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[About MID](#)
[Bulletins](#)
[News](#)
[Events](#)
[Glossary](#)
[Links](#)
[Contact Us](#)
[Support MID](#)
[Benedict's Dharma](#)
[Gethsemani I](#)
[Gethsemani II](#)
[Gethsemani III](#)
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 [Help](#)

Sr. Margaret Michaud's Presentation Suffering Caused by Sickness and Aging

Sr. Mary Margaret Funk, OSB, Sr. Margaret Michaud, OSB
from [Gethsemani Encounter II, April 2002](#)

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Mary Margaret Funk: I want to welcome Sister Margaret Michaud. She has been a Benedictine, one of our elders and one of my sisters, for nearly fifty years. She has taught at all levels: grade school, high school, college, and she has taught mathematics, physics, philosophy, and theology. Presently she teaches scripture at La Crosse Diocesan School of Biblical Studies. For ten years she was president of the Federation of St. Benedict, which had houses in the United States, Puerto Rico, the Bahamas, Taiwan, and Japan, and currently has resumed being prioress at St. Bede's Monastery in Eau Claire. She is someone you can count on for uncommon sense.

Margaret Michaud: I'd like to begin by describing my community. We are now forty in number and our median age is seventy-one, so you can see that we are dealing with sickness and aging on a daily basis. You may be familiar with the study that was done at the University of Louisville with the school sisters of Notre Dame. The researchers were studying Alzheimer's disease, and the sisters were a good population because they had a pretty consistent and stable lifestyle—no drugs, no smoking, no alcohol—and this was a good population for the researchers to study. At the time of death, the sisters' brains were given to the researchers for dissection, and it contributed a lot to the study of Alzheimer's. One of the conclusions is that North American religious women are among the longest-lived human beings on this planet. That is very true in my own experience.

So, we deal with sickness and aging daily. Sickness, of course, is a

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Sr. Mary Margaret Funk, OSB, was the executive director of the MID board from 1989-2004. She was prioress at Our Lady of Grace Monastery in Beech Grove, Indiana and is the author of a number of books, including *Thoughts Matter* and *Islam Is . . .*

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many-faceted experience. There is not only the physical pain, but there is also the fear, the loss of control, the sense of helplessness, oftentimes mental anguish, and the dread of death. I certainly would agree with the speaker this morning who spoke of death and witnessing death as a unique experience. There is nothing quite like it. I've been with many of our sisters at the moment of death. I was also with both of my parents at their deaths, and with a young nephew of mine who died of AIDS. Being there is indescribable. It is somehow transcendent. It's the intersection of two worlds and very hard to put it into words.

The fear of death is very real. Oftentimes in my experience people say, "Why is this happening to me? What have I ever done to deserve this?" The whole person is affected at the time of serious illness. Our society, of course, takes a very negative view of this, and illness and sickness and pain are to be avoided at all costs. We have all sorts of remedies that are sold to us daily so that we never have to be in pain. Denial of sickness and death is part of our culture. When we as Christians look at our Christian scriptures, we see an utterly different attitude. The healing stories in the Gospels are very powerful. Jesus reaches out to the sick, the blind, the lame, and the troubled. You will remember that particularly poignant episode in John's Gospel where he encounters the man born blind, and the disciples say to Jesus, "Now, who sinned here? Why is this man born blind? Was it he who sinned, or was it his parents?" Jesus is very clear. "Neither this man nor his parents have sinned." He then proceeds to cure the man [John 9:1-41]. The healing ministry of Jesus is the sign of his Messiahship. It is through him that the blind see, the deaf hear, the lame walk, and the poor have the Gospel preached to them.

The Rule of St. Benedict is very clear about care of the sick. In Chapter 36, we read, "Care of the sick must rank above and before all else, so that they may be truly served as Christ, for he said: 'I was sick, and you visited me,' and, 'What you did for one of these least brothers and sisters, you did for me.'" Clearly, we are to see Christ in the sick members of the community, and the long Benedictine tradition is distinguished by its care of the sick. We provide the resources, the proper facilities, the medicines, the remedies, and the skilled personnel to take care of our sick members. Of course, we know in our history



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Browse the Archive

- **By Category**
- **By Author**
- **By Article Title**
- **By Bulletin**

that the care of the sick reached out from the monastery to the neighboring people. The monasteries were seen as havens of hospitality and healing, not only for members.

I was deeply moved by a book called *The Monks of Tibhirine*. I'm sure you are familiar with the story. It is the story of the seven Trappists who were killed in Algeria. Amidst the danger, they chose over and over again to stay and be with their Muslim neighbors as a presence. One of those monks was a physician. The book tells of his healing ministry, and how he cared for the neighbors. They were dearly loved by the surrounding people, and it was a tragedy and a horror when they were kidnapped in 1996 and killed.

In my paper, I describe the death of one of our sisters who died a few months ago. We were doctoring all summer, and she had anemia and some pain and we weren't quite sure what all this was all about. Finally, she was diagnosed as having lung cancer. I was with her when the doctor gave her the news. He told her very gently, and I think appropriately, that she was very ill, and that there was really no treatment because the cancer had gone to a stage where there was nothing really we could do about it. I wasn't sure that she understood what he said; so after he left the room, I started telling her, "Now, you know this is very serious, and this is the news that you received." She sat straight up in bed, and looked me in the eye, and said, "I am so glad I had some time here on planet earth," which floored me at the moment. She was an artist and a true contemplative spirit. She loved nature. She was one of the ones who was always wandering outside, listening to the birds and watching the deer and enjoying nature. She looked forward to her death with the greatest joy. Of all the deaths that I've been a part, this was the happiest, the most joyful. She went to our nursing facility, and we took care of her. She was in the presence of her sisters who were there with her. Each day it seemed like she became more radiant. She would ask me, "Am I doing this right? What am I supposed to be doing? Am I doing this right?" And I said, "Well, Marilyn, I don't know. I've never been through this. I've seen a lot of people go through it, but I really can't tell you how to do it." The final evening when she died, she received the Eucharist and the sisters were all with her. We sang and prayed and sat with her through the night.

About midnight, she became unresponsive, and just as the sun was coming up, she left us. What made her death such a wonderful experience was her own attitude, her joyfulness. But it was also the presence of the community, those of us who were there with her, supporting her. We were able to do it in our healthcare facility, which is a very humane situation.

Often, when we experience serious illness, we get into a healthcare industry that is very inhumane in a lot of ways. There is a lack of care for the entire person, which I think is a witness that we as monastics can give. I remember one of our older sisters, who didn't quite know her own limitations, started cleaning the trunk room and moving things around and got her back out of kilter. I had to find a physician for her. I remember the receptionist saying, "Doctor is not taking any more backs." To him she was only a back. You hear them talking about, "How is that gallbladder in room 205?" You know there is more than a gallbladder there. I believe part of our witness is the care of the entire person.

As far as aging is concerned, we face it daily. I'm facing it myself. Our culture does not value the old. Youth is to be sought and preserved. If you have to get old, at least look young, pretend to be young, act like a young person. The old are shoved to the sidelines, and youth, speed, and convenience are sought at all costs.

Aging is a frightful experience. I know that myself. There is this fear of losing your grip. My problem is remembering names. I can't remember names anymore, people that I know I should know, things that I know I should know in my studies. I used to be very sharp at remembering footnotes and references and where I had read something, and it's going. A big problem I think is the loss of one's eyesight and hearing. Hearing seems to be a real problem with us. I've bought an awful lot of hearing aids. When there is a lack of hearing, there is always the misinterpretation and feeling alienated, of being sent to the fringes.

The Rule in Chapter 37 says that the elderly and children are to be treated with kindly consideration at all times. The elderly are to be revered. Some of the elderly are difficult. Not everybody ages

gracefully. We have our problems. But we try to treat the elderly with the same kind of reverence and care because we believe that they are the presence of Christ for us. As Christians, we look to the Gospels. Not only did Jesus alleviate suffering, but he endured the full range of human suffering. We know the physical pain of the brutal crucifixion, which is beyond imagining, but also the mental and spiritual pain of misunderstanding and betrayal. When Christ became human, he took on our nature completely, including all the implications of human suffering and dying. We Christians can then find meaning in our suffering when we can unite it to the sufferings of Christ, whose suffering brought about our redemption.

Continued in **Sr. Margaret Michaud: Discussion
(Gethsemani Encounter II, April 2002)**

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