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**When Sickness Heals: A Pastoral Reflection on
Finding Meaning in Suffering**

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Introduction.....	2
A. What Is Spirituality?	3
B. Illness, Miracles, and Meaning	6
C. The Developmental Task in Illness.....	8
D. Integration in Behavioral and Social Sciences	12
Conclusion	16
Bibliography.....	18

Introduction

Tragedy disrupts! It disrupts the flow of normality and the logic of cause and effect; it disrupts the flow of time because it can make the future disappear and the past irrelevant; it disrupts faith and spirituality because in the face of tragedy values are challenged and meaning is lost. Most of us have lived through tragedies like this: the death of a loved one that meant the world to us, a debilitating illness or accident, a war that took away our freedom, or a natural disaster that destroyed our home. In the midst of heart-wrenching tragedy, when you gasp for air as you stare into the abyss that swallowed your world, you cannot believe that tomorrow is possible. And yet tomorrow always comes. With the sunrise, a new day, and a new world is born. A world in which the new normal holds together pain and comfort, war and peace, light and darkness, loss and love, death and dreams, fear and safety, anguish and joy, heartbreak and happiness. As the soul tries to find its way in this new world, it starts a new journey to find meaning, because we need meaning as much as we need air. And as we continue our journey, and leave behind the question “Why?” a new question emerges: Can we find meaning in pain?

This essay—based on the concept from the book *When Sickness Heals*—is a succinct and updated presentation of a theory asserting that severe illness comes with a “developmental task” regarding the role of religion and spirituality in the patient’s experience, because “sickness can bring about changes in existential meaning and thus offer healing to the soul.”² As we looked at the continuously growing body of research on spirituality and health, we realized that the main

² Siroj Sorajjakool, *When Sickness Heals: The Place of Religious Belief in Healthcare* (Philadelphia: Templeton Foundation Press, 2006), xii.

focus is on the health benefits of a vigorous spiritual life (including prayer, meditation, scripture reading, and fellowship with the community of believers, etc.). The reality of our encounters with cancer patients, however, revealed a much richer and more complex relationship between spirituality and faith. In our experience, patients with strong faith in a God who have everything under control, took longer to recover emotionally than patients who looked at cancer as a random event. This provoked us to reconsider the philosophical and theological literature focusing on the role of the non-being (understood as the negative elements of life: illness, pain, loss, death) in the journey of faith.

This theory is based on two propositions: First, we understand spirituality as a quest for meaning. This quest is ontological in nature: is there *a priori* knowledge in a Kantian sense? Also, at the ontological level, there is a sense of transcendence which coexists with the quest for meaning. These two intertwine in coexistence, and the two forces of transcendence and the quest for meaning define the meaning of our spirituality (beliefs and symbols) and the practice of our religion (rituals). Second, illness challenges our sense of meaning—and with it—our sense of transcendence. Because meaning is the homeostasis of the soul, whatever challenges that has to be reconfigured and reintegrated. And this is by definition a developmental task. This is why we break away from the traditional research focusing on the positive impact that spirituality and religion have on one's health and psychosocial wellbeing and argue that the healing power of spirituality goes beyond wellbeing. We believe meaning has the power to heal even when there is no possibility of recovery from a terminal illness. We believe healing is possible, even when there is no cure.

A. What Is Spirituality?

From the primal religions that speak about something beyond the material world to the richness of spirituality expressed in different cultures, forms, rituals, and beliefs; from Christianity to Islam, from the Mosaic tradition to African religions, from Buddhism to Hinduism, the golden thread of a powerful spiritual quest binds together the phenomenal world with something beyond matter and facts.

Working with cancer patients (at different times and in different units) we both observed that most new patients can fit in one of two categories: those who ask “Why?” and those who believe the illness is part of a bigger plan, God’s plan. When children ask “Why?” they do it in order to make sense of an unknown world. As adults, we ask the same question for the same reason: to make sense of a world that lost its meaning after an incurable diagnosis, a devastating loss or trauma. When trauma is too disturbing to be processed consciously, it might be processed unconsciously through recurring dreams. “Bad dreams are attempts to make sense of bad experiences”³ writes Bulkeley. This longing for making sense and meaning takes us back to Ludwig Wittgenstein’s argument that there has to be a limit to thought; there are things that can only be shown (not said) because they are outside of the limits of language. These things belong to the realm of transcendence.⁴ The same quest for something beyond the palpable reality emerges in Friedrich Nietzsche famous quote: “The riddle which man must solve.” Is it possible that this intrinsic, powerful need to make sense of our experiences within the phenomenal world is in fact the basis of what we call “spirituality”?

Researching and reflecting on writings that explore the depths of the soul, we were surprised to discover the rich diversity of authors confirming our intuition that spirituality is an existential quest for meaning. As Killen and de Beer write, “We are drawn to meaning. We need meaning as much as we need food and drink.” We need to make “the truest and richest meaning possible of our lives.”⁵ We need to make sense of our reality, and in the process we create poetry and science, art and technology, philosophy and architecture, cultures and societies. Then we also need to make sense of ourselves. Maybe this is what the great mystic Rumi was trying to do when he wrote: “You dance inside my chest,/ where no one sees you./ But sometimes I do,

³ Kelly Bulkeley, *Transforming Dreams: Learning Spiritual Lessons from the Dreams You Never Forget* (New York: John Wiley, 2000), 58.

⁴ Ludwig Wittgenstein (1889–1951), *Tractatus Logico-Philosophicus*, intro. Bertrand Russell (1872–1970) (New York: Harcourt, Brace; London: K. Paul, Trench, Trubner, 1922); trans. C. K. Ogden (London/New York: Routledge, 1992); trans. D. F. Pears and B. F. McGuinness (London/New York: Routledge, 1994, 2001, 2014).

⁵ Patricia O’Connell Killen and John de Beer, *The Art of Theological Reflection* (New York: Crossroad, 1994), x.

and that/ sight becomes this art.”⁶ Maybe this “dance inside my chest” is what leads us to search for “the meaning to which we belong.”⁷ And this search points us to something bigger than ourselves as we ask with Pascal, “Who has put me here? By whose order and direction have this place and time been allotted to me?”⁸

As we already mentioned, our understanding of spirituality weaves together the ontological sense of meaning and the sense of transcendence. This ontological drive toward meaning leads us in a quest for self-knowledge. As we struggle to understand ourselves, we also discover within the structure of our being, a sense of transcendence.

This drive for meaning is most essential in challenging times. Because it is here that we realize how limited our certainty and our control over the circumstances are. Certainty is limited not only because knowledge is limited but also because we do not move from the margins toward the center of understanding God and reality. But rather we are a moving part in a mechanism. We are an intrinsic part of reality, changing it and being changed in return. In this paradigm, the religious commitment is to embrace reality and “make a better society, a safer community, a more compassionate humanity, and better citizens.”⁹

Control, on the other hand, is limited because experience tells us that religion cannot always fix the problem. When the amulet, the ritual, or the prayer fails us, and their purpose to protect us from evil slips from us, we finally discover a bigger God, a God that cannot be controlled by our rituals. God’s way might remain an incomprehensible mystery, but as we give up control, we gain comfort. In embracing this mystery of God, we move away from the linear line of thought that builds a wall in the world, a wall that cuts through the core of our being and separates right from wrong, good from evil, smart from foolish, us from the others. And as we

⁶ Rumi, *The Love Poems of Rumi*, ed. Deepak Chopra (New York: Harmony Books, 1998), 62.

⁷ Siroj Sorajjakool, *When Sickness Heals: The Place of Religious Belief in Healthcare* (Philadelphia: Templeton Foundation Press, 2006), 5.

⁸ Blaise Pascal, *Pascal’s Pensées* (New York: E. P. Dutton), 1958.

⁹ Sorajjakool, *When Sickness Heals*, 18.

understand that we are in the same time and the “wall” is not that solid—that right and wrong, good and evil, smart and foolish, the brother and “the other” are not truly severed—we gain hope for healing and wholeness. We might lose rituals, or claims of absolute truth, and even religion, but maybe this would be our chance to regain a sense of transcendence and a deep meaningful spirituality.

B. Illness, Miracles, and Meaning

In the lonely hours of the night, between tears and pain, between the bitterness of the potion and the unquenchable thirst, on a modern hospital or on a bed of straw under the sky, someone lays awake searching and struggling. This is where theological reflection happens: not in churches or seminaries, but in hospitals and hospices, in nursing homes and mental health institutions. Why? Because illness and suffering play an important role in the quest for meaning.

Pan was diagnosed with germ cell cancer and did not respond well to treatment. The whole family engaged in merit-making rituals with the hope for a cure, and Pan himself became a novice monk. His mom was a strong believer in religious rituals, faithfully practicing them all her life, so it seemed reasonable to expect that gods would be there for her when she needed their help. But despite the prayer and rituals, Pan’s situation did not improve. He begged his parents to let him go, and he finally passed away. He was seventeen-years-old. Pan’s mom became discouraged, and she doesn’t go to the temple as often as she used to. Something went wrong. There was dissonance between her beliefs and her reality. How can one make sense of this?

Pain is a powerful element in spirituality. It creates poetry, music, and art, theology and philosophy, devoted believers and atheists. In the Christian paradigm, pain can be a punishment for sin, or a test of faith. In the Buddhist wisdom, the problem of suffering is at the core of the Four Noble Truths: Life *is* suffering. To be *is* to suffer. We suffer because we have desire. In this paradigm, the way out of suffering is to give up desire, wants, and expectations. Buddhists understand life as a movement from being to nonbeing, it is our desire to cling to life that throws us back into the cycle of birth and re-birth. The only way out of the cycle of suffering is to achieve nonbeing, and that is not an easy task!

As chaplains in the oncology unit, we shared many sacred moments with our patients, and we often listened to them say, “I don’t

know why I have to go through this. But I believe there is a purpose in it. Everything happens for a reason, I just haven't figured what the reason is, yet!"

Prior to traumatic events, we define meaning in relation to all positive and normative elements. Illness, crisis, and trauma challenge this understanding. In our own experiences of trauma and depression, in the midst of intense mental agony, a thought came again and again:

There had better be something good come out of this! Because without something good coming out of it, this pain doesn't make any sense! And without a sense, what reason do we have to go forward?

When there is no meaning and no sense to suffering, life loses its purpose and becomes unbearable. But the opposite is also true: sense and meaning make suffering bearable. This is exactly what Roger Schmidt suggests when he writes:

Sociologist Max Weber (1864–1920) saw religion as a way of investing life with meaning in response to those features of human existence, suffering, evil, and death that are not resolvable in scientific terms. As anthropologist Clifford Geertz observed, religious symbol systems provide a context for making suffering “bearable, supportable, something, as we say sufferable.”¹⁰

After interviewing fifteen individuals with terminal illnesses, Patricia B. Fryback and Bonita R. Reinert wrote: “Finding meaning is particularly important when a person is facing a serious illness, because the illness itself causes permanent changes in life that force a re-evaluation of any previously assumed meaning.”¹¹ When trauma takes over our life, it chases the meaning away. But the need for meaning is ontological, so the lack of it is more unbearable than the pain or the death itself. This is why in the early stages of coping with trauma people often yearn for miracles because miracles normalize life and restore meaning.

A retired minister was diagnosed with cancer, and he became very sad and depressed. He called the whole family together. After reading the story of Jacob wrestling with God (Gen 32: 22–32), he told us:

¹⁰ Roger Schmidt et al., *Patterns of Religion* (Belmont: Wadsworth, 1999), 9, esp. chap. 3, “Tribal Religions in Historical Times.”

¹¹ Chana Ullman, “Cognitive and Emotional Antecedents of Religious Conversion,” *Journal of Personality and Social Psychology* 43, no. 1 (1982): 182–92.

I'm not asking you to pray that God's will be done. I ask you to struggle with God. Just like Jacob did. Never let go. Struggle until God answers our prayer. Never let go.¹²

The longing for a miracle immediately after an incurable diagnosis is an attempt to regain meaning by eliminating the illness and returning to the previous life. At this point, meaning and illness are not compatible concepts, as the pre-illness existential recipe for meaning does not include negative elements. As most people find comfort in believing in an all-knowing and benevolent Higher Power that has everything under control, they expect this Higher Power to act in their favor and to fix the problem.

Another element at play in longing for a miracle in the face of death is the coping mechanism of denial. Elisabeth Kubler-Ross's advice for us is to journey with the sick and dying even into denial, to go where they want to go and to be where they want to be. There can be a deep sense of reality in fantasy. There is much truth to be learned when a dying patient plans her wedding or when a paraplegic discusses a time in the future when he'll go surfing. Fantasy is sacred, and it should be treated as such. It connects us to the basic instinctive root of our being, and, in a sense, forms an integral part of our souls.¹³

When we are broken, fantasy makes us whole. However, believing in miracles is not the same with being in denial. For a person of strong faith, God is God and miracles are possible. But the hardest part to do is to *let* God be God and accept that miracles are as random as cancer is. And when the miracle does not happen, a new journey to find meaning begins, a journey that includes several dueling elements: health and sickness, joy and suffering, and life and death.

C. The Developmental Task in Illness

When my (DCS)—larger-than-life—father became paraplegic at age 60, we first prayed for a miracle. Shortly after that he said, “This is not life!” So he started praying for death. Yet, neither healing nor death came. He lived thirteen more years at home, cared for by my mother. He went through a short denial, a long anger, and a dark

¹² Sorajjakool, *When Sickness Heals*, 29.

¹³ Sorajjakool, *When Sickness Heals*, 29.

depression until he emerged on the other side. He found familiar joys and meaning in nature, ideas, and friends; but he also found unexpected meaning in being the only grandfather my daughter knew, or in being the subject of a documentary which raised awareness about Lyme disease and saved many lives in the process. Shortly before he passed away, my mother asked, “Are you upset with God?” Unable to speak, he shook his head and smiled.

This is the developmental task of illness: the movement from the incompatibility of meaning and illness to their integration; the transition from the existential desire to remove pain and suffering to the experience of finding meaning while suffering. How do we get here? Why do we make this journey? Richard Rice is right on point when he writes, “Because suffering threatens the very meaning of life, an effective response to suffering must help us recover that meaning.”¹⁴ Rachel Naomi Remen adds weight and value to this perspective:

The language of the soul is meaning. We may first discover the soul when life events awaken in us the need for meaning. In serious or chronic illnesses, even people who have never considered this dimension of experience before instinctively reach for a personal meaning in events that have disrupted their lives. Meaning helps us to see in the dark. It strengthens the will to live in us.¹⁵

Yet, maybe, meaning is even more than language; maybe it is the intrinsic matter of the soul. When illness, trauma, and pain threaten life as we know it, we begin to realize that the only unbearable thing here is the lack of meaning. When the miracle doesn’t come and the cancer doesn’t go away, something’s got to give; and the only “disposable” is the old recipe for meaning—the one that takes no bitterness. Integrating “non-being” (non-normative, negative elements) in the new formula for meaning making is an upstream journey.

In our society this might look like driving the wrong way on a freeway. We live in a world of “Miss Universe” and “The Sexiest Man Alive,” a world of excessive positive thinking and extreme

¹⁴ Richard Rice, *Suffering and the Search for Meaning. Contemporary Responses to the Problem of Pain* (Downers Grove: IVP Academic, 2014), 23.

¹⁵ Rachel Naomi Remen, *My Grandfather’s Blessings: Stories of Strength, Refuge, and Belonging* (New York: Riverhead Books, 2000), 28–29.

makeovers, a world where the rich and famous set standards and values, and the poor are always neglected, ignored, and forgotten. Even death has become an opportunity for entertainment: a “show off” and a “show down”. We don’t know how to talk about excruciating pain, about smelly wounds that don’t heal, and bleeding that doesn’t stop. Nor can we talk about losing ourselves as we lose our hair, our jobs, and our hope.

And yet, the man gasping for air in room 11 is the handsome Italian she fell in love with 35 years ago. The barely alive woman in room 6 is someone’s mother and someone’s teacher. The heart attack patient in room 20 bed 2 is a young doctor. And the severely disabled child in room 13 is the apple of someone’s eyes. This is who we are as human beings: forceful and frail, smart and stupid, fearless and fearful, beautiful and broken, all in the same time. When we finally understand and embrace this truth, we may finally discover what Henri Nouwen calls ecstasy:

It is a joy that does not separate happy days from sad days, successful moments from moments of failure, experiences of honor from experiences of dishonor, passion from resurrection. This joy is a divine gift that does not leave us during times of illness, poverty, oppression, or persecution. It is present even when the world laughs or tortures, robs or maims fights or kills. It is truly ecstatic, always moving us from the house of fear into the house of love, and always proclaiming that death no longer has the final say.¹⁶

It is obvious by now that the developmental task of illness is both psychological and theological in nature. “Because suffering is unavoidable, theodicy is inescapable,”¹⁷ writes Rice. In this journey we might be well served by his advice “to identify suffering as a mystery, rather than a problem.”¹⁸ Albert Y. Hsu understands that as he writes, “Despite all our questioning, perhaps there simply aren’t any answers to the why questions. Maybe we don’t know why, and we can’t know why. Maybe that’s all we know.”¹⁹

¹⁶ Henri J. M. Nouwen, *Lifesigns: Intimacy, Fecundity, and Ecstasy in Christian Perspective* (New York: Image Books, 1966), 99.

¹⁷ Rice, *Suffering and the Search for Meaning*, 39.

¹⁸ Rice, 24.

¹⁹ Albert Y. Hsu, *Grieving a Suicide: A Loved One’s Search for Comfort, Answers and Hope* (Urbana, Illinois: InterVarsity Press, 2002), 89.

As we leave behind the unanswerable “Why?” a new question comes along: Who? Who are we? Who is God? Most of us start our journey with an all-loving, all-powerful, and all-knowing God. But when suffering comes along, something’s got to give, and we get to choose our non-negotiable quality of God. Nevertheless, when the amulet, the ritual, or the prayer fail to bring us the miracle we hoped for, it is hard to hold on to the idea of an all-powerful and all-knowing God. Yet, his love is still there, walking with us “through the valley of the shadow of death,”²⁰ giving us strength and peace, never letting us feel alone, or forgotten.

Rabbi Harold S. Kushner, the author of the best-seller *When Bad Things Happen to Good People*, walked this road.²¹ As a Jew he was a carrier of the Abrahamic blessing; as a rabbi, he was a strong believer in an all-powerful God in control of the world. But this theodicy collapsed when his fourteen-year-old son died of an incurable disease. Reflecting on his new-found understanding of the Twenty-third Psalm, he wrote, “It doesn’t say ‘I will fear no evil’ because evil only happens to bad people. It says there is a lot of evil out there, but I can handle it because God is on my side.”²² Later on, the 9/11 events deepened his conviction that “God’s promise is that whenever we have to confront the unfairness of life, he will be with us.”²³

“The discovery that the worst experiences can ultimately enhance our lives, often comes as a surprise”²⁴ for the patient, for the family, and sometimes, even for the chaplain. As I was looking at the fairly young woman receiving chemotherapy, I couldn’t believe the serenity on her face. “What gives you strength?” I asked.

“I am Buddhist,” she answered. “For Buddhists there is a time to be born, a time to grow, a time to get older, get sick and die. If the treatment works, then I get to live longer, if not, then it’s my time to

²⁰ Psalm 23:4.

²¹ Rabbi Harold S. Kushner, *When Bad Things Happen to Good People* (New York: Schocken Books, 1981; 20th Anniversary Ed., 2001).

²² Cited by Kristin E. Holmes, “23rd Psalm Holds Answers to Many of Life’s Questions,” *The Riverside Press-Enterprise* (Oct. 25, 2005): B12.

²³ Holmes, “23rd Psalm.”

²⁴ Rice, *Suffering and the Search for Meaning*, 62.

die,” she said with a smile. “But I’m already a lucky one because I came back as human and I got to live until now.”

She went on to explain that coming back as human meant that she did well in a previous life and accumulated enough merits. Living another life as a human gave her the chance to do better, which meant more merits and better chances for the next life. As I was listening to her, I understood that in the end it does not matter *when* we die, what really matters is *how* we live. A priceless gift from a dying Buddhist patient was given to an almost-living Christian chaplain. As I pondered her answer, Rice’s words came to mind: “Perhaps God is uniquely near to us when we suffer horrendously, and the value of that closeness outweighs the cost of suffering.”²⁵

D. Integration in Behavioral and Social Sciences

It is hard to say what led us to the idea of integration in the first place. Part of it grew out of our professional experience as chaplains as we journeyed together with our patients “through the valley of the shadow of death.”²⁶ Another part was personal experience, theological reflection, and intuition, steeped in our rich cultural and religious backgrounds. As the idea of integration started to take shape, we finally came to recognize its pattern in familiar religious symbols and theological writings, as well as in different theories and research from the field of behavioral and social sciences.

If we look at Freud’s psychoanalytical theory of personality, there is strain, separation, and antagonism everywhere: from the tension between *life instincts* and *death instincts*, to the conflict between inner drives and social demands; from the competition for psychic energy between Id, Ego, and Super-Ego, to the mysterious dance between consciousness and the unconscious.²⁷ Erik Erikson’s psychosocial perspective on development builds on Freud’s developmental stages. Each one of Erikson’s stages start with an existential question, and it is characterized by a psychosocial crisis in connection with a significant relationship. The psychosocial crisis is a battle between two elements, one positive and one negative.

²⁵ Rice, 73.

²⁶ Psalm 23: 4, KJV.

²⁷ Gerald Corey, *Theory and Practice of Counseling and Psychotherapy* (Brooks/Cole, Cengage Learning, 2013, 2009), 64–66.

Infancy –	Trust versus Mistrust,
Early Childhood –	Autonomy versus Shame and Doubt,
Preschool age –	Initiative versus Guilt,
School Age –	Industry versus Inferiority,
Adolescence –	Identity versus Role Confusion,
Young Adulthood –	Intimacy versus Isolation,
Middle Age –	Generativity versus Stagnation, and
Later Life –	Integrity versus Despair. ²⁸

The person who masters each developmental task will emerge from the stage with a virtue that will be carried on all their lives. If the person fails, the struggle is not resolved.²⁹ The biggest challenge according to Erikson’s model is the impossibility to move from the negative side of development to the positive one in the upper stages. The only way to do it is to go back and re-live every failed stage until one masters them all.

The next generation of psychoanalysts that followed Freud, starting with Melanie Klein, formulated the object relations theory. “Splitting”—an essential concept in this theory—describes the organization of mental life in early infancy by a strict separation between “good” and “bad.” As a result, the “objects” that populate the child’s “inner landscape” are rigorously divided into two categories: good or bad (father, mother, siblings, self, deity).³⁰

Freud, Erikson, and Klein weave together positive and negative elements in the tapestry of our being. However, the pattern is black and white; there are no greys, and no integration. Pamela Cooper White on the other hand, is the master of integration. First, she understands human beings as both good and “vulnerable,” made in the image of God, and “inescapably alienated from God.”³¹ She embraces a “relational understanding of persons as multiple, mutable, fluid and always in process.”³² She transforms the transference and counter-

²⁸ See Erik Erikson, *Childhood and Society* (New York: W. W. Norton, 1950, 1985), *Insight and Responsibility: Lectures on the Ethical Implications of Psychoanalytic Insight* (Norton, 1964), and with Joan M. Erikson, *The Life Cycle Completed: Extended Version* (Norton, 1998).

²⁹ Corey, *Theory ... Psychotherapy*, 69–71, 94.

³⁰ Pamela Cooper-White, *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective* (Minneapolis: Augsburg Press, 2011), 52–54, 104.

³¹ Cooper-White, *Many Voices*, 40.

³² Cooper-White, *Many Voices*, ix.

transference into “shared wisdom.”³³ She speaks about “the ambiguities of evil,” and concludes that:

Evil cannot finally be split off from human affairs, not our own, not anyone’s. The depressive position acknowledges the tragic and poignant reality that all seeming opposites, including good and evil (mother, breast, father, me) are finally held together. When splitting begins to be healed and projections are withdrawn and reincorporated into the conscious life, to whatever extent that is fleetingly possible, evil can be understood as a tear in the very fabric of the good itself, and not apart from it.³⁴

In this context,

Our work as clinicians is to facilitate the healing of splitting, whether the narcissistic splitting of emptiness; compulsive behavior and disavowal; or the post-traumatic splitting of projection, terror, and fragmentation—or our own counter transference splitting in the form of trying to remove the speck from our patient’s eye while ignoring the log on our own (Matt7:3).³⁵

In other words, our job as clinicians, chaplains, and pastoral theologians is—ultimately—to facilitate integration. As we turned to research we have found social science studies that support this perspective. One of them is David Karp’s qualitative study documenting the four stages that chronically depressed people go through. Karp studied fifty individuals and concluded that in the first stage that most depressed people think that the cause of their depression is outside themselves (relational context, economic or political circumstances, natural or social environment, crisis, etc.). In the second stage, people realize that their depression even though influenced by the context is not determined by it. They cannot blame it on the context, and it doesn’t go away with the context. In the third stage, the longest one, people look for a cure, researching and trying different psychotropic medications and therapeutic approaches. Finally, most chronically depressed people realize that depression might get better, but it will never go away. With this realization comes a certain sense of acceptance, a deeper spirituality, and a

³³ Pamela Cooper-White, *Shared Wisdom: Use of Self in Pastoral Care and Counseling* (Minneapolis: Fortress Press, 2004).

³⁴ Cooper-White, *Many Voices*, 131.

³⁵ Cooper-White, 131.

feeling of empowerment that makes depression itself more manageable.³⁶

Johnny Ramirez Johnson, Carlos Fayard, Carlos Garberoglio, and Clara Jorge Ramirez studied the relationship between faith and emotions. They asked fifty-eight breast cancer patients to use six basic emotions (three positive in love, joy, surprise; and three negative in anger, sadness and fear) to describe their faith. Most patients (82.9 percent) used positive emotions in relation to their faith; but the most interesting finding is that the negative emotions were also part of the conversation, and this indicates “the need to understand religious faith as a construct that encompasses negative as well as positive emotions.”³⁷

Another qualitative study by Kelvin Thompson, Leigh Aveling, Art Earl, and Sorajjakool focused on the relationship between meaning and chronic pain. For most of the fifteen participants in the study, the initial definition of meaning did not include negative elements but rather was seen as a cumulus of “productive activities and positive relationships.” As the chronic pain settled in, these people experienced multiple losses in meaning making activities and relationships. Medication restored some sense of normality and meaning but also had the unintended consequence of dependency and addiction. As the patients explored the connections between pain, addiction, and unresolved emotions like anger, guilt, or grief, they also started to understand that there is no prescription for meaning. Instead of trying to make their new life fit into the old recipe for meaning, they learned to “doctor” the recipe and create meaning in their present situation. As one patient said, “It’s learning to live life on life’s terms.”³⁸

³⁶ David Karp, *Speaking of Sadness: Depression, Disconnection, and the Meaning of Illness* (Oxford: Oxford University Press, 1996).

³⁷ Johnny Ramirez Johnson et al., “Is Faith an Emotion? Faith as a Meaning-Making Affective Process: An Example from Breast Cancer Patients,” *American Behavioral Scientist* 45, no. 12 (August 2002): 1839–53.

³⁸ Siroj Sorajjakool, Kelvin Thompson, Leigh Aveling, and Art Earl, “Chronic Pain, Meaning, and Spirituality: A Qualitative Study of the Healing Process in Relation to the Role of Meaning and Spirituality,” *The Journal of Pastoral Care and Counseling* 60, no. 4 (Winter 2006): 369–78.

She was a wife and a mother of two young children, and she was dying of cancer. I spoke, and prayed, and cried with friends and family members. But with her, I felt at a loss for words. When she brought God into the conversation, I dared to ask: “Where is God in this story?” She smiled like she was sharing a secret: “I thank God every day that it’s me, not my children.” She was right. She was holding a secret, the mystery, and the wisdom of integration: to be grateful for life in the face of death; to find healing in the midst of incurable illness.

Conclusion

Marilyn McCord Adams writes, “In the crucifixion, God identified with all human beings” on both sides of the horrendous evil. As a victim of horrendous evil, he identified with all the victims, giving them a chance to find meaning in their suffering by sharing in the suffering of God. And as a victim of a “cursed” death, Christ became symbolically synonymous with the perpetrators of evil. This perspective will give the perpetrators a chance to seek and embrace forgiveness, and also to forgive themselves.³⁹

In *Letters and Papers from Prison* Dietrich Bonhoeffer asks “who Christ really is, for us today?”⁴⁰ Bonhoeffer’s answer brings a dramatic change of paradigm. Instead of a God of the unknown, the “God of the gap,” he offers us a God in what we know and experience, a God “at the centre of life, not when we are at the end of our resources.”⁴¹ A God fully revealed in Jesus Christ; a powerless and suffering God, “who wins power and space in the world by his weakness.”⁴² In this context, Bonhoeffer’s “religionless Christianity” is a chance to free Christ from the prison of religion and church and to offer him to the world, not as “an object of religion, but.... really the

³⁹ Marilyn McCord Adams, *Horrendous Evils and the Goodness of God*, *Cornell Studies in the Philosophy of Religion* (Ithaca: Cornell University Press, 2000), 166.

⁴⁰ Eberhard Bethge, *Dietrich Bonhoeffer: A Biography*, Rev. Ed. (Minneapolis: Fortress Press, 2000), 863–864.

⁴¹ Dietrich Bonhoeffer, *Letters and Papers from Prison* (New York: Simon and Schuster /Touchstone, 1997), 312.

⁴² Bonhoeffer, *Letters ... from Prison*, 361.

Lord of the world.”⁴³ Just like Christ, people are also “freed from false religious obligations and inhibitions,” because to be a religionless Christian does not mean to make oneself a “sinner, a penitent, or a saint” but rather “to share in God’s suffering at the hands of a godless world.”⁴⁴ In this context, Christian life is a continuous clash (or balance) between two questions:

1. In what way are we “religionless-secular” Christians?
2. In what way are we the “ecclesia”?⁴⁵

The answer is a call to discipleship and fellowship. It is not a call to special favor, but a call to suffering. It is not a call to power, but to powerlessness. It is not a call to a partial *religious act* or ritual, but a call to the fullness of faith. It is not a call to holiness through separation from the world, but a call to wholeness through “this-worldliness.”⁴⁶ Bonhoeffer’s conclusion is that “Jesus calls men, not to a new religion, but to life.”⁴⁷

At nineteen-years-old she was the single mother of a toddler, and a cancer patient. “How did cancer change you?” I asked. “It made me see more. Before, I never thought about people who suffer. I knew they existed, but I didn’t want to see them. Now, I see them.” The developmental task of serious illness and suffering is a very personal journey. But maybe in the end, we all grow. And as we learn to hold together good and evil, life and death, cancer and kids, chemo and Christmas, our reality grows with us becoming more encompassing. And as our reality expands, and we learn to make meaning from being and nonbeing alike, our lives become richer as our soul and our relationships deepen. And as the soul grows and ripens into wholeness, our inner eyes open toward transcendence, and we discover a different, more personal God—a God who can heal the soul of the incurable patient, a God who stands with us in the face of

⁴³ Bonhoeffer, 281.

⁴⁴ Bonhoeffer, 361.

⁴⁵ Bonhoeffer, 280.

⁴⁶ Bonhoeffer, 369–370, Bonhoeffer admits to have borrowed and embraced the concept of “this-worldly life” from Luther.

⁴⁷ Bonhoeffer, 362.

horrendous evil, a God who loves us with an “everlasting love” that goes beyond sickness, suffering, and death.

The LORD hath appeared of old unto me, saying,
Yea, I have loved thee with an everlasting love:
therefore with lovingkindness have I drawn thee.

Jeremiah 31:3

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Testamentum Imperium—Volume 5—2016

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