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Suffering as Life's Holy Saturday:
How the Gospel Narrative Transforms Medical Definitions of Suffering & Death

What made you declare the dead body dead?
Did you declare the dead body dead?
How well did you know the dead body?
How did you know the body was dead?[1]

> *Medicine needs death. For in its various techniques, from autopsy and dissection to organ transplantation, modern medicine "needs" death in order to create its own realm of theory and practice, but this death is a different kind of death from the one that allows someone to create existential or personal meaning.*[2]

In 2000, installation artist George Tokaya silkscreened each stanza of playwright Harold Pinter's poem, *Death*, on seven hospital bedsheets before laying them across seven dissection tables, the scent of Lysol wafting through the air of the convention center in London where it first premiered.[3] Tokaya's installation – much like the excerpted section of Pinter's poem, above – comes closer to defining the unspeakable reality of death than medicine and the biological sciences have in nearly 2,000 years of "contemporary" practice.[4] It is precisely through the works' explicit disorientation – made possible through their respective genres' abstracting tendencies – that they are able to reveal a kind of ontological truth.

Mortality is perhaps humanity's second oldest existential question, after "why are we here?" As such, this paper will not attempt to define the "why" of death but rather work toward a more holistic, more tactile orientation toward death that provides people of faith, bound as they

[1] HaroldPinter.org. n.d. *Poetry in Art.*
[2] Bishop, Jeffrey P. 2011. *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying.* (Notre Dame, Indiana: University of Notre Dame Press), 18.
[3] HaroldPinter.org. n.d. *Poetry in Art.*
[4] Sachs, Jessica Snyder. 2001. *Corpse.* (Cambridge: Perseus Publishing), 12.

are to interact with the healthcare system, an entry-point to grapple less reluctantly with the realities of suffering and death. While I argue, in conversation with theologians and medical practitioners, that the practice of medicine is ultimately in service of deterring death and the factors that lead up to it – presumably in the service of "relieving suffering" – both medicine and theology struggle to define what death is, and what it means to die a good death.[5] My claim is that the medical establishment's implication that relieving suffering is the key to a good life is counter to Christianity's *hypostatic union* of death and life, of suffering and abundance, evidenced in Christ's death and resurrection narrative. By considering medical definitions of death in juxtaposition with Christianity's particular and paradoxical placement of suffering – with particular reference to Jeffrey Bishop's *The Anticipatory Corpse* and Stanley Hauerwas' *Suffering Presence* – we can come closer to arriving at a sacred orientation toward death that then provides a path forward for a sacred definition of "abundant life" as expressed in John 10:10.[6]

Over seven million people are employed by hospitals in the US alone.[7] Compare that to approximately four million school professionals[8] and 440,000 clergy.[9] The healthcare industry is a force to be reckoned with, and, as such, its ideological impacts on society cannot be overstated. In light of its institutional dominance, one would think that the healthcare industry has fully articulated its claims, not to mention its philosophical underpinnings. But surprisingly little has been done to grapple with the "theologies" of healthcare: "clinicians and patients who promote

[5] Hauerwas, Stanley. 1986. *Suffering Presence.* (Notre Dame, Indiana: University of Notre Dame Press), 23.
[6] "The thief comes only to steal and kill and destroy. I came that they may have life, and have it abundantly."
[7] Statista Research Department. 2019. *U.S. Hospitals - Statistics & Facts*
[8] U.S. Bureau of Labor Statistics. 2019. *Educational Services.*
[9] Data USA. n.d. *Clergy.*

and seek 'health' can only rarely articulate what exactly they are promoting and seeking."[10] Hauerwas suggests that one definition of medicine "is to relieve suffering," but this does little to define what suffering is.[11] One implication, however, is that suffering is categorized as *bad* because it indicates something of the slow, inevitable march toward death. Death, then, conceived of as something to be avoided at all costs, becomes a sticking point for both patients and physicians – something to fear, and to fight. Stated in heightened philosophical terms: "Death is the radical other for Western society in general and medicine in particular, and as such it is our god." We are deeply, unsettlingly afraid of death.

But what is death? In *Corpse*, Jessica Snyder Sachs breaks down the myth that calculating time of death within forensic pathology – a field developed by medical practitioners and criminologists in the nineteenth and twentieth centuries – can be considered reliable, a conclusion that disrupts Western societies' widespread belief that medicine is based in facts, and is therefore authoritative in matters of life and death.[12] Physicians attempting to pinpoint death in comatose patients during the 1950s and 60s eventually landed on a definition of *brain death*, aware of the fact that, while other organs could be kept alive, the loss of brain function signified an end to what we think of as the living person, yet this definition is still debated among bioethicists.[13] This begs further questioning: if those who specialize in defining death – namely physicians – cannot do so conclusively, what does this mean for the claims the healthcare industry makes regarding suffering and death? How do we move toward a definition of death

[10] Kinghorn, Warren. n.d. "St. Thomas Aquinas and the End(s) of Religion, Spirituality, and Health." In *Healing to All Their Flesh*, by Jeff Levin and Keith Meador eds, 125.

[11] Hauerwas, Suffering Presence, 23.

[12] The degree of antagonism I have received in discussing this with friends and parishioners has been shocking. People want, even need, for medicine to dwell in the world of facts.

[13] Bishop, Anticipatory Corpse, 143-144.

that satisfies our need to sanctify it, in order to provide better outcomes for patients[14] and more abundant life for all?

Until the nineteenth century, physicians studying the recently deceased often applied metaphysical definitions to their findings. In 1533, surgeon Joan Camacho performed an autopsy on conjoined twins to determine if they shared one soul.[15] In 1669, Sir Francis Bacon described the bloat that occurs in the first couple of days after death as "'unquiet spirits' fighting to break free of the mortal remains."[16] Death was inextricably linked to the indefinable mysteries of life, union with God, and eternity. By the mid nineteenth century, however, so-called advances in medical science occurring in tandem with industrialization – along with the institutional and legal legitimation of physicians within the growing field of criminology – disenchanted the field. By the mid-twentieth century, medical scientists were concerned "not on life in a meaningful sense but on life defined by the measures of physiological function."[17] Put another way, within the contemporary medical field, bodies are conceived in mechanical terms, as moving "dead bodies."[18] This is exacerbated in medical training by the fact that most medical students' first experience of the body is the dead body they dissect in the anatomy lab.[19] Life and death, through this experiential framing, are considered from the perspective of causation, and thus the success of medical intervention is almost exclusively defined by the successful controlling, delaying, and stopping of those physiological activities in the machine-body that lead to death.

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[14] On their terms

[15] Jimenez, Fidelio A. 1978. The First Autopsy in the New World. (*Bulletin of the New York Academy of Medicine), 619. The Priest had performed two baptisms "as a matter of precaution."* (618)

[16] Sachs, Corpse, 20.

[17] Ibid., 25; Bishop, Anticipatory Corpse, 119.

[18] Ibid.

[19] Hauerwas, Stanley. n.d. "Suffering Presence: 25 Years Later." In *Healing to All Their Flesh*, by Jeff Levin and Keith Meador eds, 250

The *why* is less important than the *how*. Success is measured in terms of "survival."[20] Jeffrey Bishop, in *The Anticipatory Corpse*, details this ethic:

> "For Western medicine, and perhaps for all of scientific and technological thinking, the important problem in the medical world is how to manipulate the body or the psyche in order to get the effects that we desire. Bodies have no purpose or meaning in themselves, except insofar as we direct those bodies according to our desires."

While what death *is*, teleologically or even physiologically-speaking, remains unclear, it can be defined by its opposite, which, again, is not life in Hildegard's sense of *viriditas*,[21] but rather conceptualized as dead "bodies in flux."[22] Death is the unmoving body on the dissection table, not a sign of biological inevitability, but rather an embarrassing example of medical technologies' ultimate failure to intercede effectively.

We in Western societies tend to take it for granted that reducing suffering is conceived of as an objective good. But to frame a biological inevitability such as death as a kind of mechanical dysfunction – the end of the perceived "bad" that is suffering – has moral repercussions for the living, even, ironically, to the point of death. Hauerwas describes a situation in which a premature infant is left to die in the NICU because she is disabled and her mother doesn't want her.[23] If suffering – defined in this case by the bystander – cannot be alleviated, the reasoning goes, the human life has lost value. By the standard of merely alleviating suffering, preventable death becomes justifiable. In contrast, Atul Gawande admonishes fellow medical practitioners to understand the call to alleviate suffering as more than avoiding signs of death in the body. He advocates for holistic geriatric care and better end-of-life

[20] Bishop, Anticipatory Corpse, 103.
[21] Sweet, Victoria. 2012. *God's Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine.* (New York: Riverhead Books), 157.
[22] Bishop, Anticipatory Corpse, 21
[23] Hauerwas, Suffering Presence, 24

counseling for the critically ill.[24] Yet, by refusing to question the very core of his argument – maintaining the medical narrative that "suffering is pointless, thus making it subject to therapeutic intervention"[25] – he misses the opportunity to reframe suffering as a shared human experience rather than the ultimate evil. Death, then, is still our god.

In contrast, the central narrative of the Gospel is one of suffering.[26] The incarnate God in Christ endured execution at the hands of empire in order to redeem all flesh. The first centuries of the church were marked by sporadic, but nevertheless theology-shaping, public executions of marginalized Christian communities. This "bearing witness" through martyrdom (*martyria*) in the Colosseum exalted suffering as a primary Christian virtue. In suffering and death, the martyr could achieve unity with Christ, reenacting his sacrificial offering and making a bold public claim of allegiance to a cause beyond the wellbeing of the Empire.[27] In this way, early Christian martyrs and their biographers subverted Rome's – and indeed life's – brutality: death was transformed from tragedy into victory, and functioned as a surprisingly successful evangelism tool.[28] After Christianity became the preferred religion of Empire under Constantine in 313 CE, asceticism took up the cross where martyrdom had left off, and monastic church fathers charged the faithful to give up earthly pleasures, including good food, sexual relationships, and traditional family models in favor of a life spent in prayer and worship.[29] In this context, suffering, even if highly regimented, became a sign of Christian virtue. Life was oriented around the premise of suffering as an expected, if not required, component of the Christian life.[30]

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[24] Gawande, Atul. 2014. *Being Mortal: Medicine and What Matters in the End.* (New York: Picador), 49.
[25] Hauerwas, Suffering Presence, 33
[26] In this paper, I am using the term *Gospel* specifically to denote the story of Jesus Christ as it pertains to his death and resurrection. I am aware that this is a limiting, and not universal, definition.
[27] Young, Robin Darling. "Martyrdom as Exaltation."
[28] *Perpetua and Felicitas*
[29] Jerome's *Letter to Eustochium*
[30] It was the Cappadocian ascetics who built the first hospitals!

For Hauerwas, "[illness, suffering, and death] cannot be regarded as the ultimate enemy because Christians believe that even our suffering can be a gift that makes more intimate our relation with God and one another." Suffering in the context of the life of faith – as seen most acutely but not exclusively in the practices of monastic life – varies significantly from a medical definition of suffering.[31] It creates an avenue for liturgy, or "performance," of suffering within the collective space of intentional community and church practice.[32] This rehearsal of death has the effect of giving greater relief to the sufferer, as it prepares them to face the inevitability of their own suffering.[33] For instance, in the rite of Eucharist, Christians rearticulate Jesus' final hours, including his steadfast acceptance of forthcoming death, and direct the community to partake of his body and blood. From an outsider's perspective, this is a morbid ritual, yet it facilitates death-talk within a context of living community in the Body of Christ. That living community, in turn, creates context for meaning, the kind that reacquaints us with the *viriditas* within our living bodies. Bishop and Hauerwas describe these bodies as *storied*: "Thus, the particularity of the body lies not merely in its materiality but in a materiality that is already shaped and molded by particular histories and forms of being into which the body is thrown, with particular capacities and potencies, directed at particular projects, for particular purposes."[34] A theology of suffering, then, has the potential to help us re-embody ourselves through acceptance of our full story, defying, as the martyrs did, the violence of disembodiment hoisted upon us by the medical empire.

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[31] Hauerwas suggests that "in the medical context…the passive aspect of suffering seems to dominate. Perhaps this is why we think that there may be a necessary connection between suffering and death, since we tend to think of death as that in which we are most passive." (Suffering Presence, 28)

[32] Duck, Ruth. 2013. *Worship for the Whole People of God*. (Lousville: Westminster John Know Press), 14-15.

[33] Hauerwas, Suffering Presence, 31; "…Christians, drawing on the life of Jesus, tend to make the very pointlessness of suffering morally significant."

[34] Bishop, Anticipatory Corpse, 289.

However, while suffering re-contextualized as purposeful within a Christian context has a positive coping effect – namely, reducing existential fear surrounding suffering and death – it potentially becomes ensnared in the same problems as the medical framing in that, taken to an extreme, it functionally advocates for death. When suffering is rearticulated as redemptive, or righteous, the line between suicide and self-harm – which Christians and indeed most secular societies see as tragic – and literal or figurative martyrdom becomes more ambiguous. The early church struggled with demarcating the two, as well.[35] Hauerwas attempts to ameliorate the problem by claiming that "suffering or even self-sacrifice is not a virtue for Christians when that suffering or sacrifice is not formed by Christ's cross."[36] What he means by this is that Christ's suffering was morally purposeful, and that we would do well to use our agency to claim our suffering, mediated through the sacrifice but also the exultant joy, of Christ's death and resurrection.

While I take Hauerwas' point, I would argue that this strategy only slightly tweaks the "unstoried" medical perspective by merely reorienting the medical assumption of suffering, as a spectrum of greater or lesser control, toward a Christian worldview. But the construct of "agency" denies the reality that suffering, particularly in a medical sense, is so often out of our control (though in many cases, we have some interpretive control), not to mention that death finally removes all control. What's more, to frame death in terms of agency or choice has the capacity to turn death into a moral issue which, within a medical context at least, demands a guilty party.[37] The physician or patient become perpetrators of gross negligence when death cannot be prevented by intervention or sheer will.

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[35] Ludlow, Morwenna. 2009. *The Early Church*. (New York: 2009), 25-35.
[36] Hauerwas, Suffering Presence, 34
[37] Bishop, Anticipatory Corpse, 123

From my perspective, what is needed is not a way to claim our own suffering in order to make it meaningful, but rather a way to mediate the inherent bleakness of suffering – brought about by its lack of purpose or definition – through a theological ecosystem that gives it appropriate weight without forcing us to prostrate ourselves before death in terror. While the Gospel provides context for theological embodiments of suffering, it also offers a rich theology of abundance that allows us to subvert life's brutality, not by ignoring it or passing off agency, but by confronting it head-on.[38] Here the liturgy again serves as performance space for internalizing the story. In particular, Holy Saturday encompasses the full spectrum of human grief and joy. In the Episcopal Church and other liturgical traditions, an extended Easter Vigil service takes place on the evening of Holy Saturday, the day between Good Friday and Easter. The service begins with parishioners processing behind the priest holding a candle described as "the light of Christ," which spotlights the dark sanctuary. For the next hour, while still in the dark, scriptures that speak to the expansiveness of creation, God's saving power, and Christological prophecies are read to the congregation. New Testament passages on Christ's death and resurrection are read, and congregants are asked to renew their Baptismal covenant in the unified voice of the Body of Christ. Out of the long darkness, the sanctuary is illuminated, the Lenten ban on saying "Alleluia" is lifted, and the congregation rings bells in exultant celebration. At long last, suffering and death have been transformed and hope is alive.

While Holy Saturday is not universally celebrated across Christian traditions, it nevertheless provides a comparatively succinct avenue to understanding the seemingly paradoxical *hypostatic union*,[39] as it were, of suffering and abundance that takes place within

[38] I am using Walter Brueggemann's definition of abundance, which is defined against scarcity.
[39] A term employed heavily during early church debates around the nature of Christ as both God and enfleshed human, hypostatic union denotes the orthodox position that these components were fully intertwined, and thus

Christ's death and resurrection narrative. Liturgy in this case serves the same purpose as George Tokaya's installation or Harold Pinter's poem: it articulates something of the un-articulatable. But in this case, the disorientation of darkness is interpreted through a multi-sensory burst of light, song, bells, and congregational greeting that, in effect, re-orients suffering and death as present with and in a narrative of abundance. Jaesung Ryu argues that "Holy Saturday is the reality of trauma survivors." For the suffering, "maybe there needs to be a prolonged time of hopelessness built into our theologies to provide some sort of solidarity with all those who struggle to see a time of hopeful tomorrow."[40]

When suffering is conceived of as the "Holy Saturday" between death and life, the Gospel serves to legitimize that suffering even as it transforms it. As performance within the church body – and in contrast to medicine's mechanical tinkering – this Christian theological orientation defies pragmatic definition, "because in terms of a metaphysics of efficient causation, priests, rabbis, friends, and family cannot be shown to have done something."[41] It is totally other to the medical establishment. Thus, both alleviation and confrontation of suffering without "sitting with" or acknowledging it as embodied within a life of purpose and embedded within a multi-storied community, fails to properly name suffering. Insisting on active resistance to suffering – in the case of the medical framing – or embracing of suffering - in the case of martyrdom narratives – without responding to both death and life simultaneously obscures a theology of abundant life because the driving force is a misguided straining for control. A contextualized hypostatic union of suffering and abundance, however, admits and even embraces

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Christ is "fully human and fully divine." Though I am resisting dichotomous analogies, the humanity of Christ is loosely linked to suffering and the divinity of Christ is linked to abundance.

[40] Ryu, Jaesung. 2017. "Trauma and Holy Saturday: Remembering and Mourning with WWII Comfort Women." (*Berkeley Journal of Religion and Theology*), 129.

[41] Bishop, Anticipatory Corpse, 283

lack of control. Suffering is not made *good* by this union, but it is "put in its place," sanctified by the unconditional love of the Cross.

If we cannot, in the end, cleanly define death, we can still create, in the context of the hospital, the church, and the community, a living, social organism – a body – that extends through and around suffering in order to support the sufferer. Bishop claims that "the primordial call that called the doctor into being is not only a call to do something but also, at the same time, a call to be there with the one suffering." This request to be, to sit with, suffering recalls Victoria's Sweet's "efficiency of inefficiency," and is too often subordinated or removed altogether from medical settings because it is inherently un-mechanical, and can thus appear as a passive undertaking in defiance of medicine's insistence on *doing something*. It demands that we acknowledge the sacred, "still small voice" of *viriditas* in the human body, that we step out of the anatomy lab's sterile rows of dissection tables and into the disorienting "middle day" of lived reality, which inevitably includes suffering, and which is marked by the finality of death. Within the core of the hypostatic union of suffering and abundance, of death and life, is a deep response of love that binds the enfleshed God-in-Christ to himself and, in turn, binds enfleshed suffering to immeasurable hope. This love gives of itself to a community that understands what it means to suffer, and, more significantly, with bells and *Alleluias,* responds that death is not our God. The call of the church, then, is to embark on a project of actively "re-embodying" those who suffer into their storied bodies, in the holy rehearsal of the Body of Christ, not in an attempt to remove suffering, but rather that they may understand themselves as sacred once again.

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