

# Resurrection: The Power of God for Christians and Jews

BY DOLORES L. CHRISTIE, Ph.D.

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“Will I have life after death? Will I be resurrected from the grave?” The authors of *Resurrection* pose these questions, but they are essentially universal human questions. The need for answers becomes acute when a person faces serious illness or imminent death. For the traditional Christian, the answer is heaven, a place of contentment beyond the grave. For others, solutions are embodied in progeny or production; in other words, in life’s great accomplishments. Some anticipate the eschaton: a restoration of the earth in some future time.

Modern non-believers and some believers put their hope in medical interventions to prolong life and protect from death. Bioethicist Daniel Callahan, Ph.D., has called death the “final frontier” of medicine — a world that physicians would love to conquer. In the end, what drives this quest for answers is the same: hope, the essential fuel that moves human life.

Authors Kevin Madigan and Jon D. Levenson examine the roots of the Judeo-Christian belief in survival beyond death. Their thesis rightly suggests more continuity than disconnect between the two traditions. Therefore much of the book focuses on the foundations for belief in resurrection that appear in Hebrew and Jewish literature. The book is scholarly yet accessible. Its intended audience is lay rather than academic.

Early Hebrews, unlike the later rabbinic and Christian scholars influenced by Greek thought, did not conceive of a dualistic notion of body and soul. Resurrection is necessarily corporal; it is more than simply the continuation of a soul. It is this comprehensive notion of survival that Christian orthodoxy

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embraces. As the authors note in their introduction, the tradition central to Judaism and Christianity affirms that at the end of time God will cause the dead to live again. Resurrection in both major faiths is “a bodily and communal event.”

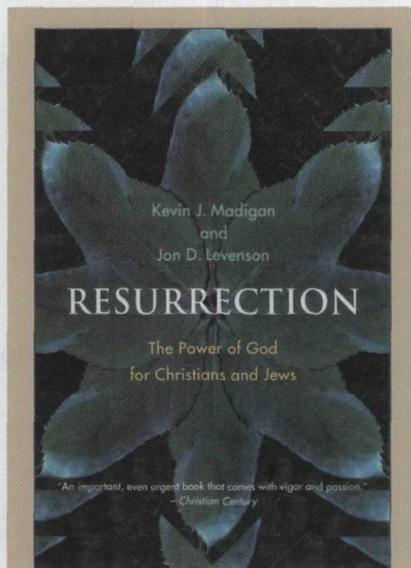
For Christians, the bodily resurrection of Jesus is the paradigm of hope — the basis of belief in a bodily resurrection for themselves. Accounts in the Gospels clearly affirm this belief. Luke

depicts the resurrected Jesus eating a piece of fish (*Lk 24:42-43*); John portrays Jesus as offering the disgruntled and doubting Thomas the opportunity to touch the wounds of crucifixion (*Jn 20:27*). A “soul” does not have these capacities. The body of the risen Christ is a body transformed, with properties of both earthly life and a new reality, about which Scripture has little to say. Christians believe that, united in baptism and suffering with the risen savior, they will be raised and glorified in the same way.

In the Hebrew bible, early thinking about life beyond this life was somewhat different from what would later evolve. Two symbols are posed in contrast to the threat of Sheol, the world of the dead. Scholars see these symbols as foreshadowing resurrection thinking. First, life and death are framed in terms of the community rather than of the individual: Joseph dies, but in his offspring Joseph’s seed lives on. When Rachel weeps for her children, she weeps not for her actual children but for all of Israel. Personal identity survives beyond death only in the continuance of the people.

In this context of the corporate family, there is no felt need for individual bodily resurrection, because birth reverses death. This is the reason that, for a Jewish person, children and family hold so much importance. For the Jew facing death without a life fulfilled in progeny, the end of life may be devastating. This belief could present a serious challenge in a medical or pastoral context.

Second, in some passages the Hebrew Bible sees survival as faithfulness to God embodied in the Jerusalem



## Resurrection: The Power of God for Christians and Jews

BY KEVIN J. MADIGAN & JON D. LEVENSON

Yale University Press, 2009  
304 pages, \$20  
[www.yale.edu/yup](http://www.yale.edu/yup)

temple. When the temple is destroyed, it is a devastating event: God's place of refreshment, nourishment and sustaining of life is gone. Restoration of the temple restores the covenantal promise and the possibility of its fulfillment. The faithful live in the environment of God in God's temple.

While the Hebrew Scripture is replete with optimistic references to life after death, this "living" can also mean success, health, joy in the present life — Job after God has restored his life, only better. This is no promise to the faithful of afterlife but rather of an abundant life in

this world.

Later Jewish biblical literature, notably the book of Daniel, expresses belief in a general eschatological resurrection of the dead. As rabbinic Judaism takes root in the rubble of the destroyed temple, belief in true resurrection springs up. In Jesus' time the influence of the Pharisaic tradition of afterlife probably influenced the thinking of emerging Christianity, notably that of bishops Tertullian and Irenaeus. Both Jewish and Christian orthodoxy view afterlife in terms of the whole person, not simply the suspension of the soul. It

is liberation. "Resurrection is not only the ultimate liberation; it is the only liberation that is complete, note the authors" (pg. 210).

The authors of *Resurrection* guide the reader with clarity through many difficult texts, making it accessible to those with only modest backgrounds in study of Scripture. Ultimately this book is about the hopes of people threatened by misfortune and death. It expresses the aspirations of not only the people of the book but of all people.

This reviewer found the book easy to read, despite considerable heavy materi-

## BOOKS IN BRIEF

### Journeys of Heartache and Grace

MELODY CHATELLE, PH.D.

Langmarc Publishing, 2008; 221 pages

Who hasn't worried over what to say to someone with a life-threatening illness? Even professionals can find these conversations difficult. And imagine if the person facing death has barely had a chance to live.

In this book, subtitled "Conversations and Life Lessons from Young People with Serious Illnesses," author Melody

Chatelle describes her own journey through heartache when, within 12 days, she lost two loved ones — a mother and a grandmother, both up in years. Soon after, Chatelle conducted interviews with 13 seriously ill young people and their caregivers, laying the groundwork for her doctoral dissertation in communication studies, and ultimately for this book.

Since she conducted the interviews, more than half the young people she

talked with have died. Among those is 13-year-old David Barrera who, following the path of a younger brother, died of Spinal Muscular Atrophy. He confronted the reality of his illness more easily than did those who loved him, believing that talking about it was a way of helping others.

Interviews with Eduardo and his caregivers revealed a different scenario. (Like many names in the book, Eduardo is a pseudonym). Eduardo, 18, disliked talking about his illness or the possibility of dying, particularly with close family members. He described his preferred philosophy as "let it play out. I don't want to rush it. Because it might not be what I want it to be."

In the end, Chatelle distills from the 13 stories "our lessons," offering the following prescriptions for these difficult situations: Listen, avoid sense-making explanations, mirror the talk, ask questions (but the right questions; she offers suggestions); understand that words matter. She contrasts helpful phrases with those that risk giving offense.

Though tough on the emotions, Chatelle's work is likely to prove useful for anyone who wonders how, at the all but inevitable time, to be a source of

peace rather than pain for a dying loved one of any age.

### Seven Wheelchairs: A Life Beyond Polio

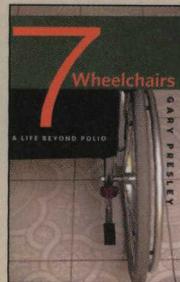
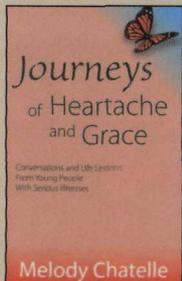
GARY PRESLEY

University of Iowa Press, 2009; 226 pages

"I am Gimp, invalid in your sight ... I am Gimp, see me cope."

In this compelling memoir of a man who has spent nearly 50 years spent as a "crip" (his term), readers will encounter rigorous honesty — of a kind sure to provoke successive cringes on the way to heightened empathy and deep respect. Gary Presley's body was ravaged by polio when he was 17. In the ensuing decades, his physical helplessness has assured him emotional companions aplenty: clinical depression; self-pity; shame; anger — no, rage; as well as genuine love, and — in rare periods of self-forgetfulness — peace and joy.

He has a well-honed sense of irony.



al and even weightier footnotes. It is an excellent resource for those who do pastoral work with the dying and their families.

A cautionary note may be necessary. Although this book provides a generous grasp of the standard historic roots of the beliefs of Jews and Christians, it should not be seen as a source of tenets to be imposed on a patient or a family who designate a specific faith preference on a hospital questionnaire. Individuals often access and embrace only a part of their own traditions. A Catholic who attends Mass regularly may not really believe in a

conscious afterlife; a Jew who keeps kosher and celebrates the high holy days may hope for what appears to be a Christian version of heaven.

The authors illustrate that the Jewish and Christian traditions demonstrate the possibility of a life after life. Certainly both emphasize the constancy of God's love. Yet the writings never pin down uniformly what that might look like. Paul, whose conjecture is probably the most complete (*1 Cor. 35-58*), goes on for three paragraphs. They cast scant light on the subject.

Further, the individual experiences

of persons as well as their cultural and historical contexts color what they come to believe. Likely this is why one sees such a variety of answers in Scripture, written through many centuries. (One of our sons, after praying fruitlessly for his dying dog, never trusted God's response to prayers after the dog died.) Likely this is why an individual's belief may differ from a common understanding of her tradition. Anyone who ministers in a medical context should first listen to what someone really believes rather than assume that a label specifies a particular position. ■

## BOOKS IN BRIEF

Who in his situation wouldn't. He contracted polio from perhaps a bad batch of the Salk vaccine invented to prevent the disease (and, insult following insult, joined those who suffered severely decades later from post-polio syndrome).

Presley has been in an iron lung. He has been near death. As he approaches his seventh decade of life, he has worn out seven wheelchairs. And he has collected numerous regrets — regrets related to the ways he believes he has failed others perhaps more than to the ways he has been failed by fate.

His physical journey has included stays at two Catholic hospitals (Creighton in Omaha and St. Mary's in St. Louis); his spiritual journey has included marriage, stepsons and conversion: He became "a Catholic who cannot kneel."

Read this book because you appreciate good writing; read it because you are uncomfortable around people in wheelchairs; read it because you want to see more deeply into a human heart.

As for Presley, call him gimp, if you dare. Just don't pity him. He detests pity in every guise.

## The Orange Wire Problem and Other Tales from the Doctor's Office

DAVID WATTS

University of Iowa Press, 2009; 186 pages

Here is another powerful book from the press of a university that literary types have come to associate with good writing

(see above). More than good writing in this case: exceptional writing from — as a reviewer on Amazon.com puts it — "the doctor you wish was yours."

David Watts is a practicing physician; a gastroenterologist whose text on that part human anatomy might best be postponed until after the colonoscopy.

This is anything but a medical terror book, however. It is a book of stories; stories about communication between doctor and patient, about the mysteries of

medicine and humanity, about courage and fear. Stories that reveal what runs through a doctor's — or, rather, *this* doctor's head — when he is struggling with a diagnosis, when he thinks the problem might be psychological, when he hits a snag with his scope.

Although there is poetry in these pages (Watts quotes poet Mary Oliver's "Wild Geese," for instance), the author doesn't need a poet's help. His prose soars, and he finds this commonality between writing and medicine, the arts that engage him: "Both immediately force their way into intimacy and into that sacred place where you can no longer live a lie."

Watts' previous books include *Bedside Manners* (2006) and *Taking the History*, a book of his own poems (1996). He produced "Healing Words: Poetry & Medicine," which was broadcast nationally in 2008 on PBS. Three of the pieces that appear in *The Orange Wire Problem* have been aired as commentary on National Public Radio's "All Things Considered."

— Pamela Schaeffer, Ph.D., editor

