

“MY GOD, MY GOD, WHY HAVE YOU FORSAKEN ME?”

THE CHRISTIAN IN THE FACE OF PAIN

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Abstract: A traditional approach to pain and the Christian is a theology of the cross. In this article I aim to re-examine this approach and to look at the dangers of short-circuiting its theology. The experience of pain will be considered in the light of the cross with the help of Psalm 22 and other scriptural texts. There are a number of stages or reactions on a Christian's journey of suffering or way of the cross. I will adopt Adolphe Gesché's framework as a starting point in analysing the process of attribution of religious meaning to suffering, revising it in the light of more recent writings and personal reflections. Thus the following framework will be offered as an interpretative key to the pain-filled "why?": pro Deo (a plea on behalf of God), contra Deum (against God), ad Deum (an appeal to God) and cum Deo (with God).

Key Words: pain, suffering, Christian, theodicy, chaplaincy, prayer.

As he lay on his death-bed, a French cardinal said to a visiting priest, "We speak beautifully about suffering. I myself have preached on it glowingly. Tell the priests not to speak about it. We don't know what it is." (Stinissen 1999). That introduction should probably have made this the shortest article ever written on the spiritual dimension of pain and suffering. Discussing the Christian in the face of pain and suffering is a challenge to be approached with great caution. Pain is an experience, which either serves a purpose or not. But in either case, the person who has the pain should be the first point of reference in our theological reflections and pastoral responses, otherwise our words of consolation, our attempts to bring hope and support, will all ring hollow. That is what that cardinal was trying to express. He now knew a side to extreme pain, which was the real acid test for all the fine words that he had read, studied and preached himself.

A traditional approach to pain and the Christian is a theology of the cross. In this article I aim to re-examine that approach to pain and to look at the dangers of short-circuiting its theology. If we bluntly tell the patient with cancer of jaw to unite his sufferings with Christ's for the salvation of the world he may well tell us where to go (Cf. Col 1:24, Rom. 8:17, 2 Cor. 4:7-15). Fine scriptural words;

but like any short circuit, they might succeed only in blowing a fuse rather than consoling the patient. It is hard to agree with "Smile, God loves you" when your body is racked with pain. I will therefore look at the experience of pain in the light of the cross with the help of Psalm 22, "My God, My God why have you forsaken me?", and other scriptural texts.

I would define pain as the experience of something negative, which either has a positive or negative effect on the person. Suffering, on the other hand, is almost exclusively a negative experience of a pain which seems to have no further use or justification. (Selling 1990) In a medical context, suffering as the negative existential interpretation of the raw, physical reality of pain, is the starting point of the ministry of the hospital chaplain to the suffering patient. For the purposes of this paper I will be referring to the Christian with serious pain where the pain no longer serves as a positive warning of danger to the health of that person. To pain, the natural response is "Ouch!"; to suffering the human response is "Why?" Our task is to explore the why.

In the case of spiritual care, as with any form of treatment, "a diagnosis or assessment is needed for responsible and effective treatment." (van der Poel 1998). Hospital chaplains need to find out how the

patient is hurting and where he or she is along the journey of suffering (For the purposes of brevity, when referring to the patient I will henceforth use the masculine only). Only in this way can our pastoral care be truly caring. There are a number of stages or reactions on a Christian's journey of suffering or way of the cross, but before looking at them, let us look briefly at some background to the start of that journey.

"To be ill is to be lonely. A network of previous relationships is brusquely broken: professional relationships, friendships and soon, even family relationships." (Depootere 1990). Illness with a high pain factor creates a further barrier of isolation, because it is something that only the patient feels. Moreover, with competition and productivity being central to contemporary society, unproductive life is marginalised. Our world fosters the myth of independence. But that myth of utter self-reliance is shattered by serious illness, because it shows how fragile we and our independence really are. Nevertheless, as it has been drummed into us that we must be useful, independent people, the patient feels that he is a burden or, in the words of some people I have looked after, "just a waste of space". So there is an experience of isolation, abandonment and rejection on the level of human relationships.

What about the believer's relationship with God? Pastoral care of the suffering patient involves "fostering processes of personal integration in a totally new situation." The Gospel and the community of believers play a part in that integration. But each patient, being unique, approaches the question of faith in a different way. So key to pastoral care of the suffering patient is the 'diagnosis' of what kind of religious meaning the patient ascribes to his suffering.

The attribution of religious meaning to suffering can be analysed according to different models. Elizabeth Kübler-Ross' description of the stages of dying, while helpful, was not directly intended to cover suffering in its entirety and treats the religious meanings of suffering only indirectly (Kübler-Ross 1969). As a result, instead I shall use Adolphe Gesché's framework as a starting point, revising it in the light of more recent writings and personal reflections.

Gesché (Gesché 1986) describes five moments in the process of integrating suffering, which he designates with classical terms: *contra Deum*, *pro Deo*, *in Deo*, *ad Deum* and *cum Deo*. These are possible interpretative keys to the pain-filled "why?" Nevertheless, it is important to remember that this is simply a general framework and not to be considered a definitive chronological chart. The relationship between the sick, suffering person and God is very variable. There can be a number of reactions flashing through in quick succession and so it would be unwise to consider the process of religious integration of the painful "why" as simply a linear, irreversible progression (Depootere 1990).

A Plea on Behalf of God

Contra Deum for Gesché is the first reaction of the suffering believer, but in fact, it may not be the immediate and most obvious response. The personification of the innocent believer, Job, does not grind his teeth and wave his fists for quite some time after the onset of his extreme suffering. (Job 1:21-22). Rather than doubting or shouting, straight away, a plea on God's behalf (*pro Deo*) might be the believer's first approach to suffering. "Faced with the negative aspects of life, a believer does not attack God directly" at first. So the *pro Deo* moment could be expressed as "despite suffering, the believer pleads on God's behalf."

There are two varieties of *pro Deo* reasoning. The first exonerates God because he is a fair Judge or Lawgiver. The suffering person, though innocent, searches for guilt in his own life. This is a negative kind of theodicy: God is not responsible for suffering; human beings are responsible through sin, which deserves punishment. This approach is proposed by Job's friends, who argue that God is just and so Job must be guilty, even if he does not know why: Job 5:17 (Eliphaz): "Happy indeed the man whom God corrects."; 8:3 (Bildad): "Can God deflect the course of right?"; 11:14 (Zophar): "Renounce the iniquity that stains your hands." Chaplains encounter this negative image in phrases such as, "why did I deserve this?" However, Depootere notes that "such a vision does justice neither to God nor to humans". It is not the image of God we find in the Gospel nor in Job, who challenges God to prove that He is not 'a watcher of men' (7:20) but their 'Redeemer' (19:25-27)." The New Testament shows Jesus as against the view that pain,

suffering and death are a divine punishment for sin. Instead, he sought out the sick and needy, laid his hands on them, and healed them, thus reintegrating them into society. He never attached any moral label to the sick. The man born blind is a prime example (Jn. 9:1-40).

Attaching this punitive meaning to suffering is also unfair to humans, since it does not make sufficient distinction between suffering that can be fought and suffering that lies beyond all human possibilities of control. This can lead to unnecessary self-torture, since everything is considered deserved punishment.

For pastoral care, two elements of the *pro Deo* attitude can be noted. Firstly, the sick person thinks that a believer has to “protect” his God and so takes the guilt upon himself. The patient may then also “protect” the chaplain by sticking to pious phrases and verbal padding. Only slow or little progress can be made if the patient holds in the mental pain and anguish. Secondly, the *pro-Deo* response is in the third person: the patient speaks “about” God, he pleads “for” God rather than “with” or “to” him. If that third person relationship is replaced by an I-thou relationship, it will have a very positive effect on the problem of guilt, deeply interwoven as it is with the image of God as Judge. However, questions of guilt need prudent handling, since brushing aside a patient’s guilty conscience with placatory remarks instead of allowing him to express it will do him no favours. The image of a retributive God can be deep-seated in a patient. Retribution as a link between guilt and suffering offers an orderly system, which gives those in despair a certain control over uncontrollable reality. Furthermore, this outlook is also supported by some trends in Christian spirituality. (Depootere 1990, 221)

In the second version of the *pro Deo* attitude, “people remark that personal guilt does not offer a sufficient explanation [for] suffering. At the same time there must be some link between God the Creator and suffering, but this link exists without any bad intentions on God’s part. So they acquit God as the supreme Educator [rather than Judge], who intends something good in the pain and suffering that is being experienced.” The theme of conversion, or growth through discipline is found in both the OT and NT (e.g. 2 Mic. 6:12 Wis. 3:4-6 and Heb. 12:6-8). This interpretation of suffering is a more positive form of theodicy: God testing his friends and re-

warding endurance. Many Christians throughout the ages have been comforted and encouraged by it and so this view does not necessarily lead to resignation or to denial, but can lead to hope. Some people can learn from suffering; it can be a stimulus to growth or creativity. In some cases suffering and pain can function as an alarm giving a warning before something worse happens. Suffering can also break open a purely selfish life.

But despite these educational benefits, this vision of suffering might still not be enough for a particular believer to come to terms with his intolerable pain. Firstly, if he is still talking about God in the third person, there is no relationship to support the burden, and so the image of a testing God will be not be that of a loving Father training his child, but rather a bully who stretches you to see when you will snap. Secondly, if all pain and suffering were to be reduced to a test from God, the question immediately arises why so many appear to fail the exam? Some may grow by suffering, but the risk of not growing at all is just as high. Some people are strengthened by suffering, but many become broken or embittered. Furthermore, often there seems to be no decent proportion between excessive suffering and any educational outcome. For instance, do you pay for the deepening of your life by watching your child suffering terminal cancer?

At times a punitive interpretation of the theology of expiation has been used to explain the problem, as if God had to be appeased by the death of his Son and the suffering of human beings. However, if pastoral workers take this stance, their pastoral care is at best reduced to some kind of abstract pity and sick people are required to smother their feelings because everything has an ultimate meaning, beyond their reach or understanding.

Kübler-Ross’ comments on denial have some bearing here. She suggests that denial, to which the *pro Deo* vision is related, is a rest period in the processing of suffering. She advises counsellors to allow the sick person this break. Thus in terms of religious integration, it may be at this stage that the question of God and suffering becomes too heavy for the patient and he brushes away the problem saying, “God knows best. He doesn’t mean bad things.” If by such comments the sick person indicates that he is not willing or ready to discuss it, a period of rest should be granted. We should pay sufficient atten-

tion to the patient so that we can spot when the patient wants to go on with this process of integration.

Complaint against God

A second reaction in the process of giving meaning to suffering can be called *contra Deum*: against God. *Contra Deum* is the opposite of *pro Deo*, but they blur into one another. "Blaming oneself easily turns into blaming God. Accusing God gives the faithful feelings of guilt. Self-torture and aggression differ from one another only in direction. Both *pro* and *contra* relate suffering to God, but the manner is different. In *contra Deum* [...] God is not defended, excused or justified; he is accused or even eliminated." (Depootere 1990, 224).

Contra Deum is most clearly seen in its atheistic version: because evil exists, God does not exist. But it is a cry directed just as much against suffering as it is against God. Often it is a cry more against a certain idea of God than against God *per se*. Thus *contra Deum* is not exclusively atheistic. Clearly, if there were no pain and suffering it would be easier to believe, so when someone asks: "Why did I deserve that?", the *pro Deo* is not far from a *contra Deum*.

Explicit or implicit atheism, let loose by human suffering, often stems from unfulfilled high expectations of God. The chaplain is involved here, too. For example, "Father came and prayed, yet I'm still getting worse".

Kübler-Ross' phase of aggression and revolt is relevant here. She notes that the aggression of the sick person is often directed to those most involved: the family and staff. But when this aggressive attitude develops into a pure revolt against God and everyone else, the patient runs the risk of becoming completely isolated. People get angry with a God of punishment and retribution. Yet they feel they ought not to be angry with him because he is God. So they hate both God and themselves and are left all alone. This situation is a difficult challenge in pastoral care, as attempts to persuade the patient that the image of God is wrong are useless. The problem of the sick person is clear: a disappointment with a certain view of God that is so mixed up that reasoning is a waste of time.

Kübler-Ross and others recommend that feelings of aggression be tolerated for the patient's good. Yet most ministers are orientated towards the positive; they want to pass over the negative side of life and help immediately and effectively. Jeffry Zurheide (Zurheide 1997), a Baptist pastor describes this as "Sunbeam" visitation, where you must always leave the patient smiling. "Nevertheless, tolerance of the shadows can initiate a process in which light can be rediscovered. The chaplain then functions as an intermediary. By means of this non-condemnatory closeness, the patient experiences security and dares to face the entire situation step by step." (Depootere 1990, 225) Thus the pastoral worker acts as a living example of a new relationship with God.

Chaplains in this context may feel they have to defend God. But then the conversation with the sick person turns into a battle and more attention is paid to the arguments than to the patient. God does not need this defence and the patient is certainly not helped by it. When a patient experiences anger and knows that he is nonetheless accepted as a person, rather than given up by the chaplain as a lost cause, then perhaps he might move on to another level of reaction, namely that of direct contact with God. The patient begins to talk to God instead of just speaking about him. This opens a door to a different experience of suffering.

An Appeal to God

A third way of ascribing religious meaning to suffering can be entitled *ad Deum*. Here the question of suffering is directly addressed to God himself. *Pro Deo* as well as *contra Deum* focus on the "why" of pain but, in doing so, they keep suffering and God at a distance. *Ad Deum* starts when the person no longer closes his eyes to suffering. At once a different God emerges: the living God, whom the patient is now willing to face and challenge. The preceding attempts to make sense of suffering spared God. All of them tried to resolve the opposition between God and misery by keeping God apart from suffering. This is true even when he was considered the "cause" of it all because this cause never became a real You; he was never a living opponent. *Ad Deum* instead sees the development of a real relationship between God and the sick person. Here, the patient moves from discourse "about" to talking "with" God. His speech "encompasses all possible states: questioning (why, God?), challenging (where are

You, God?), accepting (Thy will be done, Lord) imploring (deliver me, God). *Ad Deum* is a faithful *contra Deum*". *Ad Deum* changes a shapeless problem into a direct address and a cry for help, since in whatever way the patient speaks to God, in doing so he is affirming his belief in his presence.

And so to Christ's cry for help in the words of Psalm 22, "My God, my God, why have you forsaken me?" Whether Jesus recited the first line of Psalm 22 fully, or said something shorter addressing God the Father, or the inclusion of this line was the result of Christian reflection on the death of Jesus, Psalm 22 has something to say about Christ's experience of pain. Raymond Brown (Brown 1994) comments, "those who exalt the divinity of Jesus to the point where they cannot allow him to be truly human interpret away this verse to fit their christology. They insist that Psalm 22 ends with God delivering the suffering figure. That may well be, but the verse that Jesus is portrayed as quoting is not the verse of deliverance, but the verse of abandonment - a verse by a suffering psalmist who is puzzled because up to now God has always supported and heard him." It would be wrong to say Jesus despaired, because he still speaks to "my God", but it should be acknowledged that Jesus felt the full force of a sense of abandonment in his pain, thus fully experiencing the human condition.

Psalm 22 includes many of the elements going into the expression of *ad Deum* prayer leading to further union with God in suffering. The psalm asks God, "Why? Why now, when you helped me in the past?" (vv. 1-12). It describes the feelings of the psalmist (a worm, not a man, v.6). It begs God to come close and addresses him as "my help" (vv. 11,19), pleading with God to deliver him (v.20). Finally it reaches a sense of deliverance, which leads the psalmist to praise God and encourage all the nations to do the same, because God did hear; he did answer when the suffering one called. (vv. 23-32, hinging on v.24) This progression flows from the honesty and openness of the psalmist, saying what he feels and telling it as it is to God. This is key to growth in trust and growth through suffering. The pain may still be there but the suffering may be less because of the suffering person's being with God.

Being with God

If the sick person and the bystanders, including the chaplain, permit or facilitate this cry to God, a new moment of meaning may appear: *cum Deo*, with God. (Depootere 1990, 228) Gesché says that *cum Deo* consists of an experience of solidarity: God raises the problem of suffering himself and does so through the humanity of his Son, who suffered and died for us. But God has not only shared the passion of Christ, he also empathises with the sufferings of every human being and bears their misery with them. Thus God is in solidarity with and stands by his suffering people. However, if we stop there, we are left with an image of a helpless God, and God does more than sympathise or empathise. "His solidarity is not merely affective. It is effective." He intervenes, striving with men and women against the victory of evil and suffering over us. This means a formal break with previous images of God. Instead of the cause, he is the adversary of evil, pain and suffering. God's solidarity, first discovered as compassion, is thus revealed as active assistance: he acts, with us, against suffering. He makes the burden light through love. The victory over suffering and death is Easter and because of that Easter hope he does not simply accompany us: he raises us up. In the *cum Deo* moment, the absurd and punitive viewpoints are overcome and there is the knowledge that God is with the suffering person in compassion and care; that the person as part of the body of Christ is united intimately with Christ the crucified and risen.

It is the task of the Church as a whole, Christ's body, to continue Christ's work of salvation in the world. Members of His body do that from where they find themselves. Thus the sick, suffering patient who is *cum Deo* can be and is part of that salvific work, since "Christ is present and suffers in everyone who is afflicted. He wants to accompany each person on the way to eternal life. Therefore the sick person is in a very real sense a sacrament of Christ." The pain-filled sick should be invited by the faith community to open their eyes and hearts to the already present Lord and to place their confidence in him. In their honest trust in God in the midst of affliction the sick can bring people closer to God. They need to be enabled in order to serve their brothers and sisters. They need to be raised up in order for them to raise us up. That is why our prayer and chaplaincy work is so necessary and valuable.

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