

Consolatory Discourse: A Farewell To Life

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CONSOLATORY DISCOURSE

The genre of consolatory discourse is the communication prior to the death of an individual succumbing to a disease. Consolatory discourse instills motivation, hope, ambition, and empowerment, in a situation where the death of an individual is certain in the near future. Five well known men, three academics and two elite athletes, spoke to audiences and touched so many lives prior to their departing from the world. All the men, Morrie Schwartz; an author and academic, Lou Gehrig; a record breaking baseball player in the 1930's, Randy Pausch; a distinguished professor of computer science and a pioneer in the realm of virtual reality, Arthur Ashe; an African-American world renown tennis player, Stephen Jay Gould; a prominent author and lecturer about evolution and paleontology, who all spoke about what it was like to live preceding death and knowing their fate. Each of their rhetoric composed of either spoken or written communication shares the same qualities that embody a specific genre. Randy Pausch states, "My hour on stage had taught me something. I did have things inside me that desperately needed to come out. I didn't give the lecture just because I wanted to. I gave the lecture because I had to" (205). Consolatory discourse enables the speakers a chance to use communication as a coping strategy before succumbing to a perishing disease. In Deborah Kirklin and Ruth Richardson's book, *The Healing Environment: Without and Within*, they state, "We strengthen the whole healing process by remembering and communicating creatively the essential character and original nature of who we are" (154). All men contributed to the genre of consolatory discourse in their rhetoric by showcasing: a sanguine outlook on the life yet to be lived, thanked their support systems, humor to liven up the melancholy experience of dying, kept reality in mind and saw the rest of life as a challenge, and accepted an obliged experience of dying a slow painful death. These men gave audiences a perspective on life that no one wants to see until a life

full-lived, however, they showed courage and bravery while imposing life lessons on their audience. Consolatory discourse is a genre that teaches audiences how to live prior to dying, but also how to live life to its fullest before time expires. Randy Pausch states, “We cannot change the cards we are dealt, just how we play the hand” (2).

METHODOLOGY

Genre criticism is derived from the assumption that certain specific types of situations bring forth similar needs and expectations in audiences while calling for distinct types of rhetoric. Genre is a type of discourse that has obligatory elements embedded in the structure that speakers utilize for emphasis and concentration. Sonja Foss, author of *Rhetorical Criticism: Exploration and Practice*, states that: “Rather than seeking to discover how one situation affects one particular rhetorical act, the generic critic seeks to discover commonalities in rhetorical patterns across recurring situations” (137). The power of similarities acts as a bonding factor from different situations and time periods. Northrop Frye in *The Anatomy of Criticism*, states: “The purpose of criticism by genres is not so much to classify as to clarify such traditions and affinities, thereby bringing out a large number of literary relationships that would not be noticed as long as there was no context established for them” (242). As rhetors begin developing written and oral responses to their diagnoses, genres influence them to shape their messages to create certain ideas with particular emphasis on their unique *anima* and *personae*.

According to Sonja Foss, “A rhetorical genre is a combination of at least three completely dissimilar components that make it stand out so that a unique type of discourse that is constructed in order to differentiate it from other groups. One element is situational requirements or the perception of conditions in a situation that call forth particular kinds of rhetorical responses. A genre also contains substantive and stylistic characteristics of the rhetoric—features

of the rhetoric chosen by the rhetor to respond to the perceived requirements of particular situations” (137). Substantive characteristics are those that are related to the content of the rhetoric, while stylistic characteristics comprise its form. The third element of a rhetorical genre is the organizing principle that classifies the various distinguishing features of the rhetoric. It is ultimately formed by all the elements working together. All contents under the genre should share situational, stylistic, and substantive qualities as well as the organizing principle that binds them all together. “While strategic responses and stylistic choices, in isolation, may appear in other rhetorical forms, what is distinctive about a genre of rhetoric is the recurrence of the forms together, unified by the same organizing principle. A genre, then, is not simply a set of features that characterizes various rhetorical acts but a set of interdependent features” (Foss 138). All the different features coincide with one another to create a genre that forms to make one coherent idea.

A rhetorical genre can be comprised of either in a written form or spoken communication. If the rhetor is a social being, they feel impelled to speak rather than write. When the rhetorician is linguistically talented, they are impelled to use their knowledge to write the words to get their message out. Ren Gio-Wei in “Text, Genre and Multi-Genre: Studies in Literature and Language,” states, “to classify the concept of genre as social or linguistic activity is to take the role of language into consideration.” There are advantages to both. A linguistic genre allows for further generations to experience and engage in the work by the rhetor, where a social speech has a small audience and needs to be further forwarded by word of mouth. “Generally speaking, language and social activities usually display such a strong association with one another that each could be used to make certain kind of predictions about the occurrence of another” (Gio-Wei). In a socially oriented speech, the speakers’ personality and morals will be

radiating which will add character to the discourse. “In [Greek] *epos* [storytelling in an oral address], the author confronts his audience directly, and the hypothetical characters of his story are concealed. The author is still theoretically there when he is being represented by a rhapsode or minstrel, for the latter speaks as the poet, not as the characters of the poem. In written literature both the author and his characters are concealed from the reader” (Frye 244). Speeches read out loud add a powerful dimension to them that the written literature lacks.

Audience members’ recognition of a particular artifact as associated to a distinguished genre influences not only their ability to comprehend, but to respond to the work or speech. “The basis of generic distinctions in literature appears to be the radical of presentation. Words may be acted in front of a spectator; they may be spoken in front of a listener; they may be sung or chanted; or they may be written for a reader” (Frye 245). Members of the audience bring meaning to the rhetoricians’ messages, however, the rhetoricians establish what genre their work is geared for. “Burke uses the term identification synonymously with consubstantiality” (Foss 63). Rhetorical artifacts provide a variety of affections and dispositions for codifying and helping illustrate a specific situation. An audience needs to break down the text to analyze and find identifications.

The idea of genre and generic criticism can be dated back to the work of Aristotle and other classical rhetoricians. “Classical rhetoricians divided rhetoric into three types of discourse—deliberative or political, forensic or legal, and epideictic or ceremonial. Each of these types has distinctive aims—expedience for deliberative speaking, justice for forensic speaking, and honor for epideictic speaking. They have distinctive strategies as well—exhortation and dissuasion for deliberative speaking, and accusation and defense for forensic speaking, and

praise and blame for epideictic speaking” (Foss 138). The classification of discourse based on similarities in situations was created in the 4th century.

During the late 1960’s, Edwin Black and Lloyd F. Bitzer were the first to use the term generic criticism in the communication discipline. Black proposed an alternative to the traditional method of criticism that framed how a genre analysis is examined. He stated three principles will occur in recurrent situations in order to be classified as a genre: “[1] ‘There is a limited number of situations in which a rhetor can find himself’; [2] ‘there is a limited number of ways in which a rhetor can and will respond rhetorically to any given situational type’; [3] ‘the recurrence of a given situational type through history will provide a critic with information on the rhetorical responses available in that situation’” (Foss 138). Bitzer’s notion of what constituted as a rhetorical situation contributed to generic analysis. He states that, “from day to day, year to year, comparable situations occur, prompting comparable responses; hence rhetorical forms are born and a special vocabulary, grammar, and style are established” (Foss 138). When similar tendencies are noticed in different speeches at different moments in time, the commonalities all point towards a genre.

RHETORICIANS

Morris “Morrie” Schwartz was a sociology professor at Brandeis University and an author on many subjects. His renowned writing recognition earned him an interview with Ted Koppel on *Nightline*, who assisted Schwartz in becoming a national icon on the subject of dying. At the age of seventy-eight, mentally alive and alert, Morrie, was dying from a destructive degenerative disease known as Amyotrophic Lateral Sclerosis (ALS), or Lou Gehrig’s disease. Schwartz realized that media could be used to his advantage in spreading the word for his last ditch effort in bringing a new side to death, and helping people talk openly about illness in the

end of life process. Morrie's message was not only for the sick and those close to them, but for the healthy as well.

Morrie's mindset towards a quick approaching death sentence was to create a living memorial service, which led to a book. His last will and tribute to the living concerned how to live passionately and tranquilly, right to the end. Morrie's book is comprised of aphorisms, which are normally brief, but very powerful general observations and insightful truths geared towards an audience in a merciless predicament with death. When originally writing them, they were meant to stand on their own without further elaboration, entirely as short life quotes in a time of crisis. Schwartz writes, "the aphorisms are written in a sort of how-to shorthand: They're mantras that, by themselves, can seem formidable as they are profound" (1). He found that his audience needed help putting them into practice, so he began to compose biographical commentaries that supplemented the aphorisms—"trying to help teach readers how he'd arrived at the aphorisms, how he meant for people to understand them, and most of all, how to help readers apply the aphorisms and internalize them" (1). " 'Learn how to live,' " Morrie wrote, "and you'll know how to die; learn how to die, and you'll know how to live" (3).

On July 4th in 1939, Lou Gehrig gave a memorable retirement speech departing from the game of baseball that he loved so dearly, not knowing that it would touch the lives of so many sports fans, and will forever be recognized as an influential and inspiring part of baseball's rich history. Gehrig is known as a profound historical baseball player but his speech he addressed is equally as reflective and heartrending. He has been studied on the baseball field, but his real eloquence lies with the specific messages he used in his rhetoric on that unforgettable day. The 278 word speech took a long time for Gehrig to complete for he was trembling with pain throughout, with every word reducing his energy and strength. Gehrig was a man with a disease

that destroys, without exception, the ability of nerves to signal muscles. Consequently, the muscles stop working and atrophy, then work the way through the body like an unstoppable brushfire until complete paralysis, then finally a painful death.

Lou Gehrig's delivery in his speech "Farewell to Baseball," everything from his tone to his posture, relayed a message of sincerity. He frequently used the phrase, "Sure, I'm Lucky," using a unique anaphora in a time of complete distress. Gehrig called his speech, "The Luckiest Man on Earth," ironic for an American hero perishing away from one of the most excruciating caustic diseases. His speech showed the humanism and humility of an indestructible record setting baseball player's heart and passion for life. In a time, where he was at his lowest point physically, Lou Gehrig gave a courageous speech thanking the people that he loved, the fans that admired him, and the sport of baseball that gave him a deep appreciation for life.

Randy Pausch had an appreciation for life as well as a contagious personality. Pausch, a respected computer science tenured professor at the prestigious Carnegie Mellon, was asked to give his last lecture. The tradition of selected professors is to reflect on their personal and professional journeys and to ruminate on what matters most to them. Pausch's lecture was not the accustomed talk for he had recently been diagnosed with terminal cancer of the pancreas and only had a few months to live. The lecture he gave—"Really Achieving Your Childhood Dreams"—wasn't about the process of dying. Randy Pausch states: "It was about the importance of overcoming obstacles, of enabling the dreams of others, of seizing every moment because 'time is all you have ... and you may find one day that you have less than you think' " (Pausch 1).

The hidden agenda of the lecture was to teach his three children the life lessons he would have instilled in them over the next twenty years. Over the hour and half, "[I] lectured about the

joys of life, and about how much I appreciated life, even with so little of my own left. I talked about honesty, integrity, gratitude, and other things I hold dear” (1). The lecture was videotaped and became a national phenomena on how to truly live when death comes knocking with limited resources and time. “Under the ruse of giving an academic lecture, I was trying to put myself in a bottle that would one day wash up on the beach for my children. If I were a painter, I would have painted for them. If I were a musician, I would have composed music. But I am a lecturer. So I lectured” (1).

Arthur Ashe was the first African American player to compete in the international sport of tennis at the most prestigious level of the game. With an impressive career having over eight hundred wins on the tennis court, Ashe discovered he was suffering from immune deficiency syndrome, commonly known as AIDS. AIDS is a fatal disease that violently attacks the body’s immune system. According to the Arthur Ashe website, “Because of pressure from a national newspaper that was indicating they had on good record that he had AIDS, Arthur, rather than letting the rumors persist, elected to make his condition known to the world through a scheduled press conference on the morning of April 8, 1992”. After his admission to the world, an outpouring of compassion and support came from not only the tennis community, but the entire world.

Ashe used his status of as an elite athlete to be inspiring and instill motivation for people in his situation suffering from a deteriorating disease. He began traveling around the world, giving talks to crowds about living as a patient of AIDS, and about being strong in the end of life experience. He frequently said in his speeches that, “Despair is a state of mind to which I refuse to surrender” (278). In Ashe’s mind, succumbing to the media and the disease would not help anyone.

Stephen Jay Gould was an American paleontologist who was the author of several books contributing to popularizing scientific issues. His work gave answers to Charles Darwin's evolutionary transitional questions. Gould was widely known for being the founder of a school of evolution called "punctuated equilibrium," however; he spent much of his time and knowledge trying to make science enjoyable and understandable to students.

In July of 1982, Gould was diagnosed with an unrelated form of cancer. Shortly after, he started writing about how his life has changed since the diagnosis and his philosophies of living with a shortened life. With time coming to an end, he started writing on various subjects with a sense of urgency to relay pertinent information to his audience. On the Stephen Jay Gould website, "As the author of more than two hundred evolutionary career essays that are collected in eight volumes, Gould was a publishing phenomenon: with topics such as evolution, his battle with cancer, Edgar Allen Poe, shells, why there are no .400 hitters in baseball, and the millennium."

SANGUINE OUTLOOK

All men shared a similar optimistic outlook after receiving devastating news from a physician. The news that they were slowly perishing away would have broke anyone, but these men portrayed a standpoint to be admired. It showed strength, courage, and bravery to put on a face in front of family and friends. Morrie Schwartz states: "Coming full circle is what grieving is about: to come to terms with the loss and to arrive at a point where you go back to your way of living and seeing life as worthwhile" (39).

All the men depicted an inner strength and optimistic portrayal by visualizing a happy time in their life. "I think fantasy is very good. You should allow your imagination to roam all over the place as long as it doesn't make your reality more painful to you" (Schwartz 50).

Visualization can allow happy thoughts to radiate throughout your body to allow a smile to shine through, which is directly proportional to a happier perspective on a doleful position. “In my last lecture, I mentioned that I now have a better understanding about the story of Moses, and how he got to see the Promised Land but never got to set foot in it. I feel that way about all the success ahead for ALICE [virtual reality program Pausch founded]” (Pausch 128). “Give yourself permission to dream. Fuel your kids’ dreams, too. Once in an awhile, that might even mean letting them stay up past their bedtimes” (Pausch 133). Dreaming will not get rid of the cancer, however, it will help reminisce about the healthy and enjoyable times. “A couple times a day I sit quietly and visualize my body fighting the virus” (Ashe). Meditating about the disease several times a day, will give the immune system time to relax, and fight the disease.

A sanguine outlook in the last moments of life requires no negative thoughts that would prohibit positive energy. “Too many people go through life complaining about their problems. I’ve always believed that if you took one-tenth the energy you put into complaining and applied it to solving the problem, you’d be surprised by how well things can work out” (Pausch 138). Positive energy can not only be healthy for the psyche of a dying individual, but may also help with the immune system and physical body. “My personal take on optimism is that as a mental state, it can enable you to do tangible things to improve your physical state. If you’re optimistic, you’re better able to endure brutal chemo, or keep searching for late-breaking medical treatments” (Pausch 183). Thinking positively will enhance life in a way to take on challenges that cancer is throwing at the patient, whether physically or mentally. “A few months later I asked Sir Peter Medawar, my personal scientific guru and Nobelist in immunology, what the best prescription for success against cancer might be. ‘A sanguine personality,’ he replied. Fortunately, I am even tempered and confident in just this manner” (Gould). Optimism can be

displayed by the rhetor in their appreciation for life. “Many cancer patients say their illness gives them a new and deeper appreciation for life. Some even say they are grateful for their disease. [The cancer] allowed me to prepare my family for the future, and that time gave me the chance to go to Carnegie Mellon and give my last lecture. In a sense, it allowed me to ‘leave the field under my own power’ ” (Pausch 204). A positive outlook is knowing that the cancer has not won yet, and the patient is still alive and living to the fullest. “But I love that my vasectomy doubled as both appropriate birth control and an optimistic gesture about my future. I love driving around in my new convertible. I love thinking I might find a way to become the one-in-a-million guy who beats this late stage cancer. Because even if I don’t, it’s a better mindset to help get through each day” (Pausch 183). Holding onto the idea that defeating the disease is very possible gives the patient a motive to wake up each morning.

The word “Lucky” might be considered an unusual adjective to describe a dire time, however, it shows the cheerfulness and enthusiasm about the life lived and the journey ahead. In Lou Gehrig’s speech to Yankee fans in 1939; it was used three times, twice repeating in an anaphora. He says in the opening lines of his farewell speech: “Fans, for the past two weeks you have been reading about the bad break I got. Yet today I consider myself the luckiest man on the face of this earth.” Lucky is a word to describe the journey that is ahead, because fortunately there is still time on earth to be with the people that mean the most. “There are so many things Jai and I are discussing as we work to come to terms with what her life will be like after I’m gone. ‘Lucky’ is a strange word to use to describe my situation, but a part of me does feel fortunate that I didn’t get hit by a proverbial bus. Cancer has given me the time to have these vital conversations with Jai that wouldn’t be possible if my fate were a heart attack or a car

accident” (Pausch 200). A prolonged death allows the patient time to spend with family to make lasting memories.

THANKING SUPPORT SYSTEMS

Thanking the people who have always supported someone extremely ill is an honorable thing to accomplish before passing on. It can be used as a coping strategy knowing full well that the people who supported the victim of a disease can go in peace. “Having paid my respects through grieving, I can stop brooding over the things I’ve been deprived of and feel grateful for what I have—people who help me and family and friends whose love I cherish” (Schwartz 41). Pausch saw his last lecture at Carnegie Mellon as a goodbye to friends and family that made his life worthwhile. Throughout the hour long lecture he said thank you to many people in the different time periods of his life. “And my list of childhood dreams had continued to serve so many purposes. Without it, who knows if I would have been able to thank all the people who deserved my thanks. Ultimately, that little list had allowed me to say goodbye to those who meant so much to me” (Pausch 205). It can be an official goodbye to people they might not see again. “I wanted my lecture to be a call to my colleagues and students to go on without me, and to know I have confidence that they will do great things. So it’s ok that I won’t set foot in the Promised Land. It’s still a wonderful sight” (Pausch 128). Saying goodbye peacefully and being able to see the future without the patient in it, will make the transition easier on everyone.

Lou Gehrig spent two-thirds of his farewell speech thanking the fans, co-players, and his family to show an appreciation for their gratitude throughout his career as a Yankee. While thanking the fans he states, “Yet today I consider myself the luckiest man on the face of this earth. I have been in ballparks for seventeen years and have never received anything but kindness

and encouragement from you fans.” His next paragraph shows his love for his friends and co-workers in the sport of baseball that he loved so much. Pointing to the line of men standing behind him he says in an enthusiastic voice: “Look at these grand men. Which of you wouldn’t consider it the highlight of his career just to associate with them for even on day. Sure, I’m lucky. Who wouldn’t consider it an honor to have known Jacob Ruppert? Also, the builder of baseball’s greatest empire, Ed Barrow? To have spent six years with that wonderful little fellow, Miller Higgins? Then to have spent the next nine years with that outstanding leader, that smart student of psychology, the best manager in baseball today, Joe McCarthy?” A last speech allows the audience to feel sympathetic with the situation and feel motivation to thank the people in their life that has helped them in tough circumstances.

Friends, family, and support systems can add emotional stability in a time of distress. “Support systems are essential when you’re in a state of despair. I am lucky to have a whole stream of friends coming through my house. I call them my support community, my angels, my dear friends, they come quite regularly to find out how I am, to exchange thoughts about spiritual issues, and to let me know how much they care” (Schwartz 82). A public goodbye allows for people in the rhetors life to reconnect and say goodbye on their own terms. Long ago acquaintances who might have got out of touch can come back into the picture during the most important time of the rhetors life. “Since my last lecture began spreading on the internet, I’ve been hearing from so many people I’ve known over the years—from childhood neighbors to long ago acquaintances. And I’m grateful for their warm words” (Pausch 183). A friend, family member, or support system can be an inspiration to keep fighting the disease, and not succumb to it. They bring so much life and positive energy; the patient can’t help but feel support and love. “As a matter of fact, there is a great deal of interchange, my giving to them and their giving to

me. They tell me they are learning from me, that watching me is an inspiration to them. And in return I feel that they're continuing to keep me alive because there's so much energy and good feeling, love, concern, and care that come from these friends, as well as from my family. Since I'm so restricted in my movements, they bring the world in. They bring themselves in. By their bringing the world in, I can get outside to some degree" (Schwartz 83). The patient dying is not only learning how to die, but enabling other people to learn from the grueling experience.

The friend-support system is an interwoven exchange of inspiration and advice on both ends. Randy Pausch talks about a powerful interview he had with his friend Diane Sawyer to really break down how he was going to say goodbye to the most precious people in his life, his two sons and daughter. He says: "TV news anchor Diane Sawyer interviewed me, and when the cameras were off, helped me think more clearly about the touchstones I'll be leaving for my kids. She gave me an incredible piece of advice. I knew I was going to leave my kids letters and videos, but she told me the crucial thing is to tell them the specific idiosyncratic ways in which I related to them. So I've been thinking a lot about that. I've decided to tell each of my kids things like: 'I love the way you tilted your head when you laughed,' I will give them specific stuff they can grasp." The support system can not but help being inspired by watching someone go through the last stages of their life. Although, it is a hard circumstance to watch, it is an inspiration to see the strength of living to the last possible second. "They tell me they love to come here because they're learning a lot from me about how to be courageous when you're dying. Evidently, it is very heartening and very inspiring to them to see how I am living. Their expectations also help and inspire me" (Schwartz 121). "Dying is both a private and a community act. I have a loving family and many friends who have been brought together by this tragic event, my illness and

impending death” (Schwartz 120). Although death is calamitous, it can be humbling and a learning platform for others.

HUMOR

Humor is necessary in a time of tragedy to liven up the situation and keep the mind off the physical aspects of a painful disease. During Randy Pausch’s last lecture, within the first few minutes he was doing military style push-ups, and calling out the audience to join him, which is ironic for someone who had barely enough strength to make it through the lecture. By using a humorous outlook on life, it allows the patient to laugh about the past, and bring more positive energy into the situation. “I came to a realization about this very early in my life. As I see it, there’s a decision we all have to make, and it seems perfectly captured in the Winnie-the-Pooh characters created by A.A. Milne. Each of us must decide: Am I a fun loving Tigger or am I sad-sack Eeyore? Pick a camp. I think it’s clear where I stand on the great Tigger/Eeyore debate” (180). Using laughter can also liven up the situation for other people struggling to cope with a sure death of the patient. Pausch states, “After I learned I had cancer, one of my doctors gave me some advice. ‘It’s important,’ he said, ‘to behave as if you’re going to around awhile.’ I was already way ahead of him. ‘Doc, I just bought a new convertible and got a vasectomy.’ What more do you want from me” (182).

A good dose of laughter and humor about a bad situation can be helpful in realizing and accepting the death in an easier way. “The swords of battle are numerous, and none more effective than humor. My death was announced at a meeting of my colleagues in Scotland, and I almost experienced the delicious pleasure of reading my obituary penned by one of my best friends. Still, the incident provided my first good laugh after the diagnosis. Just think, I almost got to repeat Mark Twain’s most famous line of all: ‘the reports of my death are greatly

exaggerated' ” (Gould). Humor and sarcasm can also be a remembering tool for the people the dying victim has joked around with. “My meditation teacher told me something that blew my mind the other day. She said, ‘Morrie, maybe your view of life and death should be reconsidered. Maybe the distance between life and death isn’t as great as you think.’ And I said, ‘you mean it’s not a chasm—two mountains and that big valley between? You mean it’s only a little bridge across a small river?’ ”(Schwartz 120). By making jokes about the process of death, not only does it liven up the situation with sarcasm, it is something that the meditation teacher will never forget. “Someone once told me that God figured that I was a pretty good juggler. I could keep a lot of balls in the air at one time. So he said, ‘Let’s see if you can juggle another one.’ I’m fine, and I’ll be here for awhile” (Ashe). Humor can put anyone in high hopes for a successful future.

REALITY

Coming to terms with reality, and realizing that succumbing to a disease is the hardest thing to think about, however, it can be very revitalizing. “I have to accept the fact that I have a disabling and fatal disease. A lot of experiments are going on, but if I’m expecting some great miracle cure in the next two weeks, it’s going to be very hard for me to accept my situation. It’s a matter of being quite realistic about seeing the truth clearly” (Schwartz 43). The process of realizing death that is certain may entail the patient embracing the end of life. “As I settled deeper into this new stage of my life, I became increasingly conscious of a certain thrill, an exhilarating feeling even, about what I was doing. Yes, I felt pain, physical and psychological; but I also felt something like pleasure in responding purposefully, and vigorously to my illness” (Ashe 251). The new stage in the shortened life is important in how the patient copes with death. A patient can shy away from death, and have a fear of dying or see it as another life experience. “Whereas if I accept that it’s a reality and recognize the important things I’m losing, I can grieve

for my lost functions and for the fact that I'm very far down the path toward death" (Schwartz 41). There comes a time in treatment, where the patient has no more energy to grieve about leaving life. "It's going to be an interesting challenge. I'm already saying to family and friends, 'you'll tell me what you're thinking and feeling, and you'll feel my response' " (Schwartz 5). An audience member, family, or friends will undoubtedly have respect for a dying patient who embraces the realization of death with a vigorous attitude. "At the same time, I felt at peace and fulfilled. My life had come full circle. I had first made the list of my childhood dreams when I was eight years old. Now, thirty-eight years later, that very list had helped me say what I needed to say and carried me through" (Pausch 204). The realization of death can be peaceful and fulfilling, knowing that the sufferer lived a life to appreciate.

The realization of death comes in approaching the experience in different attitudes, whether it is to be nonchalant, or more assertive. A cavalier attitude towards a disease that is miserably taking a life requires empowerment, and a sense of overcoming a dismantling ailment. The cavalier attitude is a mindset of seeing the death experience as a challenge or a tantamount fight where a notion of surrendering is out of the question. " 'There is only two ways to go.' says Ashe of his illness in an article in *People Magazine*. 'You can slowly, steadily, disintegrate, or you can feel emboldened and empowered' " (Ashe). An empowerment attitude towards the disease should be the first step in order to accept the reality of death is the second step. Morrie Schwartz sees dying as a challenge stating that, "But it also has been a terrific challenge, learning to inhibit my impulses. That's the kind of mental flexibility you need to adopt the capacity to see and choose alternative ways of doing things" (9). The challenge is in the way a patient checks themselves in order to change previous ways of thinking about the death and realizing new ways to think about the end of life. The realization may mean to slow down on jumping to rational

conclusions such as Gould, when he was given news about his diagnosis. He states: “The problem may be briefly stated; what does ‘median mortality of eight months’ signify in our vernacular? I suspect that most people, without training in statistics would read such a statement as ‘I will probably be dead in months’ the very conclusion that must be avoided, since it isn’t so, and attitude matters so much.” Gould goes on to conclude that the number of months do not signify anything relevant. The number of months a patient has left to live is in their determination to live. “We view means and medians as the hard realities, and the variation that permits their calculations is a set of transient and imperfect measurements of this hidden essence. If the median is the reality and variation around the median just as a device for its calculations, the ‘I will probably be dead in 8 months’ may pose as a reasonable interpretation.” Attitude and realization is about the will to live and not the number that the doctor instilled in their diagnosis.

ACCEPTANCE OF DEATH

The acceptance of death is an intrinsic feeling that everyone will have embrace in their own unique way. “It has become, in my view, a bit too trendy to regard the acceptance of death as something tantamount to intrinsic dignity. Of course I agree with the preacher of Ecclesiastes that there is a time to love and a time to die—and when my skein runs out I hope to face end calmly and in my own way. For most situations, however, I prefer the more martial view that death is the ultimate enemy—and I find nothing reproachable in those who rage mightily against the dying of the light” (Gould). Gould’s unique way of coming to terms of dying is his ability to look at dire situations calmly; however, he will never give up because death is the last thing on his mind. Death is not only a strain on the patient, but also the caregivers and family members. Acceptance can come in a way of feeling of liberation and letting go in order to make life easier on others. Realizing that being a burden will surely allow the patient to accept death quicker. As

Arthur Ashe states, “ ‘I tell people, look I’m as loving a father as I possibly can be.’ Maybe more because I don’t know if I’ll see Camera [daughter] graduate from High School. I’d give my life for my daughter. I know absolutely and positively, that I am no danger to her.” Ashe’s quote saying that he is doing everything he can to stay alive to enjoy life experiences with family, but when he goes he will longer be a danger to her emotionally.

Death is human nature, and when a regressing patient accepts fate, the transition will be manageable and effortless. “Acceptance is more difficult than it needs to be because people in our society basically refuse to accept our common fate—death. We are all going to die, but we tend to deny it, or run away from it, or feel irrationally, that it won’t happen to us. If you can accept the inevitable of your own death, it may be a little easier for you to confront serious or disabling illnesses” (Schwartz 42). Accepting that there are people dying every day, will help with acceptance. “We’re all on the same ship, and it’s going to sink sooner or later. One hundred and ten years from now no one who is here now will be alive. When you look at it that way, you can see how absurd it is that we individualize ourselves with our fences and hoarded possessions, refusing to recognize our commonalities” (Schwartz 124). Death is a hard thing to accept, especially when the patient feels like they still have a lot to live for, but accepting their path will allow harder decisions or situations to come easier. Death is part of the life cycle and every living thing must perish. “It’s natural to die. When we were born we made a contract (whether we knew it or not) that we were going to die. And the fact that we make such a big hullabaloo about it and are so desperate about it shows that we don’t see ourselves as part of nature. We think because we’re human beings we’re something separate from nature. We’re not. Everything that gets born dies. So that’s what I’m working on, to accept that simple but very profound idea”

(Schwartz 119). Humans have this certain way of thinking that nothing will happen to them, that they are invincible or God-like, somehow tied in with allusions of grandeur.

The acceptance of death will help you realize aspects of life, where the patient would have not realized if they were not in the transition to the last stage of their life. Randy Paush reveals interesting tidbits about life on his last hour, which he thought would help the audience in their life. “Until I got on stage at my last lecture, I had never told students or colleagues at Carnegie Mellon that I had been rejected when I applied there. It’s interesting, the secrets you decide to reveal at the end of your life” (139). His acceptance of dying was his creative ability to talk about it, and give numerous analogies that helped not only him but also his audience. “Brick walls are there for a reason. And once you get over them—even if someone has practically had to throw you over—it can be helpful to others to tell them how you did it” (174). He used the brick wall as his analogy for the disintegrating cancer diagnosis, and the acceptance was figuratively getting him over the wall. Schwartz states: “When you arrive at the point I’m at, you appreciate the stark truth of the Buddhist statement that ‘when you’re young, everybody knows they’re going to die and nobody believes it. When you’re facing death, you believe it’ ” (124). Lou Gehrig repeatedly shows his acceptance of death in his speech. Life is a fragile gift, and Lou Gehrig expressed the way to properly live it like his fans did to him through: kindness, encouragement, and praise. The most famous line of the speech was his last words of, “I have an awful lot to live for.” The line will never be forgotten for it gave Gehrig recognition as a man dying accepting his fate but still marches on.

CONCLUSION

Treasure the things in life that are close to you. These men: Morrie Schwartz, Lou Gehrig, Randy Pausch, Arthur Ashe, and Stephen Jay Gould, taught audiences how to die with dignity. They let their experience of dying become known to the world, which added to the genre of consolatory discourse. The genre of consolatory discourse embodies aspects of dying that are imperative to cover when a diagnosis has arrived, and how to finish out that life. Schwartz states: “If you learn how to live, you’ll know how to die; learn how to die, and you’ll how to live” (125). Living like you are dying will ensure a life full of happiness and gratitude. He goes on further to state, “The best preparation for living fully and well is to be prepared to die at any time, because impending death inspires clarity of purpose, a homing in on what really matters to you. When you feel that the end is near, you are more likely to pay close attention to whatever you treasure, especially relationships with loved ones” (125).

The genre is comprised of five elements that have been recognized of similarities between all rhetors. The sanguine outlook, or optimistic standpoint, will make life more enjoyable for you and your family. Visualizing overcoming death will bring positive energy into the last stage of life. Thanking a supportive system is important for the patient and family members. It allows the patient to leave life in peace knowing all the people stood behind him or her while also leaving lasting impressions on the people they interacted with in their last part of life. Humor may be the hardest thing to have in such a devastating situation, however, it can allow the last moments of life to be very enjoyable. It can liven up the situation, and get the patients mind set off death. Coming to reality with what is happening in life can be arduous, but revitalizing. Nothing in life is comparable to accepting the fact that death is happening sooner than later. Life is a precious gift and we are only given one to live.

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