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The Role of Spirituality in the Construction of the Autonomy and Responsibility of Chronic Diabetic Patients. An Orthodox Priests’ Perspective

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Abstract

This article aims to identify the perceptions of Orthodox Christian priests about the role of faith and religious practices, of spirituality, generally, in the care of chronic patients. In treating chronically ill people, we consider that the concerted actions of those who care about the patient (family, friends) are very important, because they, together with the religious representatives, serve to stimulate the joy of life for the suffering persons and to restore their self-confidence. The chronic condition can cause distortions in the representation of concepts like world, time and necessity, which are seen from the perspective of a transfiguring ethos, transcending time, by the reference to a transcendent reality. Life can be understood as a drama, to which the individual makes specific expectations, both from himself and from their relatives.

In this paper, we aim to identify a Christian ethical perspective (Damian, S., Necula, R., Caras, A., Sandu, A., 2012) in the discourse of the priests, especially of those engaged in missionary work in hospitals, as well as specific healing rituals of Orthodoxy. In the context of this article, we have chosen a particular side of the chronic patient’s construction of the autonomy and the responsibility towards his own health, limiting ourselves to answer the question: What is the role of religion/spirituality and of the religious institutions in the social construction of autonomy and responsibility for the patient with chronic disease?

Private interviews have been conducted with the patients and members of their families, medical specialists in diabetes, medical staff, social workers and focus groups with patients, members of their families, medical specialists in diabetes, family, doctors and orthodox priests. The research done within this study is based on the synthesis of these interviews and focus groups and the data were interpreted using inductive qualitative methodologies.

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In preparing this article, we have been primarily concerned with the opinions expressed by the priests involved in the spiritual ministry of the chronic patients, which were interpreted in conjunction with the views expressed by other categories of professionals involved in the care process, as well as by the chronic patients themselves. The interviewed priests show compassion for the chronic sufferance, while they show particular respect for the diabetic patient. In the healing process, the spiritual help of the Church is prayer, officiating the divine services (Holy Unction, Holy Mass), spiritual help in preparation for fasting and receiving the Sacraments, maintaining courage by relating the person to the sufferings of the Saviour. The priest himself is often considered a tool through which healing is possible, with God's grace.

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1. Introduction

This article seeks to identify the mechanisms by which spirituality influences the social construction of the diabetic patient’s autonomy and responsibility for his own health condition, as they can be identified in the Christian Orthodox priests’ opinions, regarding the role of faith and religious practices, of spirituality, generally, in the care of chronic patients. In treating chronically ill people, we consider that the concerted actions of those who are in the company of the patient (family, friends) are very important, who, together with the religious representatives, serve to stimulate the joy of life for the sufferers and to restore their self-confidence.

The ability to believe may be an important remedy for the healing of both soul and body. The spiritual counselling and the active participation in religious practices can exert a moral and emotional support function for the chronic patient, in the context in which this condition is prolonged. In the case of the diabetic patient, which we will refer further to, the chronic condition is manifesting itself in his entire life, requiring changes in the lifestyle and in the patient’s health behaviour, including a dramatic redefinition of his relationship with the social time and space.

The paradox of modern therapies is that, as the specialist considers himself more objective, more unburdened by the subjectivity of his and his patient’s feedback, they becomes more of a science, but mostly a practice that loses its human contents, overcoming its own field of action. The suffering needs remedies, when they exist, and always needs comforting, empathy and sympathy. The first need of any human soul is the one of sharing happiness, but mostly suffering and fear, with someone. And if the doctor isn’t the interlocutor, if none of the members of the therapeutic team is trained in the art and the science of listening to the patient, he will look certainly for other partners, and the outcome will be the fact that his health and his life will be endangered by their inability, which will be added to the indifference of the first ones (Tudose F., 2007).

While treating chronic patients, the concerted actions of the people in their company (family, friends) are very important; they, together with the representatives of the religious cults, have the role of stimulating the joy of living in these patients and of restoring faith in them. Therefore, the capacity of believing can be one of the main remedies, in order to recover both the soul and the body (Cojocaru et. al, 2011).

Death and loss of health is a drastic limitation of the individual efficiency. The patient, especially the one who is in a chronic condition, experiences this limitation of his existence in a subjective and personal way, in the dimension of his ability to act, the disease being something that may limit his ability to travel, to exercise control over his own life (Sandu, A., 2012). That is why we consider that the chronic condition is a situation that affects the representation of the idea of world, time and necessity.

Religion and spirituality offer another perspective of the disease and also a method of healing, empowering them to the extent in which they become aware that they are solely responsible for their disease, as well as for
their healing process. It determines them to understand that they have the hole responsibility in life for what is done to them, both good and bad (Cojocaru et. al, 2011).

The individual relates to the world as to an order of coexistence, in which he expresses his creative potential, he expresses his freedom, his autonomy, his power to create, his willpower. A simple presence of a chronic disease creates an entire anthropology of health. In this paper, we are especially interested in the anthropological condition of the chronically suffering, especially that in his particular social condition, as it is perceived by the religious ministers. We aim to identify a Christian ethical perspective, as well as the healing rituals specific to Orthodoxy, in the discourse of the priests, especially of those engaged in missionary work in hospitals.

The disposition in the world is a disposition in a plan of necessity, of direct casualty, which is given by the consequences of the individual’s actions, on the one hand, and by the consequences of an original sin, on the other hand. Thereby, illness can emanate from an assumed necessity, in which the subject is assuming his chronically suffering condition.

2. Methodology

The aim of this research is the identification of the mechanisms through which the responsibility for the condition of health and autonomy of the patient with chronic disease is built, during the treatment process, facing his family and the medical (Verzea, D., S., Necula, M., R., 2012), social and religious institutions involved. Our interest is focused on the specific context of the diabetic disease, as a distinct case of chronic disease, but without restricting the study exclusively to this circumstance (Cojocaru et. al, 2011).

In the context of this article, we have chosen a particular dimension of the chronic patient’s construction of the autonomy and the responsibility towards his own health, limiting ourselves to answering the question: What is the role of the religion/spirituality and religious institutions in the social construction of autonomy and responsibility for the patient with chronic disease?

Private interviews were conducted with patients and members of their families, medical specialists in diabetes, medical staff, social workers and focus groups with patients, members of their families, medical specialists in diabetes, family, doctors and orthodox priests. The research carried out in this study is based on the synthesis of these interviews and focus groups, and the data were interpreted using inductive qualitative methodologies.

In preparing this article, we have been primarily concerned with the opinions expressed by the priests involved in the spiritual ministry of the chronic patients, which were interpreted in conjunction with the views expressed by other categories of professionals involved in the care process, as well as by the chronic patients themselves.

The interpretation of the data is based on the social-constructionist paradigm, which involves a process of constant negotiation of the interpretations, on the meaning of the events and their social context, on the context of the diabetic chronic disease, on the one hand, and of the health care system in Romania, on the other.

In this research, we have conducted analyses of a phenomenological and symbolic interactionism type, which have been subordinated to the central paradigm of the study.

3. Discussions

The ethical approval was obtained from the Ethical Commission of Research within the University of Medicine and Pharmacy “Grigore T. Popa” Iași, Romania.

Being a qualitative research, the validity of the research is a local one, with the possibility of creating a theoretical-interpretative model, by an inductive extrapolation of the results. The validity of the data is limited to the discursive universe investigated, namely the diabetes specialists and family doctors in Iași County, but with potential for extrapolation at least at national level, given the similarities in clinical practice in the care of diabetic patients.

Being a qualitative research, the saturation of the sample has been pursued, that is, individual or group interviews were conducted until new categorical structures no longer appeared in the subjects’ answers.
4. Results

The interviewed priests show compassion for the chronic sufferance, while they show particular respect for the diabetic patient. In the healing process, the spiritual help of the Church is prayer, officiating the divine services (Holy Unction, Holy Mass), spiritual help in preparation for fasting and receiving the sacraments, maintaining the morale by relating the person to the sufferings of the Saviour. The priest himself is often considered a tool through which healing is possible, with God's grace.

The inherent being habit is also called religiosity and is defined as “fundamentally, an attitude of respect and attraction to the unseen, and, consequently, the relating to the seen, also showing itself to be a human confirmed feature, and of the humanity, generally. Anywhere and always, the human being was, is and certainly, will be *homo religiosus* (religious man), as he is also *homo faber* (creating man), *homo ludens* (playing man, etc.)” (Vladimir Grigorieff, 1999, p. 9).

5. Individualization and contextualization

Religion and spirituality offer another perspective on the disease and also a method of healing, empowering patients to the extent to which they become aware that they are solely responsible for their disease, as well as for their healing process. It determines them to understand that they have the whole responsibility in life for what is done to them, both good and bad. Pain centres the individual on selfishness, on his own ego, in a dialogue with alterity. On the manner in which the individual realizes this ego-alterity dialogue depends very much the manner in which he centres himself, relating to his own existence, to his own spirituality, to his own relation with God.

“Patients (diabetics) must be approached in a different way, unlike patients with other diseases. Our way of approach (priests’ way) must be adopted, depending on each individual” (Priests Focus-Group.).

The disease, depending on its severity, on what the individual values are, on what he stands for, and on health, as a value - as a spiritual value, as a material value - is considered either a lesson or a gift.

6. The Church’s work for the patients with chronic diseases

The interviewed priests highlight the importance of the Church’s missionary activity. A number of religious canons and spiritual practices are dedicated to the service of suffering people. Their role is to provide spiritual support for the suffering person.

“A diabetic must not attend the whole service, like the other believers, he can take the holy Eucharist before the service. Even the Church has such resources, like the Eucharist for the sufferings. And it is offered in those cases. We met many cases, especially here, in the city, of people who received illness with serenity and hope” (Priests F.G.).

The Orthodox Church has built an entire repertoire of rituals, norms and rules for the spiritual service dedicated to people who suffer. Among them, the respondents invoked the Eucharist for the sick, the Holy Unction, the rule for the chronically ill, such as those with diabetes, to be exempted from the obligation to prolonged fasting, in order to receive the Holy Eucharist, etc. Among the results of these Sacraments and religious works, the following were invoked: the acceptance of the disease with serenity and hope, almost like a personal martyrdom, up to the strengthening of the faith and hope in spiritual healing. The strength of faith allows Christians to endure disease and disadvantages more easily. In the Orthodox rite, there is an important practice of spiritual labours, mentioned in the Philokalia, by which, the Christian who has started on the path of prayer, gives up carnal passions and, by obedience to the Church, is on the path of humility, in search of salvation. Disease and suffering can be interpreted as portents of humility, by reporting to the divine omnipotence and to the hope in the healing received from God, or rather madness, rebellion against undeserved suffering, understood as divine punishment.

“Many people are participating at the Sacrament of the Holy Unction, at the Holy Liturgy and many of those, who have a special spiritual life, confess that many times it is easier for them, that they got used to it, that they administrate the insulin themselves, that they prepare their own dietary food …” (Priests F.G.).
The afterlife is an exceeding of the momentary, an exceeding of the daily, an exceeding of what is here and now, to a universe of hope in a redemptive power, or it is exceeding of the momentary, by continuing the sufferance.

“The Church works with a divine energy, which we call God’s grace and which is a measurable reality and which heals, where there is a strong faith and brings an improvement in each one’s condition, because God’s grace manifests as joy in man’s life and this makes us realize that the Church offers some real and credible resources, at the same time. But they must be complementary to the work that the doctor makes (Priests F.G.).

The Church’s work is the result of God's grace and the healing is the result of the Holy Spirit’s intervention. The interviewed priests underline the faith’s strength, which can lead to healing or improvement of the suffering. But the spiritual work cannot be deprived of the collaboration with the doctor, with bodily care, since God's grace is working through them, towards healing.

“A man came to me once ... he was shocked by the news that he was sick, because he had never been sick in his life and he hadn’t had any treatment and now, he had diabetes in a very advanced stage, in which he had to administrate insulin two or three times. He asked me to help him, because he could not get over it. psychologically He said that he went to a psychologist, but he still needed something. Then, I confessed him, afterwards I gave him the Holy Eucharist, and I told him to read the Akathist of Saint Parascheva, every evening, to try to talk to Saint Parascheva and to explain his problem to her, after reading the Akathist, to talk to her as if he were addressing a man ...” (Orthodox priest).

One of the priests highlighted the importance of spiritual speaking. The believer, after saying prayers to God and to Saints, can directly address a prayer in his own words, explaining his situation to the Saint or to God, speaking as if he spoke to a man. This is a specific ritual practice of the early centuries of the Christian Church, and also specific to the mystical hesychast Christianity, in which the purified soul talks with God. Basically, the priest recommended the believer to have that simple and full faith of telling his troubles directly to God or to saints, in the hope that they will hear and bless him with the grace of God.

“This gave him determination and an inner peace. Then he began to come more often to Saint Parascheva, and even after a period, he came and said that he began to feel well and he started to know God, because he did not know Him. Namely, he began to rediscover the image of God within man, and then he found the resource of the human body regeneration, that is within us. It is the image of God within us, the presence of Christ through Holy Confession. And what is the Holy Confession? It is the mystery by which we confess and undress ourselves of all sins, through the priest’s forgiveness, which comes from Christ. A Christian who was sick, when I read the prayer of absolution of sins, he said that there was something like a blanket with many stones on his head, and I lifted it. After that, he was freed and began to fight differently ...” (Orthodox priest).

The interviewed priest stated that the sufferer has obtained a special peace, a relief of the suffering and began to know God, in the form of Christ’s presence within the human being and in the religious mysteries. It is meaningfully to show the sensation of healing, after the participation to the Sacraments, as a blanket that wraps the believer during the prayers and then lifts up and, with her, the spiritual burdens, metaphorically described by the term of stones. Another gift, which the prayer and the sacraments offer to the believer, is the power to fight pain, revived by the faith in God’s help.

7. Priest - doctor cooperation

“Regardless of our spirituality, we are not professionals in medicine. I think medicine should be allowed to be practiced by physicians and spirituality and priesthood, by priests. If a man has a diet prescribed by the doctor, I do not think it is appropriate... we have no right to change it, as we believe...“ (Priests F.G.).

The cooperation between the doctor and the priest should be based on mutual respect and on the understanding of the importance of the patient’s both bodily and spiritual healing. In the case of the diabetic patient, the diet indicated by the doctor should not be generalized, but neither discredited by the priest. If the believer wants to follow the orthodox fasting, additionally to his diet, he is free to do so, but if not, it should not be required,
precisely because the point of the fasting is to spiritually cleanse the believer, but without creating health problems.

“When someone comes and tells you that he wants to fast you can not restrict it and tell that the doctor didn’t tell him to do so. We do not generalize fasting.

…When someone has a diet prescribed by a doctor and he wants to keep it, he wants to respect it because his doctor told him to do so“ (Priests F.G.).

Both doctors and priests mutually recognize their importance in the process of care and the limits of their own skills. Between the representatives of the two professions, there is an established process of cooperation most often, for the benefit of the diabetic patients.

“There is a great collaboration between doctors and the priest, in the hospital. There is no day that they do not send me to patients who are agitated, who do not want to take their medications, who want to leave the hospital ...” (Priests F.G.).

8. "The complementarity of physical – spiritual care"

The complementariness between physical and spiritual care is also mentioned by respondents.

“The doctor’s work and the priest’s work must be used complementarily. It is an essential work. Man can’t develop this capacity of faith nowhere else other than in relation with the Church. We all know now that, as man breathes, he has the ability to believe. If he develops it or not, it depends on each one“ (Priests F.G.).

The ability to believe is seen as a natural given of the human being, like breathing. It must be developed from a simple potential to a characteristic of the person. Thus, it is seen like other abilities and predispositions of human beings, which, though innate, are developed in the process of socialization. Regarding faith, it can only be developed in close connection with the Church, the interviewed priest considered.

“I try (me, the priest) to determine sick people to trust doctors, because doctors were mentioned by Christ. There is a comparison that doctors are for hospitals and sick people, just like redemption is for sinners. I have heard a quote that I liked: the doctor is Christ's hand, which heals” (Priests F.G.).

The bodily work done by doctors is interpreted in spiritual terms, the priest being Christ’s hand, which heals.

“I sat next to doctors when I was at the hospital, and when they were coming out of surgery or treatment they said that they did what they could and henceforth they leave the patient in God’s care” (Priests F.G.).

The respondents indicate that, in most of the cases, the cared diabetic patients feel a peace of mind when they respect the orthodox fasting and its rigors, though apparently it adds a number of endeavours, in addition to the specific diabetic lifestyle.

“I had a case of a woman who had had diabetes for 50 years, Mrs. O. B., who died at 80. When I met her, we only had discussions, I didn’t confess her, and I asked her, when the fasting was about to begin, how would she be able to observe the whole period of fasting, considering her disease and her diet. And she told me that she had an experience with a priest, 50 years previously, who, after forgiving her for making many abortions, told her to respect all the fasts, as long as she would live. She had diabetes for 50 years and she had respected all the fasts, until she died. Although everybody was telling her not to do so, in order to improve her state of illness, she was telling them that fasting is not difficult for her, but a real difficulty is the lack of patience. Because diabetics are very irascible, they always need a moral support, someone to support them” (Priests F.G.).

9. Priest-doctor cooperation in the care process

Contrary to the common idea, in practice, Orthodox priests who participated in the research require their spiritual sons to seek and follow medical advice and doctors recommend patients to benefit from the spiritual care offered by the priests.

“When a doctor can’t be found in many villages, the major role of the priest is that he should guide that patient to a hospital, to a doctor ...“ (Priests F.G.).
There are situations when the physician-priest cooperation is poor, especially in rural areas. The deficient treatments and the lack of medical services bring the patient to the priest, but not as it should be, as a physician-priest collaboration. The patient is actually left in the care of the priest, when medicine has nothing left to do, or when there are no longer resources to treat him, the patient's only hope being a divine miracle.

“... But there are villages where there is no collaboration with the priest, and the doctor comes with pills and sells them at exorbitant prices. There are cases in which there is a collaboration, but there are cases when there is no collaboration at all and, because the doctor is in the bar smoking and drinking, and there is nothing we can do” (Priests F.G.).

10. The therapeutic role of prayer

The inherent being habit is also called religiosity and is defined as “fundamentally, an attitude of respect and attraction to the unseen and, consequently, the relating to the seen, also showing itself to be a human confirmed feature, and of the humanity, generally. Anywhere and always, the human being was, is and certainly, will be homo religiosus (religious man), as he is also homo faber (creating man), homo ludens (playing man, etc.)” (Vladimir Grigorieff, 1999).

The appeal to religion is used frequently to manage stress, health issues thus having an important adaptive role, accelerating recovery and diminishing depression. The involvement in religious activities is associated with positive emotions and a higher quality of life, with a lower consumption of alcohol and forbidden substances and with a lower rate of criminality. The involvement in religious activities is associated with a lower rate of cardiovascular diseases of the participants, with a higher life expectancy and a lower mortality rate, with a slowdown of the cognitive degradation, caused by aging or by Alzheimer (Koenig, 2009).

“Prayer has this effect, of generating an inner peace, a settlement. It is the one that gives someone confidence that he can go further, that generates an atmosphere of stability in the social space in which that person operates” (Priests F.G.).

The man-God communion, the theandria, (Ghideanu T., 2007), is the spiritual archetype of the self communication, which generates the ultimate meaning of the Christian life, namely salvation. The Christian is communicating himself in prayer and in the Sacrament of Confession. At the same time, God communicates Himself through the mystery of His Son’s Incarnation, the mystery in which God is made visible, and the presence of the Holy Spirit makes possible the knowledge and love of God.

“The participation to the services is not only a time of spiritual charging, it is a moment of communion with others, because there, the suffering man meets another who is in his situation, and who communicates his sufferance. Then, it greatly reduces his sufferance, talking to someone who is in the same situation with him or talking to a person who was healed, maybe finding someone in the same ecclesial space, who found a method to overcome the disease…” (Priests F.G.).

11. The role of the Church in the help given to the chronic patients, in order to understand the actual existence of sufferance, from the perspective of the eternal existence, in God's kingdom.

Orthodoxy is not a pessimistic religion, par excellence, in which the Christian must carry the cross of his own existence. On the contrary, the Christian rejoices in the perspective of the salvation, in the resurrection of Jesus Christ (Bloom A., 2007).

“For those who are in this situation of chronic disease, the Orthodox Church comes with some means it provides, as follows: it offers you, first of all, the priest’s person ...... After that, the Church comes with prayer” (Priests F.G.).

The communion with God is an anthropological bridge between the theology of vocation and the theology of humility, which is manifested in terms of direct social action. The anthropological restoration and the assistance of the fellow suffering is the key of the practices covered by spiritual counselling and social theology. Orthodoxy
does not recommend a life in the pursuit of happiness, understood as selfish pleasure, but a pursuit of the
Happiness that we share in the kingdom of heaven, in Jesus Christ.

“Every priest inspires the sick person with the idea that it is his duty to fight for his own life and, of course, he
comes with the accessories” (Priests F.G.).

12. From psychological counseling to spiritual counseling, for patients with chronic diseases

Theology should be practiced, based on the love of our neighbour. This love involves the understanding of the
neighbour as a living icon, as the image and likeness of God.

“The psychological counselling is very important, namely the continuous discussion with the priest or other
persons who can transmit a positive thinking to the chronically suffering man” (Priests F.G.).

The Christian counselling practice, conducted in a “deficiency paradigm”, by which the neighbour is seen as a
prey of vices, despair and desolation, is contrary to serving God, through the serving of our neighbour.

“Diabetes occurs due to that infernal stress that is all around us, and unfortunately, diabetes is multiplying
among priests. Many do not say, they do not speak and serve very difficult” (Priests F.G.).

“Psychological counselling, but I would say spiritual counselling, through frequent confession, to release the
evil thoughts that fill the sick human’s mind with despair and discouragement, gives him that boost, that you are
with him and that he is not alone with his disease. I think that this is the main idea with any patient, but
particularly with the diabetic patient” (Priests F.G.).

Spiritual counselling involves the empathic understanding of the believer and a shared spiritual experience, in
which the priest is with him in fasting, in overcoming spiritual labours that appear in the Christian life:

“There is a great mystery for every spiritual son, because the priest is praying, there is an emphatic
relationship. Perhaps the priest who confessed and counselled him is fasting, at the same time as the spiritual son
does, or maybe, as long as the sick man form the hospital carries his cross, the priest decides to take a bit of this
cross, too” (Priests F.G.).

From the Christian point of view, suffering is a result of sin, its role being to correct the believer’s life, by
searching spirituality:

“At first, they do not accept at all, but after doing the catechesis and the presentation of all these cases: the
healing of a sinful man, the healing of the blind child who had no sin, he realizes that he might be a case like that.
Through this suffering, God loves me” (Priests F.G.).

The spiritual healing must accompany the healing or the improvement of the physic suffering. Failing that, the
experience of suffering does not fulfil its spiritual mission:

“He is catechized and spiritually healed, he sees you there with him, sitting next to him and sympathizing with
him…” (Priests F.G.).

13. The theological meaning of life

The chronic condition can cause distortions in the representation of concepts like world, time, and necessity,
which are seen from the perspective of a transfiguring ethos, transcending time, by the reference to a transcendent
reality. Life can be understood as a drama, to which the individual makes specific expectations, both from
himself and from their relatives.

“Church has some values that it promotes and one of the values is related to the preservation or the support of
human life and then, based on this value, every priest is required, when a dying or sick person comes to him, to
ask him to fight for his own life, in order to perpetuate it” (Priests F.G.).

Religiosity, as a state of mind, and the practice of religion, as social action is the particular context in which
individuals relate differently to their own life, dramatizing it, accepting it in a hedonist manner, and formulating
particular expectations from the members of the social networks that they belong to.
In many chronic and debilitating diseases, which lead to the individual’s loss of mobility and the loss of ability to interact with the social environment, the patient is forced to acknowledge the existential condition of limited being.

"From a spiritual point of view, every moment of life means very much in the economy of eternal life and I will give you an example, which we all know. The thief on the cross, the thief on the right side of Jesus Christ, should he had killed himself while he was in prison, would have not had the opportunity of meeting the Saviour Christ and to obtain eternal life. Based on this, every moment of life means another chance for every person to gain salvation ..." (Priests F.G.).

14. The spiritual causality and the redefinition of suffering

Despondency is considered a sin against the creative divinity, and therefore, one of the roles of spiritual counselling is to determine the Christian to understand his condition of limited creature, but at the same time, to consider himself as God’s spiritual son and to understand that despondency should be replaced by the hope of salvation.

“...It is a meditative sadness. He wonders whether he is sick or not. He is still not convinced that he is suffering from diabetes. And, if this diagnosis is confirmed, he falls into despondency, and he does not know to whom he should relate himself...” (Priests F.G.).

Freedom, regarded as absolute, appears like the privilege of God. The human experience of freedom takes shape through the existence of limits, within which the freedom experience is accomplished. The affirmation of the individual’s identity and, with it, of his freedom, is made subjectively by the experience of limits and differences. The category of freedom, experienced subjectively by the individual in dealing with his own limitations, generates a conduct of self determination (autonomy), or one of obedience (heteronomy) (A. Sandu, 2012).

The individual’s confrontation with his own finitude, expressed as disease or death, represents such an experience of the limit.

“When he finds out the shocking news, you must shock him and tell him that there is someone who can cure him and that you would be by his side, to search for him. I met a man, named Petru, who had gangrene at his left leg, which needed to be amputated, but he was a diabetic. He didn’t believe in God, but after a three months sufferance, in the hospital, he said that he wanted to reconcile with God. I sent someone who confessed him and gave him the Holy Eucharist. He died one month later, because he suffered a heart-attack, but from that moment, he experienced infirmity and pain differently. He told me that he felt like someone was helping him and, when pain was unbearable, someone was making it bearable. He even died happy” (Priests F.G.).

The Orthodox priest highlights the role of the divine pedagogy of suffering and disease. A Christian must understand that certain secrets will remain hidden to his understanding, but this should not make him rise against the divine work.

“Miss A. had an accident, and many pieces of her body had to be taken out: the spleen, a piece of the liver, a piece of the colon, etc. The problem was that she had been living in concubinage with her future husband for six years. And after the recovery, she went home to the same situation, but she had another accident. I told her that God has a divine pedagogy, and if they didn’t get married, this would happen again, because this is the consequence of their sins” (Priests F.G.).

15. Christ, archetype of the suffering. Disease, as following of Christ

The archetype of any sufferance is the martyrdom of Christ, crucified for the forgiveness of the sins of humanity. Accepting sufferance can be seen as a following of Christ and the disease becomes a personal martyrdom.

“Christ’s sufferance is brought to climax and then, all of those who suffer can find, meditating on this issue, a strong spiritual support in the solidarity with Christ” (Priests F.G.).
The spiritual living is fulfilled, not only in the solitude of the hermit, but also in the world, together with the family and with the members of Christ's Church.

“It is absolutely sure that such a case, when a person suffers from a chronic disease, can cause many changes in the relationships between family members. These changes can be either positive or negative. If the family has a strong connection with the Church, those changes can be positive, because the Church has a very clear message about the attitude that a Christian must have towards someone who is suffering, and that message is found in the criteria of the universal judgment, at the end of the world (Priests F.G.).

The missionary role of the Orthodox priest for sick people is derived from our Saviour’s example:

“One of the six criteria is: I was sick and you came to me; and, in the image of that suffering man, in theology, we see that it is Christ, Christ who is suffering with those who suffer. In fact, we see that Christ is the archetype, the most powerful model of a person who suffers” (Priests F.G.).

Conclusions

In this context, the study highlighted the role of the Church in the acceptance of the chronic condition, as a sacrifice, from the perspective of the search of Christian life and of the accession to the promise of salvation. The disease can be a pre-chamber of the Afterworld, a foretaste of the happiness from the afterworld, or a foretaste of the sufferance, in the afterworld.

If the disease can be lived as a personal martyrdom, it can also be lived like a waiting state of a future glory, in the hope and in the redemptive faith in Jesus Christ or, on the contrary, in an agonizing pain and in a permanent Hell, not just in the afterworld, but even in this world.

References