies.”
7. Heinssen, Goldstein, and Azrin, “Evidence-Based Treatments.”
8. Brooks, A., *Build the Life You Want*.
9. Gawande, *Being Mortal*.
10. Clarke, “The Irrationality of Grieving,” 12.
11. Clarke, 12.
12. The Moth, “The Art and Craft of Storytelling.”
13. Brooks, D., “A Humanist Manifesto.”
14. Vogel, “The 3 Basic Principles of Cognitive Behavioral Therapy.”
15. Fenn and Byrne, “The Key Principles of Cognitive Behavioural Therapy.”
16. Den Elzen and Lengelle, “A Tale of Two Widows.”
17. Brown, *Daring Greatly*; Brown, “The Power of Vulnerability”
18. Brown, *Rising Strong*, 4.
19. Brooks, A. “The Art and Science of Happiness.”
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21. Healthline, “ABC Model of Cognitive Behavioral Therapy.”
22. Howard and Barton, *Thinking on Paper*.
23. Bertrand, “These Roots That Bind Us.”
24. Małeczka and Bottomley, “Grief Memoirs.”
25. Den Elzen and Lengelle, “A Tale of Two Widows.”
26. Karkar and Burke, “It's Your Loss.”
27. Bradbury. *Death Is a Lonely Business*.
28. The Moth, “The Art and Craft of Storytelling.”
29. Howard and Barton. *Thinking on Paper*.
30. Braestrup, “The House of Mourning.”
31. Reynolds, “The Consolation of Philosophy (II/III).”
32. Outward Bound, “Outdoor Education Adventures & Wilderness Programs.”
33. Easley, “Searcher.”
34. Easley, “The Courage to Be Tender.”
35. Daily Stoic, “‘Memento Mori’”
36. Holiday, *The Obstacle Is the Way*.
37. Wendt Character Initiative, “What Is Character?”
38. Holiday, *The Obstacle Is the Way*.
39. Holiday.

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Character and . . . Inevitability

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