

Theodicy and Liturgy

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In memoriam

Asher James Andrews, January 7–15, 2013

*So often, as we are all aware, the problem
of theodicy is not experienced as such by those for whom,
according to all the discussions,
it ought to be an agonising primary question.*

Rowan Williams¹

I

We were parents for eight days. There are, of course, the months preceding those days and the months that have followed, but throughout them, our status remains ambiguous. We don't have the three-month old crying into the wee hours of the morning, nor have we grown accustomed to nappy changes and interrupted sleep. We have photos and videos, memories of those short days, the fear that we'll forget what it was like to hold our child, to feel the grip of his fingers. We have people comparing our loss to their miscarriages, trying to comfort us, but only confirming what we think people must feel. That we aren't really parents, that we never really were.²

But now he is dead; why should I fast? Can I bring him back again? I shall go to him, but he will not return to me. (2 Sam. 12:23)³

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¹ "Redeeming Sorrows: Marilyn McCord Adams and the Defeat of Evil," in *Wrestling with Angels: Conversations in Modern Theology*, ed. Mike Higton (London: SCM, 2007), 271.

² For their comments on earlier drafts, I am grateful to the editors and peer reviewers, as well as to Noel Carver, Preston Parsons, Phillip Pass, and Rachel Marie Stone.

³ All biblical passages are quoted from the RSV.

We didn't realize how many have watched their children die until we had to do so. Their words are comforting because they say so little. With downturned eyes, they say only that they are sorry. They weep at the funeral.

Solace comes from many places. Some people sit in silence. Others listen. Still others talk about anything but what's going on, providing a shelter from the grief, a recognition that, while it's still there, it cannot be confronted with a constant gaze. Sometimes, grief must, like migraine visuals, sit at the edge of one's vision.

Once, solace was our priest walking through the city, in the snow, to bring the Eucharist because we could not face the day she announced his death to the community praying for him.

II

Theodicy sets out to explain the coexistence of suffering and evil and of a good, omnipotent God. In the words of Rowan Williams, one might say that the whole tradition of theodicy sets out “to make the world of human experience capable of being contemplated without despair.”⁴ There are several traditional explanations as well as recent attempts at reframing the issue but—while the question of God's providential ordering of creation is a direct result of Christian doctrine—any attempt to justify God's ways will stumble because, if the biblical stories are anything to go on, the Christian God does not submit to definitions or to formulae: “Never inert, never powerless before our gaze or notion, the true God remains Lord, terrible and free.”⁵ That reality highlights our very inability fully to articulate or comprehend God in all God's holiness. The only proper response is silence, and yet we must speak.

Theodical accounts cannot but fall short precisely because they must generalize from concrete examples: “These matters are resistant to any kind of generalisation,” Williams argues, “But it is this resistance that relativises the whole issue of theodicy.”⁶ He goes on to say that two temptations always haunt such an exercise: “either there will be pressure to argue that the situation is not as bad as it seems,

⁴ Williams, “Redeeming Sorrows,” 271.

⁵ Katherine Sonderegger, *Systematic Theology*, vol. 1, *The Doctrine of God* (Minneapolis: Fortress, 2015), 229–230.

⁶ Williams, “Redeeming Sorrows,” 271.

or there will be the urge to arrive at a perspective that is in principle not accessible to us, a position where we are not obliged—as here and now we are—to know suffering as unhealed, and, often, humanly unhealable as far as we can see.”⁷ Instead of such attempts at theodicy, Williams challenges the theologian and the philosopher to contemplate suffering “always in its historical particularity: this, here, for this person, at this moment, with these memories.”⁸

One might press Williams even further and suggest that something more is needed than traditional theological discourse, something more akin to what Sarah Coakley calls the “deepening of vision” that comes from “graced bodily actions” such as contemplative prayer, or from attending to an aesthetic medium such as liturgy.⁹ Coakley highlights the way an attention to liturgy might open up “certain distinctive ways of knowing” through time,¹⁰ an idea that might usefully supplement Williams’s emphasis on the necessity of particularity when discussing suffering.

So rather than attempting to write a so-called theodicy, perhaps a better way forward would be to grapple with a particular tragedy and how liturgy augmented the experience and provided a framework in which hope could coexist with grief and despair. It cannot be a traditional theological argument. It can only be an attempt to articulate a specific experience and how God was present in it.

III

† Jesus is condemned to death¹¹

Your bladder was enlarged. The sonographer couldn’t tell us what it meant, but she did usher us to a counseling suite. The antenatal midwife was less than reassuring. She said there was something wrong: it could be minor; it could be life-threatening. The earliest the consultant could see us was in seven days.

“Go home, try not to worry,” she said.

⁷ Williams, “Redeeming Sorrows,” 271.

⁸ Williams, “Redeeming Sorrows,” 272.

⁹ Sarah Coakley, *God, Sexuality, and the Self: An Essay on the Trinity* (Cambridge: Cambridge University Press, 2013), 19, 88–92.

¹⁰ Coakley, *God, Sexuality, and the Self*, 19.

¹¹ The order is that of “The Way of the Cross,” in *The Book of Occasional Services 2003* (New York: Church Publishing, 2004), 56–73.

We left and, instead of excitement at knowing a bit more about who you were, we walked around a shop, looking for an outfit, trying to avoid thinking that you were ill, attempting to act happy—what kind of nappies did we want to use? Do we buy a Moses basket or a crib? We bought you a onesie, not too obviously for a boy, but clearly not for a girl.

The antenatal clinic was in the newly built section of the maternity hospital. Sterile, white walls, blue and gray highlights. Fluorescent lights reflecting off tiles. We held hands in the waiting room, sitting on new leather seats.

There was a team of them in the room; we felt outnumbered and surrounded. As your mother lay on the bed, I had to maneuver a chair to sit beside her. She exposed her abdomen; she clutched my hand. The consultant was nice, chatty, while the registrar scanned you, calling out measurements to a midwife at the computer. The consultant asked about Alabama, about home, got us talking, distracting us. But soon he paused, asking the registrar to rescan the kidney. Descriptors we had never heard—“echogenic,” “cystic,” “dysplastic”—were said.

They took us to a counseling suite and left us there for five minutes, maybe ten.

You had post-urethral valves. At least that's what they are fairly certain you had. When the consultant told us in the counseling room, he said that, in all likelihood, the next time he scanned you, you would have no fluid, and both of your kidneys would be multicystic and therefore unable to support life. Without fluid, your lungs would not develop. In the United Kingdom, it is legal to “interrupt” a pregnancy up to twenty-four weeks. After that, several criteria would need to be met to perform the procedure. If we wanted to do so, he said, it would be easiest to decide within a week; otherwise, it would require two doctors to sign off, and they would have to stop your heart before letting you be born.

“Feticide,” he called it.

I had never before felt the urge to vomit for purely emotional reasons.

We could not make such a decision in that amount of time, we said. He told us to go away and think about what decisions we were comfortable making in what scenarios. He would see us again in ten days.

At home, I spent the weekend shuffling cards and dealing poker hands to myself. Your mother rewatched television shows on DVD. By Monday, I had blisters on my fingers.

† Jesus takes up his cross

The day after “the bad scan” (as we took to calling it), you kicked for the first unambiguous time. It should have been a happy moment.

What emotional damage would happen to a person who was told her baby wouldn’t live, but who had to feel it move and grow within her, had to bear it, only to watch it die? The theologian in me thinks immediately of this: “For the process of the world is enveloped in and determined by a freedom, a freedom that can be addressed. What is around us is not iron impersonal fate but an omnipotent conversation that is open to us.”¹² In other words, the future is not posited, not set in stone. It is in process. So prayer is the struggle with God as he brings this future into being.

If that is the case, one might think it becomes difficult to justify “interrupting” even a very precarious pregnancy. Abortion, after all, is closing off a possible future. It’s not struggling in prayer with God to bring about the good version of the future that we want.

But that’s only one part of, one perspective on, the problem. Your mother wept when she felt you kick. We aren’t called simply to sit back and wait for the future to happen. We have a voice in the omnipotent conversation. We have to make decisions on the basis of imperfect knowledge. And certainly the statement that one’s baby has no chance of survival outside the womb, and that he or she will continue to grow and kick for the next twenty weeks, would be reason enough to question how healthy it is for the mother to carry this baby to term.

Our priest came, listened. She asked what we were thinking. She said the church’s teaching is to make decisions that lead to the flourishing of life. She emphasized the fundamental difference between choosing to interrupt a pregnancy out of convenience and doing so because it was the best thing for all involved. She stressed that we had to take the doctor’s advice seriously because we are finite beings who must use the faculties given by God.

She said she’d bring the Eucharist to the hospital if we felt compelled to end your life before it started. She prayed with us, for us, for you.

When you kicked, your mother cried.

Before going, we decided that, if things had changed for the better, or had remained the same, we would do nothing. If you had

¹² Robert W. Jenson, *Systematic Theology*, vol. 2 (Oxford: Oxford University Press, 1999), 44.

gotten obviously worse, as the doctor predicted, and if the doctor recommended that the pregnancy be interrupted on the basis that you would not be able to survive outside the womb and that the emotional damage to your mother would be too great, then we would talk with him seriously about how to do this. We did not want to commit feticide, so we would ask him if you could be born, and if you survived the process, if you could receive palliative care. It would at least give you a chance to be baptized.

† Jesus falls the first time

They forecast rain on the day we returned to the antenatal clinic. Because our windscreen wipers weren't working, we took a taxi. The appointment was at nine in the morning, which meant we were right in the middle of rush hour. The driver decided to take a short cut, and we ended up on a narrow, one-way Cambridge street behind the rubbish collectors and a queue of cars.

I watched the minutes on the clock move closer to nine. I clenched my fist to try not to shout.

We sat in the car, moving only feet at a time. I clenched my teeth. Your mother said later she was trying not to vomit.

The lorry eventually turned off the street.

Only a couple of minutes late, the driver apologized and gave us a discount. Not a drop of rain had fallen.

We sat on the new leather seats, holding hands, wondering what decisions we might be forced to make. Only the consultant and a midwife were in the room, and he promptly scanned you. As he moved the wand across your mother's abdomen, you kicked it. We held hands while he called out measurements to the midwife.

Not only had your fluid increased, but one of your kidneys still looked healthy. The doctor was surprised.

I doubt we could have made it through the next four months without this good news. We knew we weren't out of the woods yet, that you were still very sick, but we had just enough hope to make it. Doctors could be wrong, I said, again and again, for the next twenty weeks.

† Jesus meets his afflicted mother

Your mother did everything she could to make sure you had the best chance possible. During the ten days between the bad scan and

your increase of fluid, she increased her water intake. She read it could help. Later, the doctors told her it would make no difference in our particular scenario, but that didn't stop her. She put herself on modified house rest, not going out often, not doing too much. Because your fluid increased, we hoped there might be the possibility of a small leak, though the doctors didn't think that was likely. They couldn't rule it out, so she acted accordingly. She withdrew to protect you.

It strikes me now, as it did then, just how much of an outsider the husband or partner is during a pregnancy. The bond between mother and child cannot be shared.

I would come home from work, and she would be in the kitchen, talking to you. I could talk to you, and, later, I could feel you kick, but it was never what you shared with your mother. So often, one hears people say, "We're pregnant," but I never felt that. Your mother was pregnant. When we met with doctors, I sat in the corner. I helped clarify timelines. She carried the burden.

The maternal sacrifice is incredible to behold. It's probably the nearest a human can come to creation. No wonder ancient fertility cults worshiped the goddess. Christian theologians can talk of God opening up space within himself, creating an other to whom he can relate in love. Isn't that what occurs in pregnancy? The mother's body remains fully herself, while also making space within herself for another. Her flesh sacrifices as the embryo or fetus takes whatever it needs, and eventually, a child emerges, an other she loves. A person that even her body craves.

So when something goes wrong, the mother feels the brunt of it. She has to try and do everything in her power to protect the life within her. She has to feel the kicks that may mean everything is okay, but may just be the natural movements of a baby who will never survive. She has to heave her body up stairs and slow its descent down them. She has to avoid certain odors, certain foods, that cause her to vomit.

In those months, no argument would suffice, no answer could be given. We might have been able to pause long enough to ask "Why?," but then we would be thrown into the midst of yet another series of bad scans, of runs to the hospital in rush-hour traffic. We would collapse at night, having barely enough strength to pray.

Your mother drank four liters of water a day. She ate only the healthiest foods she could keep down. She stopped being a vegetarian. She sat in the house, only leaving once or twice a week. She named you in hope.

"Let's call him Asher," she said. "It means blessed, happy."

† The cross is laid on Simon of Cyrene

From the middle of September to the end of December, we were in the fetal medicine clinic once a fortnight for scans. We had two good scans, followed by a scan when your fluid dropped off a bit. Your right kidney continued to look fine, though your left one was multicystic. They were certain it would not have any function. The doctor said we only need about a third of one kidney to survive.

We would go to church every Sunday. It was the one definite day of the week your mother would leave the house. They were praying for you and for us. You might have gone one or two days without much movement, but at every single Eucharist—literally and without fail—you would begin kicking after your mother had gone forward to receive. She said it felt like you were dancing.

A pattern seemed to emerge. Every two weeks, we went to fetal medicine. We would get one good scan, and the next one or two would stay the same. Then we'd see one relatively worse scan, and that would remain unchanged for the next month or so. Then another slightly worse scan. Your aunt said on the phone, "I don't know how you can do it. You call one week happy, and then you call depressed. It's like a rollercoaster." We prayed day by day that your kidney would remain healthy. We reminded you every night not to forget to pee.

We would pray for you morning and evening. We would pray for you at church. We sang songs so you knew our voices.

During the final weeks, the church was preparing for Christmas. The Advent hope became very real for us, but intermingled with it were fear and trepidation. In the midst of journeys to and from the hospital, the weeks had direction, and the longing of Advent, the hope for God himself to come and renew creation, resonated with us. It became our hope, our prayer.

*O come, O come, Emmanuel,
and ransom captive Israel,
that mourns in lonely exile here
until the Son of God appear.
Rejoice! Rejoice!
Emmanuel shall come to thee, O Israel.
O come, thou Dayspring, come and cheer
our spirits by thine advent here;*

*disperse the gloomy clouds of night;
and death's dark shadows put to flight.
Rejoice! Rejoice!
Emmanuel shall come to thee, O Israel.*¹³

Such a song, such a prayer, offered more comfort than any theological reflection could do. It looks at the state of the world, at the reality of death, at its cruelty, crying out that God will come and make the world what it should be. Every year, we pray this. Every year it forms us, prepares us for times when we'll need it.

We would watch the screen and try to see if your kidney was enlarged, if we could see pockets of fluid. We would watch you move on the monitor. We would try to read the doctor's thoughts through the way he held the wand, the way he zoomed in on your image.

We would pray that the obstruction would disappear. We would pray that your kidney would remain healthy.

We learned to recognize the gestational age on the monitor. We made certain it was your name on the screen.

We would pray that you were healthy.

We went forward to take communion. Afterward, you danced.

We watched you move. We could spot the keyhole shape of your bladder.

We would sing you songs, and you would kick in response.

† A woman wipes the face of Jesus

You were breech, and eventually your fluid dropped to practically nothing. Together, that meant you didn't move around all that much. Whenever fetal movements were reduced, we had to go to Clinic 22, maternal medicine, where they performed an ECG, a trace, to measure your heartbeat and your movements. Without fail, you met all the criteria, always with time to spare. On more than one occasion, we had to go in after hours, which meant we had to go to Clinic 23, where we were next door to mothers screaming their babies into the world. Even there, though the midwives would disappear for long periods of time to assist in births, you would meet the criteria, suggesting that you were not only healthy, but very active.

¹³ "O Come, O Come, Emmanuel," Latin, 12th century, trans. John Mason Neale, public domain. https://hymnary.org/text/o_come_o_come_emmanuel_and_ransom.

I'm convinced we got a glimpse of your personality in those weeks and months. You might go days without moving, but the moment they hooked you to a machine and gave you a set of goals to reach, you kicked and punched, jumped and stretched, always achieving the targets well within the expected parameters. You were, I can say confidently, a stubborn, competitive little boy. You may have gotten your love of the Eucharist from your mom. You got your competitiveness from me.

The fact that once or twice a week you performed so well at the trace made it difficult to come to grips with the fact that the consultant in fetal medicine kept stressing that you were not doing very well. You had no fluid, which suggested you would be born with renal failure. Yet every time we went to Clinic 22, you performed admirably; the midwives talked about how active and tough you seemed to be.

† Jesus falls a second time

At a late scan, we were scheduled to speak with another consultant, this time from the neonatal team, who would tell us about our options for after your birth. The antenatal consultant thought your bladder had gotten smaller, which would be a sure sign that you were already in renal failure.

"At this stage," he said, "we can legally and ethically talk about abortion again. Whatever you decide to do, I would not advocate a caesarean because that is more dangerous for the mother, and this child will most likely not survive for more than a few hours if he makes it at all."

We had gone this far, and you were doing so well, that we were committed to seeing this through. We would've had no idea anything was wrong if we didn't have ultrasound scans, which show limited pictures anyway.

The week before you were born, at the last scan, the neonatal consultant said there were three possible scenarios. First, you could be born with renal function in your kidney. This was the best case. At some point, you might need a kidney transplant, but that was a ways in the future. Second, you would be born in some stage of renal failure, which would require you to be transported to Nottingham, where you would receive neonatal dialysis. Third, and most unlikely, you would be born with both renal failure and respiratory problems. They had to tell us this scenario because they could not rule it out, but all the doctors in the room assured us that your lungs should

have developed fine because you had fluid until a relatively late stage of the pregnancy.

They scheduled a caesarean for the next Thursday, to give you a bit longer in the womb, and to give you the best possible chance of survival. We had ten days to get everything ready for you. You, of course, had different plans.

That night—it was New Year's—your mother woke me around 3 a.m. She was having contractions of such intensity that she found herself on all fours in the bathroom.

At the hospital, the doctors hooked her up to the ECG, and we could see the contractions peak on the readout, but it wasn't labor. For the next five days, she was in the hospital. Even the midwives thought she was in labor. They would hook her up to do a trace, and you would be fine. Every time you moved, she would have a contraction. You moved a lot when you were being tested.

They let her out for the weekend. Saturday, she came home for the day. Sunday, they let her try and spend the night away. She woke me up every hour moaning and crying in pain. I held her through the spasms. Her muscles trembled from the middle of her back to the bottom of her calves.

When they examined her the next morning, you were in distress. They needed to do an emergency caesarean. You remained stubborn, not beholden to anyone's scheduling of your birth.

We went to the delivery unit. We waited outside the operating theatre. Your mother in a pushchair, wearing a hospital gown, me in scrubs.

† Jesus meets the women of Jerusalem

The caesarean would take an hour. Thirty minutes to get you out, and thirty minutes to close the layers of the incision. It went like clockwork. We entered at 4:30 p.m. You were born at 4:55 p.m. They were finished at 5:30 p.m.

Once your mother was lying down, they had me sit beside her and hold her hand while they performed the surgery. The thing we most wanted to hear was your cry. After that, everything would be okay. We could handle the Nottingham period, just let us hear your cry.

I could feel one of the doctors pushing into me as they tried to get you out from beneath your mother's ribs.

They moved quickly from the operating table to the neonatal table, and we still had not heard a peep. Then, we heard a squeak,

almost a cry, but faint. It was the nearest you came to screaming before they intubated you. We couldn't see you; you were surrounded by a team of doctors.

After a few minutes, they let me come and take photos of you over the shoulders of the medical team. I took them back to your mother, who was still on the table, still being stitched up, so she could see you.

Everything about a caesarean is unnatural, but the worst part is that the mother, the one who has been carrying this child for nine months, getting to know him, feeling him move within her, bearing the burden, gets to hold her child last. He is handed to the father while she is stitched up, and if he is ill, his father can look down on him, can snap photos of him. But his mother can only see those images, can only hear the doctors talking.

They paused to let her see you as they wheeled you, enclosed in the cot, toward the NICU. She said your name, "Asher," so you would know she was there, before they wheeled you out of the door, leaving us alone with the surgical team.

In recovery, we met our priest, who prayed with us. What does it say about liturgy, about suffering, that at every turn of your story, Anna was present, offering counsel and care, the Eucharist and baptism, the last rites, that it was she and not another who presided at your funeral and censed your coffin?

The neonatal consultant spoke to us. Unfortunately, he said, we were in the worst scenario. Your breathing was not good, but they wouldn't know for days yet how much of it was because of how you were born, and how much of it was because your lungs hadn't developed.

We were told I could come back and see you once you were stabilized, but because she was still confined to the bed, your mother couldn't come until she had recovered a bit more. There was no need to baptize you yet.

† Jesus falls a third time

Your mother told me to come see you because you needed to know you weren't alone. When I entered the NICU, they were about to change you from the standard ventilator. You required so much pressure to get the oxygen that it was better for your lungs to be on the oscillator; it would cause less damage to the tissue. You were very

sick, the doctor said. I watched them disconnect you, watched one of the registrars pump manually to keep you breathing. When they switched on the oscillator, it was loud, abrasive.

You struggled to wake up throughout the process, and they gave you medicine to make you sleep. As your left eye closed a final time, a tear formed in the middle. It slid down, a shimmering drop of water, into the hollow where your eye met your nose.

I know you couldn't cry. They said you weren't in pain. But what else could your father see?

As I looked down at you on that cot, as I hesitated to touch you for fear of the wires and tubes, I knew we would never get to take you home. It took days for my brain to catch up with my gut, but the doctor's demeanor and how you looked—so small, so frail, lying on a yellow quilt, the tube strapped into your mouth, your legs splayed to either side—made me certain that our time with you would be too short. You had a full head of hair, and you had such hilariously shaped feet. I took photos. I made videos. I touched you and told you I would bring your mother to see you soon.

† Jesus is stripped of his garments

She got to see you twelve hours after you were born. She was limited to sitting in a wheelchair. She could only reach out and touch the top of your head. When I took photos, I had to remind her to look happy. The midwife eventually said she could stand for a moment, so she moved beside you, finally able to touch you, who had been within her only hours before. She never stopped talking to you, though the nurse took me aside.

"We were told you might want to have him baptized," she said. "You should let your priest know."

You had crashed a few hours earlier. We didn't discover just how bad it had been until days later. Apparently, you almost didn't make it through the night.

You were baptized at 7:40 a.m. on January 8. Before she left, Anna touched your head, saying, "You're regenerate now, little man."

A new consultant came on rotation, and she never failed to call you Asher. We could probably tell, she said, that you were much sicker than the other babies in the room. Several things had to happen to get you transferred to Nottingham. The first step was to get you off the oscillator and onto the ventilator.

For every day of your short life—save one, which we wanted just for us—you had visitors. The more people you met, the more people you had an impact on, the more people would remember you.

For the first few days, you were essentially in a coma. Not even your gripping reflex was active. By the third day, you had started to fight your way through the medication. You grasped fingers. You lifted your arms. You stretched your toes.

We sang you morning songs. We sang you good-night songs. The same ones you had heard for as long as you had been able to hear. We prayed with you in the morning. We prayed with you in the evening.

They set a goal, and you met it: you came off the oscillator. They set another: you had to come off your nitric. You did. Yet another: you had to come off most of your medications and still keep your blood pressure up. You did it.

Still, on Thursday, they decided against sending you straight to Nottingham. One of their consultants would instead come and evaluate you in Cambridge.

At that point, my brain caught up with my gut. I knew you weren't going home.

We prayed with you. We sang you songs.

When we met with the renal specialist and your care team on Friday, they laid out just how bad you were. You were approaching the critical point where, if you did not get to Nottingham, there would be irreparable damage. The problem was that you were not healthy enough even to start dialysis. They explained the process, how it would be more stress on your already frail body. To justify it, you needed to pass two more thresholds in the next two days: you needed your oxygen and pressure levels to get below certain points. Then, they could justify taking you on their end, though we needed to know that you would likely not survive dialysis, and if you did, you would likely be in Nottingham for at least six months, probably a year. And the rest of your life would be a series of kidney replacements and dialysis.

Saturday, your mother changed your nappy for the first time. The nurse had to help because of the tubes and wires. It's one of the few photos we have where your mom looks genuinely happy.

We sang you songs. We prayed with you. You squeezed our fingers, tried to open your eyes.

Sunday, the three of us spent the day together, trying not to think about the doctors and nurses milling around us. We made ink prints of your right hand and foot. Your doctor told us that she would be in

touch with Nottingham the next day, to report on how you had done over the weekend. Then we would meet.

We prayed. We sang.

† Jesus is nailed to the cross

The walk from your room to the counseling suite traversed the entirety of a corridor, nearly the full length of the NICU. Your mother was still weak from the caesarean, so we walked slowly. We could read the machines well enough to know that you had not crossed the two thresholds Nottingham required. You were close on the oxygen level, but you still required high levels of pressure to get it in. We learned later that the pressures were so high that they really wanted you back on the oscillator, but that would have made Nottingham an impossibility.

Your doctor said that, though you had not made it to the right levels, Nottingham would be willing to try dialysis if we wanted it. "But as Asher's doctor," she said, "I don't think it is in his best interests to go." It would be an example of doing something medically possible, but ethically questionable.

The best case scenario was that you would survive the process of dialysis and that you would eventually—in a year or even longer—come off dialysis and get a kidney transplant. But even in that scenario, your lungs were so small that we would most likely have to remove support in a few weeks because they had not had enough fluid to develop fully.

Other consultants of the team were certain you wouldn't even survive dialysis.

They informed us that the levels of blood pressure medicines they used to keep you alive the first night were higher than any of the doctors had ever seen used on a newborn. They had caused some level of brain damage. If they had asked the first night, we would've said to let you go. We didn't want you to suffer like that. I—even now—worry we kept you alive longer than you wanted, but—please forgive my selfishness—I don't regret a single one of those days with you.

No parent should ever have to decide to remove her child from support. Your doctor, realizing the impossibility of the moment, helped us through it. "I am not asking you to make this decision. I am asking you to agree that this—my decision—is the right one."

We knew she was right, and we agreed.

When I released your mother's hand, the impression of my fingers was visible.

That night, your mother got to hold you for the first time. You were so sick, your kidneys so poor, that they didn't feed you until then. A syringe of your mother's milk. She got to give it to you, through a tube running up your nose. You wouldn't even have tasted it.

† Jesus dies on the cross

They moved you to a private room. Your priest came and commended you to God. She prayed that you would go forth from the world in the love, mercy, and power of God. She prayed that the heavenly host sustain you and that the company of heaven enfold you.

After she left, the three of us spent a few hours together, while two nurses attended you. Your mother held you for two hours. I held you for one. All of your vitals dropped. Later, your doctor said this was normal, that NICU cots cause babies anxiety, but being in their parents' arms is comforting. You fell asleep. The few times you awoke, you would fight the breathing tube. I hate that you spent your whole life poked and prodded, hooked to machines. I apologized to you as I cradled you.

We had to set ourselves timeframes. Your mother said she'd hand you over to me at a certain time. I said I'd hand you back at another time. Then, they would remove the breathing tube. That was the only way we could do it. If we didn't make ourselves, we would never have let you go.

They prepared us. They told us you might not live very long once support was removed. They told us it might look violent. They told us you would gasp.

I've seen death before. I've seen it take people on hospital beds. But this, your life departing, this was too much to bear.

Because your lungs were so small, you couldn't breathe. Within seconds of being off the ventilator, you turned red, then purple. You tried to cry, but all that came was a rasp. Even now, when I hear an infant cry, your rasp haunts me.

Your mother cradled you, enfolding you in her arms. She told you everything was going to be okay. She held you close.

I sat before her, my right hand on your head, my left hand beneath you. Your rasp sounded so pitiful. You tried to cry. Scrunching your face. Only air came out.

Your mother cradled you. She said she was right there with you. She sang to you.

I tried to tell you it was okay to die. You had been so strong. You rasped.

Your mother cradled you. She said everything was going to be okay. She stretched out her arm and caressed my face.

I asked God that this would end quickly. Your body was tense, taut and shuddering. I prayed you would be spared further pain.

Your mother held you close. She said she loved you.

I wanted it to end. Your body was tense. You appeared to be in agony. You kept trying to cry.

"Hail Mary, full of grace," your mother said, "the Lord is with thee. Blessed art thou amongst women, and blessed is the fruit of thy womb, Jesus. Holy Mary, Mother of God, pray for us sinners now, and at the hour of our death. Amen."

I told you it was okay to die. Just let go.

Your mother cradled you. She sang to you.

After what felt like hours, you settled down. You slowly stopped breathing. You would take a shallow breath every few seconds.

She sang to you. She kissed your head.

I put your hand on my cheek. I kissed you.

She asked you to remember us, to pray for us.

You grew still. We thought you were dead, but you took another breath.

In those last moments, before you closed your eyes the final time, I asked if you could see the saints. Such a question would not have occurred to me outside of that moment, so close to us praying the commendation. To this day, I am surprised I asked it, surprised and chastened that I don't think I really believed in such a reality until I asked the question. Or rather, perhaps the question itself showed what I now trust: I believed there was peace waiting for you, that the saints enfolded you in their arms.

I have to hold that comfort together with the fact that—though the doctors say that you weren't in any pain—it looked like agony. And why wouldn't it be? Your soul was leaving your body.

† The body of Jesus is placed in the arms of his mother

The night before you died, after we decided to remove support, it took two nurses to move you and all your tubes and wires over to her. It looked as though they were going to drop you. Your heart rate

and blood pressure elevated. Alarms sounded. Then, they placed you in her arms, and you relaxed. You fell asleep. She spoke softly to you. After a while, you opened your eyes and looked right at her. And then you drifted back to sleep.

She held you for two hours after your priest commended you to God. She wrapped you in the blanket your grandmother made for you. The mouthpiece for your breathing tube had grown loose, and the nurses kept having to readjust the clip on her shirt. She talked to you. She held you. She would smile when she looked at you, peaceful in her arms, but then she would begin to cry.

She held you close, when they removed the breathing tube. She lifted you close to her face, softly saying, "Shh, shh, it's okay. You're okay. Asher, shh, shh. I'm right here." We felt your body tense as you fought to breathe. She held you close and told you it was almost over. She told you she loved you. When you breathed your last breath, your mother held you close. When the doctor confirmed you were dead, you remained in her arms.

She held you, clean and naked after your first bath, and you looked like a normal baby. No outward sign of the small blockage that kept your lungs from developing. No visible clue that you were unable to pass urine. She held you unencumbered by wires or tubes.

She carried you to the mortuary. They said she could but didn't say how far away it was. She carried you through the NICU, down the long corridor and into the hospital. She carried you down the entire length of the maternity hospital, two nurses ahead of her, me beside her. She carried you down the length of the main hospital, along corridors, past a few people at that late hour. One of your doctors joined in the walk, behind us, not wanting to walk ahead of us to leave the hospital. At the end of the final corridor, the nurses said she could take you no further. They had to take you from there. She handed you over to them, and we walked back to our room.

† Jesus is laid in the tomb

Ten days passed between your death and your funeral. The last morning at our suite in the hospital, I was packing, and one of the other NICU parents asked happily if you had been discharged. When I said you had died, she was speechless.

Our house felt empty. It was hard to think anything other than that we had left you alone at the hospital.

We registered your death when we registered your birth.

Your mother and your priest designed your funeral. Your coffin looked so small in the middle of the nave. We heard words from Lady Julian, the apostle Paul, and Jesus himself. “Let the children come to me,” he says. “Do not hinder them; for to such belongs the kingdom of God.”

We celebrated the life, death, and resurrection of Jesus by eating bread and drinking wine. When Anna proclaimed, “Therefore with angels and archangels, and with all the company of heaven, we proclaim your great and glorious name, for ever praising you and singing,” we could take comfort in the knowledge that, at least for this one moment, you were there with us, body and soul.

We rode in silence to the crematorium. We stood in a small chapel, with your grandparents and your priest, who prayed,

We have entrusted Asher to God's mercy,
and we now commit his body to be cremated:
earth to earth, ashes to ashes, dust to dust:
in sure and certain hope of the resurrection to eternal life
through our Lord Jesus Christ,
who will transform our frail bodies
that they may be conformed to his glorious body;
who died, was buried, and rose again for us.
To him be glory for ever.

We could only respond in hope, “Amen.”

IV

In the aftermath of such an event—in the wake of my son’s death—I cannot even now, six years on, write the academic, theological essay I started to research before I knew he existed. I cannot write about theodicy, about evil, in the way I wanted. Because in those months of his mother’s pregnancy, and in the short days of his life, theological principles offered no comfort. My wife endured the associated, and very physical, pains of carrying a breech baby with no

fluid. There was no point outside the situation from which we could look in and begin to understand it.

Lord Jesus Christ, Son of God, have mercy on me, a sinner.

A mother's body craves her newborn. There is a physical desire to hold, to feed the baby. When the child is dead, she feels, within her very flesh, a lack, an absence.

Once more, there is no place from which to make sense of such a horror. There is no external perspective to be offered. No theological argument to provide solace.

*All you who pass by, behold and see if there is any sorrow like my sorrow. My eyes are spent with weeping; my soul is in tumult; my heart is poured out in grief because of the downfall of my people. "Do not call me Naomi (which means Pleasant), call me Mara (which means Bitter); for the Almighty has dealt very bitterly with me."*¹⁴

All I can do is point to the things that helped me cope, none of which were the theological arguments one finds in books about suffering, because a suffering person does not have the time, does not have the strength, to think. He lives through the reality of whatever it is he must endure. The person needs something to fall back on, something deeply engrained, something said day by day, week by week, in good times and bad times.

I look for the resurrection of the body and the life of the world to come.

Death is the last enemy, Paul says. Each week, sometimes daily, we profess—in direct contradiction to the apparent reality—faith in the resurrection of the body. When Asher died, it was violent. I wanted nothing more than to stop him from hurting, but there was nothing we could do but hold him. There, in that moment, as my son gasped for air, I wasn't thinking, but the profession of faith, the act of speaking such words regularly, forms a person, affects the way one sees the world.

¹⁴ "The Way of the Cross," 71.

May the souls of the faithful departed, through the tender mercy of God, rest in peace and rise in glory.

Our lives returned to “normal.” We could go to poker nights and not worry about babysitters. We could decide on a whim to stay out drinking with friends. We saw infants in the park. We heard children cry.

Even now, his younger brother here with us, there is a void. Our family feels incomplete. One of us is always missing.

I believe; help my unbelief! (Mark 9:24)

At night, before finally switching off the lamp in the living room, I have a ritual. I pause, each night, and look at one of the few photos of Asher alive without a breathing tube. His mother cradles him, looking down at his face. My hand caresses his head, and I too look down at him. He gazes up, at something beyond us, his face beautiful, unobscured. It appears to be a peaceful moment, though it wasn’t. He still has the tubes in his hand, wrapped in gauze.

Some find it a painful picture because he is dying. But for me, when I pause before bed, each night, and look at it, I see my boy, Asher, himself, as he was when he was alive. I pray that I will see him again, and, as I switch off the light, I believe he knows I miss him.

*Lighten our darkness, we beseech thee, O Lord;
and by thy great mercy deliver us from all perils and dangers
of this night;
for the love of thy only Son, our Savior, Jesus Christ. Amen.*