

Acquainted with death

by [Roberta Bondi](#) in the [September 22, 1999](#) issue

It was my last day at St. Benedict's Monastery in Minnesota, where I had been leading a retreat on Julian of Norwich. Since St. Benedict's is one of my favorite places in the world, I wasn't really ready to come home, and put off calling with my travel arrangements until evening. I was glad to hear the sound of my husband's voice when he answered the phone, but I was horrified to learn that my 82-year-old mother had broken both feet in an accident on an elder-hostel trip. Not being able to put either foot on the floor, she was about to check herself into a nursing home.

Though Mother is determined and tough when it comes to enduring pain, it is no joke for someone her age to recover her independence after being immobile for a long time. Of even more concern, however, is her state of mind. Mother comes from a long line of Kentucky farm women who are dreadfully shamed by their own weakness or dependency.

I also worry that my mother's shame is reinforced by our culture's assumptions about health and infirmity. The unspoken claim of our culture is that we can live forever if only we exercise, lose weight, eat healthily and avoid smoking. We live with the burden of believing that it is abnormal—or someone's fault—when people age, are incapacitated or have health problems. (I wish I had a dollar for every person who responded to the news of my father's death from emphysema, not with "I'm so sorry," but "Oh, did he smoke?")

Church is often no help. We tell each other, "We have to accept death as a natural part of life." What we often seem to mean by this, however, is that grief is a messy and embarrassing emotion that we ought to get over quickly. We don't do much better talking about the difficulties of living with our bodies either. Reacting against a kind of Christianity that sees the body, especially the female body, as the root and cause of sin, we find ourselves without much realistic Christian language to help us make sense of our sufferings.

More often than not, the theological and cultural pieces are hard to separate. I met Liza, for example, on our first night in Minnesota. Liza was a likable, "fit" professional

woman, a serious Christian. She had prepared for the retreat, as suggested, by carefully reading Julian's texts.

"I hate to say it," she said at dinner, "but I find Julian really strange. Why does she hate her body so much that she wants a mortal illness? And why does she spend so much time morbidly describing Jesus's wounds? If she lived right now, we would have to consider her mentally ill."

For years I have been hearing judgments like this from my students when they first encounter Julian. I smiled sympathetically. "See if you still think Julian is mentally ill at the end of the week," I suggested.

After a few days of mulling over Julian's fearless considerations of suffering, mortality and even sin—seen not as extraordinary catastrophes but as painful yet ordinary, perhaps even necessary parts of the lives of all human beings—Julian looked profoundly different to Liza.

"Why don't we practice dying like she did?" Liza asked rhetorically a few days later. "Dying really is one of the most important things we will ever have to do. For that matter, why do we think of physical and mental suffering as so abnormal that it is 'sick' to accept it? After all, everybody who lives a normal life span actually has to live through a lot of it." Of course, Liza is right.

Here I would raise another question, given Julian's particular attachment to the bloody, dying Jesus. If we look at our own suffering and death as somehow abnormal and blamable, how can we think of the crucifixion as anything other than a blood sacrifice made to satisfy God? How can we possibly see Jesus's death for what it was—as terrible, but also unavoidable in some form, given God's loving decision to enter fully into the incarnation to share our mortal lot? How can we trust the love of God at all unless we see that love?

Needless to say, Julian and the tradition she represents is terribly relevant to my suffering mother's mental state in the nursing home. My mother needs to accept that broken bones happen to nearly everyone, and to believe that there is no particular Christian virtue in remaining unwounded and nondependent. Mother needs to be quite certain that if God is not too good for dependency, suffering and death, human beings don't have to be either.

There is a lot here to be considered, but one thing is certain. As Christians come to terms with mortality without cruelly redescribing it away, we need the fully incarnate

God who tasted and still tastes death on our behalf to teach us to claim our dying bodies as our own, ultimately to be transformed in God.