Living Well and Dying Faithfully
*Christian Practices for End-of-Life Care*

*Edited By*

John Swinton & Richard Payne

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We gift this book to Alison and Terri.
Without your love, patience, gentleness, kindness, and joyfulness,
none of this would be possible. Thank you for the blessing.
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CHAPTER 12

Embracing and Resisting Death:
A Theology of Justice and Hope for Care at the End of Life

Esther E. Acolatse

From theological and psychological perspectives, death strikes a double chord in human ears. Because it is both a welcome friend and a dreaded foe, it produces ambivalent feelings in us. And because we are often caught between and between, such ambivalence toward death allows it a greater hold and power over humanity than it ought to have. Although death is a mystery and as such ought to strike in us dread and awe, it is possible that the ambivalence might lie more in how humans approach death than in how death presents itself to us. In this chapter, I will think through some of the causes of this ambivalent attitude toward death, causes that must be attended to if their specific manifestations in the dying and the bereaved are to be effectively addressed in pastoral care at the end of life.

Encountering Death

Death is not new to human existence; it is a given. Psychologists tell us that death is present right at the moment of birth. Forms of dying, however, are different. Cultural beliefs about death shape what we consider appropriate modes of death and appropriate rituals surrounding dying. Ancient cultures have always "known" what modern culture is now beginning to understand: the distinction between death as a biological occurrence and dying as a sociocultural and religious phenomenon. In these ancient cultures, the experience of dying involves emotional attenuation to the event and its concomitants for all involved (i.e., the dying person, the immediate family, and the community at large). The outward shows of emotion follow seemingly laid-down, culturally determined patterns. All of life is lived in preparation for dying and death, for the meaning of dying and death has been assimilated into living. How one views death affects how one lives; how one lives affects how one views dying; and how one dies in turn gives meaning to how the rest of the community continues with their living without the deceased.

It has become increasingly clear in both medical and theological literature that dying, unlike death, is a sociocultural and religious phenomenon, navigated according to cultural norms and attended to by stipulated rites and ceremonies. All people desire a "good death" for their loved ones. What is considered a good death and its attendant effects, however, varies from culture to culture. Among tribes such as the Kikuyu, when the elderly are at the end of their lives and it is clear that death is inevitable, they are carried outside and placed comfortably under a tree and left there until they die. This act may sound bizarre and even cruel to a Westerner, but it is not to the Kikuyu; for the relatives of the dying, this is the kindest act of all.

These cultures may have learned this gracious act by observing animal life. For example, when the dominant male in the pride of lions is nearing the end of his reign, he deliberately picks a fight with a younger male who, by defeating him, becomes the new head of the pack; the defeated male must leave the pride. He goes off to die from his unhealed and festering wounds. In a way this allows the living to carry on the task of living without any undue encumbrances. Given the age-old belief in the care and protection of the ancestors (the good departed), one can appreciate how it may be understood that when all physical

1. Freud has eloquently formulated for psychoanalysis the Oedipal complex in his psychosexual theory of development, positing that right from birth the death-and-life instincts are present, witnessed in the birthing process itself. Thanatos and Eros, the death-and-life principles, are always present with us. For an extension of this thought, see M. Mahler, F. Pine, and A. Bergman, The Psychological Birth of the Human Infant (New York: Basic Books, 1973).

2. In using "ancient cultures" here, I am referring to both those that are gone now and those that are still here but that operate in non-modern ways. I think, for instance, of African (Nubian and Egyptian) cultures and Native American cultures.
care has been exhausted, then the rest of caring needs to be placed in the hands of those who will carry on care to the next life — the ancestors. The final act of caring is no longer seen as anticipated care, but as anticipated reunion with those who have gone before and who keep a watchful eye on the affairs of the living. And herein is hope, when this death and mode of dying are perceived as an end for the dying as well as for the living. Those dying are left to die in peace with as little discomfort and distress as possible.

In most non-Western cultures, the attitude toward death and dying and its attendant grief are exactly as I have just hinted at; death and dying are approached with reverent steps. Death is accepted as a normal part of living, and one is expected to live in a way that makes anticipated death a welcome event rather than an interruption of one’s life. Is death necessary and natural? Is death right and just?

At the same time that death is approached as a normal part of life, sometimes certain deaths may be untimely and even unnatural. In such cases, diviners are sought to find the cause and source of what is perceived as untimely death. Mortuary and funeral rites as well as expressions of grief in the wake of untimely death are laced with a haunting mood of defiance that underlies the desperation of the immediate family as well as the community as they try to fathom the inexplicable death.

The kind of ambivalence witnessed in the African understanding of death is certainly not peculiar to Africa. All cultures and religious traditions deal with such ambivalent thoughts and attitudes toward death. The Christian tradition lives with this tension as well. The tensive unity between embracing and resisting death pervades the Scriptures, both Old and New Testaments. On the one hand, we witness an anticipation of death, a preparation for it, and even a welcoming attitude toward it because of what is believed to lie beyond; on the other hand, we witness the dread and terror of those experiencing the approach of death — the bargaining, the desperate pleading, and even the fury at death as it is resisted for oneself or for loved ones. And so, when we ask, “Is death necessary and natural? Is death right and just?” we also ask if such questions can be adequately dealt with from a purely human and natural-sciences perspective and not from a metaphysical and anthropological perspective.

When we search for the origin and purpose of death, the Christian tradition necessarily leads us to the Fall, to the issue of sin and its repercussions — sickness and death. It is beyond the scope of this chapter to explore the antecedent aspects of the relation of sin and death, and so we leave it for others to explore such troublesome but necessary questions as whether death was always a part of the act of creation (in light of the sovereignty of God), or if it entered the picture only after the Fall. Whatever the case may be, we usually speak of death as being natural — that is, something that is not alien to creatureliness. When we raise the question of whether or not death is just, we ask, among other things, two intertwined questions: Is it appropriate for humans to die, and is it needful that humans die? Those who point to the distributive justice of God state that it is required by the nature and character of God that human beings face death. It is the outcome of fallenness that human beings are mortal. Again, the issue of whether human beings were made immortal from the beginning and lost their birthright as

3. For further discussion and elaboration, see Kwame Bedeako, *Christianity in Africa: The Renewal of a Non-Western Religion* (Maryknoll, N.Y.: Orbis Books, 1995).

4. Though Supralapsarian and Infralapsarian debates usually deal with election and re-creation of the reprobate, they have bearings on arguments about creation and sin as one power the relationship between sin and death and the issues that stem from it. What complicates thinking about these issues is the differing understandings in theology about the extent of the Fall. For instance, Augustinian and Thomist conceptions differ as to the extent of the results of the Fall on humans. The creation account simply states that Adam was told that on the day he ate of the fruit of the tree of the knowledge of good and evil, he would surely die (Gen. 2:17). We can infer at least two things from that passage, neither of which makes it easy to answer our question. One, that death may have been not only a part of nature but a part of creation and would take effect in some form with disobedience, or, two, that death came into existence after the disobedient act, an inference that is further supported by Pauline statements in Romans 8:20-22. At the same time, we need also to accept the account of all creation as being good, and figure out how death factors in to a "good creation." But even with our limited understanding, we know that some aspects of creation serve limited purposes, purposes that procure the greater good for the rest of creation, and death is surely one of those — the death of a grain of wheat for a larger harvest of wheat, for instance (John 12:24). Altogether, while we may not know the mind of God before creation, what has been revealed to us in creation is that the Fall brings with it death. The Christian contention is that death becomes the means of hope and new life for those who believe in the One who took on death for humankind.
immortal beings because of the Fall is debatable. What is clear is that, like the cleaning woman, we all come to dust.

If death is so natural and as such a part of what it means to be human, why is there such resistance to it? Even more pertinent, why do Christians who believe and hope in the resurrection of the body also experience such ambivalent feelings about death? For there is at once both the embrace of and the resistance to death. What is it about death that evokes this dichotomy? It is because death is both friend and foe that it stands as a means of both grace and condemnation by God. It is a means of grace because it is that by which sinful humanity is rescued from perduing in a sinful state. It is a statement of condemnation because it is at the same time the awful reminder of sin’s effect. The creature experiences death as both of these possibilities, and hence the tendency to both embrace and resist it, even among Christians who know how the story of death ends.

I want to reflect on this dual approach to death, a dichotomy familiar to us despite the hope of the resurrection. I will argue that this dichotomy is indeed the proper theological and psychosomatic attitude toward death. I will explore this double attitude especially from the perspective of contemporary society and argue that the ambivalence which shrouds death stems only peripherally from what is experienced as the “sacred power of death,” to borrow William F. May’s term, and rather largely from what the dying as well as the bereaved experience as an unjust or an untimely death. Whether it is absurd to speak of such things as timely or untimely, the fact remains that some deaths leave us sad and listless but not undone, while others leave us bewildered and angry and quite undone. I will argue that there are practices of the church that can adequately mediate both types of death, especially the latter type, if the community of the faithful will attend to the

Embracing Death

It is my contention that the current reticence about death and dying contributes to the overwhelming power it wields over human beings. Our refusal to name it and turn toward it and to acquaint ourselves with it leaves us fearful and tormented in a death-denying culture. William May suggests that the kind of reticence associated with death could be equated with the kind of awe in which a Jew holds the name of the Tetragrammaton:

Silence has its origin in the awesomeness of death itself. Just as the Jew, out of respect for the awesomeness of God, would not pronounce the name of Yahweh, so we find it difficult to bring the word death to our lips in the presence of its power.... [Human beings] evade death because they recognize in the event an immensity that towers above their resources for handling it.7

There are kinds of death that we smile at even when we grieve the loss of the departed: the peaceful death that entails no suffering, preferably in one’s sleep. Literature on death and dying suggests that all things being equal, people tend to die more peacefully (i.e., they do not struggle when death comes knocking) when they believe that they have set all their affairs in order, have lived good and fruitful lives with little regret, and have experienced what Erik Erikson points to as the final two tasks of psychosocial development: generativity and integrity.8

In completing our generativity, we have perpetuated culture and transmitted values to the next generation, and we have lived exocentric rather egocentric, stagnated, and withdrawn lives. At the end we can look back on our life with happiness and contentment, feeling fulfilled with a deep sense that life is meaningful and we have played a part in it. This feeling of contentment with what we have accomplished is what

5. While the term psychosomatic especially as it relates to disease, has acquired the pejorative connotation of that which is only in the mind or psyche, I use it here in what I hope is its proper rendition to call us back to the important fact that we are embodied souls or besouled bodies, and thus psyche and soma together, undivided, and that it is a composite of these components which constitute human being and which face and deal with death.


Erikson terms integrity. Our deep sense of purposeful strength comes from a well of wisdom that perceives what William James calls "the more."9

Paradoxically, this realization leads to a detached concern for the whole of life and an acceptance of death as the completion of life. In this sense, dying becomes one's final act of agency rather than what happens to one involuntarily. It is in light of this kind of dying that one speaks of death and dying as being natural (i.e., what human beings do). Karl Rahner, in his theology of death, offers clues to what one means by death being natural. He writes,

The end of man, considered only from man's point of view, constitutes a real-ontological contradiction which is insoluble and irreducible to simpler terms. The end of man as a spiritual person is an active immanent consummation, an act of self-completion, a life-synthesizing self-affirmation, an achievement of the person's total self-possession, a creation of himself, the fulfillment of his personal reality.10

Death is thus natural, a breaking up of the biological nature and a completion of the task of personhood. But death or preparation for it has been present all along in how one lives. How one lives in a sense is in anticipation of how one hopes to die; how one dies is a reflection of how one has lived. Note that we are making a distinction between what kind of death one dies and the act of dying.

On the other hand, some adults may reach this stage and, rather than having a sense of integrity, despair at their experiences and perceived failures. This fear may cross over into a fear of anticipated death as they struggle in the last years of older adulthood to find a purpose to their lives, wondering if they have lived their best. Alternatively, they may regress into a previous stage, such as adolescence, and feel that they have all the answers. Instead of experiencing "the more" beyond, they may come to the end with a strong dogmatism which implies that only their view has been correct. They have alienated those in their inner circle rather than formed a closer bond with them and in them.


Rahner again may have such types in mind when he suggests that the obverse of death as one's final act of completion may also occur. Rather than being an active performance of a personal agent, death becomes for such a one a "destruction, an accident which strikes man from without . . . a dark fate, a thief in the night."11 To ensure, therefore, that dying is the final act of our existence, the task of all of life, especially that of adulthood, ought to be living in such a way that asks, "How will I die?" and "How will I die comfortably and with dignity?" The hope is that one would die in old age at the end of a fruitful life, anticipating death as a natural end.

A wise friend recited several conversations with her mother centering on what things her mother would like when she put on her face (i.e., the face of death). It was all said with anticipation and a certain cockiness and attitude. It almost sounded like the best thing that would ever happen to her. Today this friend in turn talks to her son about death by referring to pieces of art that should be placed in the coffin for her burial. And because one such gift graces the refrigerator of their home, opportunities to talk about death come often. In this regard, when death does come, I expect it will be not as the dreaded, fathomless stranger, but the mysterious, fathomable familiar.

It seems that those who in their daily lives as well as in the moments of their dying enter into fierce toe-to-toe fighting with death, who are hell-bent on disarming death, may have lost this awe of death and are the very ones done in by it. They participate in Adam's death rather than in the death of Christ. According to Rahner, death itself can be perceived as a neutral event, to be experienced either as salvation with hope of consummation or as damnation — a participation in the death of Christ or in the death of Adam.12 Those for whom death is the familiar, fathomable, yet mysterious stranger are the ones who give in to death when death comes and find peace in and through it.

My experience as a chaplain bears witness to this fact. Whether the dying person is a Christian believer or not, much depends on how she thinks about death in its strange familiarity or absence. Of course, the Christian has extra cause and purpose for embracing death when it
does come because of the hope of the resurrection as well as the certainty of being in uninterrupted fellowship with God and all the saints.  

Such hope frames suffering, even the suffering that may lead to death, in a new light. It invites the sick person to bear with fortitude and patience the pain and distress of the suffering moment with an eye to the coming glory. An essay by Stanley Hauerwas and Charles Pinchas underscores the need for the Christian virtue of patience, to temper attitudes in afflictions, especially in bearing the pain of disease. According to the authors, it is not coincidental that the object of the physician’s care is named the patient. Although this may sound at first blush like a play on words, the authors rightfully point to the apt description that ought to convey to the suffering/sick/dying the manner in which they bear their afflictions.

The virtue of patience, however, is a Christian attitude birthed in the believer by the Holy Spirit, and as such it is primarily a characteristic of God and not of human beings. By practicing patience in sickness, therefore, the Christian imitates the very nature of God, especially as it is exemplified by Christ in his incarnation, ministry, betrayal, and death. It is through suffering in a Christ-like manner that Christians are perfected. Following Tertullian, Hauerwas and Pinchas make this point:

Such patience is not only in the mind, according to Tertullian, but in the body, for “just as Christ exhibited it in his body so do we. By the affliction of the flesh, a victim is able to appease the Lord by means of the sacrifice of humiliation. By making a libation to the Lord of sordid raiment, together with scantiness of food, content with simple diet and the pure drink of water in conjoining fasts to all this; this bodily practice adds a grace to our prayers for good, a strength of our prayers against evil; this opens the ears of Christ our God, dissipates severity, elicits clemency.” Thus, that which springs from a virtue of the mind is perfected in the flesh, and, finally, by the patience of the flesh, does battle under persecution.  

Since this virtue is a fruit of the Holy Spirit, human beings do not have the natural propensity for it, and must subject their flesh to the inclination of the Holy Spirit in birthing patience in and through them. Since it is a supernatural rather than a natural forbearance we speak of here, we can also point out that it is possible that some semblance of patience which comes from the unregenerate heart may be just that. Even with the regenerate, this fruit of the Spirit may not be fully ripe and continues to need the cooperation of the individual with the Spirit for its flowering.

In his treatise on the virtues, Augustine makes a similar point when he says of patience that it streams from God and is a characteristic of God, though we say of God that he is impasse. Furthermore, godly virtue is

... understood to be that by which we tolerate evil things with an even mind, that we may not with a mind even desert good things, through which we may arrive at better. Wherefore the impatient, while they will not suffer ills, effect not a deliverance from ills, but only the suffering of heavier ills. Whereas the patient who choose rather by not committing to bear, than by not bearing to commit, evil, both make lighter what through patience they suffer, and also escape worse ills in which through impatience they would be sunk. But those good things which are great and eternal they lose not, while to the evils which be temporal and brief they yield not; because “the sufferings of this present time are not worthy to be compared,” as the Apostle says, “with the future glory that shall be revealed in us.” And again he says, “This our temporal and light tribulation does in inconceivable manner work for us an eternal weight of glory.”

Patience is thus not only a godly virtue and tuned by the Spirit to perfect the believer. It also produces eternal rewards for those who bear with fortitude the afflictions of this temporal world. The impatient,
those who live harried lives, who cannot wait for things to take their rightful time and work their way in them — these lose doubly. Not only do they not have their suffering curtailed; they find that they bear heavier loads. At the least they bear the load of a disquieted and restless heart. But a word of caution is in order here, lest we think that what we are called to is purely the obverse of being harried.

In his book *Disciplines of the Spirit*, Howard Thurman explains what this patience ought to look like. He says, "To learn how to wait is to discover one of the precious ingredients in the spiritual unfolding of life, the foundation for the human attribute of patience." Since patience is more than passive endurance — a work of the flesh — Thurman urges that "one has to take a hard and searching look at the environment, particularly the context in which one is functioning . . . so that one’s response is informed."17

And yet, how often is it the case that usually very sick patients do not have the presence of mind to engage in the kind of deliberate and careful attending to circumstances that is expected. In such cases, it requires the community of faith to pick up the mantle and to be in contemplative prayer for and on behalf of the sick and suffering. Ultimately only the Spirit knows what is truly birthed from above and not born from below. So it is likely that sometimes the patience of the patient may not be patience in this sense of the virtue that stems from life in the Spirit. And I fear that sometimes God may become impatient with the patience of such patients and their relatives, as well as with medical staff.

This is the case when what parades as patience ensues from lack of faith, hope, and love, and borders on fatalism and resignation, not actually to the will of God, but to the desire of the flesh that opposes the will of God. Much as we agree with Hauerwas and Pinchas that patience, a godly virtue, is required not just in illnesses but in all afflictions, we should take care in discerning the nature and quality of this patience and its source. In thus rightly discerning (barring the necessary delimitation of being creatures that are fallible), we are enabled and emboldened in appropriating the Christian practices of care at the end of life. This is the kind of hope fostered by trust in God, which paves the way for participating in God’s good future in the resurrection of the dead.

All the same, the Christian, even in the midst of this hope of future glory in the resurrection of the dead, needs to understand and see death as an enemy. Herein lies the paradox: while suffering bears eventual glorious fruit in and for the believer, the ultimate fruit being “hope that does not disappoint,” death is not to be taken lightly. Death is a result of sin, what Karl Barth calls “the impossible possibility.”18 Sin is that which should not be, but is; and so death is natural but unnatural and thus must be resisted.

At the same time, we must pay attention to a point that Karl Rahner makes. For him, death itself is not unnatural, but neutral. It is human sinfulness that turns what ought to be the natural final act of free agents, which should be experienced as a peaceful culmination of each person’s “yes” to God’s self-communication in historical existence, into a “no” to truth and love, and so to God, who is the fullness of truth and love. It is as though death were the final embrace of God that terminates earthly historical existence and ushers one into the other side of life with God.

The resistance to death, then, is a continuation of the “no” to the love of God enacted through the history of the person. Yet there ought to be a caveat to this statement, and to what the majority of this chapter seeks to address, which says that at times a properly discerned “no” is uttered first, and only then a triumphant “yes” to that final embrace. Thus there is a good dying and a not-so-good dying, and these are, other things being equal, determined by how one has lived.

And yet what constitutes a “good-enough”19 death is mediated by cultural norms as well as individual beliefs, characteristics, and temperaments. There is also a recognizable and often unspoken aspect of death which often hinders the dying process from being the peaceable


19. I am borrowing the expression from Donald W. Winnicott’s theory of object relations, in which he suggests that what constitutes a good holding environment for an infant to develop optimally is a “good-enough” one, not a perfect one. A large part of this “good-enough” environment is dependent on the “good-enough mother” who provides just enough holding for the child’s security but not too much. See Winnicott’s *Playing and Reality* (New York: Basic Books, 1974).
phenomenon it could be and throws it into a tortuous, agonizing experience: that is, justice. It is a sense that what is happening to one is unjust. In fact, a sense of opposition to the injustice of what is occurring is what is often identified as resistance to death. It is not death qua death that is often the issue, but rather this death—this death within this time and this space.

**Resisting Death**

If and when we talk about justice or what is fair and unfair as it relates to death and dying at all, we usually forget its multidimensional aspect. We are cognizant of injustice for the dying person and perhaps for the family left behind. But what if we asked the broader question of whence death at all? My contention is that if we asked the larger theological questions apart from the usual “Why this death?” and “Why at this time?” questions that lead us toward theodicy, we would realize that ultimate justice—by which I mean distributive justice—would entail justice for the dying individual, for the community, for God, as well as for death. What mediates the human tendency toward hopelessness and despair in the face of death and gives birth to hope is that what is transpiring is just. By this we mean that this is a timely death rather than an untimely death. What constitutes untimely death in the minds of people will vary from culture to culture and perhaps, on a smaller scale, from person to person. So too will causes of what are considered to be untimely deaths.

**Discerning Timely Death**

We noted at the onset of this discussion that certain deaths seem to sit easier with us than others. Death in old age or death after prolonged illness, for instance, do not draw out the same agony and crises of faith as the death of a child or an abrupt snuffing out of life before what we consider its time. The Christian tradition says “no” to this kind of death. A good example is the Gospel story of the death of Lazarus recorded in John 11. Here we are taken into the heart of what the Lord of life feels about death, but also about untimely death. As Jesus stands before the tomb of Lazarus, the Evangelist records Jesus’ emotions:

> Then again Jesus, angry in himself, comes to the tomb. It was a cave and a stone was lying upon it. Jesus says, “Take away the stone.” Martha, the sister of the one who has died, says to him, “Lord, it is stinking now, for it is on the fourth day.” (vv. 38-39)

The key word that aids in translating this passage is embrimaomai. This is the same word that is used to express Jesus’ emotion in 21:33—hence the word “again” in 11:38. The Greek verb embrimaomai connotes anger and indignation and not compassion. In other New Testament passages (e.g., Matt. 9:30, Mark 1:43, Mark 14:35), this verb is consistently interpreted as anger and indignation. Here “groaning in himself” would suggest the expression of intense agitation and anger. In today’s parlance, we could even say that he was fit to be tied (i.e., before the full force of the anger explodes).

To die when it is not time to die is not fair. And it is not just. So resistance is in order. But can human beings know when it is time to die or not to die? As human beings oriented toward death, living in preparation for it, can we be attuned to some possibility of when it will occur? More precisely, can the Christian—indeed, the community and fellowship of believers—know if this sickness of a member of the body is unto death? Can they know if this suffering has purpose and meaning and will bear fruit that lasts? Can they be sure that it is a good time to die? How do they distinguish whether this is from the pit of hell, intended “to steal, to kill, and to destroy,” and needs to be resisted, a resistance that should be death-defying, or whether this is from the Father of all life, a clear invitation to cease in this life and begin anew? When do we stand and say “No” loudly to the cruel injustice of sickness and suffering and demand that it ebb its tide? And when do we let the waves come in and engulf us and say in abject trust and not resignation, “Nevertheless, not what I will, but Thy will be done”?

20. Martin Heidegger, Being and Time, trans. John Macquarrie and Edward Robinson (London: SCM Press, 1962). See especially pp. 230ff for a discussion of Heidegger’s understanding of the human being as a being oriented toward death. He employs an apt image of a fruit progressing toward its ripeness to illustrate the necessity that “in Dasein [the being for whom being is a question] there is always something still outstanding . . . something in one’s potential for being.”

21. Jesus sees this as the devil’s purpose for humanity and compares this with the abundant life that he has come to give—a life that takes the sting out of all pain, even death (John 10:10).
All of this means that we need to attend to prayer for the sick, the suffering, and the dying with more boldness rather than the tentativeness that often accompanies such prayers. It is possible that our tentativeness comes from fear or maybe disbelief or just the anxiety that comes with encountering this unknown — death. It may also come from the denial with which we skirt and conceal death. Some evidence of this latter aspect can be observed in the rapidity with which we bury our dead and the equal speed with which some widowed spouses remarry. This may be a way of keeping not just death but mourning at bay, and holding them in what I term troubled joy. But hereby we miss the fulsome comfort of God and the support and encouragement of the Christian community. Indeed, the blessedness of mourning and being comforted is denied to both the individual and the whole community. Oftentimes people who would mourn with us are encouraged to hide their grief lest they offend us. By our posture in grief, we silently teach others that mourning is not permitted, and they in turn hide and keep it to themselves, and the cycle continues. Our churches continue to be peopled by many with unresolved grief. The stance I’m advocating here, it is hoped, would mitigate this tendency to hide death and the ensuing grief. When we attend to prayer with such boldness, when our loved ones are ill and suffering pain, when we seek the face of God for their healing and in hope place them in the hands of God, we can know that the outcome is that “acceptable and perfect will of God” (Rom. 12:1). Here hope and justice coincide. We have expectantly hoped in God, not just expressed a wish, and there is a clear distinction here. We have looked at and to God and believed that God will do what is just and good for us, our loved one, and even God in this situation. In other words, all who have a stake in this suffering and dying have banded together in hope and expectation to this perfect end. God, after all, is part of this community, and it is to our shame that we act as though God sits apart from the gathered community and comes only in time of need. God is part of this community and has more at stake than we or our loved ones do, especially at the end of life.

What does it mean to attend to praying for the ill with boldness? A story in the Old Testament is a fitting illustration of boldness in prayer. The story of Hezekiah of Judah as recorded in 2 Kings 20:1-11 shows what the Christian community is called to do in the face of illness, death, and dying, as a people who are called to both resist and embrace death. When Hezekiah is ill, God sends the prophet Isaiah, son of Amoz, to inform him that he will die from this sickness and that he has been given time to set his house in order. Hezekiah lets out a loud lament and weeps bitterly to the Lord. Within minutes, we are told; God sends the prophet back to tell the king that his prayers have been heard and that fifteen years will be added to his life.

Now it is the sovereign God who declares that Hezekiah will die at a particular time, and yet this same God, on account of Hezekiah’s prayer for mercy for healing so as to avoid dying (what I would term resistance to death and what death stands for), was willing to reverse the decision and grant Hezekiah fifteen more years of life. In accepting this offer, Hezekiah accepts and embraces death, but at its “appropriate” time in the future. One can imagine that when the end of the promised fifteen years approaches, the family and Hezekiah would approach death with a different attitude; they would embrace it with hope. The God of the Bible is a God who would be known, but also One who seeks to reveal his will to those who would walk with him — but, more amazingly, One who is willing to be changed by his creatures. The Incarnation is the ultimate illustration, but throughout Scripture we find a God painted for us in anthropomorphic terms: one who is not unwilling to be affected by his creation, who changes his mind at their request. This is a God who actually invites such a daring approach even though sometimes that approach could cost one’s life. But that is the substance of trust which birhs the hope of salvation that does not disappoint, because either way, one is in God’s presence, so “whether we are awake or asleep we may live together with him.”

22. This recalls for me an experience at a drive-in church in Michigan one summer. Part of the reason some of these people were there was that the church had put a moratorium on their days of grieving for whatever losses and ailments they may have had, and their leases had run out. With no more room in the church to express how they genuinely felt, and no more space in their hearts to tell one more lie (i.e., “I am fine”), they found a way to hear from God in the comfort of their steel cocoons in the open space of a parking lot.

23. This is from 1 Thessalonians 5:10 (NIV). This whole letter is Paul’s discourse about the Christian life as a life lived in anticipation of death and resurrection and Christ’s return. It expresses Paul’s hope for the Thessalonians to live in the present with an eye to the future hope of promise.
sovereignty and human responsibility are intertwined in this enterprise. One needs to be careful not to lapse into fatalism and resignation on the one hand, or, on the other hand, into the brash boldness that infuses the current prosperity gospel movement and that makes praying for needs a right to demand rather than a privilege of grace.

The Epistle traditionally ascribed to James the Elder to the Jews in the Diaspora begins with an exhortation to them to rejoice in their trials because there is a purpose for the trials and testing they are undergoing — the complete maturity of their faith. To the exhortation to rejoice in trials, James adds a plea that those who lack wisdom in dealing with their trials ask God for it, with the assurance that God gives generously to all who ask. Finally, in the last chapter, James offers a simple procedure for attending to members of the body who are troubled or who become ill:

Is any one of you in trouble? He should pray. Is anyone happy? Let him sing songs of praise. Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise him up. If he has sinned, he will be forgiven. Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective. (5:13-16, NIV)

Could it be the case that if we take the earlier injunction to ask God for wisdom in large measure together with the injunction to call the elders of the church to pray for healing of the sick, Christians are expected, among other things, to ask God for wisdom in their prayers for the sick, in order to know the difference between an illness that is an affliction from the enemy and thus to be resisted, and one that God has allowed, that one should rejoice in and thus embrace? When we seek such wisdom from the One who grants it in abundance, and have offered prayers — effectual, fervent prayers of the faithful — then the outcome, whatever it may be, is likely to be experienced as fair and just. God and humans have contended, as it were, and justice and mercy have met or kissed.

A contemporary example may help to illustrate the point I am making here. In the early 1980s, a young Christian woman was gravely ill. She had been diagnosed with late-stage septicemia, and most of her vital organs were already infected. In fact, her liver-function test was off the charts; the test result reflected what one should find in a dead body rather than in a living person. Rounds of antibiotics and antiseptics hardly made a dent in the infection attacking her body. The Christian fellowship she was a part of set to praying and fasting on her behalf. Then came a point when she herself was sure that she would be dead before the week was out. On Wednesday of that eventful week, a Christian brother called on her, lifted her out of bed (for by this time she weighed no more than eighty pounds), and supported her so that she could stand up, if only for a few seconds. He placed her back in bed and said to her, “I just came to tell you not to go.” Then he prayed with her and left. Since only this young woman knew of her expectation to slip away by Friday, she understood the implicit message and its source as coming from God. It could be that God was answering the prayers of the saints who were crying before him day and night for the life of their sister and friend, or, more importantly, that God himself had set himself up against the intrusion of death and joined the believing community to say “No” to death. That woman is still alive today.

But perhaps I am calling us into a premodern world of the miraculous, of expectations that the church is still meant to be the primary place of healing for the sick, not barring cure that comes from modern medicine or traditional herbs or whatever other means. In all of this, I need to reiterate that God is the ultimate healer and decision-maker about whom God would heal for continuation of life here on earth, and whom God would heal for life in the resurrection.

Yet if the church is to function in this scriptural manner in its care for the sick and the dying, it needs to start from the theological schools, with the formation of clergy for pastoral ministry. This means that, among other things, clergy need to have a clear sense of their own theologies of death and dying and the implications of such theologies for their pastoral ministry. The trickle-down effect is that the Christian community (and it is the community at large, especially in the Reformed tradition, which together care for one another) is then equipped to speak openly first about suffering, and then about death and dying, and the hope of the resurrection. Our affirmations of faith during worship would then take on new meaning and poignancy, and become a springboard for us to form a caring community in which vul-
nerability regarding issues of death and dying is commonplace, and the practice of caring acts of comfort and support becomes second nature. Our sacramental practices, such as baptism and the Eucharist, in which we invite ourselves to death of self and proclaim that our living comes out of our dying, would be continual reminders that we are living toward dying. Unfortunately, this is not now the case. Our baptisms are no longer a reflection of dying in Christ and being resurrected with him; especially when the one baptized is an infant, thoughts of death even as a symbol are far from our minds.

A recent survey on attitudes toward death, which included clergy attitudes toward death and their uneasiness in talking about death to their parishioners, and visiting and ministering to the dying, indicates that the majority of pastors are discomfited about their own mortality. It seems that many clergy do not have a sustainable theology of death that allows them to adequately teach their congregants about living faithfully in suffering, death, and dying.24 The fear of death, the aversion to physical suffering in any form, the assumption that when we are sick, we must become well at all costs—all sustain and nourish the current over-medicalization of death in our culture. It might appear strange, at first blush, that a chapter which insists on resisting death would deplore the tendency to over-medicalize death. I am not advocating a cure for all disease or the staving off of all death; rather, I am saying “No” to injustice begetting death, especially the death of the very young and those in the prime of life. And we cannot talk about Christian practices of care at the end of life without attending to some of these causes of injustice begetting death.

Various causes and sources of untimely death today range from accidents caused by drunk and underage drivers to suffering and death from medical malpractice and discrimination against certain races. There is ample information in the medical literature indicating the disparities and inequities in health care between whites and nonwhites, from the failure of pharmacies in predominantly nonwhite neighbor-

24. ETC Institutes “Compassion Sabbath Survey, 1999,” which looked at 350 faith leaders in Kansas City, reports, for instance, that only 37 percent of ministers see themselves as ministering very effectively to those who are seriously ill or dying, and only 44 percent consider themselves very prepared to minister to the seriously ill and dying. This survey was brought to my attention by Richard Payne in a presentation at Duke Divinity School titled “From Pulpit to Bedside: Engaging Clergy in End-of-Life Care.”

hoods to stock opioid analgesics for alleviating pain25 to the denial of fully informed consent to minority patients, who through lack of knowledge and the imbalance of power between health-care provider and patient may give consent without fully understanding all the issues at stake, or without even being aware that they are being used for clinical trials. Here research findings trump caring for the patient, and in the United States, African-American bodies have consistently been used for experimentation for drugs and new procedures that benefit mainly rich, middle-class white persons. The Tuskegee syphilis experiment is still fresh in the minds of black people, but such incidents are by no means relegated to the past, as one would think. Violations of informed consent persist in the medical community today. Farfel and Holtzman (1984) offer this report: “Of 52,000 Maryland women screened annually for sickle cell anemia between 1978 and 1980, 25 percent were screened without their consent, thus denying these women the benefit of prescreening education or follow-up counseling, or the opportunity to decline screening.”26

If patients are unaware of the policy of informed consent and are thus denied input in their health care during early stages of their disease, what are the chances that they will be given full facts, complete disclosure, or even be able to understand what is explained to them when they are at the final stages of life, and the diseases from which they might die leave them unable to function mentally? When medical professionals require them to make life-and-death decisions at the end of their lives, especially when such opportunity has been denied them during routine check-ups, such supposed care appears cynical to those who in many ways have been and continue to be victims—objects of medical care rather than meaningful subjects of care. There is a question of justice and medical ethics here, which is why such people need advocates, both in the health care system and in the community. And for the purposes of this chapter, the primary community is assumed to be the church.27

27. I am assuming that there is no need to argue for why this ought to be the case.
Justice Issues in Health Care and Care at the End of Life

Negotiating care and advocating health-care issues, especially care at the end of life, require the church to look far beyond the caregiving issues at stake at the end of life to the causes of ailments leading to death, especially preventable deaths, in which cases the church is sometimes called upon to attend to and provide pastoral care for the dying and the bereaved. But long before the critical illnesses and disease that usher in death appear, certain factors—such as poverty, which fosters malnutrition, lack of adequate health care, and so on—could have been alleviated in some form. The history of Christianity from its inception shows that the church was the place where the gathered people of God found refuge from the ravages of the cares of the world. The book of Acts and the ordination of the diaconate speak to and support the role of the church in this holistic care not only of its members, but of the whole of creation. If the church is serious about its ecclesial and public role in holistic care for faithful living and hopeful dying, it does not need to look far to realize that inequities in distribution of basic human amenities are central to some of the most intractable health problems in our society today. In many ways, poverty has become a bane to adequate health care for the ill and dying, not to mention the preventive care for the healthy. Many people are caught up in the cycle of poverty and disease that culminates in untold and sometimes preventable deaths, especially among minorities. So to speak to such people about hope at the end of their lives or to practice rituals that purport to translate them into celestial, blissful death does not represent to them the love of a just God working on their behalf, or the hope they can have for tomorrow, even the tomorrow that comes through death.

What continues to make the health care of the dying a little shaky and even shady is the inherent hypocrisy that foregrounds care. The dying—who are transitioning from the “doing” mode to the final “being” mode, crippled with disease, and are thus more acted upon than actively acting—find themselves interrupted frequently with the sudden insistence from medical practitioners that they revert to the “doing” mode again, that they again take responsibility for life-and-death decisions, even though many such opportunities were blatantly denied them when they were functioning somewhat optimally. Usually human development progresses from dependence in infancy through independence in young adulthood to mutual interdependence in mature adulthood. Often in old age, as death approaches, it reverses to dependence again. The aged and dying find themselves no longer in charge of their lives. Under normal circumstances, most people are overwhelmed by medical settings, especially when they are in the presence of high-tech equipment and “med-speak” from physicians and other health-care providers. This sense of being overwhelmed is accentuated for the very old and the dying. And these circumstances are especially challenging for minorities because of their sociocultural background, educational level, and/or language barriers. In medical settings, such people regularly experience themselves as being acted upon, and are therefore in a “being” mode rather than a “doing” mode where they are actively involved in and perhaps in charge of their own care. For such individuals, the current medical expectations of decision-making and the strenuous efforts made to sustain life and abate death do not replicate daily life and experience. In fact, research indicates the circumstances that many black Americans face:

The legacy of slavery, abuses in medical experimentation, economic injustices, racial-profiling practices, and the disproportionate numbers of incarcerations, to name a few, reflect societal and ethical misconduct that has led to a general loss of credibility of many institutions, including the health-care system. Death often has been associated with these societal patterns. For example, compared with whites and other minorities, African-Americans have higher mortality rates from conditions such as cancer, cardiovascular disease, acquired immunodeficiency syndrome, other disease states, illnesses and homicides which have been correlated with social and environmental disparities.

In daily life, many of these individuals living on the edge of poverty and on the boundaries of illness and death continually surrender themselves to the inevitability of death. Living and dying are always intertwined, for there is always death in one form or another in close proximity to one’s life. For many such, death becomes intentionally the

welcome friend that escorts them from the pain and sorrow of this world. Occasionally, by circumstances beyond their control, such individuals may find themselves in a medical facility at the end of their lives, and the medical system (in its “doing” mode, driven by success, control, productivity, and measurable gain) works against the desire of the dying to just be that. The medical establishment, which conceives of death as the ultimate defeat of the human being as well as of medicine, resists death at all costs. In its bid to sustain life at the end and probably to score a point for modern technological advances in medicine, it all too often interferes with dying and robs people of dying in peace.\(^2\) Oddly, this may be the final injustice committed against the dying, especially to the population that is usually discriminated against in health-care delivery. Such incessant desire for a cure and maintenance of life at all costs speaks to a culture of death-denying people and an inordinate fear of death.

**Attending to Spiritual Death: The Cure for Denial and Fear**

The main thrust of this chapter has been to foster a balanced view and attitude toward death; it is a call to hold a resistance to death and an embrace of death in tensive unity. Many times we are discerning what the proper stances ought to be as we live faithfully with God together with our communities of faith. In our discernment about death, we may ask if at this time hope, Christian hope, and justice require letting go? Should we allow the ebb and flow of life and death to go on, especially when one comes to the end of life as we know it? Is this the good, the beautiful stance and thing to do? It is only within this framework that we can legiti-

\(\text{mately ask and attend to what care at the end of life — or, put another way, physical care at the end of physical existence — looks like.}

In current Western culture, one gets the impression that justice for the dying person all too often resembles demanding a pound of flesh from death. It entails fighting to the battle’s end with every medical weapon available in the arsenal, and if eventually death “wins,” we walk upright and stoically away, and usher death clearly and primly away from us to the grave until the next battle. We must also be cognizant of the fact that what we may be resisting, what we may be calling untimely death, may be our inability to let go, which is symptomatic of our clinging to this world and the desires of the world. There does not seem to be a healthy respect for death, or an acceptance of its right to be among us and to take our loved ones or us even when it is time. But what if the obverse were to take place? What if we were to tiptoe around death and dying with reverence when we sensed its approach, and were to wait for it to come and take our loved one? And what if we then raised a loud lament and sang dirges and mourned, even if in a preset, ritualistic manner? Maybe how we live is what prevents us from coming to the final task of our autonomous existence in an authentic manner consistent with our nature. One African poet sums it up this way: “The man, who died, died because he loved life.”\(^3\) When life is over, dying is the necessary and natural thing to do.

It sounds quaint, but the Scriptures are right when they point to dying daily as the way to find life.\(^4\) Jesus tells the disciples that they would lose their lives if they cling to them but find their lives if they lose them. It is the self-transformational experience that comes to many through conversion experiences, and to the Christian through the working of the Holy Spirit in sanctifying the believer. Suffering daily humiliations, mortifying and denying the flesh its unwonted pleasures, is like little deaths of the flesh, a dying consciously, not unconsciously, while still alive. Karl Rahner refers to this as the axiological presence of death\(^5\) (i.e., where wise words or wisdom leans). It is

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2. I am aware that Richard Payne’s APPEAL program cites data which shows that African-Americans (even African-American physicians) are much more likely than whites to choose and maintain extraordinary, life-extending care, even if the quality of life is apparently gone (e.g., flat brain scan, rampant cancer, late-stage dementia). This apparently stems from the history of health-care inequities and allows families to feel that they have done everything possible even when the doctors “give up.” Furthermore, Payne’s research indicates that African-Americans would rather have their loved ones die in the hospital than be cared for at home. Combined, these issues drastically reduce the numbers of African-Americans receiving hospice and palliative care at the end of life and increase the numbers dying in the painful and noisy environment of a hospital.


4. By this I mean more than the Christian Scriptures, because other world religions have the same philosophical principles about abundant living, although it is called by different names.

a daily self-negation, which paradoxically births self-affirmation, a submission in which one finds one's true authority. Ultimately it is a willingness to surrender to God's will on a daily basis, and then, finally, in death. The daily dying in which one finds oneself again — a new and better self; I must add — becomes preparation for this final death, in which one will, by God's promise, find oneself again, and definitely a better self. For what is sown rises a glorified body.

**Implications for Pastoral Ministry at the End of Life**

While the majority of the discussion here has been on navigating physical death, it is clear that in the final analysis, psychological and spiritual death are the linchpins on which death actually hangs. One's spiritual aptitude for navigating daily dying to self and one's willingness to surrender to God anticipate the form that suffering, dying, and death will take. Our discussion also suggests that sociocultural factors play a large role in what constitutes health and wholeness, also determinants of how death is apprehended.

In light of the foregoing discussion, what would our Christian practices of care at the end of life look like? First and foremost, Christian practices of care have to take seriously the current disparities in health care and advocate for the just and fair treatment of all peoples, ensuring adequate and timely preventive care and treatment for the disadvantaged. When it comes to care on a one-on-one basis, we must meet individuals where they are in their understanding of what is happening to them and at what level they fall on the continuum of psychological and spiritual death. On the question of justice, we must take care not to pass judgment on what we might assume to be apathy or passivity on the part of those who need care. We must pay attention to the tension between what may present itself as acquiescence in the view of caregivers, and what in reality may be a learned resistance for the care receiver who has spent a lifetime negotiating the health-care bureaucracy and other bureaucracies.

While social and economic care is needed, at the point where it is clear that the individual will not transition from care to cure, supporting the patient and the family by providing spiritual care becomes more needful. In fact, at the point where good health is no longer attainable, many who are dying, when left to their own devices, are not as interested in slowing the progression of their illness as they are in ensuring that their loved ones are taken care of. The individual is more preoccupied with the issue of the last stage of human psychosocial development — generativity — and with recapturing dreams, and with dying well despite serious disease.

There are times, however, when the nature of the disease demands that someone make decisions regarding the intentional ending of life. In such instances, we must take care to factor in the views of all members of the family. This is difficult because different family members may be at different levels of comfort and/or preparedness in their attitude toward death. Some may be facing their mortality daily as they die to self; others may not ever have given death a thought; and there will be some in between. Showing consideration to all and waiting for all to come to the place of a comfortable decision (assuming that time permits this) is the just thing to do, and is essential for working through later grief and mourning.

Above all, caregivers must avoid using the Christian doctrine of the hope of the resurrection as a mantra for the relief of pain and grief. Death is still a mystery that our faith, however staunch, cannot completely resolve on this side of eternity. At the same time, we know that Christ has conquered death for us, and so we will not be undone by this mystery called death. This is our hope; this is our justice.

33. Erikson, *Childhood and Society*, p. 266.