



The “Good Life” or a Life That Is Good? Aging, Death, and Christian Theology in American Culture

L. GREGORY JONES

Loyola College in Maryland, Baltimore, Maryland

It is the best of times, or it is the worst of times. So it seems when reflecting on the current state of American medicine, particularly as it relates to issues of aging and death. On the one hand, it seems to many people to be the best of times. After all, significant advances have been made that have extended the life expectancies of people so that we are not surprised to hear of people living not only into their 70s but also their 80s and 90s. Research into transplants (including the use of animal organs), artificial hearts, and even the use of aborted fetal tissues (e.g., for Parkinson’s Disease) holds out a hope to many that perhaps we will be able to extend “the good life” a few years more. There is a sense that medicine provides the great hope for Americans to have happy and healthy lives.

But on the other hand, it seems to many to be the worst of times. The economics of medical care seem to be out of control. We are pouring more money into research and crisis intervention at the end of life at the same time that many people within our own country—not to mention around the world—are deprived of basic access to primary health care. Thus when confronting the fears and realities of technologically advanced medicine, many people long for the days of a simple, caring family practitioner.

Both of these sets of feelings are real, and many of us probably share a sense—or perhaps a fear—that both are part of us. For many of us it is the best of times *and* the worst of times. But we have difficulty in knowing what to do, or even how to think, about these conflicting senses of surging optimism and haunting

page 285

pessimism in our culture—and even in our own lives. Yet those conflicting senses are at the heart of the difficulties we encounter in thinking about questions of aging and death. I am convinced that unless we learn to confront those conflicts between optimism and pessimism, we will be unable either to deal with the issues that face contemporary medicine or to discern the place theology and the church have in relation to medicine.

In this essay, I can only hope to show *some* of the origins and results of our conflicting attitudes about medicine. I will then suggest how those attitudes lead to an impoverished and often distorted perception of the church’s place in relation to aging and death in particular, and in medicine and the culture more generally. Finally, I will argue that the church can—and ought to—provide a distinctive “counter-narrative” to the story of medicine in American culture.

I begin, however, with the life and times of Jack Gladney and his wife Babette, the main protagonists in Don DeLillo’s novel *White Noise*.¹ DeLillo shows in powerful (and wickedly

funny) ways the predicament of our culture in relation to conceptions of progress, nostalgia, aging, death, and the church.

I. DEATH AND “THE GOOD LIFE” IN *WHITE NOISE*

Jack Gladney is chair of the Department of Hitler Studies at the College-on-the-Hill. Indeed he invented the discipline of Hitler studies, partly for opportunistic reasons (it would make him marketable), and partly—we later learn—for complex personal ones. He is married for the fifth time; his current wife, Babette, teaches classes in posture and eating/drinking to the elderly at the Congregational Church, reads tabloids to a blind man, and listens to radio talk shows.

The world that Jack and Babette inhabit is in large part the construction of technology. The television set is a kind of mystic oracle that constructs and represents the world. Brand names such as Toyota Celica are chanted as if they have ritual meaning. The supermarket, with all its light, colorful packaging, and illuminating sense of progress, becomes a kind of religious sanctuary. New drugs, therapies, and machines are touted.

In the midst of these technological advances, Jack and Babette’s world is also a place where death seemingly has receded from the landscape of life. In musing on his wife’s classes on posture, Jack comments, “We seem to believe it is possible to ward off death by following rules of good grooming” (27). Even when they admit their lives are boring, Babette says she hopes her life “lasts forever” (53). The whirring of technology provides a backdrop to a culture forever young. As Jack’s friend Murray, a visiting professor of popular culture who is teaching a course on “The Cinema of Car Crashes,” tells him,

I connect car crashes to holidays like Thanksgiving and the Fourth. We don’t mourn the dead or rejoice in miracles. These are days of secular optimism, of self-celebration. *We will improve, prosper, perfect ourselves.* Watch any car crash in any American movie. It is a high-spirited moment like old-fashioned stunt flying,

¹Don DeLillo, *White Noise* (New York: Penguin Books, 1984). Further references will be made parenthetically in the text.

page 286

walking on wings. The people who stage these crashes are able to capture a lightheartedness, a carefree enjoyment that car crashes in foreign movies can never approach. (218-9; emphasis mine)

Though there is this commitment to progress, there is also considerable nostalgia, often commercialized into tourist traps. It is also a reflection of a sense of displacement. Murray argues that “it is possible to be homesick for a place even when you are there” (257). But he also doesn’t trust anybody’s nostalgia except his own, because nostalgia

is a product of dissatisfaction and rage. It’s a settling of grievances between the present and the past. The more powerful the nostalgia, the closer you come to violence. War is the form nostalgia takes when men are hard-pressed to say something good about their country. (258)

Even so, this nostalgia is typically submerged in the larger commitment to progress and youthful enthusiasm. Yet Jack and Babette are both haunted by, and obsessed with, the fear of death. They repeatedly wonder, and argue about, who is going to die first. Jack actually wonders whether, if “we could learn not to be afraid, we could live forever” (282). Murray tells Jack it is “natural to deny our nature” (296).

Babette’s fear of death leads her to become an experimental subject for a new pill, Dylar, which is designed to relieve this fear. Developed by psychobiologists, Dylar is designed to be discrete, precise, and considerate in its careful time-release component. Jack calls it “technology with a human face” (211).

Though Babette volunteers for the experiment because of her conviction that “everything is correctable” (191), she discovers that the technology does not work. She remains as obsessed with and haunted by death as ever. But once Jack discovers what she has been taking, he wants a supply for himself. He thinks that perhaps Babette’s failure with the drug is an exception and that he can overcome the fear of death by taking his own supply.

Jack and Babette live in a world of tremendous scientific advances coupled with obsessive fears about death. The coupling of the two is not accidental. As Jack notes, “The greater the scientific advance, the more primitive the fear” (161). Indeed the “white noise” reflects not only the waves and radiation of technology, but also the pallor of death. The noisy, cacophonous background of our lives is also the sound track of our dying.

In other words, technologies are the way we try—and, of course, ultimately fail—to deny, evade, and perhaps even overcome death. But those same technologies also unleash primitive fears. In a conversation with Jack, Murray describes it this way:

You could put. your faith in technology. It got you here, it can get you out. This is the whole point of technology. It creates an appetite for immortality on the one hand. It threatens universal extinction on the other. Technology is lust removed from nature....It’s what we invented to conceal the terrible secret of our decaying bodies. But it’s also life, isn’t it? It prolongs life, it provides new organs for those that wear out. New devices, new techniques every day. Lasers, masers, ultrasound. Give yourself up to it, Jack. Believe in it. They’ll insert you in a gleaming

page 287

tube, irradiate your body with the basic stuff of the universe. Light, energy, dreams. God’s own goodness. (285)

When Jack indicates that he doesn’t want to see any doctors any more, that he’s tired of medical technology, Murray suggests other alternatives. Among them are (1) becoming obsessed with children (because they are innocent of the knowledge that they are going to die), (2) becoming infatuated with a mythic figure who seems to loom larger than life, even larger than death (such as Hitler, helping to explain Jack’s own fascination, or Murray’s interest in Elvis), or (3) “controlling” death by becoming a killer.

Murray also suggests another alternative when technology fails to overcome aging and death: thinking about the life beyond. Indeed, Murray thinks you can “get around” death by “picking” a belief in the afterlife: “reincarnation, transmigration, hyperspace, the resurrection of

the dead, and so on.” Murray thinks the afterlife is a “sweet and terribly touching idea” (286).

Jack pursues this issue of the afterlife in one of the concluding scenes of the novel. Jack has had an encounter with Willie Mink, the Dylar man, in which he not only tries to get a supply of Dylar but also becomes an attempted killer. But he fails to kill Willie, and both Willie and Jack end up with gunshot wounds. Jack takes Willie, who is more seriously injured, to get help. They end up in a run-down section of the city called Germantown, in a small hospital run by some old German nuns. On the wall of Jack’s room is a picture of Jack Kennedy holding hands with Pope John XXIII in heaven. Jack sees it, and it makes him feel good, “sentimentally refreshed” (317).

Jack pursues the issue of heaven with Sister Hermann Marie. He asks her, “What does the Church say about heaven today? Is it still the old heaven, like that, in the sky?” Her immediate response is another question: “Do you think we are stupid?” Jack continues to pursue the issue, suggesting that heaven is the abode of angels and those who are saved. She responds, “Saved? What is saved? This is a dumb head, who would come in here to talk about angels. Show me an angel. Please. I want to see.” To this Jack objects: “But you’re a nun. Nuns believe these things. When we see a nun, it cheers us up, it’s cute and amusing, being reminded that someone still believes in angels, in saints, all the traditional things.” When Sister Hermann Marie asks if he has a head so dumb as to believe all this, Jack replies: “It’s not what I believe that counts. It’s what you believe” (317-18).

Sister Hermann Marie notes that of course the nonbelievers need the believers, because they are desperate to have someone believe. But she claims that the nuns “are here to take care of sick and injured. Only this. You would talk about heaven, you must find another place.” When Jack asks why they have that picture on the wall, then, she says it is for all the others

who spend their lives believing that *we* still believe. It is our task in the world to believe things no one else takes seriously. To abandon such beliefs completely, the human race would die. This is why we are here. If we did not pretend to believe these things, the world would collapse. (318)

When Jack is surprised to hear Sister Hermann Marie say they “pretend” to believe,

page 288

she tells him: “If you don’t [believe in heaven], why should I?” She then goes on to tell him:

Our pretense is a dedication. Someone must appear to believe....Those who have abandoned belief must still believe in us. They are sure that they are right not to believe but they know belief must not fade completely. Hell is when no one believes. There must always be believers. Fools, idiots, those who hear voices, those who speak in tongues. We are your lunatics. We surrender our lives to make your nonbelief possible. (319)

Jack hopes to find consolation from the church, some “sentimental refreshment” that perhaps death doesn’t really matter. But Sister Hermann Marie, who devotes her life to taking care of the sick and those injured on the violent streets that surround the hospital, refuses to provide such

false consolation. It remains unclear what Sister Hermann Marie really believes. But she clearly thinks it is hypocritical to turn to the church for consolation about death when people's lives are filled with unbelief.

It is significant that the two people who are most alien to Jack and Babette's world are Sister Hermann Marie and a reclusive scientist named Winnie. They both live on the margins, largely because of their refusal to join in the quest to deny and/or avoid the reality of death. In a conversation Jack has with Winnie about Dylar, she comments: "I think it's a mistake to lose one's sense of death, even one's fear of death. Isn't death the boundary we need? Doesn't it give a precious texture to life, a sense of definition?" (228). Jack's response is to identify Winnie as more than a "fair-weathered friend"; she is "a true enemy" (230).

Indeed it may be the case that those who refuse to accept either technology's promise to evade death or the nostalgic longing for an idealized past are "true enemies" of dominant cultural presumptions. But before we explore what might provide an alternative, it is important to consider the worlds of *White Noise* in a bit more detail. After all, the novel is in many ways absurdist. Even so, the real question is whether it does not also accurately reflect us and our culture.

II. PROGRESS, NOSTALGIA, AND TECHNOLOGY

White Noise suggests that the dominant attitude in our culture is an optimism rooted in the advances of technology. But while DeLillo paints the picture in strikingly vivid colors, he is not alone in that assessment. Indeed Christopher Lasch, in his book *The True and Only Heaven*, has identified this American optimism as a "cult of progress." Lasch began with what he calls "a deceptively simple question": "How does it happen that serious people continue to believe in progress, in the face of massive evidence that might have been expected to refute the idea of progress once and for all?"² Lasch traces the idea back to the founders of political liberalism's conviction that, because human wants are insatiable, economic development requires an indefinite expansion of the productive and technological forces necessary to satisfy them.

²Christopher Lasch, *The True and Only Heaven* (New York: W. W. Norton, 1991) 13.

This cult of progress gives rise to the sense that now is "the best of times" thus far, because the commitment to progress entails a recognition that the future is just going to keep getting better and better. A commitment to progress, according to Lasch, is not a commitment to either a utopia or, in a quite different sense, a Christian understanding of the kingdom of God. Rather it is a commitment to steady improvement with no particular end in sight.

But what about the widespread sense that it is also "the worst of times"? Such a judgment would seem to provide critical leverage to challenge the cult of progress. Here again Lasch's analysis is instructive. He suggests that alongside the cult of progress there is a "nostalgic yearning for bygone simplicity." Lasch argues such nostalgia involves an "abdication of memory."³

Thus rather than being opposed to the cult of progress, nostalgia is really its mirror-image. Just as progress undermines our ability to provide critical judgments about the relationship between the present and the future, so nostalgia undermines our ability to connect the present with the past. Progress and optimism ought not to be confused with the moral virtue

of hope, just as nostalgia and pessimism ought not to be confused with the moral virtue of remembrance.

Even though nostalgia is present in our culture and in our lives, it has little power. It serves mainly as the cult of progress's "bad conscience" at the same time that it reinforces basic presumptions about progress. Nostalgia emerges most strongly when we hear horror stories about the effects of progress: airplane and car crashes, the Bhopal or Chernobyl disasters (or "airborne toxic events"), unforeseen side effects to new drugs, the fears of being left to die—or worse, left in a persistent vegetative state—in a lonely hospital room surrounded only by the whirring noises of the latest technological advances. When we begin to despair that the technology is running away from us, we also typically long for a simpler past; but in so doing, our nostalgic longings do little more than provide a momentary respite from our ongoing fascination with, and commitment to, progress.

Hence, when our basic reference points are either an interminable optimism or a wistful pessimism, it is no wonder that the awesome and awful issues of modern medicine seem so intractable. It is difficult to know how to think about such issues as aging and death in a culture that is unwilling to acknowledge vulnerability either in the past or in the future. We end up caught in conflicting sensibilities: in love with technological advances and all that they promise for the "good life," yet also in a secret dread that those technological advances will bring not a new and improved, longer and expanded "good life" but a Huxleyan brave new world. In Jack Gladney's terms, "The greater the scientific advance, the more primitive the fear."

I want to identify four implications of our culture's commitment to progress (and its nostalgic mirror-image) in relation to conceptions of aging and death. First, we try to create a world where aging and death seem abnormal and accidental.

³Ibid.,14.

page 290

They are no longer a part of life; they are to be denied, repressed, and—if possible—avoided. As Arthur McGill has noted, people

create a living world where life is so full, so secure, and so rich with possibilities that it gives no hint of death and deprivation. Here we have the first ethical duty imposed by the conviction that death is outside of life and that life is the only good for which we should live. According to this duty, a person must try to live in such a way that he or she does not carry the marks of death, does not exhibit any hint of the failure of life.⁴

Our advertising is geared toward a culture of youth that believes aging and death are outside our world of progress. Whereas progress promises a continually improving future, aging marks a debilitating decline and vulnerability. As a result, we have a difficult time accepting the aging, the aged, and the dying in our midst.

Indeed we have become remarkably silent about what it means to age and die well. As Michael Ignatieff has suggested,

We no longer share a vision of the good death. Most other cultures, including

many primitive ones whom we have subjugated to our reason and our technology, enfold their members in an art of dying as in an art of living. But we have left these awesome tasks of culture to private choice.⁵

By leaving it to “private choice,” we have effectively excluded it from the realm of moral and political deliberation.

In fact, we hardly know anymore what it means to be aged or nearing death. Whereas in previous times and in other cultures to be “aged” was understood in relation to the social, moral, and biographical assumptions of particular families and communities, Daniel Callahan notes that now a notion such as “aging” is defined by “the state-of-the-art of medicine at any given moment.”⁶ Thus, people have increasingly complex expectations of medicine’s ability continually to postpone the vulnerability of aging and death. Hence, we have the rather sobering statistics about the extraordinary percentage of our health care resources spent on people during the last year, and even the last month, of their lives.

A second implication of the cult of progress follows closely on the first. We have excluded notions of aging and death from the realm of life, but we have done so only to discover a horrifying obsession with the ways death can intrude upon us.⁷ Television reports and footage of disasters, automobile and airplane crashes, crazed gunmen, and even wars haunt us with the unreality of death. And they do so in away that continues to presume the desirability of the “good life” and hence marginalizes discussions about a life and a death that is good.

A third implication is that we turn medicine and medical technology into our primary religion. Its promise of salvation is a triumph over, or at least a forestalling of, the evils of pain, suffering, and death. Daniel Callahan’s comment is instructive:

⁴Arthur C. McGill, *Death and Life*, ed. Charles A. Wilson and Per M. Anderson (Philadelphia: Fortress, 1987) 18.

⁵Michael Ignatieff, *The Needs of Strangers* (New York: Penguin, 1984) 76-77.

⁶Daniel Callahan, *Setting Limits* (New York: Simon and Schuster, 1987) 56.

⁷See McGill, *Death and Life*, 27-34, for a discussion of this perspective.

The contemporary medical enterprise has increasingly become one that considers the triumph of illness and the persistence of death both a human failure and a supreme challenge still to be overcome. It is an enterprise that feeds on hope, that constantly tells itself how much farther it has to go, that takes all progress to date as simply a prologue to the further progress that can be achieved. Nothing less than total control of human nature, the banishment of its illnesses and diseases, seems to be the implicit ultimate goal.⁸

Callahan shows how committed contemporary medicine is to the cult of progress, and his argument that medicine implicitly seeks “total control of human nature” reflects medicine’s status as a religion with its own conception of salvation.⁹

Hence, the fourth implication of our culture’s sensibilities about progress and nostalgia is that theology and the church exist primarily as a place for consolation when the promises of medical progress fail us. Secularized medical progress, not the Christian narrative of the Triune

God, offers the primary way in which we understand our own lives and such issues as the nature and purpose of human life, aging, and death. But because medical progress continues to fail us in its attempt to prevent us from having to deal with aging and/or dying, we want the church around to provide consolation that all is not lost. So Jack Gladney, following Murray's advice, tries the afterlife as away to "get around" death. But Sister Hermann Marie refuses to provide the consolation which Jack so desperately seeks.

This attempt to provide consolation not only marginalizes the role of the church in our lives, it also distorts the claims of Christian convictions. Christian theology does not exist simply to console us with useful fictions (or perhaps even truths!?) about what might happen when we die. Nor does it exist simply to assure us that, regardless of how we have lived our lives, we can most assuredly find meaning in our death. If we do not think that particular theological convictions are true, then we ought to give up the pretense of believing. That is to say, we either ought to structure our lives, as well as the understandings of our deaths, in accordance with our theological convictions or we ought to face up honestly to the realities of our unbelief.

III. CHRISTIAN THEOLOGY, AGING, AND DEATH

Theological convictions, at least the Christian convictions that I seek to embody, are rooted neither in nostalgia nor in progress. Rather they are rooted in memory and hope. We need not fear the past or the future, for they are in God's hands. As followers of God, we are enabled to remember the past and to hope for the future. But we should do so not in the wistful desire that we can return to some idealized Eden, nor in the vain wish that we can achieve some continually deferred perfection that evades death. It is memory and hope, not nostalgia and progress,

⁸Daniel Callahan, *What Kind of Life?* (New York: Simon and Schuster, 1990) 242.

⁹For an explicit argument that medicine, rather than theology, has become the primary way we seek to deal with suffering and evil, see Stanley Hauerwas, *Naming the Silences* (Grand Rapids, MI: Eerdmans, 1990).

that enable us to understand the past and the future in ways that can provide the critical judgments we need in the present.

Christians ought to be a people who believe that we have glimpsed in the life, death, and resurrection of Jesus of Nazareth an understanding of the meaning and purpose of human life. Central to Christian convictions, then, is the belief that the stories of our lives—however incoherent and/or fragmented they may be—are bounded by a narrative more determinative than anything we can create. That narrative is the story of God's creation, redemption, and promised consummation of the kingdom.

Turning our attention and our lives to this narrative of the Triune God, particularly for issues facing contemporary medicine, would significantly alter the ways we describe and adjudicate some of the central and seemingly most intractable issues surrounding aging and death: technological intervention and preventive medicine, curing and caring, allocation of scarce economic resources and the preservation of important social commitments, prolonging life and allowing to die. I cannot show in this essay how those alterations would take place or what their implications would be.

Even so, I think there are some important themes that Christians ought to keep in mind when thinking through questions of aging and death. First, Christians should know that medicine

cannot be expected to save us from death, for only God can do that. We should know that far more important than whether we live or die is that we are faithful to God. Given that presumption, we ought to recognize that death, though an enemy, ought not to be fought at all costs. We ought to be willing to forego extraordinary means of extending life, not because of any technological problems or developments, but because of the conviction that God and not death has the final word about our lives.

Second, and closely related, Christians need to recover convictions about what kind of people we ought to be if we are to be capable both of welcoming new life into the world and of saying farewell to those who are dying. We cannot afford the continuing babble about the “good life” coupled with the deafening silence about what would constitute lives and deaths that are good.

Third, Christians need to remember the importance of seeing things from the perspective of those who suffer.¹⁰ We should not will their marginalization or their absence. If we simply turn over the care of suffering people to institutions where we can then pretend they are invisible, we not only abandon them but we also impoverish ourselves. When and if we can avoid being around those who are suffering or dying, it becomes rather easy to pretend that we will never have to suffer or die. That is why institutions like hospices are so important and encouraging, and also why we ought to applaud the efforts of those churches that are beginning to recognize the importance of intergenerational activities that link the elderly with children, youth, and younger adults.

Thus, fourth, Christians ought to recover the importance of communities

¹⁰For an important discussion of these issues from which I have learned much, see Stanley Hauerwas, *Suffering Presence* (Notre Dame, IN: University of Notre Dame, 1986).

formed by the Triune God and marked by the sign of the cross. They are communities that can embrace people of diverse cultures and backgrounds, the rich as well as the poor, the young as well as the aged, the robustly healthy as well as the chronically ill, the mentally handicapped child as well as the wise grandmother, the living as well as the dying. Our understandings of what it means to “age” as well as to “die” ought to be shaped by the convictions and practices of Christian communities, not by the current state of medical technology or by how much the elderly or the chronically and/ or terminally ill are “worth” to us. Too often our commitment to progress means that we no longer have “use” for those who can’t “do” anything for us. But Christians ought to emphasize the importance of those people’s presence to us because we are all creatures who depend on a gracious God, and each other, for our existence.

Fifth, Christians should insist on the recognition that there are limits to human life and limits to the manipulability of the creation. The cult of progress is committed to the continuing mastery of nature and the unlimited possibilities of the future.¹¹ But while Christians ought not be nostalgic about some idealized past and thus be unthinkingly opposed to technology, we also ought to insist on the recognition that we are finite creatures of a gracious God. We are called to be stewards, not dominant manipulators, of God’s good creation. Of course, it is difficult to discern wisely what and where the limits are to our interventions; but we cannot even begin to engage in such discernment until we acknowledge that there are limits.

Hence, sixth, one of the most morally important tasks for Christians in relation to

medicine is the recovery of the distinctive witness and mission of our health-care institutions as places designed to be of service to God. That would entail that physicians and nurses who are Christians recover the significance of that identity for their vocation. Perhaps most determinatively, it would also entail that Christians, health-care workers and laity alike, should be willing to revise and reform our expectations of medicine in the light of Christian convictions about a life and a death that are good.

In the midst of American culture's "white noise," the story of the Triune God provides a radical "counter-narrative" to the narrative of optimistic progress and pessimistic nostalgia. Such a "counter-narrative" may put Christians in conflict with some of the dominant understandings of our culture. It may make us appear odd, and we may be identified, like Winnie in *White Noise*, as more than "fair-weathered friends"—we may be "true enemies." But if we are, it will not be because we are opposed to the culture itself. After all, Christians are, or at least ought to be, committed to serving in the world. Rather, insofar as we are opposed to, or critical of, elements in our culture it will be because we are convinced that the cacophonous (white) noises of our world, signalling both our technological advances and our deaths, ought to be transformed into the musical score of the Triune God's symphony.

¹¹See the arguments in both Lasch, *The True and Only Heaven*, and Callahan, *Setting Limits and What Kind of Life?*

L. GREGORY JONES, who teaches theology at Loyola College, is co-author (along with Stephen Fowl) of *Reading in Communion: Scripture and Ethics in Christian Life* (1991).