Health Care, Suffering and Theology: Severe Sovereign, Romantic Sovereign and Process Approaches

by William F. McInerny

Because contemporary health care is inextricably linked with human pain and suffering, it is an arena in which the meaning of such experiences is questioned by patients, families and health care providers. Do the pain and suffering caused by illness, disease and guiltless accidents have a goal, an intention, an inner significance? Throughout the centuries different theologies have offered a spectrum of answers. This essay suggests a way in which theological dimensions of suffering and health care can be envisioned so that partial justice is done to the reality of God and God's relationship to suffering patients, their families and the professionals who care for them.

Introduction

By its very nature contemporary health care is inextricably linked with human pain and suffering. In fact, few other professions are so inseparably joined with such endless varieties of misery. Precisely because health care is involved with human distress, it becomes an arena in which the meaning of such experiences can be questioned by health care professionals and their patients. For instance, do the pain and suffering involved with disease, debilitating illness and serious injury have a goal, an intention, an inner significance, an intelligible place within one's scheme of life? Such queries can be approached from numerous contexts. Here the context is that of Western Christian theology.

Among the various possible theological interpretations of the pain and suffering encountered in health care, two umbrella groups appear particularly attractive because of their simplicity, directness, long tenured histories, and their apparent ability to offer transcendent explanations for suffering. I refer to these as "severe sovereign" and "romantic sovereign" theologies. According to both sets of theology, pain and suffering do indeed have a goal, an intention, an inner significance, and a place not only within the scheme of life but within the cosmos as well. Both theologies assert that God causes and therefore sanctions human misery. Consequently, they contend that health maladies have transcendent meaning, that is, a God-given goal, significance and cosmic perspective. Briefly described, a severe sovereign theology maintains that illness is a punishment, warning or discipline from God, or a test of one's faith by God. By contrast, a

romantic sovereign theology asserts that health maladies are visited upon persons by God for their own good or as part of an overall benevolent design within God's universe. I use the terms "severe sovereign" and "romantic sovereign" to describe groups of theology which manifest identifiable

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"family" characteristics. One aim of this essay is to introduce both sets of theology so that readers can recognize their specific expressions in past history and present culture. I wish to explore the two groups, describe and weigh each, and discuss a theological alternative to them, again in a general introductory fashion.

This theological alternative is called process theology. It expresses the conviction that God is not directly involved in illness, disease or accidental injury because God cannot inflict such harm on persons nor would God want to. Rather, process theol-

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ology offers the vision of a God Who suffers with ailing patients and Who is uniquely present to them. Instead of claiming that there is some God-given meaning in health maladies, this theology challenges the suffering patient, and those near her or him, to create their own constructive response to a contingent and intrinsically pointless experience.

Before proceeding, five preliminary reflections are in order. First, both severe and romantic sovereign theologies are grounded in a "classicist world view." A classicist world view, while recognizing both stability and change in the world as we experience it, takes the position that that which is most stable, unchanging and permanent, is the measure of what is really real in the world. A classicist world view describes reality in terms of stability, static essences, natures, substances, and a given objective order outside of and apart from human making. A classicist world view has been (until recently) the unchallenged foundation of Christian theology and has substantively influenced the ways in which God has been traditionally understood. From the perspective of this world view God is interpreted as being "perfect," which implies that God is omnipotent (all-powerful), immutable (unchanging and incapable of change), and impassive (God has no emotions). Omnipotence does not simply mean that God can do anything. The classicist interpretation of God realizes that God cannot do what is intrinsically contradictory, such as willing something that violates God's nature. For instance, God could not desire murder because that would violate God's goodness and justice. In all other ways, though, God was understood as all-powerful. Given the classicist mind-set God would also have to be immutable. Being immutable denotes that God is totally and absolutely complete, nothing can be added to or taken away from God; thus no change in God is possible. Belief in immutability also leads logically to another attribute, God's impassivity. A classicist mind-set understands emotions as imperfections, as changes within an individual which derail or diminish one's rational faculties. Consequently, God cannot be susceptible to emotions because that would contradict the belief in God's immutability. Intriguingly, from the perspective of the classicist world view, for God to be "perfect" God has to be thoroughly apathetic, that is, God cannot experience any emotion for the universe which God created.

Second, distinctions between suffering in the form of physical pain (like that associated with migraine headaches or arthritis) and non-physical pain (such as the anguish of a spouse watching her husband progressively degenerate into a "different person" because of Alzheimer's disease) are generally well known. Even so, we should not attempt to draw too strict a line between these categories of suffering. Eric J. Cassell reminds us that bodies do not suffer nor do minds, but rather whole persons suffer; accordingly, he defines "suffering" as a "state of severe distress associated with events that threaten the intactness of the person." Disease, serious illness and debilitating injury involve suffering in this sense. Moreover, those who love or attend a suffering patient can have their intactness threatened by the patient's condition and are therefore vulnerable to suffering also. This essay uses "suffering" in Cassell's encompassing sense of the term.

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Third, in addition to one's "intactness" being shaken and threatened, experiences of suffering generally entail loss. One may lose contact with friends or loved ones; one's physical strength may slip away; habitual activities or roles may become impossible; and one's purpose, hope for the future or sense of transcendence may vanish. A person can also experience loss of meaning, yet this frequently sparks a search to regain it. Nietzsche observed that we are meaning-seeking beings and if given a "why" human beings can endure virtually any "how." Severe and romantic sovereign theologies offer a "why" for suffering: a transcendent "why" grounded in religious beliefs about God's nature and will, which is supposed to help sufferers understand and, therefore, endure the "how" of their own or others' misery.

Fourth, the type of suffering, and the causes of it, most germane to the following discussion is the kind for which no direct human agency can rightly be held accountable. Indeed, persons do inflict suffering on themselves by their own actions or inactions; however, that is not the issue here. Rather, the suffering caused by leukemia, cystic fibrosis, genetic defects, congenital physical dysfunctions or Alzheimer's disease is the most challenging in health care because it raises questions which other kinds of humanly induced suffering do not.

Fifth, one might be tempted to dismiss severe and romantic sovereign theologies as archaic beliefs, yet they should not be hastily discounted. Within
Christian contexts, the towering figure of Augustine of Hippo gives apparent respectability to these theologies. After all, he argued for the legitimacy of both. Augustine’s versions of severe and romantic sovereign theologies have become the virtual orthodoxy of Christianity’s understanding of the relationship between God and human suffering, technically known as theodicy.

Theodicy is the philosophical term for the following problem: How does one reconcile faith in an all-loving, all-powerful God in the face of human suffering in the world? If God is all-loving and all-powerful why has God not done away with suffering? If God cannot eliminate suffering then how can God be all-powerful? If God can eliminate suffering but does not, then how can God be all-loving?  

Barry L. Whitney incisively notes that “Augustine’s writings on the theodicy question are recognized generally as having had more influence than those of any other Christian thinker since Saint Paul... It remains to this day the basis of contemporary Roman Catholic writings on theodicy and likewise continues to exert a powerful influence in conservative Protestant circles.” It is no overstatement to say that Augustine is the primary source for Christian versions of severe and romantic sovereign theologies. Such observations indicate that these theologies are not easily dismissed. Therefore, we now turn to an analysis of their tenets.

Two Transcendent Answers to Human Suffering

Severe Sovereign Theology

Severe sovereign theologies assert that God causes suffering for one or more of the following reasons: as a punishment for sins, as a test of religious faith, as a type of discipline, or as a warning. In severe sovereign theologies, suffering is not the product of chance or accident, but rather is an intentional and thus intelligible experience. Moreover, the intentionality, the reason “behind” these suffering experiences, resides in God’s will, thus there is an ultimacy to these experiences which reinforces perceptions of their meaningfulness. It is this divine purpose which makes severe sovereign theologies seemingly viable candidates for articulating the meaning of suffering; our experience of illness is believed to incarnate some God-authored reason. It follows that if God causes severe distress to befall persons, then suffering possesses a sacred or near sacramental significance because it is understood as a concrete embodiment of God’s will. Therefore, the suffering experience in itself has meaning because of its divine origin. As an expression of God’s will, serious illness or debilitating injury can be probed in order to discover what divine reason is “behind” them, thereby allegedly helping the sufferer understand why all this is happening.

A major category of severe sovereign theology suggests that illness is the result of divine punishment. Theologies which emphasize the “suffering as divine punishment” motif are widespread. Given its long history and continued presence today, this theology merits further analysis.

Dorothee Soelle identifies three important convictions which animate Christian divine punishment theologies. First, they assert that God is the omnipotent ruler of the universe Who sends all suffering. Thus, God is interpreted as the ultimate cause of suffering. Second, God is understood as absolutely just. Third, all suffering experiences are interpreted as a punishment for sin. This leads to the conclusion that all suffering is deserved and can be explained in terms of God’s just will.

How does one reconcile faith in an all-loving, all-powerful God in the face of human suffering?

Given our scientific knowledge of human biology and health care, the suffering which patients and professionals face demonstrates the deficiencies of this theology. Lesch-Nyhan disease causes “dwarfism, palsy, bone deformities, and a peculiar compulsion of self-mutilation.” Unattended children with this disease may rip at their fingers with their teeth or bite off their lips. What could a child conceivably do to merit such divine punishment? If the child is not being punished, then who is and for what offense? If God uses a child as a means for punishing parents or others, this resembles an act of terrorism more than an act of divine justice. If one’s imagination is strained and one’s sensibilities repulsed by the theological vision of a God who intentionally inflicts disease or disability on a child, then one is not alone.

James T. Burdachell evaluates severe sovereign theologies as belonging to “ancient and savage days,” representing a corrupt vision of God which could be classified as virtually pagan. Dorothee Soelle denounces these theologies as advocating a God of sadism. Tad Guzic points out the magical and infantile aspects of such theologies. Stanley Hauerwas notes that attributing suffering to divine providence “cannot help but make God at best a ty-
rant and at worst a cosmic torturer.”16 And James W. Fowler observes that belief in divine punishment reflects a level of religious faith development appropriate for approximately eight to twelve-year-olds (though this level of faith development may persist through adulthood).17 A further disturbing element of this theology is the conviction that God is totally unaffected by human suffering. An impassive God cannot be moved by anything human beings do or endure.

Severe sovereign theologies collapse when taken seriously because one is driven to conclude that a two-year-old diagnosed with a brain tumor deserves her condition, or that God is testing someone’s faith (the child’s?), or that someone is being warned about something by the infliction of this malady. If we think that our religious language makes some sense and that there are analogies between our experiences and concepts and the divine reality we seek to describe, what could possibly warrant the view that a God who makes children anencephalic is absolutely just? One cannot rationally claim that children born that way are culpable for incurring their condition because such a malady afflicts them before they become morally responsible. The idea that children deserve their condition defies reason and the most minimal concept of justice. If those who endure such maladies are not culpable, then one is led to conclude that others are being punished, tested, disciplined or warned instead, and again this evacuates a concept of divine justice of intelligible content.

Finally, this kind of theology results in a grim conclusion regarding illnesses which produce intolerable pain or suffering for a patient. Torturer is the word most appropriate for describing one who inflicts unwanted and unbearable distress on another person. To say the least, “torturer” is an unusual image for God.

**Romantic Sovereign Theology**

Just as inadequacies of a severe sovereign theology become apparent when examined more closely, so too with romantic sovereign theologies. These theologies are “romantic” in the sense that they image God’s nature and will in terms of unchanging and unchangeable gratuitous love. Such theologies claim that an omnipotent God causes illness for one or more of the following good purposes: to teach individuals an important lesson about life, to correct character flaws or build character, to bring greater good into existence, or to function as a means for individual salvation by bringing one closer to God. Another important conviction associated with this theology is the belief that everything in life is part of a good plan, a design authored and controlled by a loving gracious God. Not only does God create this good design, God also directs it toward an ultimately joyful destiny. If God causes suffering it must be for some good purpose or goal.

John A. Hardon articulates several of these romantic beliefs when he writes that every event occurring in the world is “part of God’s eternal plan for the universe.” Accordingly, random events do not occur in God’s universe; “nothing merely happens,” because all events are “meant to serve a purpose, mysteriously foreseen and foreordained by God.”18 For instance, expressions of a romantic sovereign theology are evident where the biological factors accounting for a couple’s infertility are interpreted as “an opportunity for sharing in a particular way the Lord’s cross, the source of spiritual fruitfulness. . . . Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person.”19 Variations of romantic theology can be detected in the “suffering will be rewarded by heavenly compensation” motif, the “God gives us what we deserve but over the course of time” theme,20 the Irenaean theology of John Hick,21 and the theology of C. S. Lewis.

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**God offers God’s self to the sufferer as a source of constructive possibilities such as patience, courage and hope.**

Lewis (1898-1963), an immensely popular Christian writer, expresses a clear version of romantic sovereign theology in his book *The Problem of Pain* (New York: Macmillan, 1962 edition used here). Lewis affirms foundational tenets of this theology: specifically, that ultimate reality is loving (pp. 24, 70), that God is goodness, and that God wills our good (pp. 39, 50, 53, 84). Lewis does not attribute all pain to divine causation for he recognizes the existence of inexorable laws of nature and free human moral choice within God’s creation (pp. 29-32, 34, 89). However, he unequivocally states that God does cause human pain (pp. 41, 44, 48, 55, 91, 96-97, 107, 112), that pain is an expression of God’s love (p. 41), a love expressed with the intention of redemption (pp. 107, 114), and that suffering experiences are the will of God (p. 110). He asserts that those who desire less suffering in life are actually asking for less love from God rather than more (pp. 43, 44). He contends that God causes pain as part of God’s labor of making us lovable and im-

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proved (pp. 44, 48, 55, 91, 105), and as a means to produce "complex goods" (pp. 111,117). Foremost among God’s good purposes for causing pain is to make one’s life less agreeable so that one will seek God and thereby find one’s only happiness and salvation (p. 96). For Lewis, pain is God’s “megaphone,” a call which demands one’s attention (pp. 93, 95). Lewis goes so far as to claim that God purposefully visits pain upon peaceful and modestly prosperous households in order to teach them that the happiness of children and other comforts "are not enough to make them blessed" and must be taken away from them because, if not, the household may not come to know God and consequently will be wretched (p. 97). Moreover, he is not convinced that suffering has a natural tendency to produce evil (p. 108); rather, he contends that suffering is educational (p. 102) and leads to good (pp. 108, 110).

If God uses a child as a means for punishing parents, this resembles an act of terrorism more than an act of divine justice.

Lastly, Lewis suggests that the bliss of heaven will virtually obliterate earthly experiences of pain (p. 153). His is an undiluted version of romantic sovereign theology.

Lewis’ theology is logically and experientially inadequate for several reasons. If there are inexorable laws of nature, how is one to know the difference between an illness caused by such laws or one caused by God? Is multiple sclerosis due to the laws of nature or is it God’s megaphone calling one to God and away from self-infatuation? Daniel C. Maguire argues that theologies which claim that suffering serves a good purpose (precisely Lewis’ stance and the position of romantic sovereign theologies in general) express a “sadomasochistic poison that has been long tenured in much Christian piety and theology.”22 Mitchell T. Smolkin criticizes Lewis’ theology for a different reason. How is one to understand the painful, slow death of a child with leukemia in light of Lewis’ theology of redemption? The child dies before she or he can come to know God and thereby be saved. Such pain does not seem intelligibly connected to the process of redemption.23 Furthermore, the meaning attributed to suffering in Lewis’ theology (and romantic sovereign theologies in general) is obscure and trivial at best in proportion to the suffering God inflicts to achieve God’s good purposes. When an infant endures spina bifida, what lesson is taught and to whom? What “complex good” is brought into the world when one lives with Parkinson’s disease? Do women with breast cancer or ectopic pregnancies or dysfunctional fallopian tubes experience these conditions as expressions of divine love? Would these women feel less loved by God without these conditions?

What counts most heavily against the credibility of Lewis’ romantic sovereign theology is his later work A Grief Observed (New York: Bantam, 1976 edition used here), in which he recorded his thoughts after his wife’s death from cancer. Lewis challenges nearly all his earlier claims about suffering, and thus the theology expressed, in The Problem of Pain. In the midst of his grief, Lewis dramatically questioned and revised his former theology of suffering (for example, see pp. 4-6, 25-26, 28-29, 31-38, 41-43, 79-80). According to Tad W. Guzie’s categories, Lewis matured from an idealized level of religious consciousness to a more “personal process” level.24 Barry L. Whitney interprets Lewis’ position in A Grief Observed as a specific example of a broader phenomenon wherein theoretical positions on suffering, advocated by an immature or blind faith, collapse in the face of actual tragedy thus launching a search “to find a more meaningful and mature faith.”25

Lastly, when applied to health maladies which produce intolerable pain or suffering, this theology leads to a contradiction between our experience and the language we use to describe it. A romantic sovereign approach claims that pain or suffering beyond one’s endurance is either good for the person or is part of a greater good in which the patient participates. Anencephaly or amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease) can be described in many ways; however, calling them per se “good” or expressions of “love” causes us to use the words “good” and “love” in illogical ways—ways which contradict the usual meanings associated with these words. A theology which proposes that we call such suffering “good” is at best nonsensical.

More could be said about severe and romantic sovereign theologies; however, let these final thoughts suffice. First, both interpret God in the categories of a classicist world view. Second, both affirm that suffering has transcendent meaning because an omnipotent God is the source and cause of the illness or injury. Third, because God is believed to be impassive, neither theology can assert that God suffers because of or with a patient’s distress. Fourth, both affirm that whatever health condition one is enduring, that condition is divinely justified.
and makes sense. Consequently, neither can legitimate a sense of injustice at illness; neither allows one to be rightfully angry or outraged by one’s own suffering or that of another. Fifth, if one’s illness originates in God, how is an individual to discern whether one is being punished, tested, warned, disciplined or morally educated in some way? If this is not clear then the patient will not be clear about what to change in his or her life in order to benefit from this act of God. Lastly, entering the twenty-
sights from Christian traditions which challenge the sovereign view of God. These theologies are too complex to summarize individually; consequently, only a few prominent points of one among them is traced out below: a process theology.

**Process Theology**

Process theology is inspired by, related to, or significantly parallel to the ground-breaking thought of Alfred North Whitehead and Charles Hartshorne. Although there are significant differences among process theologies, they can be identified according to particular salient features.


Not only is God incarnate, God is also One Who responds emotively to humanity. God is imaged as “compassionate and gracious, slow to anger, abounding in kindness and faithfulness, extending kindness to the thousandth generation, forgiving iniquity, transgression, and sin” (Ex. 34: 6-7). The “Song of Songs” likens God to a sexually aroused spouse anticipating her or his beloved. God “delights” and “rejoices” (Is. 62: 4; 5; Jer. 32: 41), “desires” the well-being of people (Ps. 111: 4), “fell in love with Israel” (Hos. 11: 1), has “tenderness” stirred (Hos. 11: 8), “yearns” for “dear” Ephraim and “dandles” him like a child (Jer. 31: 20). God comforts as a “mother comforts her son” (Is. 66: 13). Additionally, God is “patient” (Sirach 18: 9), “merciful” (Tob. 3: 2; 11; Wisd. 11: 23; Sirach 18: 3; 11: 50: 9; Ps. 145: 9; 2 Cor. 1: 3; Tit. 3: 5), and “compassionate” (Ex. 34: 6; 23: 26; 33: 19; Jonah 4: 1-5, cf. 9-11; Ps. 86: 15). In fact, biblical accounts of God restoring health to afflicted individuals is a manifestation of divine compassion. Consequently, the New Testament portrayals of Jesus healing the sick not only confess that God’s kingdom is present and active in the ministry of Jesus, but also proclaim that God’s kingdom is a reign of compassion. Some suggestive examples of the latter point are found in Mark 1: 29-31, 32-34, 40-45; 2: 1-2; 3: 1-5, 10-12; 5: 21-42; 6: 5, 53-56; 7: 32-35; 8: 22-26; 10: 46-52. The sheer number of physical healings in the gospels alone, not to mention the entire Bible, makes an exhaustive list beyond the scope of this essay.

Scripture also depicts God as loving. God’s “loving-kindness” (hessed, in Hebrew) is foundational to God’s covenant with Israel. Edwin K. Broadhead
notes that although the word *hesed* is difficult to express adequately in English, it clearly refers to a reciprocal love relationship between God and Israel. Moreover, *hesed* is a defining quality of God’s nature (Ex. 34: 7; Deut. 7: 9, 12). The New Testament continues to emphasize God’s love. “God is love” (1 John 4: 8, 16) and God’s love is at the heart of Jesus’ ministry: “As the Father loves me, so I also love you. Remain in my love.” (John 15: 9). The theme of God’s love is so pervasive throughout Scripture that individual passage citations become impractical; however, Broadhead’s summary statement expresses the centrality of this theme in the Bible: “God’s love serves as the foundation of the covenant and as the basis of the faith and ethics of Israel. The New Testament builds its use of love upon this foundation.\(^{35}\)

Perhaps the most striking Scriptural images of God’s feelings are those passages which depict God as sorrowing and lamenting (Is. 1: 2-3; Jer. 12: 7-13), as screaming “like a woman giving birth,” Who pants and gasps (Is. 42: 14), as One Who mourns and weeps, “That our eyes may run with tears, Our pupils flow with water” (Jer. 9: 16-18) and anguish (Jer. 14: 17), as One Who feels “shunned, pained, and offended” (Jer. 2: 31-32).\(^{36}\) In other words, Scripture reveals a God Who suffers. E. Luther Copeland comments that the Hebrew Scriptures frequently express the awareness that God suffers with God’s people.\(^{37}\) The New Testament consistently proclaims that the person and ministry of Jesus Christ participate in and reveal expression of one process theologian, God really were Pure Unbounded Love struggling, suffering, achieving with humanity.\(^{40}\) A few suggestive examples bear out Tracy’s suggestion.

- The Christian doctrine of the Incarnation has multi-level implications. One of these is the conviction that God is involved with the human condition to such an extent that God experiences our condition, “For the God who encounters us in suffering is a God who knows suffering from the inside, as it were, in Jesus Christ. God is literally a *sympathetic* ("suffering with") God.”\(^{41}\)

- Christians frequently speak of sin as being an offense against God. How can one “offend” an impassive God?

- When Christians use the imagery of parental love to express God’s relationship to them, surely they mean, by analogy, the reciprocal “give and receive” kind of love wherein one has genuine sympathy for the beloved; by contrast, an impassive God could not engage in reciprocal love.

- Christian prayers express belief in God’s affective nature: “Your are joy and gladness;” “But I believe that the desire to please you does in fact please you;” “Blessed are you, Lord our God, who shares pain and suffering as part of the mystery of life.”\(^{43}\)

- Traditional and contemporary hymns portray God as merciful, loving, comforting, tender, One Who dances and is joyous; an ancient hymn even proclaims God to be “gladsome light.”\(^{44}\)

- Christian liturgy also professes belief in an affective God. For example, the Roman Catholic Mass and the United Methodist Order for Sunday Worship both include variations of the *kyrie eleison* petition prayer, “Lord have mercy.”\(^{45}\)

- Imaginative religious writings also affirm the conviction that God is passionate. Paddy Chayefsky’s play *Gideon* portrays God as not only loving Gideon but also as experiencing a love for him which even God does not fully understand. Francis Thompson’s poem “Hound of Heaven” images God as a persistent, pursuing lover, despite humanity’s attempts to escape that love.\(^{46}\) These few examples illustrate an evident conclusion; namely, that the portrayal of God as impassive is not supported by Scripture and is difficult, if not impossible, to reconcile with traditional Christian beliefs and practices. A distinctive process understanding of God as affective is in harmony with Scripture and Christian beliefs and practices.

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**A theology which proposes that we should call the suffering caused by anencephaly “good” is at best nonsensical.**

God’s nature. A serious implication of this conviction is that Jesus’ pity for those in distress and Jesus’ personal suffering reveal the reality of God’s compassion for suffering individuals and the reality that God suffers with them. Only a sparse sampling of pertinent biblical passages is presented above; nonetheless, these demonstrate that Scripture consistently reveals a God Who is anything but impassive. Christian life and practice affirm the same understanding.

David Tracy suggests that “all authentic Christians live and pray and speak as if God were really affected by their action. They live as if, to use the
Second, process theology is not based on a classicist world view and therefore does not understand God in terms of the perceived limitations imposed by classical attributes such as omnipotence, immutability, and impassivity. A process outlook recognizes both stability and change in the world as we experience it; however, a process view maintains that change, development and relationships are the essential constituents of reality. In a process view, reality is not static but dynamic; hence, reality is best captured by the concept of process rather than stability. Robert B. Mellert describes such an outlook: “No longer is reality fundamentally stable, with change being merely an accidental alteration of its makeup. Today reality itself is experienced as being in constant flux.”

A process world view is also sensitive to the relationships which constitute a basic aspect of reality. Reality is understood to consist of innumerable interwoven interdependent components. Whether we use the ecological balance of nature to illustrate this point or the physiological functioning of our bodies, the same conclusion is clear: from its micro to its macro aspects our world is an interrelated, mutually influencing and influenced whole. Respecting the analogical character of our theological language, in process theology God is most adequately conceptualized as a dynamic Reality, an incarnate Reality Who is related to and influenced by everything and everyone in the universe.

Third, drawing on Scripture, traditions and a process world view, this theology envisions God’s relationship to the world as being genuinely reciprocal; that is, it is a “back and forth,” “give and take” relationship. In process terms God experiences what we experience, and God not only influences us but we influence God as well. Consequently, process theology can assert that God really (not seemingly) is compassionate and, most importantly, that God does love the universe. The same cannot be said about the God of classicism and sovereign theologies. In classical thought, God cannot be influenced by anything or anyone, thus God cannot be involved in a sympathetic relationship with persons. Without such a relationship real compassion and love as we know them are not possible. Compassion means to “suffer with”; however, if God is immutable and therefore impassive, God is incapable of feeling the suffering of anyone or anything.

An analogy will help to understand God’s love for us. If expressed in images of a good parent-child relationship, the God of classicism would be a parent who experiences no emotion for her or his children, would not feel their needs, would not rejoice in their happiness or sorrow in their misfortunes. No matter what the children achieve or suffer, this parent would remain emotionally unmoved. Although this parent would want good for her or his children, that would have to be a dispassionate matter. The God of classicism would have to be an uninvolved parent. The classicist view of God’s “love” raises the serious issue of whether there can be love in any meaningful sense if love does not include reciprocal sharing. By contrast, process theology affirms that God is really compassionate and loving. God feels what we feel. Our joys, sorrows and struggles are God’s as well. Consequently the foundation for compassion and love—sympathy—is a real part of God’s being.

Fourth, process theology maintains that God has a purpose for the universe and every constituent in it. God has values, aims, priorities, and desires for all within the cosmos. God wants peace, joy, fulfillment and enjoyment for all. Briefly stated, God wants the best possibilities for all to be actualized. A hint of God’s ultimate aims and desires can be expressed this way: “He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away” (Rev. 21: 4). A process view of God understands that God seeks to actualize God’s ideal aims and desires by means of persuasive love. God beckons, lures, offers us a seductive invitation, but does not coerce. Recall that Jesus never forced anyone to follow him or accept his teachings. He offered the invitation and left it up to the individual to respond. A process vision of God admits that God is truly limited in this pursuit. God is not all-powerful in the sovereign sense. God cannot control events in nature or control human choices; consequently, God does not inflict illness or injury because God cannot. God envisions particular goods and values, but it is up to us to actualize God’s desires; God cannot force them.

Even these few aspects of process theology offer numerous implications for understanding suffering within health care settings. Only five broad suggestions are sketched out below.

**Suffering, Health Care, and Process Theology**

First, for those in distress and for the families and health care professionals involved with them, process theology offers the comfort of a multi-level realism. Children with leukemia, adults with
Alzheimer’s disease, parents of an anencephalic baby, are not victims of God’s punishment, testing, warning, or discipline; nor, are they involuntary participants in a divine master plan which requires a wrecked existence. Since God cannot cause or prevent such suffering there can be no transcendent meaning in such experiences; consequently, one cannot logically construe human suffering as having a divine reason or purpose “behind” it nor can one construe it as God’s will. Quite the contrary. A process understanding of God is convinced that God desires joy, happiness and fulfillment as far as these are possible for persons. Hence, suffering experiences are contrary to God’s will.

Process theology stresses the reality of contingency in life. If God cannot restrain events in nature or the free choices of human beings, then one must admit that there can be real accidents—events and experiences which are unwanted and unorganized by God. Accepting the role of chance undercuts beliefs that illness is deserved or is part of some divine good purpose or design for the universe. With this view, disease, debilitating illness, serious injury and the suffering they cause, should be understood as unfair contingencies which represent chaotic, destructive, and meaningless events within vulnerable human lives. Anger, frustration, outrage, the determination to do what one can to live constructively with suffering, are appropriate responses to serious illness. Recognizing chance events in life warrants the conclusion that illnesses are not intrinsically good, they are not blessings in disguise, they are not divinely intended occasions for bringing one closer to God. Acknowledging randomness leads to a further implication which can liberate one from sovereign theologies but may daunt one as well. A malady understood as a contingency means that one’s condition has no God-given necessary point. Knowing that one did not merit a disease or illness or that one’s suffering is not part of a divine plan can be liberating; however, realizing that one’s condition is a random event, knowing that one’s life might have been different but is not, can be saddening or disheartening.

The fortuitous nature of suffering leads to another aspect of the realism offered by process theology. Diseases which cause suffering should be interpreted as tragedies, not simply in the sense of hurtful circumstances, but rather as thwarting God’s desires, frustrating God’s vision of potential goodness, beauty and fulfillment for an individual. Severe and romantic sovereign theologies cannot express this concept of tragedy because they interpret suffering experiences as the embodiment, not the foiling, of God’s will. From a process perspective, the “why” involved in illness and disease is confined to particular etiologies (when known) and not beyond.

What might appear as routine health care is something more from a process perspective: active participation in God’s will.

Second, process theology also offers the comfort of believing that “God is with” a suffering patient (Is. 57: 15; Ps. 10: 17; 34: 19; 54: 6; 72: 13, 14; 91: 15; 142: 4; Sir. 38: 1-7). Given God’s reciprocal relationship to individuals, God simultaneously “experiences” all of a patient’s suffering and all of the patient’s responses to it, and these become part of God forever. God thoroughly understands a patient’s torment. That is, God is genuinely, immanently, and completely compassionate. God not only participates in a patient’s suffering, God also offers God’s self to the sufferer as a source of constructive possibilities such as patience, courage and hope. The importance of believing that “God is with” the sufferer should not be underestimated. For those suffering, experiencing the sympathetic company of others is crucial. Eric J. Cassell writes that to care for one who suffers necessitates recognizing and understanding that person: “It appears that to know the suffering of others demands an exhaustive understanding of what makes them the individual they are.”50 Thus, God is the only reality who thoroughly understands who a patient is and what a patient is going through because God is going through it “with” the patient. Cassell also notes from his professional experiences that “the gratitude of the sufferer who has been helped stems in part from the alleviation of the distress (if that has been possible) but perhaps more from being saved from slipping into unconquerable loneliness—a loneliness over which many have preferred
death.” Believing that God sympathizes with a suffering patient is one step toward relieving loneliness. Another step is the company of other people. Obviously, we cannot “be with” another hurting individual absolutely as God is; but we can be with them in a special way.

Third, because we are created in God’s “image” (Gen. 1: 27) we can become God’s co-presence to suffering patients. Co-presence means that God is incarnate and therefore present within us. Process theologies are adamant about God’s immanence: that we do indeed “live, move and have our being” in God and vice-versa (Acts 17: 27-28). Co-presence does not mean that we are God, but it does mean that we participate in God’s reality and can represent that reality by our character and behavior (Deut. 10: 12; Matt. 28: 20; John 13: 34-35; 15: 9-12, 16-17). Becoming God’s co-presence to patients means caring for them by comforting, keeping company, encouraging, sympathizing and constructively supporting the patient; however one is able. Activities which bring relief, peace, happiness and hope actualize God’s ideal aims. These activities, possible patient’s goals and hopes in life. Suffering which causes a loss of purpose, or chaos, in a patient’s life is contrary to God’s will. Consequently, in their efforts to restore the intactness of patients, good health care professionals are doing God’s will and act as God’s co-presence.

Fourth, process theology distinctly situates individuals in relationship to their distress. Patients, family and health care professionals are invited to become co-creators with God.

Process theologies affirm that God began creating (Gen. 1:1), continues to create without ceasing (Sirach 38: 8) and ultimately strives to “make all things new” (Rev. 21: 5). In process terms, “creating” generally means God’s ongoing work of fashioning order out of disorder; “the creativity of

In sharing our experience,  
God not only influences us  
but we influence God as well.

In a process view reality is not static but dynamic; hence, reality is best captured by the concept of process.

for all who have significant contact with a patient, possess a definite transcendent dimension. For example, a nurse’s therapeutic touch is not only good health care, it also expresses and participates in the compassion of God. What might appear as routine health care, for instance keeping patients clean, caring for their skin, or reducing nausea and vomiting, are something more from a process perspective: this care reflects active participation in God’s will. When physicians and other health care professionals lend strength and encouragement to their patients, when support groups give help in such a way that those “who have lost parts of themselves can be sustained by the personhood of others until their own recovers,” these are also activities which manifest a transcendent dimension because of their participation in God’s will for the suffering patient. Health care professionals should be seen as being on God’s side, doing God’s will to retard and eliminate sickness which disorders human lives. This is especially clear when suffering is understood as the “enemy of purpose,” the foe of a

God is revealed in a world which is in the process of becoming what it is not yet.” As the Creator, God is envisioned as constantly striving to bring more and more order to the universe. “Order” is a rich and complex concept which refers to actualizing God’s aims and desires and bringing as much good as possible from events, even dismal ones. Co-creating suggests that we can participate in God’s creative activity. Our ability to imagine is integrally involved with becoming co-creators.

Daniel C. Maguire argues that imagination is our supreme capacity and perhaps the clearest indicator of our being made in God’s image and likeness. Here imagination means the process of seeing not only what is but also what might be, the work of making the “could be” a reality. In process terms, our imagination is a crucial conduit for God working through and with individuals who have the potential to fashion some good from chaotic situations. Given the genuine reciprocal relationship between individuals and God, a constructive exercise of our imagination to shape as much order as possible from a tragic situation is a way of participating in God’s creativity. Process theology challenges us to accept the fact that random events cause suffering, to draw upon God’s support, and to forge some good for ourselves and others because of it.

This last point is important. Creating some new good from a suffering experience is altogether dif-
ferent from claiming that suffering in itself is transcendentally meaningful or good. It is one thing to say that such an experience is intended by God to embody a specific reason or to produce particular goods; it is quite another to say that one intends to make some good come about because of a bleak suffering condition in concert with God. Such a good is not a necessary part of the situation but only a possibility, a good which will not come to be unless the sufferer (with constructive support by others) envisions it and makes it real. However, if the good is actualized then something genuinely "new" has been created. Thus, instead of claiming that an illness has intrinsic transcendental meaning, process theology challenges those who suffer to create a meaning from their situation.

Exercising one's co-creatorship with God by creating meaning from illness reflects an activist quality. It means doing something constructive. One who suffers needs to decide which life-affirming attitudes to embody in response to the experience. We create meaning by responding to illness in such a way that some order can be fashioned in the midst of one's distress. This involves characterizing the suffering event, "naming" it so that the situation and one's response to it can be put into a perspective and given a place in one's ongoing life. The response, the perspective and the place in one's life are the individual's responsibility. Creating new meaning does not lead to the conclusion that the experience now makes sense, nor does it imply that there is some good in the suffering. However, creating a meaning is a way of mitigating the chaos of the experience by halting, as far as possible, the threat of the health disorder to consume the whole person. An example, interpreted in process terms, may further clarify these concepts.

In March 1992, a Fort Lauderdale, Florida couple, Laura Camp and Justin Pearson, faced a tragic problem with their newborn daughter. Their child was anencephalic. There is no cure and no hope for such infants; ordinarily, they live only for a short time. But remarkably, Theresa Ann Camp-Pearson lived far longer than anticipated. Her parents were understandably traumatized by the entire situation; however, while in the grip of their suffering, they attempted to create some good from their daughter's tragedy. The parents realized that while no life other than a briefly extended biological existence awaited little Theresa, the donation of her organs offered hope and life for numerous other infants. They confronted their plight, envisioned a good which could be realized, and wanted to have Theresa declared legally dead so that her organs could be transplanted. The active, constructive response of these parents, their vision of a good which would displace disorder in other lives, and their efforts to make that good a reality, exemplify the idea of creating new meaning from a suffering experience. Process theology would describe these parents as attempting to exercise co-creatorship with God.

Sadly, this story did not have a happy ending. Florida state law uses a "whole brain death" criterion—the entire brain must be dead before one can be declared legally dead. Since baby Theresa had a functioning brain stem she did not exhibit "whole brain death"; therefore, a lower court judge ruled that she could not be declared dead. That ruling was upheld by the 4th District Court of Appeals in West Palm Beach. By the time she "died" only parts of her eyes were suitable for donation. The judge's ruling raises an intriguing question. How can one credibly apply a "whole brain death" criterion to a human being whose whole brain was never present? From a process perspective, chaos triumphed in this situation despite the best efforts of the parents and others involved.

Concluding Comments

At this point we have come full circle from analyzing two families of theology which contend that there is transcendent meaning in suffering produced by health maladies, to introducing a theology which asserts that such suffering is transcendentally meaningless. Although more ought to be said about the process approach, even this overview demonstrates that it undermines the foundations of severe and romantic sovereign theologies. Health care is inextricably linked with human suffering and pain; however, it need not be associated with sovereign theologies when a more Scripturally coherent, and experientially satisfying theology is available. Stated more positively, this essay suggests a way in which the theological dimensions of suffering and health care can be envisioned so that partial justice is done to the reality of God and God's relationship to suffering patients, their families and the professionals who care for them.
References


2. Ibid., pp. 642-643.


7. Ibid., p. 29.

8. Severe and romantic sovereign theologies do not incorporate the traditional distinction between causing and merely allowing suffering. Thomas Aquinas (1225-1274) asserts that God does not cause suffering but only permits it. That is not the position of the two groups of theology discussed here. Both severe and romantic sovereign theologies envision God as an all-controlling causative Reality. Aquinas’ nuance retains the classicist understanding of God, but severs the connection between events and God’s direct causation. However, Aquinas does not resolve the problem for classicist theologies. To permit suffering means that God can prevent suffering, but does not exercise that ability. For example, it is senseless for me to say that I will allow the seasons to change because I have no ability to prevent this. However, it does make sense to say that I will allow my five-year-old daughter to have an extra snack before bedtime, because I do have the ability to prevent this. The image of a God who could prevent suffering, but does not, can be just as agonizing (perhaps more so) as the vision of a God who causes suffering. Karl Rahner argued that in reference to the relationship between God and suffering, this traditional distinction was of secondary importance [See Theological Investigations vol. XIX (New York: Crossroad, 1983), pp.194-208; especially pp.194-196. Also see Barry L. Whitney, What Are They Saying About God and Evil? (New York: Paulist Press, 1989), 29-37].

9. Severe sovereign theologies have given explanations for disease and physical maladies since ancient times. For instance, the Sumerian culture—the oldest civilization known to humankind—interpreted illness as the consequence of angering their deities; various cultures understood infertility as a punishment on women caused by God; within Christian cultures and during other times a woman’s pain during childbirth was interpreted as a God-ordained experience according to a literal interpretation of Genesis 3:16; the European Black Death during the fourteenth Century was interpreted as God’s punishment for the sins of humanity; and the three great cholera epidemics in the United States were understood by some ministers as God’s way of purging undesirable persons from society [Gregory E. Pence, Classic Cases in Medical Ethics (New York: McGraw-Hill, 1990), pp. 320-322]. Regrettably, some religious leaders discussing the HIV virus today at times invoke this kind of theology as an explanation for the present AIDS crisis [Christine Pierce and Donald VanDeveer, eds. AIDS: Ethics and Public Policy (Belmont, California: Wadsworth, 1988), pp. 41-42; 49-55].


23. Understanding Pain, p. 25. Smolkin offers another trenchant criticism of Lewis’ theology and the image of suffering as God’s megaphone getting one’s attention. Smolkin contends that Lewis’ theology makes it difficult to comprehend the murderous deaths of a million children at the hands of the Nazis: “Perhaps these children do awaken in a joyous kingdom moments after their deaths not remembering the screams of their parents, whose attention God is getting.”
24. Guzie, Jesus, pp. 139-144.
38. See Matthew 9: 36; 14; 14: 15; 32; 20: 34; Mark 1: 41; 6; 34; 8: 2; 9: 22; Luke 7: 13. The English word "pity" does not convey the full sense of the Greek in these passages. The Greek word means to feel pity to the depths of one's being.
40. Blessed Rage for Order, p. 177.
48. This point is vividly illustrated by Anselm of Canterbury (1033-1109) in chapter VIII of his Proslogion. Anselm was apparently perplexed by the clash between the real meaning of mercy and compassion and God's impassivity. If God were impassive there could be no real mercy or compassion in God; however, if that were the case, how could it be that sorrowing individuals experience consolation from God? How could God be merciful or compassionate toward humans and simultaneously not be so because of God's impassivity? Anselm arrived at the following conclusion. God appears to us, from our human perspective, to be merciful and compassionate. However, that is only an appearance because in God there is no real mercy or compassion, "You are merciful according to our way of looking at things and not according to Your way. You are merciful because You save the sorrowful and pardon sinners against You; and You are not merciful because You do not experience any feeling of compassion for misery." See the entire passage in St. Anselm's Proslogion, trans. M. J. Charlesworth, (Notre Dame: University of Notre Dame Press, 1979), p. 125.
50. Eric J. Cassell, "Recognizing Suffering," Hastings Center Report 21 (May-June, 1991): 26. He goes on to discuss how limited individuals can indeed understand the suffering of others and how one can be compassionate.
51. Ibid., p. 31.
54. Daniel C. Maguire, The Moral Choice (New York: Doubleday & Company, Inc., 1978), p. 189; see also, Death By Choice, p. 197. These are but two of many convictions in Maguire's thought which suggest that his theological and philosophical ethics represent a process-like position. Some of these convictions are as follows: joy is normative for human existence, creation is unfinished, God is not all-mighty, suffering in itself is not good or caused by God, God is not macho-masculine, God summons humanity to radical openness to the future, creative imagination is our highest faculty and reflects God's image and likeness; these can all be coherently expressed within a process-like theology. For a useful sampling of Maguire's theological orientation see "The Feminization of God and Ethics," pp. 105-121, esp. 120-121; "The Feminist Turn In Ethics," pp. 122-129; "A Moral Creed for All Christians," pp. 233-235, 237-238, all in the anthology The Moral Revolution (New York: Harper and Row, 1986); also see pp. 31, 58, 77-80, 151, 238, 241, 268 in the same work; and Death By Choice, pp. 196-197, 215-216.