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A Theologian's Perspective Upon Illness and the Human Spirit

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A theologian is or ought to be concerned with the "spirit" aspect of human life as it is implied in the notion that human life is at least conceivable as both body and spirit. It is easier, of course, to specify what the body is, for one can literally take the measure of that. To speak of the human spirit, however, requires the use of the language of inference and poetry, more than of quantity and measurement. A person's spirit is appropriately described with the help of such terms as aspiration, duty, gratitude, dependence, commitment, hope — qualities which are rather affective more than quantitative. The poet James Dickey speaks from and to the spiritual sensibilities when he describes "the moon lying on the brain as on the excited sea as on the strength of fields." He goes on immediately, "Lord, let me shake with purpose." ("The strength of fields", 1977). To "shake with purpose" refers to human spirit and its ability to mobilize one's life toward

some desired end — the purposes which each of us claims as our own cause and to us to fashion our lives, sculpt ourselves, to be a certain kind of person. That certain kind of person who is recognizably the self in outward expression of spirit — all those things that comprise the feeling, attending, willing thing that each of us is.

Some people form themselves, or express and nourish their spirit, by reference to a transcendent reality or power whose existence they take usually on faith or, perhaps, only on hope. Thus, the brilliant poet, critic, and translator, Robert Fitzgerald, expressed his spirit in this way in the statement he submitted to the 50th anniversary report of his Harvard class. He said: "So hard at best is the lot of man, and so great the beauty he can apprehend, that only a religious conception of things can take in the extremes and meet the case. Our lifetimes have seen the opening of abysses before which the mind quails. But it seems to me that there are a few things everyone can humbly try to hold on to: Love and mercy (and humor) in every day living; the quest for exact truth in language and the affairs of the intellect; self-recollection or prayer; and the peace, the concentrated energy, of art."

Such a sentiment expresses the spirit of Mr. Fitzgerald; and the "things one humbly tries to hold onto" symbolize the "ultimate concerns" of a person's life. These concerns and this spirit, of course, may never more sorely be tested or shaken than during the trauma occasioned by serious illness. What one really believes or hopes about the self and the world can suddenly or gradually undergo a distressing assault. In consequence, a person's spirit may end up turning in the direction of beauty or ugliness, graciousness or meanness.

I am a theologian. That means that I have chosen to hope for a number of things for which I have no scientifically adduced evidence. It happens that I do not care much if anyone shares the particular hopes I possess. (I have never admired the missionary imperialism of any true believer, even one with whom I might otherwise agree as to substance.) I do for myself, however, hope (in the absence of evidence) that there is some power out there which works for good. I hope that goodness will one day be shown to be sovereign; that there is some meaning to life; that forgiveness is worth practicing and receiving; that kindness, mercy, wisdom, gentleness, courage, and the like, are valid sensibilities to possess and cultivate, even in this world. I might share with many others the hope that health is somehow more "true" and desirable and sustainable in the cosmic perspective than is its opposite, illness. I assume, further, that most people accept most of these kinds of statements as either more or less true or useful, or both.

To possess lively hopes of the sort I have described is not always credible or convenient in today's world. I believe that the human spirit is enhanced by holding hopes such as these, however, and I believe, therefore, that their erosion under the conditions of illness constitutes a grave challenge to the spiritual and physical well-being of women and men. If this be so, then a thoughtful and caring religious response to the spiritual threats of illness

seems desirable. I should like to offer a few instances of spiritual threat and a few examples of possible responses to these threats.

1. Exactly due to illness, an ill person may suffer a powerful "identity crisis". Dr. Irving Cooper, for example, a neurosurgeon at St. Barnabas Hospital in New York City, has written of illness and the seriously ill who must manage a crisis of this sort: "The disease lives in that person; but there is no longer a person with a disease, but a diseased person. The two have become one.... the disease embraces the person, clasps him, they fuse to become the diseased-person. The new person may become more sensitive than before, but he is never, never the same." (Irving Cooper, *Living with Chronic Neurologic Disease*, p. 35, New York: Norton, 1976.) To move from a self-understanding as "well" to that of a "diseased-person" is, of course, to undergo a profound crisis in identity. The emotional components accompanying such a transition can be devastating. For example, the loathing which the healthy feel toward the ill, perhaps at some partly conscious level, is particularly damaging when the ill take upon themselves such a feeling as self-loathing. In a moment of this sort, the soul itself experiences "malheur," in the words of Simone Weil. In her terms, "malheur stamps the soul to its very depths with....scorn and disgust." (S. Weil, *The Love of God and Affliction*, *Waiting for God*, translated by Emma Crawford, New York: Harper and Row, 1973.) She uses the metaphor of a butterfly, pinned forever into an album, to describe the feeling of helplessness before an illness which attacks both body and soul, and seemingly, due to self-loathing, fixes the soul firmly in time and space, trapped with no possibility of movement. The destruction of body, in other words, may proceed directly to the destruction of the spirit.

Another example: Susan Sontag wrote in *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1977) of the destructive self-contempt to which cancer patients are subject, due simply to the adverse connotations of the term "cancer" in the imagination of ordinary people.

Still another example of crisis of identity: James Jones describes in his book, *World War II*, how the honorable wounded seemed, in an uncanny way, to be subjected, even in their own eyes, to a soul-destroying shame over having been wounded, at "being a drag and weight on their outfit." He adds, tellingly, "nor do the wounded seem to be less isolated from each other. Being in the same fix does not make them closer, but even further apart than they are from the well." James Jones, *World War II*, (New York: Ballantine Books, 1975) p. 88.

The point, therefore, is that ill persons may well have fundamental problems of basic identity due to their physical depletions and to the extent that their essential self-contempt is compromised, the stakes of such a predicament may be very high indeed for them. The mutual causality between bodily and (what I am calling) spiritual, well-being or illness, are too obvious to be detailed.

Here religious kinds of responses might be a help. They could occur

along a few lines such as the following:

From a religious point of view, a person's essential dignity does not need to inhere in one's self-concept, or health status, or even in one's emotional state. Rather, from a religious perspective, one's dignity is conferred, imparted, assigned from the deity.

Gandhi, for instance, spoke to the untouchables and he called them "Children of God", for he knew that on their own terms they were worth nothing, but from God's vantage point, they were infinitely precious as His own children.

The prophets of Israel said the same thing repeatedly concerning the impoverished people of the land in their own time and place. The carpenter from Nazareth said that the poor, the "little ones," the outcast, were the ones exactly who were blessed by God.

When the afflicted have little reason to think or feel themselves dignified in their own eyes, they can at least hope to find themselves dignified and valued in the eyes of God.

Someone trained and inclined to help religiously convinced people see and feel a valuation of this sort can boost the self-confidence and thus, the self-esteem of ill persons. To do this would be practical, indeed; but more, from a religious faith, to do so would be an expression of the truth.

Theology, in distinction from various kinds of counseling technologies, is concerned with testing the truth claims which arise from religious faith. At risk of overstatement and caricature, I am attempting to say that some non-religious counselor may endeavor to help an ill person live with some modicum of acceptance of the ambiguities and sometimes the terrors of life. But a theologian is concerned with the possibility that such qualities as, for example, love, hope, trust, goodness, mercy, and the like, are in some sense "true" because standing behind them, so to say, just might be a cosmic lover, a cosmic force for good, or some such, which can really be trusted unreservedly because it is sovereign, *truly*.

Theology, as I conceive it at least, does not aim at obscuring the realities of illness or of suffering. Instead theology points us to a depth and breadth of ultimate reality beyond suffering and death which is more real, more sustaining, more perduring than the suffering one perhaps must now endure. My preferred example of this is the graffiti scribbled on the wall of a sanctuary by someone doomed and then executed by the Nazis: "I believe in the sun when it is not shining; I believe in love when it is absent; I believe in God even when He is silent."

To be able to say that from *within* the extremities of life, suffering, illness, or at the point of death is not childish, nor is it necessarily only wishful thinking. To believe in those things in this world, with one's eyes wide open, might be wishful thinking indeed. But more, to believe those things might well be to believe what is real and true.

I think a religious person is prepared to offer the hope and

encouragement that that kind of attitude is not only practical — as the placebo effect, for example, is practical — but that hope is valid because, according to religious faith, it is warranted by something or someone real and true.

3. The theologian can, in some instances, be a help not only to the ill, but to health care professionals. This can be accomplished indirectly by helping the ill, and perhaps their families, to make a mature differentiation between magic and grace.

I believe that many people are respectful of the efficacy of hope. Yet we are equally respectful for the requirement to honor the self, and others, with a truthfulness based upon valid inferences from hard statistical data. How to keep the door open to realistic hope, and not engender reckless optimism, or presumptuous despair, must surely be a terrible and persisting burden to people in the health care professions. I myself have thought there was a correlation between wild optimism and the belief in magical cures. The figure of Don Quixote comes to mind. One recalls his charming confidence in the magical powers of the mythical "balsam of Fierabras," a wonderful panacea. He says to his dear friend, Sancho, "It not only heals all wounds, but even defies death itself. If thou shouldst see my body cut in two, friend Sancho, by some unlucky backstroke, you must carefully pick up that half of me which falls on the ground, and clap it upon the other half before the blood congeals, then give me a draft of the balsam of Fierabras and you will presently see me as sound as an orange" (I.ii.2).

There are opportunists enough in my profession, and perhaps also in the health care profession, who pretend, at least slightly, to magical healing powers. With or without them, however, we tend not to be respectful of the innocence of a Quixote these days and so are compelled to pursue understandings of tragic things which offer hope on a more realistic and deeply human basis. I believe that the kind of hope to which thoughtful people might be drawn has to do more with grace than with magic. This was displayed to me unforgettably in that spiritual classic, *The Diary of a Country Priest*, by George Bernanos, (translated by Pamela Morris, New York: MacMillan, 1966). In this book, the author manages to bring out the presence and power of grace as a miracle, against the foil provided by an embittered woman whose soul is poisoned by resentment. The woman's life has been wrecked not so much by illness or accident as by the tenacity with which she holds to herself the injustice she perceives has been done to her. Here her soul becomes completely poisoned, closed entirely to the operations of God's grace upon her.

In that great story, however, is another figure. He is dying slowly of cancer, with its ever-present pain. What fills this man's life is not the pain, or perhaps a justifiable despair, but rather his commitment to live out "the everydayness" of what remains to him. He does what he feels obliged and able to do, consistent with his own history, his

commitments, his appointments. At the moment of his death, a friend leans close to him, straining to catch the man's last words. They are: "Does it matter? Grace is everywhere." (p. 255)

A theologian might say that though that man's body was destroyed, yet he saw God. His soul was tried in the crucible of human suffering and by some miracle it emerged purified with the clarity, the integrity, of a gem stone. There is no magic in that story, but there is a miracle in it, and it is the miracle of God's grace and the consequent sanctification of the human spirit. The physical adversity which was that man's lot became the occasion for the emergence of a spirituality which seems to have triumphed over and through his extremity. A story of this sort is not altogether unusual, for we know many who have endured the dark night of the soul and have come through with some precious semblance of greater, more complete humanity. An event of this sort does bear witness to the truth of the enhancement of the human spirit under adversity. A person religiously convicted might precisely in this sense be inclined to speak of a miracle of grace as a manifestation of truth.

A religious person might skillfully point to the reality of a grace that can fill any life with surprising refreshment, and perhaps transformation. One, of course, does not want to speak too glibly of these things, nor does one want to appear to dispense grace as if it were magic, for the two are quite different. One does, however, want to be at least aware of the faith claim that grace *is* present and operative in the world, and that its presence and efficacy somehow in certain contexts, at least, seem self-authenticating and therefore, essentially "true".

I conclude. At its best, religion and some of its various practitioners have sought sincerely to assist people in the wonderful and terrifying business of living and dying. Somewhere between these limits of living and dying are the moments of a person's illness within which a religious man or woman may point — kindly, unobtrusively, with humility — to the hope which sustains and assists people in different circumstances, in various extremities, and which has done so through countless generations. Surely in the absence of the scientifically measurable, one may yet fortify another (who is already religiously convicted) in this hope: that *trusting* in the power of love, generosity, goodness, and the like, and *possessing* at least a conferred dignity and value, one may still live and so one may still die in the presence of grace, i.e., gracefully. To trust in these things and live in this fashion, from a theological standpoint, is more than simply practical. It is warranted ultimately because, to the eyes of faith, it is essentially true.