2016

Dr. Brallier's Last Lecture

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Recommended Citation
Brallier, Lynn Beck, "Dr. Brallier's Last Lecture" (2016). Last Lecture. 1.
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The Last Lecture
Lynn Beck Brailler
2016, Morris Chapel
University of the Pacific

It is an honor and a sobering responsibility to be speaking with you today. Interestingly, the thoughts that I’m going to share began to percolate within me many years ago.

In order to share them with you, I need to take you back with me – back more years than I care to remember – when I was 22 years old and sitting where many of you are – a graduating college senior facing an exciting future. My future included marriage, graduate school, and big plans. Alex, my fiancé, and I were excited and optimistic – on our way to living our dreams.

Our paths unfolded, for the most part, as we had planned. I graduated with a master’s degree. He completed his master’s degree and was well on his way to earning a Ph.D. We had good jobs. We loved and liked each other. We had wonderful families and many friends. We worked and studied hard but we also played … a lot….Life was good and full of promise.

No one, of course, gets through life without a few challenges. One that hit me was my father’s cancer. When I was in college, my dad had been diagnosed with cancer of the larynx. It had, we believed, been treated successfully, but four years after I graduated from college – almost four years into my marriage – his cancer recurred. In February of 1978, Alex and I traveled to New Orleans to be with my mom because my dad was scheduled for surgery to remove part of his larynx.

We arrived on Thursday, February 16th. Daddy’s surgery was scheduled for the next day. Early on the 17th, Alex woke up, looked at me, said, “I have a funny feeling in my chest.” He then lapsed into unconsciousness. We were fortunate in that we were staying in a guesthouse adjacent to the hospital. The EMTs arrived and wheeled Alex to the emergency room in minutes. Unfortunately, the news for the doctors there was not good. An x-ray revealed that he had a dissecting aortic aneurysm. His aorta – the main vessel taking blood to his body – had ballooned
to the size of a grapefruit and, because of a weakness in its sides, had shredded. Alex was bleeding internally, and blood was not reaching his brain and other vital organs.

He was very quickly wheeled him into surgery. My dad, in the meantime, was also taken into surgery.

Thankfully, my father’s surgeon successfully removed half of his larynx thus saving his ability to speak and removing all of the cancer. Alex’s surgery was less straightforward. The doctors were able to repair his aorta, but he was bleeding because of the anti-coagulants that were required during his time on the heart lung machine. Eventually, after 14 hours of surgery and more than 30 units of blood, the team in the OR stopped the bleeding and closed him up. Sadly – but not unexpectedly – the loss of blood to his brain had been devastating. His EEG showed no brain activity. Following the usual protocols his physicians kept his lungs going and his heart beating with a simple ventilator for 72 hours at which time they performed a second EEG. At that point, his doctor – with tears in his eyes – told me, “At 12:43, his heart stopped beating, and we pronounced him dead.”

Everything changed for me at that moment. I lost my partner, my husband, my best friend, and the future we had anticipated. I felt great grief.

In that loss, though, there was also enormous gain and great clarity. I learned what was left when the things that I thought were important were gone. I learned that the success that comes with degrees and great jobs and possessions did not – indeed could not - comfort and sustain me. I learned also, though, that comfort and even joy were real and possible . I discovered that loving and being loved - experiencing and giving care in its many forms - could provide an unimagined and wonderful sustenance, one that affected and healed my body, mind, and soul.

As I wrote and as I now say the words I just said, they sound simple – and maybe even trite - but learning how to live this truth has been harder than it seems. Indeed, I’m still learning what it means to actively and intentionally place love and care at the center of my life above the things we often associate with success.
Interestingly and perhaps surprisingly, I had a great and unusual opportunity to learn more about love and care in my doctoral studies. I earned my Ph.D. from Vanderbilt University and was encouraged by two of mentors, Joe Murphy and Paul Dockecki, to actually study what these values might mean in my discipline of education. Under their guidance, I framed my work as an effort to understand “care” and its place in educational leadership.

One of the joyful things that emerged from my academic study of care was a growing recognition that education and educational settings are natural environments to practice and promote care. This baccalaureate service, positioned on the eve of a day when we honor and celebrate education and all of you who have worked so hard to reap its benefits, is, it seems to me, a perfect place to invite you to think with me about care, about what it is and is not, about how your experiences here have enabled you to understand – and perhaps experience - what care both asks of and offers to us.

Care is a simple word. It is an oft-used word. It is a word that we frequently use to describe either a warm feeling - as in “I just want you to know that I care” - or a lack of feeling – often expressed in phrases such as “I couldn’t care less.”

When I ask you to think about care today, I am not speaking of feeling. The “care” I will be referring to is, essentially, an act – or perhaps – more accurately a set of actions that involve work and discipline in our thoughts and behaviors and intentions.

To describe the first of these activities, the foundational act of care, I chose the word RECEIVING. Caring, you see, is not something that works if we insist on doing it on our terms. When we care, we must pay attention to the experience of another. More than that, we must actively “receive” what others are saying and thinking and believing. Receiving requires listening for sure, but it demands something more. It requires actively and willingly taking the perspective of others.
One of my mentors, Nel Noddings, argues that taking the perspectives of others requires “motivational displacement.” She references Kierkegaard and paraphrases some of his writing when she argues that the “displacement” of ourselves and our own motivations and beliefs and ways of experiencing the word enables us – if only briefly – to “see the other’s reality as a possibility.” Think about that for a moment – seeing another’s reality as a possibility for my life. How amazing and wonderful to put oneself aside – for just a moment – and to see, really see, the world as another person might see it.

My favorite book in the world is Harper Lee’s To Kill A Mockingbird. There are so many jewels in this book. One can be found early in the third chapter. Scout, the young narrator, has had a very bad first day at school. After run-ins with her very young teacher; with a classmate, Walter Cunningham; with her brother, Jem; with another classmate Burris Ewell; and even with the family’s housekeeper, Calpurnia, Scout is altogether disgruntled. That evening as every evening, she settles down that evening to read with her father, Atticus Finch. Atticus encourages her to view Walter and her teacher, Miss Caroline, and Burris and even Calpurnia in a particular way with these words:

…. **if you can learn a simple trick, Scout, you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view […] until you climb into his skin and walk around in it.**

One of our goals here at the University of the Pacific is to provide you with opportunities to receive others’ perspectives, to – if I might borrow from Atticus Finch – climb into another’s skin. Literature, art, community service, music, dialogues and conversations and study abroad and more – all of these have been offered to you in part because all of these have, among other things, the capacity to help you receive and understand the real, lived experiences of others.

Receiving perspectives of others is foundational to caring. **It is not, however, enough to simply receive.** We must **RESPOND** to what we have received. **Sometimes that response is subtle and quiet and still. Sometimes, though, caring requires us to take hard, perhaps courageous action.**
There are countless examples that I could share of what it looks like when one responds with care. One that popped into my mind as I prepared this talk comes from the life of Dr. Temple Grandin. Some of you likely have heard the story or seen the film documenting aspects of her life. Temple Grandin is autistic. She had severe challenges communicating as a child and adolescent. Her autism led her to see the world and to behave in ways that were far outside most norms. She described her childhood and adolescence as "groping her way from the far side of darkness." This groping involved great stress and ultimately required that Grandin discover ways to manage such stress. As she developed as a young woman, she earned a bachelor’s degree in psychology and masters and doctoral degree in animal science. During this time, Temple Grandin used her own experiences of stress and fear to better understand – to receive if you will – the experiences of animals. She did not, however, just receive. With enormous determination and resilience and intelligence, she responded to what she had received and created humane ways to manage animals that are used in agricultural settings. In her two decades as a professor at Colorado State University she has been a champion for the ethical treatment of animals. Grandin’s caring responses, have, however, not been limited to animals. As an adult, she has been both a role model and a fierce advocate for individuals with disabilities, a group she prefers to describe as individuals with different abilities.

Temple Grandin is not the only person worth mentioning for responding – acting – in caring ways. Her mother and a faculty member who served as her mentor believed in her in daring ways. They saw the heart and the capacities that Temple possessed. They recognized that her “disability” of autism carried with it some amazing abilities. They responded by showing enormous respect and by supporting her in ways that led her to accomplish great things. Their responses to what they saw within her and, indeed, to her fundamental humanity are important. They responded to both her needs and her abilities and, in so doing, unleashed Grandin to care for many, many others.

A final dimension of care is one that is sometimes forgotten but that, ultimately, is vital if care is to realize its potential. It is something I have chosen to call REMAINING. Remaining as an
aspect, an action, of care means – very simply – **not stopping, sticking around, and continuing to care regardless of changes in circumstances.**

A **lovely example of care that remains can be seen in the life of the late Nelson Mandela.** Mandela, as you know, the ardent activist for human rights in South Africa, spent 27 years in prison for what was, at the time, labeled as “sabotage” against the South African government. On his release, he was elected president of South Africa and charged with leading those who hated and persecuted him. Mandela responded to this challenge with grace and caring. **His actions vividly demonstrated the long arm – the “remainingness” of care.** In 1993, for example, he hosted the attorney who led the prosecution against him for a special dinner. **The reason for this act was to acknowledge his opponent’s dignity, to recognize that the prosecutor was “just doing his job,” and to demonstrate the power and possibility of care.** A year later, in 1994, Mandela invited one of his prison guards to his inauguration – **again not as an act of pride or gloating – but as an act of public forgiveness and reconciliation.** Years later, for the same reason, another jailer was invited to a dinner marking Mandela’s release as prison.

There is a beautiful description of love as something that remains in the New Testament’s book of Corinthians. I’d like to use those words and to ask you to think of them in relationship to enduring care:

*Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres. Love never fails.*

Care – real care – like love – its ideal form - always protects, always trusts, always hopes, and always perseveres. Care never fails.

We can’t and don’t always achieve the ideal from of care but that doesn’t mean it is not important.
So – if this were my last lecture (and I hope it is not). I would want to say this to you today.

Care - care that begins by receiving the perspectives of others, care that responds to that which has been received, care that remains, care in the form of respect and love and forgiveness matters. It matters at wonderful times like today. It matters –even more – during hard times, at the times when success and degrees and careers and material possessions fail. It matters in when life and our health are good. It matters even more when they slip away.

I hope and believe that you have known and experienced care. And even more, I hope that you have been a giver of care. A life of caring is a life well lived and I wish that for each of you on this important occasion.