



A JOURNAL OF ORTHODOX FAITH AND CULTURE

# ROAD TO EMMAUS

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# FACING ETERNITY IN A RUSSIAN HOSPICE

## Sustaining Compassion and Love in the Final Days

Frederica deGraff, an Indonesian-born Dutchwoman, was introduced to Orthodoxy in 1974 at a lecture on prayer by Metropolitan Anthony (Bloom) of Sourozh. After establishing her own medical clinic in London, Frederica moved to Moscow, where she's worked at the First Moscow Hospice at Metro Sportivnaya since 2001. In collaboration with a journalist from *Road to Emmaus'* Russian sister-periodical, *FOMA Magazine*, we interviewed Frederica on her profound experiences of death, love, and personhood as her patients live out their final weeks.

FOMA: In one of his talks, Metropolitan Anthony of Sourozh quotes the French philosopher Gabriel Marcel, "To say to a person 'I love you' means that you will never die." How do you understand this?

FREDERICA: If you are talking about true love, then yes, this is how it is. And surely if you are talking about God's love for us these words mean that we will be together in eternity, but not everyone can love like this. Most of the time our love is egotistical, mixed up with feelings of wanting something from that person for ourselves. We want support, we want shelter, we want to be appreciated. Often when we say "I love you," we are really saying, "I want to own you. I want you to be my property." To love and not want

*Opposite: Frederica deGraff with resident of the First Moscow Hospice, Moscow, Russia.*

anything for yourself means that you have to give yourself completely. We cannot do this without God, because without God it is too frightening. ...

FOMA: Have you seen examples of this kind of love?

FREDERICA: Yes, I have, and I think that here in the hospice you see this more readily than in ordinary life because often, when a person is about to step into eternity, all of the masks just fall away. Here the person can be more real and authentic. In fact, I have seen this kind of love especially with teenagers. Very often they are harshly criticized, but I adore them. You know, here when teenagers are dying, they don't think about themselves at all. They don't think about their pain, they don't think that they would like to leave and disappear, they only think about how their mother is suffering and how she will be able to bear this later on her own. I think that this is true sacrificial love. But I've also seen this kind of love in mothers whose children are dying, with older people who've lived together for sixty years, and in those who let their loved ones go, who don't hold this person in this life only for themselves.

FOMA: When you say, to not "hold them in this life," what do you mean?

FREDERICA: I remember that we had a patient, a man about thirty-five years old. He loved his wife very much. (Let's call her Anna.) She worked long hours and couldn't spend much time with him, but when he was dying she came and sat next to his bed. You could see that she felt terribly guilty. He was already only half conscious, but at one point he sat up a little and just laid there watching her. We could see that the great pain he was experiencing was for her, because of her, and we couldn't help him. The painkillers didn't work because the pain he was carrying was not physical pain, it was pain of soul. Anna sat with him for many hours, but her husband could not calm down or even lie down, and she could not let him go. As I was sitting with them I decided to tell her a similar story about a woman who was suffering terribly, but couldn't die until her husband allowed her to go. Anna listened to me in silence. She stayed by his bed and during the night her husband died. At the funeral she came up to me and said, "Do you remember the story you told me? In the middle of the night I understood that this story was about me and I was able to tell my husband, 'I'm letting you go now.' He was unconscious, but he heard everything and that was when he finally laid back and died."

You know, it happens often that a wife will sit next to her dying husband, unable to let him go, but when she walks away, even for a moment, he dies. This is not because she was negligent or did something wrong, this is his choice—he is waiting for her to leave, so that he can die while she is not next to him. Sometimes it is too painful to die in the presence of your close ones, those who hold you, or keep you alive here with their love. Very often relatives have these terrible feelings of guilt: “If we hadn’t left, maybe he wouldn’t have died,” but this is not how we should think about it. If the beloved person passes away without us being present, this is his last gift to us, to spare us that moment.

The love and warmth we give to our loved ones lessens their suffering, but our love can also be suffocating. When a person you love is suffering, you can also tell him, “Yes, I am hurting, this is painful, but it’s probably better for you to go to eternity than to suffer longer here to spare me.” Sometimes when I ask people, “Do you want this person to live longer just for you, although he will suffer?” they say, “Yes.” And the person suffers because there is such a unity between the dying person and those who are close to him. Often the dying person cannot leave until they are ready to let him go.

FOMA: Medical science would say that a person dies when the brain and body stop functioning, and probably wouldn’t agree that another person’s feelings might keep you here.

FREDERICA: This rational approach would be true if we were only just a body, but we are a body and a soul and often, even a person in a coma hears everything. The most remarkable thing I see is when a mother can let a child go, so that the child won’t suffer anymore. I remember one mother who was sitting next to her dying child singing his favorite songs. I watched her with tears in my heart. A person can have such sobriety, such courage to sing for the dying child so that he will be calm and feel at peace.

FOMA: And the mother understood what was happening?

FREDERICA: Yes, of course. Another time we had a dying five year-old whose mother was pregnant. The boy was unconscious and we were sitting with her by his bed. At one moment he opened his eyes, looked at the ceiling and his lips were moving. He continued like that for half an hour, as if he was conversing with the other world. We watched him with awe. He was smiling and

had completely different eyes, not the eyes of a suffering child, but bright glowing eyes. Then he became unconscious again. His mother stayed with him while I left the room and when I returned he had just died, and I heard his mother say very quietly, “Thank you, O Lord.” That was the only time in my long practice that I heard a mother say something like that. But through his eyes she had seen the invisible world and that her child was happy there. She told me that at the moment I left she said to him, “If you are now with God, then take His hand and I’ll let you go.”

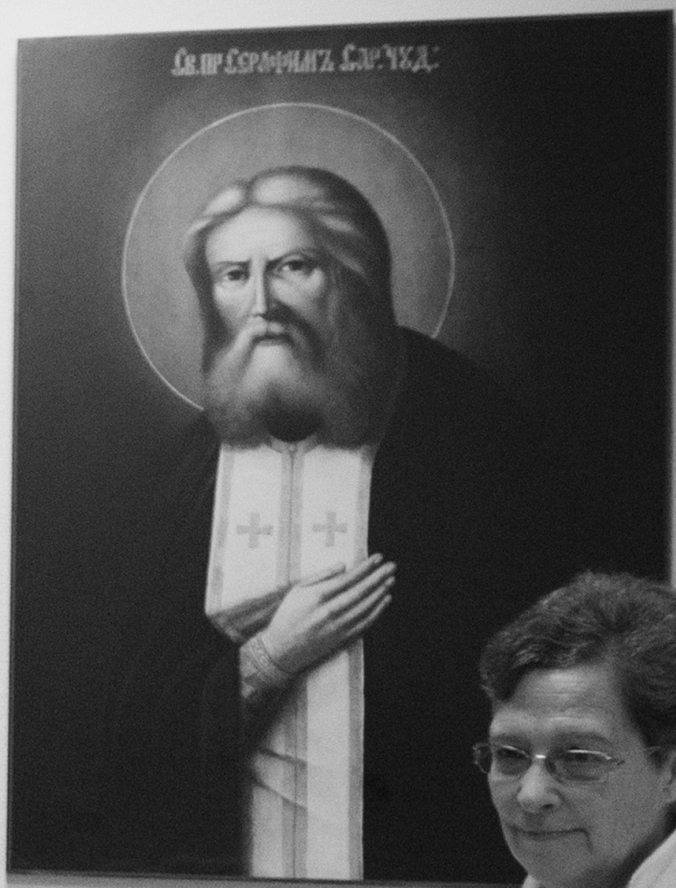
### A Cry Against Death

FOMA: Do you also have patients or relatives who ask why they are dying, or who speak against God and the people around them?

FREDERICA: This happens very often, and particularly with relatives. When a beloved one has just died, the relatives may cry out in pain and at this moment it is only pain talking in them. At this moment a person can say there is no God, that they do not believe in God, but this cry of the heart is not against God, it’s a cry of pain, a cry against death. We had a case once when a twenty-two year old man was dying, but his mother refused to accept it. He was in a lot of pain and knew what awaited him, but she absolutely refused to let us talk with him about death. Until the moment of his death she was like an icicle and couldn’t even touch him, but when he died she began to caress him and mourned so loudly that she was heard all over the hospice. She shouted that she didn’t believe in a God who would let her son suffer and die. That was a cry of very deep pain. Archbishop Anthony said that at moments like this you just have to be close to this person. You can’t do anything for them and you don’t need to calm them down. It’s impossible and unnecessary—this person won’t even hear you. And what can you say if you don’t know what it means to lose your son? You just have to stay close and keep silent, or leave the person alone if they prefer.

FOMA: Why do people react so differently?

FREDERICA: I don’t know. Perhaps it depends on the inner maturity of the person, or on his faith or life experience. I have seen old people who lived through the Russian Revolution and both World Wars who were calm. They accepted death as a part of life. When a person cries out “Why is this? I was



a good person, why am I (or my spouse) dying?,” perhaps it is because he has never really thought about death. He hasn’t yet begun to take death as a fact, or learned to live a deeper life completely in the present. Only then will every step and movement in your life have a different meaning so that you will be able to live with joy. Unfortunately very few can be like this, although the only thing we know about ourselves for sure is that we will die. As Metropolitan Anthony said, “We are all sick with the disease of death.”

FOMA: Have you seen people able to change when they understood that?

FREDERICA: Yes, many ill people begin to understand the meaning of life in a new way. I remember one young woman who had fourth-stage breast cancer. She told me that she had been a rather mean person; she lived to drink, to sleep around, always demanding that her husband make more money. Then suddenly one day she understood that she was going in the wrong direction and said to God, “Please do whatever is needed. Just stop me.” Very soon she found that she had breast cancer, and with shining eyes told me, “I perfectly understand why I became sick. Now I am better and softer and it is clear why I have this.” Two months later she went back to her home in the south and died there, but she was already a completely different person. Her soul was somehow healed.

## To See the Image of God

FOMA: Does your work itself bring about this deep understanding, or is this something you’ve come to through your own will?

FREDERICA: I am an acupuncturist; not using needles, but working with my hands. Through my therapy patients physically relax and receive comfort. I am able to spend about forty-five minutes with each patient. They study me and I study them; this is very close contact and you start to feel what is happening with the person, often without words. People do come to trust me, although I don’t ask anything of them, I just listen. They don’t always open up, of course, and not at once, but somehow they feel through my touch how important they are to me and then they relax. I often tell doctors and nurses that if you are with a patient, first be with them as a human being with a human being, not as a doctor with a patient. It is more important to hear what is happening inside the person than to find out something about them.



You need to know not only about their illness, but about the person himself, because everyone has his own unique life experience.

To understand that in front of you is a unique and really important person, and to give this understanding to him without even words through your healing, your medical expertise, and even just your glance, is to see the image of God in him. You can say a lot with your eyes.

We once had a young woman here who said about the hospice, “Oh, everyone is so nice, no one is curt or rude... but it is all very mechanical.” I was almost in pain hearing this because, yes, you can smile, you can do everything right, you can give injections gently, but you may not see the human being, you may not touch this person with respect and love. Metropolitan Anthony has also said that people most of all need silence, but more than that they need our faith, which doesn’t always come through words. It’s important to understand and feel that there is a person beside you who strongly believes that there is life after death. It is not even necessary to talk about it.

With a dying person, it is very important just to be next to him, even in silence. We have to understand that our own state very much affects the other person’s mood. This other person might feel lighter or heavier, depending on what we are giving emotionally. This is very much so with relatives, because sometimes the relatives suffer even more than the sick person. They suffer because they are helpless and this worry is transferred to the sick person. Our goal is to help the relatives as well, to help them calm their physical and emotional sufferings. I don’t know if it is possible to add, “their spiritual sufferings,” this is a very deep concept, but if they ask about God, I talk with them about God. But my goal is not to preach, I only have to be next to them and internally I have to be with Christ as much as I can. Only then is it possible to understand without any words that there is another way of life, and that there is another life. For me it is also very important when a person who never smiles begins to smile. This happens.

## Metropolitan Anthony, Orthodoxy and Russia

FOMA: Can you please tell us about Metropolitan Anthony. What kind of person was he, and why was he important for you?

FREDERICA: It’s hard to describe with just a few words. He brought me to Christ. My first meeting with him was in 1974 when he came to give a lecture



on prayer in the university town of Groningen, Holland. I was a student of the Slavic Department and it was the first time I'd seen a person all in black. I remember that I felt uncomfortable, but nonetheless there was something unique and real in him and I was intrigued. Not long before I'd read Dostoyevsky's *The Brothers Karamazov*, and this became for me a first step to God. I felt that Dostoyevsky had opened another understanding of life within me, but what to do about this, I didn't know. It was a crisis in a good way. If you have enough courage, a crisis is an avenue for change.

However, there was no one to talk to about this novel. In our department we mostly spoke of linguistic details: the grammar, sentence structure, context, not about meaning, so at Metropolitan Anthony's talk, I soaked up everything he said like a sponge. At the end of the talk he mentioned that for the Orthodox community in Groningen, there would be a *govenie*, a time for prayer, fasting and a deep look inside yourself; in other words, a time to be with God. I wasn't Orthodox at the time, but I knew that I absolutely had to be at that *govenie* and I went.

Then, in 1976 I received a stipend from Moscow State University to spend a year improving my Russian. At the end of this time I was baptized Orthodox in Russia. I went back to Europe and moved to London with just two suitcases, becoming a parishioner of the church where Metropolitan Anthony served. I didn't know what I would do, but somehow everything settled itself. I obtained a medical degree and began working in a London hospital that, after *perestroika*, accepted critically ill Russian children who needed heart surgery. However, many died during or after surgery because they were coming to us in the last stages. I felt how difficult it was that these mothers sacrificed everything to bring their children to the West hoping that everything would work out, only to find that the doctors weren't always able to help them. London doctors eventually refused to take such difficult cases when they thought that the child would not survive anyway.

We had just this case with a young boy named Denis. He was eight years old, and when he came with his mother to London from Nizhni-Novgorod, they were rejected for surgery. I felt so sorry for them and offered to try to do something for them with acupuncture, just to make him feel a bit better. Surprisingly, Denis did feel much better, and he lived until he was seventeen. Later, when I came to Moscow I spent time with this family and many others, and I understood that there was a great need for help here. I asked Metropolitan Anthony to bless me to move to Russia, but for seven years he

only answered, "Let's think, let's think." Then suddenly one day after liturgy I asked again and he said, "Move." So that was how I came to Moscow. It's been twelve years now that I've been working in hospice.

I don't know how to describe Metropolitan Anthony except that he saw God's image in each person and was able to reach Christ through that image. He would sometimes talk to people for fifteen hours a day, and he came to a deep understanding of Christ through his own inner life and through these people.

FOMA: Do you feel you can touch people in the same way?

FREDERICA: No, I can't. To trust and to be open to a person in the hospice is one thing, it's easier. But when I am in the street, in the subway, it is much harder to see God's image in every person. My first five years in Russia were difficult as I was very sensitive to people's energy, judgment, and lack of caring. My first reaction was to close myself off. I realized that if I was to behave like this it would be better to move out of Russia and to live in the West. To be open is a risk, but if you don't take this risk, you will not help people come closer to one another. Metropolitan Anthony always said that sin is a sickness, and if you learn that evil, negligence or judgment is also a sickness, you will take it differently. But this is difficult to learn.

FOMA: Can you describe what you've come to in your hospice work?

FREDERICA: I think that when we are focused on ourselves it is difficult to see the image of God in any other person, and this spoils our ability to love. But, for me, when a person stands at the doorway to eternity, my compassion for this person is much stronger than my thoughts about myself. The image of God in this person is opened, and this is because of this person who is teaching me how to love. It is hard to tell who helps who the most.

## Compassion and Emotion

RTE: Frederica, the First Moscow Hospice offers quite a marvelous service, with thirty resident patients at a time in private rooms, many with small garden patios. In total you care for about 2,000 resident patients and out-patients every year, as well as their relatives. In working so closely with the dying and their relatives, how do you balance the emotional involvement it

takes to relate to each person while maintaining the objectivity required to give good care?

FREDERICA: To be honest, I don't know. I think that the key is to feel compassion. When there is compassion you forget about yourself and you just dare to do whatever needs doing. Metropolitan Anthony always told me, "When there is a problem, a tragedy, forget about yourself and how it affects you and be there totally for the people in front of you. You can sort yourself out later."

When there is a real need one can do this quite easily. Emotions hinder, they don't help, and it's not on an emotional level that one meets people but on a completely different level, almost of silence somehow, and emotions don't play a large role in it. Emotions maybe later at home when you feel the pain of people. Metropolitan Anthony also said, "You can never feel people's pain. You can only feel the pain that you have that someone is suffering, which is very different." It is not trying to emotionally wring out some feelings, but to be there in one's own peace and strength to feel the pain of the body or mind or soul, but not thinking, "Oh, it's awful." That can come later, but when you are with the person, take it as it is and pray. I always tell patients and, even more, emotional relatives, "Try to pray. You will help the person more than by being emotional." The negative feelings do naturally spill over, so I ask them if it's possible to be sober and to cry later.

For myself, when I go home and there have been many people with problems, I pray aloud or silently. I think the Church helps very much with prayers for people during the Divine Liturgy, and *panikhidas* of course, after they die. The important thing is to keep them in front of God without excessive emotion. Of course, this is easier if one is aware that life goes on—if you think that this is the end of all life, certainly one would be full of emotion. Knowing that death is a transition to another life is not easy—it's a totally different view of what is going on.

RTE: Do you find that there is a grace from Christ that keeps you in balance, somewhat like a priest who hears the sorrows of many people in confession?

FREDERICA: I do think that there is strength given. Archbishop Anthony said, "Start your day saying, "Be my presence, be my hands, be my eyes, be my heart and bring me to those who need You." God always does. If there is no energy then we must say, "You must do it, because I haven't got the energy," and He does.

RTE: We hear of new laws in the West enacting voluntary euthanasia, though as Christians, of course, we leave our end in the hand of God. What, from your experience, is the benefit of a natural death in the body's own time, even if it involves much suffering?

FREDERICA: I think that euthanasia doesn't see the very close bond between the soul and body. Even between the emotions and the body, because I have seen a person who asked for euthanasia although her soul wasn't ready yet. In these cases, you feel that they are being drowned. It was very clear that when the soul is ready, God will take the person.

I sometimes quote a very interesting example: we had an ordinary simple laboring man named Nicholas, about sixty years old, who one day said, "Frederica, I want a little injection." I said, "Do you want an injection to kill yourself?" "Yes, I can't take it anymore." He wasn't in a lot of pain, he was just fed up with being ill. I said, "No, we don't do that here," and he looked at me, disappointed. I then said, "Well, you are Nicholas. Do you know about your patron saint, Nicholas?" He looked at me and said, "Yes, I do." So, I said, "Well, if you are really ready to die, to go over to the other world, ask St. Nicholas to be your intercessor. I will pray too." He put his thumb up and said, "Yes, I will do that." Within two days he died. It was wonderful because he was really ready.

This happens quite often that if people are ready and you ask them to pray to their patron saint or another saint they love, God will take them very soon. But if you are not ready, even if you are suffering very much, it is a gift of God not to go before you are ready. It seems to be much more difficult to resolve problems over there than here.

Or perhaps it is the relatives who are not ready. As we said, there is such a oneness between the relatives and the person who is dying. When they are both ready, somehow, the person can leave, but if the relatives keep hold of them, then God is merciful and will say, "Well, give him a little more time that it won't be so heart-rending." But I do think that euthanasia is more often a cry for help and our task is to relieve not only physical pain but also the fear of being a burden on one's spouse or children. It is important to find out what is behind the question of euthanasia. This feeling of helplessness is particularly hard for the male patients. To learn to be and not to do is very important, both for the patient and the caregiver.



RTE: At the beginning of the interview you quoted the hospice patient who said that although the staff were courteous and gentle, that this civility was somehow a little mechanical. You then reflected on the need to approach people as human beings first. How can a regular hospital or hospice nurse, taking care of ten or more patients and having to perform routine care and treatments in a timely manner, do this?

FREDERICA: This is a difficult question that I once asked Metropolitan Anthony many years ago. He had started out as a doctor with many people waiting for him. He wanted to see each one as quickly as possible so that the others did not have to wait, until he realized that he couldn't remember any of the names or faces of the people he had seen. He changed his way of seeing them, and told me, "If you try to be 100% available to that person, even if it is just for a minute or two minutes, you have seen him and he knows he has been seen." This is all that matters. If you are totally available without background thoughts of what else needs to be done or what happened last night, that person knows that he is seen and will calm down. You can do this if you are washing them or giving an injection, and you can even say, 'I have other people who need me, but I will come back at the end of the day (and of course, you do).' You can give this full attention even if there is a lot of work to be done, but it takes discipline to stop unnecessary thoughts and feelings. It is like prayer in a way.

RTE: How do we begin?

FREDERICA: One just has to train oneself to be totally in the present. You can start by doing it by yourself when you are not with someone, such as when you are walking, or in the subway or in a tram. Just be present in your body first of all, and be present to what is happening around you, without having thoughts or feelings coming in. It's like in prayer, where one just tries to be open and see and feel. To learn this is a lifetime process, but it can be done.

When someone is in pain it is easier because then everything falls away. If a person is just seeking attention, it is more difficult, but even so you can see what is beyond this attention-seeking and be there totally present for the person. It is easier to start by yourself, however, and you will get into the habit. The body is not just an addition to our spirituality, and you must be established within your body as you can only look without from within. For



example, if something is aching it's me, not just "a body," or an "outer shell". You can serve Christ through the body.

RTE: Do you have any advice for the relatives who care for the chronically ill and dying at home, but rarely have a break?

FREDERICA: They need to take breaks, to find someone who will give them a break to do something they like and to not feel guilty if they go to a film, for a walk, or on a holiday. Even if it is a short break, it is necessary or people will crack up. They also may need friends to cook for them. To feel that you are supported helps a lot but the physical tiredness needs to be alleviated by going away—no one can go on and on. To think that you don't need a break is abnormal. If someone is dying that's another question, but if this is a chronic illness and you just have respite care, you can't do without these longer breaks. And it's only in prayer, of course, that you can go on.

In this situation you have to be honest. Say, "I can't go on any more. Today, I can't." Don't be ashamed of asking for help. If it is really needed, help will come, but be honest with yourself and with the person you are asking. Also when there is irritation from tiredness or unresolved problems between the caregiver and patient, try to resolve them. Once the negative emotions have gone there is more energy available, though that is more easily said than done, of course.

## Seeing Russia and the West

RTE: You've been in Russia now for twelve years. What differences have you found between Russia and the West that might come into play in facing death?

FREDERICA: I think that the Russian soul is much closer to God. Many times this closeness is still uncultivated, but the Russian character has this tremendous possibility of realizing that you yourself are not all-powerful. I don't know if this is just in individuals I've met, or in the entire nation, but it certainly is native. For instance, here I can ask a patient, "Do you know your saint?" It's unimaginable in an English hospital that you might say, "Pray to your saint and he will be your intercessor."

The people I met in the West turned to God less readily if they hadn't known Him prior to their illness. Metropolitan Anthony never tried to con-

vert a person before his death. He thought it unethical to do so if during his life he had not wanted to belong to Christ. He did not agree at all with insisting on this when someone is weak and under the influence of drugs, but he just silently prayed for the person, holding him deep within himself in front of the face of God, because this person is also God's child. He always did this, and he recommended it to us.

In Russia there seems to be a more widespread inner knowledge that someone greater than myself exists, and when people die they more often turn to Him, not always openly in words, but it is far easier here to ask about possible faith and belief in life after death than in the West. (God once showed me that the real spiritual emptiness is not here but in the West, but this was many years ago, and it may not be valid anymore, as hearts seem to be growing colder.)

RTE: I think that is true everywhere and especially now when it is increasingly difficult for people to survive here economically. Although you do have priests who visit the hospice regularly, do your patients ever ask you to pray with them, and if so, how do you approach it—spontaneously or with prayers from the prayerbook?

FREDERICA: People here do not ask for prayer, but when I ask the relatives whether they would like to pray for their beloved, they mostly say, "We do not know how to pray." At times, then, I sit with them and we pray the prayers for the dying from the prayer book. Often they hold the dying person's hand. I pray mostly silently, unless they want me to read aloud. Sometimes I ask them to pray the Jesus prayer if they are ready, while sitting with their beloved, or to pray in their own words, or just send them their love from heart to heart, in words or silently.

RTE: What would you say to our Orthodox readers about approaching death, particularly about the fear that arises for ourselves or our friends and family in facing this great and mysterious transition?

FREDERICA: It is difficult to allay fear in the face of death; it is almost too late to begin. It is only by knowing experientially in oneself that Christ is alive and risen that the fear of death lessens—it is the gateway to an existence full of love and intense life in God.

But one cannot convey this in words unless a person knows God long before the moment of death. However, one can give one's presence and stillness, and

one's own faith while staying with the dying person. You can convey this to him without any words and be of great support in this way. Ultimately, it is only by turning to Christ with all of one's own fears that these fears can be lessened.

RTE: Do you have any final words for our readers?

FREDERICA: If words would be of use, I would say to your readers that it is not a matter of preparing for death because we do not know what this means, we have no experience of it, but what is needed in life itself—long before we face our own death—is to accept the fact that we all will die, that death is part of life, and in accepting this we begin to live to the full, not fearing to take risks, but living deeply in the present. We must be alive in this particular moment, not distracted by fears of death, since it will come when it comes. We must live fully, taking responsibility for our own life, and live in joy, since all is given.

And, if anyone would like to pray for me, my baptismal name is Maria. ✝

With thanks to *Foma Magazine* and Alla Mitrofanova for her part in this interview, and to Julia Makoveichuk for the photos.

The Vera Foundation (Vera meaning "Faith") assists the patients of the First Moscow Hospice and other regional hospices. Donations can be sent to [www.hospicefund.ru](http://www.hospicefund.ru).