

## HOPE IN SUFFERING

11

**Purpose:** To investigate a biblical view of suffering

**Objectives:** After reading this chapter and completing the exercises, you should be able to:

1. Describe the biblical explanations of suffering
2. Explain the views of suffering in eight religious traditions
3. List four cautions when seeking relief from suffering through alternative therapies
4. Communicate realistic hope in the midst of suffering

**Keywords:** suffering, hope, mystery, religion, alternative therapies

In a moment of despair, Joe Collins took a shotgun, placed it in his mouth and pulled the trigger. He intended to blow his brains out. Instead he lost half his face. All that remained was one bulging eye, two holes where his nose should have been and a mouth opening only big enough to hold the cigarette that constantly dangled from his lips. A heavy cloud of gloom hung over his head. Joe Collins was my (Judy's) first patient. Our assignment was to "talk to patients." But Joe couldn't talk; he merely grunted occasionally. He was faced with extensive reconstructive surgery to give him back the life he didn't want to live. Joe's suffering overwhelmed me. I could not even look at him, much less carry on a conversation. I made his bed, scrubbed his bedside table until it shined, filled his water pitcher and tried to ask a few questions he could answer with a grunt. "How can a just and loving God allow people to suffer?" is the age-old question that confronts every nursing student as soon as clinical experience begins. Theologians call this question *theodicy*. Although Joe's physical suffering was self-inflicted, many other cases followed that were harder to understand—a twenty-three-year-old mother of a newborn, dying of ovarian cancer; a pediatric

unit filled with hydrocephalic infants and toddlers dying of leukemia; an esteemed former professor paralyzed and brain-damaged from a stroke.

The questions loom larger when suffering comes closer to home—your mother is suddenly stricken with a myocardial infarction; a brother is killed in an automobile accident; your position at work is dissolved and you find yourself unemployed. You no longer just ask, *Why?* Now you implore, *Why me?*

Several years ago, as my father-in-law sat slumped in a wheelchair after years of struggling through the effects of a series of strokes, my husband asked him, "Pop, do you ever ask God, *Why me?*" My father-in-law, a retired pastor, had spent his life in dedicated service to God and other people. He deserved a better end than this.

Pop looked at his son and, with great effort, answered, "No, the proper question is, *Why not me?*"

Suffering is a great mystery. It doesn't make sense to us. Our culture concentrates time and attention on avoiding suffering. And when it becomes impossible to eliminate the suffering, many decide to remove the suffering person through euthanasia. Such action flies in the face of the Christian hope.

Christians certainly don't have all the answers, but we can trust the God who does. The Bible and church history give us some helpful insights into suffering—insights that do not solve the dilemma but at least make it more bearable. Interestingly, the early Christians who suffered intense persecution and oppression did not ask the *theodicy* question.<sup>1</sup> That came later, as Christians had more leisure time to spend in reflection. Instead of asking why, the first-century church concentrated on supporting the sufferer (1 Pet 4:12-15; 2 Cor 8:1-2; Gal 6:2).

Our culture, on the other hand, has convinced us that we deserve what we get. That philosophy is fine as long as we are healthy, affluent and successful. But it rapidly fails when debilitating illness, unemployment or failure strikes unexpectedly. Even Christians, who trust in God's grace, may subtly assume that a person must have done something wrong to deserve the problems that come—just as Hindus believe that suffering comes from bad *karma*. That is not a Christian perspective.

### ***The Mystery of Suffering***

Suffering remains a mystery we cannot fully explain, but God has given us some hints about it, and we can summarize what we do know.

*First, suffering came into the world through sin.* Suffering was not part of

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<sup>1</sup>Stanley Hauerwas, *Naming the Silences: God, Medicine and the Problem of Suffering* (Grand Rapids, Mich.: Eerdmans, 1990), p. 49.

God's original creation, but he gave us the freedom to disobey him, with suffering as a result of that disobedience (Gen 1-3). Therefore, all people, as well as all of creation, suffer (Rom 8:18-39). Although some suffering is the direct result of an individual's sin (for example, wounds from violent behavior, sexually transmitted diseases from promiscuity, addiction from substance abuse), we cannot automatically blame an individual for his or her suffering. (In 9:1-7; Job 1-2). Most suffering comes from factors over which we have no control. Satan causes some suffering (1 Pet 5:8-9; Rev 2:10), and involvement in Christian ministry often brings suffering (2 Cor 6:4-10; 2 Tim 1:8). Suffering is part of life. We can expect it. Rather than ask "Why me?" we should wonder, "Why not me?" (1 Pet 4:12-19).

*Second, we can be assured that God is involved in our suffering.* God lovingly walks with us in our suffering (Is 43:1-7). He suffers for us (Lk 22:1-71; 23:32-49; Heb 4:14-16). Through the death and resurrection of Jesus Christ, the power of sin was broken, so that one day suffering will cease entirely (Rev 21:1-4; Is 35:1-10; 53:1-12). In the meantime, God gives us the privilege of suffering for him (Phil 1:29). He uses suffering to refine, mature and discipline us (Is 48:9-11; Heb 12:3-13; 1 Pet 1:6-9). He demonstrates his power and love in the midst of our suffering (2 Cor 12:7-10).

*Third, we can respond to suffering in faith.* Our own suffering equips us to help others who suffer (2 Cor 1:3-11; Rom 5:1-5). We join together with the body of Christ, the church, to care for those who suffer either physically or spiritually (Mt 25:31-46; Lk 10:1-12, 25-37; 1 Cor 12:26).

*Finally, we endure suffering with patience and hope, trusting in God's compassion and mercy (Jas 5:7-11).* Although suicide or euthanasia may seem to be a way out of suffering, they are not acceptable to God (Ex 20:13; Num 11:15; Job 3:11-13; Jer 20:14-15; Phil 1:19-24). Suffering remains a mystery that cannot be fully understood or controlled (Job 1-2; 42); however, we can trust in God's unlimited love and compassion (Lam 3:22-24).

### *Suffering in Other Religions and Belief Systems*

Other religions hold different views of suffering. As nurses care for people from different religious traditions, they should be aware of some of the major views.

#### **A Biblical View of Suffering**

- Suffering came into the world through sin.
- God is involved in our suffering.
- We can respond to suffering in faith.
- We can trust God's compassion and mercy.

The descriptions below are general, and a nurse caring for persons of these religions will want to do more in-depth study, as well as learn from the patients themselves. Not only do these views of suffering apply to professed adherents of other religions and cultures, but many of these ideas have become common within our culture and even permeated the understanding of some Christians. Table 11.1 shows the belief systems in direct relation to one another.

**Table 11.1. Suffering: A View from Other Religions**

Religion	Cause of Suffering	Response to Suffering
Hinduism	Bad karma created in previous existence.	Resignation to fate in this life while trying to create good karma for the next life. Release from the cycle of life to nirvana with loss of individual identity as the goal.
Buddhism	Desire and attachment to people and/or things.	Acceptance of the Four Noble Truths and following the Eightfold Path to eliminate desire and finally to achieve enlightenment and loss of individual identity. Mahayana Buddhism values compassion.
Judaism	Suffering is a fact of life. Why an all-powerful and all-loving God allows suffering is a problem. Why the innocent suffer is a problem. Weakness is a cause of suffering for secular Jews.	Forsaking sins and developing character is sometimes the response. Remaining strong. Adherents work to prevent and relieve human suffering.
Christianity	Same concerns as Judaism. Evil entered human experience following the Fall.	Knowing that God suffered for and with humanity in Jesus Christ. Jesus conquered death and suffering, he is with us in suffering, and he will return to rule in the New Earth. Adherents work to prevent and relieve human suffering.
Islam	Suffering is a fact of life. Allah is compassionate and all-powerful, and suffering is not outside his power.	Submission to the will of Allah. Voluntary suffering is sometimes meritorious. Almsgiving presents a social way to relieve suffering.
Animism (Spiritism)	Curses, magic, witchcraft, etc. lead evil spirits to cause sickness and other distress.	Placating or diverting the spirits by means of charms, amulets, potions, rituals, etc.
Secular Humanism	Entering the natural chain of cause and effect either through lack of knowledge or stupidity.	Knowledge gained through science is the way to gain control in the chain of natural cause and effect.
New Age Mysticism	Wrong thinking, including wrong commitments to others, causes suffering. Or it may result from imbalance of energy or life force.	Psychological techniques to detach the self from wrong commitments and wrong thinking, e.g., meditation and yoga. Movements to manipulate energy achieve balance and relieve suffering.

*Hinduism.* In Hinduism, suffering is viewed as the result of bad *karma* or destiny created in a previous existence. In other words, the sufferer is paying for something done when he or she was another person or creature. According to the doctrine of *samsara* (transmigration) all life goes through an endless succession of rebirths. Hindus teach that the appropriate response to suffering is

resignation to one's fate while, at the same time, trying to create good *karma* for one's next existence. Release and liberation from the wheel of life (*moksha* or *mukti*) comes when one realizes that his or her individual soul (*Atman*) is identical with the universal soul (*Brahman*). The only way to finally escape suffering is to lose one's individual identity in the universal soul or the Absolute, a state of bliss called *Nirvana*. *Nirvana* is achieved by detachment from the finite self and attachment to reality as a whole.

The Hindu sees three basic approaches for achieving *Nirvana*, or salvation. (1) Salvation by knowledge (*Jnana Yoga*) is acquired by listening to the sages and the scriptures, practicing meditation by turning awareness inward, and realizing the *Atman-Brahman* identity. (2) Salvation can come by devotion (*Bhakti Yoga*) to a particular manifestation of God (Brahma the creator, Vishnu the preserver, and Shiva the destroyer and his wife Kali), and hope to break through to a union with God. (3) Salvation by correct works (*Karma Yoga*) is gained by performing ceremonies, sacrifices, pilgrimages and other good actions without attachment of desire for their rewards. All of these methods may also include *Raja Yoga*, an involved technique of meditation that includes control over the body, breathing and thoughts.<sup>2</sup>

Because Hindus view suffering as the result of *karma*, they may respond to illness or loss as something that they deserve. Hindu patients may suffer silently and seldom complain of pain.

*Buddhism*. The Buddhist sees suffering as the result of human desire and attachment to people and things. The goal of each Buddhist is to attain *Nirvana*, a release from suffering, desire and the finite self. In *Nirvana* there is no enduring self, but a total awareness and total being leading to enlightenment. Buddhism is built on the Four Noble Truths: (1) Life is full of pain and suffering (*dukkha*). This is especially evident in birth, sickness, decay, death, and the presence of hated things and separation from loved things. Even the forces that hold life together (*skandas*) are full of suffering. These include the body, senses, thoughts, feelings and consciousness. (2) Suffering is caused by *tanha*, the desire or thirst for pleasure, existence and prosperity. (3) Suffering can be overcome by eliminating these cravings. (4) This elimination occurs by following the Eightfold Path.

The Eightfold Path is a system of therapy designed to develop habits that will

<sup>2</sup>Kenneth Boa, *Cults, World Religions and the Occult* (Wheaton, Ill.: Victor, 1990), pp. 19-20. Also see David Burnet, *The Spirit of Hinduism* (Tunbridge Wells, England: Monarch, 1992), pp. 71-85, 190-204; and George W. Braswell Jr., *Understanding World Religions* (Nashville: Broadman & Holman, 1994), pp. 31-34.

release people from the restrictions caused by ignorance and craving and lead to purification of consciousness or enlightenment. It consists of (1) right knowledge (the Four Noble Truths), (2) right aspirations (intentions), (3) right speech, (4) right conduct, (5) right livelihood (occupation), (6) right effort, (7) right mindfulness (self-analysis) and (8) right meditation.<sup>3</sup>

There are two main divisions of Buddhism: Greater Vehicle (*Mahayana*) Buddhism and Lesser Vehicle (*Theravada*) Buddhism, in which the ways of achieving *Nirvana* differ. Most Buddhists today follow Mahayana Buddhism, in which the ideal is to become a bodhisattva, one who concentrates on reducing the suffering of others. There is less emphasis on the withdrawal and meditation that characterizes Theravada Buddhism, and more on sacrificing oneself out of compassion for living beings. By meditating, though, the aspiring bodhisattva realizes that nothing we see has genuine reality and that the real nature of things is empty. Meditation is seen as the way to a mystical nondualistic experience of reality in which there are no distinctions and no self.<sup>4</sup>

Most cultural Buddhists simply believe that life is suffering, so it must be accepted without complaining. Buddhist patients may hesitate to report pain or express emotion. However, they appreciate a nurse who shows sympathy and persistently seeks to relieve their suffering.<sup>5</sup>

*Judaism.* Jews accept the reality of human suffering. The question raised in the Hebrew Bible (the Christian Old Testament) concerns the distribution of suffering: *Why do some people suffer and others not?* (Job 21:7-16; Ps 94:3-7). Why do the wicked not suffer when those who try to keep faith with God do? God is both compassionate and all-powerful, so why does this injustice occur? Suffering is sometimes explained as punishment for sin and other times as a means of testing character and faithfulness. But this does not explain all suffering. The Bible also speaks of a radical intervention by God in human affairs in which undeserved suffering will be made right by the coming of a Messiah to set up God's kingdom.<sup>6</sup>

Many modern Jews hold a more secular view of suffering that emphasizes the need to survive it with courage and dignity. Because of the extreme suffer-

<sup>3</sup>Boa, *Cults, World Religions*, pp. 31-33; see also Braswell, *Understanding World Religions*, pp. 52-58.

<sup>4</sup>Ninan Smart, *Worldviews: Crosscultural Explorations of Human Beliefs* (New York: Scribner's, 1983), pp. 105-7. For nursing implications see "An Asian Patient: How Does Culture Affect Care?" *Journal of Christian Nursing*, summer 1991, pp. 4-9.

<sup>5</sup>Jeanette Yep, "An Asian Patient: How Does Culture Affect Care?—A Family Member Responds: Please Understand Us," *Journal of Christian Nursing*, summer 1991, pp. 6-8.

<sup>6</sup>John Bowker, *Suffering in the Religions of the World* (Cambridge: Cambridge University Press, 1970), pp. 5-40.

ing throughout Jewish history, many Jews today hold that they must be strong to defend themselves against further suffering. Some of them still look forward to a coming Messiah who will lead them to freedom and peace, while others maintain that only human efforts will reach these goals.<sup>7</sup>

*Islam.* For Muslims, suffering is to be expected as a part of living. God (Allah) is viewed as all-powerful and compassionate. Because Allah is all-powerful, everything that happens, including suffering, is under his control. The proper human response is to submit to the will of Allah in all things, including suffering. Suffering is sometimes viewed as punishment for evil, but more often as a means (instrument) of developing character. In some cases, voluntary suffering undertaken for God is seen as meritorious.<sup>8</sup> At the same time, there are social means for attacking suffering through alms-giving (*zakaat*). There is a day of judgment in which each person's deeds will be weighed on a pair of balances to determine the person's destiny. Heaven is a place of sensuous delight and gratification.

The Five Pillars of Islam are the main religious practices. They are (1) reciting the *Shabadab*, "There is no God but Allah, and Mohammed is his prophet," aloud several times daily; (2) praying prescribed prayers (*salat*) five times a day; (3) alms-giving (*zakaat*); (4) fasting during the month of Ramadan by not eating or drinking anything during the daylight hours; and (5) going on a pilgrimage to Mecca (*Hajj*) at least once in a lifetime. A Muslim must also be a good spokesperson for the faith.<sup>9</sup>

It would be important for nurses to provide opportunity and privacy for Muslim patients to pray at the proper times and to observe fasting during Ramadan when medically permissible.

*Animism.* Many people in almost every culture believe that spirits animate, or live in, all things, both the living and the inert. This folk belief may be the primary religion of its adherents, but it underlies or coexists with many other religions as well. These spirits are associated with cures, magic and witchcraft. The response to suffering is to find ways to placate the spirits or direct their attention away from the sufferer. Such techniques include charms (magic formulae), amulets, secret potions, rituals and dances.<sup>10</sup>

<sup>7</sup>See, for example, Darrell J. Fasching, *Narrative Theology After Auschwitz: From Alienation to Ethics* (Minneapolis: Fortress, 1992).

<sup>8</sup>Bowker, *Suffering*, pp. 99-136.

<sup>9</sup>Boa, *Cults, World Religions*, p. 71; Braswell, *Understanding World Religions*, pp. 111-12.

<sup>10</sup>David Burnett, *Clash of World: A Christian's Handbook on Cultures, World Religions and Evangelism* (Nashville: Thomas Nelson, 1992), pp. 57-68. For nursing implications, see Hsin-chun Mao and Li-ling Yang, "Understanding the Spiritual Needs of Chinese Patients," *Journal of Christian Nursing*, fall 1994, pp. 39-41.

Nurses may find that patients who think illness is caused by evil spirits will wear amulets or little sacks of herbs around their necks to ward off the spirit. They will not want to remove them. It would be important for the nurse to listen carefully to how an animist patient understands the cause of their suffering and take their concerns seriously. They may also attribute physical illness to spirits, and so believe that taking prescribed medication will not help.

*Naturalism.* For the naturalist, suffering is purely the result of natural causes. Humans suffer either because they do not yet know how to avoid the natural chain of cause and effect or because they step into the chain by their own poor choices. The response to suffering is to learn how to get control of the natural chain of events through science. When that is not possible, some advocate taking control of one's own death to eliminate suffering.<sup>11</sup>

Naturalists will seek medical care and usually follow the prescribed treatment. They may also seek assisted suicide when suffering seems overwhelming.

*New Age.* New Age spirituality usually sees suffering as the result of wrong thinking (imperfect consciousness) or unnecessary commitment to other people or material concerns. New Age philosophy draws from many traditions and religions, but especially from Westernized and romanticized Hinduism, Buddhism, Taoism and Theosophy. *Monism* (the belief that all is one) usually surfaces as the most central belief. New Age philosophy decries dualistic thinking for separating the creature from the Creator, good from evil, the seen from the unseen and matter from spirit. Self is viewed as the prime reality, so that as human beings expand their consciousness, they can transform themselves. Barbara Blattner, in her text *Holistic Nursing*, states, "People are responsible for their own bodies and minds. They can choose sickness or health. They have control over their lives and minds, their bodies, and their health."<sup>12</sup> Hence, people who suffer have chosen to do so.

New Age techniques for relieving suffering are drawn from energy manipulation and mind control, which are based on a monistic worldview. They may also use occult practices, attempting to control and manipulate the spiritual world. Many New Age thinkers appeal to Jungian psychology and quantum physics for explanations of the efficacy of their modalities.<sup>13</sup> Since they believe

<sup>11</sup>This philosophy found its ultimate expression in the assisted suicide campaign outlined in Derek Humphrey, *Final Exit* (Secaucus, N.Y.: Hemlock Society, 1991); Derek Humphrey and Jack Kevorkian, *Prescription Medicine: The Goodness of Planned Death* (Buffalo, N.Y.: Prometheus, 1991).

<sup>12</sup>Barbara Blattner, *Holistic Nursing* (Englewood Cliffs, N.J.: Prentice-Hall, 1981), p. 25.

<sup>13</sup>See, for example, Victoria E. Slater, "Toward an Understanding of Energetic Healing," parts one and two of *Journal of Holistic Nursing*, September 1995, pp. 209-38, and Deirdre Davis Brighman, *Imagery for Getting Well: Clinical Applications of Behavioral Medicine* (San Francisco: Harper & Row, 1984).

that dualistic thinking overburdens people with guilt and stress, various psychological techniques are used to rid them of guilty feelings. However, because they see no distinction between life and death, and pain and happiness, assisted suicide becomes an option for ending suffering.

### *Searching for Healing Techniques*

What, then, can we do to relieve suffering? Are any alternative therapies "safe"? Can we incorporate into our nursing care practices based on other religions? Jesus admonished his disciples to be "wise as serpents and innocent as doves" (Mt 10:16). As Christians practicing in a pluralistic health care system, we need to heed his advice. Every new technique must be carefully evaluated, not only for its effectiveness but also for its philosophical underpinnings (see appendix for guidelines). At the same time, we can trust God to protect us from being unknowingly led astray.

Some Christians believe that they can use certain alternative techniques by adapting them to a Christian understanding of their effectiveness. Others adamantly shun all practices that have any hint of Eastern or occult roots. At times we need to humbly agree to disagree when strong differences of opinion occur among Christians regarding holistic techniques. However, we are still responsible before God to be both wise and faithful. While some alternative therapies are just basic common sense—good nutrition, rest, relaxation, human touch—many of these therapies can lead those who practice them into idolatry.

Suffering often drives people to turn to alternative therapies out of desperation. They are willing to try anything, and sometimes the techniques *do* seem to bring temporary comfort. Christians may let down their guard when they see patients respond positively to various complementary approaches. Psychologist Elizabeth Hillstrom provides some helpful insights into why these therapies appear to work.<sup>14</sup>

First, they may be conferring actual physical benefits in ways that are not yet apparent to scientific inquiry. Research has shown real physical benefits of some herbal remedies, acupuncture and acupressure. It has not been able to demonstrate *why* they work, but it does suggest, for example, that these therapies may cause the body to release endorphins. Some alternative therapies may also bring real physical improvements indirectly through reducing stress and giving hope, love and a sense of meaning and empowerment.

In many cases, people attribute healing to alternative therapies when it is actually due to the body's ability to heal itself. Hillstrom quotes doctors as saying

<sup>14</sup>Hillstrom, *Testing the Spirits*, p. 193.

that 80 percent of physical ailments they treat would resolve themselves without treatment. Some benefits from holistic treatments can be attributed to placebo effect. Placebo effect has an actual physiological basis. It causes the body to produce endorphins, which reduce pain and worry, allowing the immune system to function more effectively. The beneficial effects of emotional support and the communication of caring and concern can also aid in healing.

If these were the only effects of alternative therapies, we could easily incorporate them into Christian nursing. However, there are problems involved. Some apparent healings are fraudulent and trick people into thinking they are healed. This can have devastating effects when the "healed" person stops taking essential medication or discontinues life-sustaining medical care. Furthermore, many holistic alternative therapies turn to occult spiritual beings for their power. Hillstrom warns that participating in these activities may well be flirting with the demonic, and we must keep in mind that God has strictly forbidden seeking help from the spirit realm.<sup>15</sup>

### ***Finding Hope in Suffering***

Instead of looking to esoteric fads for healing techniques, we have a wealth of resources in our Christian heritage to bring comfort and healing to those who are suffering. Physician David Larson cites numerous research studies to document that "not only can religious beliefs help patients to cope with their illness, but a patient's religious commitment has also been found to be associated with improved clinical status and outcomes."<sup>16</sup> In fact, regular church attendance turned out to be a significant factor in maintaining lower blood pressure rates in twenty studies conducted over thirty years.<sup>17</sup> Corporate worship, prayer and Bible study have been shown to positively affect both physical and mental health.<sup>18</sup>

Sister Rosemary Donley outlines three distinct approaches to suffering within the Christian tradition. Interestingly, these approaches have been the heart of nursing from its beginning, and are second nature to most nurses.

The first spiritual response is compassionate accompaniment. . . . The

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<sup>15</sup>Ibid., pp. 164-170.

<sup>16</sup>Mary A. Greenwold Milano and David B. Larson, "The Research Shows: Religion Is Healthy," *CMDS Healthwise*, fall 1995, p. 7.

<sup>17</sup>Susan S. and David B. Larson, "Warning: Research Shows Religion Is Good for Your Mental Health," *Christian Counseling Today*, October 1993, p. 28.

<sup>18</sup>David B. Larson and Susan S. Larson, "Clinical Religious Research," *Christian Medical and Dental Society Journal*, summer 1992. Also see Mark Hartwig, "For Good Health, Go to Church," *Focus on the Family Citizen*, June 21, 1993, which has extensive endnotes of research cited.

compassionate person need not offer meaning or alleviation. Rather the "other" offers a quiet sharing of the experience and helps the person to sustain the burden of the suffering. . . . They are motivated by the belief that, through their presence, the suffering person may experience the presence of the Lord from whom nothing can separate us. . . .

To search for meaning of personal and communal suffering is a second type of spiritual response. . . . When suffering is endowed with the glorious role of bringing a person closer to God, the person experiences relief even when the suffering itself remains. . . .

The third, and perhaps most dramatic expression of a Christian response to suffering, is action to remove the suffering itself. . . . However when a Christian response is reduced *exclusively* to action to remove suffering, there is a profound loss.<sup>19</sup>

The Christian tradition does not emphasize one approach to suffering over the others, so our task becomes determining the appropriate balance between theological intervention, "meaning giving" and compassionate presence. Donley continues, "Perhaps the ordering that makes most sense in our highly technical environment is an integration of action to remove suffering and its causes with compassionate presence and meaning giving."<sup>20</sup> This results in nursing care that respects the person as reflecting the image of God. Physical healing is an integral dimension of the salvation offered to us through Jesus Christ.

The gospel gives us a clear mandate to provide excellent physical care, but we need not desperately seek a cure for every terminal illness or attempt to preserve biological function at any cost. Sometimes people experience healing in this life; sometimes they find it in the life to come. Christian faith gives us the perspective to realize that life is a gift from God—it is in his hands. This perspective also prevents that sense of hopelessness that sees assisted suicide as an option. However, there does come a time when chemotherapy can stop, when resuscitation efforts are futile and invasive procedures no longer help.

At that point we still have something we can *do*. Christian nurses continue to offer hope in the face of suffering and death through compassionate presence and meaning giving. Such intervention is not an *imposing* of personal beliefs on a vulnerable patient, a concern expressed by many nurses. There is no sense of manipulative proselytizing, but simply sharing the good news of Jesus Christ. For the Christian, a vital relationship with God gives strength not only to the

<sup>19</sup>Rosemary Donley, "Spiritual Dimensions of Health Care: Nursing's Mission," *Nursing and Health Care*, April 1991, pp. 179-80.

<sup>20</sup>Ibid., p. 182.

suffering person but also to the nurse who provides that compassionate accompaniment and meaning giving. When we find ourselves looking for quick fixes for suffering, whether in technology, alternative therapies or "assistance-in-dying," we need to pull back and examine our faith commitment. Sometimes we gain the faith and strength to care for others through our own experiences of God's faithfulness in suffering.

### ***Learning from Experience***

It doesn't take long before we learn that the Lord does not allow us to profess understanding without giving us firsthand experience. The prophet Jeremiah spent time in a cistern; the apostle Paul ended up in prison; Jesus went to the cross. The truth of Romans 5:3-5 echoes throughout the pages of Scripture and into our own lives.

We . . . rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us.

There are no shortcuts to hope. Several years ago I (Judy) experienced the confusing specter of the health care system from the other side. As I faced a series of painful procedures, major surgery and the strong possibility of cancer, powerful emotions stormed my physical and spiritual being. And I, the strong and rational one who cares for others, fell apart.

Suddenly I found myself surrounded by the remarkably supportive community of the body of Christ. People began to pray. Friends called and prayed over the phone. Colleagues stepped in without hesitation to fulfill responsibilities I couldn't handle.

In the meantime I began to cry out to the Lord. I felt guilty that I was so scared. Where was my faith? Amazingly no one else asked that question. They just let me express my fears, listened and cared. Each morning I would awake around four o'clock, tormented by the what-ifs. My devotional times stretched to two hours. I would begin reading the Bible, fixating in Psalm 16, pouring out my fears to the Lord; then I would promptly fall asleep. I would then awake feeling at peace. It was as if I were curling up in the lap of my heavenly Father, realizing that whatever happened, he would be with me and in control.

Gradually I began to see the good gifts of the Lord in the midst of my anxiety. Delays with tests and procedures, which at first seemed frustrating, provided time and opportunities to grow and experience the love and support of

caring Christians. A visit from one friend, a Christian nurse, was a particular turning point. She asked me, "Are you afraid of dying? If so, we can talk about it." And as we talked, the fears began to lift. Suffering was beginning to produce endurance.

The object of my hope began to shift. No longer was I caught up in the immediate worries about the surgery and possible diagnosis, or even the practical concerns of whether I would live to see my children grow up, but a deep sense of the Lord's love enveloped me. When the fears began to well up again, the words of the hymn "God Will Take Care of You" began to drift through my head. Tears flowed as I realized the truth of those words. Even if I did have cancer, God would take care of me, my family and all the pressing projects that made me feel indispensable. That realization began to free me from the bondage of fear, so I could begin to reach out again to other people in their needs and get on with the work at hand. Endurance began to produce character, making me more compassionate and understanding of others who suffer.

Throughout this process I began to see the reality of the hope we have in Jesus Christ—the hope that will not disappoint us. I experienced the power of God's love being poured out through the Holy Spirit through precious times of prayer, through a deepening love for God's Word, and through the overwhelming care and support of his people. I gained a new appreciation for the body of Christ and the important role that we have as Christian nurses to provide that compassionate presence and meaning in suffering.

Instilling hope is the heart of Christian nursing. Technical competence is extremely important, but to those who are suffering and afraid, the absolute fact of Jesus Christ's death and resurrection to restore us to relationship with God holds ultimate weight. That is not an abstract theological concept, but the practical reality that grounds our hope.

All people, as well as all of creation, suffer. Suffering came into the world through sin—the sin of Adam and Eve in the Garden of Eden (Gen 3). It is perpetuated by the sin evident in society, its structures and ourselves. We all experience the effects of sin. The destructive forces of natural disasters, illness and injury do not discriminate between the just and the unjust (Mt 5:45).

Although some problems are the direct result of a person's sin—bitterness, pride, violence, sexual promiscuity, substance abuse, lifestyle choices—most suffering results from the general effects of evil in the world. We cannot blame an individual for his or her suffering. Suffering is simply part of life in a fallen world (1 Pet 4:12-19).

In the process, God uses suffering to teach and refine us. He lovingly walks with us through suffering (Is 43:1-7), assuring us that he will not allow anything

more than we can bear (Heb 12:3-13). Our own suffering equips us to empathize with others in their suffering (Rom 5:1-5; 2 Cor 1:3-11). A nurse who has not suffered personally will find great difficulty providing emotional and spiritual support for others.

Nursing directly enters the suffering of this world, bringing the hope of comfort, strength and healing. Our taproot draws its nourishment from the words of Jesus, who instructed his followers, "Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me" (Mt 25:40).

We actually proclaim the kingdom of God when we care for suffering people (Lk 4:18-21). Through Jesus Christ, God not only announced the ultimate end of suffering, he himself took human form to suffer for our sake—making that hope possible. Right now, we live in a now-and-not-yet kingdom. Jesus' suffering and death on the cross definitively won the victory over sin in our world. Our hope for a new world order is certain. But the effects of sin still ripple through our lives. The reality of the kingdom will not fully appear until the *parousia*—the second coming of Christ. In the meantime we endure suffering with patience and hope, trusting in God's mercy and compassion, but also reaching out in love to care for others who are suffering. Ultimately we look forward to a time when illness, tears and suffering will have been wiped away—when nurses won't be needed!

### **For Further Thinking**

1. How would you answer a parent who asks, "Why does God allow my child to suffer? It seems so unfair!"
2. In what ways has God used suffering in your life? What did you learn from these experiences?

### **Theological Reflection**

1. Read Romans 5:3-5. Note the progression in these verses. How have you seen this occur in either a person in your care or your own life?
2. Read John 9:1-7. Why had God allowed this man to suffer blindness? What implications does this account have in regard to our assumptions about the reason for a person's suffering? According to Jesus, how should we respond to suffering?
3. Read Romans 8:12-30. What further light does this passage shed on the reasons for suffering? What hope can we find in the midst of suffering?

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**CASE STUDY: I'm Glad I Have AIDS!**

Mary Ernst, R.N., a divorced mother of three children, supported her family as a critical care nurse. One day at work she accidentally stuck herself with a contaminated needle. A year later she went to donate blood for a friend who had been injured in a car accident. After her blood was tested, a physician informed her coldly that she was HIV-positive. She felt alone and hopeless. The physician offered no support.

When she told her pastor and his wife about the diagnosis, they seemed to assume that Mary had contracted the virus through sexual contact or by injecting illegal drugs. They, too, offered no support. People at church shunned her. Some asked her directly if she had been in a sexual relationship with someone with AIDS.

Feeling devastated, she joined the AIDS Coalition, a support group, where she met Tony, a man with AIDS who knew he had contracted the virus through his homosexual lifestyle. Tony encouraged Mary, telling her, "Hold on. There's still life to be lived." She also found friendship and comfort among other members of the AIDS Coalition.

Over the years, Mary supported Tony and others as they became ill and died. When Tony's lover died, Mary attended the funeral—one of only nine people in the congregation. Even his family abandoned him because of his lifestyle. Mary also found hope and comfort through journaling and reading. One book, *Burden of a Secret*, by Jimmy Allen (Random House, 1996), told the story of his family's struggle as his daughter-in-law and two grandchildren all died of AIDS as a result of an HIV-contaminated blood transfusion. In the process his son rejected God. The book helped Mary to see the dangers of keeping her own struggle secret. And she began to consider ways of reaching out to other people with Christ's love.

She had changed churches, so she went to her new pastor to share her vision and express her sense of calling to a ministry with hurting people. He prayed with her for direction. She also heard several ministry volunteers speak at the church, and opportunities for service began to unfold. She decided to begin an evangelistic ministry for people with catastrophic illnesses and to name it The Comfort Zone. She was recently honored as her church's Volunteer of the Year. Even though Mary's work with The Comfort Zone increased, she did not abandon her friends at the AIDS Coalition. She knew the pain of rejection, and she refused to turn her back on them, even though most of them were in the gay lifestyle. She refused to condemn them. She chose to love them, even though she did not agree with their lifestyle.

6. If Mary were your patient when she faced a Caposì's Sarcoma, how would you assess her needs for support—physically, emotionally and spiritually? Discuss some potential interventions for each aspect of her care.

- e. Animism
- f. Naturalism
- g. New Age