

ABSTRACT

Rediscovering *Ars Moriendi* for Modern Medicine and the Church

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Death is often treated as taboo and the dying are frequently pushed to the outskirts of society. Modern medicine has created a culture in which the worth of a human life is based on its independence and ability to contribute to society. Good health has become the coveted prize above all else. Even within the Church, there is an unnatural silence about death and specifically the process of dying. This thesis seeks to illuminate practices that help the contemporary Christian to die well. During the fifteenth and sixteenth centuries, European Christians created a literary genre known as the *Ars Moriendi* or “the art of dying.” These medieval pamphlets provide a wellspring of knowledge for contemporary readers. The art of dying well can also be found in the practice of modern medicine, particularly in the hospice movement founded by Dame Cicely Saunders. By reexamining *Ars Moriendi*, this thesis calls the Church to rediscover the art of dying well, encouraging Christians to live in such a way that allows them to care well for the dying and remain faithful in their own experience of dying.

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REDISCOVERING ARS MORIENDI FOR MODERN MEDICINE AND THE
CHURCH

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CHAPTER ONE

Examining the *Ars Moriendi* Tradition

Countless works of literature, poetry, and nonfiction have deemed death as the great equalizer. Regardless of social standing, economic prestige, or moral achievement each person's life ends in death. This physical reality cannot be overcome. Life can merely be prolonged by medical intervention. The fact that each man, woman, and child will die at some point provides the concrete backing to the statement that death is the great equalizer. Death is the final end of all human life on earth.

As one examines personal experiences with death and accounts of those who are dying, significant differences become evident in the way people die and live with the eminence of their own death. The resulting conclusion about death is as follows: while all humankind will die and death remains as a constant companion of life, the act of dying is not equal. This chapter will look at the particular set of principles about approaching death known as *Ars Moriendi* or "The Art of Dying." *Ars Moriendi* was first established in the fifteenth century. By understanding the origins of *Ars Moriendi*, twenty-first century Christians can begin to understand the call to maintain faithfulness during the process of dying as a starting point to consider how one can die well.

The concept of *Ars Moriendi* can be traced back to the fifteenth century at a time when the "ravages of plague and the brutality of war" pushed death to the forefront discussion not only for theological thinkers but also for the common layman (Atkinson, 1992, p. xi). Throughout the late Middle Ages and Renaissance, the theological thinkers

of the day produced several manuscripts and pamphlets on how to die well. According to Sister Mary Catherine O'Connor (1966), the *Ars Moriendi* is designed to be “a complete and intelligible guide to the business of dying,” meaning that readers are encouraged to put the described spiritual disciplines into practice both during illness and good health (p. 5).

After the Council of Constance (1414), *Ars Moriendi* literature emerged to the forefront of ecclesiastical concern. Most likely as a response to the frequent plagues and wars during the fifteenth century, the demand for texts that taught both clergy and layman the art of dying became more apparent (Beringer, 2014, p. 498). In response to this mandate, clergy and Christian theological thinkers began creating pamphlets about the art of dying well. In this chapter, I offer summaries on three *Ars Moriendi* works with the hopes of illustrating the Christian understandings of dying well at the time when these foundational books were written. I readily admit that I had to rely heavily on scholarly reviews because the original documents are written in Middle English. The books I will examine are as follows: the anonymous *Crafte and Knowledge For To Dye Well*, Erasmus's *Preparatione to Deathe*, and William Perkin's *Salve for the Sicke Man*. These books were selected because of readily available analyses in the current literature, and when looked at as a whole, provide a solid foundation for the contemporary sources I will discuss in my second chapter.

The Anonymous Crafte and Knowledge For To Dye Well

Crafte and Knowledge For To Dye Well, one of the most well known of the earlier *Ars Moriendi* documents, included numerous images depicting the temptations of the deathbed, illustrating the importance of iconography in fifteenth century Christianity.

Allen Verhey (2011) extensively examines the temptations of the deathbed and the combating virtues in his book, *The Christian Art of Dying: Learning from Jesus*. Verhey (2011) outlines and analyzes the deathbed temptations of faithlessness, despair, impatience, pride and avarice, providing a good summary of the overall meaning and significance of *Crafte*. Likewise, the dying should practice virtues of faith, hope, love, patience, and humility. Through the discipline of asking questions and following instructions laid out in *Crafte* by an anonymous theologian, medieval Christians could approach death so as to illuminate the promise of eternal life.

The most poignant reason fifteenth century clergy set out to create manuals for the art of dying well was the fear of spiritual failure during the dying process. Fifteenth century Christians acknowledged death as a painful yet edifying experience and that if a person could be made aware of the temptations knocking at one's door then the final enemy (death) would not be victorious. The first temptation discussed is the temptation of losing faith or unbelief. According to Verhey's (2011) research, the author of *Crafte* cites Augustine saying that "faith is the foundation of all virtue and the source of a person's well being" (p. 113), thus a loss of faith has eternal consequences. Additionally, each temptation discussed in the *Ars Moriendi* literature is paired with a corresponding virtue that the dying are challenged to maintain. Faith in the midst of death is the virtue offered by fifteenth century theologians to defeat unbelief. Faith is renewed and restored when the dying contemplate on important biblical figures with exceptional faith like Abraham and Peter.

The second temptation is despair. The temptation of despair is rooted in the intricate connection between body and soul. As "a man suffers the agonies of the body in

dying”, the devil tries to “induce spiritual agony as well” (Verhey 2011, p. 117). Despair also results directly from a loss of faith and thus the loss of confidence in God’s eternal grace and mercy. The inner demons of the dying seek to resurface the sins committed, ushering in despair and shame. The author of *Crafte* illustrates the great temptation to sink into despair when faced with one’s mortality and encourages the dying to find comfort by “meditating on the crucified Christ” and “taking heart from the examples of numerous biblical personages saved in spite of great sinfulness” (Beaty, 1970, p. 13). Indeed, the temptation of despair is defeated by the manifestation of the virtue of hope. The dying can have hope in the redemption of their sin and the promise of eternal life.

Third, the dying must prepare to battle against the temptation of impatience. *Crafte* acknowledges “that great pain and suffering can accompany dying and that such make patience difficult” (Verhey, 2011, p. 120). Impatience illustrates an inner turmoil and perhaps a misaligned ordering of one’s love of God and love of worldly comforts. Death while seen as the final enemy, is also seen as the beginning of eternity with God. One might be tempted to be impatient and uncharitable as one waits for life in heaven. Surely there is room for excited anticipation, but it becomes a grievous offence if one chooses to lash out in frustration or murmur and complain. The opposite of the temptation of impatience is both patience and love. It is with patience that the dying must wait for God’s call to eternity, choosing to trust in the sovereignty of God’s plan and provision. Love should govern the actions of the dying by the accepting of God’s unconditional love and the living out of that love in the midst of suffering.

The temptation of pride is perhaps the most sneaky and deadly of all. The dying can defeat all of the temptations previously discussed but still be susceptible to the

deceptions of self-righteousness. The dying could look back on their lives and think they were an exceptional follower of Christ, believing that they erred so little that they don't need to repent from anything. Verhey (2011) offers an insightful interpretation of

Crafte's temptation of pride:

It is a blasphemous presumption to think one could stand justified before God on the basis of the little faith one has held onto steadfastly or the little hope one has not relinquished to the little patience one has charitably displayed. Pride is the way of the devil, the way to hell. (p. 127)

Again we see, the *Ars Moriendi* literature's emphasis on the eternal consequences of succumbing to temptation and sin. Only through the virtue of humility can the dying keep from going down the tempting path of pride. One of the central parts of humility is the acknowledgement that God is the source of one's strength to continue living the virtues of faith, hope, and love. The dying are invited to consider the words of Christ from John 15:5, "apart from me you can do nothing" (Verhey, 2011 p. 129). The contemplation of Christ's sacrifice and God's gift of mercy helps the dying maintain humility as they enter into the final portion of their earthly lives.

The fifth and final temptation is avarice or greed and is rooted in the love of earthly things. Clinging to earthly possessions indicates a deeper corruption within the soul, an idolatry of worldly things. The love of God and the promise of eternity become secondary when one becomes obsessed with maintaining wealth and property to leave for one's family. While love for one's family and concern for their well-being after one is gone is not an inherently bad thing, it becomes extremely tempting to put those worrisome thoughts ahead of one's contemplation of Christ. The virtue of "letting go" helps the dying prepare for death by giving concerns and worries to God, trusting Him to provide for the needs of family in the future (Verhey, 2011, p. 133). In order to prevent

succumbing to the temptation of greed, the *Ars Moriendi* tradition calls the dying to cast aside their worries and concerns for family and only focus on God.

Another important aspect of *Ars Moriendi* literature specifically addressed in *Crafte* was the *interrogaciones*, *instruccions*, and *prayers*. The latter half of *Crafte* goes into practices that can be maintained during the dying process. The *interrogaciones* are questions that people may ask the dying in order to measure the salvation of their soul. Each question came with a formulated answer that the dying could memorize if they chose; however, the main purpose of these questions and answers was contemplation, leading the dying to one of two outcomes: they were in great need of repentance and salvation was uncertain or they could be *assured of the health of [their] soul and its salvation*.

Instruccions largely centered on Jesus Christ, inviting fifteenth century readers to remember the passion of Jesus and use Jesus' death as "the great paradigm for Christian dying" (Verhey, 2011, p. 162). Throughout the various works in the medieval *Ars Moriendi* tradition, the example of Christ's death was always at the center. In her essay, *The Death of Christ as the Focus of Fifteenth Century Artes Moriendi*, Allison Beringer discussed the reflective intention of *Ars Moriendi* authors. Images and meditations on Christ were central to the rituals of the *Ars Moriendi* tradition because many fifteenth century Christians believed that contemplation of Christ helped the dying overcome temptations in the midst of death. The Passion of Christ restored hope and confidence in God at the deathbed and because of this reality many pamphlets recommended a depiction of the Cross in the bedroom of the dying.

Likewise, Verhey examines the *Crafte* perspective on the relationship between Jesus and a good Christian death. The dying should model Jesus through five different actions: prayer, crying out to God, weeping, commending one's soul and giving up one's spirit (Verhey, 2011, p. 162). Prayer is perhaps the most described of these actions. The author of *Crafte* includes ten prayers that the dying should read or have read aloud while they are dying. Each prayer has its own purpose. Some speak of God's mercy, others appeal to the Virgin Mary and other saints, and some ask for the pardoning of sins or seek commendations for the soul. Thus, *Crafte* ends with a final prayer: "*in pease be thy place, and thy dwellynge in heuynly Ierusalem euerlastyngly, bi the mediacion of oure Lord Ihu Cryste that ys medyatoure between God and man, Amen*" (Atkinson, 1992, p.19-20).

While *Ars Moriendi* literature largely center on the person who was dying and actions they should complete, *Crafte* included brief sections on the role of friends and caretakers. The *instruccion* for friends and caretakers was governed by two principles: assisting the dying in following the detailed instructions in the *Ars Moriendi* pamphlet and realizing the fact that they too were going to die one day. The most important role of the friend and caretaker was to exhort the dying to make peace with God through entering into reverent repentance of sins (Verhey, 2011, p. 167). Caretakers were also encouraged to acknowledge the reality of death while they were still healthy, so they could begin to develop virtue, edifying their souls for the final day of judgment.

Erasmus's Preparatione to Deathe

Building on *Crafte* and other precursory *Ars Moriendi* literature, Erasmus published a sixty page work called *Preparatione to Deathe (Preparing for Death)* in

1533, serving as a complement for an audience that was already somewhat familiar with *Ars* concepts (Bietenholz, 1978, p. 159). Thomas Boleyn, earl of Vilshire and Omand and father of Henry VIII's second wife, commissioned *Preparation*, but examination of the work reveals that it was intended to "be read for the general edification by a wide public" (Vogt, 2004, p. 17). Erasmus's *Preparatione* illustrates the literary appeal to the masses, which was common with all of the *Ars Moriendi* literature of this time period, but also sets his work apart by speaking intimately to the audience about his own struggles. Even though Erasmus is in the position of teacher and instructor, readers get the sense that he too is on the journey to discover the art of dying.

Erasmus begins his exploration of the art of dying by addressing a problematic approach to death. He even critiques the contradictory tendency for Christians who "*haue lerned and do professe al Christis philosophie, yet so feare death, as thoughe eyther they do beleue that nothing of man rmayneth after the brethe expired, or a thoughe they mystrustst the promyses of Christ, or els as thoughe they vtterly despayre of the selues*" (Atkinson, 1992, p. 37). According to Erasmus, a fear of death does not coincide with faith in Christ, who has defeated death and brought eternal life to all who accept God's mercy and salvation. Combating the Stoic's indifference to death and the unbeliever's fear of death, Erasmus arrives at a middle ground where death serves as a significant marker in the life of a Christian and an occurrence that need not be feared due to the promise and hope from Christ's salvation (Bietenholz, 1978, p. 160). One way readers are encouraged to become educated in the ways of dying is through visiting those who are dying. Visitation of the dying helps one contemplate one's own mortality and thus help one to rid oneself of fear.

Unlike the anonymous author of *Crafte*, Erasmus does not provide extensive exploration of the deathbed temptations. In his historical analysis of *Preparatione*, Christopher Vogt (2004) argues that this marked reduction of emphasis illustrates Erasmus's "dissatisfaction with the medieval focus on the temptation of the deathbed" (p. 19). As illustrated in the previous section about *Crafte*, one of the first known writings within *Ars Moriendi* literature, the majority of medieval Christian thinkers believed that the deathbed was a battleground between the angels and the demons for the soul of the dying. By moving away from the tradition in this way, Erasmus introduces a new perspective on preparing for death:

He unequivocally refutes the notion that falling into despair or impatience or any manner of difficulty upon one's deathbed can be determinative of one's eternal fate... Although the aim of the book remains to assist people in their dying, the focus of activity shifts noticeably away from the deathbed toward preparation for death throughout life. (Vogt, 2004, p. 19)

Under the authorship of Erasmus, the call for the healthy to contemplate and prepare for death takes its place at the forefront of his discussion, rather the minor aside it had in *Crafte*.

The remainder of *Preparatione to Deathe* is broken down into a discussion about the three intertwining theological virtues centered around the death and resurrection of Christ, which help one conquer one's fear of death. The first virtue addressed is hope. Erasmus seeks to renew hope in the promise of eternal life through salvation. Hope acts as the visible manifestation of one's faith in God, and thus a lack of hope in the face of death illuminates an "insecure faith or imperfect knowledge of God and God's promises" (Vogt, 2004, p. 18). Faith is a virtue to be built up throughout the Christian life and can be described as confidence in the eternal promises of God. Once Erasmus introduces faith by relating it to its outward manifestation, hope, he explores faith by returning to a

literary device traditionally used in *Ars Moriendi* literature: interactions between the dying and Satan. In this interaction, Satan repeatedly seeks to tempt the dying to deny their faith and succumb to fear and despair. Erasmus seeks to encourage the dying to maintain faithfulness by remembering God's mercy.

Preparatione holds up Christian hope with two pillars—faith and divine mercy (Vogt, 2004, p. 22), establishing these virtues as the foundation for a good death. The final portion of this work explores the centrality of mercy and the importance of habituation. The centrality of mercy is based on the realization of God's divine mercy, freely given to us, and more deeply understood when we forgive one another. Habituation leading towards a good death is brought through the cultivation of virtues and the interaction with and care for people who are dying. Vogt (2004) comments on the tension these two concepts: one emphasizes that we cannot achieve righteousness outside of the grace of God and the other emphasizes the conscious effort we must make in order to cultivate righteousness (p. 25). Erasmus does not resolve this tension.

William Perkin's A Salve for a Sicke Man

While the previous two works addressed, *Crafte* and *Preparatione*, were within the Catholic tradition, there were numerous works within the *Ars Moriendi* tradition that emerged in the late sixteenth century England. William Perkin's *A Salve for a Sicke Man* was one of the most well known and widely distributed of Protestant *Ars Moriendi* literature. It appeared in at least six editions between 1595 and 1632 and was also included in all of the different editions of Perkin's *Workes* (Atkinson, 1992, p. 409), a compilation of his major works throughout the late sixteenth and early seventeenth

centuries. *Salve* is a compact work of about thirty pages intended for the common layman. Aside from its apparent popularity, *Salve* was a significant work within this genre because it departs from traditional *Ars Moriendi* approach by refusing to put deathbed temptations at a position of importance, as seen as throughout *Crafte* and in portions of *Preparatione*. During this time period in England there was a large push back against Catholic liturgical tradition and similarly Perkin's chooses to ignore the liturgical content prevalent in earlier *Ars Moriendi* works.

Perkins builds his thoughts on death with its foundation lying with the following verse from Ecclesiastes 7:3: "the day of death is better than the day that one is born." Perkins asserts that the day of death can only be greater than one's birth if one is prepared to die well (Atkinson, 1977, p. 410) and that pursuing a way to die well is "compatible with Christian life" (Vogt, 2004, p. 25). Unlike his medieval counterparts, Perkins was very suspicious about the genuineness of bedside conversions. For this reason, he avoided addressing deathbed temptations during the final stages of dying, believing that a good death could only be achieved through intentional righteous living throughout life. In his rejection of Catholic liturgical complexity and his desire to seek the truth described in Ecclesiastes, Perkins' writing emerges with ways of preparing for death "in general" and "in particular" (Atkinson, 1992, p. 136). The five general responsibilities one should undertake in order to have a good death: meditation on death, repentance of sin in daily life so as to remove the power of death, allowing Christ to wholly govern one's life, patiently living in the world by daily entering in the newness of life with Christ, and living in such away to be prepared for death at any moment (Atkinson, 1977, p. 413-415). *Salve* also includes practical exercises the dying should undertake as they approach closer

to death. The practical exercises are separated into three categories of duties: to God (renewing faith, reconciliation), to oneself (renewing hope, rejecting despair), and to others (forgiveness, justly dividing earthly possessions).

All over Europe during the time period when *Salve* was first published Christians experienced expansive calls for reform, sparking debates about theological concepts and scriptural interpretations. Among those topics were the debate between predestination and universal salvation, which are both represented in the discussions offered by Perkins. In the simplest of terms, predestination is the outflowing of God's mercy to the elect with heavy emphasis on mercy as gift, and universal salvation is the freedom to accept God's mercy with emphasis on human initiative. Grace is introduced as gift from God, the Sole Initiator of human redemption, nevertheless, man is still invited to actively participate in the process of sanctification (Atkinson, 1977, p. 412). Although these two beliefs may appear to be at odds, Perkins combines them by affirming "Calvin's view that human beings are saved only by faith and grace" while also advocating "the importance of practices and habituation for the development of virtue... and prepare for death" (Vogt, 2004, p. 28). Both these beliefs shape the way Perkins addresses his audience and the instruction he offers.

Faith emerges as the central virtue of Perkin's *Salve*, thus placing it and the virtues that arise from it naturally, namely hope and charity, at forefront of the reader's mind, emphasizing that the faithful need not fixate on deathbed temptations. Perkins writes that for both the healthy and the dying, faith has two defining characteristics. The first characteristic of faith is governed by a genuine "devotion and a deep attachment to the figure of Christ" (Vogt, 2004, p. 26), and manifests itself as charity or "the virtue of

love for God” (p. 27). The second characteristic of faith is its ability to move us into action because as Perkins asserts “true faith is no dead thing” (p. 157). Faith in God will naturally manifest itself by these two defining characteristics. The faithful will recognize God’s amazing love and mercy, be moved into a deep love for God, and thus seek to express this love outwardly. Faith is important to be discussed in Perkin’s book about *Ars Moriendi* because it allows the time of death to become “a moment of joy rather than pain and sorrow” (Vogt, 2004, p. 27). Only through faith in God can the dying have hope in the midst of death.

The final portion of *Salve* outlines several different roles people can play at the deathbed. One of the roles Perkins defines is the role of the physician. Interestingly, the main aspect of the physician’s role was not to remove or end suffering but to avoid giving the dying false hope about the reality of their death. According to Perkins, this false hope could prevent them from taking the necessary steps to prepare for death and die well. Similarly, the layman must also encourage the dying to approach death in good faith. This plea to the physician and the layman is based on common *Ars Moriendi* belief that “a man must die willingly in order to die well” (Atkinson, 1977, p. 417). The layman also benefits personally from the attending to the dying by reminding him of his own mortality, thus allowing him to begin talking on the five general responsibilities to prepare for death. Finally, the most obvious of the roles offered by Perkins is the role of the dying. Other than the obvious role of preparing oneself for death, which is extensively addressed throughout *Salve*, the dying are challenged to endure suffering patiently or in the words of Vogt (2004) to “embrace suffering and even death willingly” (p. 30). *Salve* emphasizes that everyone will enter into this final role of the dying, illuminating the

urgency of Perkins' final plea for the dying to "*haue care to liue well and die well*" (Atkinson, 1992, p. 163).

This chapter has sought to illustrate the richness of *Ars Moriendi* literature and its ability to reveal Christian responses to the prevalence and preoccupation of death in medieval society. As seen in *Crafte*, medieval traditions in *Ars Moriendi* focused on maintaining virtues and fighting off temptations during the dying process. When faced with death people were supposed to recall the passion and death of Jesus Christ, using his death as a source of meditation and contemplation and also as a model for dying well. *Preparatione* brought forth another complementary take on the art of dying, which focused on the theological virtues: faith, hope, and love. Finally, *Salve* offers a Protestant perspective within the *Ars Moriendi*, helping to gather a broader picture of what Christians in different regions and with scriptural convictions choose as their primary focus. Although each of the works described in this chapter provided a unique perspective on the art of dying, as a whole they provide a more holistic view (as limited as it may be within the grand scheme of this literary genre) on how Christians in the fifteenth and sixteenth centuries dealt with death. Maintaining faithfulness continually emerged as a central theme within these works and preparing for death could not only be done during the process of dying but also in the process of living. Even the healthy must do everything in their power to prepare themselves for their own deaths and also fulfill charitable duty by helping the dying maintain faithfulness. In many ways this medieval tradition can shed light on the state of our dying rituals and tendencies in the twenty-first century, acting as a starting point for understanding and composing the Christian art of dying within contemporary medical advancements and theological perspectives.

CHAPTER TWO

Developing a Contemporary *Ars Moriendi*

The first chapter offered a generalized look at the *Ars Moriendi* tradition by looking at three works of prominent influence during the pivotal time for this genre. The art of dying is a foreign concept to the many people of American society, and, the majority of American Christians. *Ars Moriendi* literature contains many important insights about dying for the modern reader. These insights can be used to fashion a contemporary *Ars Moriendi* within the context of the medicalization of death in the twenty-first century and the almost taboo-like tendency of people to consider death and the dying. In order to understand how to have a good death, which is the goal of the *Ars Moriendi*, we must adapt the contents of the previous chapter to current Christian theological understandings and medical technology. Unlike fifteenth century Christians, contemporary Christians have to navigate with the medicalized nature of death that is so prevalent in our society. This chapter will look at the Christian response to death and dying offered by theologians and Christian thinkers while offering a couple of critiques to the traditional *Ars Moriendi* approach.

Biblical Accounts of Jesus Provide the Foundation of the Christian Art of Dying

Discussions on ridding oneself of vices and cultivating virtues were a common occurrence in *Ars Moriendi* literature in the fifteenth and sixteenth century. Vices were to be guarded against and virtues were to be upheld during the process of dying if one

wished to die well under *Ars Moriendi* instruction. The consideration of particular vices and virtues were largely governed by the prominent theologians and ecumenical teachings of the day, drawing from the traditional understandings and scriptural interpretations. Erasmus's *Preparatione* and Perkins's *Salve* drew from many of these same sources as *Crafte* but mainly chose to focus on virtues rather than vices and temptations. Many of the virtues were expanded on through the exploration of Jesus's actions throughout His Passion, but this was surprisingly not the central role of Christ in the *Ars Moriendi* self-help books. The life of Christ primarily offered major points of contemplation to spur one on to the virtuous life and secondarily as the example from which to fashion one's death. Many contemporary *Ars Moriendi* writers deviate from the tradition, however, by centering much of their discussion on Jesus' own example of a good death during the Passion, allowing the contemplation of Christ to naturally flow out of an in depth examination of the Passion.

Before continuing, however, it must be made clear that while Jesus' death does provide the perfect example of dying well, there is an essential difference between our deaths and Christ's death. The death of Christ has "cosmic significance" and is the reason we can approach our death in hope (Verhey, 2011, p. 217). We can learn a lot from the way Jesus acted during His Passion, but we must not let the biblical narrative become selfishly centered on us. Ultimately, we must first and foremost look at this passage as the account of our Savior freely dying for the atonement of our sins.

Christopher Vogt and Allen Verhey are two of the prominent scholars within the contemporary *Ars Moriendi* literature. One commonality they share is how extensively they examine the final days of Christ before his crucifixion in order to develop a

contemporary *Ars Moriendi* approach. Both use biblical accounts as a foundation for their work, and while many of their points are similar, they come at Scripture with different methods. Vogt focuses on Luke's biblical account in order to describe the virtues needed in order to die well. Verhey pulls from all of the four gospel narratives and analyzes the actions and words of Jesus to create a model for the dying and derive virtues from it. Both Verhey (2011) and Vogt (2004) along with other New Testament scholars will be examined in order to come to a consensus for our contemporary *Ars Moriendi*.

In his chapter, "A Biblical *Ars Moriendi*" Vogt (2004) provides several justifications for choosing to examine Luke. However, the most compelling justification is "the parallels between the description of Jesus' death in Luke's gospel and the account of the deaths of early Christian martyrs in Acts" (Vogt, 2004, p. 99). Specifically, parallelism seen with Stephen's death as he says, "Lord Jesus receive my spirit" (Acts 7:59) and "Lord, do not hold this sin against them" (Acts 7:60). Thus, we can conclude that Luke believes the way Jesus approached his death was something worth emulating. By considering these points of legitimizing an interpretation of Luke's narrative as a model for Christian dying, the audience can be assured this is "not an instance of imposing an alien meaning upon the biblical text" (Vogt, 2004, p. 99).

Using the Passion narrative in Luke, Vogt illuminates three important Christian virtues within the art of dying: patience, hope, and compassion. In the Garden of Gethsemane, we see Christ's patience to its fullness. He knows what is coming. As he sits and prays to the Father, we read his earnest prayer: "Remove this cup from me; yet, not my will but yours be done." (Lk 22:42). His plea to remove suffering is an important caveat of his patience. Jesus does not embrace suffering nor glorify it. He reluctantly

endures suffering. Conversely, the *Ars Moriendi* literature had a tendency to embrace suffering for moral edification (Vogt, 2004, p. 132). Patience as modeled after Jesus does not require us to optimistically look toward dying and death, but instead calls us to endure suffering through faithfulness and the promise that God will be with us even in suffering. Jesus' struggle in the Garden of Gethsemane relieves Christians from the pressure of trying to pretend that death is easily embraceable. Jesus shows us that we can endure suffering as we die but also that patience will not be wasted—God will still enact his divine purpose.

In many ways, hope in God's divine purpose and faithfulness inspires patience. The Lucan Passion narrative provides two examples of Jesus practicing hope on the day of his death: praying in the Garden of Gethsemane and speaking his last words on the cross (Vogt 109). Hope intermingles with Jesus' ability to endure to horrible suffering and so we are called to likewise endure hopefully. Vogt (2004) writes:

Hope functions to assuage the fears of Christians by shifting the focus of meaning in the events that are about to unfold. It is not a distraction from what is to take place, nor an empty promise that no harm will ever come; rather, it is a reorganization of the significance of the facts at hand; you will suffer, you will die, but *I will be with you*. Christian hope elevates the importance of this last fact to such a degree that it outweighs (but does not eliminate) the negativity of the other facts of the situation. (p.110)

This hope is what separates the Christian art of dying from the way the rest of the world dies, providing a witness to God's faithfulness and provision. With this Christian hope, we are called to "take up our cross" and follow Jesus, even with the challenging process of dying. It is at this point that Vogt (2004) addresses the third quality of hope as the comforting "expectation of being saved or redeemed by God *after death*" (p. 111). This eschatological hope differs from the hope that God will be with us in suffering but it

looks completely towards the last breathe at a moment when suffering will cease, our deaths completed, and new life begins.

The final virtue Vogt draws from the Passion narrative is compassion, which interestingly is something that differs slightly from the traditional *Ars Moriendi* literature. While the works in the previous chapter specifically looked at hope and patience, the *Ars Moriendi* does not look at compassion thoroughly in reference to the dying, referring to it mostly in regards to the people who are caring for the dying. The biblical narrative illustrates, however, that “the expression of compassion by the dying is a key component of dying well” (Vogt, 2004, p. 112). Compassion within the context of the dying is defined by Vogt (2004) as “acting on behalf of and in concert with those suffering” (p. 112). Three occurrences of Jesus’ compassion are in the Lucan biblical narrative: Jesus healing the ear of the high priest’s servant, providing mercy and forgiveness to those who scorned and mocked him, and assuring the thief of the forgiveness of his sins. Perhaps the best way this can be related to the dying is by exercising compassion towards family, friends, and one’s enemies. Jesus illustrates that great compassion can be expressed to others even while one is experiencing great suffering in striving to die well.

The overarching narrative, however, is missed if we approach each of these virtues as separate actions governed by completely unrelated virtues. The interweaving of these virtues cannot and should not escape our notice, and again, we must look back at scripture. The final hours of Jesus’ life come as he hangs on the cross between two thieves. One scorns and mocks him with the crowd, but the other humbly seeks forgiveness, moved by Jesus’ overwhelming compassion and witness. Jesus, even in the midst of his own suffering, comforts the thief and assures him that he will be with him in

paradise, offering hope in the midst of an agonizing death. Hope, “rooted in faith in the power of God,” gave Jesus the strength to endure suffering patiently and also gave him the opportunity to exercise compassion (Vogt, 2004, p. 116). Hope gives rise to patience and compassion.

Verhey also uses biblical accounts of Jesus to develop his contemporary *Ars Moriendi*. Unlike Vogt, he draws scriptural evidence from all four gospels. Christians are called to be “imitators of God... And walk in love, as Christ loved us and gave himself up for us, a fragrant offering and sacrifice to God” (Eph 5:1-2). If we are to be like Christ in life, should we not also be like Christ in death, modeling his faithfulness, hope, humility, patience, and courage? As Christians the answer must be a resounding ‘yes.’ There is much to learn from Jesus through his actions leading up to and on the cross. Verhey narrows down his scope of analysis by reflecting on the significance of the seven final sayings of Jesus on the cross. The first words are pulled from Mark and Matthew: “My God, My God, Why have you forsaken me?” (Mark 15:34; Matt. 27:46). Within this anguished cry, we see the power of death to pull the dying into an alienated state. Once again, Jesus is not presented as one who readily embraced suffering, but rather someone who “knew the sad songs of lament” (Verhey, 2011, p. 228). Within his pained and raw cry to God, Jesus shows that laments can be as much a part of death as hope. In fact, lament and hope can mingled together. The psalms are full of people who call out to God in their suffering while still finding hope as they look heavenward. Psalm 22 can be used as an example:

My God, my God, why have you forsaken me?
Why are you so far from saving me,
so far from my cries of anguish?
My God, I cry out by day, but you do not answer,

by night, but I find no rest....
For he has not despised or scorned
the suffering of the afflicted one;
he has not hidden his face from him
but has listened to his cry for help.

The first line from this psalm is the same lament that Jesus said on the cross. There is much comfort in knowing that our Lord and Savior lamented his pain and suffering amidst his faithfulness and hope. In a contemporary *Ars Moriendi*, the dying do not have to “grin-and-bear-it” but indeed there is room for lament as we endure suffering and even death.

Another phrase stated by Jesus on the cross, “Father, forgive them,” (Lk. 23:34) illustrates the importance of forgiveness in the art of dying. Forgiveness can be defined as “the readiness to embrace the one who did us wrong, to let go the indignation of an injury or an insult” (Verhey, 2011, p. 235). When forgiveness enters into friendships, even in the process of dying, we can learn to love our friends better and our friendships become sweeter, in the way that God intended. This forgiveness extends to the people who are mocking Jesus but also to the repentant thief, prompting Jesus to speak again: “You will be with me in paradise” (Lk. 23:43). While Jesus does serve as our model for forgiveness, it must not escape our realization that we too must seek his forgiveness for our sins. Although Jesus’ death can be seen as paradigmatic for the Christian art of dying, we are not Christ so dying well as a follower of Christ asks something more: repentance of sins. The forgiveness given to the repentant thief on the cross acts as a powerful promise of resurrection, providing hope amidst the suffering that accompanies death. With these words, “You will be with me in paradise,” Jesus signifies that death will not have the final word, alluding to his resurrection and the eternal life that flows from it. The

death of a Christian does not have finality in our lives, and like Jesus we can trust that the Lord will have victory over our deaths.

Verhey (2011) concludes his analysis of Jesus' death for a contemporary *Ars Moriendi* by examining the "surprisingly mundane" final words of Christ mentioned in the gospel of John (p. 243): "Woman, behold your son" (John 19:27), "I thirst" (v. 28), and "It is finished" (v. 30). Jesus shows that God can be honored even in the mundane aspects of death. Charging John with the care of his mother, Mary, shows Jesus' care for the "security and well-being" (Verhey, 2011, p. 244) of his mother and thus establishing "provision for the well-being of the survivors" of one's death as a characteristic of a good death. The mundane statement, "I thirst," can be profound in its implications for the realities of the demands of the flesh within the process of dying and that a good death does not require Christians to stoically embrace suffering by denying the needs of our bodies. The final statement signifies Jesus' death and acknowledges the completion of Jesus' task to die well and faithfully, and the complete submission to the will of the Father.

The final words Jesus speaks in Luke, "Father, into your hands I commend my spirit" (Lk 23:46), illustrates His trust in God that He (Jesus) will rest safely in His arms after his death. The Lord has not abandoned Jesus even during his final breath. Jesus' final prayer also illustrates that "[dying] well and faithfully is easier if one has lived well and faithfully" (Verhey, 2011, p. 241). Verhey justifies this by delving into the biblical significance of this prayer. The prayer, "into your hands I commend my spirit" originates from Psalm 31. By including this in the dying account of Jesus and conveying the importance of prayer through Jesus' life, Luke shows that prayer is just as important

during the dying process as it is during the process of living and that prayer in death will more naturally flow when a prayerful life has been lived (Verhey, 2011 p. 241). This connection between living well and dying well will be examined more deeply in the following section.

Weaving Together Ars Moriendi and Ars Vivendi

One need only read the Gospels in their entirety to see that Jesus' perfection of virtue was not confined to the final days leading up to his death. We can look to Jesus' life as the example for love, compassion, hope, patience, humility, and faith for our living as well as our dying. It is unrealistic to believe that "an art as difficult as dying could not be mastered if taken up only at the end of life" (Vogt, 2004, p. 136). In his book *The Art of Dying and Living*, Kerry Walters (2011) explores the concept of a contemporary *Ars Moriendi* and draws the conclusion that "a good death requires preparation that needs to begin long before we enter the final stage of life. Waiting until then is generally too late" (p. xviii). This is not a new concept, in fact many scholars within the *Ars Moriendi* literature asserted that preparation for death can begin before one is actually dying, however, it mainly focuses on the deathbed, whereas contemporary *Ars Moriendi* looks at the way to cultivate a good death through the entirety of one's life.

Both the fifteenth century *Ars Moriendi* literature and the contemporary *Ars Moriendi* perspectives of Vogt and Verhey, looked at essential virtues that characterize a good Christian death. These virtues are also characteristics of a good Christian life. Faith can be exercised each day through the act of trusting the Lord to provide for the future. Hope, stemming from faith, will help a Christian endure the painful experiences of life, such as the death of a loved one, with patience. Love spurs on the Christian to act with

compassion towards the sick and dying, widows and orphans, poor and downtrodden.

Humility points the eyes of a Christian toward God, keeping one from falling into the trap of self-righteousness and pride that will ultimately carry one away from the welcoming arms of the Father. Cultivating virtues, or as some might say, the habituation of virtues, helps us to collect our spiritual tools so that through the grace of God, “something ugly and terrible [can] be transformed into a thing of beauty and purpose” (Moll, 2010, p. 179).

Additionally, it seems that viewing death through the lens of contemporary *Ars Moriendi* will allow us to experience life more fully. Living life in fear of death or living life with the belief that nothing will matter after death brings us to two unfortunate outcomes: either we will be so afraid of death that we will cease to live life abundantly or we will live with such reckless abandon, at the expense of ourselves and others, that we might fulfill all of our worldly desires and passions before our death. If we can recall, however, the reason we can have hope in death, by reflecting on God’s provision and the solidarity we share with other believers in regards to death and hope, then we can also recall the reason we can rejoice in the community of God and other Christians. This reason is the enduring promise of eternal life with God through the salvation offered from Jesus’ sacrifice. The truth of Jesus’ life, death, and resurrection is at the very core of the Christian faith and transforms the lens through which we view life and death, creating purpose within each. In the words of Henri Nouwen (1994): “when we learn to face death with hope, we can live life generously” (p. 30).

Just as the art of dying helps us live well, learning the art of living also helps us die well. One important part of living well that in turn helps one die well is caring for the

dying and entering into community with those who are dying. An act that flows out of compassion. One of the groups of people that Jesus charged us to care for is the sick and dying. In fact the way we treat the “least of these” directly correlates with the genuineness of our faith (Matt. 25). Caring for the dying flows from an outpouring of faith and compassion. It is extremely essential for contemporary Christians to understand this concept because in many ways caring for the dying has been pushed into the confines of the medical profession. Much of society and many within the Christian Church have little to no experience with death. Henri Nouwen (1994) eloquently describes care as “the loving attention given to another person” as a way to honor him/her as a child of God (p. 58). A contemporary *Ars Moriendi* (and with that an *Ars Vivendi*) challenges us to counter-culturally engage with and care for the dying.

In the community of the dying we learn something of our own mortality. Being present with those who are close to death invites us to share in the “solidarity of death” as Nouwen (1994) describes in *The Greatest Gift*:

If we live toward death as an event that separates us from people, death cannot be other than a bad and sorrowful event. But if we grow in awareness that our mortality, more than anything else will lead us into solidarity with others then death can become a celebration of our unity with the human race. Instead of separating us from others, death can unite us with others; instead of being sorrowful, it can give rise to new joy; instead of simply ending life, it can begin something new. (p. 26-27)

Upon initially reading this passage from Nouwen, his claim that “death can become a celebration” is rather confusing. This description of death is such stark contrast from the horrible pain and suffering Jesus lived through on the cross. These juxtapositions for death, one of lament and one of celebration, made me pause. I do not think that Nouwen believes death is devoid of sorrow, for even Jesus wept at the grave of Lazarus in the midst of his friend’s death. Rather, the point I think Nouwen is making is this: that

spending time with the dying and coming to grips with our own mortality guides us to the hope that we can have in the midst of death.

Up until this point, we have talked about how living well helps with one's personal ability to die well. The communal aspect of Christianity, however, will not allow us to simply be content with only caring about how one's actions affect one's ability to die well. The Christian Art of Dying cannot only be concerned with dying well on a personal level but must also include dying well on the communal level. When we strive to live well and die well, we will naturally strive to encourage others as they seek to die well. Dying is not an easy endeavor. When people who are dying can lean on the Christian community they will be renewed both spiritually and physically. Again, I would like to call upon wisdom from Nouwen's *The Greatest Gift*:

To care for others as they become weaker and closer to death is to allow them to fulfill their deepest vocation, that of becoming ever-more fully what they already are: daughters and sons of God. It is to help them to claim, especially in their dying hours, their divine childhood and to let the Spirit of God cry out from their hearts, 'Abba Father' (Galatians 4:9). To care for the dying is to keep saying, 'You are the beloved daughter of God, you are the beloved Son of God.' (p. 58)

Caring for the dying gives us the opportunity to help fulfill the art of dying. In our role as caretakers we can remind the dying that vulnerability is not shameful and weakness does not equate to their self-worth. Our contemporary *Ars Moriendi* is not an individualistic endeavor but must be studied and practiced in a community endeavor.

Creating an Ars Moriendi with an Independence-Obsessed Culture

One of the most intriguing problems with trying to apply the *Ars Moriendi* teachings within today's context is our culture's aversion to vulnerability and obsession with independence and autonomy. The abilities of medical technology and knowledge

about palliative care and alleviating pain were not even within the wildest imagination of medieval physicians. Thus, fifteenth and sixteenth century *Ars Moriendi* works are largely inadequate in dealing with the questions about autonomy and dependency that Christians must consider in modern medicine. For this reason, our contemporary *Ars Moriendi* must take time to discuss how one should deal with one's dependency in dying within an independence driven society.

As a university student within a culture largely based on the abilities and talents of individuals, I see evidence of the way our culture defines human worth and dignity on one's ability to be independent and contribute to society. While helping to contribute something good to our community or exercising independence is innately a good thing, it becomes a perverted good when we place it as the central attribute of our value and worth. The process of dying, in contrast, is largely characterized by dependence and need for care. This is the paradigm that makes contemporary *Ars Moriendi* so counter-cultural. In order for one to develop the Christian art of dying we must uncover the relationship between dying and vulnerability, acknowledging that our worth is solely rooted in God's love.

The individualistic nature of the general American culture proves to be an obstacle one must address within a contemporary *Ars Moriendi*. In order to fully experience a good death, one must acknowledge that life cannot be dissected from community. Developing a self-concept that one is complete as an island is a vehicle for alienating oneself from community support and proves to be potentially detrimental to the art of dying well. Perhaps part of the art of living well, and thus art of dying well, is recognizing that community is an important aspect of human living that should not be

stifled. Vulnerability is not an easy concept to embrace, but a contemporary *Ars Moriendi* calls us to accept this reality. Vogt (2004) asserts:

Christians must practice ceding absolute control of their lives. Today, what so many people find it impossible to admit is that they are not autonomous islands but creatures that cannot flourish without other people. This is a fact that it will take a lifetime to learn. But it is only if we learn this truth that we will be able to hand ourselves over patiently to the care of those we love when death draws near. (p. 133)

Like Vogt (2004) describes, the art of dying well involves “hand[ing] ourselves over” to the community around us. This act is one of humility and trust and is one of the reasons why it is so important for the church to actively care for the dying. We must honor our fellow brothers and sisters of Christ by being a Christian community that welcomes the vulnerability of the dying, holds their hand, eases their pain, and points their eyes toward God. The role of the Christian community is extremely important in a contemporary *Ars Moriendi* and this is something I will explore in chapter four.

Moving away from our culture’s overemphasis on autonomy gives us the freedom to cultivate the art of dying by cultivating hope rather than despair. If a person’s value rests in autonomy, the vulnerability of death will likely have crushing and despairing affects. If a person’s vulnerability is not met with care and compassion, the Church has severely missed her mark. Trying to face the realities of dying alone will be extremely difficult and will induce more suffering. The Church must provide the strength and courage the dying need in order to live out the *Ars Moriendi* so as to glorify God in one’s final days on earth and look toward heaven in hopeful anticipation.

CHAPTER THREE

Hospice: Dying well within the Context of Medicine

The early *Ars Moriendi* literature offered a way to die well without much mention of how the art of dying could be supported within the context of the medicine. The advances of modern medicine and the exponential development of medical technology have prolonged and many times enhanced the quality of life for the aging. Today, many more people live and die with chronic illnesses, thus making the average process of dying longer and with much more symptom control. In contrast, the most likely cause of death in medieval times and even just a century ago would have been acute illnesses and diseases that would have progressed much more rapidly. The change in the types and lengths of death seen within the last century will ultimately affect the way we approach our own deaths. From my own observation and research, medical advances can have two very differing effects: 1) they can prompt a longevity of life by extending the time between diagnosis and death, which can give us more time to pursue the art of dying, or 2) it can create a false perception of immortality that promotes the denial of death and prevents people from dying well. The medicalization of death has proven to be a new and difficult reality that our ancestors did not have to consider. Medicalized dying is characterized by an obsession with “biological survival” and a idolization of medical experts (Verhey, 2011, p. 389-390).

Nonetheless, prolonging life and alleviating suffering is definitely a good that gives Christians the opportunity to serve God with great vigor and for a longer period of

time. There is no doubt that medical advances can have good consequences for the way we can approach the art of dying. In light of the problematic nature of medicalizing dying, we must consider the main goal of a hospital. The focus of a hospital, especially in America and other medically advanced countries, is to cure disease. This goal is not a bad one, but proves problematic with cases where a cure is no longer possible. Chronic illness and terminal disease derails this deeply ingrained goal and thus makes an extended stay in hospitals for these particular patients counterintuitive. Moving away from the curative principles of a hospital proves helpful when developing a modern approach to dying well. The process of dying well, however, can prove unnecessarily painful within the context of modern medicine. This is something that cannot escape our notice because a large portion of those dying will need long term medical care that requires tedious pain management and around the clock care. In many instances this type of care is impractical or impossible for the dying's family to provide on their own.

Although there are various ways of completing this task, for the purpose of this thesis, I consider hospice as a resource for those who wish to carry out the art of dying well. Hospice was founded on the Christian convictions of Cicely Saunders. She approached long term care for the dying holistically rather than solely physically. This approach was characterized by the freedom it offered patients with facilities designed to be more open to families and friends, allowing one to die in a more comforting in an environment. This provides opportunities to live out the aspects of contemporary *ars moriendi*. Hospice is intentionally designed to provide patients with chronic pain and terminal illness a place to die peacefully with proper medical care in an environment that encourages maintenance of physical, spiritual, emotional, and mental well being. By

separating patients from the death denying culture of medicine, hospice introduces an environment away from medicalized dying where pain can be managed, and patients can have resources to die well in a way that aligns with our contemporary *ars moriendi*.

The Foundations of Hospice: Examining the Life of Cicely Saunders

Cicely Saunders' St. Christopher's Hospice in London was not the first place dedicated to caring for the dying, but is considered the first modern hospice. As we have seen with the *Ars Moriendi* literature, and for that matter throughout recorded human history, people have been caring for the dying. There were several small "hospices" throughout Europe in the late 19th and early decades of the 20th century and these did have an influential role in the creation of the first "modern" hospice by Saunders. Historical and medical scholars alike have deemed St. Christopher's Hospice the first "modern" hospice largely because it combined three important principles: "excellent clinical care, education, and research" (Clark, 2015, p. 138). Thus, studying the history of St. Christopher's Hospice can provide crucial understanding to the foundational goals and philosophies of hospice care.

Cicely Saunders began her medical career as a nurse serving in the Second World War. However, a back injury (Holden, 1980, p. 58) required that she return home. Determined that she was not finished working in the medical field, Saunders went back to the university and became a medical social worker. After working in a hospital, she realized that a particular population in the hospital seemed quite out of place: patients with incurable illness and chronic pain. She encounters a man who was dying of terminal cancer. She quickly befriended the man and they would frequently share long conversations about death and dying, among other things. Together they envisioned a

place where people could come to receive appropriate medical care in a setting that would help people die well, tending to not only their physical needs but also their spiritual, emotional, and mental needs. Upon his death, the man left 500 pounds to Cicely in his will prophetically stating, “I’ll be a window in your home” (Thames Television 1983). With his words ringing in her heart and her Christian faith pushing her to action, she embarked on a mission to change the care of the dying forever. Working within the hierarchy of late 1950s medicine, Cicely began training to be a doctor so she could enact changes for which she had a passion. Finally, in 1967, St. Christopher’s Hospice opened with Cicely Saunders serving as the medical director.

The Philosophies of Hospice and Holistic Care

Similar to *Ars Moriendi* literature, St. Christopher’s Hospice was founded and created for the purpose of helping people die well. The connection between the Christian art of dying and hospice flows rather naturally because the hospice movement is rooted in Christian principles, stemming out of Cicely Saunders’ compassion for the dying. Even though the Christian foundations may not be as explicit as they were at their founding, Cicely Saunders (2003) cites St. Christopher’s Hospice Aim and Basis of 1992 in her book *Watch with Me: An inspiration for a life in hospice care*: “[St. Christopher’s] was established and has grown as a Christian Foundation, not simply in terms of its care but from a belief that the God revealed in Christ shared and shares in the darkness of suffering and dying and has transformed the reality of death” (p. 43). The mission statement illustrates the Christian roots of hospice care, which are still at play and have affected its philosophies and how it approaches holistic care.

The hospice movement emerged at a time when medical advances had created a medical culture that was obsessed with avoiding death, so much so that it did not leave room for those with chronic and terminal illnesses, putting them on the outskirts of wards with limited or no care for emotional, spiritual, and social needs. The modern hospice movement arises as a response to this reality. According to Siebold (1992),

The hospice movement ideology was a composite of assertions that death's pains could be treated and cured giving professionals control over the process (a medicalized perspective) and that death had to be normalized, returning control of the process to dying patients and their families (a demedicalized perspective). (p. 75).

While Siebold poses these two perspectives as “the central conflict of the hospice movement” (p. 75), they can be balanced together within hospice in a way that allows people with terminal illnesses to die well. Saunders (1981) was very welcoming of this dichotomy: “in the hospice movement we continue to be concerned both with the sophisticated science of our treatments and with the art of our caring, bringing competence alongside compassion” (p. 4). Living out a contemporary *Ars Moriendi* does not require the dying to deny the use of medical intervention to reduce physical suffering. In fact, many scholars and medical professionals who have observed the art of dying, including Cicely Saunders, would argue that medical pain management gives the dying freedom to focus more directly on other needs of equal or greater importance in the last stages of life.

Hospice is largely centered on the idea of holistic care, which considers multiple factors that relate to a patient's quality of life. A working definition of holistic care for this thesis is the integration of numerous fields pertaining to the physical, emotional, mental, social, or spiritual aspects of a patient's care, thus promoting the wellbeing of the whole person. The foundational philosophies of hospice acknowledge that the process of

dying expands much further than the physical pain of the terminal illness. Dying is also accompanied by emotional, spiritual, and social pain, which can be addressed if the patient is given the opportunity. Hospice seeks to make this opportunity much more readily available than a typical acute care hospital.

In many ways, hospice is the modern physical manifestation of the 15th century *Ars Moriendi* deathbed where the dying can be free to pursue the art of dying well. Additionally, hospice is an option for the dying that expands outside the Christian faith, which has been at the center of the past two chapters. Cicely Saunders in an interview stated,

You can certainly be an atheist or agnostic in a Christian hospice and know you are not a second-class citizen in any way and not feel pressured either. But I think the Christian answer does give one strength to keep coming back even if you don't say it... The Christian answer is basically: God has left it, well, He has not *left it* but is *in it*, as a free and dangerous world and that means hard things will happen, we do it to each other, it happens out of nature and so on. He doesn't step in to stop it, but he does step in to share. (Thames Television, 1983, 19:35-20:16)

A good death is not limited to only Christians but can be achieved by people of differing religions. Being a Christian and living out the *Ars Moriendi*, offers a unique sense of hope and thus a unique way of dying. Sharing the love of Christ and acting out of compassion for those who experience suffering in the process of dying, however, is not reserved for Christians and can extend to all those who call upon the services of hospice. The design of hospice, which strives to cater to patients' specific physical, social, mental, emotional, and spiritual needs, is reflective of its foundational goal to create the opportunity for a good death.

The Unique Design of Hospice

In an interview during the BBC Women's Hour, Cicely Saunders described hospice as "something that comes in between a hospital and the patient's own home" (1983). The design of St. Christopher's Hospice (and many others that followed in its footsteps) was created in order to provide long-term pain care with more space for family and more room for tending to the spiritual and emotional needs of the patient. The management of chronic pain became a central crux of the modern hospice movement. According to Siebold (1992), Saunders believed that "western culture failed to acknowledge or comfort the dying" (p. 69) and she sought to address this firstly, by giving out pain medication "around the clock instead of waiting until the patient was in pain" (p. 68). Doctors and nurses at St. Christopher's strive to be very attentive to managing patients' symptoms, shifting the focus to the improvement of the life still to be lived rather than prolonging and extending life. A term emphasized by the research of Dr. Cicely Saunders is "total pain," which is the accompanying pain of chronic illness, a meaningless pain that "rarely promotes healing and has no such built-in meaning for those who suffer it" (Saunders & Baines, 1983, p. 13-14). If physical pain can be actively managed then the dying can be freed in part from suffering, thus enabling the patient to take part in other important facets of dying, such as restoring familial relationships or tending to spiritual concerns.

Hospices are designed intentionally with much more focus on the patient's family. St. Christopher's Hospice, which will serve as a model of hospices for this thesis, has "no age limit for visitors" and has "unlimited visiting hours except on Monday" (Ingles, 1980, p. 49). Mondays are deemed "families day off," providing family with an

oftentimes much need day of reprieve while volunteers and staff plan fun activities for the patients (Ingles, 1980 p. 49). The institutional policies of St. Christopher's Hospice acknowledge the important role of family in the process of dying, illustrating an understanding of the human need for community at all stages of life, especially as one approaches death. This extended role of the family within hospice is complementary to the emphasis that our contemporary *Ars Moriendi* promotes, allowing the patient's loved ones to take part in the process of dying. The welcoming environment for children and grandchildren of patients reminds patients that joy can be found even in the often tedious and disheartening aspects of dying.

Another unique characteristic of hospice is directly related to St. Christopher's bereavement follow up policy. Paul M. DuBois (1980) describes in *The Hospice Way of Death* the different ways that hospitals and hospices tend to family members who are recently bereaved:

The hospice also offers care to the bereaved beyond the death of the patient. In a modern hospital, the moment of death is a signal to the patient's family and the hospital staff to part company. In hospice, however, this is a critical time in which attention becomes focused even more strongly on the needs of the bereaved. (p. 63)

By providing bereavement care for free, St. Christopher's Hospice acknowledges the reality of death, thus sending the message that grief is a natural and expected part of losing a loved one. In contrast the hospital, whose main goal is cure, is not "staffed for and oriented to providing care for terminally ill patients" (Cohen, 1979, p. 68). This is not necessarily a failure of the hospital but rather an indication of its role within the broader scope of medicine. The design of hospice, which includes the family in the dying process, promotes an *Ars Moriendi* of sorts by helping them experience death so the reality of our mortality can be faced, allowing them to continue their own art of dying.

In accordance with the emphasis that hospice puts on holistic care, the staff of a typical hospice reflects the patient's need for physical, mental, emotional, and spiritual care. Hospice teams consist of a multidisciplinary collaboration with physicians, nurses, clinical nurse practitioners, social workers, physical therapists, chaplains, psychologists, and volunteers. The truly unique aspect of the multidisciplinary team is "the lack of sharp distinction between the functions of the various team members" (Zimmerman, 1981, p. 98). Clearly, this "lack of sharp distinction" is reflective of the holistic approach to care that typically defines hospice. Thus, each member of the team, while specialized they may be, recognizes that they cannot separate the different areas of a patient's well-being. Hospice also cares for the well being of their patients by tending to the well being of the staff. Paul DuBois (1980) observes that "St. Christopher's Hospice recognizes that caring for terminally ill patients is very demanding work" and so institutional policies provide for the holistic needs of their staff as well. For example, the staff is given extended vacation time and are encouraged to attend debriefing support groups.

One of the most crucial aspects of hospice care is the volunteer. In order to provide holistic care, there is a tremendous need for volunteers to help with seemingly menial tasks such as doing laundry for the family, sitting with patients, reading the newspaper, or styling a patient's hair. Most importantly, the volunteer is a comforting presence and friend. These everyday tasks can have a profound impact on the patient's and family's experience and outlook on life and death. Davidson (1978) reflects on how the volunteer can help the patient in a unique way: "The volunteer is uniquely able to help the patient maintain or reestablish a sense of self worth. Dependency and lack of independent functioning created by disability eats away at a person's self esteem" (p. 50).

This is only one example of the importance of the participation of the broader community in the process of dying. In this hospice model, the role of the volunteer can be filled by the Church, but a general observation within church life, especially in America, would suggest that this is often not the case.

Hospice, as envisioned by Cicely Saunders and embodied by St. Christopher's Hospice, is a valuable resource for people with chronic illness who wish to die well by receiving advanced medical care and pain treatment. It should be noted, that for all the merits of the original intent and foundational principles, that not all hospices have lived up to the ideals laid out within this chapter. While hospice is definitely a tool that can and should be utilized by people who need more extensive medical care, it does not diminish the important facet of individual awareness and intentionality one must have in order to achieve a contemporary *Ars Moriendi* as illustrated by chapter two. Additionally, the Christian community should complement the individual role a person plays as they die. The final chapter will examine the role of the church in preparing its members for death, encouraging them to live out the art of dying well, offering critiques and practical examples to cultivate a people that stand apart from the cultural tendency to deny the reality of death and seek salvation through medicine.

CHAPTER FOUR

The Church's Role in Promoting a Contemporary *Ars Moriendi*

In the last three chapters, this thesis has looked at several different methods of approaching death. Our examination of the medieval *Ars Moriendi* provided the foundation for a Christian perspective on dying well. This foundation was then expanded and put into contemporary terms. The modern hospice movement has sought to provide a space for the dying to receive medical treatment but also care for their emotional, mental, and spiritual needs. This final chapter examines the crucial role the Church should have in fashioning a supportive community in which all members may learn the art of dying well. The role of the Church within the contemporary *Ars Moriendi*, however, has been convoluted and largely forgotten in the hurried pursuit of medical innovation and the individualistic tendencies that so often characterize our congregations. The forgotten role of caring for the dying, however, can be recovered within the life of the Church by shifting priorities and living out the message of Christ to “love your neighbor as yourself” (Mk 12:31). The remainder of this chapter will call the Church back to her roots of caring for the dying and offer some practical ways to engage congregations in the art of caring for the dying.

Throughout my research of *Ars Moriendi* and other historical resources to help people die well, I was all at once glad that I was researching such an intriguing topic but baffled about how the Church seems to have little interest in mentioning death or allowing the dying to be a continual part of a congregation. Even though I was born and

raised in the Church, I could probably count on one hand the amount of times I have been in the presence of the dying or helped tend to their needs. Many of my Christian friends who have grown up in the Church would say the same: death and dying has ceased to be a community event within the life of the Church.

Understanding the Culture of Death Around the Church

Before beginning with reflections on what the role of the Church should be in caring for the dying and practical practices to integrate the dying and their families into the everyday life of the church, it is important to understand the cultural climate surrounding death and how our society deals with the dying. Vautier (1996) states, “there is a sobering interconnection between definitions of death, the meaning of personhood, and the value of human life” (p. 100). The entwined nature of one’s views on death and what makes a human life valuable directly relates to the ability of people to cultivate a contemporary *Ars Moriendi*. The process of dying can become a process of immense suffering and meaninglessness if the criterion for one’s self-worth is governed by one’s independence and ability to contribute to society. For this reason, an examination of the culture in and around the Church must be understood in order to change the way the Church approaches death within their congregation.

In their reflections on the American cultural opinions on death, both Gorer (1955) and Lammers and Verhey (1998) discuss the paradoxical obsession and concealment of death that has plagued our society. The explanation of this paradox is best explained by May’s (1998) article included in *On Moral Medicine* (Lammers & Verhey 1998): “On the one hand, death is a taboo subject, the unmentionable event; on the other hand, death (and violence) is an obsession at every level of our culture” (p. 199). Gorer (1995) even goes

as far to equate this obsession and concealment of death to pornography in which one seeks to separate all emotion and grief from death. Concealment of death or treating death as a taboo can lead to a despairing isolation of the dying from the life of the community. Obsession with death can glorify violent, inhumane death and create a picture of death that desensitizes us to the reality of suffering in death, robbing us of the grief that flows naturally out of encounters with death. The Church should combat both of these tendencies.

Unfortunately, the concealment of death is not just a problem within our society but also an issue within the Church as well. In tandem with the concealment and obsession with death, contemporary culture has become increasingly fixated on autonomy, preserving health, and independence. These characteristics are highly valued in our individualistic society because they are the prerequisites for the equation of success that so often consumes the life of Christians and non-Christians alike. Furthermore, views on dying and death have been transformed by the exponential advancement of medical technology, leading many “to view death as a failure of medical science” (Toombs, 2010, p.9). Treating death as the ultimate failure of medicine only serves to increase feelings of social isolation with those who are dying. Social isolation will breed despair and despair can become a crippling reality for anyone who is trying to die well and faithfully. The emphasis on independence and good health has created a distorted view of human worth and flourishing. The society in which the Church finds itself can have significant effects on its actions if ministers and members are not actively trying to remind each other that the way of Christ is not always aligned with culture. According to Toombs (2010), “the cultural perspective on ‘health’ makes it difficult for

people to accept the reality that sickness, aging and death are unavoidable aspects of being human” (p. 9). So not only does the disordered love for good health pervert beliefs about self-worth but it also creates a false sense of immortality that will never help one develop and grow in the art of dying.

The Church has an important task of shouting loud and clear to its members and the world that a person's life is not valued by what our culture deems valuable but that one can know that one is “fearfully and wonderfully made” (Ps. 139:14) and is valuable solely because one is made in the image of God (Gen. 1:26). The Church must be reminded that we are in the world but not of it, that we can find meaning and purpose amidst the suffering and sorrow of death. As the Apostle Paul writes to the Romans, “do not be conformed to this world, but be transformed by the renewal of your mind, that by testing you may discern what is the will of God, what is good and acceptable and perfect.” (Romans 12:2). The Church needs a renewal of the mind in the way it approaches death and the care it provides to the dying.

Countering Culture and Cultivating Congregational Support for the Dying

Caring for the dying cannot be a ministry reserved for the few but rather it must be an action of togetherness by the Church. The dying and their families should continue to be included in “the corporate life of the congregation” (Dobihal, 1984, p. 128). Children should sit with the dying and enter into conversation with them. Mothers and fathers should not seek to falsely protect their children from the reality of death, nor should they seek to avoid it themselves. We should weep together and comfort our community with the hope we have in eternal life with Christ. Nouwen (1994) describes the togetherness of Christian community when caring for the dying:

Caring together is the basis of community life. We don't come together simply to console each other or even to support each other. Important as those things may be, long-term community life is directed in other ways. Together we reach out to others. Together we look at those who need our care. Together we carry our suffering brothers and sisters to the place of rest, healing, and safety. (Nouwen, 1994 p. 64).

The process of dying can be emotionally, spiritually, and physically exhausting for the dying and their families. Thus, coming together as a church community to support and encourage the dying helps alleviate the suffering of the family and the individual by alleviating some responsibility of care.

It is not enough to *understand* the importance of caring for the dying in the life of the community. Understanding needs to be coupled with action. As 1 John 3:18 pleads, "Dear children, let us not love with words or tongue but with action and truth." The scriptural emphasis on coupling faith with action is also present in Jesus' judgment parable of the sheep and goats, illustrating the need for the Church to actively care for the "least of these," by looking after and tending to the sick and dying (Matt. 25:31-46).

There are many practical ways to integrate care for the dying and their family into the life of the church. For example, churches could implement a home health care program in which members of the congregation sign up to go over to the home of the dying person. Church members can be trained to provide basic physical care such as brushing hair, shaving beards, making beds, and going on walks. They can also provide social interaction through conversations or just simply being a loving presence. Additionally, church members can provide a unique voice by tending to spiritual care (Hollinger, 1996, p. 239).

The Church can still participate in the dying process of its members that need more extensive care by visiting them, thus giving their family time for a respite.

Regaining the role of the Church in caring for the dying does not diminish the value of medical services like hospice. Hospice care can still be an excellent option for someone with a terminal illness that needs constant medical care and pain/symptom control.

However, this does not mean that “the church can surrender its responsibility for caring to hospice,” but “hospice can be set in the context of the Church’s care” (Verhey 383).

A Christian community that cares for the dying must also be willing to discuss death and dying realistically. Even though Christianity is centered on the death and resurrection of Jesus Christ, there is not a lot of talk about our own deaths or the way one can glorify God by dying well. According to Moll (2010):

We hide the deceased’s final months and years. We list accomplishments, books written or organizations led. We measure the subject's significance, and we quote the fond remembrances of friends and loved ones. But we never mention how the subject died, how he faced his end or how she prepared for the life to come. (p. 44)

This observation by Moll (2010) is rather fascinating to consider. Even when faced with the death of a fellow believer we tend to skirt around mentioning the dying process they went through. We like to discuss who they were before they started dying as if we can siphon off our lives that concretely. Of course, we should celebrate the life of the person but we should also acknowledge their faithfulness in death.

Dying should be a part of our everyday lives. This is not the obsessive approach to death referred to by Gorer (1995). Nor does this suggest that a Christian perspective on death diminishes the grief and sorrow that comes from losing a loved one. Even Jesus wept at the death and mourning of his friend Lazarus (John 11:35). Likewise, Christian community feels the sorrow and grief associated with death, but as Paul says in 1 Thessalonians 4, we grieve differently than those with no hope. Acknowledging and

feeling grief in the midst of hope is a natural part of experiencing death for those dying and those who know and love the dying.

There are ways for the Church to help its people grieve. They can begin bereavement groups and create a culture where it is acceptable to have discussions about death. In these groups people learn to not feel awkward discussing their fears, doubts, and struggles surrounding death and dying. One particular practice is a Blue Christmas service. The holidays can be a really difficult time for someone who has recently lost a loved one. A church in Virginia dedicates a service in the midst of the hustle and bustle of the Christmas season to those who have died. The families and friends of the deceased can come together and remember their loved ones. While this example does not relate directly to caring for the dying, it seems that an important part of caring for the dying is caring for their loved ones after they are gone.

Caring for the dying is not an action our culture glorifies, in fact, it is really countercultural within our individualistically driven society. It is much easier to push the sick and dying to the outskirts of society. It takes time and effort to maintain and participate in an active ministry that tends to the dying, countering the selfishness of society which cannot be a norm within the Church. Caring for the dying is an unselfish act that flows out of the love freely received from Christ, reflecting the characteristics of the New Testament church where “all the believers were one in heart and mind. No one claimed that any of his possessions was his own, but they shared everything they had” (Acts 4:32). Perhaps the call to care well for the dying is a part of the larger call to participate in life together, through all of the stages from birth to death, through sickness and health, and in joy and sorrow.

There are some exceptions to the general claim that the Church has lost touch with its responsibility to extend community support and encouragement to the dying and their families. These exceptions are an important piece of the puzzle in promoting a reorientation of the whole church. They can offer insight into the way particular congregations fulfill the role of Christian togetherness even in the face of suffering and death. One particular example is the Christian community of Kay Toombs (2010):

Let me describe the care of Robert, a 49-year-old father of five who died from a brain tumor. During the last months of his life, friends in the community prepared meals every day for his family [and brought their families to eat with them]; they took his children to music lessons, dentist's appointments... assisted his wife with homeschooling and grocery shopping. Others took two-hour shifts to provide him with round-the-clock care...such acts of service were not only to benefit the one who is sick. Throughout his illness, and his dying, Robert continued to minister (p. 18-19).

The community described by Toombs is an excellent example of the Church nurturing one of its members during the process of dying. By gathering around Robert during his last few months of life, the community had the wonderful opportunity to help him die well and also the opportunity for them to learn the art of dying by acknowledging their own mortality and the hope they have in Jesus Christ.

Conclusion

The Church needs to respond to the suffering of the dying much like the modern hospice did at its founding by rediscovering *Ars Moriendi*. A reorientation of the way the Church ministers to the dying and their families will help them to say the famous words of Cicely Saunders: "You matter because you are you, and you matter till the last moment of your life and we will do all we can to make that life as good as we can" (Thames Television, 1983). These words of Cicely Saunders truly encapsulate the entirety of this

thesis. The Church must respond to the dying by reminding them that their worth is not based on the quality of their health or their independent contribution to society, their worth is found solely in the fact that they are made in the image of God (Gen. 1)—“you matter because you are you.”

Studying *Ars Moriendi* has taught us that the process of dying can be redeemed into a life event where we can continue in faithfulness and glorify our Father in heaven. In the midst of suffering and the horrible thing that is death, the church can offer a unique hope and the support of Christian community—“you matter till the last moment of your life.” Finally, our words must match our actions. We (the Church) must come along beside the dying *and* the healthy to prepare and support one another to live and die in a way that illustrates the wonderful redemption of Christ’s grace and his enduring faithfulness, saying “we will do all we can to make that life as good as we can.”

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