

Defending Life by Embracing Death

BY PAUL J. GRIFFITHS

In a Christian equipoise between death-seeking and death-avoidance, we would not be especially disposed to postpone our deaths; neither would we be disposed to seek them. We would want to continue to give our lives away as we have received them, as sheer gift. But can we be disposed to equipoise in an immortalist culture?

Let me ask you to perform a thought-experiment. Imagine that you have a friend, that this person has been your friend for as long as you can remember – as long as you have had any sense of yourself as a person – and that this friendship has largely defined your character and the sense you have of what it is like to be yourself. Without this friend’s friendship, it seems to you, you would be a different person, and you find that person hard to imagine. But that’s not all. In addition to anticipating this friend’s visits exactly as the visits of a friend, you also dread them. Your anticipation of them causes trembling and sleepless nights, and you know that when they happen, when your friend is with you, you will lament and wail and rend your garments even as you rejoice in the friend’s presence. Lament and delight are inextricably bound together when you are with this friend. This is an unusual friendship. But it is a friendship we all have. It is a friendship with death.

Reflecting on the nature and meaning of human mortality in *City of God*, Augustine says *nihil sit aliud tempus vitae huius quam cursus ad mortem* (the whole duration of our life is nothing but a progression toward death).[†]

May Christians think about death as a good thing, even as a friend or lover, as my opening thought-experiment suggested? The answer is double, both yes and no.

No. Death is among the results of the fall. It is the reward of sin, part of the curse laid upon Adam and Eve and thus on us all; and its omnipresence is the clearest evidence we have that things are not as they should be, that both we and the world we find ourselves in are profoundly damaged, that they suffer from the after-effects of an aboriginal calamity. On this understanding, death is a horror

Death's inevitability and apparent imminence are always matters for simultaneous rejoicing and lament. The extent to which you lack one or other of these two fundamental responses is the extent to which you are not responding as a Christian.

and an offence, something we do and should make efforts to postpone in both our own case and that of others, and something we do and should lament when it comes to others. Jesus beseeches the Father that he might avoid his own imminent and painful death; and Mary, his mother, laments the death of her son at the foot of the cross.

But also yes. The body's death marks a transition to a new condition that we hope will be immeasurably better than the agony of this life; and so it has been a commonplace of the Christian tradition to welcome death exactly as the gateway to eternal life. The day on which a saint is remembered in the church calendar is her death-day, her *dies natalis*, which means, literally, birthday, day on which she is born to eternal life. And so, death is to be welcomed, even if not sought. And although Jesus was reluctant to die, he willingly accepted death and died by violence and with great suffering; this makes it possible for Christians to see their own deaths as participating in his, and themselves as thereby conformed to him. The acceptance of death in this way can become a mode of imitating Christ, and this fundamentally important fact, evident everywhere in the Church's iconography, liturgy, and hagiography, is the central ingredient in the standard Christian claim that the ideal death is that of the martyr, a Christian who joyfully accepts death when it is offered as a mode of witness to the truth of the faith.

There is an ambivalence here, clearly. Death is a friend and death is an enemy; death is a cause for lament and a cause for rejoicing. However, ambivalence is often a good thing. To overlook that death is a horror to be lamented easily leads to support for suicide, euthanasia, or the refusal of medical treatment to those who might benefit from it. To overlook the view that death is a friend to be welcomed suggests a blindness to life eternal and a fixation on postponing death at all costs and for as long as possible. That fixation, because of our ever-increasing capacity to keep the body alive, now

often leads to tormenting the body, and thus the person, by refusing to permit death to do its work. The wealthy, because they can afford the treatment, are now approaching the unenviable situation of being able to die only if they are killed: once in the grip of a doctor determined not to let you die, it is not easy to escape even if you want to.

While many now believe that death is without remainder an evil, it was not always so. Christians have often celebrated death, even if always with reservations. For example, the third-century Christian martyr Perpetua embraced death, even to the point of guiding the gladiator's blade to her jugular as she died refusing to sacrifice to the Roman emperors. She understood her death to be a victory and the blood in which she was washed to be a second baptism into eternal life. Similarly, Thérèse of Lisieux (1873-1897), a saint and doctor of the Church, welcomed the diagnosis of her tuberculosis, seeing her inevitable death as a sign that she would be more fully conformed to her savior. Nevertheless, even for the saints of the Church, while death leads to eternal life, grief is not absent. Augustine grieved for the death of his mother, Monica, although he knew he should be rejoicing for her birth into eternal life. His tears, he came to think, healed the wound of separation, acting as a balm and deepening his intimacy with the Lord.

However, even if these examples show that death is something that can be embraced, they do not celebrate death *simpliciter*. It is always both welcome and lamentable. Augustine grieves the death of another, but he is also deeply aware that there is, from a Christian point of view, something odd about such grief. His default position is approximately the opposite of ours. Where we find it hard to imagine a situation in which death should be celebrated, embraced, or sought, he finds it difficult to imagine a situation in which it should be lamented, and has to struggle to see that lament is not simply a compromise with human weakness, but also an element proper to a fully Christian response to death.



These examples suggest some syntactical rules for Christian thought about an affective response to our own deaths.

The first is that your death's inevitability and apparent imminence are always matters for simultaneous rejoicing and lament. The extent to which you lack one or other of these two fundamental responses is the extent to which you are not responding as a Christian.

The second has to do with the gamut of possible responses to particular instances of the perceived imminence of your own death. At one extreme lies the response of doing everything within your power to stave it off, to delay it; at the other is doing what you can to help it along and bring it to consummation, delighting in its approach as you do so. For Christians there is no default response to this gamut (as there is, say,

to idolatry or lying or adultery); rather, the Christian seeks equipoise between immortalism and self-annihilation.

The third is that the length of your life has no great or final significance. Augustine is again helpful here, pointing out in *City of God* that what matters is that your life has been well lived and your death is a good one, not how

**Your life was received by you as gift,
unasked; and the principal purpose of the
gift, given you by the Lord, is that you should
hand it on and over to others, as Jesus
Christ handed his over for us all.**

long you have lived. A good death is neither necrophiliac nor necrophobic.

Informing this syntax of proper response to your own death is the central Christian claim that your life is not yours. This is an important point. Your life was received by you as gift, unasked; and the principal purpose of the gift, given you by the Lord, is that you should hand it on and over

to others, as Jesus Christ handed his over for us all. Suicide contradicts the claim that your life is not yours because the gesture of self-slaughter is one of mastery and ownership. But suicide is not the only means by which the idea of life as a gift can be contradicted: the in-principle and no-holds-barred attempt to preserve your life against death is also a kind of mastery that cannot be had – a mastery over death by grasping for immortality. Those who enter into this pattern of thought and action behave as though death were always to be resisted, and as though the ideal human life were one that did not involve the body's death. The discernment ought in every case to resonate to life's giftedness, and to the fact that life is given to you but not for you.



This Christian grammar and syntax of death has something to offer to the question of health care in our current cultural crisis about that matter. Therefore, I will conclude by trying to sort out, schematically, what that offer comes to, and thereby commending a particular set of attitudes and practices to Christians. I do not think that these attitudes and practices are likely to be accepted – or even that they should be accepted – by pagans. Their understandings of what it is to be human and, therefore, of human life and human death, are too distant from Christian understandings to permit easy communication. Changes of mind are even less likely.

It is clear enough that many of our death-practices are predicated on the idea that death should be staved off whenever and by all means possible.

The prevalence and depth of this immortalist assumption is evident in a number of ways. First, we see it when doctors recommend a particular diagnostic test for everyone, whether currently sick or not, based on data that points to a significant decrease in mortality-rate causally linked to early diagnosis made possible by use of the test. The thought here is that anything which reduces mortality is *ipso facto* good. Second, it is witnessed to in the prevalence of the use of battle metaphors for talking about illness. We *fight* cancer; we *battle* Alzheimer's; we *struggle* with leukemia. We do not, at the moment, easily talk about embracing what we shall succumb to as an ally (even if once upon a time we allowed pneumonia to be an old person's friend). A third evidence of immortalism's importance for us is the fact that we do not grow old gracefully and happily. The signs of aging, physical and mental, are among the signs of death's approach, and we frequently deny and obscure them, spending vast quantities of time and money on anti-aging activities and products. And fourth, additional proof of immortalism's prevenience is seen in the fact that a startlingly high proportion of what we spend, nationally, on health care is devoted to medical work done on patients in the last six months of their lives. Doctors appear to hew to a default position of administering treatment if it will extend life even for a few weeks.

Immortalism is especially tempting to the American and European middle classes. It is the fundamental grammar of their – of our – understanding of and response to death. It is less tempting to the poor, however, because they have neither the time nor the money to consider death in these ways. For them, whether in the developed or developing world, the question is typically short-term: how can I live through this day, this week, this month? Health care, for the poor, is largely a question of response to immediate need, whereas for the middle class it is a project, and almost without exception an immortalist one. It is no accident that the poor are much better at lamenting death than the middle class: the funerary and memorial practices of the middle classes are by comparison impoverished. If death is a reality at which you cannot look, it is not likely that you will be able either to lament it or to delight in it. Those harmonies and discords will not be in your repertoire. You will, instead, have only the low-intensity fugue of battle, denial, loss, and regret, whether directed at your own imminent death, or that of someone else. None of that is remotely Christian.



What is Christian is the position of equipoise between death-seeking and death-avoidance. People who occupy that position are not especially disposed to postpone their deaths; neither are they disposed to seek them. What they want is to continue to give their lives away as they have received them, as sheer gift. But how can people become disposed to equipoise in an

immortalist culture? Some recommendations are in order here, and they must be recommendations of practices extended over time: it is much too late to reconfigure your attitude to your own death when you have strong reason to believe that you have only weeks or months to live. Your life needs to be a preparation for death—which is, you may hope, the precursor to eternal life.

The first recommendation is that death and dying should be more visible than they are. Children should, as a matter of course and from a young age, be both permitted and encouraged to see dead bodies and the processes that lead to dying. The closed casket and the crematorium's flames are in part designed to occlude what should be visible, and Christians should, to the extent possible, and within the constraints of prudence, oppose them. Parents and teachers should talk to children about death—their own and others'. Death is not, for Christians, a private matter, but rather something that belongs to the economy of the communion of saints.

The second recommendation is that the symbols of death, so visible in premodern Christian art and architecture, should be an ordinary part of every Christian life. There is a sense in which they inevitably are: we cannot get far in our lives as Christians without being confronted by crosses and crucifixes and the narratives of the passion. But it is too easy for those Christ-specific symbols to become affectively and practically divorced from our understanding of our own deaths. That is why, like Saint Jerome, who is typically depicted with a skull on his desk, we need to have before us symbols that bring our own deaths to mind.

The third recommendation has to do with funerary practices. These too need to reflect and encourage not only deep lament but also celebration. The liturgy preserves the essentials: it permits the fact of the dead person's death not to be obscured (there may be an open casket or other opportunities for viewing the dead), and both death in general and this death in particular are in that way depicted starkly as horrors. But the celebratory aspect of death is also there: its principal liturgical signal is the draping of the coffin in white as recapitulation of the clothing of the newly-baptized with white. This death, the liturgical action says, is as much cause for celebration as was the dead person's baptism, and for the same reason: she was reborn then as a member of Christ's body; she has been reborn now, we may hope, into eternal life. Nevertheless, too often we do not do well at weeping and rending our garments because we are not good at public lament; and we do even less well at celebrating the fact of death as an inevitable transition to eternal life. What we celebrate, when we celebrate, is the memory of the dead person's life here below. That is good, but it is not the deepest reason for celebration.

The fourth recommendation is of ascetical moderation with respect to the rhetoric of immortalism, and especially with respect to the language of battle against death-producing illness. Such talk is not Christian, being

neither the language of celebration nor that of lament. And because it immediately stereotypes all illness as inimical and labels it as a foe, it prevents proper discernment.

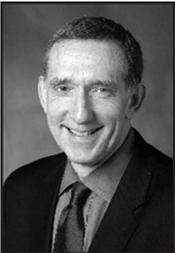
A population that accepts the underlying rationale of a health-care régime will behave differently from a population that does not: acceptance will be marked by compliance. But if death and the dying are more visible, the symbols of death more present, funerary practices reconfigured, and immortalist rhetoric jettisoned, Christians might be less likely to abide by what the current health-care régime commends.

Were this to happen to any significant extent, Christians would begin to be marked off from the population at large by our less frequent adoption of standard recommendations as to diagnosis and treatment. We might begin to be known as a people who would, in certain circumstances, refuse what the medical profession might take to be ordinary life-extending care because we take it that life here below is not a good always to be extended; and we might thereby contribute to a gradual re-assessment, even on the part of non-Christians, of what dignity means to mortal but rational animals such as ourselves.

Unfortunately, we are far from that at the moment.

NOTE

† Augustine, *The City of God against the Pagans*, 13.10, translated by R. W. Dyson (New York: Cambridge University Press, 1998), 550.



PAUL J. GRIFFITHS

is Warren Professor of Catholic Theology at Duke Divinity School in Durham, North Carolina.