THEOLOGICAL TRENDS

Theology of Dying

M ICHAEL K. BICE, an Anglican priest and a doctor, writing in the July 1978 edition of the Journal of Religion and Health states that 'To die healthy means to die in wholeness'.¹ Such a notion is peculiar in the extreme. The common notion is that to die is unhealthy. An individual dies because he is terminally ill, aged or in old age. Yet Bice argues that the very derivation of the word 'health' shows that our notions of what is healthy and unhealthy are limited by tying it too closely with the physical body, since the word 'health' originates from the Old English hal, meaning whole, and we are more than a physical body.² Thus any understanding of a person as being a psycho-spiritual-somatic being entails the notion of health being applied to the individual in his totality. With such an understanding it is possible to conceive an individual being whole whilst his body degenerates. Bice writes:

To die healthy or to die whole means that as our body disintegrates, so the human spirit and our sense of well-being more and more assert themselves. As the dying person becomes more and more whole or holistic, he even embraces death. Death is accepted and not avoided.³

Such a concept allows one to see death not as being a source of alienation from society and oneself, but as the means of integrating oneself with one's self and one's environment in an ultimate motion of growth. The very notion of death as a limit which is both accepted and transcended is indicative of wholeness. One accepts that which is a given, for example, a terminal illness, whilst also accepting the fact that such a limit may be either a barrier or an horizon. To choose such a situation as a barrier is to be trapped within the confines of one's somatic plight. To choose the same situation as being part of the process of living is to see it as one would see any part of life. That is, one sees it as having potential for growth. Bishop John Robinson wrote as follows after being informed that he had anywhere from six to nine months to live:

This was pretty shaking, and the walk from the consulting room to our car seemed a very long one. But one adjusts. The main thing was that Ruth was with me, and the other thing was that it was totally out in the open.⁴

The Bishop goes on to write that after the shock had worn off he could reflect that '... six months is actually quite a long time. One can do a

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lot in six months'. He concludes that, 'So I began to sort out my priorities'.⁵ The activity of choosing priorities is a conscious allocation of time to that which one deems important. It is an activity in which growth is implied because one chooses to do that which will give maximum satisfaction. Thus the knowledge of one's death can be a spur to maximizing one's wholeness.

We also have to face a second common misunderstanding; namely, the confusion of the process of dying with the state of death. In 1974 the Hastings Center report *Death inside out* included an article by Robert Morrison entitled *Death: process or event?* in which Morrison argues that 'the common noun ''death'' is thought of as standing for a clearly defined event', whilst dying is 'a long-drawn out process that begins when life itself begins and is not completed in any given organism until the last cell ceases to convert energy'.⁶ That is, the event which is described as death is capable of definition only by taking an abstract concept and reifying it.⁷

What is just as much a problem is the confusion of the process with the event. That is, dying is a process which is an integral part of the human life-cycle whilst death is a state into which the living being declines. Yet death is frequently viewed as being a synonym for dying. Avery D. Weisman in his book *On dying and denying* writes that 'dying people are simply living people who have reached an ultimate stage . . .⁸. That is, the dying are living persons. Kübler-Ross's classical and seminal work *On death and dying*⁹ highlights the confusion in the title when she places death prior to dying. In her later collection entitled *Death: the final stage of growth*¹⁰ the same confusion is observed; namely, death is, ideally, the horizon toward which the dying person proceeds through the process of dying. Dying is the final stage of growth, not death, which by its very definition is a state of stasis.

What appears to be needed is a pastoral theology that emerges out of *praxis* in contrast to the usual theological method. That is, there should be a movement from *praxis* to *theoria* rather than the reverse. Such a theology would not only take note of the psychological, medical, sociological elements and forces at work within, and upon, the dying individual and his milieu but would emerge from these realities. Thus, for example, anger and depression as manifested in the dying individual would be viewed as an understandable and legitimate response to the confrontation with finitude, as Collopy¹¹ so eloquently articulates, but also the light side of such a confrontation. The work of Saunders,¹² Kübler-Ross,¹³ Stedeford¹⁴ and others, has shown that dying in the right milieu with empathetic support can be a process of maturation and fulfillment. To stress the dark side without accepting the light side is to distort the dying process, and vice versa. Because the process of dying is by definition uniquely individual, it must reflect the individuality of the one dying.

Hence the propensity of the process to be dominated by light or dark elements will ultimately be dependent upon the individual's response to the confrontation with his personal finiteness. Any pastoral theology of dying must not only reflect and articulate such aspects but illuminate them from a theological perspective.

The question to be faced at this juncture is whether or not it is possible to construct a pastoral theology that would not only emerge from, and be true to *praxis*, but would be theologically sound. For example, can one view death as being 'light' if it is to be viewed as a product of sin? Must it not be by definition limiting, dark, and destructive? Paul most assuredly accepts that death is a consequence of Adam. But at the same time he can write, 'Just as all men die in Adam, so all men will be brought to life in Christ . . .' (1 Cor 15,22). 'In Christ' is of great importance; for depending upon the exclusivity of our understanding of that principle, and, much more importantly, the ultimate manifestation of that principle in the *eschaton*, either few or many are already experiencing resurrected life. Those who are 'in Christ' as part of the new creation have already been through the process of dying in sin. For those who experience resurrected life as a present reality, dying is no longer a process to be dreaded, nor death a state to be feared.

Surely these two aspects of Pauline theology must be held in tension, not distorted or resolved. Death exists, and men and women must die through the process of dying. The protological dimensions of thanatology are important, for it is in the Adamic plight that we are confronted by what must be an existential reality for each individual; that is, we make our dying and death a product of sin, living for self and thus dying in sin, or dying and rising with Christ, that is, dying to self and thus rising with him. This is a process which begins this side of the grave and long before somatic dying occurs. This latter theme is found in the Johannine theology of death with its emphasis on resurrection as a state of being in the process of realization *ante-mortem* (e.g. Jn 11,25-26). Such a theology stresses both the existential plight of the believer prior to confrontation with the one who is 'the resurrection and the life' and the eschatological hope which is being realized after that appropriation of resurrected life.

This leads one to conclude that the area of study for a pastoral theologian is not death, but dying; that is, the concern of the pastoral theologian should be with the *praxis* of dying. It is important to recall Weisman's statement in *On dying and denying*, that 'dying people are simply living people who have reached an ultimate stage'.¹⁵ Only when due note has been taken of the legitimacy of the process of dying can a pastoral theology which is faithful both to praxis and orthodoxy be constructed.

The purpose of this paper is to explore one woman's response to dying. It should be noted that the only value judgement that she passes on her state is of its utter legitimacy. Further, she can accept the reality of the pain, weakness and discomfort whilst also accepting the reality of a deeper sense of well-being, strength and wholeness. There is no religious escapism in her theology; rather, it is a pragmatic acceptance of the utter naturalness of sickness as well as health, and above all, that dying is an ongoing, life-long process which must ultimately culminate in physical death.

By refusing to relieve the tension, one is enabled to embrace the 'dark' and 'light' elements in the process of dying. One example of such a theology is worthy of public attention. Although in a sketchy and properly mystical form, the letters of Mother Maria (Lydia Gysi, 1912-77) show that a terminal illness, dying and death can be embraced in their fulness whilst seeing them always illuminated, and illuminating, a profoundly orthodox (and in this case, Orthodox) theology. A convert to Orthodoxy, trained as a nun by the nuns of West Malling, the foundress of her own monastic community, and a fine philosophical and theological mind, Mother Maria in her letters shows how her own life and condition are the *praxis* from which her deep spiritual life infuses with significance.

Mother Maria's theological reflections on her condition are not presented as 'positive' in the sense of being a paradigmatic model of dying. Rather they are presented as an example of one who allowed her 'normative' theological, and above all mystical, reflections to be fused into her experience of dying. It is the experience of the process of dying which may be described, to a lesser or greater extent, as positive isolation, deprivation, darkness, hope, etc—and these are the foundations upon which a pastoral theology must be built. Within the bounds of theological orthodoxy a pastoral theology of dying must be normative and idiosyncratic, since it is always uniquely personal. Mother Maria's dying is presented as an example of such a theology, not as a model for all to accept.

In a letter dated 30.ix.76, Mother Maria writes:

Today was a down day, and I am so wondering—but I am going to Matins—and love it, a change of beds at 7, but I am weak and the cancer is winning, the leaving and leaving and leaving all is in every minute's thought; and bravely only to look ahead and follow whatever befalls.¹⁶

Quite clearly, here is a woman who is in the process of accepting the reality of her situation, and as she continues the same letter it becomes clear that she does not expect illumination or freedom from her plight.

It is easier to believe for others than for oneself. The northern lights are falling and often it is cold. I will—and it needs a little effort—firmly believe in the guidance of heaven through every darkness and fear. $^{17}\,$

It is important to note that she does not deny the existence of the dark side, but that she 'will' find the presence of God in its midst. This acceptance of the process of dying is eloquently stated by Sister Theckla, the editor of her letters, when she writes in the introduction of the collection:

She could trick anyone but not us [the nuns]. And sometimes it was too much, and sitting beside her I would weep, and she would say, 'It's no good, you know, I must die and there it is'.¹⁸

This ability to accept the inevitable necessity of her death allowed her to find a way to incorporate her dying experiences, in their fulness, into her theological vision.

Writing in her collection of essays *Orthodox potential*, Mother Maria developed an eschatological view of time, and the life of faith which is developed in that eschatological perspective. She writes that time, past, present, future, 'is within eternity'.¹⁹ Because the person of faith lives in time, eternity is grasped within time; that is, the faithful person lives in eternity whilst living in the midst of time.²⁰ So she can state that the End-point, the point of transition from eternity-in-time to the eternal, is both a future and a present event. It is a lived experience of the eternal at the heart of time, and 'a point without latitude' still to be achieved.

The End-point is a point without latitude. It no longer belongs to time, but is the point of transition, when all that is ours is left behind and the new has not yet begun.²¹

Whilst at the End-point, we are moved forward by repentance; not only repentance for our 'actual sins . . . but, far more, we repent of our whole being, in which nothing is even pure'.²² She sees one hurrying forward to the End-point and living in three dimensions—1) Christ without us; 2) Christ with us; 3) Christ within us.²³

These dimensions are to be viewed as being inextricably interlocked, as the End-point is interlocked in time and eternity. What concerns us is the third dimension when, having been influenced by, obtained the fruits of the Passion, and then cooperated with the body of the faithful in the work of Christ, we reach the End-point in which Christ works within us; that is, we become part of the salvific offering of Christ. When faced with evil we will respond only in meekness. Mother Maria writes:

When evil is placed in the operation of the End, it is transformed in its very essence; it ceases to be an enemy; it is defeated in its purpose; and in the objective joy of work, wholly be trayed of its harmful intention. $^{\rm 24}$

Thus the individual confronted by what can be viewed as a radical departure of a good, that is a sin, can change the orientation of that deprivation to a gain. Dying need not be useless; it can be an act of service.

Loss and peril on every side on the earthly plane; but the consequences reach to heaven. For, at that one point, the chain of evil cause and effect is cut; and evil, deprived of its direction, is turned round, to serve God.^{25}

It is at this point that the work becomes less our own and more his own.

... our ultimate work is to rest in the End-point, poor before Christ, our Judge and our Saviour. We are claimed by Him in our totality. We need have no fear. *Christ within us.*²⁶

It is one thing to theorize at one's desk; it is another matter to put that theory into practice. In her final days she could write:

I am not suffering much, but I am living now very consciously towards the End and Beginning—at last the beginning finally and not begin and begin again—and I am happy that I can do this while my body is still able to carry the work. I am always in advance inwardly.²⁷

The effects of her work at this intersection are to be seen in the witness of Sr Thekla, who comments that:

Her inner distress was often acute, tearing her very being, but outwardly she was always there, ready, a rock of transforming strength, shielding me to her uttermost power so that I too might have at least the inner silence . . . Strength, as it were, radiated from her, without her even noticing. Where she was, there was *light*, but she herself only felt the weight of weariness and darkness and responsibility.²⁸

Further, Mother Maria could put her finger on her condition without missing any of the details. She could write about her condition as follows:

I definitely went down these weeks and the last chemotherapy left me with one side of my face down—I look like nothing on earth—one eye half shut, and a lot of pain in hip and head, behind the ears \dots ²⁹

If this were not all, Mother Maria adds that 'we all had flu . . .' Mother Maria recounts how she is now forced to take more and more pain medicine and that she feels that the 'near-end' was coming nearer. The fact that food dribbles from her mouth, '. . . we take that as fun'. In the midst of this state of decline she can go on to write: 'I am very peaceful and happy and curious what the other side will be like, and much less worried now . . .'³⁰

What makes her peaceful in the midst of these difficulties is her vision of the End-time and beyond. Her inability to read or work, 'raging headaches' would make her frightened if 'I let it'.³¹ The reason why she does not fear is that she wants 'to run merrily—whatever my silly head chooses to do'. At the back of her mind is the coming End-point with 'the light coming—nearer and nearer and growing bigger and bigger'.³² She writes even more eloquently of her journey in a letter dated Nov 3, 1977. After stating that she thinks that she has had 'one or two little strokes', she writes: 'So we crawl on all fours heavenwards, and yet at the same time we run speedily and youthfully round all the corners without making a song about it.'³³

Mother Maria can accept her plight in its totality, and see it as the means by which her life's quest will be completed.

So convinced is she of the reality of the End-point that she can liken cancer to a 'gentle teacher'. Indeed, she goes so far as to liken it to the Jesus prayer as 'the cancer gently teaches one and turns one round to where it's going; with no violence, but as it were from inside'.³⁴ Cancer strips us of the ability to decide our future for ourselves, and makes us hand it over to God. It is the harbinger of the End-point. Those who have Christ in them, which must mean being in Christ, will see cancer as being one of those evils in which 'the chain of evil cause and effect is cut'.³³ This allows her to write in March, 1975:

. . . and the Cancer is shedding no shadows—as it has never for a moment from the start been regarded as an evil, but only as an infinite blessing—and so it still is.³⁶

That it can be viewed as a blessing is not the result of a perverse *malade imaginaire* but the end result of a daily process of dying which is at the heart of Christian living. Cancer cannot rob her of anything, for there 'is nothing to take away'. For there is 'nothing to obstruct a free course, nothing fearful, nothing dark in it'.³⁷ Again her grasp of the reality of

life and her plight was shown some two months prior to this comment when she learned that the cancer had metastasized to her pelvis. She wrote then that, 'For a moment I panicked because I knew not where I was, having just readjusted to living (not wholly living though) and death had moved away'.³⁸ Once again she must face the reality of her dying and her imminent death.

She believed that life is good and not something that can, or should, be tossed aside. But to die in Christ is for her, as it was for Paul, to gain. Having regained her 'serenity and calm' she once again orientated herself to the necessary outcome of her illness. 'So, home the bird flies into my beloved death-country. Today a great peace is inside me. I see nothing but love'.³⁹

If one looks in detail at the key emotions manifested by the dying, they are all, to a greater or lesser extent, manifested in Mother Maria's comments about her dying. The dying feel isolated, no matter how secure the milieu in which they find themselves, nor how much they are loved and appreciated. She writes in January 1977 that, 'I have also a strong feeling that wading through darkness now belongs irrevocably to the journey'⁴⁰ Her response to the loneliness of that darkness is not to panic, rather the reverse; that she must 'take this often in this void without alarm'.⁴¹ Her model, as always, is Christ. She did not expect anything less than he experienced. 'Christ did not die comfortably, and at the moment I feel gently led into the pre-death battle, so I cannot expect an easy journey'.⁴²

Isolation must be a necessary concomitant of the appropriation of personal finitude, but it does not need to be appropriated as an isolated experience. It is an experience in which there is solidarity, for all must experience it. It is an experience which all must appropriate or attempt to reject—and necessarily fail—and for which Christians have a model. The difference between the Christian model and any other lies in the salvific nature of Christ's Passion and Resurrection—both of which may be either appropriated, rejected, or ignored, the latter perhaps implying rejection by default.

The groping attempt to come to grips with the enigma of dying has been hinted at in some of the material already utilized. This enigmatic quality is clearly seen when she writes of the seeming 'serenity of the saints'.⁴³ What was the cost of that serenity? 'We have to die somehow'.⁴⁴ The reality of dying may always be in the future event, or it can be an ever-present reality. If this is the case, then we can view death as the way to freedom not only for ourselves but our neighbour: 'There is no other way and no other freedom we can give others than by our own death—everyday'.⁴⁵ This is, or should be, the common lot, but some are called to 'go further'. Indeed they 'must go further and accept the Endpoint as their own ultimate reality'.⁴⁶ Such an acceptance must cause radical turmoil. Even though they appear at peace, this living out of their teleological nature must be costly, for that end is being lived prior to its inevitable consummation. Therefore Mother Maria writes:

I myself often doubt the appearing serenity of the saints. What did lie behind? What agony of mind and spirit in the appearing darkness of the spirit and beyond it? That one step \dots ⁴⁷

I believe it is that darkness which is the anguish caused by the enigmatic nature of dying—the necessity/diffidence, acceptance/non-acceptance, solidarity/isolation, fear/hope, its inherent rightness/its inherent wrongness, the healing of the dying/the dying of the dying. The serenity of the saints is not false. Rather, it is the product of 'that one step' that can only be made by appropriating and transfiguring the 'agony of mind and spirit in the appearing darkness of the spirit and beyond'.⁴⁸

Much more could be written, but what has been shown in these brief extracts is that for the Christian there is the possibility of grasping dying and ultimately death in its fulness. Mother Maria accepted the reality of 'Lord Cancer' as she did the reality of her strokes and fallen face. She did not shirk from describing the misery of her condition. However, that would have been only one side of the picture. There is the fact that she is still alive and has a life to live, not only for herself but for others. How often is this ignored when caring for the dying? How often are they made to feel useless, and by referring to the terminally ill as the 'cancer, in bed four', we identify them with the disease which is slowly killing them. They no longer have a personality, they are just cancer as Susan Sontag observes.⁴⁹

The clarity of Mother Maria's writing about the inherent hope in dying is beautifully displayed when she writes:

To my surprise they were fully up in arms to pray the cancer away. Why? I should not know why. But I leave it to them. I take it as a grace (as I began forty years ago) and as nothing else.⁵⁰

Such an attitude towards cancer arises out of the fact that Mother Maria does not see her life bounded by birth and death, but as being part of a continuous whole, in which she sees her life and dying and death as being the vehicles of grace or of sin. Cancer can be accepted as the means of growth or the means to coming to a full stop. The reaction of everyone, so it would seem, to the knowledge that one has a terminal illness is incredulity and disbelief, call it what one will, but whether one dies at that point or merely lives in a state of being already dead, or uses it as a means of growth is largely determined by the manner in which one has lived one's life up to that point. It can also be transformed; that is, dying can be the means of growth. Herbert Conley, the former Dean of the Episcopal Cathedral in Hawaii, wrote what must be one of the finest books by a terminally ill person, *Living and dying gracefully*.⁵¹ He writes that having first succumbed to almost deadly anger, he was helped by caring family and friends to see that there was still the possibility of controlling his own affairs. His response is reminiscent of that of John Robinson:

With my mind freed, an outline of those things to be completed and accomplished in the months remaining. During the past eleven months about eighty per cent of the list has been fulfilled. Now I have a feeling of peace and thankfulness. The rapidly approaching death experience is neither threatening nor frightening. It is accepted as a normal part of the life process.⁵²

The task of the pastoral theologian is to take the insights of the ablest teachers, the dying, and with their theological knowledge create a vision of life and death which will support not only the faithful but those without faith in this process which we all will experience. Pastoral must in the last resort be practical, and the rise of the hospice movement and the reawakening of interest in the plight of the dying calls us to task to learn from the dying what are their needs, fears, hopes and aspirations, and use them to provide food for the journey, so that they may, with all the saints, experience that which no eye has seen nor ear heard, what God has in store for those who love him. Who knows what God can do in the heart of a dying individual who, perhaps for the first time, has been confronted by the fact that he is deemed worthy of love and 'worship'? Today he can be in paradise. Such I believe is the task that Mother Maria has set us.

Ian Riding O.S.B.

NOTES

¹ Bice, Michael: 'The healing of the dying', Journal of Religion and Health, 17 July 1978.

⁴ Brown, Shelagh: Drawing near to the city (London: Triangle/SPCK, 1984), pp 9-10.

⁶ Morrison, Robert: 'Death: process or event?' in *Death inside out* ed by Steinfels, Peter and Veatch, Robert M. (New York: Harper & Row, 1974), p 63. ⁷ *Ibid.*, p 64.

² Ibid., pp 184-85.

³ Ibid., p 185.

⁵ Ibid.

⁸ Weisman, Avery D.: On dying and denying: a psychiatric study of terminality (New York: Behavioral Publications, Inc., 1972), p 28. ⁹ Kübler-Ross, Elisabeth: On death and dying (New York: Macmillan Publishing Co., Inc., 1975). ¹⁰ Kübler-Ross, Elisabeth: Death: the final stage of growth (Englewood-Cliffs, N. J.: Prentice Hall, 1975). ¹¹Collopy, Bartholomew: 'Theology and the darkness of death', Theological Studies 39(1):22-54.¹² Saunders, Cicely (ed): The management of terminal disease (London: Edward Arnold, 1978). ¹³ Kübler-Ross, Elisabeth: On death and dying (New York: Macmillan Publishing Co., Inc., 1969). ¹⁴ Stedeford, Averil: Facing death (London: William Heinemann Medical Books Ltd., 1984). ¹⁵ Weisman, Avery D.: On dving and denying: a psychiatric study of terminality (New York: Behavioral Publications Inc., 1972). ¹⁶ Maria, Mother: Mother Maria: her life in letters ed by Sister Thekla (London: Darton, Longman and Todd, 1979), p xliii. ¹⁷ Cf Mother Maria: her life in letters ed by Sister Thekla (London: Darton Longman and Todd, 1979). ¹⁸ Mother Maria: her life in letters ed by Sister Thekla (London: Darton Longman and Todd, 1979), p xxxviii. ¹⁹ Maria, Mother: Orthodox potential (Library of Orthodox Thinking, Filgrave, Newport Pagnell, Bucks: Greek Orthodox Monastery of the Assumption, 1973), p 117. ²⁰ Ibid. ²¹ Ibid., p 118. ²² Ibid., p 119-20. ²³ Ibid., p 122. ²⁴ Ibid., p 130. ²⁵ Ibid. ²⁶ Ibid., p 132. ²⁷ Mother Maria: her life in letters, p xxxix. ²⁸ Ibid., p xxxi. ²⁹ Ibid., p xlv. ³⁰ Ibid. ³¹ Ibid., p xlvi. ³² Ibid. ³³ Ibid., p xlvii. ³⁴ Ibid., p xl. ³⁵ Maria, Mother: Orthodox potential (Library of Orthodox Thinking, Filgrave, Newport Pagnell, Bucks: Greek Orthodox Monastery of the Assumption, 1973), p 130. ³⁶ Mother Maria: her life in letters ed by Sister Thekla (London: Darton Longman and Todd, 1979), р 112. ³⁷ Ibid. ³⁸ Ibid., p 110. ³⁹ Ibid., p 116. 40 Ibid., p 116. ⁴¹ Ibid. 42 Ibid. ⁴³ *Ibid.*, p 109. 44 Ibid. 45 Ibid. 46 Ibid. 47 Ibid., p 109. ⁴⁸ Ibid.

 ⁴⁹ Sontag, Susan: Illness as metaphor (New York: Farrer, Strauss and Giroux, 1977).
⁵⁰ Mother Maria: her life in letters ed by Sister Thekla (London: Darton, Longman and Todd, 1979) p 109.

⁵¹ Conley, Herbert: Living and dying gracefully (New York: Paulist Press, 1979). ⁵² *Ibid.*, pp 13-14.