
Gift and Death: Facing Cancer

Craig L. Nesson

*William D. Steng Professor for the Education and Renewal of the Church
Academic Dean and Professor of Contextual Theology and Ethics
Wartburg Theological Seminary, Dubuque, Iowa*

I always thought I would be braver looking death in the face. Death has haunted my life from childhood, my mother dying suddenly when I was six and my younger sister from agonizing leukemia when I was sixteen. But to receive the diagnosis of aggressive prostate cancer at age sixty-seven struck me down in terror. I do not want to die. I am not ready to die. Fear of death froze my emotions and preoccupied my thinking night and day. Anger swelled against the physician who misdiagnosed and mistreated my symptoms for several years. The prospect of leaving behind the people and life I love made me shudder with anticipatory grief.

Writing these lines does not make me proud. Telling the truth about these feelings leaves me vulnerable. Nevertheless, I compose this essay to tell a story I hope will help others, especially men themselves facing prostate cancer. The silence about this disease means there are many men living their own prostate cancer journeys in isolation and unspoken fear. I also write to hallow the memory of a brilliant colleague, Vitor Westhelle, whose life was cut short by his own journey with cancer.

Denial of death and terror management

During my studies at Wartburg Theological Seminary, I encountered the book, *The Denial of Death*, by Ernest Becker. From first reading onward Becker's thesis has become foundational for my understanding of human existence. Becker analyzes how the fear of death, though vigorously repressed, remains one of the most existentially significant factors conditioning human life, both personally and culturally. With reference to the interdisciplinary work of many scholars, including Kierkegaard and Otto Rank, but most poignantly based on his own experience as a dying man, Becker lays bare how "of all things that move man, one of the principal ones is his terror of death."¹

The explanatory power of Becker's claim contends that humans, unlike other animals, spend "a whole lifetime with the fate of death haunting one's dreams and even the most sun-filled days..."² In seeking to cope with this reality, human beings, beyond their full awareness, engage in heroic projects to justify and give meaning to life in the face of death.

1. Ernest Becker, *The Denial of Death* (New York: The Free Press, 1973), 11. See also the sequel volume, Ernest Becker, *Escape from Evil* (New York: The Free Press, 1975).

2. Becker, *The Denial of Death*, 27.

From first reading onward [Ernest] Becker's thesis has become foundational for my understanding of human existence. Becker analyzes how the fear of death, though vigorously repressed, remains one of the most existentially significant factors conditioning human life, both personally and culturally.

The whole thing boils down to this paradox: if you are going to be a hero then you must give a gift. If you are the average man you give your heroic gift to the society in which you live, and you give the gift that society specifies in advance. If you are an artist you fashion a peculiarly personal gift, the justification of your own heroic identity, which means that it is always aimed at least partly over the heads of your fellow man.³

As Becker shared in an interview shortly before his death: "Each of us constructs a personality, a style of life... a character armor, in a vain effort to deny the fundamental fact of our animality. We don't want to admit that we stand alone. So, we identify with a more powerful person, a cause, a flag, or the size of our bank account."⁴

From this foundational insight about the denial of death has emerged empirical scholarship on "mortality salience," how human life is impacted by awareness of death's inevitability, within the scope of "terror management theory," the study of how human behavior is driven by the fear of death. Numerous experiments have demonstrated "Becker's central claim that the awareness of

3. Becker, *The Denial of Death*, 173.

4. Sam Keen, "Beyond Psychology: A Conversation with Ernest Becker," in Daniel Liechty, ed., *The Ernest Becker Reader* (Seattle: University of Washington Press, 2005), 219-220.

death gives rise to potentially debilitating terror that humans manage by perceiving themselves to be significant contributors to an ongoing cultural drama.”⁵

While fear of death is universal, we “are shielded from existential terror by embracing a cultural scheme of things and striving for self-esteem.”⁶

Cultural worldviews and self-esteem help manage this terror by convincing us that we are special beings with souls and identities that will persist, literally and/or symbolically, long past our own physical death. We are thus pervasively preoccupied with maintaining confidence in our cultural scheme of things and satisfying the standards of value associated with it.⁷

However, when our cultural narratives are overtaken by demagogic manipulation and channeled toward identified scapegoats, the “natural and inevitable urge to deny mortality and achieve a heroic self-image are the root causes of human evil.”⁸ Both great cultural achievements and unimaginable devastation are driven by the desire to transcend death.

My prostate cancer journey

When other people had the courage to talk to me about my prostate cancer, often they told me stories known to them about other men’s experiences with prostate cancer. Sometimes these stories had “happy” endings about recovery and more life. But not always. What gave me pause about such stories was not that some of them ended with the person dying. What became wearisome was that none of them was my story.

Each person’s cancer journey is unique to them. I spent some time reading books and articles by men with prostate cancer. As difficult as it was to confront my own cancer through their courageous writing, none of these narratives really matched my own story. In the future, when I hear the stories of others about their experiences of cancer, I intend to listen more intently to discover what was unique to them and less ready to share with them how their experience is like mine or like somebody else I may know.

The chief diagnostic tool for prostate cancer involves a simple blood test to measure PSA (Prostate Specific Antigen) level. Because the incidence of prostate cancer is relatively high and men are often reluctant to face the possibility, I share the story of my own cancer journey as an encouragement especially for men to actively monitor their PSA level and to seek out medical treatment sooner rather than later. Early detection can make prostate cancer very treatable. Although the progression of the disease may be

In the future, when I hear the stories of others about their experiences of cancer, I intend to listen more intently to discover what was unique to them and less ready to share with them how their experience is like mine or like somebody else I may know.

relatively slow, men need to become much more conversant and vigilant about their own care.

For several years, my primary care physician noted a gradual increase in my PSA levels until finally he referred me to a urologist. I began six-month check-ups with the urologist as the PSA levels continued to increase, beyond what I now know were unacceptably high. Twice I had in-office biopsies where a puncture procedure took tissue samples. While unpleasant, the procedure itself was tolerable. The first biopsy showed normal cells with no sign of cancer. The second biopsy three years later showed atypical cells. Still the urologist took a “wait and see” approach.

During all these years I trusted the professional competence of my doctor, even when his bedside manner was disturbing. At the time of the first biopsy, for example, I was struggling with depression and recall him berating me for my fears as “a man of faith.” At another visit when there was a notable increase in PSA level, he looked at me and said, “You are going to die of something.” This was not exactly what you want to hear from your urologist about a treatable disease.

In the months after the second biopsy, I grew increasingly doubtful about the approach being taken after the discovery of the irregular cells, even though they had not been diagnosed as cancerous. I began research on the Internet about “atypical small acinar proliferation.” While I found some useful information online, the information was confusing overall. One study from Korea cited that in more than 50% of cases, the discovery of these cells is highly probable for cancer. I have subsequently learned that while this condition is found in only 2% of biopsies, up to 60% of patients with this finding are subsequently diagnosed with prostate cancer, often with another biopsy shortly thereafter.

While I wanted to trust my urologist, I eventually decided it was time for a second opinion. Here again I stress that men reading this article need to seek out the best care available to you when diagnosing prostate cancer. For me, this meant self-referral to the University of Iowa Hospital, a leading medical research center. I am deeply grateful that I took this action exactly when I did. Otherwise, I might not be alive to write this story.

I learned at my first visit that my PSA levels were alarmingly high, in themselves the basis for a high probability of prostate

5. Sheldon Solomon, Jeff Greenberg, and Tom Pyszczynski, *The Worm at the Core: On the Role of Death in Life* (New York: Penguin Random House, 2016), 211.

6. Solomon, Greenberg, and Pyszczynski, *The Worm at the Core*, 209.

7. Solomon, Greenberg, and Pyszczynski, *The Worm at the Core*, 127.

8. Ernest Becker, *Escape from Evil* (New York: The Free Press, 1975), xvii.

cancer apart from any biopsy results. Moreover, I discovered that the biopsy technique previously used only took samples from the near side of the prostate. What about the possibility that the cancer was on the far side toward the bladder? This had never been mentioned by my previous doctor and it had never occurred to me that the puncture biopsy method had this life-endangering limitation. The biopsy on the far side of my prostate revealed I had “aggressive cancer” in need of immediate treatment.

Two treatment options were explored, radiation and surgery. The consultation with the radiation oncologist confirmed that in my case surgery was the much better option for successful treatment. Radiation could remain a secondary treatment should surgery not prove sufficient, while choosing radiation as the first option would preclude the future possibility of surgery. First, however, we needed to learn whether the cancer cells had spread beyond the prostate itself. This entailed a bone scan to discover whether there were suspicious areas elsewhere in my body. My existential fear was acute the day of the bone scan, even though I had been told probability was in my favor. Playing odds with your own life on the line is high stakes. How relieved I was to receive the welcome negative finding from the bone scan!

The next issue I faced, given my body size, is whether surgery could be done through a robot-enhanced procedure that would be less invasive and speed recovery. After literally “sizing me up,” how grateful I was that my new urologist was willing to use the robotic procedure. The aggressiveness of the cancer was underscored by how soon they wanted to get me on the surgery schedule, four weeks hence. I was ready for as soon as possible.

Shortly after the surgery was scheduled, a family gathering allowed me to tell most of my children and grandchildren in person and at the same time share what was facing us. It was hard for me emotionally to disclose my illness and mortality to them. Their love and support proved awesome. A plan was made at work to cover my teaching and administrative duties. My colleagues provided unconditional support for which I remain forever grateful. On the day before surgery, we had prayers for healing with the laying on of hands by the entire Wartburg Theological Seminary community. What a gift to be surrounded by the prayers of the body of Christ!⁹

On the day of surgery, we awoke in the middle of the night to drive to Iowa City. Cathy, my wife, was able to accompany me until I was taken on the gurney to the pre-operation room. The surgery itself took nearly three hours longer than planned; my waiting family were told there was nothing wrong, only that the procedure was laborious. When I awoke in the recovery room, eleven hours had passed. I was deeply grateful to God and the medical team for this opportunity for healing and life. Though weary, I was able to walk that first night and again the next morning. By midday we found ourselves already on the way home.

Twelve days with a catheter was the most physically challeng-

9. For those without a circle of support, I highly recommend that you seek out a community with whom to share your cancer journey as well as other resources for spiritual and mental health care.

Westhelle’s] witness continues through those formed by and carrying on his theological legacy through their own ministries, teaching, and writing. Their number is many.

ing experience related to the surgical regimen. Those of us accustomed to taking our mobility for granted can discover something of value from such disability, a deeper sense of empathy. Once the catheter was removed, there was the indignity of contending with incontinence, which together with impotence is one of the possible major side effects from a prostatectomy. These challenges differ in degree and consequence from case to case. Accepting my own losses and limitations is part of my extended grieving process.

As my strength improved, hastened by regular walking and effort to improve my diet, I returned to work thirty days following the surgery. Having a daily routine has been integral to my therapy. Learning to live with cancer has occasioned a dramatic change in my self-perception that remains in process. I will live with the reality of cancer as part of my journey for the rest of my life. PSA level remains the best measure of recovery. One prays and hopes for an “undetectable” level after the prostate has been removed. Depending on those levels, radiation remains a possible future form of treatment. I go in for six-month check-ups for the first two years, which could become a little less frequent in the future depending on the results.

Vitor Westhelle on gift and death

The theological journey of Vitor Westhelle spans from his birth in Taquara, Brazil, across the entire globe into God’s eternity. He lived out his baptismal vocation serving neighbors as pastor, teacher, and author, always witnessing to God’s mercy for the poor and call for justice. His witness continues through those formed by and carrying on his theological legacy through their own ministries, teaching, and writing. Their number is many.

In reflecting on Vitor’s theological existence for others, I take as point of departure the Advent message published on Christmas Day 2017, in which he invited readers into his cancer journey. Engaging this meditation today is poignant and emotionally wrenching, knowing that his final advent would arrive on May 13, 2018: “It is the beginning of the church calendar that starts with an apocalyptic blow of the trumpet. The Messiah comes, the decisive moment is near, the ax is dangling over our heads, the judge will announce the verdict.”¹⁰

10. For this and the following citations, see Vitor Westhelle, “On Advent, Cancer, and Christmas,” December 25, 2017, in “We Talk. We Listen.” Conversations about Diversity Blog, <https://wetalkwelisten.wordpress.com/2017/12/25/on-advent-cancer-and-christmas-prof-vitor-westhelle/> Accessed 18 January 2021.

Vítor takes this “occasion to talk about cancer, this uninvited guest that some of our bodies host and announces loathful tidings. And then just lingers on, feasting at the table of our flesh.” Transcending his own predicament, Vítor turns our attention to those disproportionately victimized by cancer’s invasion: “The race and class divide swings the pendulum definitely to African-Americans, and the proletariat (remember this word to describe the working poor? ... it will be back!).” Yet not only these become the host for “the vile guest, who has no plan to move out. Life within life that is there as a suicidal bomber. Or, perhaps the herald of a new stage of evolution.”

Referencing the Ingmar Bergman film, *The Seventh Seal* “about God’s silence midst the tragedies of life,” Vítor identifies cancer patients as the chessboard pieces in the deadly game played out in the film between the protagonist and the Grim Reaper: “We are the neutral ground over which a battle for life or death is being fought... It is not a drama and search for a meaningful life. And it is not even about death and its stratagems either. It is about us patients. Patients that do not have a scheduled release date, let alone the very idea of release. Elusive remission, perhaps.”

What does it mean to be a patient? “The word ‘patient’ itself tells a tale. It comes from the Greek *pathos*, undergoing suffering, describing an utterly passive condition. This estate of passivity is proper to convey our surrendering to God, but it is a disturbing thought when you know that, in dealing with physicians and oncologists, there is ultimately no other option but to trust them and their expertise.” In some ways, this places patients in the position of those dependent on “the native healers of our lands before colonization, with the difference that, for the healers, the connection with the divine was explicit, now it is not, but equally real, and, maybe, for that reason, comforting.”

Vítor witnesses to the gift of human solidarity on this journey: “Friends and family are there with us, and often suffer more with the prospect of our passing than we ever truly appreciate. Nurses, technicians, and assistants that administer drugs, take and measure vital signs, and an array of other things that they do, are angels of mercy. They carry the weight of our pain as the metabolism in our bodies keeps changing, while they undergo mutation.”

In the Christmas Gospel of Emmanuel, God enters the condition of all fragile and abandoned ones, yes, even those suffering from cancer. Citing Mark 2:17, “It is not the healthy who need a doctor, but the sick.” Vítor concludes: “And this is *not* an allegory to describe a spiritual condition. It is the physician who takes upon herself the condition of those who need healing, *soteria!* This is what it means by God taking our flesh, being incarnate: God’s got cancer. Or should we say ‘incarcerated?’ Incarcerated!”

Westhelle was deeply immersed in questions surrounding suffering and death through his scholarly work that reached around the world. In this contribution to remembering his legacy, I reference two works in particular, *The Scandalous God: The Use and Abuse of the Cross* and *Eschatology and Space: The Lost Dimension in Theology Past and Present*. Westhelle spoke and wrote with *parresia* (boldness) about the human condition and especially those

Vítor witnesses to the gift of human solidarity on this journey: “Friends and family are there with us, and often suffer more with the prospect of our passing than we ever truly appreciate.”

who suffer at the margins.

Mary, the mother of Jesus, provides perspective both on theology of the cross and the practice of resurrection. Westhelle cites Luther’s commentary on the Magnificat: “You must not only think and speak of a low estate but actually come to be in a low state and caught in it, without human aid, so that God alone may do the work.”¹¹ God entered into the depths of human suffering both at Christ’s birth from humble Mary and at his death by crucifixion, where his mother also journeyed, hearing her son cry out, “My God, my God, why have you forsaken me?” “Faith and the ‘deafening cry’ do not cancel each other.”¹²

Yet Mary, unlike those disciples who ran and hid from the cross, with the other women remained at the foot of the cross: “Even if no Magnificat was sung there, Mary’s actions were a testimony to what could be called a practice of resurrection. For those women, that cross was not yet the end of it all; there was still a labor to be done.”¹³ Characteristic of Westhelle’s theological oeuvre, he cites the poet Wendell Berry:

I read of Christ crucified
the only begotten son
sacrificed to flesh and time
and all our woe. He died
and rose, but who does not tremble
for his pain, his loneliness,
and the darkness of the sixth hour?
Unless we grieve like Mary
at His grave, giving Him up
as lost, no Easter morning comes.¹⁴

“Such a grief, such a labor of love and mourning grows out of faith and hope that no gesture of love will ever be lost even if nothing can be changed, even if the wrong must be accepted for the sake of love.”¹⁵

Toward the end of *The Scandalous God*, Westhelle turned

11. Vítor Westhelle, *The Scandalous God: The Use and Abuse of the Cross* (Minneapolis: Fortress, 2006), 114.

12. Westhelle, *The Scandalous God*, 114.

13. Westhelle, *The Scandalous God*, 119.

14. Westhelle, *The Scandalous God*, 120. The citation is from Wendell Berry, *Collected Poems* (San Francisco: North Point, 1985), 210.

15. Westhelle, *The Scandalous God*, 122.

to the theme of eschatology. He would have us orient ourselves eschatologically less to anticipating some future time and more to liminal spaces. Again, this reference to the Magnificat: “[God] brought down the powerful from their thrones, and lifted up the lowly; he has filled the hungry with good things, and sent the rich empty away.”¹⁶ Eschatology as apocalypse involves a revelation, an unveiling: “And so there are ethnic, racial, social, cultural, political, economic, geopolitical, and so many other geographies that lay bare the apocalypses; the limits of the homely, the familiar, that which centers our spaces.”¹⁷ It is from these very marginal and liminal spaces that arises the paradox: “it is at the end that a beginning is possible, it is death that brings about life, it is the awful that is also awesome, the *tremendum* is the *fascinans*.”¹⁸ These are the *eschata* which we must heed under a theology of the cross.

The way of the cross and praxis of resurrection belong inextricably together. “It means that however we might interpret the resurrection, it is above all an active engagement with cross and suffering, a care for death.”¹⁹ This claim should not, however, be confused with the glorification of suffering, which Westhelle names “dolorism”; no mystification of pain and suffering. The resurrection becomes manifest as the “concealed side of the cross” moves “us in hope to see that there is a transformative power at work even in the midst of a total defeat, a power creating out of nothing.”²⁰

...because Jesus was resurrected, resurrections—and insurrections—are possible. This is the manifest side of resurrection: the belief that God created and continues to create out of nothing, out of the experience of utter negativity. The resurrection is a demonstration of God’s power that empowers.²¹

Yet faith in the resurrection leads again inexorably to “the manifest side of the cross; it is necessary to return to the site of the vile crime and be touched by the broken body once more, to be moved by the power of the cross and witness in that wretched tortured body the truth that in all the suffering of the world we meet the God with us, the God that dared to be emptied in solidarity with the human condition.”²²

The stations of the cross never allow relief from the tension inherent in the relationship of cross-resurrection: “No words, instead a labor of mourning and love connects Friday and Sunday and fills the spaces of death with fragrance.”²³ Mary and the women “saw salvation and new creation *first* because they gazed at the place where the Beloved dies and the place where the body was laid.”²⁴ The tomb becomes the locus for the practice of resurrection.

Eschatology as apocalypse involves a revelation, an unveiling. . . . It is from these very marginal and liminal spaces that arises the paradox: “it is at the end that a beginning is possible, it is death that brings about life, it is the awful that is also awesome, the *tremendum* is the *fascinans*.” These are the *eschata* which we must heed under a theology of the cross.

The time is not empty for there is an itinerary, a movement through spaces with a very clear trajectory. The movement goes from the limit, from the end (Good Friday, the cross, the tomb), to a center (the home, the Shabbat), and then back to the margin (Sunday, Easter, the tomb revisited).²⁵

It is through this “mournful dance that we come to know that there is salvation, that there is new creation that springs exactly then, when the world ends—or there, where worlds end. Shall we dance?”²⁶

The relationship between gift and death finds extensive discussion also in his book, *Eschatology and Space*. Conventional Western eschatologies oriented toward time are differentiated radically from those located in spaces that mark the experiences of marginalized persons and communities: “these *eschata* are kept from being recognized as such.”²⁷ Westhelle offers these poignant instances: “People that are institutionalized—the prisoners, the elderly, the terminal patients—go through such *eschata*.”²⁸ Human life exists at the interstices between the concealment of the gift and the masking of death. Gift and death are misconstrued “when competition and success at the expense of the other ensues... thus destroying the gift that is freely given forgetting that which we come from, death, and denying that to which we are destined.”²⁹

Justification pierces “the armors we vest ourselves with” (recall Becker on the denial of death); it marks “an eschatological event of faith... the gift that cannot be negotiated to remain a gift.”³⁰

16. Westhelle, *The Scandalous God*, 157.

17. Westhelle, *The Scandalous God*, 158.

18. Westhelle, *The Scandalous God*, 158.

19. Westhelle, *The Scandalous God*, 164.

20. Westhelle, *The Scandalous God*, 171.

21. Westhelle, *The Scandalous God*, 171.

22. Westhelle, *The Scandalous God*, 173.

23. Westhelle, *The Scandalous God*, 175.

24. Westhelle, *The Scandalous God*, 176.

25. Westhelle, *The Scandalous God*, 176.

26. Westhelle, *The Scandalous God*, 176.

27. Vitor Westhelle, *Eschatology and Space: The Lost Dimension in Theology Past and Present* (New York: Palgrave Macmillan, 2012), 82.

28. Westhelle, *Eschatology and Space*, 112.

29. Westhelle, *Eschatology and Space*, 114.

30. Westhelle, *Eschatology and Space*, 137.

This nonnegotiable reception is a form of death. Every act of mourning we undergo, every lament we utter is a way of saying: “This I am unable to undo; this is a price I will not be able to pay for ransoming this loss.” Only faith can endure this gift that cannot be repaid because it is a true gift.³¹

Referring to Bonhoeffer’s “Christ the center” in the spaces of “periphery” and “boundary,” Westhelle reflects on the inextricable relationship between “judgment (death) and justification (gift)”: “Life is the name we give to what takes place in between, stretching the line between the two in which the *eschaton* coincides. Hence, the correct alternative is not life and death, but between life and the *eschaton* (= death + bliss).”³²

In life and at death Westhelle took his place alongside “the weak, the poor, the vulnerable in God’s creation by the fact that their only resort is to resist having their space occupied and are therefore closer to the *eschaton*.”³³ He summons theologians to engage the “massacres, holocausts, genocides, border conflicts in eschatological categories (not only in ethical ones) . . .”³⁴ Entering into the places of death, there we discover paradoxically the gift for Christ’s sake. “And just know that you may lose the ability of knowing . . . what is beautiful and what is deplorable, since both are equidistant from the same beginning and the same end.”³⁵

Westhelle announced his retirement from the Lutheran School of Theology at Chicago faculty in a letter to Dean Esther Menn a week prior to his death. He requested that the letter be shared with the faculty. Thereby Westhelle continued his teaching vocation among his colleagues by reflecting on how he was learning life’s last and most difficult lesson: how to receive life as a gift in the face of death.

The homily of Kadi Billman at Vitor’s memorial service was based on 1 John 3:2: “Beloved, we are God’s children now; what we will be has not yet been revealed. What we do know is this: when he is revealed, we will be like him, for we will see him as he is.”³⁶ She witnessed how Vitor testified “over and over: God is especially to be found among the suffering ones, in the places God is most in danger of being unrecognized.”

With the death of this beloved colleague “the *world itself* has changed, and *what we will be has not yet been revealed*.” Reflecting on the words of Vitor’s eldest son, Carlos, we are reminded of the unifying thread that runs through his life, his vocation as a teacher:

31. Westhelle, *Eschatology and Space*, 137.

32. Westhelle, *Eschatology and Space*, 138.

33. Westhelle, *Eschatology and Space*, 139.

34. Westhelle, *Eschatology and Space*, 139.

35. Westhelle, *Eschatology and Space*, 140.

36. For this and the following quotes, see Kathleen Billman, “What We Are and Will Be: Sermon for the Memorial Service for Vitor Westhelle, Lutheran School of Theology at Chicago, May 17, 2018,” in “We Talk. We Listen.” Conversations about Diversity Blog, <https://wetalkwelisten.wordpress.com/2018/05/21/what-we-are-and-will-be-the-rev-dr-kathleen-d-kadi-billman-sermon-for-the-memorial-service-for-vitor-westhelle-lutheran-school-of-theology-at-chicago-may-17-2018/> Accessed 18 January 2021.

Westhelle continued his teaching vocation among his colleagues by reflecting on how he was learning life’s last and most difficult lesson: how to receive life as a gift in the face of death [in announcing his retirement to the Lutheran School of Theology at Chicago faculty.]

“ . . . even in his last hour he was the one comforting us and teaching us.” The death of Vitor creates an absence that leaves a “large hole” not only in the midst of the seminary but “for the global Lutheran and ecumenical communities.” Such gaps are “precisely the spaces where Vitor Westhelle made his pastoral and theological home.”

Quoting from Vitor’s Ascension Day sermon, “The Glory Down Below,” Billman recalled: “Well, my friends, it is a matter of where are we looking at. So, let us remember the first lesson that the followers of Jesus had to learn after Jesus left them. The very first lesson was not for them to know when Jesus would return. After all, he said he would always be with them to the end of the ages. How could they know that, when in his ascension they were gazing up into the skies? The question was one of the gaze . . . Now that the master was gone from their sight they had to learn where to turn their vision to. Not when but where does Jesus return was the point. Where should the gaze be fixed at?”

The sermon continued: “It is from down below that he comes. Don’t look into heaven. It is from down below that glory emerges. Don’t gaze up, look down. Look down where life is broken, where creation is tortured, where nature is abused. Down there in the troubles of our days lies the glory as much as it once was found in the womb of a poor peasant maid of Galilee or lying in a manger in the midst of dung, animals, and flies.”

Billman recounts the heart of Vitor’s theology: “We do not have to wait until some designated “end *time*” to experience what “*eschaton*” means; it is a matter of *where* we are gazing.” These belong inseparably together: “anxiety and *faith*, lament and *hope*, ending and *beginning*. . . a kind of ‘crossing over’ that can happen in the depths where these dwell together on a threshold that disappears when we try to finally ‘fix’ it and pin it down.” Death and gift!

Addressing colleagues three days before his death, Vitor wrote: “In the school of life, the last lesson comes, of course, at the end. The last lesson is, of course, about life, its telos and goal, its closure and termination. The content of the last class, I can tell you because I see from a privileged vantage point, concerns and executes the lesson in life that is most difficult to address: how to be receptive, how to receive a gift.” *Ars moriendi*: how to die well. Gift and death!

According to Kierkegaard, the gift of remembering the one who has died “is a work of most unselfish love” because it “eliminates every possibility of repayment.” According to Vitor, the converse is also the case: “The gift the dead receive in remembrance is pure gift, because it cannot be repaid. Thus these, gift and death, are the *eschata* par excellence.” Billman concludes: “Yet, when offered in community, shared in gratitude and grief, perhaps we will be met by the Messiah who is not yet *fully revealed* but whose presence may be palpably present when the dividing line between lament and hope is, in unforgettable moments, dissolved, and we get a small foretaste of the feast to come.”

Concluding theological reflections

I tell my own story in this article to embolden men to break the silence about PSA levels and prostate cancer, as difficult as that might be. It is urgent for men to become as vigilant about the early diagnosis and treatment of prostate cancer as many women have become about screening for breast cancer. I hope my story also will encourage women and all those who love men to become more conversant about the incidence of prostate cancer. While each person’s story is unique and needs to be honored as such, it is imperative to seek out the best possible medical advice, available treatments, ministry support, and spiritual accompaniment when navigating this disease.³⁷

Juxtaposing my own prostate cancer journey with the incisive wisdom of Vitor Westhelle generates the following reflections. The *eschata* we face are less about the future and more about the liminality of mortal existence. This becomes acute when we are confronted by crisis, junctures where life thereafter will never again be the same and especially in the face of death. For me there have been such irreversible junctures, here the intense experience of my journey as a person with cancer. How we navigate the *eschata* of our lives—what I also name crucibles—are decisive in etching our character. Each of us faces such crucibles and we are forever changed.

For the marginalized and disposable people of this world, the *eschata* are always at the door. The disparity among earth’s people in accessing those things necessary for survival is endemic and scandalous. Simone Weil wrote: “Attention is the rarest and purest form of generosity.”³⁸ Where we locate ourselves in attention and action in relation to “the wretched of the earth” (Frantz Fanon) is an ethical judgement of the highest magnitude. Westhelle in life and death located himself in solidarity with and praxis for oppressed people. His theological legacy challenges me, and us, to take our place alongside the lowly and hungry ones for whom

37. For a profound theological reflection on trauma and ministry in relation to cancer, see Deanna A. Thompson, *Glimpsing Resurrection: Cancer, Trauma, and Ministry* (Louisville: Westminster John Knox, 2018).

38. Simone Weil and Joë Bousquet, *Correspondance* (Lausanne: Editions l’Age d’Homme, 1982), 18. Also cited by Simone Pétrement, *Simone Weil: A Life*, trans. Raymond Rosenthal (New York: Pantheon, 1976), 462, where footnote 95 names the source as *Cahiers du Sud*, 37th year, No. 304, 2nd Semester (1950), 421-423.

The gift of life, nonetheless, is inseparable from the reality of death. I cannot receive the gift of life without receiving the gift of death.

Mary sang Magnificat.

Life is gift. Pure gift. Inestimable gift. We did not solicit this gift. We simply receive the gift. The authentic response upon reception of a gift is gratitude. At the end of his life, I hear Vitor offering a great thanksgiving for the journey he had been given in love with his family and companions on the way. We learn from him the posture of gratitude for the sheer gift of life, even in the face of death. Like Simeon, I want to sing: “Master, now you are dismissing your servant in peace, according to your word; for my eyes have seen your salvation, which you have prepared in the presence of all peoples...” (Luke 2:29-31).

The gift of life, nonetheless, is inseparable from the reality of death. I cannot receive the gift of life without receiving the gift of death. Although we seek to deny death and it provokes terror, death belongs inextricably to our human existence. Justification by grace through faith belongs to the fulness of the gift of life God bestows. As mortal beings, even as those “incarcerated,” death has been embraced within the space of God’s incarnation in Jesus Christ, whose death by crucifixion is for me, for you. Hearing this promise joins gift to death.

The way of the cross and the praxis of resurrection are one event. Therefore, we “may not grieve as others do who have no hope” (1 Thess 4:13). The reality of death is bracketed by the gift of life on both sides: gift [death] gift. As Westhelle wrote: “Hence, the correct alternative is not life and death, but between life and the *eschaton* (= death + bliss).”³⁹

Listen, I will tell you a mystery! We will not all die, but we will all be changed, in a moment, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, and the dead will be raised imperishable, and we will be changed (1 Cor 15:51-52).

With these lines, we hear the strains of Handel’s *Messiah*.⁴⁰ We weep and grieve at the profound loss when death incurs. And we imagine the impossible: “If for this life only we have hoped in Christ, we are of all people most to be pitied. But, in fact, Christ has been raised from the dead, the first fruits of those who have died” (1 Cor 15: 19-20). For Christ’s sake, in the face of death, the i’m-possible joins the eternal chorus of the communion of saints.

39. Westhelle, *Eschatology and Space*, 138.

40. George Frideric Handel, “Behold, I tell you a mystery,” *The Messiah*, https://www.youtube.com/watch?v=1_gnaQY7y4k