By Nicole Curatola

I was eleven years old when I had my first significant experience with death. For as long as I could remember, my grandfather had been diagnosed with Parkinson’s Disease, and I was able to see what that meant for his body. His long, athletic stride had transformed into a shaky shuffle. His arm would tremor as he held his spoon while eating his morning oatmeal. However, it was harder to understand what it meant when his lymphoma “came back.” I wasn’t familiar with this fancy word, and I didn’t know what it was doing to the inside of his body. But the rapid decline was evident—in a short time, he was in a wheelchair and barely able to communicate. I was old enough to realize that he would be leaving us. His physical deterioration seemed to mirror his dwindling time, but I still did not know what “passing away” looked like or felt like first-hand. That is why I wanted to see.

The night of his death, my family and I had just finished dinner when the telephone rang. My uncle picked up the phone and sat back down at the table, finishing the brief call with an “ok, thank you.” He looked up at us, “Guys, Gran just passed away.” My aunt’s face flushed and she began to tear up. Not knowing what to do, I grabbed my two year-old cousin and went to the living room, bouncing him on my knee while tears began to fall. I experienced a wave of emotion stemming from a concept, an event that I did not fully comprehend. I felt sad and uncomfortable. My family beckoned me back into the dining room, and they talked about visiting the nursing home, assuming I would stay at home with the kids. But something inside me wanted to go with them, and I asked to join. We hopped in the car and went to meet my grandmother and my mom, who had just watched her father pass away peacefully in front of her eyes, right after giving him a fresh shave. Upon entering the room, my mom embraced me, and I looked over at my caring, wise, elegant grandfather’s body lying in the bed, with a crisp white sheet pulled up to his chest and tucked under his lanky arms. He looked like he was sleeping; it was an image I had seen before. What struck me the most was my grandmother, kneeling by the edge of the bed, crying into her husband’s hand that she held clasped in her own. I had never seen my grandmother weep before, and I haven’t since. She is a strong, resilient woman who has
endured a lot in her life. Thus, her visible pain was powerful. The tears of my grandmother, uncle, aunt, and mother helped me understand my own. They arose from loss, from a new absence in our hearts, lives, and family dynamic with which we would need to learn to cope. We kissed and hugged goodbye to his body since for us it still represented him, the man he was, the mind and loving heart he had possessed. Yet, this body no longer breathed, the arms could no longer hug us, the face could no longer smile, the eyes could no longer gaze upon us. In that moment, I could only define death by the presence that was lost. Someone might define it as the moment his heart stopped beating, or the moment the neurons in his brain stopped firing, but for us, death was the loss of the vivacity and energy in his body and soul that comforted us until his final day.

Years later, I witnessed my close friend from high school battle cancer for 7 years (after the doctors told her she might only live two). I flew out to see her one last time after her cancer had returned for the third time. Her body had changed; the slender legs that ran track in high school had morphed into fluid-filled, heavy limbs that we had to pick up to help her move around. Her once thick, long hair had become wisps of baby-soft curls. Despite all these physical changes, her personality endured. Her humor, joy, and affection still shined bright, piercing through the morphine that she took sparingly so she could still enjoy the company of those around her. The grief of those friends and family members was palpable; the air was thick with stifled sorrow, as we fought back tears knowing she didn’t want us to weep for her death, but instead celebrate her life. This death was much harder to understand—a young life being taken from the world too soon. Who knew what death was, but everyone around her knew what it wasn’t: and that was her exuberance and love for life.

Later that year, my grandmother passed away, and I encountered the dead body once again. This time it was at a wake, where the body is made to look as if the person was still alive. My grandmother was dressed up, made up, and in her finest jewelry, yet she was lying in a coffin. It was a striking juxtaposition—the resemblance of daily life framed in a symbol of being laid to rest. It helps grief come to the surface—the loss of life is lying there for you to see, and you cannot avoid it. There are scheduled viewing times during which we mourn this loss with friends and family who come to pay their respects. The tears and fond memories flow—it is painful, but also cathartic. Though my grandmother’s body lay motionless in the front of the room, I knew she would live on through the stories she had shared and the lives she touched.
Two years later, I started med school and had a much more sustained encounter with the dead body. This time though, I did not know the life that had once inhabited its limbs. I did not learn about the narratives that it’s flesh and bones had woven. Instead, I formed a new story with this body, one that will endure my entire medical career. And for that, I am thankful to this unknown loss that has given so much to my life.

In contrast to the cold, stiff body I met in the anatomy lab, I was confronted by the intangible power of a life, of a presence during my days in clerkship. I shadowed the non-denominational chaplains in pastoral care, who often “cold call” people in the hospital to see how they’re doing, offering emotional and spiritual support, and open ears. My first day led us to the fifth floor of the hospital, where we were approached by a woman who recognized the chaplain from the previous day. Her husband was currently hospitalized due to a rapid decline from cancer, and the doctors had just told her that the end was near. She needed someone to talk to and didn’t know where to turn. We all gathered by a window overlooking the Hudson with the sun setting beyond it. This woman’s grief, her fears, her frustrations, her hopes, her hopelessness flowed from her while her teenage daughter stood with a hand draped gently on her mother’s shoulder. I watched as the chaplain beautifully created space for this woman to share, to feel, and to reflect. The woman was already grieving for a loss that was to come. I never met the husband—who was in the room next door—but I could sense what he meant to his wife and daughter, and in that way, he was present.

This powerful and emotional interaction confirmed my budding understanding of death—that death is defined by what is lost: life, love, energy, affection, communication… Yet, there still is beauty in this loss; in that it’s comprised of fabrics of life that can be immortalized in a patchwork of memory, relationships, and purpose. Right now I do not have the medical skills to “push” death farther away, or sustain life longer. I am sure my philosophy of death will change as my training continues; as I begin to think more like a doctor and enter into battle with illness and death, as I fight for the struggling body again and again. Regardless of the shape my personal relationship with death takes, I know I will always be confronted by the loss that defines it… and I only hope to always have the skill, sensitivity, and empathy to help patients and their loved ones face death with support and dignity.