minded that we need not anxiously substitute for an absent God; we learn again that we are not Messiah and that we need not accept that intolerable burden. But there is a Messiah, and the Messiah can be trusted. When we hear again the always stunning "Inasmuch . . . ," we are reminded that, if anyone is to be counted Messiah in our encounters, the one who suffers is. Looking heavenward, we will provide the best care we can, but we can let go of the anxious control we had conscientiously assumed. We can take ourselves a little less seriously. We can freely acknowledge the limits of our tools and our own limits. We can learn again a more carefree care.

A Final Word

"One final word," Coles' friend might say. "We said before that a prayer-formed people will not despise medicine. It may also be said that a prayer-formed people will not despise medical ethics, either. Only let them pray now and then. Prayer is not magic for decisions either, of course. It is not a technique to get what I want, even when what I want is an answer or a solution to a dilemma rather than a fortune or fourteen more healthy years. It is not a technology to be pulled out as a last resort when medical ethics has failed to tell us clearly what we ought to do. It does not rescue us from moral ambiguity. Part of what we know to be God's cause may still conflict with another part of what we know to be God's cause. You will still have to work hard, attending to cases, sorting out principles, identifying the various goods at stake, listening carefully to different accounts of the situation. Prayer does not rescue you from all that, but it does permit you to do all that in ways that are attentive to God and attentive, as well, to the relations of all that to God.

"In prayer," he says, "we not only commune with God but find new strength – new virtue – for daily life and for dying and caring for the dying. A wise teacher once told me that."

CHAPTER 6

"Why Me, Lord?": Practicing Lament at the Foot of the Cross

John Swinton

For a long time I have been fascinated by the question of human suffering. There is a sense in which the gospel is defined by suffering, both human and divine. Suffering sits at the heart of our redemption and at the center of our practices of faithful discipleship. Suffering and responding to human suffering are basic constituents of faithful discipleship and mission. The church is redeemed by a crucified God who suffers in and for the world God created (John 3:16). The church that is formed on the rock of a suffering savior is empowered to live out a story within which it is called to share in the sufferings of Christ (Col. 1:24). The church is sent out into the world to address suffering in all of its dimensions of ministry (Ps. 147:3). In terms of my own discipleship as someone whose vocation and ministry is to take on the responsibility of being a teacher, a preacher, and a theologian, I am called to use my pastoral and theological skills to enable the church to fulfill this fundamental missiological task creatively and faithfully.

Having said all of that, my interest in suffering is quite specific. I am not so much interested in asking and seeking to answer the apparently obvious question of why suffering exists, a question that I have argued elsewhere is unanswerable.[1] Rather, I am drawn to the wider

1. For an extended discussion on theodicy and human suffering, see John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids: William B. Eerdmans, 2007).

Unless otherwise indicated, all of the quotations from Scripture in this chapter are taken from the New International Version of the Holy Bible.

and I think more pastorally important question of what we as Christians are meant to *do* with suffering. Our tradition informs us that suffering is with us and that it will always be with us until the Lord returns and ends all suffering and death (James 5:8-9). Suffering is thus not simply a dislocated theoretical question or an intellectual problem that needs to be solved. Rather, the problem of suffering is a deeply practical one that requires responses of a particular shape and kind. Christians are called not to try to *explain* the existence of suffering, but to *respond* to suffering in ways that mirror God's ongoing response to suffering as revealed paradigmatically in the life, death, and resurrection of Jesus and the continuing practices of the church. God does not promise freedom from suffering, at least not in this life. But God *does* promise to give suffering a shape and a context that are potentially transformative.

Suffering Faithfully

One of the key observations of this book is that Western culture's understanding of suffering, particularly around end-of-life issues, has been significantly medicalized. It is difficult if not impossible to think of death, dying, and suffering without bringing medicine to mind. This is not in itself necessarily a problem. Nevertheless, valuable as medicine is, it can only answer *some* questions and offer relief within certain areas. The experience of suffering stretches the language of medicine and science to a point where it simply cannot contain the experience. And yet, the power of medical discourse continues to shape and form the experience of suffering for individuals and communities in significant ways.

Often the only language available to us when we encounter our sufferings is the language of diagnosis, treatment, and prognosis, which tends to point us away from the inevitability of death and the possibility that the suffering which Christians experience may be shaped by another story and may have quite different meanings and expectations attached to it in terms of a hoped-for outcome. The suggestion that runs throughout this book is that the key task for Christians is not to avoid suffering and death. Rather, the key task is to learn how to face such things faithfully and with the assurance that God is with

us and for us even as we suffer. Of course, this sounds more than a little strange to ears that are attuned to the curative expectations that we tend to place on medicine. Nevertheless, if the Westminster Catechism is correct when it states that "The chief end of man is to glorify God and enjoy Him forever,"[2] then surely the chief end of end-of-life care must be to enable people to glorify God and to enjoy him and his consolation even in the midst of suffering. As I put this point earlier in Chapter One, the goal is to live abundant lives even in the shadow of death. If this is so, then a primary task of end-of-life care will inevitably be *theological.* Medicine, of course, has an important part to play, but that part can only be played faithfully and effectively if it is enlisted in the theological task of ensuring that human beings can glorify God now and forever, quite apart from the limits placed upon them by suffering and impending death. Such a suggestion may sound like foolishness in a highly technologized medical setting where it is not always obvious that end-of-life care might and should be a locus for theological activity. But the apostle Paul has already warned us that we are called to a ministry of foolishness, so I imagine such dissonance is to be expected (1 Cor. 1).

In this chapter I would like to offer a theological challenge – or, better, a theological opportunity – to the providers and the recipients of end-of-life care. Using Luther's theology of the cross as a critical hermeneutic, I will offer a challenge and a possible alternative to the cultural triumphalism that is attributed to medicine and medical technology. In so doing I will call on Christian physicians and Christian patients to take seriously the resources of their tradition and to begin to recognize the potential of that tradition for creating a different yet complementary paradigm within which we can understand and respond to suffering and dying. This new paradigm does not in any sense exclude current end-of-life care practices. It is not intended as an attack on medicine. It is, however, intended as a significant challenge to medical *ideology*[3] – as it is shared by professionals and laypeople alike – that draws its self-understanding from dominant

2. The Westminster Shorter Catechism. This can be accessed online at http://www.reformed.org/documents/WSC.html.

3. That is, a position that favors one point of view above all others and that adheres to this point of view no matter what. The ideologue sees the world from a single point of view, and can thus "explain" it and attempt to "change" it.

cultural assumptions and expectations about health, suffering, and dying. Through critical theological reflection on the practices of medicine in the context of end-of-life care, I hope to offer a paradigm within which we can understand and begin to reframe the role and the goals of medicine in light of the mystery and power of the cross. Let us begin with a story: Lisa's story.

Lisa's Story

Dr. Daniel Rayson tells a story of a disturbing and, for him, profound encounter he had early on in his career with a young cancer sufferer.[4] Rayson was in the first year of a hematology/oncology fellowship when he met a young woman named Lisa. She was twenty-six years old and lived in Madison, Wisconsin. Lisa suffered from an aggressive adenocarcinoma. The cancer had "ravaged the left side of her pelvis [and had] caused cutaneous nodules to appear over her abdomen, and sprayed her lungs like buckshot." She had had various forms of chemotherapy and radiation treatment, but the indications were that none of it was working. Lisa was on "oxygen at 2 liters per minute continuously and . . . she took long-acting morphine, 60 mg, three times a day."[5] Lisa was the mother of two young children: a two-year-old boy, James, and a four-year-old girl, Chelsea. On paper, the future didn't look good.

None of this clinical and demographic information prepared Rayson for "the bubbly, bald woman who bounced across the room much as Tigger in the Winnie the Pooh stories. She skillfully managed not to trip over her oxygen tank, grabbed my hand with a firm grip, and laughed out, 'You must be Doctor Dan. I'm Lisa.'"[6] Precisely what Rayson had expected isn't clear, but it certainly wasn't this! Perhaps he had expected Lisa's mood to match the seriousness of the clinical diagnosis? But there was a lot of joy left in Lisa's life. The conversation continued:

4. Daniel Rayson, "Lisa's Stories," *Journal of the American Medical Association* 282, no. 17 (1999): 1605-6.

5. "Lisa's Stories," p. 1605.

6. "Lisa's Stories," p. 1605.

> "I hope you have some tricks up your sleeve because I have a feeling things aren't going as well as people tell me they are."
>
> "What do you mean?" I asked innocently.
>
> "Well, my hip pain is worse, and these lumpy-bumpies are getting bigger."
>
> She yanked up her T-shirt to demonstrate the purplish nodules that served as our barometer of the disease that was slowly eating away at her. Dutifully I took out my tape measure and noted the sizes, comparing them to what was found one month ago — all larger.[7]

Despite Lisa's flagging a real and growing concern that things were not going as well as she had hoped, Rayson's gaze remained firmly fixed on the pathology of the situation. Perhaps he assumed that he would be able to confirm or disconfirm her fears (i.e., offer hope) by measuring the size of the nodules and communicating the implications of their size to Lisa in terms of present and future treatment possibilities. But Lisa was not prepared to allow him to remain at a distance:

> In the midst of my measuring she started laughing again. "You look like a tailor with that old measuring tape, not a doctor. Every time my lumpy-bumpies get measured it reminds me of lining up my kids against the kitchen wall to see how tall they're getting. I use a red crayon for Chelsea and a blue one for James. At least they're growing faster than these things!"[8]

In drawing her family into the clinical encounter, Lisa opened up the wider dimensions of the meaning of her illness. Now the illness was more than measurable "cutaneous nodules." These symptoms began to take the shape of a family. Lisa's "lumpy bumpies" suddenly gained new meaning, and two of the things that provided that meaning had names: Chelsea and James.

Rayson focused on the clinical implications of the size of the nodules; Lisa drew her doctor close and reminded him that these nodules had implications that stretched far beyond the accuracy of his clinical diagnosis. But he didn't "hear" her. He assumed that hope — true,

7. "Lisa's Stories," p. 1605.

8. "Lisa's Stories," p. 1605.

meaningful hope – would be shaped and defined by his ability to identify and select the appropriate form of medical intervention. He was, of course, not wrong. Indeed, Lisa shared his faith in the promises of medical technology. It is certainly true that the cancer was progressing and that there was a need for a change in medical action. But that was not the only change that was required.

In the eyes of both the doctor and the patient, hope was not lost as long as there was the possibility of another intervention. Hope was defined in terms of technology rather than theology. Rayson continues:

> I left the room to confer with a number of senior staff. Their subtle shaking of heads filled me with foreboding, but as I reviewed her past therapies, I realized that one of the new drugs that was active in a number of different types of cancer had not yet been tried. The staff agreed it was worth a shot and I re-entered the examination room with a new sense of optimism. I explained the details of the medication's administration, the potential adverse effects and ways we would try to prevent them, as well as my hope that we would see the long-sought-for response that might begin to heal her.
>
> "Any questions?" I asked.
>
> "Let's get on with it, Doctor Dan. Sounds good to me. Can I get it today?"[9]

All was not lost. Hope was still possible. Lisa remained happy to allow her faith to remain with the doctor. But she did have one question:

> She started toward the chemotherapy unit, then stopped, turned, and laughed again. "You know, my best girlfriend said the weirdest thing last week. She told me about a girl she knew who died of leukemia. This girl had a couple of kids and she had written a bunch of stories for them to remember her by. My girlfriend said that I should do the same thing for my kids, but I don't think I'm that far gone, am I, Doctor Dan?"
>
> There was a moment of stunned silence. The clinic was busy, and I couldn't possibly talk to her in the hall about death and dying. I had attended many lectures on the importance of breaking bad news and the methods of doing so. None had prepared me to handle such a critical question posed as a seeming afterthought. Her smile was radiant.
>
> "No, Lisa, I don't think you're at that point," I replied. "I'm hopeful that this new treatment will work and that you will be able to spend a lot more time with your kids."
>
> "That's what I thought, Doctor Dan. Thanks. Now on to round three."
>
> As she limped off to the chemotherapy suite with her oxygen tank trailing behind her, she again turned briefly to flash me that huge smile, gave a quick thumbs-up, and was gone.
>
> Two weeks later, Lisa was dead.[10]

Lisa's story raises in a very vivid manner some key issues regarding the way in which those of us who uncritically share in the worldview of medicine can tend to frame and respond to issues of disease, dying, and death. In this case, rather than seeing serious illness as a polyvalent event that may not simply be a locus for the practice of restorative treatments, Rayson focused his clinical gaze on Lisa's pathology. This is not a personal criticism of Rayson as a physician. The overwhelming desire to cure and to prevent death is shared by many of us who have been deeply influenced by medical models of health and health care that dominate the worldview of much of Western culture. Nevertheless, in Rayson's encounter with Lisa there were strong indications that she wanted to move beyond the physiology of her condition and begin to explore the deeper meanings of her illness and how these meanings related to her life and to her dying. But Rayson and Lisa's optimism, spawned by faith in the power of technological intervention to save the day, took priority over the possibility that death may not merely be a medical failure and that enabling a good and meaningful death might in fact be a primary task.

The roots of the problems that Rayson and Lisa encountered go far deeper than inadequate skills of communication. What we have here is a fundamental clash of worldviews – a clash between what the patient sees as foundationally important and what they both assume to be the goals of medicine. This should not be interpreted as a clash between patient and doctor. The tension here is much more subtle. Rayson's

9. "Lisa's Stories," p. 1605.

10. "Lisa's Stories," p. 1605.

faith in medicine to help Lisa was clearly matched by her own expectation and faith that he could do what she assumed medicine could do. True, Rayson did not pick up on the subtleties of Lisa's introduction of the importance of meaning beyond her immediate suffering, but Lisa also seemed to have perceived it as being of secondary importance. The outcome, however, was that Lisa never got the chance to write her stories, and a vital aspect of her process of dying well was lost for her and for her family. In narrowly questing after cure and the relief of suffering as defined by the goals of medicine,[11] both of them missed a vital opportunity to explore crucial areas of Lisa's living and her dying.

Narratives of Restitution

Arthur Frank notes the ways in which contemporary Western culture's expectations regarding health and disease tend to be driven by what he calls "narratives of restitution." Restitution narratives have a basic story-line that goes something like this:

> "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again." This story line is filled out with talk of tests and their interpretation, treatments and their possible outcomes, the competence of physicians, and alternative treatments. These events are real, but also they are metaphors . . . of enacting a story line of restoring health.[12]

The restitution narrative finds its institutional voice in the practices of medicine and the rapidly growing expectations and faith that all of us have in medical technology to facilitate our movement from illness to health (with health understood primarily in terms of the absence of illness). This narrative finds its personal embodiment in the hopes and expectations that we have regarding the power of medicine to make us well. We turn to medicine when we want to understand

11. For a related discussion on the nature of the goals of medicine, see Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine* (New York: Oxford University Press, 2004).

12. Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995), p. 77.

what disease is and how we should deal with it in terms of treatment and recovery. The fact that suffering and death constantly defy and confound the practices of medicine is not something that we really want to spend time reflecting on. The illusion of immortality and the omnipotence of medicine are powerful culturally ingrained myths that sustain us, often even up to the point of our demise. Gary Myers notes how end-of-life medicine has a tendency to be driven by narratives of restitution that obscure end-of-life realities:

> When physicians use a strategy of restoration to respond [to patients' pleas for help], this ritual may initially organize and comfort patients by focusing them on available treatments, but it often delays or entirely prevents dying patients from receiving the prognostic information that they need in order to come to terms with their approaching death and to plan their end-of-life care.[13]

According to Myers, such narratives of restitution, particularly within end-of-life care, can easily "support patients' formation of optimistic illusions about the effectiveness of treatment and the possibility of cure."[14] The brief excerpt from Lisa's story offers a rather tragic example of the practical and personal implications of such a focus on restitution. Myers, reflecting on Lisa's story, puts the point thus: "Sadness, grief, anxiety, and despair are managed by ritualizing Lisa's dying as a treatable illness. Optimism is maintained at the cost of human significance."[15] If people are constantly told that there is a possibility of restoration and that hoping for such restoration is the most appropriate way to deal with their experiences of illness, how and where will they get the opportunity to think about what it might mean to tell other stories, including the story of dying well?[16] Where can a person find the

13. Gary E. Myers, "Restoration or Transformation? Choosing Ritual Strategies for End-of-Life Care," *Mortality* 8, no. 4 (2003): 376.

14. Myers, "Restoration or Transformation?" p. 376.

15. Myers, "Restoration or Transformation?" p. 379.

16. This criticism is not, of course, confined to medicine. Precisely the same arguments can be made against certain forms of Christian healing that clearly have drawn from cultural and medical assumptions with regard to expected outcomes and the assumption that "healing" and "cure" are the same thing. The problem is not medicine per se but the cultural assumptions that work themselves out unnoticed within healthcare (and Christian) practices.

resources that will enable her to encounter death and dying with a faith and a hope that are not dependent on the limited claims of human knowledge? Where can both physician and patient find the resources to begin to rethink and to challenge the culturally popular but theologically and practically problematic narratives of restitution? How can we be enabled to think about what it might mean to develop a different theory – or, perhaps better, a different theology that will bring with it a narrative of transformation that respects the importance of restitution but refuses to be bound or defined by it?

From a Narrative of Restitution to a Theology of the Cross

In reflecting theologically on the issues raised thus far, I find myself drawn to the significance of Martin Luther's theology of the cross as a critical theological hermeneutic that will help us understand something of the dynamics of the issue at hand. In reflecting on end-of-life care in light of the theology of the cross, we will be pointed toward revised and faithful practices which hold the potential for developing narratives of restoration that are cross-shaped and that have practical utility for both Christian practitioners and Christian patients. In what follows, I will begin by outlining Luther's theology of the cross and then draw out in more detail its implications for the way in which we imagine and reshape end-of-life practices.

Luther's Theology of the Cross (Theologia Crucis)

In his Heidelberg Disputation of 1518,[17] Luther outlined his understanding of "true theology" as being a theology of the cross. *Theologia crucis* assumes that the whole of human experience should be perceived as cruciform. Jesus is not encountered in a triumphalist escape from suffering. He is found, instead, in the midst of human suffering, paradigmatically on the cross, but contemporarily in all suffering. In a fascinating reversal of expectations about God and God's power, the

17. Gerhard O. Forde, *On Being a Theologian of the Cross: Reflections on Luther's Heidelberg Disputation, 1518* (Grand Rapids: William B. Eerdmans, 1997).

theology of the cross informs us that God's glory is revealed in precisely the places where we least expect God to be.[18]

Such a theology makes futile all human attempts to comprehend God through reason and logic. It points out that one of the problems for theology is that it looks for God in all of the wrong places. Luther's *theologia crucis* points us away from the places where reason assumes God to be and toward the hiddenness of God, which is revealed in strange places. Luther puts it this way:

> That person does not deserve to be called a theologian who looks upon the invisible things of God as though they were clearly perceptible in those things that have actually happened [Rom. 1.20]. . . .
>
> That person deserves to be called a theologian, however, who comprehends the visible and manifest things of God through suffering and the cross.[19]

Luther contrasts the theology of the cross with its opposite: the theology of glory. The theology of glory assumes that God is made manifest in acts of power and in systems (political and ecclesiological) that are perceived as strong and powerful according to human standards and definitions of such terms. A theology of glory has a similar premise to what Ernest Becker has described as "the denial of death."[20] A theology of the cross sees that we must go through death to receive the gift of new life.[21] While the theology of glory has always been attractive to the church, and to Christians, it is through a theology of the cross that we are enabled to move beyond our mistaken assumptions about who God is, how God manifests his power, and what the shape of true Christian discipleship actually is.

Working against the Theology of Glory In formulating the theology of the cross, Luther's initial target was medieval systems of theology

18. See 1 Corinthians 1:18-19: "For the message of the cross is foolishness to those who are perishing, but to us who are being saved it is the power of God. For it is written:

> "I will destroy the wisdom of the wise;
> the intelligence of the intelligent I will frustrate."

19. Forde, *On Being a Theologian of the Cross,* pp. 72, 77.
20. Ernest Becker, *The Denial of Death* (New York: Collier-Macmillan, 1973).
21. Forde, *On Being a Theologian of the Cross,* p. 18.

that sought, through the use of human reason, to claim an understanding of God and God's glory that was, in their perception, worthy of the name "God." As Robert Kolb explains, "These scholastic theologians sought to fashion . . . a God worthy of the name, according to the standards of the emperors and kings, whose glory and power defined how glory and power were supposed to look."[22] The systems of thought and the practices that emerged from them taught a form of glory that was drawn from human definitions of the term and that focused on such things as worldly success – human, ecclesiological, and political power, with *power* being defined primarily in terms of the ability of one group to dominate another and impose their will upon them.

Most troubling for Luther was the underlying assumption within such theologies that through the proper use of reason God could in some sense be "discovered." Not surprisingly, the god that theologians "discovered" in this way tended to bear a remarkable resemblance to those who were seeking after such a god, and this god's aspirations bore a remarkable resemblance to their political and ecclesiological aspirations! As Paul Althaus correctly points out,

> Natural theology and speculative metaphysics which seek to learn to know God from the works of creation are in the same category as the works righteousness of the moralist. Both are ways in which man exalts himself to the level of God. . . . Both use the same standard for God and for man's relationship to God: glory and power.[23]

Reason thus creates a god of glory made in the likeness of human beings or at least human aspirations. This god of glory is then used triumphalistically to shape the church and model the actions and practices of Christians.

Championing the Theology of the Cross The theology of the cross stands in opposition to the theology of glory. For the theologian of the cross, God is known in a different way:

> The theology of glory seeks to know God directly in his obvious divine power, wisdom, and glory; whereas the theology of the cross paradoxically recognizes him precisely where he has hidden himself in his sufferings and in all that which the theology of glory considers to be weakness and foolishness. The theology of glory leads man to stand before God and strike a bargain on the basis of his ethical achievement in fulfilling the law, whereas the theology of the cross views man as one who has been called to suffer.[24]

22. Robert Kolb, "Luther on the Theology of the Cross," *Lutheran Quarterly* 16 (2006): 446.

23. Paul Althaus, *The Theology of Martin Luther,* trans. Robert C. Schultz (Philadelphia: Fortress Press, 1966).

The theology of the cross finds God in exactly the opposite place from where theologians of glory might expect to find him. As Walter Von Loewenich puts it, "God reveals himself in concealment, God's wisdom appears to men as foolishness, God's power is perfected in weakness, God's glory parades in lowliness, God's life becomes effective in the death of his Son."[25]

The invisible things of God are hidden within or beneath their opposite, according to Douglas John Hall: "God's glory is indeed revealed in Jesus the Christ, but it is revealed as something completely antithetical to our preconceptions of divinity and glory."[26] God is both revealed and hidden, according to Robert Kolb:

> God is to be found precisely where theologians of glory are horrified to find him: as a kid in a crib, as a criminal on a cross, as a corpse in a crypt. God reveals himself by hiding himself right in the middle of human existence as it has been bent out of shape by the human fall.[27]

Most importantly for our purposes, Luther realized that earthly definitions of power, glory, suffering, and death were not definitive or prescriptive for Christians. The cross of Christ points toward a radical new reality and a profound reframing of power, glory, suffering, and death. God's glory is manifested in the mercy and love he shows for sinners on the cross. The chief goal of human beings is not to escape suffering and death, but to understand them differently and to become and remain reunited with God, who dwells in the midst of suffering. In Christ's

24. Althaus, *The Theology of Martin Luther,* p. 27.

25. Walter Von Loewenich, *Luther's Theology of the Cross* (Minneapolis: Augsburg Press, 1976), p. 11.

26. Douglas John Hall, *The Cross in Our Context: Jesus and the Suffering World* (Minneapolis: Augsburg Fortress Publishers, 2003), p. 5.

27. Kolb, "Luther on the Theology of the Cross," p. 449.

sufferings we discover a redemptive identification of God with suffering humanity. The shame and foolishness of the cross are the salvation of human beings.

The Cross as a New Reality

The theology of the cross provides us with a new and challenging understanding of the nature of reality. Despite appearances, the world does not really work the way our society and culture tell us it does:

> True reality is not what the world and reason think it is. The true reality of God and of his salvation is "paradoxical" and hidden under its opposite. Reason is able neither to understand nor to experience it. Judged by the standards of reason and experience, that is, by the standards of the world, true reality is unreal and its exact opposite is real. Only faith can comprehend that true and paradoxical reality.[28]

The eyes of faith challenge the seemingly self-apparent reality of the empirical world and call the Christian to trust in that which is hidden and contradictory. Everyday reality does not cease to exist. Christians still suffer and die. However, the meaning of suffering and dying is transformed by the knowledge that God in his true power suffers with and for humanity and incessantly calls humanity back to God's self, even in the midst of suffering:

> A theology of the cross . . . insists that God, who wills to meet us, love us, redeem us, meets, loves, and redeems us precisely where we are: in the valley of the shadow of death.[29]

In opposition to theologies that look through and beyond the cross to see what lies behind it and what underpins it (e.g., atonement theologies), the theology of the cross looks at the cross and there discovers God.

28. Althaus, *The Theology of Martin Luther,* p. 32.
29. See Hall, *The Cross in Our Context,* p. 34.

The Theology of the Cross and End-of-Life Care

Luther's theology of the cross can be enlightening in at least three ways with regard to our current discussion of end-of-life care:

1. First, it challenges Christian patients and health-care practitioners to reflect on the theological assumptions that may implicitly be embedded within their own practices and approaches to end-of-life care. Are we driven by an implicit or even an explicit theology of glory that focuses primarily on narratives of restitution and a particular, worldly understanding of medical power, or are we guided and challenged by a theology of the cross which focuses on the possibility not only that suffering may have deep meaning, but that it might in fact be a place where we encounter Jesus in new ways?
2. Second, it provides us with a powerful tool for constructive, critical analysis of the goals and practices of end-of-life care. This analysis will enable us to uncover aspects of contemporary popular assumptions about medical practices which, when challenged theologically and practically, become problematic.
3. Third, the theology of the cross points us toward a particular form of language that can facilitate the process of suffering faithfully and help us to continue to love God, self, and others and, perhaps, to praise God even in the midst of the most terrible storms.

As we look back on Lisa's story, it is not difficult to sense important resonances between the triumphalism of the theology of glory that Luther describes and the expectations that we as a society tend to place on the practices of medicine, particularly in its more technologized forms. The "glory" that we ask medicine to reveal does not, of course, require the presence of God for its achievement. In our expectations, the role of God is replaced by the role of the physician, with her practical wisdom and the armory of medical technology that is available to her. For current purposes I will refer to this implicit theology of glory as "glorious medicine."

The Wrongheadedness of "Glorious Medicine"

Glorious medicine is an approach to the medical task and to medical technology that can be shared by physicians and patients alike. It re-

flects an attitude, a hope, and an expectation that may be implicit in either particular medical attitudes or practices or in public expectations of what such practices can and should do in the face of serious illness. Such an approach is based on narratives of restitution, and accordingly it places great emphasis on the power of medicine to overcome illness and suffering and, by implication, death. Glorious medicine assumes that through the appropriate application of reason and technology it will be possible to progress toward the development of a cure for all diseases and the elimination of all suffering, perhaps not now, but certainly in the future. Like James and John wrestling with the other disciples in order to sit by Jesus' right and left hand in glory (Mark 10:35ff.), glorious medicine strives to use human power and reason to gain victory over death and to end suffering, tasks which theologically, of course, can only ever be achieved by God alone.[30]

Such an ideology of medical glory leads practitioners to engage in, and patients to expect, the utilization of various technological practices designed to initiate a particular and narrow perception of healing primarily centered on curative actions embedded within various narratives of restitution. Glorious medicine thus walks in parallel with the position and the assumptions of theologians of glory: *If human beings use their own powers well enough, all will be well.*

Changing the Subject This narrative of restitution assumes that the only truly glorious outcomes of a person's encounter with disease and suffering are cure and restoration. Anything less is implicitly or explicitly perceived as a failure. The inevitability of death is avoided by ascribing medical technology with endless salvific possibilities. In order to sustain its worldview, glorious medicine can only allow itself to see and respond to the signs and symbols that indicate victory over the enemy of disease, death, and suffering. This is at least partly why it is sometimes difficult to persuade the medical professions of the importance of the rather less tangible and noncurative aspects of care such as spirituality and spiritual care.

End-of-life care can therefore raise some difficult issues for those

30. See Isaiah 25:8 (KJV): "He will swallow up death in victory: and the Lord GOD will wipe away tears from off all faces; and the rebuke of his people shall he take away from off all the earth: for the LORD hath spoken it."

influenced by the worldview and expectations of glorious medicine. Because the perceived failure of death and the sought-after glory of medical intervention do not sit well together, glorious medicine needs to *change the subject* when it encounters the "failure" of terminal illness and the inevitability of death. Pain, suffering, fear, chaos, and confusion are certainly acknowledged as real. However, the way that pain, loss, fear, and confusion are interpreted and dealt with in a clinical context often draws the theological and spiritual sting out of their challenge by shifting the language from personal narratives of human experience to the rather more impersonal narrative of diagnostic criteria.

Glorious medicine takes the complex and messy experience of suffering and dying and re-forms it into a set of clinical categories that can effectively be managed through the use of reason and technology. Instead of developing a grammar of suffering that might enable clinicians to face such experiences head on, glorious medicine re-narrates the patient's experience and changes it into its own terms. As Gary Myers correctly observes,

> In order to provide comfort, physicians expropriate prognosis and curative treatments from their normal scientific function to construct a ritual that reframes the terrifying and helpless experience of dying into the more hopeful and manageable experience of fighting against a serious but potentially curable disease.[31]

The raw and disturbing language of suffering becomes translated into the language of diagnoses, signs, symptoms, and curative actions. Pain becomes a symptom; fear, confusion, and chaos become things to be medicated; the deep significance of the desire to write stories for one's children is overridden by the search for restitution. Rather than telling it like it is – "Yes, Lisa, you might die, and it may be worthwhile to start thinking about writing your stories" – the glorious physician draws the patient into a medical world that is full of promise and optimism. The patient's narratives of anger, hurt, confusion, and chaos are muted and distilled into a smooth set of procedures designed to restore, fix, and mend. The patient, of course, is not an unwilling participant in this kind of medicine. In fact, it is what most of us have come to expect

31. Myers, "Restoration or Transformation?" p. 381.

and indeed to desire. The problem is that often none of the hoped-for solutions are possible. Sometimes death is inevitable. But the loud voice of glorious medicine and the accompanying cultural expectations of the patient mean that this reality is easily sidelined and/or avoided. "That's what I thought, Doctor Dan. Thanks. Now on to round three!"

Striving to Be Strong As I have already suggested, a theology of glory is a theology of the strong. It assumes that God is powerful and glorious in the same way that human beings strive to be powerful and glorious. It looks for God only in places where God's glory is revealed in ways that match human assumptions about strength, power, and glory. It also assumes that the task of human beings is to strive for similar ways of being like God. That a similar process goes on within glorious medicine is witnessed to by the various military metaphors that are used to describe how medicine should interact with and respond to disease and death.[32] By framing disease and death as enemies to be battled against (e.g., the *war* against AIDS; the *battle* against cancer; the *fight* for life), glorious medicine shapes the experience of suffering and death into its own image and according to its own assumptions of how illness should be responded to. It calls for patients to be strong and stoic and suggests that they respond to illness in ways that are in line with its glorious intentions. As Deborah Erwin, reflecting on the experience of cancer, correctly observes,

> The medically militarized attitudes and norms which . . . [culture] . . . sanctions for patients and families in this assault to counter the cancer adversary are those of a stoic, brave, loyal, and romantically optimistic soldier. Even if death is the final outcome, Americans illustrate that they want and expect dignity, and maybe even glory.[33]

The patient and the physician are perceived as glorious warriors standing in solidarity with one another as they battle against the intruding forces of illness:

32. Susan Sontag, *Illness as Metaphor* and *AIDS and Its Metaphors* (New York: Picador, 2001).

33. Deborah Erwin, "The Militarization of Cancer Treatment in American Society," in *Encounters with Biomedicine: Case Studies in Medical Anthropology,* ed. H. A. Baer (New York: Gordon & Breach, 1987), p. 207.

> Cancer is an insidious enemy, perceived as an intruder from a foreign source (chemicals, pollutants, etc.) or a traitorous rebel trying to lead some kind of insurgency against the normal cells and tissues within the body. . . . A female patient with thyroid cancer refers to the cancer cells as "black, greedy little things that eat up everything in reach." Patients say that the cancer "preys on the weakest part of the body," and could "just lay dormant in your blood, then come back at you again."[34]

When suffering is understood as an assault to be defended against with all of one's power and strength, there is little room for the weakness, fear, lament, anger, and confusion that mark many people's experiences of death and dying. Instead, the patient is encouraged to stand shoulder to shoulder with the bearers of glorious medicine in the hope of a valiant death or, even better, a glorious healing: "Thanks. Now on to round three. . . ."

But death is rarely valiant, and healing often never comes. Pain is painful, suffering is real, and death is frightening. Glorious medicine cannot tell the truth and still retain its power. It has no narrative that might transform suffering without eradicating it. True, medicine has great power, and that power can be used to bring healing and the relief of suffering. However, that power is frequently revealed as foolishness in the face of the reality of death and the process of suffering and dying. We need something more than earthly power alone can offer.

The Wisdom of a Practical Theology of the Cross

The theology of the cross stands against glorious medicine in ways that allow us to enter the situation of the sufferer at a different level and view things from a different perspective. This new perspective is not an alternative to medicine. It is, however, a clear statement against the impingement of glorious medicine on both the doctor and the patient. The theologian of the cross (or perhaps we could even stretch that to the "physician of the cross") learns to discover God's glory in strange places. In faith she recognizes that while suffering can be a place of horror, it is also a place where Jesus is and can be found. The physician

34. Erwin, "The Militarization of Cancer Treatment in American Society," p. 207.

of the cross recognizes that suffering and death have transformed meaning in light of the cross and the resurrection. In so doing, she begins to see that a primary healing task is to enable suffering, dying people to know that God has not abandoned them. In the crucifixion, human beings paradigmatically abandoned God to suffering, shame, and the horrors of death on the cross. But the theology of the cross draws our attention to a profound reversal: On the cross humans abandoned God, but God refused to abandon human beings. The presence of the crucified Lord saturates human suffering; Jesus refuses to return the abandonment that humans inflicted on him.[35] This recognition transforms the goals of end-of-life care.

Because God is in the suffering (as opposed to only in the cure), the physician of the cross begins to notice aspects of her current practice that are problematic. Jesus sits in the midst of suffering, seeking to reconcile the sufferer with God and to sustain that relationship through suffering solidarity and the hope of redemption. The physician of glory battles to prevent and avoid death and suffering without actually looking at them. She therefore sees some things and misses others. The physician of the cross sees suffering as a place for practical theological reflection and action with a view to redemptive transformation; the physician of glory sees it as a locus for the practice of her restorative skills. Neither perspective is necessarily wrong. Indeed, both may be necessary. Nonetheless, knowledge of the latter without knowledge of the former leads to care that is seriously lacking in insight and healing potential. The physician of the cross sees that it is not possible to care fully for persons who are suffering and dying without recognizing the presence of Jesus with them.

The presence of Jesus with us in suffering is not simply a passive solidarity in the midst of trials and tribulations. If a man falls down a well, he does not want his "rescuer" simply to jump down into the well and sit beside him! The theology of the cross is first and foremost a theology of reconciliation and redemption. The cross reminds us that all is not well between human beings and God, and there is nothing we

35. Indeed, God's abandonment of Jesus on the cross is indicative of his presence with us. If sin causes Jesus' abandonment by God, and if Jesus' abandonment was vicarious (for us), then we can be assured that God will never abandon us, because sin has been effectively dealt with through the sacrifice of Jesus.

can do to fix the breach. Only the cross of Christ, a beautiful and startling act of divine grace, can achieve such a task. The fragmentation of the Fall is overturned at the foot of the cross. The disobedience of human beings finds its reply in the suffering obedience of Jesus. He is with us and for us in our suffering, seeing our brokenness and leading us back into right relationship with God even in the midst of tribulation. In other words, Jesus' presence within suffering is proactive, not passive. It is aimed at facilitating the redemption of the sufferer. *Jesus inhabits suffering for the sake of redemption.*

The recognition of the reality and purpose of Jesus' presence in suffering challenges the reductionism of glorious medicine and opens up the possibility that theological encounter and reflection in end-of-life care might be more than "an option," or a task that the physician automatically turns over to the chaplain. It may form a vital but often forgotten dimension of the clinical process — a dimension that patients often point us toward, but that we can easily miss when we fail to look at suffering. As Matthew 25 reminds us, ministering to the sick and dying is ministry to Jesus.

In a paradoxical way, the theology of the cross turns out to be a narrative of restitution. But the meaning of restitution in light of the cross is quite different. While not letting go of the hope and possibility of physical restoration, the theology of the cross is comfortable with acknowledging the situation as it is: death is death, and suffering is suffering. *The comfort and consolation of the theology of the cross comes not from naïve optimism or malignant stoicism, but from the knowledge that where there is suffering, there is God. And where God is, there is the hope of redemption.* A key task for physicians of the cross will be to recognize the presence of Jesus in the midst of suffering and to allow that knowledge to reshape and reframe their clinical encounters.

The Psalms of Lament as a Language of the Cross

Our reflections on the practices of "glorious medicine" in light of the theology of the cross have raised some important issues for the practice of medicine in general and in particular for Christians who seek to practice end-of-life medicine faithfully. To become a physician of the cross is to allow the knowledge of the presence and purpose of Jesus in

suffering to draw one's attention to the hidden practical theological dynamics that are a vital dimension of all clinical encounters. Thus far we have begun to indicate how the theology of the cross might function as a transformative theological underpinning for Christians working in end-of-life care situations. But what about patients? In what way might the theology of the cross be significant for Christians who are suffering and dying? In seeking to answer this question, I want to focus on a form of practice which is implicit in the narrative that we focused on earlier in this chapter and which emerges in an interesting way from our discussion of the theology of the cross: *the practice of lament.* In the closing sections of this chapter I will argue that lament, understood within the framework of the theology of the cross, offers a powerful pastoral practice that can bring healing and hope for those encountering the closure of their lives.

How Can We Sing the Lord's Song in a Strange Land?

In Psalm 137 the psalmist cries out from a situation of exile in Babylon: "How can we sing the Lord's song in a strange land?" God's apparent abandonment of the people of Israel draws out a deep lament that is marked by both faithfulness and real pain. Jerusalem seems a long way away. As he sits beside the rivers of Babylon, the psalmist longs for home, not knowing if he will ever again see it:

> By the rivers of Babylon we sat and wept
> when we remembered Zion.
> There on the poplars
> we hung our harps,
>
> for there our captors asked us for songs,
> our tormentors demanded songs of joy;
> they said, "Sing us one of the songs of Zion!"
>
> How can we sing the songs of the LORD
> while in a foreign land? (vv. 1-4)

This is a profound question that has important implications for end-of-life care.

In her book *Illness as Metaphor,* Susan Sontag observes, "Health and illness are like two different countries. If we are lucky, we spend most of our time dwelling in the first, though nearly all of us are, at some time or other, passport holders of both domains."[36] There is a tantalizing analogy between the situation of the psalmist and the situation of the one experiencing terminal illness. Both cry out to the Lord, "How can we sing the Lord's song in a strange land!?" One is exiled to Babylon; the other is forced to sing songs of worship in the strange country of illness. In both situations the idea of praising God in the midst of suffering and exile appears to be foolishness.

And yet, that is precisely what we as Christians are called to do. Furthermore, we are not only called to sing the Lord's song in strange lands; we are instructed to do so at all times! In Ephesians 6:18 the apostle Paul urges us to pray at all times, irrespective of our circumstances: "And pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind, be alert and always keep on praying for all the saints." In Psalm 34:1-3, the psalmist instructs us to praise the Lord at all times and in all circumstances:

> I will extol the LORD at all times;
> his praise will always be on my lips.
> My soul will boast in the LORD;
> let the afflicted hear and rejoice.
> Glorify the LORD with me;
> let us exalt his name together.

Like the theologians of glory, Paul and the psalmist urge us to focus on the glory of God. Unlike the theologians of glory, however, they do not see God's glory as relating to human power and wisdom or freedom from suffering or the struggle to avoid death. God's glory is to be acknowledged in prayer and praise, even amidst the ravages of suffering, affliction, and exile. Put slightly differently, Christians are called to worship, pray, and find solace in Jesus *in the midst of their suffering,* even when liberation and healing may not be possible. Both Paul and the psalmist point toward a theology of the cross wherein God is recognized by the sufferer in the midst of suffering in ways that enhance,

36. Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus & Giroux, 1978), p. 1.

support, and restore his faith and initiate an experience of the intimate presence of God. In praise and prayer God continues to call this person back into right relationship with him.

At one level this appears to be a ridiculous and unattainable goal. How can we be expected to pray and praise when our world is being undone by suffering, pain, and the threat of impending death? How can we praise God when all we really want to do is cry out in pain and agony for that which we have lost or are in the process of losing? It is precisely as we begin to ask these questions that we find ourselves intuitively drawn toward the psalms of lament.[37] In light of the suggestion that God is with us in our suffering, it is clearly not coincidental that God has also provided a language for expressing our suffering as we seek to encounter Jesus, who resides in the midst of our suffering.

Put simply, a lament is a cry or a repeated cry of pain, rage, sorrow, and grief that emerges in the midst of deep pain, suffering, and alienation. Lament suggests that the person who is lamenting has a genuine grievance. She feels that she has been done wrong and that the way she has interpreted God's promise and covenantal responsibility is not consistent with the way that things actually are. But lament is much more than complaint or catharsis. Lament is first and foremost a powerful form of prayer. It is a heartfelt cry to God to enter into the situation and bring about change. It is not an act of disbelief or faithlessness. Quite the opposite: Lament is directed to a God who is perceived as very real and who is worthy of both faith and praise.

Lament is faithful prayer. It is, however, a very particular form of prayer that is not content with soothing platitudes or images of a God who will only listen to voices that appease and compliment. Lament takes seriously the fact that God is the creator and that everything that happens in his world has divine significance and is a worthy subject for prayer. The practice of lament takes the brokenness of human experience into the heart of God and demands that God answer. *"How long will the wicked, O LORD, how long will the wicked be jubilant?"* (Ps. 94:3).

When it comes to suffering, disease, and dying, the psalms of lament tell it like it is. Psalm 6:1-7 is a striking example of that directness:

37. For a more complete development of this perspective on lament, see Swinton, *Raging with Compassion,* Chapter 5.

O LORD, do not rebuke me in your anger
or discipline me in your wrath.

Be merciful to me, LORD, for I am faint;
O LORD, heal me, for my bones are in agony.

My soul is in anguish.
How long, O LORD, how long?

Turn, O LORD, and deliver me;
save me because of your unfailing love.

No one remembers you when he is dead.
Who praises you from the grave?

I am worn out from groaning;
all night long I flood my bed with weeping
and drench my couch with tears.

My eyes grow weak with sorrow;
they fail because of all my foes.

Here we see the psalmist addressing head on the radical dissonance that is caused by disease, suffering, and the threat of death. He expresses surprise, dismay, and disappointment; he never expected this to happen to him! Lament allows the honest expression of pain, anger, sadness, and confusion. It provides a language for suffering that does not attempt to placate, avoid, or look past suffering. The psalmist looks suffering straight in the face in Psalm 69:3 and rages,

I am worn out calling for help;
my throat is parched.
My eyes fail,
looking for my God.

Importantly, lament enables us to know that we are not alone and that ultimately God has covenantal responsibility for our situation. Only God can save us — and he will, according to Psalm 69:29-36:

I am in pain and distress;
may your salvation, O God, protect me.

I will praise God's name in song
and glorify him with thanksgiving.

This will please the LORD more than an ox,
more than a bull with its horns and hoofs.

The poor will see and be glad —
you who seek God, may your hearts live!

The LORD hears the needy
and does not despise his captive people.

Let heaven and earth praise him,
the seas and all that move in them,

for God will save Zion
and rebuild the cities of Judah.
Then people will settle there and possess it;

the children of his servants will inherit it,
and those who love his name will dwell there.

Lament provides us with a language of hurt, pain, and outrage that speaks against the way that things are, but always in the hope that the way things are just now is not the way they will always be. Lament is thus profoundly hopeful. That is clear at the end of Psalm 13:

> How long, O LORD? Will you forget me forever? How long will you hide your face from me? How long must I wrestle with my thoughts and every day have sorrow in my heart? How long will my enemy triumph over me?
>
> Look on me and answer, O LORD my God. Give light to my eyes, or I will sleep in death; my enemy will say, "I have overcome him," and my foes will rejoice when I fall. But I trust in your unfailing love; my heart rejoices in your salvation. I will sing to the LORD, for he has been good to me.

Engagement in such a process of lamentation is a powerful healing practice that enables us to hang on to our humanity in the midst of apparent dehumanization and to emerge from the silence that is forced

upon us through our encounters with illness and suffering to a position of hopeful prayer and praise.

The psalms of lament provide us with a language that allows us to tell it like it is but still continue to worship God in ways that make even our experience of suffering faithful. In articulating the reality of pain and suffering within the context of prayer, the psalms of lament enable faithful sadness and a healing catharsis that need not slip into selfish moaning.

By giving voice to the terrible reality of the situation of suffering and the fear of dying, the psalms of lament make the experience real, but within a context where God is also real, present, and assumed to be active.

The Psalms of Lament as the Language of Praise and the Language of Jesus

Although Luther did not explore this connection in his work, the psalms of lament are deeply intertwined with the theology of the cross. Indeed, the psalms of lament form the language of a practical theology of the cross. In his *Prayer Book of the Bible,* Dietrich Bonhoeffer explores the role of the psalms in the life of the Christian. He argues that prayer is not something people do naturally. Just as the disciples asked Jesus how to pray, so also must we be taught how to pray. Bonhoeffer suggests that the Lord's Prayer provides a template for the shape of prayer, and that the psalms provide us with godly content for praying. The psalms, Bonhoeffer argues, are the "prayer book of the Bible." Prayer is not simply a human-oriented pouring out of one's heart. Rather, it means "finding the way to and speaking with God, whether the heart is full or empty. No one can do that on one's own. For that one needs Jesus Christ."[38] True prayer, then, is prayer that is spoken with Jesus and to Jesus. Bonhoeffer draws out what he means by this in an illuminating way:

> It can become a great torment to want to speak with God and not be able to do it — having to be speechless before God, sensing that every cry remains enclosed within one's own self, that heart and mouth

38. Dietrich Bonhoeffer, *Life Together* and *Prayer Book of the Bible* (Minneapolis: Augsburg Fortress Press, 1996), p. 155.

> speak a perverse language which God does not want to hear. In such need we seek people who can help us, who know something about praying. If someone who can pray would just take us along in prayer, if we could pray along with that person's prayer, then we would be helped![39]

For Bonhoeffer, the person who will teach us to pray at all times and in all circumstances is Jesus. And Jesus desires to teach us the language of the psalms. In the psalms, "we pray along with Christ's prayer and therefore may be certain and glad that God hears us."[40] The psalms are the prayer book of the Bible.

Such a suggestion raises some important issues. If the Bible is God's word given to and for human beings, then why does it require a prayer book? If the psalms were written hundreds of years before Jesus was born, how could he speak the psalms? Bonhoeffer argues that in the psalms, Christ was working in, through, and with the psalmists, building up God's people and pointing toward the cross and the resurrection (Acts 2:30ff.):

> In the Psalms of David it is precisely the promised Christ who already speaks (Heb. 2:12; 10:5) or, as is sometimes said, the Holy Spirit (Heb. 3:7). The same words that David spoke, therefore, the future Messiah spoke in him. Christ prayed along with the prayers of David or, more accurately, it is none other than Christ who prayed them in Christ's own forerunner.[41]

Like David, we pray the psalms with Jesus and with the words of Jesus:

> It is the incarnate Son of God, who [on the cross] has borne all human weakness in his own flesh, who here pours out the heart of all humanity before God, and who stands in our place and prays for us. He has known torment and pain, guilt and death more deeply than we have. Therefore it is the prayer of the human nature assumed by Christ that comes before God here. It is really our prayer. But since the Son of God knows us better than we know ourselves, and was truly human for our sake, it is also really the Son's prayer. It can become our prayer only because it was his prayer.[42]

39. Bonhoeffer, *Life Together* and *Prayer Book of the Bible,* p. 155.
40. Bonhoeffer, *Life Together* and *Prayer Book of the Bible,* p. 156.
41. Bonhoeffer, *Life Together* and *Prayer Book of the Bible,* p. 159.

The Christ who comes alongside us in our pain and suffering and who seeks to redeem and reconnect us with the Father speaks to us and with us in the rich language of the psalms. When we pray the psalms, we are using the language of God himself! In the psalms of lament, Jesus speaks out from his position within human suffering and provides us with a language and a life-world that enable us to tell it like it is. But these are also words that spring from heaven itself. In enabling faithful sadness and honest praise, the psalms offer a deep and moving language of the cross, recognizing the glory of God even when it is hidden in the depths of human pain, suffering, and death. Learning to pray the psalms in times of sadness and joy is learning to speak with the language of Jesus.

It is perhaps because of this that almost all of the psalms of lament end in praise. They initiate and sustain a movement from the depths of despair to the possibility of a life that is re-oriented toward the glory of God even when that glory is revealed in ways that disappoint us or do not meet our expectations. Psalm 3 (NASB) provides an example:

> But You, O LORD, are a shield about me, my glory, and the One who lifts my head.
> I was crying to the LORD with my voice, and He answered me from His holy mountain. *Selah.*
> I lay down and slept; I awoke, for the LORD sustains me.

Learning to lament in times of serious illness may be a forgotten yet vital end-of-life practice which, in a culture that is profoundly death-denying and keen to avoid or medicalize suffering, holds much potential for facilitating ways of dying that are healthy and faithful.

Practicing the Theology of the Cross

Perhaps if Lisa had been given the opportunity to lament, she would have written some wonderful stories that would have allowed her life to

42. Bonhoeffer, *Life Together* and *Prayer Book of the Bible,* p. 160.

end in a very different way. Maybe if Dr. Rayson's worldview had been shaped by a theology of the cross rather than by medicine's theology of glory, his continuing regret over his experience with Lisa would have been an experience he didn't have to endure. But their experience is not wasted if we can use it to God's true glory. If their experience challenges us all to think differently and to work through what it might mean to put the cross at the center of our end-of-life practices, then God's glory will be revealed in the midst of both of their sufferings.

If what I have been saying about the psalms is correct, then we should prioritize praying the psalms as a vital aspect of our spiritual devotions and a crucial pre-emptive element of end-of-life care. I am, of course, not attempting to make praying the psalms a form of therapy! The point is not that "the psalms are good for your health." Our praying of the psalms, including the psalms of lament, is an act of worship that expresses our deep love for God and our trust that he is with us and for us in all things. As Thomas Merton puts it, "The Church loves the Psalms because in them she sings of her experience of God, of her union with the Incarnate Word, of her contemplation of God in the Mystery of Christ."[43]

There is no question that this practice will be restorative and health-bringing if we define health as being in right relationship with God at all times and in all things. It will also bring insights into suffering and pain that will benefit patients and clinicians in deep and profound ways. But ultimately the point of the practice of praying the psalms is to recognize who God is and where God is when we hurt.

The Psalms in Clinical Practice

But is there a role for the psalms in clinical practice? That is a difficult question to answer. The language of the psalms in general and of the psalms of lament in particular certainly stands in sharp tension with the technological and restorative language that tends to dominate the medical/clinical discourse. Language of God and forms of transformation that do not necessitate freedom from disease and suffering sound

43. Thomas Merton, *Praying the Psalms* (Collegeville, Minn.: Liturgical Press, 1986), p. 9.

more than a little odd in a clinical context. And yet, such dissonance needs to be held in tension with the experience of patients.

For many people it is precisely the language of lament that captures the essence of their experience. Of course, people want to be cured, but they also want to have the full extent of their pain acknowledged. They want doctors to tell it like it is, and for their situation to be seen for what it is. They want doctors to look at their suffering and not always to look through it. Arthur Kleinman expresses it this way:

> What do patients most appreciate in the medical care they receive? Arguably, it is the attention that care givers devote to the experience of menacing symptoms and grave loss as much as technical interventions that improve outcome.[44]

By using or facilitating the use of the psalms of lament within a clinical context, the clinician is provided with a language of faith, hope, and transformation that is not normally available. Combine this with modes of clinical practice that seek to take seriously the practical theological implications of the theology of the cross, and there emerges the real possibility of models of end-of-life care that hold in creative tension the hope of physical restoration with the centrality of spiritual sustenance and transformation.[45]

For end-of-life clinicians, the theology of the cross and the practice of lament are potentially vital tools in terms of their own mental health and spiritual life. How do clinicians and others deal with their constant exposure to suffering, pain, and death? Where do they find answers to their own question: "Where is God in the midst of this suffering?" What do they do when they are confronted with situations that force them to face their own anger and confusion over the horrors they witness? How do they sing the Lord's song in this strange world of medicine?

An answer to these questions lies in the practice of lament. Lament

44. Kleinman, in Mary-Jo DelVecchio Good et al., *Pain as Human Experience* (Berkeley and Los Angeles: University of California Press, 1994), p. 13.

45. Perhaps we should move our focus away from medicalizing research, which is fascinated by whether or not prayer can heal, and begin to explore the possibility that prayer as it is made manifest in the practice of lament might have much more clinical utility.

has the potential to allow health-care providers to begin to pray and praise even when that is the very last thing they want to do. Lament will allow them to become honest and faithful Christians who see suffering, pain, and death not as opportunities to show off the latest medical technologies, but as loci for divine encounters within which the God who has broad shoulders absorbs the pain and the anger of the moment and stands with them as they stand in solidarity with the suffering patient. Lament allows clinicians to recognize that God is with and for them even in the midst of the darkest of sorrows.

Reflection on the theology of the cross has enabled us to gain some deep theological and practical insights into the nature and goals of end-of-life care. It has enabled us to locate God in the midst of suffering and has provided us with a language that can bring healing and transformation despite the ravages of illness. Jesus is with us and for us in all things. Our task as human beings is to learn how to stay in touch with him, and even to praise him at all times. Lisa never got to write her stories, but her own story has moved us to begin to rethink what it means to care, to suffer, and to die with faithfulness and hope.

CHAPTER 7

Practicing Compassion for Dying Children

Tonya D. Armstrong

What does it mean to practice compassion faithfully? Answering this question is difficult because the notion of compassion is in great need of clarification in the political, medical, and social discourse of contemporary America. The difficulty of answering this question and the seriousness of the need for clarification become even more evident if we consider the condition of dying children[1] and their families. Despite the difficulty, there are important theological resources for answering this question, resources that deserve careful consideration.

In this chapter I will briefly examine child mortality trends in the United States, the unique experiences of the dying child, and familial challenges of caring for a dying child. I will describe contemporary attitudes toward suffering and note the concomitant crisis of compassion in which we currently find ourselves. I will draw attention to a theological (that is, Christological) form of practicing compassion, rooted in the life of Jesus of Nazareth. Through exploring some theological and pastoral insights drawn from the Christian tradition, I will posit that the church is equipped and poised to show leadership in and to the world in the embodiment of compassionate practices toward children and youth, particularly those at the end of life.

Our ability to exhibit leadership, however, is dependent upon our

1. Unless otherwise noted, the term *children* used throughout this chapter refers broadly to persons from infancy to twenty-one years of age.

Unless otherwise indicated, all of the quotations from Scripture in this chapter are taken from the New International Version of the Holy Bible.

Living Well and Dying Faithfully

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