

May 2013

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ISSN: 2472-2596 (print)

ISSN: 2472-260X (online)

Recommended Citation

Derowitsch, Brent. 2013. Preparing Christians to Die Faithfully By Living Well. *Obsculta* 6, (1) : 38-42.
<http://digitalcommons.csbsju.edu/obscura/vol6/iss1/18>.

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Preparing Christians to Die Faithfully By Living Well

Brent Derowitsch

Introduction

Dying is a fundamental aspect of the human condition and a significant passage in human life. Moreover, for Christians, dying is the last stage of their pilgrimage to God, which includes their final witness to the Gospel and participation in the Church's mission. As a hospital chaplain, I often accompany patients who are overwhelmed by the following situations: they have received a diagnosis of a life-threatening illness; they have undergone a sudden health crisis, such as a stroke; they have exhausted all attempts to treat or manage a life-threatening illness; or they have experienced an acute decline in the aging process. Moreover, such patients are unprepared to face the challenges of dying, to make decisions about medical interventions and end-of-life care and to fulfill tasks at the end of life that enable a person to die well, such as reviewing one's life with others. Often patients, along with their families, have little or no time to process the emotional shock of these dramatic life changes and to prepare for a meaningful and peaceful death. If patients can no longer communicate, then their families are left to make decisions with little or no information about the patients' wishes. I have witnessed much suffering as family members attempt to make agonizing, last-minute decisions and to say good-bye to the patient, sometimes with the unfulfilled need to reconcile past hurt.

Given my experiences of these situations, I am motivated to explore ways in which earlier intervention and education could better prepare individuals and families for end of life. I believe that some suffering and confusion could be eliminated or reduced when patients and their families have made preparations for a health crisis and end of life. Such preparation would include completing an advance directive, reflecting on how one wants to die, having conversations with loved ones about one's wishes and values, building a community of support and embodying virtues and spiritual practices needed at the end of life. I have observed that when individuals and families have made some of these preparations they are better able to face end of life. Dying is still painful and challenging for them, but they have a system of support in place that provides strength, guidance, meaning and hope in the midst of suffering.

I propose that when early education and formation on the practices of *ars moriendi* occur and when people engage in these practices throughout their lives, they are better prepared to fulfill tasks necessary for a "good death." In this paper I will examine a resource within the church's tradition

that might help people die well and faithfully: *ars moriendi*. I will offer two examples of how the church might renew the tradition in order to create a contemporary *ars moriendi*, and then I will briefly outline an adult formation program that is based on a contemporary *ars moriendi*.¹

Ars moriendi: A History

The church once taught its members how to die well and faithfully through the *ars moriendi* literature. *Ars moriendi*, which means "the art of dying," was a genre of devotional literature that began to spread throughout Western Europe near the beginning of the fifteenth century.² *Ars moriendi* manuals were written for the laity, both Catholic and Protestants, to help them prepare for the difficult and frightening experience of dying. The genre reached a turning point in the sixteenth century when notable theological authors began to contribute their work to this body of literature. Before 1533 when Erasmus published *Preparing for Death*, the *ars moriendi* manuals centered on the temptations at one's deathbed.³ Erasmus and the writers after him focused on how to live one's life well as a way to prepare for dying well. In particular, they emphasized the development of good habits and character through Christian practices, especially acts of virtue.⁴

Ars moriendi manuals usually began by addressing the anxieties and fears that come with dying. The authors offered consolation and hope by instructing the reader to focus on

¹ This paper is an abbreviated revision of my research project for the Integration Seminar. The original paper includes a case study and a social analysis of how Americans deal with death and dying.

² Allen Verhey, *The Christian Art of Dying: Learning from Jesus* (Grand Rapids: Eerdmans, 2011), 79-88.

³ Christopher Vogt, *Patience, Compassion, Hope, and the Christian Art of Dying Well* (New York: Rowman & Littlefield, 2004), 16-17. According to Verhey, the early manuals' schema was a set of five deadly sins (unbelief, despair, impatience, pride, and avarice) and the virtues that were antidotes for them; see Verhey 110-135.

⁴ There are many virtues and many different ways of categorizing the virtues. The cardinal virtues are temperance, courage, justice, and prudence. That schema was developed by the Greek philosophers, who considered the four to be the essential virtues for a good human life. The theological virtues are faith, hope, and love. Saint Paul introduced that set of virtues in his first letter to the Corinthians (1 Cor 13:13). Medieval theologians, like Aquinas, integrated the two schemas. However, there are more virtues and categories of virtues. For example, Paul gives us another set of virtues in Galatians 5:22-23 (after a long list of vices), which he describes as fruits of the Spirit. These virtues are love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control. Saint Benedict emphasizes another set of virtues in his rule for monastic communities; they include humility, obedience, hospitality, and stability.

Jesus Christ, who conquered the forces of sin and death that threaten to separate her from God and who provided her with a model for dying faithfully.⁵ Hope was usually a central virtue in the *ars moriendi* literature. The reader was directed to cultivate hope and the other virtues throughout her life through the repetition of acts. Practices—the conscious repetition of acts—form habits in the reader’s life. Habits facilitate a lifestyle conducive to a moral life and form one’s character whereby one desires to embody the virtues.⁶

The *ars moriendi* manuals commonly suggested five areas of practice. First, the authors instructed the readers to remember and reflect on his mortality regularly. Both William Perkins (Puritan) and Jeremy Taylor (Anglican) offered reflections on the brevity of life as well as on the uncertainty of life’s end.⁷ Such reflections motivate the reader to repent and reform his life through practices of virtue. The authors often explained how a spiritual practice prepares the reader for dying. For example, Perkins explained that frequent examination of conscience and confession of one’s sin before God prepares one for death by undermining the power of death, which is sin. This example leads us to the second area of practice, which includes examination of conscience, reconciliation and forgiveness. Almost all of the authors from the sixteenth century recommended a daily examination of conscience. For example, Erasmus pressed his audience to undertake an examination of conscience every day, before going to sleep.⁸ The habituation of this practice would make it easier for people to confess their sins and seek reconciliation at the end of life. The authors also encouraged the practice of forgiveness. Reflecting on the many times the reader asks God for forgiveness motivates him to forgive others. The practice of forgiveness not only makes one a forgiving person but manifests God’s mercy and encourages others to be more forgiving and to trust in God’s compassion.

The third area of practice included reading and contemplating the Scriptures, especially passages regarding God’s mercy. The *ars moriendi* authors instructed their audience to read the passion narratives and to take Jesus as a model for dying well, as someone who embodied the virtues while suffering and dying. Taylor instructed his readers to bear their suffering patiently in imitation of Christ during his passion.⁹ The fourth area of practice included liturgy and prayer. The authors encouraged worship and prayer in order for people to grow more deeply in love and trust in God. The Catholic writers, such as Erasmus and Robert Bellarmine, stressed the importance of the sacraments. Erasmus encouraged going to confession three or four times a year along with daily exami-

⁵ Vogt, 18.

⁶ Ibid., 23.

⁷ Ibid., 26, 36, and 41.

⁸ Ibid., 23.

⁹ Ibid., 37.

nation of consciousness. He also recommended frequent reception of the Eucharist, which helps form one’s identity as a member of Christ’s body.¹⁰ Bellarmine recognized that prayer both nurtures certain virtues such as faith and love for God and requires certain virtues like faith, reverence and humility.¹¹ The fifth area of practice involved concrete acts of compassion, especially visiting and caring for the dying. Perkins asserted that one must visit the dying to provide them comfort and to nurture their faith through prayer and references to the Scriptures. In order to provide such reassurance to the dying, one must foster her own faith first.¹²

Critique of the tradition

Ars moriendi authors were influenced by their culture. Christians today find several problems with the authors’ perspectives and approaches. Contemporary theologians offer three critiques to the authors’ approach.¹³ First, there is an unresolved tension between the authors’ instructions to rely on God’s grace and their directions to engage in spiritual and moral practices throughout one’s life. This tension leads the reader to wonder about the relationship between God’s providence and human agency. The second critique is that the authors set the Christian life and the “worldly” life in opposition. Dualistic spiritualities tend to create negative perspectives toward the created world, especially the body and human culture, and they lead people to distrust and hate that which God saw as good. For example, the earliest manuals described death as the release from the prison of the body and the end of exile in the world. The manuals’ commendation of death is not only an example of a dualistic spirituality but a misunderstanding of the Christian perspective about death. The earliest manuals regard death as a good rather than as an evil. The third and thornier problem is the authors’ theology of suffering. Many pastoral ministers today would agree with the authors’ claim that finding meaning in one’s suffering is an important way to developing one’s capacity to endure unavoidable suffering patiently. However, they would find problematic the authors’ assertions that suffering comes from God either to chastise people for their sins or to build and test their character and that therefore Christians must be submissive and obedient to God’s corrections and tests.¹⁴ The church must address the problems that the old *ars moriendi* manuals present for contemporary Christians when recovering the tradition for today’s needs.

A Contemporary Practice of *Ars moriendi*

The *ars moriendi* literature is an important resource within the church’s tradition and can be re-appropriated to create a

¹⁰ Ibid., 22-23.

¹¹ Ibid., 35.

¹² Ibid., 29.

¹³ Ibid., 25 and 41-42; Verhey, 89-109.

¹⁴ Ibid., 40.



Glory, Chase M. Becker

contemporary *ars moriendi* practice. The components include the following: commending life, reflecting on one's mortality, examining one's conscience, praying and contemplating the Scriptures, participating in liturgies and the sacraments and embodying the virtues in the community.¹⁵ For this paper I will explore how two of the components—remembering our mortality and practicing the virtues in community—might be updated, using recommendations from contemporary authors as well as a few of my own.

“Teach Us to Count Our Days”: Remembering Our Mortality

Regular reflection on our mortality is an important component of a contemporary *ars moriendi* practice. We live in a society that resists facing aging and death. Although we are bombarded by the news of peoples' deaths brought on by natural disasters and human violence, we seldom think about the fragility of our own life and of the inevitability of our own death. Within the church, the invitation to reflect on our mortality has been reduced to one day out of the year: Ash Wednesday. Therefore any form of contemporary *ars moriendi* practice must recover the discipline of *momento mori*, the remembering of our own death. Vogt writes that “remembering one's mortality was seen as a fundamental prerequisite for a conscious, lifelong preparation for death” by the *ars moriendi* authors.¹⁶ Reflecting on our death often motivates us to cultivate a life of virtue and self-reflection and to take practical actions steps to plan for our death. Though the other practices

¹⁵ Verhey recommends that a contemporary *ars moriendi* includes commending life because Christians acknowledge God as the source of all life; see Verhey, 93-109 and 176-215.

¹⁶ Vogt, 41.

of *ars moriendi* are fundamental practices of Christian spirituality, when we exercise them in conjunction with remembering our own death, they become practices that prepare us for dying as well as practices that draw us close to God and neighbor. Moreover, remembering our mortality encourages us to be fully present to each day of our life and to prioritize what is most important. One example of a contemporary *momento mori* is a fifteen- or twenty-minute meditation of visualizing our own dying process, starting with becoming sick to ending with taking our last breath. Another practice is asking ourselves two or three times a day, “What if this is my last day?” Lent would be an appropriate time of the year for doing a daily or weekly meditation of our dying.

Virtue practice, community and accompanying the dying

Virtue ethics is an approach to ethical living that is concerned more about how we live our life on the whole and less about specific acts for specific situations. It first describes what a good human life is and then goes on to describe the ways of living, attitudes and practices that both constitute and nurture the good life. The virtues are used to describe 1) the good life, 2) the character of a person who lives a good life, and 3) the means to developing that life.¹⁷ The virtues—the means to nurturing a good life—are habits that are formed by practices of repeated actions, as mentioned above. The learning and practice of the virtues are done in community. We are born in communities that have moral traditions. These traditions are based on the communities' historical experiences and have language, narratives and practices about a life of virtue. We learn what the virtues are and how to embody the virtues

¹⁷ *Ibid.*, 3.

by following roles models, such as family members, teachers and community leaders. Moreover, we exercise the virtues in community with other people, who are also moral agents, in different situations.¹⁸ For example, we practice patience by repetitively engaging in acts that constitute patience, such as listening and waiting with family members at home, with colleagues at work and with others. The virtues are interdependent; the practice of one virtue nurtures the development of other virtues. For example, we might practice listening before leaping in to speak as a means of cultivating patience; however, by listening to others we also learn to be sensitive to what people are experiencing and our sensitivity to others helps us develop compassion.

The Body of Christ: Accompanying the dying.

Virtue practice in community is another vital component of a contemporary *ars moriendi* practice. Vogt suggests that a parish-based program of lay ministry to the dying is an ideal way to practice the virtues in community and prepares us for dying.¹⁹ Such a program has five benefits. The first two reflect the responsibility and welfare of the whole community. First, the care for the sick and the dying is shared by the community. Volunteers can offer relief to family members who are caring for a dying loved one in order that they might take some time to rest or to attend to other things. They can also create community for those who are dying without family and friends, a common situation for the elderly who have outlived all their loved ones. Second, such a program concretely honors the dignity and social nature of the dying. Vogt writes that “it makes concrete some of the fundamental understandings of a Christian anthropology, namely that human beings are essentially relational creatures who retain their full dignity even in situations where their independence and physical capacities are impaired.”²⁰

The next three benefits of the program are directly related to the dying individuals and the volunteers who serve them. The third benefit is that the program would connect the dying to the rest of the community. Volunteers bring to the dying person the community’s concerns and prayers for her as well as its resources, news and activities. In turn, the dying person might request volunteers to share with the community news about her condition, medical treatment and needs as well as the person’s prayers and concerns for the community. Thus, dying is not separated from the rest of life or avoided altogether by the community. The fourth benefit is that the ministry would support the faith and discipleship of the dying

person. Volunteers might offer to pray with the patient, read the Scriptures and bring communion. Above all, the volunteers’ caring presence and listening ear is the most supportive and they incarnate God’s presence and love within the dying person’s life. The dying person, as a disciple, still participates in the mission of the church through her witness to the gospel as well as her prayers and concerns for the church and the world. The volunteers can bear witness to, support and be recipients of the dying person’s discipleship and vocation. The fifth benefit is that the program helps volunteers to prepare for their own death by serving those who are dying. By caring for the dying, volunteers are reminded regularly of their own mortality and learn about dying and how to face it well. Thus, the dying Christian helps others to prepare for dying well and faithfully, a significant way in which to participate in the mission of the church. The program reveals the reciprocal relationship between the dying and their care providers that was more evident before the mid-twentieth century.

Embodying practices of virtue and of Christian spirituality is a life-long exercise that prepares us to die well. Living well and faithfully is the key to dying well and faithfully. These practices help people cope with the challenges of dying. The *ars moriendi* tradition of the church is a valuable resource for Christian preparation for end of life. However, we need to critique and adapt the practices found in the old *ars moriendi* manuals as well as add new practices in order to develop a contemporary *ars moriendi*. Moreover, the church needs to find ways to educate and form Christians in a contemporary *ars moriendi*.

Living Well and Dying Faithfully: Christian Adult formation in contemporary *Ars moriendi*

In an effort to provide a pastoral approach to forming adult Christians in the art of dying well and faithfully, I have designed a three-part adult formation program for parishes in contemporary *ars moriendi*. I will offer a brief description of each part.²¹

Part one is a six-week workshop to be conducted in the fall season and centers on preparing for death. The first workshop encourages the participants to think about their own death and to take action steps in planning for their dying. Many of the action steps address “the practicalities” of dying, such as advance directives, financial planning and funeral arrangements. In addition to the practical tasks, there are several relational or spiritual tasks to be done at the end of life that provide meaning, healing and peace during this passage. They include sharing life stories and values, forgiving and reconciling with loved ones, expressing love and gratitude to family and friends and saying good-bye. The workshop will help participants identify the basic tasks at the end of life and to understand how those tasks help people die well. Moreover, the

¹⁸ Diogenes Allen and Eric O. Springsted, *Philosophy for Understanding Theology* (Louisville: Westminster John Knox Press, 2007), 241-244. Allen and Springsted focus on practical wisdom (phronesis or prudence), but most of what they say about prudence can be applied to the other virtues.

¹⁹ Vogt, 136-139.

²⁰ *Ibid.*, 138.

²¹ For more details about the goals and implementation of each part, you are welcome to email me at shujo@earthlink.net.

workshop will invite people to think about and embody the spiritual practices and lifestyle that they believe will prepare them for death as well as enable them to accompany others in their dying process.

Part two is a seven-week Lenten workshop, which begins on Ash Wednesday and ends on Wednesday of Holy Week. As discussed above, sixteenth century *ars moriendi* authors asserted that the best way to prepare for a good and faithful death is to live a good and faithful life by exercising the practices of virtue and Christian spirituality. The second workshop picks up where the first workshop left off; that is, the spiritual practices that prepare us to die well and faithfully. Thus, the purpose of the workshop is to introduce seven spiritual practices of a contemporary *ars moriendi* for the sake of deepening the participants' spirituality. The workshop has two goals. One, the participants will recognize how repeated engagement of specific spiritual practices promotes particular habits that will facilitate a good and faithful death. Two, at the end of the workshop, the participants will discern and commit to two practices to engage throughout the year.

Each week the participants are introduced to a different practice and invited to engage daily in the practice for the week. Each session has a Lenten image that is related to the practice; for example, ashes are the image of the first session, which introduces the practice of reflecting on our mortality. Each practice is tied to a virtue that was considered vital for a faithful death in the *ars moriendi* tradition. For instance, humility is connected to the practice of examining our conscience. Humility is an acceptance of our humanity, which includes our fallibility and sinfulness.

Part three of the program involves the creation of a parish-based lay ministry to the dying and a monthly or bi-monthly support group for the ministry's volunteers and anyone engaged in an *ars moriendi* practice. The goals of such a ministry, the benefits of which were discussed above, are to have volunteers available to help those who are dying and their caregivers, to support the faith and discipleship of the dying and their caregivers and to learn from those who are dying about end of life and how to face it. The hoped-for outcomes would be that the dying remain connected to the rest of the faith community and that the dignity and social nature of the dying are concretely upheld. Moreover, the volunteers and the dying would have opportunities to see their mutual

dependence and to embody the virtues in their interactions with one another. The parish might collaborate with a local hospice agency to train volunteers.²²

Once or twice a month there is a support group for the volunteers and workshop graduates. Ongoing support for the volunteers is an essential aspect of a ministry to the dying. The support group might include a check-in, an exercise in one of the *ars moriendi* practices such as Centering Prayer or *lectio divina* and a reflective conversation either about a particular aspect of contemporary *ars moriendi* or about a new development in the parish ministry. Volunteers can take turns facilitating the group. The group might invite a guest speaker to make a presentation or facilitate a discussion about a topic or concern for the support group.

Conclusion

Many Christians are unprepared for a health crisis and end of life. Some of them are active in their faith tradition and have a vital spiritual life, but they have neither considered how their spirituality can help them die faithfully nor taken concrete steps to prepare for end of life, such as completing an advance directive. Others have made concrete arrangements, but are not aware of the life-tasks that facilitate a good death, or they do not embody spiritual practices that help people face the psychosocial and spiritual difficulties of dying. The church's *ars moriendi* tradition is a resource to help Christians prepare for death. The tradition reveals that the key to dying well is living well and we live well through engaging in practices that contribute to good habits and character development. A contemporary Christian *ars moriendi* fosters virtue and spiritual practices that help us see our mutual human dependence and open us to God's presence in our lives. By living out those practices year after year we form habits that provide meaning, bring healing and create community, all of which are necessary for a good and faithful death. Most of us do not know when we will die or how we will die. No amount of preparation will guarantee us that we will be able to face the pain and suffering of death with ease and grace. However, good life habits will make it easier to accomplish the tasks of dying, to face our growing dependency on others, to trust in God's presence in the moments of suffering and to hope in God's promises of everlasting life with God and God's people.

²² Vogt, 137. Vogt raises the question, why should a parish establish a ministry for the dying when the local hospice agency already provides excellent care? He argues, "Adding care for the dying to the social ministry of parishes is one possible way to mainstream such care and to see it as a part of life. Everyone lives, everyone dies, and everyone should play a role as a member of the community in supporting and caring for those who are dying" (137).

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