

Illness and Inculturation

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Envision this: I am visiting a hospital patient after massive brain surgery has left her temporarily (but maybe forever, everyone fears) unable to move or speak. Hearing of her illness, Debbie Friedman, a famous composer and singer of Jewish spiritual music, pays a surprise visit, guitar in hand. The patient somehow utters the Hebrew words *mi sheberakh*, the title of the Jewish prayer for healing, to which Debbie has written a now world-renowned melody. So Debbie sings it, and as she does, the patient unaccountably sings along, her first set of words in two weeks.

It is Christmas morning, as it happens, no special day for the patient, who is Jewish, but a significant occasion for her roommate, an elderly Haitian woman, who is surely not Jewish, but is clearly alone. Knowing spirit when she hears it, she joins in the chorus, garbled Hebrew and all. Through a mixture of song and tears, the patently morose room fills with modest sounds that cut across religion, class, culture, and race. We are all in need of healing and healing comes—through prayer.

Two years earlier, the same patient lies in bed, head attached to wires monitoring brain waves. Her roommate this time is an elderly African-American Pentecostal woman, a religious variety the patient has never before encountered. One Sunday, seven beautifully bedecked ladies visit, close the curtain, and pray up a storm. The Jewish patient—a college graduate who majored in Marxist thought (no less), so no automatic believer in a personal God—startles us with her question: “Why don’t people pray like that for me?”

I am present both times because the patient is my daughter. I have prayed with her frequently outside the operating room, and again in recovery, wondering all the while why prayer means so much to someone who questions the whole enterprise of interceding with a personal deity.

My daughter is not alone. I have other instances too, like the story told by a rabbi who invites congregants with personal concerns to ascend to the ark, one by one, while Yom Kippur worship is progressing, and utter a silent prayer to God, as if each of them is alone rather than standing in front of a congregation of two thousand. When he sees his most outspoken congregational atheist standing in line for a turn, he is so surprised that he almost forgets to read the service. “I don’t really believe in it,” the atheist explains afterward, “but I just felt like doing it.”

Why is that? Why does an outspoken religious cynic participate in a liturgy that puts him on public view as he accesses a God in whom he does not believe?

My theme here is the nexus of theology, liturgy, and illness—set in the context of inculturation, the most useful model, I have found, for the questions I have been forced to confront over nearly two decades of my daughter’s chronic sickness.

A Genealogical Just-So

As a child raised in Canada, then proudly British enough to fly the Union Jack rather than a distinctively Canadian flag, I early came in contact with Rudyard Kipling’s *Just-so Stories*: how the tiger got its stripes, the dog its growl, and the giraffe its neck. By extension, I now wonder how

religion got its inculturation. My model, oddly, is Nietzsche's attack on Christian/Jewish ethics as a slave morality rooted in resentment (*ressentiment*) over the aristocratic values of the naturally superior.¹ *What* Nietzsche said is hardly what I champion, but I am in awe of *how* he said it: a literary technique so powerful that it is hard to forget his point even if we disagree with it: a philosophic genealogy, described by Bernard Williams as "a fictional narrative, an imagined developmental story, which helps to explain a concept or value or institution by showing ways in which it could come about."²

Nietzsche was not the first to discover the power of an argument set in fictitious history—philosophic genealogies go back to Plato, Locke, Rousseau, and Hume, whose imagined accounts of human history are equally attractive. Nor was he the last. Genealogies have figured prominently in recent accounts of such topics as knowledge, the state, and truthfulness. A genealogy is a particularly powerful "just so."³

Philosophical "just-so"s serve vital ends, as fancy often does. The physicist Vladimir Mlodinow, for instance, recalls imagining "a world with an infinite number of dimensions . . . up/down, right/left, and forward/backward, but also a countless array of other directions"—hardly the real thing of experience, but enough to spur a quantum leap into new ways of thinking that physicists now take for granted as true.⁴ A quantum leap may be beyond my own personal reach here, but I do hope my imaginative history will help us rethink our pastoral theology and practice. I differentiate my tale from Kipling's just-so by renaming it "just-how," a genealogy describing "just how" inculturation was born.

Once upon a time, a tribe of prehistoric humans inhabited a land bordered on one side by a jungle and on the other by a lake or river (they didn't yet know the difference) where the opposite shore could be seen, though only barely, and only on clear days. Eventually, the spirit of discovery led the tribe to dispatch reconnaissance groups to see what lay within the jungle (not beyond it, of course, since they had as yet no notion of "beyondness"—the jungle, they fancied, went on forever). When the jungle actually ended at an ocean they reasonably concluded that they were at the end of the earth, warned against continuing further by the salty water that heaved up frightening waves when storms approached. So they returned home, but committed now to exploring the other direction, across the river, where they could, at least, see an opposite coast. A second exploration party boarded rudimentary boats to see what lay there.

One of the party packed recipes for cooking native vegetables. Another memorized her grandmother's favorite lullaby. A police officer packed weapons. And, oh yes, there was also a rabbi (or priest, imam, pastor—substitute what word you will) who carried the sacred literature of his people, in part the tribal just-how story (just how the ancestors had met their gods in the first place), but also a just-what account (just what sacrifices, feasts, and fasts the gods expected of men and women). Some specialists brought the tribal rites, their music and performance that more or less acted out the just-how and the just-what. Thus were born theology and liturgy.

In the unlikely event of encountering other humanoids, the explorers reasoned, their gods just-might want to spread their own just-hows and just-whats among just-about-everyone.

The explorers found the opposite shore pretty much like their own: a little more rain, perhaps, and some slithery snakes they weren't too happy about, but they were pleased that their theologians had just-why explanations for these strange life forms—as they did for everything else. They also discovered sentient life not all that different from their own. It was the first time

any single tribe had met another.

Now, one of the theologians in the landing party was named Pelikan. As it happens, a distant descendant of his, Jaroslav by name, was interviewed on National Public Radio on September 21, 2003, and asked to comment on space exploration. Intrigued by the possibility of sentience beyond humankind's latest river, outer space, Pelikan advised taking Bach's B Minor Mass, and beaming it as far as possible, with the message, "This is the best our species has done. Show us what you can do." More on Pelikan's advice later. This is not an argument for a classical cultural canon; it is just a philosophical genealogy that has reached its end so far in us. Human beings, we can conclude, are boat builders, who inherently like to show their best to others.

And that is "just how" inculturation got started: the human need to meet and greet no less than meet and beat, modified (to be sure) by such variables as power, greed, and theological certitude; and then, of late, modified back to counter those very same variables so as to avoid the imperialist hubris of the past. But inculturation is a two-way street. As it turns out, the second tribe too wondered if anyone lived across the river. When they discovered that the "anyone" not only existed, but was actually arriving in boats, they trotted out their own array of warriors, theologians, and liturgists, a curious but wary greeting party.

Only imperialists overlook the fact that the people on the other side of the river are equally certain of their gods and rites. Not having built boats first, they have never had to deal with the responsibilities of power, but they too have things to show. Inculturation is a dialogue between partners who beam their respective finest, and watch with bated breath to see what the other guys beam back. Inculturation is a case of mutual showing.

Inculturation is not just intercultural, however. It is inter-Other; it applies whenever some "one" meets some "other," as long as each party faithfully beams its stuff and watches for stuff being beamed back. It is inter-gender, for example, as long as men do not imagine that women are just men shaped differently—and vice versa. It is inter-class too—if, for instance, we were the tribe with the boats who chanced upon a society of billionaires, a case where our Lex meets their Lexus, so to speak, anomalous in the sense that the people being inculturated would be stronger than the inculturators.

My interest here, however, is illness. Visiting the sick is its own case of inculturation, an instance of mutual showing.

Illness as Territory

Suffering needs no genealogy. It comes with tales already written, like Tolstoy's *Death of Ivan Ilyich*. As cancer slowly saturates his body, Ivan becomes increasingly cut off from his usual haunts, his office especially. Illness becomes a virtual territory to which Ivan is banished. There, all alone, he suffers his decidedly unheroic death, much like that described hauntingly in Louise Harmon's *Fragments On the Deathwatch*.

The mind—the thinking expressive remembering part of the human being—withdraws.... There is turning in toward the self, a curvature of the spine that directs the remaining life force toward the center. The knees of the dying human being are tucked up under the body. The arms are folded like a praying mantis, a caricature of moot supplication, and the petition is for safety.⁵

Thus do we all, eventually, shrink from sight, first to our own territory of the ill, and, eventually, into ourselves. After Ivan's death his erstwhile colleagues were sitting together when one of them, Peter Ivanovich (who was reading the newspaper) announced: "Gentlemen, Ivan Ilyich is dead." "I haven't seen him since the holidays," said Feydor Vasilievich. "I always meant to go, but he lived so terribly far away."⁶

Again, a geographic metaphor—the sick live far away—and it fits my genealogy, because it was a river that the boat builders had to cross, and it turns out that the reason Ivan lived "so terribly far away" is that his home was "on the other side of the river." Suppose Ivan's colleagues had crossed the river to visit. Could they have comprehended his ineffable torment? Those who have suffered chronic pain know that "for the person whose pain it is, [the pain] is 'effortlessly' grasped (that is, it cannot *not* be grasped); while for the person outside the sufferer's body, what is 'effortless' is [precisely] *not* grasping it."⁷ The remarkable feature of pain is its victim's inability to express it. It is the sole internal state about which it can be said that the more frequent and extreme the suffering, the less likely anyone will believe the sufferer's claim that it is there.

To begin with, language utterly fails. "English," Virginia Woolf remarks, "which can express the thoughts of Hamlet and the tragedy of Lear has no words for a shiver or a headache. The merest schoolgirl, when she falls in love, has Shakespeare and Keats to speak her mind for her, but let a sufferer try to describe a pain in his head to a doctor, and language at once runs dry."⁸

Even worse, sickness becomes its own invisible culture, the "night-side of life," as Susan Sontag puts it. At birth, she says, we are issued two passports, one to the Land of the Well and the other to the Land of the Sick. We pocket the first and put aside the second, determined never to use it. But the day comes, for some of us earlier than others, when we must exchange passports, and when we do, we are, inexplicably and against our will, transported across a river to a land and culture not our own.⁹ From time to time, brave boat builders (among whom we once lived) visit us, without realizing, however, that we are not the people we once were. Across the river we speak a language that only *sounds* the same as the language they still use.

By analogy, imagine a blind girl who encounters a seeing friend. Noticing that the girl is holding a playing board with white and black squares, the friend offers to join her in a game, promising, "Since you cannot see, I will move your pieces for you."

"Give me a standard opening," she replies, "two squares forward for the piece in front of the king."

"Standard?" asks her friend? "What's that? You don't get kings until the end of the game, and pieces move diagonally, a single square at a time."

A common game *board* does not insure a common *game*. The players here make sentences that parse in each other's mind, but they are talking two different languages, the language of chess and the language of checkers.

So too, citizens in the Land of the Sick only seem to talk the language of their visitors. The sicker they become, the more their meaning diverges, and the less the visitor gets what they are saying. Think through with me the phenomenon of conversation.

Our most elementary discourse is the white noise we use when we have nothing real to say.

“Hi, how are ya?”

“Fine thanks, and you?”

“Can’t complain.”

Elementary conversation is marked by this informational vacuity and shortness of duration, like, “It’s raining again!” (as if that were not self-evident); or “Have a good one.” These are instances of informationless chatter. “How are ya?” evokes “Fine thanks,” because the question is not supposed to reveal the truth. It is a verbal handshake.

One level up is actual conversation, but usually about safe topics. It includes innocuous gossip:

“Did you hear what happened to Charlie?”

“No, what?”

“His wife left him!”

“No kidding!”

The content varies with culture and class, but for most readers of this journal I suspect it includes the news, movies, restaurants, and certainly our work and family. Most commonly heard is the plaint, “I’m so busy! I need a vacation.”

These utterances too are ritualistic, in that acquiring information is less important than reaffirming human connection. It may be nice to know the name of the new restaurant, or the seamy details of Charlie’s wife’s latest love affair, but the point is less the data than the implication that the conversationalists share a social world: they can imagine going to the restaurant together; they have the same neighborly stake in Charlie and his wife.

Only at a third level do we get to issues of moment, politics (mostly) nowadays, religion once (when matters of faith mattered more). In either case we prefer discussions with people likely to agree with us, the point again being more social than informational. At a recent dinner a friend on my right was engaged in conversation with the woman on her right, who knew my opinion of some governmental policies, so assumed my friend felt similarly. “I work in health care,” she said. “You won’t believe what the White House is doing.” “Actually,” my friend replied, “my husband works for the President.” The conversation was over. It was a conversational foray that failed, an aborted ritual of dinner companionship.

When we really want information we structure conversation at a fourth level up, in impersonal gatherings called meetings, classes, or lectures. Since its purpose isn’t social, we limit it not to friends (as at dinner parties), but to an impersonal list of official “members” who may not know each other and may not want to, or to anonymous fee-payers who buy the right to hear intellectual property.

There is, however, yet a fifth level of informational conversation, where, just the opposite, only our nearest and dearest get invited in: discussion of our bodies, the most intimate thing we

have. To the outside world, we keep our bodies hidden. Ugly scars are covered. Makeup masks the face, as deodorant does our smell. Only family and close friends dare ask if our athlete's foot or urinary infection has improved.

Almost the only thing that matters in the Land of the Sick is body talk, the very conversation that the Land of the Well avoids. If you have chronic Crone's disease or must wear a permanent catheter what counts is *precisely*, and, on many days, *only* your digestive or urinary tract. For the sick, says Arthur Kleinman in his *Illness Narratives*, "Details [of the body] are all ... [C]hronic illness means ... routinely scan[ning] minute bodily processes ... sometimes hour by hour." As sports buffs can describe any single pass in a football game with sufficient poetic grace to differentiate it from any other pass, so the chronically ill specialize in the fine art of defining the uniqueness of a headache or back pain on any given day, an art they practice, despite the limits of language, endlessly—since "symptoms must be explained [again and again] to receptionists, nurses, doctors," and there is always the question of just how and how much to say to friends and colleagues.¹⁰

Take Pat, who became a victim of scleroderma, an auto-immune disorder that calcifies internal organs, sometimes causing early death. When early symptoms persisted, she visited, in succession, her family doctor, an internist, a dermatologist, a neurologist, an allergist, and a cardiologist. Along the way she had an electroneurograph, electrocardiogram, and venogram—two of which she had never heard of before.¹¹ The sick become learned in the specialized vocabulary of anatomy, and the intricacies of medical care, to the point where they may be virtually unable to abide the ordinary conversation from the Land of the Well.

Honest ritualized conversation with the sick would go like this:

"How are you?" "Awful, I may be dying."

"Have a good one!" "Are you kidding?"

"Hear about the new restaurant opening in town?" "No, but there's a new nursing home on Shady Lane."

"I am so busy at work." "I'm so busy lying in hospital beds, waiting."

"I wish I had a vacation." "I wish I could work!"

Philosophically, the issue is both intentional and lexical. By "intentional" I mean that utterances come with assumed states of mind that determine their conditions of satisfaction.¹² "How are you?" is not normally a request for data. But people dying (sometimes, literally) to provide information that might otherwise be called for will find the normal response ("Fine, thank you") unsatisfying. By "lexical" I mean that conversation is peppered with strange terms.

"I'm in for a vesico-vaginal fistula—that's a breakdown of communication between the bladder and the wall of the vagina."

"Really! Hmmm. They caught *my* problem with a hepatobiliary scan whereby a nuclear camera traces radioactive dye in my gallbladder."

This is not dinner conversation; but if chronic conditions persist, they are what you naturally think about—all the time. Regular doctor's appointments and their inevitable medical regimens mean seeing fewer movies; dietary limitations make party-going difficult; with fewer conversations to affirm companionship, you become companionless—except among the other sick. Old friends stop crossing the river to visit because they don't know what to say, or, if they do some day drop anchor, they say what the sick cannot hear, and hear what the sick are not saying. How do we bring religious promise to people who speak a different language from our own? How do we cross the river, and what do we beam to them when we get there? Our interactive competence is limited by our own life space, what Pierre Bourdieu calls *habitus*, meaning "a feel for the game."¹³ Inculturation as "encounter with another" consists of being thrown into altogether new games and trying to get a feel for them.

As I said, I have been thrown into such a game. I understand why its favored metaphor is military. A virus *invades*; we get heart *attacks*; illnesses *advance* like threatening armies. A hospital has an *operating* room; the Pentagon has one for *operations*. I live under *siege*, each day renewing the battle, and worried that my daughter, sick now for twenty years, is losing the war. I visit her in the hospital, her home away from home as she calls it (joking that she will some day write a *Zagat's Guide to Hospitals*, rating them in number of beds, not stars), and discover to my horror that even I am sometimes on the other side of the river, her shore receding more and more even as I think I am landing there. She is within arm's length, but as she worsens, she thinks increasingly differently than she did, and I, becoming one with her, speak increasingly differently than my colleagues and friends. I watch well-meaning visitors have non-conversations with her. I ferry back and forth from shore to shore, on one side hospital and sickness, on the other the *New York Times* with all the news that's fit to print but increasingly uninteresting.

Irving Goffman differentiates the metaphorical *front* room of our lives, where we greet clients, parishioners, customers, and strangers, from the back room where only those we trust are granted admission to see us as we really are—mistakes, messiness, and all. I have become a backroom hospital dweller. I warm up food in the nurses' station; I welcome new patients to their rooms as if I were a volunteer at immigration, helping them unpack their suitcase of sorrows. The hospital cafeteria has become my office where I joke with cashiers, banter with security, meet with students, and write this article.

I am struck also by my own back room at home: a study in creeping entropy: multiple medicine schedules with the complexity of spread sheets, and pill bottles scattered on the bathroom counter. On the floor are varieties of ear plugs, new and used, that my daughter wears to deaden sounds that trigger seizures; also trays for eating in bed; heating pads and cold compresses too. The fallout of illness crowds out everything.

This material detritus is an iconic reminder of a deeper dislocation: the interruption of a life narrative. I include here the many others who end up across the river: parents of children born with terrible disabilities, perhaps, or who lose a child and never quite recover. Chronic pain syndrome is especially alienating. Family members leave, divorce, or disappear, and even your own doctors begin judging you a nuisance. Each variety of illness has its own vast literature of sorrow. But one thing they share is the need to remake one's life story.

Life stories are central to culture. Americans notice birthdays, anniversaries, graduations, and

first-time things like first words, first steps, first date, and first kiss—happy firsts, note, not first family funeral, for instance. What causes the sick special difficulty is the fact that ours is a culture of celebration. We take pictures at weddings (again, not funerals), then arrange them with life's other happy landmarks in photo albums or on walls: "That was me as a baby; there I am getting married; here I am bringing you home from the hospital when you were just born; and there you are at first communion," a mother instructs her child. We expect the young to dream a future; the aged to revisit their past; the middle aged to have (and to overcome) mid-life crises. At death, their story is canonized in an official eulogy.

Like everyone else, chronically ill people too start out with hopeful dreams and diary, but illness makes them revisionist historians. As I clean out my daughter's room, I find piles of essays she once wrote, soccer trophies she once won, the French horn music she never could play very well, letters from friends she once had, and magazines she used to be able to read. She glances through them on occasion, but mostly they are detritus now, decomposing with time. Who, then, is she? What is her story? How will she be remembered, if stages of her illness become also her life cycle; if hospital stays supplant birthdays as time's lasting landmarks?

For people in chronic distress, our sacred calendars and their liturgies lose credibility, because they reflect only the lives of the healthy. The chaplain makes a call, but then goes home for a real Christmas dinner, while the hospital food-service brings the patient an *ersatz* variety to eat alone in bed. It comes with a well-intentioned but mechanically produced card in red and green, saying, "Merry Christmas." Similarly, "Shabbat shalom" says the rabbi, as a matter of habit; or, on Rosh Hashanah, "May you be inscribed for a good year." Sure! For some, religion offers theological models of suffering and of hope; I do not make light of that. The lucky ones do find meaning in their malady. But for many our promise is pat; our words troubling. The Talmud reports a rabbi who tells a grieving father that his sins may have been visited on his son. "You came to comfort him but you only made things worse!" the Talmud charges (Ket. 8b). How can we ensure that we are not similarly guilty, because of what we say? What exactly do we bring with us across the river?

Theology and Liturgy: What We Bring with Us

I find myself returning again and again to Clifford Geertz's threefold typology of what I will call limit points in human experience: "intellectual bafflement, inexplicable suffering, and ethical paradox." His typology is worth pausing over because it relates precisely to what Geertz assumes religion provides: meaning. He is not alone in that demand—the claim that religion provides meaning goes back at least to Weber, and has been accepted under one rubric or another ever since. Geertz usefully contrasts the Weberian view with Benthamite utilitarianism: not happiness but meaning is the ultimate ideal of human life, to which "ignorance, pain and injustice" are said to be the primary impediments.¹⁴

I could add other breaking points too: aesthetic wonder, for example, and physical endurance. Geertz might equally have claimed that aesthetics is akin to order, that (with Mary Douglas) "matter out of place" is "dirt," and that the pervasive sense of disorder is equally inimical to cultural meaning; or that it need not take actual bodily pain to occasion meaninglessness—poor physical stamina, as is experienced regularly with a chronic illness like lupus, will do it with equal effectiveness.

It would appear that human striving beyond known limits is the cultural antidote to our fear of

failure at the breaking points. Scientific inquiry, medical advance, artistic expression, athletic performance, and so forth, continually demonstrate the human ability to stretch our limits—as when Roger Bannister first broke the four-minute mile, something we all take for granted now, making successively new records the latest unbelievable feat to beat; or when mathematicians solve problems that have proven intractable for centuries. Even our ability to endure suffering can increase with effort—a twisted parallel, perhaps, to a runner’s personal best. Some religious personalities—like medieval saints who consciously sought pain—have deliberately approached suffering as a form of embodied spiritual discipline; and, indeed, athletes too sometimes measure success by the pain they are able to endure (“No pain, no gain,” as the saying goes).

But ethical paradox differs. It is the single limit point that defies progress, changing not one whit from the classical biblical statement by Job. Suffering may indeed be something we learn to master, but, even if we do, we want it at least to be ethically defensible; it should have purpose, demonstrate nobility, represent sacrifice for a greater cause, be our just desserts as punishment for sin, or constitute part of a larger divine plan. We thereby hope to rescue pain from being “inexplicable,” as Geertz calls it.

When I say that pain should be ethically defensible, I speak from the vantage point of the victim, not the oppressor. I may undergo torture rather than be false to my faith, but torture remains an evil. It may have “made sense” for the civil rights workers of the 1950s to know they were being beaten for the cause of freedom, but their beating was not on that account an ethical act being inflicted upon them. At stake is the subjective judgment of the sufferer who wants to know her suffering is not in vain.

We see now that Bentham and Weber are not altogether at odds with each other. To the extent that we find any of the breaking points meaningful, we mitigate their pain. Suffering occasioned by sickness takes us first to physicians who, we hope, will remove the suffering. When that fails, the next logical step is to live with the pain through normal, and, if necessary, abnormal analgesics. And when that fails, we turn to religion in the hope of making our suffering meaningful. If religion cannot end suffering, it should at least make suffering sufferable. It should, that is, have meaning.

Or should it?

That depends on what we mean by meaning. Nowadays, the search for meaning is endemic, but what complicates matters is the ongoing disagreement on the meaning of meaning among those who think about how we think. That very title (“The Meaning of Meaning”) was featured in a series of articles in the celebrated philosophical journal *Mind*, beginning in April, 1920, and was reported on in a book by the same name in 1923. The authors of the latter cite a description of the symposium six months later (April, 1921) as “a triangular duel, in which each participant aims at something different, and, according to the other, misses it.”¹⁵ The meaning of “meaning” is far from obvious.

The word is much used, but differently, depending on context. There is psychological meaning behind behavior, hermeneutical meaning of texts, philosophical meaning of language, authorial meaning in literature, artistic meaning of film, semiological meaning in dress codes, and even romantic meaning as in, “Our relationship is, like, you know, just so, like, *meaningful!*” Does everything have meaning, even sickness? And if so, what meaning does it have?

For my purposes, I am content to look for what Charles Taylor calls “Experiential Meaning,” by which he means “the meaning of something in a field,” as opposed to linguistic meaning, which adds the variable of “signifiers in a world of referents.”¹⁶ We want to know what subjective meaning illness has for the people who suffer it: the coherent explication of a victim’s suffering by the victim, and intended as edification of what this suffering is “all about.” In part it is purely subjective, deriving from the victim’s own imagination; but in part it is cultural, since meaning exists only “in a field,” and the field is the repertoire of potential explanations that society makes available.

In this experiential sense, sickness obviously embeds *some* meaning—“symptomatic meaning,” for instance. In the Land of the Well a headache implies a traffic jam getting to work, or two kids at home with ear infections. In the Land of the Sick it may mean a brain tumor returning. As revisionist historians, patients also search for “narrative meaning,” the integration of sickness into their ongoing biography.¹⁷ But neither of these is the kind of meaning that Weber intended. People who suffer want to know that their pain has the kind of *moral* meaning that responds to the transcendent question, “Why?”¹⁸

That is where theologians come in, for if theology does not supply the field of transcendent meanings, what does? The sick approach theology, therefore, as if it were the medicine of meaning, for which pastors are the doctors, the meaning-makers. But the analogy fails. In medicine, patients need not really understand their diagnosis: they simply deliver themselves up for prescribed procedures like MRIs and blood tests, after which they memorize the results as litanies to rehearse for the inquisitive, even if what they memorize doesn’t actually signify anything. It simply feels satisfying to know we suffer from *something* rather than *nothing*, even “idiopathogenesis,” which is to say, an “idiopathic condition of unknown etiology,” which translates further as “a primary disease, but we don’t know what it is or what caused it.”

The visiting pastor, by contrast, cannot mask absence of meaning in leftover Greek and Latin. She is more akin to a traveling sales representative, selling theological meaning in words that work only because patients internalize them as their own. Having a theological claim that coheres with the rest of the patient’s world view is the very essence of experiential meaning. They are sinners, perhaps; or the objects of God’s inscrutable but benevolent will; Jesus suffered pain; God tries people; the Lord is our shepherd; we all die sooner or later. But given the language gap between the two lands, how do we know that what we say is what the patient gets? “God’s inscrutable will” may just be theological idiopathogenesis. What in the world are we doing when we speak of God’s mercy, blessing, hope; or when we say “hallowed be thy name” in a land where words *sound* the same but *mean* differently?

The *search* for meaning may be ubiquitous; its *existence* may not. Stanley Fish describes preparing for class by erasing the chalkboard notes of a prior lecturer, but halfway through being called away for a conversation. Upon returning, he finds his students taking notes on the random list of words remaining on the board, and filling in the logical gaps to make the list mean an outline of what they assume Fish will teach.¹⁹

Fish’s class suggests the schizophrenics described by Annie Dillard.²⁰ She gives us the psychologist Hans Prinzhorn who finds meaning in the notes that schizophrenics make about random patterns in raindrops, but who can legitimately do so only if the meanings that schizophrenics find are not really there. Do the schizophrenics properly take notes on their raindrops, or does Dr. Prinzhorn properly take notes on their notes? They can’t both be right.

Are our theological notes on illness more like schizophrenics' notes on raindrops or like psychological notes on the schizophrenics' notes? Some things may have no transcendent meaning, none, at least, that outsiders may rightfully impute to them. By analogy, Susan Sontag thinks art is not necessarily *about* anything; it just is. Art critics "should ... *show* ... that it is what it is, rather than what it means." Art interpretation, she complains, tames what it interprets.²¹

Theologians, we trust, are not schizophrenics, finding something in nothing. But we are also not scientists explicating objective demonstrables. When it comes to illness, we are like art critics, charged with *showing* that suffering is what it is, not *taming* it by assigning it moral meaning.

So we are back at *showing*—showing the art of artistry (for Sontag), showing Bach's B Minor Mass (for Pelikan), and showing whatever it was that the theologians of my genealogy brought with them. The proper role of theologians who visit the Land of the Sick is to facilitate the showing of suffering. But in *inculturational* showing, we saw, the one showing and the one being shown trade roles. Conquering colonialists were apt to show their wares and kill you if you didn't buy them. Inculturation is the trading of shows by equals.

My best example, though not the most delicate, is the childhood discovery of sex, in a game called, "I'll show you, if you show me." For the game to work, the players must be freely consenting equals—if, say, by contrast, it is an adult "playing" with a child, we call it sexual abuse; and the two players must agree on a prior understanding of what counts as a proper showing.

So: from children's sex to Pelikan's Bach. What could Pelikan's extraterrestrial creatures have made of Bach, were they not also to share curiosity about an agreed-upon category of what counts as showing? How do the extraterrestrials know it is music? Or culture? And *not*, say, sex? Showing is a game with *rules* about what *counts* as a *show*.

We have reached the point, then, where the Lands of the Well and of the Sick may enter into inculturational dialogue, but by *showing*, not *explaining*. Discursive conversation is likely to resemble my chess/checker example, where identical verbal moves mean different things. "The meek shall inherit the earth," the pastor says. "I see," answers the patient, dubiously, thinking, "Go on. But I doubt it."

Ludwig Wittgenstein correctly remarks, "Certain things cannot be put into words... [they] make themselves manifest. They are what is."²² They arise from the narrative truths of one's own life. I count suffering among them. Wittgenstein imagines a religious person who says illness is divine punishment, a proposition he, Wittgenstein, would deny, but not the way he would deny a claim that a friend was in town on a certain day. In the latter case he would look for common evidence that confirms or denies the picture of her being there. In the religious instance, says Wittgenstein, "I think differently. I say different things to myself. I have different *pictures*."²³ *Pictures*, note. What are *pictures*, if not *showing*?²⁴

Now you know why my genealogy included a liturgist. Liturgy is the medium of theological showing: processing with the Bible; singing a chorale; witnessing at prayer; raising high a Torah scroll. Even telling our sacred story. For stories are words that "show"—the Israelites leaving Egypt, Christ on the cross. One of the most substantive changes of our time is the personalization of liturgical participation generally, but especially here, where the sick can speak their own piece,²⁵ tell their own stories, show their own experience.²⁶ Imagine a photographer

taking a picture of someone who objects, “That’s not me; it doesn’t do me justice.” Failing vanity, we should trust the subject; it probably doesn’t. Liturgy must learn to listen to the stories of those present, and to change what it says if the standard liturgical picture does not do justice.

I am arguing against two common misunderstandings of liturgical communication: liturgy as description, and prayer as petition. As to the first, since showing is not describing, it can hardly be identified as a set of declarative sentences that mirror actual states of affairs. “God is our help,” and “Angels surround a throne of glory,” for instance, are not the same kinds of claims as a hospital patient saying, “My nurse is my help,” or a historian claiming, “In the palace of Louis XVI, courtiers surrounded the king’s throne of glory.” As to petition, it may seem that our liturgies evoke divine help, but such entreaties are not the same as requests to a librarian to supply a stipulated book from the stacks, or to a doctor to provide a cure. Requesting God’s pardon differs from asking pardon from another motorist after scraping the bumper of his car; or (different yet) requesting pardon from the court; or even (different yet again) saying “Pardon me” after a sneeze. Language is always dependent on context, and, as we saw with Wittgenstein’s example, ordinary language applied to religion is especially deceiving.²⁷ The word “believe,” for example, in “I believe it will rain today,” may be innocent elevator chatter or part of a staged debate among experts on the weather channel. “I believe God exists,” however, is a normative announcement of moral virtue.²⁸ The difference is more readily apparent if we consider their negations. “I don’t believe it will rain” is equally innocent, while “I don’t believe in God” raises serious eyebrows. “Ya gotta believe” may be a rule governing membership in a religious group or the prerequisite for being saved, but it can also be a baseball cheer for the New York Mets. Liturgical language always runs into difficulties when it is misunderstood as belonging to the canons of ordinary talk about the world.

I said before, and I grant again now, that many sick people do find the declarative claims of theology morally compelling. They accept their identity as God’s “suffering servant,” “a sufferer in Christ,” or whatever other model we offer.²⁹ But my topic, remember, is people in pain who find those claims unconvincing, but who find prayer appealing anyway and wonder why. At stake is how we judge liturgy’s relevance. If prayers for the sick are primarily petitionary, they should answer to criteria of efficacy, a test that they regularly fail.

Yet what compels the participation even of skeptics in their moments of agony seems to be precisely prayer’s *petitionary* nature. With doctors failing, maybe God really will decide to intervene. It is that rationale that has prompted experiments to demonstrate that God hears prayer. Wayne Dossey, for example, cites the research of Randolph Byrd. Byrd lists the names of patients suffering a given malady, and assigns half the list to anonymous others who agree to pray for them without their knowing it. The other half goes unprayed-over. The prayed-over, he contends, were (among other things) five times less likely to require antibiotics; also (though the difference here is statistically insignificant) fewer of them died. The claim has been refuted by further research,³⁰ but, for the sake of argument, suppose we grant its veracity, and even extend it. Imagine that sixty percent of the prayed-over, but only forty percent of the unprayed-over, got better. What should we conclude?

The experiment is plagued with problems, not the least being the moral one of deliberately withholding prayer from fifty percent of a population when you hypothesize in advance that they are more likely to worsen or die as a result.³¹ But more to the point here, the science of the experiment is worthless. For one thing, nearly everyone nowadays knows someone who knows

someone who prays over them. Who knows who gets prayer and who doesn't? The most Dossey can conclude is that God hears the prayers of certain worshipers more than others, and I suspect Dossey would agree with this conclusion. We ought, anyway, to suspect scientists who demonstrate God's existence by demonstrating how prayer is answered, but conclude their report by thanking God for demonstrating that their demonstration is right.

Most of all, there is the crying theological need to explain the people who did not get better. First, the unprayed-over: does God abandon poor souls just because they have no one to pray over them? And what about the forty percent of those who got prayed over but who continued suffering anyway? Should they decide, with Job's "comforters," that they deserve their suffering—and therefore suffer doubly, first through illness, then through guilt? Or is this the inscrutable will of God who whimsically heals one righteous patient but not another?

I cannot say if, when, why, or how prayer is efficacious in Dossey's terms—no one can—but I consider the whole issue liturgically irrelevant. Prayer as petition is a reasonable and justifiable mode of conduct even for people who suspect that God will not intervene for them. Quintessential cynics who find theological discussion maddening, but repeatedly pray to a God in whom they do not believe, are not just muddled liturgical recidivists—people so naturally habituated to prayer that they repeatedly return to it. No longer Aristotelian scientists, we need not hold that as rocks fall to earth because of the nature of rockiness, humans pray because of the nature of humanness. True, all animals ritualize, and we are animals. Still, all animals seek food too, but only because food nourishes them. How then does petition as *ritual* nourish, even when petition as *petition* fails?

Ritual is not systematic theology. In prayer as ritual the cognitive content, whether descriptive or petitionary, matters relatively little. The normative process by which watchdog committees scan liturgical scripts for theological precision is wrongheaded. People who attend liturgies may not even be able to tell you what the liturgies said. They will often have recited (or, certainly, sung) propositions they do not believe—though they do not exactly disbelieve them either: the liturgical language game is not about belief and disbelief. A Jewish atheist who avoids God-sentences in normal conversation will nonetheless recite, "Hear O Israel, the Lord our God the Lord is One,"³² and will petition God without expecting the petition to be granted. Because it is a ritual, liturgy functions best when it is not presented primarily as didactic information that must be pondered in order to be granted cognitive acceptance. A very great deal of it conveys predictable (because invariant) givens. Of necessity, the mode of liturgical communication renders a prayer's manifest content relatively inconsequential.

Freud was on to this as early as 1911, when he famously likened worship's seemingly mindless repetitiveness to obsessive-compulsive behavior, an idea he would later pursue in detail in his celebrated *Totem and Taboo*. His critique was taken up by others, who were hardly Freudians, but who drew on information theory to demonstrate the cognitive vacuity of liturgical speech. Amount of information is said to vary inversely with the extent to which one can predict what will be said. To the extent that liturgies are predictable, they say nothing at all; and to the extent that they say nothing at all, they preclude refutation. No one rises to object, "Hear O Israel, the Lord our God may not exist."

Neo-Marxists condemn liturgy for its deliberate use of redundancy to obfuscate, but Durkheimians applaud it for the very same thing: its "chants, song, dance, music, [and] verbal formulas" that make the communication compelling,³³ and its ability to provide undeniable

canonical truths on which believers stake their lives.³⁴

Both sides are right. Ritual's relative dearth of content makes it heavenly or diabolic, but in either case effective. It allows us to say what we otherwise do not believe. Prayer is like a commentary to museum retrospectives, like program notes to a great symphony, like a tourist's guidebook. These things do not say anything so much as show what is going on, lending appreciation to an otherwise enigmatic canvass by Jackson Pollack, the revolutionary genius of Beethoven, or the various arches of the El-Aksa Mosque. Pain, suffering, grief—these have no moral meaning; they have only grave reality, that rites of healing may at best elucidate, in language that only sounds descriptive or petitionary.

In the end, then, liturgy becomes photography, which was the medium par excellence to awaken the world to the reality of suffering. Photography was invented in 1839, and came of age precisely when wars increased in ferocity undreamed of earlier: the generalized use of gunpowder in the Civil War, machine guns for the Crimean War (1854-56), and trench warfare of World War I. In just the Battle of the Somme, sixty thousand British troops alone died or were severely wounded in the very first day, thirty thousand of them in the first half hour. In the next four and a half months, the number would rise to one million three hundred thousand as the line of combat moved only five miles. That is two hundred sixty thousand bodies or parts thereof per mile, one hundred forty-eight bodies per yard, forty-nine bodies per foot. A "mere" five hundred fifty thousand died in Ypres, but pieces of bodies were still being unearthed eighty-five years later in 2003.³⁵ The master essayist Henry James, who lived through those days, declared stunningly, "War has used up words." What could not be expressed, even by James, could be shown in photographs precisely because, said Virginia Woolf, another eye-witness of the time, photographs "are not an argument, [but] simply a crude statement of fact addressed to the eye." Where pain and suffering abound, that is all we have: not arguments, but imagery.³⁶

In the end, then, theology meets sickness by a mutual beaming back and forth, just what Pelikan described. You can't explain the B Minor Mass to extraterrestrials; you just play it, and hope they will play something back. Prayer is "on the spot" photography of ultimate human dilemmas. Its very power lies in the fact that, posing no question, it pretends to no answer. The most ardent skeptic can dispense with argumentation—and just watch the picture.

Such "liturgy-that-shows" honors the sick whose lives we otherwise would be invading with self-righteous religious rhetoric, no different in kind than when the colonial powers brought the good news to natives without regard for what the natives had to say in return. It allows us to resist the temptation to describe, explain, or attribute moral meaning to what we do not know ourselves first-hand.

Prayer is not description (despite its descriptive language) nor is it petition (despite its patent requests). No theological world need correspond to the descriptions we give, and no supernatural power need respond to the requests we make. Liturgy is ritualized redundancy that lets us show what ordinary conversation precludes, and lets liturgical writers be open to what liturgical participants show in return.

ENDNOTES

1. "It was the Jews who, in opposition to the aristocratic equation (good = aristocratic = beautiful = happy = loved by the gods), dared with a terrifying logic to suggest the contrary

equation, and indeed to maintain with the teeth of the most profound hatred (the hatred of weakness) this contrary equation, namely, ‘the wretched are alone the good; the poor, the weak, the lowly, are alone the good; the suffering, the needy, the sick, the loathsome, are the only ones who are pious, the only ones who are blessed, for them alone is salvation ...’” (Friedrich Nietzsche, *Beyond Good and Evil*, 1.7, trans. Horace B. Samuel, in *The Philosophy of Nietzsche* [The Modern Library; New York: Random House, 1927], 643).

2. Bernard Williams, *Truth and Truthfulness* (Princeton: Princeton University Press, 2002), 31.
3. Besides Williams see, e.g., Robert Nozick, *Anarchy, State, and Utopia* (New York: Basic Books, 1974), and E. J. Craig, *Knowledge and the State of Nature* (Oxford: Clarendon Press, 1990).
4. Leonard Mlodinow, *Feynman’s Rainbow* (New York: Warner Books, 2003), 4. A genealogy is “an explanation that would be correct if everything in it were true and operated” (Williams, *Truth*, 31). In Mlodinow’s case, what he imagines is potentially true and operative in another world, such that thinking it to be so allowed him to “show how certain problems in atomic physics would be easily solvable if the world had an infinite number of dimensions.” The point is that he “eventually showed how to compensate for the false assumption of infinite dimensions, and find answers that are accurate and relevant to our three-dimensional world” (Mlodinow, 40).
5. Louise Harmon, *Fragments on the Deathwatch* (Boston: Beacon Press, 1998), 7.
6. Leo Tolstoy, *The Death of Ivan Ilyich*, opening dialogue (abridged).
7. Elaine Scarry, *The Body in Pain* (Oxford: Oxford University Press, 1985), 4.
8. Virginia Woolf, “On Being Ill,” in *Collected Essays 4* (New York: Harcourt, 1967), 194. Cited in Scarry, 4.
9. Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York: Anchor Books, 1990), 3.
10. Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), 47, 45, 48.
11. See Henry Scammell, *Scleroderma* (New York: Evans and Company, 2003), 37-50.
12. See John Searle, *Minds, Brains, and Science* (Cambridge: Harvard University Press, 1984), 57-70.
13. Pierre Bourdieu, *Practical Reason: On the Theory of Action?* (Stanford: Stanford University Press, 1998), 25.
14. Clifford Geertz, *Interpretation of Cultures* (New York: Basic Books, 1973), 100, 108. On making suffering sufferable, see p. 104.
15. C. K. Ogden and I. A. Richards, *The Meaning of Meaning* (1923; London: Ark Paperbacks, 1985), 161.

16. Charles Taylor, "Interpretation and the Sciences of Man," in his *Philosophy and the Human Sciences* (Cambridge: Cambridge University Press, 1985), 23.

17. Kleinman (*The Illness Narratives*) identifies four meanings: (1) what symptoms mean in terms of illness, what he calls "the surface meaning" (e.g., "Recurring back pain means the return of cancer"); (2) the social meanings of illness that society delivers to the sick (e.g., "AIDS denotes immoral behavior"); (3) the meanings from their prior life that the sick project upon their own illness (e.g., "I always knew I would die of cancer; it is just my family's fate"); and (4) the meanings illness has for the ongoing narrative of a sick person's life (e.g., "I was wrong to aspire to become a doctor; but I can still do good by bearing witness to the world's pain").

18. See Charles Taylor, "Interpretation," 27.

19. Stanley Fish, *Is There a Text in This Class?* (Cambridge: Harvard University Press, 1980), 322-23.

20. Annie Dillard, *Living By Fiction* (New York: Harper and Rowe, 1982), 137-38.

21. Susan Sontag, *Against Interpretation and Other Essays*, (New York, Picador Books, 1961).

22. Ludwig Wittgenstein, *Tractatus Logico-Philosophicus*, revised ed. (London: Routledge and Kegan Paul, 1974), 6:522.

23. Cyril Barrett, ed., *Lectures and Conversations on Aesthetics, Psychology, and Religious Belief [by] L. Wittgenstein*. Compiled from Notes taken by Yorick Smythies, Rush Rhees, and James Taylor (Berkeley: University of California Press, 1967), 167. The same issue is broached in a different way in his *On Certainty* (ed. G. E. M. Anscombe and G. H. Wright; trans. Denis Paul and G. E. M. Anscombe [New York: Harper Torchbook, 1972]). "Doubting the existence of the external world [the idealists' issue] does not mean, for example, doubting the existence of a planet, which later observations proved to exist" (# 20). Doubt (and, therefore, certainty) depends on the rule that governs use, and, therefore, "What could a mistake here be like?" (#51). Take Moore's celebrated holding of his hands aloft to "show" [prove?] that, contra idealism, existence is real. Then, "Of course he may be wrong about this," but "what is it like to make such a mistake as that?" (#32). We know when we have gone wrong only because someone who knows the rule says, "This, and what is pointed to here is something indeterminate" (#28). We know we go wrong when someone who knows the rule shows us what is wrong. Showing is beyond telling. Telling depends on showing.

It seems to me that Wittgenstein's case of showing as "mystical" is another instance of the same thing: getting at something that can only be shown but not said. Mystics manage to say a great deal about their subject, but its appreciation requires the experience of knowing it first hand—as if a mystic puts us in a trance and says, "See!," thereby showing us what all the words mean.

24. This example (and others) are discussed in greater detail with regard to ritual, generally, as showing in my "A Rendezvous of Ancestors: Wrestling for Ritual Truth," *Proceedings of the North American Academy of Liturgy* (2004): 26-31.

25. In a colonial era bearing witness consists of the people we conquer admitting the truths of the conquerors. Inculturation instructs us that as much as our language can become theirs, they can and do alter our language.

26. Liturgical scripts can be open or closed. Pre-inculturation liturgies are closed. We tell people what to say. Inculturated liturgies are open. There is a place for people to say their piece—in their own words. What they say is incorporated into our liturgical language, for their words show what they alone know, and when we meet others more similar to them than to us we need to be able to modify “our showing” by “theirs.”

27. Word-meaning is governed by rules of use and background assumptions. From Wittgenstein and Heidegger on, modern philosophy has investigated this notion of background meaning, against the earlier idea, pioneered by Augustine, where language is assumed atomistically to be bits of speech that get fastened arbitrarily onto experience. See, e.g., Charles Taylor, *Philosophical Arguments* (Cambridge: Harvard University Press, 1995), 61-78. Having learned how to use words like “crowd” and “people,” I can, for example, give a speech and look out at what I see as a crowd of people. Wittgenstein, however, would ask for the context, or language game, in which “crowd of people” operates. When a security guard in a police state discloses the existence of a “crowd of people” she is likely to be engaging in the language game of warning: warning the troops, that is, to put on combat gear and unleash police dogs. When I say the same words, I am probably congratulating myself on attracting an audience.

28. Barrett, ed., *Lectures*, 59.

29. See, e.g., theological models laid out by Leora Batnitzky (and respondents Robert Gibbs and John Cavadini), “On the Suffering of God’s Chosen,” in *Christianity in Jewish Terms*, ed. Tikvah Frymer-Kensky, et al. (Boulder: Westview Press, 2000), 203-37. I choose this selection because it so aptly indicates the theological propensity to discuss suffering in the abstract rather than to confront any specific suffering of a single real human being.

30. As reported in *The New York Times*, March 31, 2006.

31. See the remarks by Raymond J. Lawrence, Jr., in “Can Prayers Heal? Critics Say Studies Go Past Science’s Reach” (*New York Times* [October 10, 2004], 32). The article contains critiques other than my own of the experiments in question.

32. Roy A. Rappaport, *Ecology, Meaning, and Religion* (Berkeley: North Atlantic Books, 1979), 117, 208, 209, discusses the Sh’ma along with other creed-like statements as sacred postulates, unverifiable but also unfalsifiable, and, therefore, endorsable ritually even by people who might otherwise, in rational conversation, question what they actually mean.

33. See Stanley Jeyarajah Tambiah, *Culture, Thought, and Social Action* (Cambridge: Harvard University Press, 1985), 145.

34. See Rappaport, *Ecology*, 179-80.

35. Paul Ames, “85 years after World War I, Flanders Fields Still Yield ‘Harvest of bones’” (Associated Press Report, November 10, 2003).

36. On photography and suffering, see Susan Sontag, *Regarding the Pain of Others* (New York: Farrar, Straus and Giroux, 2003). Citations of James and Woolf, 25, 26.

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