

Our Uncertain Compassion

Alphonso Lingis

Pennsylvania State University

There are those, even our enemies, we want to live; there are those, even our friends, we want to die. We imagine death may be the end of pain, but we may well will our pain. We honor those who die with dignity, but dignity is not something we ascribe to ourselves or can be our objective.

We cannot understand why we have to die: all understanding stakes out and surveys a future. But death—our death, that of our friends—is the object of our most intense feelings. How unstable, how equivocal are those feelings!

To be a friend is to share the path with someone, to share the labor with him or her. To be a friend is to be there when pleasure can be shared and common. It is also to be there when one's friend falters and falls. To accompany someone on a part of the path of life is already to pledge to accompany him or her on the path that leads no where, the path of his or her dying. To be a friend is to be there and share the pain.

We can desperately want someone, suffering from a grave injury or disease, to live. Because she has not yet lived enough. We want time for her to flourish, knowing that her life is a radiance shed on others, on us. We can desperately want someone to live because we have not yet shown our love for her enough, not yet loved her enough.

One can doubt the straightforwardness of our wish that the other live: is our wish that the other live a wish for her or for ourselves? Do we wish that she live so that we can show her we do love her, so that we can love her enough? Is there this guilt that we are seeking to circumvent?

In every hatred, there is wanting someone to die. Hatred is a powerful focus of our sensibility and drives: it is a will that is fixed on some one. The wanting that someone die is a disclosure of uniqueness. Hatred singularizes absolutely.

When individuals lose their singularity, they appear as belonging to death. There is then a wanting to be rid of this carrion. When we think of the six billion humans that now overrun the planet, there is no way we can think of them as having singular lives. Then we cannot think of the death that clears some space as an evil. Before individuals sunken into comas from which they will not awaken, patients in advanced stages of Alzheimer's disease

who appear to no longer know who they were and who they are, we cannot prevent ourselves from wanting death to come claim its own.

But there is also love in wanting someone to die.

When someone we love who has been suffering dies, we feel a sense of relief. We feel a loosening of tension, a repose. Death appears as a deliverance from dying—from the suffering of dying.

Suffering is finding existing itself to be a burden of which one cannot relieve oneself and which one cannot lighten. One's existence is no longer a dynamism generating excess energies, a momentum that pushes into open roads and into the thick of things. Suffering is more than passivity; it is having to deal with one's substance. One does not program the opening of valves, the distribution of blood and the channeling of biles, the peristalsis and spasms, but in the dullness and weight of fatigue and in pain one has to endure them. To suffer the pain is to be unable to turn away from oneself, to look outward, to forget oneself. In pain one is mired in oneself. One has to deal with oneself; one's existence is an encumbrance for oneself. One has to endure, one has to bear the pain, one is bound to one's existence as to a responsibility one cannot escape. Suffering is an experience of identity, individuality, and solitude.

Pain and suffering deliver one over to dying. Dying in pain and suffering is reduction to passivity and prostration. It is being cut adrift from one's future, and from one's past. One knows that what is coming is death. This death is not one of an array of possibilities one reaches out for and takes hold of; it is for the dying one the end of all possibility, impossibility itself. All the experience and skills one has acquired are powerless to deal with it. As the imminence of death looms, it cuts one adrift from one's past. There is nothing to do, but suffer and wait for death. One is held in the suffering, in the pain, in the present. The present stretches on, without passing, without going any where. The last moment is not locatable in the array of a future of stages and possibilities; it lurks in every moment, is imminent in any moment. That death is coming is certain; when it is coming is indeterminate. What is coming is this unknown.

Is it just nothingness? One does not know it will be nothingness—nothingness is not some thing one knows.

But nothingness is what one can long for, out of all the density and suffocating opacity of pain and suffering.

Socrates had seen men die; he had committed himself to defend Athens in war, he had killed men in battle. He does not speak of how they died,

nor of the relief he felt when they died. He speaks of the relief he will feel when the trouble and passivity and opacity of his body will be broken, when this long sickness which is life in a body will come to an end. His last words—Crito, we owe a cock to Asclepius—say that life is the sickness for which death is the cure. Did not Socrates here in fact claim to know two things that he did not know—what death is, that is, that death is a relief; and what life is, that is, that life is sickness?

The other's suffering is trouble for us—hours spent in hospital visits, in somber interviews with doctors, in looking after the sick one's affairs. The other so bound to his suffering seems to bind us: we feel a somber obligation that excludes insouciance.

We cannot view the sufferer's contorted hands, his grimaces, hear his sighs and moans, without these inducing contortions, grimaces, sighs, and moans in us, and with them, inducing a sense of the pain. His pain, that pain that rivets the suffering one to himself, to the limits of his own existence, reverberates in us.

To comfort someone, to comfort oneself—it is the most spontaneous of our initiatives. When we find ourselves helpless to comfort others in their distress, we comfort ourselves by believing that the death that comes to them as the last extremity of suffering and prostration is a deliverance.

We feel a sense of relief that this agony of another, which has been an ordeal for us, is over. Is the sense of relief a recognition that we are freed from the suffering and dying of another, that his death returns us to the lures and lightheartedness of life?

We want to think that the death that finally came to the sufferer is a relief to him too. Perhaps we can accept our own sense of relief only by thinking that the other feels relief too.

There is no doubt that the other can look forward to his own death as to the end of the pain and the suffering. But the death he awaits will not be the relief and renewal he knew when someone whose suffering he watched died. Death is not for him release, but the last limit of suffering and prostration. Our sense of release is his entombment. Our relief is burdened by a sense of our having escaped, having fled.

Pain does not only come from the outside, when a foreign object damages a limb or a foreign body invades an internal organ of our bodies. The concentration of our forces produces the pain of constriction, and

their release produces exhaustion. This is possible because there is a passivity internal to life: life is passive with regard to itself. The pulse of life is in initiatives, in the surge and release of forces. One has to anticipate a future and endure the passing of time. And there is a substance and weight to the initiative that the force of life has to bear. To live is to find oneself having to exist, having to endure, having to bear the burden and weight of one's own initiatives.

Today modern medicine seems to promise the life relieved of all pain and suffering that Socrates sought in the hemlock poison. How much of the equipment of modern life is contrived to eliminate effort and discomfort! For long hours of the day we feel no discomfort; for long years no pain.

In Madagascar, people sleep on reed mats, turning often in the night to relieve the pressure on muscles and veins. They could, of course, make padded mattresses. They trudge through the muck. They do not complain: they do not imagine discomfort and pain could be anything but part of life.

All cowardice begins in the repulsion of suffering.

The suffering we see may well be a suffering that does not seek to be consoled: Nietzsche warned against imagining that we should alleviate a suffering which another needs and clings to as his or her destiny—the inner torments of Beethoven, the hardships and heartaches of the youth who has gone to join the guerrillas in the mountains, the grief of someone who has to grieve the loss of her child. To be afflicted with his or her suffering requires that we care about the things he or she cares for. The suffering of the one who faces me, a suffering visible in the bloodless white of her anguished face, may well be not the suffering of her own hunger and thirst, but a suffering for the animals in her care dying of the drought or the peregrines in the poisoned skies, a distress over the crumbling temple and for the nests of sea-birds broken by the tidal wave, a grieving for the glaciers melting under skies whose carbon-dioxide layers are trapping the heat of the earth.

Do not the strong, even among us, seek to feel the pain, the pain that the maximum harnessing and release of their forces entails: it is a tonic for them, a fortifier. There is the materiality of the pain itself. It is like an acid in which one is immersed. It is dense, it has grain, substance.

There is also the fortifying effect of pushing on to what is behind the pain: death, the void. Thought is driven by an excessive compulsion, and is

itself an excess over and beyond perception. Socrates practiced philosophy as a consolation: for him thought catches sight of order and harmony in all generating and corrupting things, and of its own momentum pushes beyond the pain of dying to the harmony and bliss that lies beyond. Our thought has instead pushed on, beyond our individual deaths, to the coming extinction of our sun, the extinction of all the stars, to the final Dark Era of the universe that will consist in a diffuse sea of electrons, positrons, neutrinos and radiation spread tenuously across an infinitely larger region than exists today. Thought is seeing what exceeds the possibility of seeing, what is intolerable to see, what exceeds the possibility of thinking.

We do not simply see the pallid surfaces, the contorted hands and fingers; we feel a depth of pain. Our gaze is held to the limits of this prostrate life. There is contagion of misery. For one does not view the pain behind the surfaces of his skin; one feels it troubling one's look, one feels it up against oneself. The sense of sharing the pain of another, the sense of the barriers of identity, individuality, and solitude breaking down hold us. There is anonymity but also communion in suffering. One suffers as anyone suffers, as all that lives suffers. To look upon someone who is in pain is to have known pain, is to know what it is.

One is repelled, but one is also drawn to that pain. The other is suffering a pain involuntarily; it awakens a will in oneself to suffer that pain. The greater the suffering of the masses they saw, the more strongly Gandhi and Ché Guevara willed to take on that pain. It drove from them all desire for comfort, for pleasure, for sweet oblivion.

Compassion is not simply the pitting of one's will against the suffering in another. To be compassionate is to long to suffer, to suffer with the other. One wants to be afflicted with this alien pain. One wants to hurt oneself, wound oneself. Among the Papuans of Irian Jaya a woman chops off a finger when she loses a lover or a child.

There is a complacency in compassion. There is an insidious temptation in the anguish with which one abides with the one who suffers—the temptation to know the ordeal, the inhuman abysses, the ultimate drama he is undergoing through him, without having to bear the prostration of his pain, without risking what he risks.

There is a force in suffering—the force to endure, to bear the pain. There is also the force to react to the pain, to turn against it. When this

force is without effect, the force can turn against what is behind the pain, or who is behind the pain. The pain fuels vindictiveness, vengefulness. The sufferer can reproach himself, blame himself, torment himself with guilt feelings. In the violence of pain he strikes out against his own body, his own consciousness.

The healthy impulses of the active forces of life, of the doctor and the nurses, repel this contagion of misery, of passivity and prostration, this dispiriting and debilitating pity. Their compassion is active. Compassion acts in place of the suffering one, does what the prostrate one cannot do. Compassion becomes a knowing for another, knowing what is good for another, when, sunken into himself, mired in himself in the pain, the other no longer can see.

The force of the compassionate one can come to the assistance of the sufferer, to compound the force of the sufferer, to endure. The force of the compassionate one can use the reactive force of pain, the vindictiveness there is in the force of suffering. It can be directed outward—against the pollutants, the microbes, the market forces that released the pollutants and the microbes.

Active compassion can lead one into wanting someone—the one or ones responsible for the suffering of the one one loves, to die. It can lead one into willing to kill others.

It can also lead one to want the one who suffers, and whom one loves, to die. But between wanting someone to die and acting to put him to death there is always a segment of time, however minimal, in which the compassionate one's feelings are unstable and equivocal, in which that volition can hesitate.

Dignity is not a word we use much. We do talk about people who behave with dignity in certain situations, with the composure and assurance that formal and ceremonial occasions—state dinners, funerals—require. They know the codes. We also speak of people who behave with dignity in crises, when their competence is being impugned. The engineer behaves with dignity, when he listens carefully and respectfully to all the criticisms being made of his work, knowing that he can answer them. The minister of the environment behaves with dignity, when he resigns his cabinet post as the government grants the mining companies rights to national parklands. The nurse behaves with dignity, when she listens attentively to the patient, or the doctor, telling her how she screwed up. It is especially during the

ordeal of dying that we speak of dignity, and honor it. Someone who suffers a long agony without illusions, with lucidity, without unrealistic demands on the medical staff, without rancorously searching for blame in the past, dies with dignity.

The dying one is dying, he is not reaching for dignity, dignity is not his goal. He does not have a goal: he is going no where. He is going without going on. Dying takes time; he is held in the endurance of time. It is not that he extends a field of time—like the person engaged in living, who foresees what is ahead, foresees objectives and foresees the paths and implements and obstacles on this side of those objectives. The dying one foresees nothing. The state of death, of the extinction of his life and of the environment his life lights up about him, is not something he confronts. It has no faces and no surfaces and no place. It cannot be located in the succession of moments of time. The last moment is ahead, not yet there, but it is imminent; the next moment may be the last moment. He is enduring a time without a future, a time from which the resources of the past are irrelevant and disconnect. His lucid recognition of that is lived as patience. Patience is a not just passivity, it is suffering, but it is suffering without grappling for release and without recrimination against the past which can no longer offer its forces and resources. Because he knows his time to die has come, because he knows he is dying and awaits what cannot be foreseen or confronted—because he somehow finds, in patience, the strength for this lucidity—he makes no unrealistic demands on the medical staff and does not rancorously search for blame in others or in his own past. And it is just that that strikes us as his dignity. But that was not an objective; it is a side-effect.

Is it not the awesomeness of such an achievement, when all his resources are failing, in the midst of relentless pain, that makes us project the dignity we witness there back over the whole life of such a person? We are unable to witness such a dying without envy, without an intense longing to be able to die that way, when our time comes. It motivates us to wish to live with dignity.

But while we speak of dignity in others—it is even one of the things we are most impelled to call attention to and honor when we witness it—we are most reticent to speak of dignity in our own case. Is that not because to invoke dignity for oneself, to say “I have dignity” is to seek to designate a quality that will be in force in one’s continuing life, whereas dignity is something we first observed in someone who was dying? What we designated there as dignity appeared to us to be the most improbable, inexplicable,

awesome trait that emerged in the throes of physical collapse, pain, the impotence of mental skills, the process of definitive and irreversible defeat. The intense longing that arises in us to be able to die that way surges in us like a hope fraught with the sense of all the laxities, facilities, cowardices, escapisms, illusions, and fantasies with which our lives are interwoven. If the spectacle of someone dying with dignity is what motivates us to wish to live with dignity, whether we in fact do live with dignity will be known only when the time comes for us to die.

If to invoke dignity for oneself is to forfeit it, if dignity cannot be an objective, if it is essentially a side-effect of that thing we have to do, to die, to lucidly see that we have fallen into a time which has no objectives, no future, then could it not be that dignity can only be a side-effect of undertakings that we engage in that do have objectives? One cannot produce dignity intentionally or willfully; it can only appear as a side-effect of doing other things well, aiming at outside objectives. Our dignity can appear as a side-effect of caring for the suffering, accompanying the dying.

Author's note: Correspondence concerning this article should be addressed to Alphonso Lingis, Department of Philosophy, Pennsylvania State University, University Park, PA 16802. Email: axl7@psu.edu.