

Advance Praise for *Denial Is My Spiritual Practice*

“Rachel G. Hackenberg and Martha Spong speak with honesty and humor about ‘denial’ and ‘failures of faith.’ They give readers a no-holds-barred presentation of their personal, interpersonal, and professional struggles and losses. Through beautiful stories these amazing women teach the reader how to move through denial and failure into acceptance and grace. With insightful vision, they paint a picture of life that prevails on the other side of failure using witty and irreverent revelatory and profound stories. If you are searching for honesty in the life of faith and how to live in the midst of struggles, this book will be a balm to your spirit.”

—The Rev. Becca Stevens, founder of
Thistle Farms and author of *Love Heals*

“Disciplines of prayer and piety often feel far removed from the grit of our daily lives. Yet, through these pages, Martha Spong and Rachel Hackenberg are more than ministers; they become sisters on a journey. With each chapter, they give us the gift of compassion on ourselves, even in our darkest denials and in divine silences.”

—The Rev. Carol Howard Merritt,
author of *Healing Spiritual Wounds: Reconnecting with
a Loving God after Experiencing a Hurtful Church*

“Rachel and Martha take a tremendous leap of vulnerability in *Denial Is My Spiritual Practice*. In sharing their personal stories of love and loss, they invite readers to participate with them as partners in universal dance of making friends—or at least peace—with both our light and our shadowy spaces. This book will resonate with anyone who has ever learned the hard lesson that burying one’s head doesn’t in fact make the hard thing go away. With thoughtful personal narrative interwoven with biblical stories, *Denial Is My Spiritual Practice* offers affirmation of the natural tendency toward

denial as a first response to hardship, while providing gentle nudges toward a new way of being in relationship with and not held captive by the valley experiences in our lives.”

—Kentina Washington-Leapheart,
Director of Programs for Reproductive Justice
and Sexuality Education at the Religious Institute

“Spiritual practice takes many forms, and in *Denial Is My Spiritual Practice*, Rachel Hackenberg and Martha Spong share this essential truth. With insight, gasp-generating honesty, and wit, Hackenberg and Spong help readers appreciate how every event, every interaction, and every feeling can become an opportunity to learn more about living a spiritual life. Readers can expect to receive superb spiritual direction and practical pastoral care that will resonate well beyond one reading of *Denial Is My Spiritual Practice*.”

—Meredith Gould, author of *Desperately Seeking Spirituality: A Field Guide to Practice*

“Are you looking for brave companions as you delve into the inner life? In this lively, wise, and daring book, Martha and Rachel blend memoir, gentle humor, and biblical reflection to explore the experiences they never dared to discuss in church: bodies that fail, marriages that crumble, attractions that refuse to stay neatly contained. Throughout, they hold up the lens of scripture like a prism to reveal a spectrum of colors. Let this engaging book help you illuminate the beliefs that shape your life.”

—Ruth Everhart, author of *Ruined and Chasing the Divine in the Holy Land*

**Denial
Is My
SPIRITUAL
practice.**

(AND OTHER FAILURES OF FAITH)

RACHEL G. HACKENBERG
AND MARTHA SPONG



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Denial Is My Spiritual Practice

Martha

I sat at my Baptist grandmother's Formica-topped kitchen table and watched her send carrots down the chute of her juice machine. Long slivers became bright orange juice in a glass. I asked to taste it. My four-year-old taste buds expected something sweet like the Tang the astronauts drank, with the velvety texture of the V-8 we bought in a big can. Instead it tasted like earth and went down like eraser crumbs. I did not ask to taste it again, but I did ask my mother why Grandma drank that awful-tasting stuff. I was a grown-up before I got the full answer. My grandmother was on a quest to improve her health, for reasons not merely medical but metaphysical. Her diet did not require carrot juice; rather, it excluded other things she liked. She viewed her ongoing gallbladder troubles as a warning from God. Her charismatic fervor for the juice machine matched her spiritual enthusiasm to figure out what God wanted from her and to offer it with all the energy she could muster.

The subtext of her efforts influenced my mother and, therefore, me. By generational osmosis I learned that ill health was explained by either blame or guilt—someone gave me a sickness through their sinful carelessness, or I caused it by my own sinful neglect of God's temple, my body. These theological understandings inclined us to a shamed silence about illness. Surely this prayerful woman knew more than we did. My grandmother left those she influenced with the impression

that God's approval could be lost and won based on our own actions. I'm not claiming she disbelieved grace. I think she viewed her efforts as a significant supplement, just like the juice.

In my childhood, a polite silence about chronic health problems prevailed. Today, we live in the era of pharmaceutical advertisements promising to abate the symptoms of chronic illnesses. Happy people pack suitcases or fold laundry despite their rheumatoid arthritis (RA), play with their grandchildren thanks to help for their diabetic nerve pain, attend carnivals unafraid of their irritable bowel syndrome, and participate in outdoor activities even though they have lung cancer. Today, I see these short stories through the lens of my life with RA. In one television ad, a young woman sadly admires a pair of red high heels in a shop window, the implication being that she cannot wear those shoes due to her disease; RA can inflame or damage the little joints in our feet. Later, she leaves the store wearing the shoes, her life changed by an injectable biologic medication. These images treat chronic conditions as something curable, when the truth is that living with a chronic illness requires, for most patients, a lifelong commitment to self-care that does not always succeed at combatting the illness or its symptoms.

Growing up under my grandmother's influence left a mark, despite the contrary views I gained through my life experience, theological education, and spiritual discernment. In the back of my mind, in the depths of my heart, in the deepest recesses of my gut lingers a primal fear that I have done or am doing something wrong: a shame about being ill. A shame-based understanding of illness, or of any other bad things that happen in our lives, is fueled by the overriding narrative of popular Christian churches and groups based in the "prosperity" mindset. If we do things right, God will reward us. If we are suffering, God must be testing, or worse, punishing us.

My first symptom was a sore shoulder that wouldn't get better. I blamed it on shoveling the late February snow. My doctor sent me to a chiropractor, who rearranged me, gave me exercises, and then finally released me, saying he thought we had helped the shoulder, but there was still something; he just wasn't sure what. I remember

he touched my hand and my wrist as he said it. I brushed it off. I believed I would get better.

A few weeks later, while attending a conference, I found I couldn't knit. My hands were sore, stiff, even swollen. My colleagues noticed the yarn and the needles sitting in my lap. My feet looked fat—well, fatter than usual—in my sandals. Shortly after returning home, I woke in the middle of the night and could not bend my fingers. The next morning, I had to call my twelve-year-old daughter to open the bedroom door because I could not turn the handle. That night my knee felt as though someone had driven a sword into it.

I called my primary care doctor again and began a journey through the medical system: back to her office, then down the hall to sports medicine for a check on my knees, out of that office to a physical therapist—the one who finally saw the symptoms and heard the history that made rheumatoid arthritis the most likely diagnosis. His mom had it, and he saw how the pieces went together. He sent me back to sports medicine, where the doctor spent more time telling me how sad her colleague in primary care was than she did asking how I felt. I'm a pastor, so I pastored her. There was no room for my feelings.

I'm not advising going to Dr. Google for advice, but when you look up RA (which some patient activists would rather we called rheumatoid disease), the first thing you see are the pictures of deformed joints. I wish I could say my concern was functional—could I knit? Hold a pencil? Fix dinner if the joints in my fingers went sideways?—but the truth is I didn't want my hands or feet to look like the pictures on the internet. My then-husband was away for an extended period when I got the news, but returned in time to go with me to meet the rheumatologist. I remember trying to explain why it mattered, when it seemed obvious to me that anyone hearing important information from an unfamiliar specialist ought to have a support person along. Why did that seem so mysterious? You find out in these moments what kind of person you're letting in close, who actually cares, and who only wants to be with you in good times. I remember sitting in a restaurant, crying, admitting my fear

that I might not be able to do all the things everyone expected me to do and the things I loved to do.

“I don’t want to be all taking and no giving,” I said, in an odd quote of *9 to 5*.

I heard the reassuring answer, “You have given a lot, it’s okay,” but he would soon speak his truth: “I want to be a lover, not a nurse.”

You find out who really cares about you when you are ill. A good friend became my best friend when she researched the illness and told me things I didn’t know yet myself. An acquaintance living with RA became a dear friend and shared the Scripture that kept her going:

Strengthen the weak hands,
and make firm the feeble knees.
Say to those who are of a fearful heart,
“Be strong, do not fear!
Here is your God.
He will come with vengeance,
with terrible recompense.
He will come and save you.”¹

I wasn’t exactly looking for vengeance, however. It was no one else’s fault. There was no target for God’s terrible recompense. That might have made it easier. The literature written for RA patients, who are mostly women, tended to be accusatory and was less than helpful. “Your joint fluid is attacking your joints,” which seemed to mean, “Why are you hitting yourself, lady?” Instead, I hung onto the things my new rheumatologist told me, writing them down at home on Post-It notes and typing them into documents. The keys to living as well as possible with RA were:

- rest;
- exercise;
- medication;
- a positive attitude.

¹ Isaiah 35:3–4.

My body demanded rest. I am a type-A patient, so I took the medications. Exercise was harder—you're not supposed to overuse the joints that are inflamed. But the hardest thing of all was the attitude. While it is true that there are new medications, and there is a much lower likelihood of joint damage and deformities now, it's also true that the medications come with their own complexities because they suppress the immune system and make patients susceptible to infections, complicating recovery. Patients also face a higher risk of lymphoma, heart disease, and a depressing list of other complications, yet we are told we need to cultivate a positive attitude. Well. It's all fine when the medicine is working. When it stops working, the medical professionals describe it as the patient's failure, as in, "You've failed Enbrel." When another illness arises, you have to stop taking the RA medication; you get better from a cold or sinus infection while your RA gets worse. It can be hard to cultivate a positive attitude.

Denial is easier.

So I pretend I'm okay.

And I pretend, to myself, that I'm okay with it because I don't want to be one of those noble women who were bedridden or could not leave the house or were blind from birth, yet wrote the poems we find inspiring or the hymns we call classics. It's my worst nightmare. The times I have to stay in bed are also the times when I don't feel well enough to do much of anything useful, so I stream Netflix on my iPad. It does not cheer me up, as I usually conclude the world is a terrible place run by amoral villains like those on *Scandal*, or I am a terrible person for being in bed with the polygamous Mormons of *Big Love*.

If I felt good enough to write, it might help, as it has helped in so many other ways: making sense of things, providing a place to vent, or creating something beautiful that I think might help not just me but someone else, too. Most of my adult life, my spiritual practices have been grounded in words on paper—through journaling, making lists of people who need intercessory prayer, writing poem-prayers, studying in order to write liturgy, and preparing to preach.

I'm not drawn to more bodily practices. Yoga left me weeping, unable to contain the sadness I felt about my circumstances. You won't find me sitting on a prayer mat breathing, centering, and creating silence and space for God to do any talking to me. It scares me.

In my higher mind I believe that my grandmother was wrong, that God doesn't single us out for particular punishments to teach us certain spiritual lessons, but somewhere in my little Baptist girl heart lingered a fear that I did something wrong. I wasn't working hard enough or following faithfully enough. It's hard to imagine anyone else passing that harsh a judgment on my life, although I clearly exhibited atrocious taste in a partner at the time of my diagnosis. Otherwise, an examination of my life would have shown a woman in her forties working hard as a pastor and a mom, in the midst of an effort to get in shape that showed results in lost pounds and added strength. Things were going well for me, until suddenly they were not.

"Why me? Why now?" I wondered as I sat on the couch, hoping the medications would reduce the pain, the swelling, and the stiffness, and that I would once again be able to hold a pencil, or knitting needles, or a paring knife.

In the six months after the illness first flared, I suffered from prednisone-induced insomnia. I began to murmur the Serenity Prayer in the middle of the night. My twelve-step experience was limited to a few visits to Overeaters Anonymous, so I struggled to get the words right, but once I had them, I said the prayer again and again.

God grant me the serenity
to accept the things I cannot change;
courage to change the things I can;
and wisdom to know the difference.

My new mantra assuaged some of the desperation. By fall, the medicine was working, and the steroids had been withdrawn. I felt better. Aside from being sure to take the right pills on the right day, I felt (sort of) normal. I felt more comfortable putting aside the worries about my future health. When I listened to the parishioner who told

me how her husband gave her RA injections, I separated myself from her problems. That would not be me, could not be me. My reflective and dependent period ended, and I went back to all giving and no taking, doing for others so they wouldn't have to do anything for me.

The world supports denial. RA is an “invisible” illness, unless you reach the point where your joints are obviously deformed. A person has to know me pretty well, or be wise to the way rheumatoid disease presents, to catch on when I am not at my best. And I find when I let my discouragement show, I not only disappoint myself, but I also leave myself open to the unwelcome opinions of others—the people who can't see the illness, so they don't believe in it. I remember the winter day I was lying in bed with the kind of cold-bordering-on-pneumonia familiar to anyone who takes immune-suppressing medications. I scrolled Twitter on my iPhone, looking for news updates about the people occupying a wildlife refuge in Oregon. When I posted one of the stories on Facebook, a neighbor asked why I was wasting my time on the story. When I mentioned I was sick in bed and trying to amuse myself, instead of offering sympathy, she advised me to stop complaining.

Is it complaining to say how things really are? I remembered a long-ago Christmas, the first time I had seen most of my extended family since losing a baby midway through a pregnancy. My brother and his wife were coming with their infant son, a few weeks older than my son would have been, and I prepared myself for what I knew would be a hard visit. My aunt was coming to dinner on Christmas Day, an aunt who had lost a baby due to a tragic accident at birth. Even if no one else understood how I felt, she would. There would be an ally at the table. When she asked how I was, I told her. She shut me down.

“Don't you know that no one really wants to hear the answer to that question?”

Twenty-five years later, I continue to censor myself, to wonder if anyone else really wants to know how I am feeling, emotionally or physically. How can I be real with myself and keep from being real with others? If I can't trust the people who are family, friends, and

neighbors for emotional support, I have to handle it all myself. That is hard when I'm feeling okay and even harder when I'm not.

Denial became my spiritual practice because, when I examined my situation honestly, I couldn't hold up the front of a positive attitude, even with myself. From day to day, it looks like this: whether I'm ill or relatively pain-free, I put my head down and do my work until I cannot. That is the great sin of my life over the past ten years, if we measure sin as those things that separate us from the love of God. If I sat to counsel someone living with a chronic diagnosis, I would encourage them to express all the feelings involved: fear, grief, even anger. In my own life, however, I resist the emotional work. When I let myself have my feelings, I'm afraid of the future, anxious that I will become a burden to my spouse or my children, worried that I already am. Instead, I keep myself as busy avoiding reality as my grandmother did with her juice machine.

As a pastor who is also a pastor's wife, I end up pretending I feel okay to two communities of faith. Recently I volunteered to help clean fingerprints off the pews at my spouse's church—a classic pastor's wife activity that almost no one nowadays would actually expect me to do. I arrived at church to find two much older ladies already at work, and I joined in, realizing to my dismay that getting up and down was much easier for these women twenty years my senior. Through extreme determination I kept at the task until we finished, instead of using an excuse that I needed to get back to other work, even though I did. That night, miserably stiff and sore, I confessed to my spouse something that came as a surprise only to me.

“I can't do what other people can do.”

How can you have your real life if you can't confess to yourself or to God that you are ill and hurting? I can't do what other people can do. Denial denies me the consolation of a loving God.

Strengthen the weak hands,
and make firm the feeble knees.
Say to those who are of a fearful heart,
“Be strong, do not fear!
Here is your God.
He will come with vengeance,
with terrible recompense.
He will come and save you.”

Maybe I need God to save me from myself.

You Should Feel This Pain

Rachel

The x-ray shows that my neck has lost its curve. In black and white, I see the vertebrae stacked in a perfectly straight column, not at all the gentle slope from shoulder to skull that they're supposed to be.

“Without its natural curve,” the chiropractor says, “your head feels like a hundred pounds weighing on your back, rather than ten. Your neck is at risk of slowly collapsing into an inverse curve.” He clicks the keyboard and transitions to a new x-ray slide.

“This is your lower back.” With a pencil tip, he draws short horizontal lines in the air in front of the image.

“Here. Here. Here. There should be visible disk space between each vertebra, but the space in your lower back is invisible to the x-ray. Long-term, without any change or help for your back, this will lead to a need for surgery.” The chiropractor, who is several

years younger than me and friendly almost to the point of informal, studies the image a moment longer and then turns to meet my eye.

“You’re not in pain right now?”

I contemplate how to respond. Whether to tell him that I view the body as a tool in life, a mechanism for survival and purpose, the flesh that makes works-righteousness possible, the dust that will ultimately return to dust regardless of whether the time in between is luxurious or labored. Whether to tell him I have never given much credit (or much grace) to my flesh and its needs. Whether to observe—and how to observe, succinctly, rationally—that my internalization of others’ disregard runs deep and thoroughly masks most manifestations of physical pain. Whether to say that it’s perfectly normal for survivors of rape and abuse to experience disassociation from their own bodies. When, I wonder, is the appropriate moment in a doctor-patient relationship to tell your body’s horror stories?

“No,” I answer, short and sweet and true. “I don’t feel pain right now.”

I was thirty years old before I admitted to myself that I had been raped in college at the age of twenty-one. I didn’t tell anyone else until I was nearly forty. That’s ten years between the act of violence and the self-recognition of my own body’s experience: literally a decade before I told myself the truth, and nearly two decades before I shared it.

Two decades ago, there was an early morning when I walked across the small grassy quad to my college apartment from his place in upperclassmen housing. A short but dazed walk around the common building in the middle of the quad, where we stored our bikes and schlepped our laundry baskets. I didn’t bother to use the paved paths that were understood by most of us to be only suggestions for walkways. Back inside my apartment, my roommates gave me a hard, honest look and asked if I was okay. It was easier to respond with an upbeat, “I’m fine,” than to say anything closer to the truth. And the truth was: I believed it was my own fault. I had said yes to going on a date with him—the movies at a nearby mall, who

knows what film we saw. I had said yes to going out for drinks after we returned from the theater—I loved to go drinking and dancing, and that night was no exception. I had said yes to returning to his apartment to make out.

And then I had said no to sex. Repeatedly: no.

“You should feel this pain,” the chiropractor said, but “should” is a dubiously subjective word. Sometimes it’s better not to feel pain when your body isn’t aroused for sex but someone else’s body is. Sometimes it’s better not to register the shock that comes when your “no” is so blatantly ignored. Sometimes it’s better to hide your soul far away when your body is intruded. Sometimes it’s better to pretend to be impartial toward your own experience—whether in a bed, or on the street, or in a board room—any place where your voice resigns itself to silence because its protest or its wisdom or its creativity is so willfully and completely unheard. There are pains I have preferred not to feel in life, even in the moments when they were occurring. Instead, I have watched those experiences abstractly, indifferently, with disconnected disgust.

Disgust is the right word. It was messy that night. I had my period; he didn’t care. I was bleeding everywhere; it didn’t matter. I tried to clean up afterward—my blood, his sweat—in the middle of the night in a filthy college boys’ apartment bathroom. When I had done the best I could, I felt obligated to return to the bed and sleep next to him for the remainder of the night as though nothing had happened, as though it was just a date, as though it was perfectly normal for him to have carried on without my consent.

“I’m fine.”

“No, I don’t feel this pain.”

I’ve always admired Moses for that moment in the wilderness when he stood over a dry dusty rock and told the truth about pain.² On behalf of a community of people weary from generations of enslavement and degradation, on behalf of people discouraged with

² Numbers 20:2–11.

their God's (in)ability to guide them swiftly to a promised land, Moses shouted to God.

“This hurts!”

On behalf of thirsty people tired of scrounging and begging for every drop of water, every crumb of bread, he cried: “My God, this hurts so much!” The years without hope—they hurt. The daily doubts—they hurt. The weary bodies, the parched tongues, the grumbling stomachs, the calloused feet—they hurt.

It hurts, God.

God, it hurts so much, but I can't admit it like Moses did. If I feel one pain, I fear that I will feel them all, and there are too many pains to feel and still function in any reasonable way. Yet there was Moses—not only functioning through pain, but admonishing the pain (and God) for its detraction from life. Moses, I have to imagine, was strained to capacity by the people's pain. He was tired of being the one who was always asked to know, to lead, to be strong. He was exhausted, too, by his own internal dialogue of self-doubt and God-doubt as each new day brought more wilderness, more wandering, more trying to get by, more unfulfilled promises. Against this backdrop of public pain, the incident at Meribah compounded a moment of Moses's personal grief—his sister Miriam had died.³ Miriam, who affirmed God's work in Moses despite his years of living as a prince in Egypt, despite his years of living as a fugitive in Midian. Miriam, the leader who understood the on-the-ground movement for freedom while Moses negotiated for freedom in Pharaoh's highest courts. Miriam, the one who gave a song and a faith to the struggle, the one who was the backbone to Aaron's voice, the one who provided the personal touch in contrast to Moses's privileged face. Without Miriam, the wilderness threatened to be for Moses what it already was for the people following him: a meaningless waste, without poetry or beauty or wonder. And the dry rock represented it all: the grief, the doubt, the frustration, the impossibility of freedom.

“God, this loss hurts!”

³ Numbers 20:1.

(thwack—the sound of a wooden staff against a stubborn rock)

“God, the people struggle!”

(crack—echoing against the far mountains)

“God, your promises are impossible!”

(smash—again and again)

“God, it’s too much!”

The public protest of pain. The demand for God’s promises. The insistence on life. The impulse to lash out at the Holy One from the depths of sorrow in our desperate attempt to provoke God’s reaction and receive God’s comfort. Moses gave voice and action to the words that I have always struggled to say: “It hurts.” Yet common interpretation of Numbers 20:12 suppresses any such admission and admonishes Moses for his honesty of emotions. “He wasn’t supposed to hit the rock *out of anger*,” commentators write in an effort to explain why Moses’s fulfillment of God’s command to bring water from the rock could be interpreted as unfaithful. “His emotions were inappropriate. The wilderness wasn’t *that bad*; Moses overreacted. If only Moses had trusted God, then God would not have been mad. If only he could have kept a cool head when the people expressed their doubts. If only he had not felt so raw after the death of Miriam. If only he had submitted to God, Moses would not have felt any pain at all.”

It was Moses’s own fault that he experienced pain, you see. Why didn’t he cooperate with God? Why did he have to make such a big deal out of it?

The reporting of rape on college campuses is commonly discouraged, whether by the questioning tactics of campus police when victims dare to name their attackers, by the victim-blaming attitudes of peers, or by the suppressive actions of college administrations, among other measures. Beyond the campus, rape by a partner or spouse was not legally considered rape by U.S. laws until those laws began to change in the 1980s. Today, marital rape is still largely considered a “personal” matter, a domestic concern. Naming pain in a public space—especially the pain of sexual violence—is hushed for fear of

causing embarrassment and unease. Heaven forbid that you or I feel awkward because someone voices their pain aloud, or that we find ourselves ill-equipped to offer wisdom, unqualified to hear the hurt, or imperfect to provide comfort and empathy. Heaven forbid we're asked to be present to one another in difficult times, despite the weariness in our own lives. We prefer people to say that they are fine when asked, otherwise how will we respond?

For as much as we do not know how to deal with others' pain, many of us do not even know how to engage our own—especially those of us who have experienced sexual violence and psychological abuse. Too often we find ourselves following not in the footsteps of Moses when he named pain in order to break open healing, but rather in the mindset of those who interpret God as blaming Moses for his emotional outburst and his gall in publicizing the pain. “You should not feel this pain,” we tell ourselves, “or at least, you should not announce it for all the world to hear. Let our pain be buried in the dust of the wilderness along with Miriam; we will wear our most stoic faces and wait politely for God. Let our honesty of pain not embarrass others or provoke God; we will trudge mutely through the wilderness and ignore the blood on our calloused feet and in our weary spirits.”

What then should we say about Moses, his angry outburst of pain, and his subsequent punishment from God? How else do we imagine that he should have handled his pain in that moment? Upon receiving instructions to bring water from a rock, should he have paused to calm his feelings rather than striking the rock? Should he have gathered the people around that dusty rock and preached to them about the cool refreshing fulfillment of prayer while they stood there, mouths hot and parched? Would Moses have avoided God's punishment if he had delayed God's reprieve of the people's pain by first satisfying God's jealous need for their praise? Could the people's dis-ease with God have been healed without the easing of their thirst? Could their doubts have been answered if they were never named aloud? Can my back's tensions be mended without confessing the memory of rape? Does the God who loved us so much as to become flesh redeem humanity in spirit alone?

If we stand by a God who punishes Moses for his expression of anger and pain, are we implicitly upholding a requirement of silence for those who are injured? If we believe God tested Moses's patience in the face of despair, are we essentially declaring that those who seek justice must first genuflect to patience? If God cannot tolerate our outcries of pain, how can we expect compassion from one another or from ourselves?

God, this hurts!

Silence is no longer an option.

God, we hurt!

In mind, body and spirit—it is too much to bear alone.

God, this hurts!

Do not dismiss our cries.

God, I feel this pain. At long last, break open the dusty rocks of this wilderness and let a fresh stream flow without ceasing for the comfort of your daughter, for the relief of all your people.