

JAIRUS' DAUGHTER AND YOUR FRIEND WHO HAS CANCER

(MARK 5:21-43)

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People didn't know whether Jairus' daughter was alive or dead, as the story goes, and as we read between the lines.¹ We can follow the drama of the story, including what people say in the story ("She's gone" – "No, she's sleeping"), but we can't very well send a modern nurse back into the First Century to read the vital signs. If there had never been any ambiguity about this matter, would there have ever been such a thing as a wake?

And have you ever held a wake for a living cancer patient? I've seen it done.

These questions have come together for me in my mind since my own diagnosis, last March, of a type of cancer called Multiple Myeloma. Several things come to me as I work with this. One is my work of study and reflection on Mark's Gospel over the last several years, as a professor of Biblical Studies in Brazil. Another is my experience as a pastor in the 1970's, in a region with a high incidence of cancer, when for five years it was almost weekly that I visited someone with cancer, and it all seemed to go the same way. Over the years since then, however, I started to notice that people were beating it, but there was clearly a great deal I did not know, in spite of pastoral experience and pastoral training. Finally, since my diagnosis, I have participated in a Cancer Survivors' Group at the Charles B. Eberhart Cancer Center, led by a remarkable Presbyterian minister, Betty Castellani.

A friend of yours is diagnosed with cancer, and what do you think?

"What can I say to her (him)?" This is not really the question you need to be asking. Your friend needs *you*. What, exactly, you say is less important. You don't have to start by saying very much. If you value the person and show it, and if you *listen*, you will be off to a good start.

"How can I empathize with that? How can I tell my friend I know how awful it is?" Please, don't make an effort to "know" more than you do. Your friend doesn't need to be told that it's awful! Those who really *do* know, from their own experience, will not have

¹ I may "buy a fight" with some fellow Biblical scholars by saying this. Those who disagree with me point out the final, theological truth that the reader/ hearer of Mark knows at the end of the story. On the other hand, the best of Mark's stories are so dramatic that I think one is invited to imagine what the situation would look like to a bystander while the action is still going on. That is what I am doing.

to strain in order to communicate it. If you listen, your friend will tell you how awful it is—for him (her).

“I hope I don’t meet him (her). I wouldn’t know how to deal with it.” For some people, that may be the right response. Your friend probably doesn’t want to deal with you, either. If your friend is scared, another scared person is not what he needs. If you are scared, he can tell.

“Can I have a normal friendship with someone who has a disease?” That’s a much better question. It’s up to you. If the answer is Yes, congratulations!

“I’ll establish rapport by talking about other cancer patients I have known.” Go easy on that one; it’s not where you start, and cancer patients have heard too much of that sort of thing.

“There are some horse doctors out there treating cancer patients. My friend needs to be more critical of her (his) doctor.” Careful! Confidence in the doctor is part of the cure and one of the few things your friend may have to hold on to. Your friend may well be overloaded with information already. You can ask, “Have you gotten a second opinion?”

“She (he) must be dying.” Don’t count on it. This is a person you may be dealing with for years to come. Your knowledge about cancer may be a year or two out of date, or even more. Things are changing fast, and cancers that used to be “death sentences” are in the process of being transformed into chronic diseases. A member of my group was appalled at a respected journalist’s interpretation of the health situation of a public figure who has cancer; her take on the same clinical information would have been very different. None of this is to say that it’s easy. Cancer patients do die. But the plain fact is: most of them are not at death’s door, and former cancer patients are walking around everywhere.

“The doctor gave him (her) X months to live.” Don’t be so sure. Patients have been known to make fools of doctors who talk that way. Statistics, averages and such have their place, but they’re not the first things I think about.

“What does it feel like?” Well, what does it feel like to be tired? Fatigue, most of it caused by treatment, is the biggest thing. Some feel specific kinds of pain. Some will have bouts of depression, for which medical treatment may be appropriate. But one of the great common denominators seems to be fatigue.

“What is he (she) thinking about?” A cancer patient thinks about many things. One of them is *priorities*. For me, it was like midlife all over again. When I was about 40 years old, time seemed to have a different quality, because I had already had half of it. It wasn’t a limitless future. There was no longer a lot of time to squander. Focusing on what I really wanted to do became a little easier. Now that I am a diagnosed cancer patient, time is even more precious than before. I now tend to focus on what I need to do and on what I want to do, and I have gotten downright impatient with frivolous demands on my time. For me, a priority is writing my commentary on Mark’s Gospel. I am more focused on

that than ever before, and have gotten a good bit of writing done this year. Another thing lots of us think about is *the disease itself*. This disease demands a lot of attention. During certain phases the care itself takes much of one's time: frequent medical consultations, tests, second opinions and such during an early phase; chemotherapy that can be daily during some phases; and whatever else may be called for. For many of us, there's a good deal more. There are treatment decisions that only the patient can make: to seek more aggressive treatment or less aggressive treatment, to participate or not in a clinical trial of a new treatment, to change doctors. In my case, I am no longer with my first oncologist, and am now in the midst of an aggressive treatment (autologous stem cell transplant, in spite of my disease being at Stage I) that some doctors did not recommend. There's more: I participate in a weekly Cancer Survivors Group and a monthly Myeloma Group and read carefully the Myeloma newsletter. Some of my fellow survivors are active in campaigning for public awareness of myeloma or of some other specific cancer. One, who had late-stage lung cancer, is a stunning campaigner against tobacco. It's a lot to work out, and each cancer patient does it in their own way. That is not to say that all of us become professional cancer patients. Some of us do and some of us don't. But for all of us, the disease demands a lot of attention.

"She (he) needs to have a positive attitude. I need to tell her that." Really, now, if you tell me on a bad day that I need a positive attitude, I won't thank you. The survivor's attitude, as opposed to a simplistic "positive attitude," is realistically hopeful, but with plenty of room for being disgusted.

"Should I offer to help?" Yes! I really bless the people who have said, "Call me if there's anything I can do." I assume that all offers are sincere, and the day will come when I do call. I haven't called all of these persons yet, mostly because our self-reliance (mine and my spouse's, together) has held up so far. But I have called on friends for transportation, and once a friend spent an afternoon in our house awaiting a washing machine repairperson. As for unsolicited food, some of us like it and some of us don't. Other cancer patients have been helped by people who took food (agreed upon in advance), did light yard work, and even sat with a patient during her chemotherapy.

"Shall we put this person's name on a prayer list?" I'll speak for myself and say that I appreciate this very much.

"We used to be friends, and now we don't seem to be connecting." I have experienced this issue from both sides. There really is some withdrawal on the part of cancer patients. In my case, I certainly have some unanswered letters to apologize for, from persons who really do matter to me. I bless those persistent people who have written or sent cards again. Your friend is probably not pulling up stakes from this earth in preparation for leaving it. Fatigue, which I have already mentioned, may be behind the withdrawal you notice. So is the new importance of priorities, and this is something we cancer patients and survivors talk about among ourselves. We do, often quite consciously, choose which friendships are priorities for us. Your friend may have other friends who, for whatever reason, are priority friends. It is also possible that you have been insensitive or tedious, or

that you have touched one of the hot buttons indicated in this essay. What can I say? Please try to understand.

“What a disaster for our workplace! This person will never be an asset again.” Most of us, if we are working age, want to be productive. Many of us have experienced significant personal growth in the course of dealing with cancer that may help us in the future in dealing with the problems of the workplace. My friend Betty knows of fabulous success stories.

“After all of this about things I can do wrong or reasons my friend might withdraw, does the person who has cancer, after all, want friends?” Yes! Yes! Yes!

I turn from these reflections to the Biblical story of Jairus’ daughter. The story is well known. A little girl (We might call her Princess) is so ill that people are saying she is dead. Her high-status father is not too proud to go to Jesus about her, and not so proud to object when a woman we might call Flo² stops Jesus on the way and is praised for her faith. Jairus, apparently, doesn’t even mind being told to have faith, just at the moment when Flo is held up as a model of faith. As people start saying Princess is dead and the mourners start to mourn, we can say that, regardless of the biological facts (unavailable to us) and regardless of the final outcome, Princess is socially dead. A social scientist would use the term *social death* more precisely than I do, but the term seems appropriate.³

Princess is socially dead inside those four walls. Jesus arrives and first takes a step to respect the integrity of Princess’ family by expelling non-essential onlookers. He will also respect the integrity of the family by not calling Princess daughter (He had called Flo daughter, affirming a connection to her). Jairus had requested a laying-on of hands, but Jesus gives Princess a different touch, grasping her hand and making her a partner in her own cure. He speaks the words which would later be remembered in the original language, “Little girl, get up.” The girl does get up and walk.

That does not finish the story. In every one of Mark’s healing stories, something else happens after the healing itself, a kind of confirmation that the healing has really taken place. Peter’s mother in law serves a meal, the paralytic carries his bed home, Jesus has conversations with Flo and others. Something really needs to happen in this case. After all, what does it mean that what was thought to be a corpse is now walking? A corpse can, after all, burp and still be a corpse. In the magical world of First Century Galilee, people might think that a corpse walking around is a perfectly possible macabre trick.

Jesus now speaks words so simple that we usually add extra words when translating them: he told them to give her to eat. By giving her something to eat, they start to treat her like a living person again. *Give her to eat*, because she belongs to the land of the

² I owe this name to a fellow missionary.

³ This term is often used of situations much more horrible than cancer, as of the beginnings of the Holocaust/Shoah, when people were segregated from society, and once “dead” to society, could be murdered. I do not want to compare one horror with another, but I do not have a term other than “social death” to describe what happens to Princess in the story and to some people with cancer today

living. *Give her to eat*, because she is a living member of your family. *Give her to eat* because, for a day or a lifetime, death has been defeated and life prevails.

A healing is the healing of an individual, but as I have read the Bible in Latin America,⁴ I have come to appreciate the extent to which the healings of Jesus are healings of a community also. Giving food to Jairus' daughter re-integrates her into society and starts to reverse the social death that had been imposed upon her. Healing a twelve year old girl, in a society where they marry at thirteen and are mothers by fourteen, gives the society a contributing member, who can expect to work hard and have the babies the community needs (Her future husband may well deserve a feminist critique, but under ancient conditions, it was not easy for a society to keep up its population level). Healing a withered hand (Mark 3:1-6) relieves the community of a burden it can ill afford (an issue in poor communities today) and gives the society a contributing member.

As I pray for healing in my own situation, I pray for the healing of my own body and comfort for my spirit, but also for the people closest to me, who have been affected by my adventure with disease, and healing for the social fabric which has been affected by cancer.

⁴ Mark's Gospel has been much read and interpreted in Latin America. My favorite Latin American interpreter of Mark is a Mexican, José Cárdenas Pallares. I can give more exact references to friends who ask, when I am back in Brazil.