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CHRISTIANITY AND THE PROBLEM OF DEATH
MEDIEVAL AND CONTEMPORARY RESPONSES
TO HUMAN FINITUDE

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ABSTRACT

Christianity has a unique relationship with death, by which it has an equally unique capacity to respond to the problem of death. Humankind has always feared death, but that fear seems to be especially overwhelming in modern, Western society. People in the Middle Ages, for example, still feared death, but many were able to bear it because, in this respect, they had greater faithfulness than most people demonstrate today.

Comparing and contrasting the experience of, and attitude toward, death in these two time periods should demonstrate that our modern mechanisms for coping with death fail where the medieval mechanisms succeeded. The suffering messiah Christianity of Christianity provides us with the only possible way to conquer our fear of death and to face it with dignity.

INTRODUCTION

Christianity has a unique relationship with death by which it has an equally unique capacity to respond to the fear of death that seems to have taken control of modern, Western society. The suffering savior, Jesus Christ, is unique to Christianity. He promises to be with us in our suffering, and even in death itself. It is this promise that allows us to look through death and see God on the other side.

Humankind has always hated death. The general attitude toward death and even the meaning of death has changed drastically throughout history. In the Middle Ages, an era lasting about a thousand years, much of the world was riddled with plague, famine, war, and death. Death was a stranger to no one, not even to children. It was accepted as a natural part of life and as the collective destiny of mankind. It was even understood in many cases to be a merciful act of God. In this chaotic time, religion was one of the few constants. For many people, Christianity offered hope in a hopeless world and the promise of something better after life. It was something to live for, and yes, something to die for. People turned to God seemingly without question – indeed, they had no other choice.

Today it seems that we get so caught up in the world and our own lives that we have little time to contemplate either death or religion. Those who would willingly occupy themselves with such dark, unnatural thoughts are considered suicidal or morbid. A typical reaction is to step cautiously around such people when we encounter them on

the streets, or change the subject when death is brought up in conversation. At least, such has been my experience every time I have told someone I will be studying death. We strive to avoid it at every turn. It is interesting that the contemplation of a natural part of life, of human existence, is considered unnatural and unhealthy in the modern world.

I would like to point out two primary factors that contribute to this vast shift in the attitude toward death. First, the modern experience of death is completely different from the medieval experience. People were accustomed to death in the Middle Ages. They literally had to deal with it *every day*; there was no escape. Death was a stranger to no one. Today, however, death has become altogether unfamiliar in our everyday experience. Furthermore, it seems that today's ability to sanitize, categorize, and even postpone death, has pushed the old need for God in this particular aspect of life into the realm of the unnecessary. Modern science and technology have given us considerable control over our bodies and what happens to them, but they also dehumanize our experience of death at the same time. Now that experience has become sterile, lonely, often hidden away in hospitals or nursing homes, and much scarier – in my opinion – than ever before. Primarily though, it seems that we fear death because it is one of the few things left for which we have no answers. We have no real control over it, and therefore we cannot accept it.

The second factor in the change of attitude toward death is our attitude toward *life*. In the Middle Ages, people lived the lives that they were given and accepted them for what they were. This is no longer the case. Now, with all the resources, knowledge, education, and technology at our fingertips, we can make life what we want it to be. That is the ideal, at least. We are to strive to our potential and we can be anything in the world

we want to be – it is just up to us to make it happen. The point is, in modern Western culture we believe in and have absolute confidence in our own autonomy, our own ability to be rationally self-determining apart from God. We want to be in control of ourselves and our own reality. “If I work hard enough, I will accomplish my goals” – the American ethic. Our society today is completely success-oriented. So much, in fact, that there is no place for failure and therefore no place for death. Death *is* failure – failure of our bodies, failure of the doctor and failure of the technology that are supposed to save us. Today, successful living is the ultimate good, and death is the ultimate evil.

Try as we might, however, the truth is we can never escape death. In fact, regardless of our efforts to hide all its traces, we *do* experience death every day. To arrive at this conclusion we must first understand that death is much more than the final moment in life. Death really is the *process of dying* we experience every day. Arthur McGill explains that “Death is not only, and perhaps not primarily, the instant when life finally ends. Rather death refers to all the gradual and recurrent experiences where life is known to be failing. ... Death is the losing of life, that wearing away which goes on [within us] all the time.”¹

Although no group of people will all share the same opinions, there seem to be two prevalent attitudes toward death in the US: the attitude which McGill calls the “bronze dream,” and the sense that death is violent and mutilating. The bronze dream is the conviction that death is somehow outside of and unrelated to life; it is pure evil and the negation of life. These bronze people run away from and avoid all marks of death and try to live completely in terms of life. McGill calls them “bronze” people because

¹ Arthur McGill, Death and Life: An American Theology, (Philadelphia: Fortress Press, 1987) ed. Charles A. Wilson, 11.

they are the images we see everywhere in our society's media – the perfectly tan, perfectly molded, perfectly beautiful, and perfectly happy illusions who epitomize the American ideal. These people breathe life and success. The second attitude sees death as violent and mutilating – a kind of active energy which can attack at any given moment. This attitude is found in, and enhanced by, the daily press reports depicting gruesome car accidents, plane crashes, and homicides.

The first chapter will cover statistical information about leading causes of death, population changes, life expectancies, and death and mortality rates in each time period – the Middle Ages and the present (in Western, industrial countries). The purpose of this is to demonstrate the significant difference in mode and frequency of death between the Middle Ages and the present, and to create a foundation for understanding the vast differences in the experience of death in medieval times and the present. This section should provide the reader with an understanding of how much more common death was to the medieval person and how relatively uncommon it is today.

Chapters two and three will discuss in detail both the objective and subjective sides of death in each time period. These chapters are a description and comparison of life's final chapter, as well as the two eras' differing mechanisms for coping with death. The purpose here is to compare and contrast the very experience of death to discover how the change in experience has influenced the way in which we cope with death. These chapters will also demonstrate that our modern mechanisms for coping do not solve the problem of our fear. In fact, they only make facing death even more difficult. Chapter four explains the unique capacity of Christianity to answer the problem of death

described above, because of its unique relationship with death in Christ's death and resurrection. Chapter five explains how Christianity allows us to face death with dignity.

I hope to lead us to an understanding that many people in the modern world put their faith in the wrong things: science, medicine, technology, and our own selves. These finite things, however, cannot give us the answer we seek to the problem of death. Many people in the Middle Ages seem to have understood this better than we do today. Even though our experience of death has changed so much, and so many of the things that were beyond their control are now within ours, we still cannot control death. The fundamental situation that we are finite and must at one time or another die is still the same as it always has been, and the solution remains the same as well.

I. THE STATISTICS OF DEATH: MORTALITY AND DEATH RATES IN THE MIDDLE AGES AND TODAY

There is a significant difference in the mode and frequency of death between the Middle Ages and the present in Western industrial countries. In the Middle Ages, death was a devastatingly large part of life; it was almost a constant experience compared to today. I believe a study of the statistics of death will effectively demonstrate just how present death was in the lives of medieval people. It will help provide a foundation for a better understanding of their attitude, and thereby our own attitudes, toward death and ultimately faith as well.

The Middle Ages is an extensive time period which begins with the fall of the Roman Empire in Western Europe and the appearance of a new culture and society. What I will call the “early Middle Ages” begins with the eleventh century and continues into the first half of the twelfth century. The “late Middle Ages” picks up the second half of the twelfth century and reaches all the way through the fifteenth century. The people of this era were constantly under attack by war, plague, famine, and death – described by David Herlihy as “... the dread four horsemen of the Book of the Apocalypse.”²

Of these disasters, the most notorious and savage in its impact was the Black Death of 1348 and 1349. This plague first showed its ugly face in 1347 in Tana, a sea port on the Black Sea. In this case, the plague was actually used as a weapon: “A Mongol Khan, besieging the town” explains Herlihy, “catapulted bodies of plague

² Richard L. DeMolen, One Thousand Years: Western Europe in the Middle Ages, (Boston: Houghton Mifflin Company, 1974), 33.

victims over the walls in an early and successful effort at germ warfare.”³ The infection then followed the trade routes to Sicily and struck many major cities in southern Europe. Giovanni Boccaccio, in the preface to his “Decameron,” described the plague’s effect in Florence, and estimated a total around 100,000 casualties. In 1349 it reached England, Flanders, Germany and Scandinavia, and then finally followed the Baltic Sea trade routes to Russia in 1352. Historians estimate that the Black Plague claimed approximately one third of the population it struck.⁴

The Black Plague, or Black Death, was the first of a series of fourteenth century plagues. Each plague occurred alternately about once every ten years, so that somewhere there was always sickness and death raging. Each attack weakened its victims so that the survivors of one plague were then that much more susceptible to the next. There is still some debate as to what the Black Death actually was, but most medical historians agree it was a form of the Bubonic Plague. The Bubonic Plague itself is not usually fatal, and the Black Death itself was not technically the most vicious killer. Together, however, They led the way for other plagues, such as pneumonic plague, which then delivered the final blow.

The period was also prone to massive famines, which undoubtedly contributed to the population’s susceptibility to plague. It is difficult to say exactly what caused the famines. Historians can speculate, however, that a likely possibility is that changing climate was one cause for the failed harvests and the spread of disease. It is clear that the fourteenth century was marked by cooler, wetter weather (this eventually resulted in the

³ DeMolen, 34.

⁴ DeMolen, 33-35.

“little ice age” in 1550-1850). The great famine of 1315-1317 has been attributed to excessive rainfall which prevented wheat crops from ripening.⁵

Drastic climate changes aside, overpopulation may also have been a major factor preparing the way for famine. Put simply, the population had grown too large to sustain itself. This suggests that the disasters of the fourteenth century were caused by a series of Malthusian cycles⁶ bringing population and resources back into balance. Although there are no precise figures available, there are estimates which show that this era went through massive population changes. For example, in the thirteenth century, Tuscany was home to at least two million people, a figure it would not reach again until 1850.⁷ Exponential growth or decline of populations, however, cannot be the only explanation for the era’s incredible famines. For example, even though populations were extremely high just before the strike of the Black Death, they had indeed been stable for a few years. Similarly, while the plagues and famines started too late, they also lasted too long to correspond directly and exclusively to statistical differences in population. The occurrences correspond enough, though, to merit attention.

Soil exhaustion was probably another major factor leading to the great famines. As worsening social conditions led to an increase of people in the poor and working class, land began to be in short supply. Rent for farming land was extremely high, and

⁵ DeMolen, 35.

⁶ A Malthusian population is one which consists of beings competing for limited resources. The Malthusian law says that when birth and death rates are constant, a population will grow (or decline) by extraordinary proportions. It thus describes how populations grow or decline when nothing else happens. It “describes the default situation for populations - how they behave in the absence of any disturbing factors.” (Ginzburg & Colyvan, 2004) Furthermore, the default state of a population is not one of rest, but one of motion (i.e. exponential growth or decline); so it is when a population remains constant that an outside factor must be affecting the population in question. Haemig PD, “Laws of Population Ecology,” *ECOLOGY.INFO* #23, <http://www.ecology.info/laws-population-ecology.htm>, (12 April 2005).

For more information concerning laws of population ecology see www.ecologyinfo.

⁷ DeMolen, 35-36.

through repeated croppings of cereals, farmers tended to exhaust the soil. The peasants' reaction to this situation was to stop reproducing, which in turn increased the population's inability to recover from the plagues. David Herlihy tells us that,

The population, in order to feed itself, tended to consume the seed needed for planting, and inadequate harvests in the following year could not loosen the grip of hunger. Only an extraordinarily good harvest was likely to break this vicious cycle. In northern Europe, acute hunger prevailed from 1315 to 1317 and was especially severe in Flanders and the Low Countries, where the chroniclers record grisly stories of how the living were prone to devour the dead in their desperate need.⁸

But it was not only plagues and famines which assaulted the populations. If the people were somehow able to survive them, they still had the almost constant wars to deal with. Many people in this period met their deaths on the battlefield. All across Europe, war was frequent and brutal, leaving entire cities devastated. The most famous war was the Hundred Years' War, fought intermittently from 1338 to 1453. Even in times of relative peace, bands of roaming, unemployed mercenaries robbed and pillaged the countryside.

The medieval population of Western Europe suffered tremendous human losses at the savage hands of these disasters. European population fell by at least a third during the second half of the fourteenth century. In San Gimignano and Pistoia in Tuscany, for example, the loss was more than seventy percent. Thus, in the thirteenth century, only one person out of three in these regions was still living a century later. In 1377 the English population went from 3.7 million to 2.2 million. Clearly, death was around every corner in medieval times. As seventeenth century preacher Jeremy Taylor wrote, "... to

⁸ DeMolen, 33.

preserve a man alive in the midst of so many chances and hostilities is as great a miracle as to create him.”⁹

Recent statistics reveal a very different pattern. In just the last century modern medicine has brought us a long way in terms of life expectancy and mortality rates. In the United States in 1995, the average life expectancy was 76 years, which is a significant increase from 47 years in 1900. In 1900, more than half the reported deaths were children, ages fourteen and under; in 1995, less than two percent of reported deaths occurred in the same age group. Today we expect people to live at least to their seventh or eighth decade, which is an extremely modern expectation considering it was not the case only one hundred years ago. Overall, in 1900, there were seventeen deaths for every one thousand people in the US. In 1995 there were 8.7 deaths per one thousand people. So in less than a century the death rate was reduced by half.

In 1900, death was typically sudden and quick, and often due to acute, infectious diseases. Microbial diseases, such as tuberculosis, typhoid fever, diphtheria, streptococcal septicemia, syphilis, and pneumonia, were the cause of forty percent of reported deaths in the US. In 1995, these same diseases accounted for only five percent of reported deaths in the US. At the end of the twentieth century and today, death usually takes a slower, progressive course. Chronic illnesses, such as heart disease, cancer, etc, are now the leading causes of death in the US. Now, more and more people survive to older ages, and the result is a redistribution of deaths from the young to the old. In 1900, for example, people sixty-five and older made up only four percent of the US population and seventeen percent of reported deaths. In 1995, the same age group accounts for

⁹ Jeremy Taylor, The Rule and Exercises of Holy Dying (Cleveland, New York: The World Publishing Company, 1952), 5.

thirteen percent of the population and seventy-five percent of reported deaths.

Demonstrated in these demographics are the roots of the modern attitude that death is now an experience for the aged.

In 2002, just seven years later, we can see these effects even more dramatically. According to World Development Indicators,¹⁰ most recent information, life expectancy for males born in the US in 2002 was seventy-five years, and eighty years for females. The death rate for infants was seven per one thousand live births – eight per one thousand children under five. The US death rate per one thousand people was a grand total of nine. Leading causes of death today are heart disease, stroke, cancer, AIDS, Alzheimer's disease, and accidents.¹¹

What do all these statistics reveal? They show us the significant difference in the mode and frequency of death between then and now. In the Middle Ages, to be in the presence of death, was a daily occurrence for the average person. Today, it is a fearful and unfamiliar experience. In Western, industrialized countries, plague and famine are no longer feared. Now more and more people survive life longer and longer. These statistics demonstrate the impressive degree of control we have achieved over illness and starvation since medieval times. When we look at how far we have come, it is no wonder that we think we should be able to control everything. But even the most recent statistics do not rule out death altogether. No matter how much farther we go, no matter how close we get, the death statistics will never reach zero. We will never have the ability to control death. That is a central insight into the human condition that we have, thus far,

¹⁰ WDI (World Development Indicators) contains statistical data from the World Bank for almost 600 development indicators and time series data from 1960 for over 200 countries and 18 country groups. Data includes social, economic, financial, natural resources, and environmental indicators. Information can be scaled, indexed against a particular year, viewed by percentage change, and charted.

¹¹ World Development Indicators 2004.

not been able to face. Yet death was a fact that medieval people were apparently able to accept easily since they had no means of fooling themselves. They had to accept it, as, in fact, do we. Still, we do try to fool ourselves.

II. THE MEDIEVAL EXPERIENCE OF DEATH

The Subjective Experience of Death:

What we call the Middle Ages is an extremely long period of time, and there were shifts and transitions in the way people thought about death. Historian Philippe Ariés characterized these transitions using the terms “Tamed Death,” “One’s Own Death,” and “Thy Death.”¹² A study of the evolution of the attitude toward death through history reveals in the Middle Ages a general and long-standing opinion of death as the collective destiny of humankind. This perspective, what Ariés calls “Tamed Death,” is characteristic of the nearly thousand-year period, starting in the early Middle Ages. The term “Tamed Death” is not meant to imply that death was somehow under control or ceased to be wild. Rather, it refers to an era when “...death was both familiar and near, evoking no great fear or awe”¹³ They were able to take death calmly, without argument or struggle. Ariés argues that it is in the present that death has become wild.

The early Middle Ages was a time when there was not yet a strong concept of individual destiny. There was not yet an understanding that “I die my own death,” but rather, that “We all die.”¹⁴ The universe, according to Ariés, was understood to be bound together by both natural and divine law. Therefore, death was both a submission to God and a part of nature – a destiny that could not be escaped. Ariés writes that “In

¹² Philippe Ariés, Western Attitudes Toward Death, trans. Patricia M. Ranum, (Baltimore and London: The Johns Hopkins University Press, 1974).

¹³ Ariés, 13.

¹⁴ Lynne Ann DeSpelder, and Albert Lee Strickland, The Last Dance: Encountering Death and Dying, 5th ed. (Mountain View, CA: Mayfield Publishing Company, 1999), 48.

death man encountered one of the great laws of the species, and he had no thought of escaping it or glorifying it. He merely accepted it with just the proper amount of solemnity due one of the important thresholds which each generation always had to cross.”¹⁵ Importantly, death did not mean the end of life. The dead were understood to be ‘asleep’ in the Church’s keeping until the day they would be resurrected, which was to happen at the end of time, when all of humanity would be judged as a whole.

The twelfth century saw a shift in attitude from this focus on collective destiny to a growing awareness of individual destiny.¹⁶ The assertion that “everyone dies” became instead “I will die my own death.” This shift to a greater level of self-identity and self-awareness led to a greater anxiety of Judgment Day. Judgment was displaced from the end of time to the end of each individual life, when the good and bad deeds of each person would be weighed individually, determining their individual destiny. The *liber vitae*, or the Book of Life, which had been previously thought of as a vast, cosmic census, now was thought to be inscribed with the personal biographies of people’s lives.¹⁷ This concept was depicted in the art of the period, which is largely the material Ariés used to draw his conclusions, as a book which hung about each person’s neck. This book was to be presented to the judge and court (Christ and His apostles), with each deed painstakingly sorted out and weighed.

These changes, though important, were rather subtle. The overarching attitude toward death still remained one of “Tamed Death.” People were still dying in the same way they had been for centuries – in the deathbed scene which changed only a little

¹⁵ Ariés, 28.

¹⁶ DeSpelder, 48.

¹⁷ Ariés, 32-33.

around the twelfth century, especially when observed in comparison with the drastic changes of the last hundred years or so.

The Objective Experience of Death and The Medieval Death Ritual

Both Ariés and DeSpelder comment that people of this era seemed to have had a unique ability to sense when the end was near. Sudden death was rare, even in war, giving an opportunity to discern when death had come. It was not that they were eager to die, explains Ariés, but that they accepted the natural destiny of the species.¹⁸ Perhaps death seemed more manageable because it had been anticipated by natural signs,¹⁹ or because they did not try to deny it until the last possible moment, as do many people today.²⁰ In this era, the dying turned to the divine and gave their suffering to God in the ritual ceremony of dying, which remained the tradition for over a thousand years.

Knowing the end was near, the dying person began the appropriate preparations for death calmly and without trying to fight it or deny it. The death ritual was a simple one in which everything was carried out according to the old customs. As Ariés explains, every word and gesture had meaning and significance. Even the fact that death occurred in bed had religious significance. According to thirteenth century liturgists, the dying should await death lying down so that his or her face would always be turned toward Heaven.²¹

Thus prepared, the dying person was ready to continue with the final steps of the tradition, which he or she personally organized and presided over. The next step in the tradition was an expression of sorrow over the end of life with a brief recollection of

¹⁸ Ariés, 7.

¹⁹ DeSpelder, 52.

²⁰ This is a point which will be discussed in greater detail in chapters three and four.

²¹ Ariés, 11. It is also interesting to note here, that this, the Christian tradition of dying, differed slightly from the Jewish tradition in which the dying person turned toward the wall to await death.

beloved people and things. Then, the dying asked those surrounding the deathbed for pardon from any wrongs he or she may have done them during life. After receiving forgiveness, and with a prayer of confession,²² the dying person was to forget the living and put all focus on God. Finally, all that was left was to wait for death; should it come more slowly than expected, the dying waited in calm silence.²³

In contrast to present day, death in the Middle Ages was not a private or hidden event, but a very public ceremony. Family, friends, neighbors, passersby, and children would all be present in the bedroom. Ariés writes that "... until the eighteenth century, no portrayal of a deathbed scene failed to include children. And to think of how carefully people today keep children away from anything having to do with death!"²⁴ Obviously, people had a very different attitude than we have today; everyone, even children, were quite familiar with death.

This remained the customary deathbed scene until modern times. In the late Middle Ages though, changes occurred in the importance placed on *how* a person died. These changes coincide with the movement toward the situation Ariés calls "One's Own Death," with its greater awareness of personal destiny. One of these changes was the *liber vitae*, discussed earlier, which was now understood as a sort of account book of each person's life, to be judged by Christ, *at the moment of death*. Another change included an addition to those present in the bedchamber, visible only to the dying person:

Over the entourage of public participants there now hovered an invisible army of celestial figures, angels and demons, battling for possession of the

²² The prayer consisted of two parts: the *Culpa*, an admittance of guilt for one's sins, and the *Confiteor*, a plea for admittance into Heaven. Absolution was then granted by a priest, who read psalms, the *libra*, burned incense over the dying person, and sprinkled him or her with holy water. This was later repeated over the dead body.

²³ Ariés, 7-11.

²⁴ Ariés, 12.

dying person's soul. Death became the *speculum mortis*, the mirror in which each person could discover his or her nature and destiny. The dying person tallied the moral balance sheet of his or her life.²⁵

During the sixteenth and seventeenth centuries, this ritual of dying developed further into what became known as *ars moriendi* – the art of dying. *Ars moriendi* is a guide to holy dying for both the dying and the living. Consisting of specific exercises, meditations, and prayers to be done in preparation for dying, these were also to be used as tools against the five temptations the dying must endure: unbelief, fear, despair, impatience, spiritual pride, and avarice.²⁶ Important for our study is the temptation of fear. Nancy Lee Beaty writes that death is feared because it is associated with an experience of agony, or “stryfe.” Beaty assures the reader, however, that a good Christian should not fear, because a good death is precious in the eyes of God. Maintaining the previous attitude about death, she asserts that one should accept the inevitable as God's will.²⁷ Jeremy Taylor speaks of this idea as well. “He that would not fear Death,” writes Taylor, “must strengthen his spirits with the proper instruments of Christian fortitude. All men are resolved upon this; and to bear grief honestly and temperately, and to die willingly and nobly, is the duty of a good and of a valiant man”²⁸ Taylor also consoles his readers when he assures them that there is more reason to fear life than death. In this comment we see that religion offered the hope and promise of something better than life on earth. “If thou wilt be fearless of Death, endeavor to be in love with the felicities of Saints and Angels, and be once persuaded to believe that there is a condition of living better than this; ... Death cannot be a formidable thing, which lets

²⁵ DeSpelder, 52.

²⁶ Nancy Lee Beaty, *The Craft of Dying: A Study in the Literary Tradition of the *Ars Moriendi* in England*. (New Haven and London: Yale University Press), 1970, 10-18.

²⁷ Beaty, 8.

²⁸ Taylor, 152-153.

us into so much joy and so much felicity."²⁹ We have already discussed the horrible circumstances of life at during this time due to the constant presence of plague, famine, and war. There was surely plenty of suffering to be feared in life. For many people, therefore, religion gave meaning to worldly suffering. Death was even seen as a piteous act of God, releasing them from their misery:

As our life is very *short*, so it is very *miserable*; and therefore it is well it is *short*. God in pity to mankind, lest his burden should be insupportable, and his nature an intolerable load, hath reduced our state of misery to an abbreviature; and the greater our misery is, the less while it is like to last: the sorrows of a man's spirit being like ponderous weights, which by the greatness of their burden make a swifter motion, and descend into the grave to rest and ease our wearied limbs for then only we shall sleep quietly.³⁰

They clung to the promise that Christ had died for them, that they might live together with Him in Heaven. Only then would they be free of all the evils and suffering of the world.

Another excellent way to learn about people's attitude toward death is to examine not only the way they died, but what the living did with the dead as well. The development of medieval burial customs, therefore, tells us much about attitudes toward death. In the early Middle Ages, graveyards were located on the outskirts of the towns. This changed, however, as the desire to be buried near martyrs increased. Many people believed that the saintliness of the martyrs continued even into death, where they had the power to protect others from the fires of hell. It was because of this growing veneration of saints and martyrs that churches began to be built on or near the graves of these holy people. At first, burial on church grounds was by special request only. Eventually,

²⁹ Taylor, 155.

³⁰ Taylor, 40.

however, even common folk were buried in their cemeteries, closely linking the church in an intimate association with the state of the dead.³¹

The new custom of burial in churchyards soon led to the development of charnel houses, which were large galleries where the bones of the dead were stacked and piled – entrusted into the care of the church.³² Limbs and skulls of the dead were exhumed from the many large, common graves, and were artistically arranged in these galleries which ran along the sides of the churchyard, and in the ossuaries above.³³ The common graves were opened periodically in order to turn the bones over to the church, to be kept safe

³¹ DeSpelder, 53-55.

³² The word for charnel house, *charnier*, is synonymous to the French word *aitre* for churchyard. For more information concerning the development of cemetery and burial language, see Ariés, 18-20.

³³ Ariés, 20.



This is an Ossuary located at a European monastery, a survival of a medieval charnel house. Found in, DeSpelder, 54.

until the Resurrection. The opening of graves in order to exhume the bones within was not seen as indecent or disturbing as it would be today. Ariés explains,

As yet unborn was the modern idea that the dead person should be installed in a sort of house unto himself, a house of which he was the perpetual owner or at least the long-term tenant, a house in which he would be at home and from which he could not be evicted. In the Middle Ages and even as late as the sixteenth and seventeenth centuries the exact destination of one's bones was of little concern so long as they remained near the saints, or in the church, near the altar of the Virgin or of the Holy Sacrament. Thus the body was entrusted to the church.³⁴

This giving-over of bones demonstrates the radical trust which many people placed in their faith. As disturbing as it sounds to us today, these charnel houses were also public areas. There, among the skeletons, skulls, and bones, people "... would find shops and merchants, conduct business, dance, gamble, or simply enjoy being together."³⁵ This is a perfect example of the medieval familiarity and coexistence with death and the dead. The use of charnel houses continued until the mid-eighteenth century.

We have seen now that the overarching belief in the Middle Ages was that it was the nature, and collective destiny of humankind to die. It was accepted calmly, with what seems like complete faith and trust in God, as inevitable, inescapable, and even in some sense welcome. We have also examined the medieval ritual of dying and their burial customs, which demonstrate both their familiarity with, and the frequency of death. Death was not fought or denied; instead, it had to be accepted because the people had no choice but to accept their creaturely limitations. In other words, they did not have our modern ability to control nearly every aspect of our lives.

So how did we get from there to here? After the transition into "One's Own Death," attitudes continued to shift until the later eighteenth and nineteenth centuries

³⁴ Ariés, 22.

³⁵ DeSpelder, 54.

when it reached the stage that Ariés calls “Thy Death.” In “Thy Death,” the focus changes from the death of the self to the death of others and loved ones. In the fifteenth, sixteenth and seventeenth centuries, or the time of the Renaissance and Reformation, leading up to this change was a time of transition when old values and certainties were reconsidered.

This is the age of Leonardo Da Vinci, Michaelangelo, and Shakespeare. Gutenberg’s *Bible* went to press in 1456 and, in 1517, Luther nailed his Ninety-Five Theses to the door of the church at Wittenberg Castle, inaugurating the Protestant reformation. During this dynamic period, the dominant trends of thought were increasingly humanistic, secular, and individualistic. Geographic boundaries fell away, with explorations such as Columbus’s voyage to America in 1492, and a scientific revolution ensued with publication in 1543 of Copernicus’s *On the Revolution of the Heavenly Spheres*, which posited the radical notion that the earth revolves around the sun. This was a period of experimentation and pluralism, as many of the old certainties of the former era were reexamined.³⁶

A change in the way people related to death accompanied these transitions in cultural and intellectual life. Increasingly, “... the reassuring notions of earlier centuries were stripped away, making death seem both more remote and more imminent. Death began to appear savage and untamed.”³⁷ This is what Ariés means when he says that death today has become ‘untamed.’ In his opinion, death has become wild in the modern world; so frightening, in fact, “... that we dare not utter its name.”³⁸

³⁶ DeSpelder, 49.

³⁷ DeSpelder, 49.

³⁸ Ariés, 13.

III. THE CONTEMPORARY EXPERIENCE OF DEATH

Objective Description of Death:

The last chapter gave both a subjective and objective description of death in the medieval period. This chapter will work in the reverse order, first objectively describing death in the modern world, and then describing the subjective experience of it.

In the twentieth century, we find a sudden end to medieval experiences and attitudes, and the beginning of a new era Ariés calls “Forbidden Death,”³⁹ or “Invisible Death.”⁴⁰ There are three important differences between death in the medieval period and death in contemporary society. First, there is the general unfamiliarity with death. Second, modern medicine and life-extending technology lead us to a false sense of control, and to a dehumanization of death. Third, there is the fact that our cultural mechanisms for coping with death appear to be able to overcome our fear and anxiety, as religion and faith were able to do for many people in the Middle Ages.

First, the old familiarity with death has disappeared and today, death has become altogether unfamiliar. Increased life expectancies and lower death rates, as we have seen, have encouraged the attitude that death is something that happens in old age – an attitude which allows us to put it out of our minds as something we do not need to think about *now*. Death has become a concern for the old. The rest of us banish it from our minds and from our experience as well. Some of the factors that have taken death out of our lives and removed it to the realm of the unknown are the displacement of death from our

³⁹ Ariés, 85-107.

⁴⁰ DeSpelder, 57.

homes, modern medicine and life-extending technology, and lack of involvement in the deaths of loved ones.

In contrast to even a hundred years ago, extended families today are rarely found living together. The removal of multiple generations from a household removes the opportunity and likelihood of experiencing the deaths of relatives first hand. Furthermore, people are much more mobile than in previous times, and families are often spread out across long distances. This makes it even less likely that we will be present when a family member dies. Even when they are present, families are much less involved in taking care of the dying person or the body of the deceased. As recently as the nineteenth century death was an intimate family experience. Most people died in their own homes, in their own beds, surrounded by friends and loved ones. Now we call on professionals to be “go-betweens” in our encounters with death, and families take on the role of mere observers. Doctors and medical staff take care of the dying person during the final stages of life (with the exception of sudden accidents); the coroner takes care of the corpse and the funeral service and cemetery crews take care of the burial. Each of these tasks, as recently as a hundred years ago, was carried out by the family.

Modern medicine and technology have also played a significant role in our de-familiarization with death. As already stated, modern medicine changes the course of death. Death has been redistributed from the young to the old, as more people survive to older ages. Second, it changes the place of death. Instead of occurring in the home, now, eighty to ninety percent of all deaths occur in institutional settings. Modern technology, while no one can deny its overwhelming success at saving so many lives, also dehumanizes death. The patient, rather than being surrounded solely by friends and

family, is now surrounded mostly by an array of machines buzzing, whirring, beeping, printing – completely unconcerned for anything beyond the biological processes and status of the specimen they monitor. Today, in an unfamiliar, sterile hospital bed, surrounded by strange machines, dying can be incredibly lonely and terrifying.

Life-extending technology also adds to our unfamiliarity with death. The expectation is no longer death, but total replacement or repair of dysfunctional organs. The expectation, though an amazing one, is to be cured. It is not just a hope or a wish but an *expectation*. “Although it is true that modern medicine extends the lives of people with serious diseases, when death eventually does come, it may seem unexpected to family and friends: ‘Today, death is often seen as an event that can be deferred indefinitely rather than as an intrinsic part of life.’”⁴¹ The technology also distances family and friends from the person who is dying. They are no longer active participants in the dying process and often feel inadequate, preferring to relinquish control to the “professionals.” As for the doctors and medical staff, a common attitude seems to be “whatever can be done should be done,” and often for the mere sake of doing something, rather than because it may actually help the patient. Sherwin Nuland comments,

Sometimes it is really to maintain his own hope that the doctor deludes himself into a course of action whose odds of success seem too small to justify embarking on it. Rather than seeking ways to help his patient face the reality that life must soon come to an end, he indulges a very sick person and himself in a form of medical “doing something” to deny the hovering presence of death. This is one of the ways in which his profession manifests the entire society’s current refusal to admit the existence of death’s power, and perhaps even death itself.⁴²

⁴¹ DeSpelder, 12.

⁴² Sherwin B. Nuland, How We Die: Reflections in Life’s Final Chapter, (New York: Vintage Books, A Division of Random House, Inc., 1993), 223-224.

Modern science and medicine have desacralized and dehumanized death. It is now "...an event that [can] be manipulated by human beings."⁴³ It is even possible in the modern world to debate about when death actually occurs. Does it occur when breathing stops, when brain activity stops and the only thing keeping the person alive is a machine? Today, death means the cessation of bodily processes, and is something to be prevented and controlled.

Subjective Description of Death in the US:

The third difference between death in the medieval period and death in contemporary society is the mechanisms for coping with death have changed, and the new ones are failing the test. Religion and faith were the coping mechanisms for many people in the Middle Ages. Today the mechanisms for coping with fear and anxiety are denial and avoidance. We will come back to how we use avoidance and denial in our daily lives, but first, more on the underlying fear producing them.

Humankind has always feared death, but the difference now, is that we are overpowered by our fear. In fact, it is our terror of death, brought on by our recognition that death is firmly beyond our control, that incites us to seek new and better ways to try to conquer it. But no matter how much progress we make, these tools will never 'fix' the problem – we all still have to die. Ernest Becker commented in The Denial of Death that "... the idea of death, the fear of it, haunts the human animal like nothing else; it is a mainspring of human activity – activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man."

... the fear of death is indeed a universal in the human condition. To be sure, primitives often celebrate death ... *because* they believe that death is the ultimate promotion, the final ritual elevation to a higher form of life, to

⁴³ DeSpelder, 49.

the enjoyment of eternity in some form. Most modern Westerners have trouble believing this any more, which is what makes the fear of death so prominent a part of our psychological make-up.⁴⁴

The fear of death is still present, but the patient's physical suffering has changed. Thanks to modern medicine we can alleviate most of that physical "stryfe," what Nancy Lee Beaty claimed to be the most fearful part of death. Therefore, the suffering experienced today is more a psychological and spiritual suffering as a result of our denial and anxiety.

This fear and anxiety about death seem to have made accepting death more and more difficult in recent years. It no longer has the religious meaning it used to, and neither can we face and accept it as we used to. Instead, we hide death from sight in hospitals and nursing homes. Even the language we use to talk about death is rarely direct. The words "death" and "dying" are often avoided; instead we say the person has "passed away" or was "called home." Instead of "burial" we say "internment," in place of "undertaker" we say "funeral director." This inability to talk directly about death reflects the fact that direct, first-hand experience of death is uncommon for most people in modern, Western societies.

We have seen now that anxiety about death is a major part of the modern picture of dying. Now the question is: how does our anxiety work itself out? How are we using the mechanisms of avoidance and denial? Of course, within such a diverse group of people, not everyone will have the same experiences and neither will they share the same opinions, but it seems that the attitude of avoidance is one of the most common attitudes in the modern Western world. There are many ways in which anxiety manifests itself as avoidance in our culture. Two people who articulate particularly well these forms of avoidance are theologian Arthur McGill and psychologist Elisabeth Kübler-Ross.

⁴⁴ Ernst Becker, The Denial of Death, (London: Collier Macmillan Publishers, 1973), ix.

Theologian Arthur McGill suggests in his book, Death and Life: An American Theology, that there are two prevalent attitudes toward death in the US. The first is the attitude held by those whom McGill calls the “bronze people,” in which death is understood as somehow outside of and unrelated to life.⁴⁵ It is pure evil and the negation of everything that is good. The second attitude is that death is a violent and mutilating annihilation of life.⁴⁶

Although there are many kinds of people in the world, the bronze people seem to be one of the larger groups in US culture. Again, the bronze are those perfectly tan, perfectly molded, perfectly beautiful, and perfectly happy people seen everywhere in the media, in advertisements, at the beach, and in restaurants who make us believe that everything about life is “fine.” Their only calling is to enjoy life, with which they are completely preoccupied. They *breathe* life. Their understanding of death is the narrow, medical view which sees death only as the final moment of life – the cessation of life. They avoid and run away from death. To them it is merely a distant, hypothetical event occurring sometime in the far-off future, something they do not have to think about.⁴⁷

McGill claims that the bronze dream, therefore, is to rid oneself of the telltale signs of aging, sickness, and death. This is accomplished by the use of makeup, wrinkle cream, hair color, memberships to health and fitness centers, and the more extreme replacement of failing organs, and plastic surgery. These are our methods of controlling our bodies, controlling death, and ultimately our methods of denial. McGill’s observations here demonstrate the modern mechanisms of coping with death: avoidance and denial. The point is that instead of controlling death, these tactics really only control

⁴⁵ McGill, 13-22.

⁴⁶ McGill, 25-41

⁴⁷ McGill, 9-22.

our lives. In this way it is, ironically, destroying our lives. We are so concerned with warding off death that we are no longer free to be ourselves.

According to McGill, the American bronze believe they are in complete control of themselves and their realities and are always optimistic about how things are and how they will turn out. This is what McGill calls American optimism.⁴⁸ They cannot tolerate things beyond human control, such as a child being born mentally retarded, mutations, or economic disasters. They cannot tolerate failure, and death *is* failure. For their protection against such threats, the bronze arm themselves by acquiring safety nets of knowledge, skills, and training. The bronze believe that all people have within themselves the power and resources needed to protect and satisfy themselves in almost any situation.

McGill sees time and resources being spent on the continual acquisition of more and more *stuff* – this is our consumer society at its best. But it is not just consuming as much as *acquiring* in order to *prevent* that which *might* happen. Therefore, McGill's opinion is that the bronze people are constantly occupied, not with living as they believe, but with trying to prevent the inevitable. Indeed, it is the unending task of bronze people to make the world appear to be a place where death is accidental, where it does not belong. McGill says that,

According to this duty, a person must try to live in such a way that he or she does not carry the marks of death, does not exhibit any hint of the failure of life. A person must try to prove by his or her own existence that failure does not belong essentially to life. Failure is an accident, a remediable breakdown of the system.⁴⁹

⁴⁸ McGill, 13-16.

⁴⁹ McGill, 18.

Convincing themselves that death is not always present is a full-time job which also requires avoiding and resisting anything which evidences the presence of death. "All traces of weakness, debility, ugliness, and helplessness must be kept away from every part of a person's life."⁵⁰ In a way, the efforts of the bronze people are really an attempt to convince themselves and everyone else that they are not mortal.

Death, in view of this American optimism, is always accidental. For a person who is committed absolutely to life, death has no place; it is *outside* of life. Death deprives people of life, and since all worth is placed on life, death is considered a complete indignity. McGill writes, "This means that death is outside of all value and all meaning, because for Americans value and meaning belong exclusively to life. For anyone to accept death or dignify death would be to deny human value and dignity. Death is the total enemy."⁵¹ It is *failure*, and failure is completely unacceptable. In fact, we find death so incredibly appalling that we would do anything to avoid it – even kill ourselves. At least, this is Timothy Quill's argument in his article advocating Physician-Assisted Suicide (PAS). Quill says having the autonomous choice to kill oneself is the "humane alternative"⁵² to what is otherwise an "... undignified, unesthetic, absurd, and existentially unacceptable condition."⁵³

The second major attitude that McGill finds prevalent in US society is the idea that death is a violent, mutilating annihilation of life which could attack at any given moment. This attitude, as you notice, is completely opposed to the bronze dream where death is completely unrelated to our world of life. Even so, evidence of this attitude is

⁵⁰ McGill, 26.

⁵¹ McGill, 17.

⁵² Timothy Quill, "Care of the Hopelessly Ill: Proposed Clinical Criteria for Physician-Assisted Suicide," The New England Journal of Medicine, 5 November, 1992.1330.

⁵³ Quill, 1333.

everywhere, especially in the press, where we are constantly confronted with images depicting gruesome car accidents, bloody homicides, war, and poverty in third world countries. Here, death is not just the last moment of life, it is being *killed*. It is violent, gruesome, and unexpected.

A certain amount of pessimism accompanies this notion of violent, unexpected death. McGill feels that despite all their efforts, bronze people are actually "... haunted by the suffering, the destitution, and the death which marks the world. But despite the bronze figures which we see all around us, Americans seem to carry a despair about the uncanny power and pain, the uncanny destructiveness of death."⁵⁴ As much as we try to run from it and deny its presence, somewhere in our brains it registers that death is all around us and some part of us realizes that the optimism denying this is an illusion. In fact, in McGill's view, death seems to be our "ultimate concern;" that is to say, our religion. McGill goes so far as to say that death has become the American God: "The God whom Americans worship as the final and absolute Lord of reality is the power of death. Here I do not use the term "god" to designate the divinity revealed in Jesus Christ. I use the word in a more open way, to name what a people believe to be the final, the ultimate reality which controls their lives."⁵⁵ It is amazingly ironic that something which people try so hard to deny and ignore ends up controlling their entire lives.

Psychologist Elisabeth Kübler-Ross has also made observations about attitudes toward death in modern, Western society. Her method of study, however, was quite different from McGill's. Kübler-Ross, relatively new to the United States and particularly the hospital where she was working, shocked many of the other doctors and

⁵⁴ McGill, 30.

⁵⁵ McGill, 39.

nurses when she asked them about speaking with their terminally-ill patients about death and what it meant for them now that they were dying. The doctors were horrified and told her there were no dying patients in their units. Even they did not want to face the reality of death. Eventually, Kübler-Ross was able to speak with a patient. These patient interviews later became a large part of a seminar she gave on death and dying.

Kübler-Ross made several similar observations to McGill's. First, as demonstrated by the indignation of the doctors after learning about her intention to talk to patients about death, Kübler-Ross found that death was almost a taboo in hospitals. The attitude seemed to be that hospitals were supposed to be places where people were cured, not where people died. Deaths that did occur were so discrete one hardly believed that anyone *does* die in hospitals. Kübler-Ross saw medical teams trying to hide the *disruption* of death. DeSpelder writes that in some medical institutions,

The patient who is near death may be given medications to prevent disruption the schedule or upsetting staff members or other patients. The patient's family may be urged to accept tranquilizers to subdue their emotional reactions. Hospital personnel may emphasize controlling and restricting reactions that could jeopardize institutional decorum.⁵⁶

The key words here are: prevent, schedule, subdue, controlling, and restricting. This vocabulary clearly reflects the modern desire to be in control.

The mechanisms of avoidance and denial are evident to Kübler-Ross as well, and like McGill, she finds their roots in our overwhelming fear and anxiety of death. It was one of the most common ways of trying to cope with death among patients she interviewed, as well as family members and hospital staff she observed.⁵⁷ We respond in these ways because, as McGill said, we see death as unnatural – outside of life.

⁵⁶ DeSpelder, 125.

⁵⁷ Kübler-Ross, 51-62.

Therefore, the unconscious mind simply cannot conceive of its own natural death. We can only imagine some violent, exterior force taking life away:

It is inconceivable for our unconscious to imagine an actual ending of our own life here on earth, and if this life of ours has to end, the ending is always attributed to a malicious intervention from the outside by someone else. In simple terms, in our unconscious mind we can only be killed; it is inconceivable to die of a natural cause or of old age. Therefore death in itself is associated with a bad act, a frightening happening, something that in itself calls for retribution and punishment.⁵⁸

The association of death with violent annihilation is indeed evidence of the underlying anxiety we feel toward it. It is an anxiety of being completely out of control and “appallingly vulnerable”⁵⁹ before death.

Finally, we must ask the question, what is this doing to us? What is the ultimate cost of our fear? Kübler-Ross suggests that speculating about the possible future into which our present situation might take us may help to illustrate the point: “A look into the future,” she says,

... shows us a society in which more and more people are “kept alive” both with machines replacing vital organs and computers checking from time to time to see if some additional physiologic functionings have to be replaced by electronic equipment. Centers may be established in increasing numbers where all the technical data is collected and where a light may flash up when a patient expires in order to stop the equipment automatically.

Other centers may enjoy more and more popularity where the deceased are quickly deep-frozen to be placed in a special building of low temperature, awaiting the day when science and technology have advanced enough to defrost them, to return them to life and back into society, which may be so frighteningly overpopulated that special committees may be needed to decide how many can be defrosted, just as there are committees now to decide who shall be the recipient of an available organ and who shall die.

It may sound all very horrible and incredible. The sad truth, however, is that all this is happening already. There is no law in this country that prevents business-minded people from making money out of

⁵⁸ Kübler-Ross, 16-17.

⁵⁹ McGill, 30.

the fear of death, that denies opportunists the right to advertise and sell at high cost a promise for possible life after years of deep-freeze. These organizations exist already, and while we may laugh at people who ask whether a widow of a deep-frozen person is entitled to accept social security or to remarry, the questions are all too serious to be ignored. They actually show the fantastic degrees of denial that some people require in order to avoid facing death as a reality, and it seems time that people of all professions and religious backgrounds put their heads together before our society becomes so petrified that it has to destroy itself.⁶⁰

We can see from both McGill's and Kübler-Ross's accounts that this is the high cost of our fear, our *terror*, of death: it is destroying us, and we are destroying ourselves because of it. Our anxiety and fear of death controls our lives so that we can no longer be ourselves. It seems that the more we try to control and ward off death, the more death actually ends up controlling us. The lives of the bronze people are consumed by the effort to make death appear abnormal and outside of life, and therefore are consumed by trying to control the uncontrollable.

⁶⁰ Elisabeth Kübler-Ross, On Death and Dying, (New York: Scribner, 1969), 29-30.

IV. CHRISTIANITY'S UNIQUE PERSPECTIVE

Now Jesus and His disciples went out to the towns of Caesarea Philippi; and on the road He asked His disciples, saying to them, "Who do they say that I am?" So they answered, "John the Baptist; but some say Elijah; and others, one of the prophets." "But who do you say that I am?" Peter answered and said to Him, "You are the Christ." Then He strictly warned them that they should tell no one about Him.

And He began to teach them that the Son of Man must suffer many things, and be rejected by the elders and chief priests and scribes, and be killed, and after three days rise again. He spoke this word openly. Then Peter took Him aside and began to rebuke Him. But when He had turned around and looked at His disciples, He rebuked Peter, saying, "Get behind Me, Satan! For you are not mindful of the things of God, but the things of men."

When He had called the people to Himself, with His disciples also, He said to them, "Whoever desires to come after Me, let him deny himself, and take up his cross, and follow Me. For whoever desires to save his life will lose it, but whoever loses his life for My sake and the gospel's will save it. For what will it profit a man if he gains the whole world, and loses his own soul? Or what will a man give in exchange for his soul? For whoever is ashamed of Me and My words in this adulterous and sinful generation, of him the Son of Man also will be ashamed when He comes in the glory of His Father with the holy angels."⁶¹

The previous chapters have shown us that there is a need in our modern society for a solution to the problem of avoidance. Christianity has a unique capacity to meet that need because of its unique relationship with death. Indeed, death is an intrinsic part of Christianity, which is overlooked or misunderstood by many people today. But that relationship with death is exactly what gives us the security we need to truly turn to our neighbor in love.

⁶¹ Spirit Filled Life Bible for Students. Jack W. Hayford. (Thomas Nelson Publishers, 1995), Mark, 8: 27-38.

Like many of us today, Peter could not fathom a Messiah who could suffer and die, much less one who intended to do so. When Christ revealed His fate to the disciples Peter confronted Him. But in return, Christ rebuked Peter saying, "Get behind Me Satan! For you are not mindful of the things of God, but of the things of men." Peter did not understand God's plan, that it was only by dying Himself that Christ could conquer death.

A suffering Savior contrasts sharply with the modern attitude which sees death as a sin and preserves life at all costs, just as it did with Peter's concept of a strong and successful Messiah. But Christ was not a victim of death, as we understand it today. Karl Barth, a modern dialectical or neo-orthodox theologian, wrote that the true majesty of God is revealed in the humiliation of the cross.⁶² The resurrection, however, reveals and proves that Jesus' death is not failure and final death, but victory and eternal life. He came with the *intent* to suffer and die. In doing this, Christ is not only able to identify with our own experiences of suffering and death, but He meets us in death. He died and descended into Hell, and therefore He is also in Hell itself. What does this mean for us? It means that even in the midst of our deepest, darkest suffering, Christ is there. It means that when death comes to us, as it inevitably will and must, we no longer have to hide because we can see God in, with, and under it.

It is also important to understand that Christianity does not take away our fear of suffering, but it does make us less afraid of death itself and makes it possible for us to bear it. Even Jesus was afraid. In the garden of Gethsemane, the night He was to be betrayed by Judas and arrested, Jesus struggled with His fear and prayed: "O My Father, if it is possible, let this cup pass from Me."⁶³ Jesus' cry at the cross, "My God, My God,

⁶² Karl Barth, Church Dogmatics, IV/2, 25.

⁶³ Methew 26: 39

why have You forsaken Me?”⁶⁴ reveals that not only did Christ experience suffering, but abandonment by God as well. Jurgen Moltmann, a modern systematic theologian, writes that what happens on the cross “...reaches into the innermost depths of the Godhead, putting its impress in the Trinitarian life in eternity.... On the cross the Father and the Son are so deeply separated that their relationship breaks off. Jesus died without God – godlessly.”⁶⁵ As did His suffering, Christ’s feeling of abandonment became a part of God’s identity when Father and Son were reunited in the resurrection, and therefore that feeling is another part of human experience that God is able to share with us. God does not make death good or easy, but He does promise to be there with us, as Stanly Hauerwas wrote, to sit with us on the “long, mourners’ bench.”⁶⁶ In this way, God makes possible what is otherwise impossible, or as Kübler-Ross said, inconceivable: facing our own death.

Baptism is the way in which humanity enters into Christ’s death. In baptism, our old identity dies and we are given a new identity in Christ. Paul wrote in his letter to the Romans,

Therefore we were buried with Him through baptism into death, that just as Christ was raised from the dead by the glory of the Father, even so we also should walk in newness of life. For if we have been united together in the likeness of His death, certainly we also shall be in the likeness of His resurrection.⁶⁷

Not only do we receive a new identity, but Christ’s death is also a communication of new life. McGill writes that since Christ’s identity is identical to God’s, it is therefore God’s

⁶⁴ Mathew 27: 46.

⁶⁵ Jurgen Moltman, *The Trinity and the Kingdom of God: The Doctrine of God*, (London: SCM Press, 1981), 81-82.

⁶⁶ Stanly Hauerwas, *Naming the silences: God, medicine, and the problem of suffering*, (Grand Rapids, MI: Wm. B. Eerdmans, 1990), 29. Full quote: “Again the throb of compassion rather than the breath of consolation: the recognition of how long, how long is the mourners’ bench upon which we sit, arms linked in undiluted friendship, all of us, brief links, ourselves, in the eternal pity.”

⁶⁷ Romans 6:4-5.

identity, or life, which is given to us in Christ's death.⁶⁸ This life is given so that it will nourish us. To ignore death, therefore, is to ignore God's sacrifice and gift of life. To refuse to accept death is a sin and a refusal to accept God.

The attitudes toward death covered in the second half of the previous chapter are all symptoms of sin. That sin is our avoidance of death, our attempts to *control* death. We can see now that only God has the ability to control death. Indeed, God frees us from our need to try to protect ourselves. We do not need to waste our lives on the accumulation of *stuff* that we hope protects us. As Langdon Gilkey wrote after his experience in a Chinese internment camp during WWII, it is only when we can get beyond these things that we are truly free to turn to our neighbors in love.⁶⁹ When we are constantly trying to protect ourselves, our focus can only be ourselves. If we rely completely on God to sustain and protect us, then we can stand on God, rather than ourselves. This very wise advice came from Augustine who wrote, "Why do you stand on yourself, and thus stand not at all? Cast yourself on him. Have no fear. He will not draw back and let you fall. Cast yourself trustfully on him, he will receive you and he will heal you."⁷⁰ For McGill, this "standing on God" is "resting in neediness," which means that we trust only in God's ability to sustain us, rather than our own; all we need is God.⁷¹ Dietrich Bonhoeffer, a nineteenth-century theologian wrote:

One must completely abandon any attempt to make something of oneself, whether it be a saint, or a converted sinner, or a churchman. In so doing we throw ourselves completely into the arms of God, taking seriously, not

⁶⁸ McGill, 70.

⁶⁹ Langdon Gilkey, *Shantung Compound*, (New York: HarperSanFrancisco, 1975).

⁷⁰ Augustine, *The Confessions of St. Augustine*. (New York: Image Books and Doubleday, 1960), Book 8, chapter 11, verse 27.

⁷¹ McGill, 83.

our own sufferings, but those of God in the world – watching with Christ in Gethsemane. That, I think, is faith.⁷²

Like Augustine, Bonhoeffer says we must put complete faith in God and stand only on Him, and like Gilkey, he says that this is the only way we are able to take seriously the suffering of our neighbor and the world.

Christianity's unique relationship with death gives it an equally unique capacity to meet the modern need for a way to cope with death. It allows us to bear death by helping us to look through our own suffering and death to see Christ in the center of it all.

Because He died, Christ is there in the darkest parts of human experience. He does not take those experiences away, but He is there to experience them with us – we are not alone. God is on our side, standing right there in the midst of our suffering for *us*.

⁷² Dietrich Bonhoeffer, Letters and Papers from Prison, ed. Eberhard Bethge, (SCM Press and Macmillan Publishing Company, 1971) 369f, cited in Renate Wind, Dietrich Bonhoeffer: A Spoke in the Wheel, trans. John Bowden, (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 1990), 170.

V. DEATH AND DIGNITY

Many people today believe that there can be no dignity in death. It is obvious from our previous explanation of the bronze dream that the bronze people share this attitude, since to them, death is failure and the destruction of everything that is good. To them, death is the “obliteration of everything human” and a “gross indignity.”⁷³ Since all meaning and value are placed exclusively on life, it would be impossible to try to find dignity in death. Such an attempt to give death meaning would, in the eyes of the bronze, actually deny the dignity of life.

As previously discussed, some people, such as the bronze, would do anything to avoid the indignity of death. Therefore, it is interesting to find that death with dignity is often associated with euthanasia. In fact, the subject index of DeSpelder’s book references the two together: “Death with dignity. See Euthanasia.”⁷⁴ Under the subject “Euthanasia” we are then directed further to the subject “Appropriate death.”⁷⁵ Timothy Quill, again, exemplifies this attitude. Since natural death is such a gross indignity and anti-human, he argues that an act of euthanasia, or PAS, is the only “humane alternative.” In other words, only when it is under our control, under our terms, and within our expectations can we call it a dignified death. “One of medicine’s most important purposes” writes Quill, “is to allow hopelessly ill persons to die with as much comfort,

⁷³ McGill, 17.

⁷⁴ DeSpelder, 644.

⁷⁵ DeSpelder, 645.

control, and dignity as possible. ...comfort care should result in a tolerable death, with symptoms relatively well controlled, for most patients.”⁷⁶

This statement is an excellent example of the modern concept of dignity. It seems to be a widely-held belief among people in modern, Western societies that our dignity is found in our autonomy. It is the capacity to be rationally self-determining which sets humankind apart, and is the ground of dignity. To lose control, therefore, is to lose dignity.

Sherwin Nuland argues, on the other hand, that there is no hope for dignity in death. For him, “death” means strictly the medical process of dying. What can possibly be dignified about the biological failure of bodily functions? Nuland believes that the ideal “good death” we are all looking for is only a myth. He describes an experience he had with a forty-three year old attorney whose mother had died of breast cancer, of which she herself had recently been cured. She was extremely upset because she felt her mother had not been able to die with dignity.

“My mother died in agony,” she said, “and no matter how hard the doctors tried, they couldn’t make things easy for her. It was nothing like the peaceful end I expected. I thought it would be spiritual, that we would talk about her like, about the two of us together. But it never happened – there was too much pain, too much Demerol.” And then, in an outburst of tearful rage, she said, “Dr. Nuland, there was no dignity in my mother’s death!”

My patient needed a great deal of reassurance that there had been nothing unusual about the way her mother died, that she had not done something wrong to prevent her mother from experiencing that “spiritual” death with dignity that she had anticipated. All of her efforts and expectations had been in vain, and now this very intelligent woman was in despair. I tried to make clear to her that the belief in the probability of death with dignity is our, and society’s, attempt to deal with the reality of what is all too frequently a series of destructive events that involve by

⁷⁶ Quill, 1380.

their very nature the disintegration of the dying person's humanity. I have not often seen much dignity in the process by which we die.⁷⁷

Not only does Nuland reject the idea of death with dignity, but he also suggests that intelligent people should know better than to believe in such a myth. "The quest to achieve true dignity fails when our bodies fail."⁷⁸

In this sense, Nuland is saying there can be no modern *ars moriendi* because it is practically impossible to "die well:"

... *ars moriendi* is nowadays made difficult by the very fact of our attempts at concealing and sanitizing – which result in the kinds of deathbed scenes that occur in such specialized hiding places as intensive care units, oncology research facilities, and emergency rooms. The good death has increasingly become a myth. ...The chief ingredient of the myth is the longed-for ideal of "death with dignity."⁷⁹

The only dignity we can hope for, he says, is in the memory we leave of the lives we led with those who loved us. Here again we find the belief that there is only dignity in life: "The dignity that we seek in dying must be found in the dignity with which we have lived our lives. *Ars moriendi* is *Ars vivendi*: The art of dying is the art of living. ...Who lives in dignity, dies in dignity."⁸⁰ Therefore, living well results in dying well. If there is only dignity in life, however, is there any hope in death?

For many people in the Middle Ages, hope came from religion, belief in the afterlife, and a reward and meaning for our suffering in life. Faith meant a radical trust in God and it was in that trust and faith that hope was found. Dr. Nuland comments that people in the Middle Ages, who believed in *ars moriendi*, had no other choice but to accept death and let it happen. Once certain symptoms appeared there was nothing else

⁷⁷ Nuland, xvi-xvii.

⁷⁸ Nuland, xvii.

⁷⁹ Nuland, xvi.

⁸⁰ Nuland, 268.

that could be done. This is indeed true: the people of that era did not have the technology and capabilities we have today to control (or at least what we think is control) death. Their only choice was to surrender themselves to and be at peace with God. Taylor writes that in the time of sickness,

Now is the time in which Faith appears most necessary, and most difficult. It is the foundation of a good life, and the foundation of all our hopes: it is that without which we cannot live well, and without which we cannot die well: it is a grace, that then we shall need to support our spirits, to sustain our hopes, to alleviate our sickness, to resist temptations, to prevent despair: Upon the belief of the articles of our Religion, we can do the works of a holy life; but upon belief of the promises, we can bear our sickness patiently, and die cheerfully.⁸¹

But today our understanding and fear of death has reshaped our definition of hope. We find false hope in the things which support our attitudes toward life and death such as our own autonomy and our own ability to be rationally self-determining and to control ourselves and what happens to us. We believe in the power of modern technology and science, and while there is no argument about their wondrous abilities to save and prolong life, they can also destroy life and prolong dying. "The dignity of death may be devalued amid technology focused exclusively on the biological organism."⁸² We also seem to have unending faith in our doctors and hospital staff. Dr. Nuland comments that

A young doctor learns no more important lesson than the admonition that he must never allow his patients to lose hope, even when they are obviously dying. Implicit in that oft-repeated counsel is the inference that a patient's source of hope is the doctor himself, and the resources he commands; thus, only a doctor has the power to offer hope, to withhold it, or even to take it away. Only the doctor has the power to offer hope.⁸³

⁸¹ Taylor, 201-202.

⁸² DeSpelder, 12.

⁸³ Nuland, 222-223.

This seems to be the general feeling among patients in Dr. Nuland's experience, but he admits that this is not the whole story. Indeed, he says that what patients are really looking for from their doctors is the hope that some last-minute discovery will produce a miracle cure, or that a new procedure will prove to be more effective in initial studies. It is the hope for some kind of medical advancement to swoop in at the last minute and save them from the brink of annihilation. This form of hope, though, is too often only a deception which makes accepting death even more difficult in the end. "In this high-tech biomedical era," writes Nuland,

When the tantalizing possibility of miraculous new cures is daily dangled before our eyes, the temptation to see therapeutic hope is great, even in those situations when common sense would demand otherwise. To hold out this kind of hope is too frequently a deception, which in the long run proves far more often to be a disservice than the promised victory it seems at first.

He asserts that as patients, families, and even as doctors, "we must find hope in other, more realistic ways."⁸⁴

Ultimately, Dr. Nuland gives us a few forms of hope which can give patients some measure of peace. One of the greatest promises of hope that can be made, he says, is the assurance that no one will be left to die alone. This is one of the aspects of *ars moriendi* that we should strive to recover. The terminally ill can easily feel abandoned in their final moments. But death should be a time to be with family, not prolonging suffering with futile attempts at rescue. And finally, Nuland reasserts that "The greatest dignity to be found in death is the dignity of the life that preceded it. This is a form of

⁸⁴ Nuland, 233.

hope we can all achieve, and it is the most abiding of all. Hope resides in the meaning of what our lives have been.”⁸⁵

Dr. Nuland’s points are all very good. We should indeed attempt to recover that aspect of *ars moriendi* which assures us we will not die alone, but surrounded by those who love us. And there is certainly a great deal of dignity in a life well-lived. However, there is still something more to be said on the issue of dignity and hope. There is more to be found in the medieval tradition of *ars moriendi*; there is an underlying dignity which we seem to be missing today. The ritual of dying well was about more than just the comfort of the presence of family and friends; it was about radical trust in God. It is true that medieval people had little choice once an illness took hold, but this is not to imply that they were *better* Christians in general. Nevertheless, in this one aspect of their lives they seem to have displayed more faithfulness than we do today. It is in this seemingly unquestioning faith that medieval people found dignity in death.

Perhaps it was because life was so horrible that many people were able to turn so willingly away from that life and toward God. The general opinion today seems to be that since the standard of living has so drastically improved, the old need for a relationship with God has changed as well. Life itself seems to be much ‘better’ than in the ‘old days.’ The medieval need for a relationship with God seems to have disappeared right along with the Middle Age’s horrible suffering. If we take this assumption at face value, perhaps we would think it is correct. But if we look deeper at the lifestyle outlined in the previous chapter, can we really say that suffering has disappeared? Of course we must admit the poverty, starvation, disease, war, and social injustices which still rage in other, less developed parts of the world. Even with this admission, though, most people,

⁸⁵ Nuland, 242.

especially the bronze people, are wont to say something like: 'surely these things do not exist in our modern, western civilizations.' Many of us, especially in America, believe that our own world, the world which is under our control, is virtually free of such tragedies. This of course, is not and cannot be the case. But even those of us who do not witness such suffering in our well-bronzed lives suffer a tragedy on a much more fundamental level. In our attempts to safeguard every aspect of life from death, we have cheated ourselves out of the dignity inherent in a relationship with God. Because we have convinced ourselves and believe that death is not a problem we need to face, many of us also believe there is no need for the old relationship with God. In reality, however, the life we so desperately defend is threatened by this modern, and very detrimental, attitude and behavior.

The previous chapters have shown us that the need for a relationship with God is just as present in the modern world as it was in the Middle Ages. The difference is that medieval people seem to have understood the solution, whereas we seem to have missed it. The answer is just as Augustine said: either we stand on God or we do not stand at all. True dignity is found in the recognition that we are finite, the acceptance of our destiny, and the ability to stand where we are supposed to stand. Bonhoeffer asks the question, "Who stands his ground?" "Only the man" he assures,

...whose ultimate criterion is not in his reason, his principles, his conscience, his freedom or his virtue, but who is ready to sacrifice all these things when he is called to obedient and responsible action in faith and exclusive allegiance to God. The responsible man seeks to make his whole life a response to the question and call of God.⁸⁶

Christianity sustained people in the Middle Ages, and it can still sustain us now.

⁸⁶ Dietrich Bonhoeffer, Prisoner for God: Letters and Papers from Prison, (New York: The Macmillan Company, 1961), 15-16.

VI. CONCLUSION

I hope to have shown in this thesis that because of the death and resurrection of Christ, Christianity is uniquely equipped to respond to the overwhelming fear of death in modern, Western society. The wide-reaching presence of this fear was demonstrated by comparing two time periods, the present and the Middle Ages.

First, we examined the statistics of death in the Middle Ages and in modern, Western, industrial countries which demonstrated the significant difference in mode and frequency of death and the impressive degree of control we have attained over the old leading causes of death. The comparison of the objective and subjective experiences of death in each period revealed a radical shift from the medieval ability to accept death calmly and with seemingly complete faith in God, to the modern inability to face death and wide-spread desire to avoid and deny it. We have also seen that these tactics of avoidance all add up to nothing in the end. A closer study of American attitudes toward death and their effect on lifestyle reveal the high cost of our avoidance, which is that our fear takes over the lives we try so hard to protect. Finally, we discussed Christianity's unique relationship with, and ability to respond to death because of Jesus' death and resurrection.

These studies outline the modern problem with accepting and facing death, as well as the solution to that problem. The solution is that we must learn to accept our

finitude and have faith in God. Amazing things have been achieved in the last century. However, the radical freedom, or control, many of us believe we have is merely a deformed freedom because we will never be free from our finitude – death comes to us all. The only freedom we truly have is to choose God. Anything else is an illusion. We must allow ourselves to receive Christ and His promise into our lives again. It is only in our faith in Him that we are able to bear death and find dignity.

Personal Experience

Even though the studies of Elisabeth Kübler-Ross and Arthur McGill are a little dated, their observations are still valid today. Indeed, my own experiences with death demonstrate their validity. First, my experience demonstrates the displacement of death from the young to the old – all three experiences involve elderly people. Second, death was unfamiliar to me; I was already a teenager by the time I had my first, memorable experience of death. Third, that death has been displaced from the home – my grandmother lived far away from my family and when she got sick, we hired others to take care of her. Fourth, I clearly tried the tactics of denial and avoidance. Fifth and finally, every one of my experiences with death thus far have been dictated by fear.

Like any member of the American bronze culture, I grew up well-sheltered from the experience of death. The first experience I can recall with any real detail was when my grandmother died. I was already a teenager. She was diagnosed with Alzheimer's disease when I was still fairly young. Since we lived two hours away we had not seen her as much as my other grandparents who lived just a few blocks away. That changed after the diagnosis as my mother made more and more frequent visits.

I didn't dread going to visit her at the home we had put her in – I wanted to be brave and mature. But there was still a feeling of reluctance when the time came to step into her room, a dread of seeing just how much the disease had progressed since the last visit, and of seeing the pain and sadness in my mother's eyes. Somehow, even though I could see my grandmother's decline, part of me wanted to detach from the whole thing, as if not thinking about it would cause time, life, and even death, to stand still until the next time I was forced to think about it. Despite my greatest efforts at denial, however, my grandmother did eventually pass away; she was eighty-six years old.

Even at the funeral I tried to give my tactics of denial one last chance. I did my best to hide my emotion as long as I could, because I did not want to appear *too sad* (in reality this did not last very long at all, but at the time, I imagined I was achieving some amazing and honorable feat). I busied my mind with things that would not make me sad, such as fussing about my hair, my clothes – *anything*. I even avoided making eye contact with others who were “too sad.” Even as I imagined that I was in complete control of myself, however, I was completely out of control. Doing everything I could think of to avoid thinking about my dead grandmother consumed my mind so completely that it was essentially the only thing I could think about.

The one thing that terrified me the most was the fact that her dead body lay in the casket at the front of the room. In an effort to remind myself not to look at it, I kept looking at it – sneaking peaks around groups of mourning family members. Dr. Nuland says this is a natural reaction because “We are irresistibly attracted by the very anxieties we find most terrifying; we are drawn to them by a primitive excitement that arises from

flirtation with danger. Moths and flames, mankind and death – there is little difference.”⁸⁷ I seem to have been an excellent example of Nuland’s theory.

Then, someone asked my sisters and me if we would like to look in the casket. With twisted feelings of both horror and intrigue, I walked up slowly with the resolve to not actually look at the body, and staring right at it anyway. I looked for only a moment, but the image of my grandmother’s shrunken body is a haunting one which remains with me even to this day.

In a few months it will be two years since my second experience of death when my great-grandmother died – she was ninety-?. Even with five years after my first experience, I was relieved when I saw the closed casket, and even more so when my parents said we did not have to attend the grave-side ceremony.

My most painful experience with death occurred just a few months before my great-grandmother died, and did not even involve medical death, but the process of dying. In January of 2003 I took a course called “Changing the World, Justice, Action, and the Meaning of Life.” One of our projects involved visiting a patient in hospice once a week, learning about their lives, and what they thought about the meaning of life now that they were at the end and could reflect back on it. It was one of the most life-changing experiences I have ever had. I visited with Mrs. B, a woman who became very dear to me in only one month’s time. She was a very intelligent, clear-witted woman and she taught me a lot about appreciating life. At the end of my class and our project together, I promised to continue to visit whenever I had the chance. I kept this promise for a few months, but as the new semester progressed, our visits became further and further apart. I

⁸⁷ Nuland, xv.

began to notice that Mrs. B was beginning to become less and less cognizant. Her mental state was deteriorating and she became more and more confused.

The end of the spring semester finally rolled around and I had not visited Mrs. B in almost three months. I decided to surprise her and brought my sisters to meet her as well as my flute to entertain her and the other residents. I did not know this would be our last visit. Although she was overjoyed to see me, she was confused about where she was and what was happening to her. She begged me to take her home, and demanded to know why I never came back and why we were doing this to her. I tried to comfort her and told her I was sorry, that I was here now, though I didn't know what she thought "we" (who are "we?") were doing to her. The nurses told me she had recently taken a turn for the worse, and that her mental state was beginning to deteriorate. The calm, composed, intelligent person I had known only a few months earlier had been replaced by a confused, paranoid, and terrified version of herself. She refused to take her meds, cried often, and no longer really recognized who I was.

I tried for a while to get her to remember me, and to calm her down, but she only became more agitated and upset. I had no choice but to leave, tears streaming down my cheeks. What had happened? Was it my fault because it had been too long since I last visited?

I left Mrs. B that day, her words echoing in my ears, "Why didn't you come back? ...please... please help me!" I was terrified because I had no idea how to help her, and I didn't think I was strong enough, or the right person to do it.

For many reasons, none of them good, I never went back. That was the last time I saw Mrs. B. To this day, I wish that I had tried again, but I was too afraid of what I would find if I did.

The fear of death is very real. It is as real today as it ever has been. While Christianity does not promise to remove all of our fear, it does promise to help us deal with it. It allows us to look beyond our fear, to look straight into the midst of death and see Christ there waiting for us, offering us hope.

Hospice

Although the need to face the problem presented in this thesis is still very great, new movements in recent years have started to show a greater awareness to the subject of death. Palliative care and Hospice care are two such movements that have taken up the cause of compassionate care of the dying. Partially to the credit of Elisabeth Kübler-Ross's study, these movements are a response to the all-too-frequently *medical* treatment of death in hospitals. That is to say, the dehumanization of death, already discussed, by modern medicine and technology, as well as the medical staff's own desire to avoid and hide from death. More doctors and nurses have begun to recognize that tending to the emotional needs of patients and their families is just as important as tending to their physical needs.

Palliative care is one of these "total care" movements which focuses mainly on pain relief, in terms of symptom control for those whose diseases are not responsive to medical treatments, as well as the relief of suffering in all its various forms.⁸⁸ DeSpelder writes that "Palliative care embodies the idea that the ultimate goal of medicine must be

⁸⁸ DeSpelder, 126.

healing rather than *curing* disease.”⁸⁹ Now, rather than seeing the patient mostly in terms of their illness, their personal story is given much more significance and value.

Another total care movement is Hospice, but unlike Palliative care, it has Christian roots. It comes from early church customs of hospitality and welcome of pilgrims and travelers.⁹⁰ Some of these hospices were formed as early as the fourth century and, as in the present, served as care centers for the sick and dying. Those who died in their care were honored as “spiritual pilgrims who were close to God.”⁹¹

Hospice shares many of the same goals as Palliative care, but is more specialized for the care of patients with terminal illnesses. St. Christopher’s Hospice, opened in England in 1967, played an important role in the development of modern hospice care which strives to provide adequate pain control, treat both the patient and the family, and achieve the best quality of life possible for the patient before death. DeSpelder wrote that “Hospice reflects the belief that, even when no further treatment of a disease is available or appropriate, something more *can* be done by relieving pain and other discomforting symptoms and by creating an environment wherein dying can take place amid familiar faces and surroundings.”⁹²

Since the opening of the first American Hospice in New Haven, Connecticut in 1974, these total care facilities have become increasingly more common. This fact reflects the change in attitude from preserving life at all costs to maintaining the quality of life. As promising and encouraging as these total care movements are, however, they do not solve our problem; they do not completely meet the need. They cannot, because

⁸⁹ DeSpelder, 127.

⁹⁰ DeSpelder, 128.

⁹¹ DeSpelder, 128.

⁹² DeSpelder, 129.

these programs are still this-worldly organizations. Indeed, they demonstrate that some people have begun to respond to the problem of how death is dealt with today, but they cannot take us to the level to which Christianity takes us. Hospice programs promise to make the process of dying less painful and surrounded by familiar faces and things. God, however, promises to be there with us in the midst of death itself. That is somewhere hospice can never go. Total care programs are wonderful in what they accomplish, yet they will always remain finite and limited.

Practical applications of this study

It may be asked at this point, “what is the benefit of this study?” The answer is that once we are able to accept our finitude and put our faith in God, rather than ourselves, we are then free to live life not dictated by fear. Indeed, people who have understood this often become leaders for others. An excellent example is Pope John Paul II.

The will of the last Pope was recently read. It contains a passage which says the Pope died owning nothing. Of course there is the obvious monastic meaning to this, that everything the Pope had belonged to the Church. But there is another interpretation which is pertinent to our study, and that is that we cannot take anything with us beyond the grave. We leave the way we came, with *nothing*. In other words, everything we work so hard to accumulate throughout our lives eventually amounts to nothing. As Luther wrote just before his death, “we are all beggars.”⁹³ Our modern ways of coping with death really do not help us cope with death at all. The underlying fear is growing every day. Christianity, though, does allow us to face death because we do not have to do it alone – God is there to experience it with us.

⁹³ John M. Todd, Luther: A Life, (New York: Crossroad Publishing Company, 1982), 370.

The Pope's death is an excellent example of the dignity which can be found in death. Rather than hiding from it, disguising it, or denying it, the Pope allowed his death to be a very public one. The whole world witnessed his incredible faith in God, his complete surrender to God, and his subsequent ability to face death with dignity. The death of Pope John Paul II is an example of the peace that faith in God can give us.

Come now, Queen of the feasts
on the road to eternal freedom!
O health, cast off the grievous chains
and lay low the thick walls
of our mortal body and our blinded soul,
that at last we may behold
what here we have failed to see.
O freedom, long have we sought thee
in discipline and in action and in suffering.
Dying, we behold thee now,
and see thee in the face of God.⁹⁴

Dietrich Bonhoeffer, 1961

⁹⁴ Bonhoeffer, 170.

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