
COMMUNICATION BARRIERS IN ‘VISITING THE SICK’ THREE PARADIGMS OF SUFFERING

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Abstract

When Orthodox Christians try to follow Christ’s injunction to ‘visit the sick’ in modern pluralist societies, they come up against communication barriers. These barriers derive from the different paradigms in terms of which patients subscribing to diverse world views approach their suffering. The impact of these barriers becomes obvious in view of Christians’ obligation to multiply the “talents” the Divine charity endowed them with. This obligation urges them to frame their own charity on the model of Christ’s, Who ‘wants all to be saved’. It is in view of this wider perspective that Christians visiting the sick hope to support patients’ progress in repentance, as the royal road to ‘being saved’. Since suffering, just like pain, is profoundly shaped by the subject experiencing them, interpretive frameworks, or paradigms, determine the givens with which such a hope must deal. This essay distinguishes three major paradigms of suffering, which, in the developed Western societies of today, separate secular, Roman Catholic, and Orthodox patients’ response to their plight. Here repentance is either altogether discounted, relativized, or fully endorsed. The impediments thus become clear which keep non-Orthodox patients (of secular or heterodox minds) from being able to make sense of how their Orthodox visitor responds to their questions.

Key words: repentance, human flourishing, penance, purification

1. Introduction

In Christ’s parable of the Final Judgment (Mathew 25.36), some of those who make it into paradise have ‘visited the sick’. The sick are thus included among those ‘least brethren’, service to whom counts as service to Christ Himself. Saint John Chrysostom’s homily on that parable [1] emphasizes, the modest nature of Christ’s request: non-medical, and lay visitors are not expected to heal, or to rescue. They are expected to offer their charity.

In offering charity to their ‘neighbour’ (patients and others), Christians know that they do not draw on their own resources (1 Peter 4.11). They pass on what they received. The ‘talent’ of the Divine love will thus be multiplied [1, LXXVIII, p. 471f]. The Divine love wants “all to be saved” (1 Timothy 2.4),

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i.e., drawn into its own eternity, both in the present life, and in the life to come. This is why Christians place even a simple visit with the sick in the horizon of that Divine purpose. Their offer of charity seeks to support the patient not only in his attempt to cope with the demands of therapy, but also, especially when effective cure is no longer available, in his struggle to come to Christian terms with his suffering.

An effective offer of such support, however, presupposes that patient and visitor share the general framework in terms of which they interpret the suffering that comes with illness and, when medicine's resources are spent, permanent handicap or an approaching death. Yet, precisely such a common framework is often unavailable in today's pluralist societies. This is a serious shortcoming. Suffering, even though usually experienced as 'inflicted from without', as an event that strikes down unexpectedly and against the victim's will, is in fact profoundly shaped by that victim's own disposition. This subject-dependence frames already the most basic, and seemingly most 'objective' ingredient of the suffering from illness: pain. Under normal circumstances, pain is experienced as an evil and, therefore, avoided or suppressed. But the experienced level of pain (and the perception of its tolerable or intolerable degree) depends on the person's psycho-physical makeup, culture, personal history, and present situation. Sometimes, of course, the evil of pain is acknowledged, but accepted as unavoidable in view of some other goal. In sports, or ballet, the pain is an accepted part of the training. Stoics, on the other hand, train themselves to disregard the very reality of pain [2]. Still others, under severe stress, inflict pain on themselves as a way of coping, while masochists covet the very evil of pain as a source of pleasure. Patients with frontal lobe disconnection, finally, can experience pain as pain, but find themselves unable to worry about it [3]. Thus pain, despite its physiological 'objectivity', is shaped by of the one undergoing the pain.

Suffering, even if we restrict ourselves in this essay to suffering from disease or in view of an imminent death, is a much more complex phenomenon. It happens, so to speak, in the mind. Here the patient's normative commitments and his theoretical preconceptions about the meaning of life, and the place of suffering in that life, influence his experience. The framework in which he interprets his suffering orients the ways in which he seeks to cope. For visitors, this subjective framework presents an objective given which constrains the kind of support they can hope to offer, especially since that offer is shaped by their own preconceptions and commitments.

2. Three major paradigms of suffering

In a Western (i.e., European or American) environment, three major paradigms of medicine-related suffering can be distinguished.

2.1. The secular paradigm of suffering

In an explicit way, this paradigm is affirmed by patients who were never educated into Christianity, or who abandoned their Christian faith. In an implicit way, this same paradigm also guides most nominally Christian patients, whose religion reduces to certain moral convictions and a vague trust in Divine goodness, as long as they can access that goodness through experienced wellbeing.

This paradigm corresponds to a life-world that is shaped by the European Enlightenment's secularizing commitment to human autonomy, understood as liberation from all constraints of the past, and in particular from the churches' moral authority. This commitment places special emphasis on repudiating that authority's reference point: Divine judgment at the end of times. From the perspective of that commitment's canonical finite human reason, the very idea of a Divine eternity makes no sense. Those nominal Christians who still hang on to that idea no longer believe that their earthly performance makes any difference for their place in that eternity. Thus, whether a personal life after death is denied or conceded, at least for practical purposes all human aspirations remain limited to the immanent and finite.

The motto "carpe diem" here enjoins a pursuit of happiness that excludes all suffering. In what concerns physical (and pathologically psychic) suffering, medicine becomes the new dispenser of as much therapeutic redemption and rescuing salvation as one feels justified to expect. To be sure, medical interventions impose some pain, inconvenience, even burden. But the suffering resulting from these is accepted as unavoidable in view of the higher goal of restored health or prolonged life. It is balanced off against a hoped-for better quality of life.

Such balancing also implies that when medicine can offer no more cure, all turns on maximizing the quality of life still available. Sometimes, patients find what is thus still available consistently unsatisfactory. Within the confines of this paradigm, they have no in principle good reason not to wish their life to be actively terminated by their physician. Even nominal Christians who endorse the Divine injunction against killing the innocent will invoke what they take to constitute the Divine goodness. At least "in exceptional cases" they will justify such a wish. In countries that have legalized euthanasia and/or physician assisted suicide (e.g., Switzerland, the Benelux countries, and Oregon) there are, secularly speaking, no moral impediments against freeing a patient from his suffering by freeing him from the life that sustains that suffering.

2.2. The Roman Catholic paradigm of suffering

It is not easy to determine the actual 'Roman Catholic position' on any important social problem. The popes' 'infallible teaching' determines what counts as valid dogma, but different popes taught differently on such subjects as, e.g., just wars, democracy, and human rights. The position on suffering which

this essay identifies as ‘Roman Catholic’ takes its cue from the canons endorsed by the Council of Trent. How so ever that position was modified and augmented during Vatican II, Trent was never revoked by the Roman *Magisterium*, nor by any ecumenical council, but was in part explicitly affirmed by both Paul VI and John Paul II.

This paradigm is expressly affirmed by those who still follow the guidance of their church. In implicit and often even unconscious ways, its legalistic dimension also frames non-Catholic, vaguely theist reactions to their own suffering or that of their loved ones. Such a dimension, after all, is strongly supported by humans’ own, self-interested quest for ‘justice’.

This paradigm associates suffering with purification. As the doctrine of indulgences indicates [*Catechism of the Catholic Church*, 1997, §§ 1471ff, 1863, online at: http://www.scborromeo.org/ccc/ccc_toc2.htm], purification refers to the indispensable punishment due all sins, even independently of achieved forgiveness and absolution. (See also e.g. John Paul II, *Reconciliatio et Paenitentia*, 1984, Pt. II, chap.1, #17, and chap.2, #31, II, III online at: http://www.vatican.va/holy_father/john_paul_ii/apost_exhortations/documents/hf_jp-ii_exh_02121984_reconciliatio-et-paenitentia_en.html) In order to exclude the idea of a Divine vengeance, punishment is also described as “following from the nature of sin” in a way that is not limited to man’s earthly life, but requires a further “purgatory” in the afterlife [*Catechism of the Catholic Church*, 1997, § 1472].

The required purification can also be achieved in this life. Patients who patiently endure their suffering as a Divine grace are thereby “freed” from temporal punishment [*Catechism of the Catholic Church*, 1997, § 1473]. Their suffering thus constitutes a temporal punishment of its own. This penal view of suffering recurs in the doctrine on the anointing of the sick. Here, Psalm verses are cited which associate medical healing with forgiveness, and Israel’s experience of a “mysterious link” between illness and sin, or evil, is invoked [*Catechism of the Catholic Church*, 1997, § 1502]. The reference to Exodus 15.26 reveals that this mysterious link consists in a simple ‘tit for tat’: obedience to God’s covenant will be answered by God’s not inflicting the kinds of illness He inflicted on the disobedient Egyptians. Even though the paragraph quoted explicitly claims only that the suffering of one person can be redemptive for another person, these implicit references also confirm the traditional Roman teaching that the suffering connected with illness can serve as a penance for one’s own sins.

Unlike the secular paradigm which interprets suffering (except in particular cases) as an impediment to human flourishing, the Roman Catholic paradigm thus sees temporal suffering as a necessary condition for such flourishing. It is just that the former locates that goal in this life, the latter in the “post Final Judgment” eternity of the next life.

Suffering here is a means for expiating sins, and for reducing a patient’s otherwise unavoidable time in purgatory. The Divine justice behind such an economy of salvation is (at the very least predominantly) modelled after human

legal practices. The - if only analogically - judicial nature of this account is also affirmed by John Paul II [*Reconciliatio et Paenitentia*, 1984, Pt. II, chap. 2, # 28]. To be sure, he also highlights the healing character of that Divine justice [*Reconciliatio et Paenitentia*, 1984, Pt. II, chap. 2, #31 II, III]. Still, the penal dimension of suffering dominates all worldly and otherworldly life before the Final Judgment. Accordingly, even while patients are encouraged to accept their suffering as healing, they are placed in the role of debtors, obligated to pay back for their failures. Irrespective of Christ's sacrifice, these debts must be redeemed. That sacrifice comes into force only at the end of time, and only for those who were properly purged [*Catechism of the Catholic Church*, 1997, § 1031].

On the other hand, the church is seen as a dispenser of indulgences that secure partial access to that final salvation. This 'profit distribution' draws on the 'credit' accumulated through the excess merit of the saints: This merit derives from the extent to which Christ's sacrifice had exceeded the human sins to be blotted out, and from the extent to which the saints' penances of suffering had exceeded the debts incurred by their own sins.

Despite its many other overlays, this paradigm frames the spirit of repentance in which patients must receive their suffering in terms of an acknowledged necessary retribution. The focus of such repentance lies exclusively on the past, and thus on the question: When will my suffering have filled the measure of my sins? At the same time, the legalistic dimension of the whole arrangement reduces "sin" to something that can be imputed, or for which one can be held morally responsible. This excludes any failure arising from invincible ignorance, or from external constraint [*Catechism of the Catholic Church*, 1997, §§ 1857, 1859]. Accordingly, Roman Catholics are encouraged to entertain a rather low estimate of their punishable trespasses. This holds especially for those Catholics who see their entire lives as having been devoted to proper compliance. The greater their accustomed piety, the more easily will their retributive understanding of the Divine justice present a temptation. They are easily misled into believing that the suffering they have already endured must have surely been enough, and that any additional torment is actually excessive and incompatible with Divine justice. This is how self-justifying Roman Catholics may be tempted to question that justice. They may wind up right along mainline Protestants who, believing in justification by faith alone, cannot reconcile serious suffering with the divinely just beneficence that faith affirms.

Against such questioning of Divine justice, Roman Catholic teaching provides a further layer. Especially during the office of holy anointing, patients are encouraged to perceive their suffering (and in particular any suffering felt to be 'excessive') as a participation in the redemptive work of Christ Himself [*Catechism of the Catholic Church*, 1997, §§1505, 1521f, see also 6, #1, 3]. This strategy is defended [*Catechism of the Catholic Church*, 1997, § 1508] in view of the Apostle Paul's identifying his own suffering with that of Christ (Colossian 1.24). This identification is then linked with Paul's "thorn in his flesh" (2

Corinthian 12.9), in order to associate the suffering of patients generally with that of Christ with whose suffering Paul (as “patient”) identifies his.

This remedy is, however, problematic. First, Paul’s “thorn” is not uniformly attributed to bodily illness. While Saint Basil suggests such a solution [4], Saint John Chrysostom disputes it. He opts for a metaphorical reference to disunity and persecution within the Church [5]. This latter interpretation makes more sense of an identification with Christ’s own suffering, likewise assumed for the sake of the Church. But even on the former (pathological) take on Paul’s “thorn”, a profound difference separates a plight (in 2 Corinthian) which was given to Paul personally, so that he might not become overbearing on account of the vision granted him, and which he vainly asked three times to be relieved of, and the plight (in Col.) shouldered by Paul voluntarily. Only the latter (non-pathological one) was undertaken in order to share in the suffering of the One Who had commissioned Paul for such sharing. Moreover, as Saint John Chrysostom makes clear, Paul’s identification does claim the Christ-like saving role for his own suffering as Roman Catholic teaching affirms for patients. Instead, even though Paul’s suffering in fact is caused by his continuing Christ’s own care for His Church, Paul repudiates any personal merit, attributing everything to Christ Himself working through him [6]. It is remarkable how the *Catholic Catechism*, echoing Vatican II’s *Lumen Gentium* [Paul VI, Pope, *Dogmatic constitution on the church, Lumen gentium*, 1964, online at: http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19641121_lumen-gentium_en.html, chap. II, #11], assures patients whose suffering was not caused by any work for the Church, and remains limited to their physical body, that by merely receiving “freely” [*Catechism of the Catholic Church*, 1997, #1522] the sacrament of holy anointing, they become partakers of Christ’s saving work. Nor are the further biblical references in the earlier documents [7] helpful for relieving that incongruity. In Romans 8.17, 2 Timothy 2.11-12, and 1 Peter 4.13, both Paul and Peter link ‘suffering with Christ’ (through persecutions) with ‘being glorified with Him’ in a way that has nothing to do with either illness or the ability to save other sinners.

Clearly, patients who are encouraged to think so loftily of their spiritual mission might indeed develop patience and gratitude. But their virtue will rest on a delusion, and a harmful one: it deprives them of any good reason for continuing on that humble path of repentance for their own sins, which could secure their real (rather than imagined) access to the Divine grace.

2.3. The Orthodox paradigm of suffering

Unlike the secular, but like the Roman Catholic approach, Orthodoxy interprets suffering in the context of man’s eternal vocation. Unlike the Roman Catholic approach, but like the secular one, Orthodoxy sees physical (or pathologically psychic) suffering only as contingent, not as necessary for human flourishing. Thus Saint John the Theologian is not reported to have ever fallen ill, or even to have tasted death. And the sword that penetrated the heart of the

Theotokos (Luke 2.35) was not related to illness. In fact, even her childbirth, in not compromising her virginity [8], must have been painless.

To be sure, there is a suffering which even Orthodoxy takes to be usually unavoidable in view of eternal salvation. It attends dying to one's fallen self. Christ's command that His followers should take up their cross and deny themselves (Mathew 16.24) imposes a willingness to obey the Divine law not only in the sense of not trespassing Divine proscriptions and complying with Divine prescriptions (as suggested by the legalistic dimension of Roman Catholic teaching). Instead, that willingness must extend to one's opening up to, and passing on, the Divine love. The need for such cooperation with the Divine offer of deifying grace, as suggested by the Apostle himself (e.g., Romans 6.11-13, Galatians 5.13-25), has been well presented by a contemporary historian of Theology [9]: "The restoration [i.e. from its fallen state, CDH] and deification of human nature accomplished in the hypostasis of Christ remains potential for human hypostases unless and until they are incorporated and united in Him. This incorporation and uniting are accomplished within the Church - which is the Body of Christ - by the grace of the Holy Spirit communicated in the sacraments. It is necessary, nevertheless, that man collaborate in this transformation of himself by grace. He must work (cf. Philippians 2.12) to appropriate it; he must open himself to it and assimilate himself to it by constant effort."

Such cooperation requires that one devote, even lay down, one's entire life to the service of that love. Whether this is easy or difficult, and hence a cause of suffering, depends on each person's disposition. The severity of the suffering which attends a person's struggle for fellowship with Christ is thus again contingent on how deeply he remains entangled in his disoriented passions [1, Hom. LV, p. 338-344]. This is why even those who accept their cross in patiently enduring human injustice (Galatians 2.20) for the sake of the Church bear a "yoke" which Christ can call "easy" on account of His being "gentle and humble in heart" (Mathew 11.29f). At least for His spiritually advanced followers, the required allegiance does not have to be painful. (For an illustration see John Cassian's *Conference of Abbot Abraham* [10].)

The required spiritual advancement is, however, often supported by ills which befall Christians not only from the injustice of their fellows, and from their own unhealthy life styles [4, p. 336; 1, p. 185; 11], but also from other, 'natural' causes. As ills, they result from the fallen character of the world, where humanity is exposed to mortality and morbidity, to the need to fight for survival in a hostile environment with scarce resources, and thus also to mutual enmity. But the superior power of the Divine love can transform these ills into helpful trials (Hebrew 12.7). Disease and handicap, even an imminent death, can distance the sufferer from his infatuation with 'the world'. Exposure to such ills can thus support his growth in holiness. This is also why Orthodoxy, unlike the secular and Roman Catholic paradigms, does not accept suffering only in an instrumental sense, as a means to something that lies beyond the transformation it brings about in the sufferer. The Orthodox paradigm relativizes such

instrumental value and accords priority to suffering's inherently healing potential.

To be sure, even Orthodoxy has a place for retribution. But this aspect is limited to the Final Judgment, and applies to those who did not properly accept the salvation Christ's sacrifice offers them. The decisive motive here is, once again, not any abstract principle of retaliation but the nature of the Divine love: As an invitation extended to humans, God's love does not overwhelm human freedom. It respects that freedom's tragic implications. Only those who refuse the Divine justice of love will be exposed to the Divine justice of punishment in the strict sense of the term. This side of the Judgment, on the other hand, Orthodoxy emphasizes rather the damage sin inflicts on the sinner than the offense it inflicts on God (for which satisfaction would have to be offered, as in the Roman Catholic paradigm [Paul VI, Pope, *Apostolic Constitution Indulgentiarum Doctrina*, 1966, online at: http://www.vatican.va/holy_father/paul_vi/apost_constitutions/documents/hf_p-vi_apc_19670101_indulgentiarum-doctrina_en.html]). This explains Orthodoxy's prominent focus on therapy, so well illustrated by Saint Cassian the Roman: even when he affirms a Divine retribution, he immediately adds its therapeutic purpose [10, p. 357]. Similarly, he makes clear that, when in the Old Testament God allows Himself through the voice of His prophets to be presented in terms of anger, wrath, and vengeance, this is all done in the hope that His narrow minded people would finally understand, and return into fidelity to His covenant. In a kindred manner, Saint John Chrysostom lays out the way in which God's very threats of punishment (that would be 'just' in human terms) has no other purpose than to offer a threat that might bring about the desired conversion and make the punishment unnecessary [12].

In the context of such a not only partially but pervasively therapeutic understanding of suffering, the proper response to one's disease and fear of death requires a repentance that differs from the Roman Catholic one in three respects.

- (i) The Orthodox paradigm does not restrict the sin on which such repentance must focus to trespasses which can be attributed in a legal or moral way. Rather, in the horizon of man's design for deification, sin includes any way of missing the mark of that perfect cooperation with the Divine offer of grace which is here required. In this context, it is significant that Orthodoxy affirms the fullness of the Church's traditional ascetic discipline for every member of the faithful, rather than relying on his merely passive 'acceptance' of Christ's saving sacrifice. This discipline furthers a humbling self-knowledge which discourages any illusions concerning one's own 'impeccable life'. This is how Orthodox sufferers are discouraged from ever assuming that they had 'suffered enough'.
- (ii) The 'purging' that may result from suffering is here not perceived in terms of a reduction on the 'debit side' of one's life balance, but (if one indulges in accounting images at all) as a preparation for increase 'on the credit side'. Repentance is no longer focused on what removes the blemishes of

the past, but on the potential one's suffering has for sanctifying the future, i.e., increasing one's openness for Divine love (Romans 5.3-5).

With every advance in such openness, moreover, a person gains greater clarity about his distance from that (ever more clearly envisaged) love. His eyes are opened to ever new dimensions of past and present failures properly to receive that love, let alone properly to reciprocate. In particular, he learns to re-evaluate what he previously considered harmless weaknesses and innocent delights: "These simple desires, even when they are not sinful, are actually worse than the sinful ones. A sinful desire will shake a man at some point, and his conscience will bother him, and he will make an effort to repent....On the contrary, these other desires, the 'good ones', do not concern him at all. He believes that he is doing well. 'I love well-made and beautiful things', he thinks. 'Besides, God created everything beautiful' Yes, but his love does not go to the Creator, it goes to His creation, which is why we should break off from every desire." [13]

This is why increasing holiness here comes with intensified repentance, and along with it an increased willingness to welcome (and even ask for, or voluntarily assume) further cleansing trials.

- (iii) The repentance with which a Christian should receive his suffering is not limited to a theoretical recognition of that suffering's legal unavoidability. In order for the Divinely intended therapy to achieve its sanctifying goal, that repentance should inspire, even beyond resigned patience, the additional offering of gratitude. When received in this way, suffering can become a training ground which not only liberates the patient from his entanglement with worldly matters, but which increases his love for God and thus completes his holiness. Thus Saint John Chrysostom, in his *Homilies on the Statues*, shows how Job's plight not only revealed the faithfulness that had informed his previous life, but that the suffering even enhanced his sainthood: "Before, there was much benignity to his fellow-servants; now there was exceeding love shown towards the Lord!" [14] As Saint Diadochus of Photike notes, prolonged illness can in itself be even a martyrdom [15]. Similarly, Elder Paisios of the Holy Mountain explained that his suffering from excruciating pain toward the end of his life "benefited him more than the ascetic struggles of his entire life" [13, p. 12].

Repentance, thus understood, does not stand in the way of Christians' recognizing that "God made man right (*εὐθύς*) and He created us for good works that we might walk in them" [4, p. 332], that medicine (if properly used) is a Divine gift [4, p. 330f], and that we should pray for "a Christian ending to our life, painless, blameless, peaceful" [16]. Instead, especially when medicine's curative means are exhausted, this understanding of repentance illuminates a further dimension of the Orthodox paradigm of suffering. As e.g., Saint Nicodim of the Holy Mountain notes, this Orthodox understanding of repentance here even discourages a patient from giving in to the desire to be rid of his affliction: Such a desire is a sign of still persisting self-love that fails to trust in the Divine love which imposed the ill [17]. A patient's holiness is manifested by the trust

and humility with which he adopts his suffering as a Divine chastising therapy, and in this therapeutic sense even as a punishment, but recognizes the Divine grace behind that therapy, and allows that grace to transform, like a fire that purifies gold, his own human love.

3. Conclusion

With this survey of three paradigms, the difficulties an Orthodox visitor of a non-Orthodox patient confronts become clear. Whether by speaking or by remaining silent, and without a Divine miracle, such a visitor cannot even hope to support the struggle the patient should undertake. As our geography of approaches to suffering has revealed, the Orthodox paradigm focuses, first and foremost, on the spiritual therapy of repentance. In the context of coming to right Christian terms with one's illness, the warning of Saint Symeon the New Theologian achieves special urgency: "it is impossible to be saved without repentance, a heartfelt repentance, such as the word requires from us" [18]. Saint John Chrysostom even compares the unrepentant state of a sinner itself with a sickness which it would be "cruelty and inhumanity" not to seek to remedy [6, p. 495].

Of course, even with Orthodox patients, such a project is difficult to realize. We all are tempted by pain and the state of being incapacitated, and what we theoretically know may become clouded by suffering. But here at least a common framework is available. The patient might remember, at least in his better moments, what his faith implies. He can on reflection distance himself from his own instinctive rejection, and from his desire to cry out against perceived Divine injustice. Here, in other words, a common basis allows a visitor to respond to a patient's doubts or questions, and hope that his words will be properly contextualized. Even beyond talk, the common interpretive framework establishes a community of shared concerns and commitments. This community can sustain the visitor's confidence that already his merely practical little services and quiet presence might offer the support his God-given charity intends.

Among patients who affirm the secular paradigm, on the other hand, these sufferers will not even be able to make sense of the very notion of repentance, let alone of the eternity in view of which such repentance might be appropriate. Among Christian (or somewhat theistically oriented) patients who understand the meaning of sin, and who in addition recognize a requirement of justice that sins should be punished, at least the general bearing points for repentance are available. But insofar as Roman Catholic Christians are never in principle discouraged from claiming that the measure of their suffering exceeds the punishment due their personal failings, many of them will be unable to engage in further repentance for themselves. Even their patiently offered gratitude will lack the necessary repentant humility.

The recent trend in Western literature on care for terminal patients and for 'spirituality in palliative care settings' is framed by the commitment to serve patients who affirm very diverse paradigms of suffering. This literature altogether bans any reference to sin, repentance, or to a Final Judgment. To cite only one representative collection of essays [19]: a patient's entertaining the notion of such a judgment is rejected as indicative of an inappropriate image of a "punishing God", and a sign for that patient's "negative coping" [6, p. 223]. Even explicitly Christian presentations of "spiritual care for the dying", offered by clerical professionals, altogether avoid getting any closer to "repentance" than advocating a self-directed process of "reconciliation" and "peace" [6, p. 251; p. 66]. And even the summary of an "Ignatian spirituality" in palliative context limits "spiritual man's" proper response to a recognized evil deed to the rather general strategy of "letting his guilt be forgiven and attempting to change his behavior" [6, p. 98].

For an Orthodox Christian engaged in visiting the sick in the spirit of true Christian charity, the resulting communication barriers can thus not be reduced to the kind of stress-induced forgetfulness or unrelieved ignorance which may also haunt Orthodox patients. Rather, non-Orthodox patients' interpretive horizon which orients their ways of living and approaching death is even incompatible with openness to the kind of struggle an Orthodox visitor must hope to facilitate. Those patients who fail to (or no longer) entertain the notion of a Divinely benevolent creator are not even able to worry about such a creator's tolerance of suffering. The very presuppositions are absent which could stimulate questions about man's contribution to the presence of suffering in the Divinely created world, let alone questions about these patients' own part in the drama. And those who, while affirming such a creator, insist on projecting their own human notion of justice onto his rule, will remain blind to the distinctively Divine character of that justice. They will refuse seeking access to a love which, precisely through the therapy of suffering, can burn away the idol of pride, and take its deifying residence in fallen man. This is why, even when such patients ask for advice from their Orthodox visitors about how they should respond to their suffering, the communication barriers are insurmountable - at least as far as human efforts go.

Perhaps then, one should pay closer attention to the fact that Saint John Chrysostom, when preaching on the parable of the Final Judgment, identifies as Christ's "least brethren" the believers who are admitted into Christ's brotherhood through baptism [1, p. 475] the singularity of which our creed affirms. This is not to say that Christians should turn only to those with whom they are fully united in Christ. It is to argue, however, that, when reaching out beyond that unity, they should recognize the attendant limitations in view of the fullness of their Christian service. What Saint Isaac the Syrian says about monks also, and with an additional meaning, applies to lay visitors: "nothing has such power to release... from the demon of pride ... as visiting the sick who lie upon their beds and waste away in the affliction of their flesh" [20]. Perhaps all that an Orthodox visitor can do for patients of other 'suffering minds' is to

concentrate on his own repentance. Only in this way can he render himself more receptive to the gift of the Divine love, so that what he passes on to the patients he visits may draw these patients closer to the experienced charity's Divine origin.

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