

SPIRITUALITY AND PSYCHOLOGY IN THE FACE OF SUFFERING AND ILLNESS

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SUMMARY

This contribution aims to explore the main aspects and concerns due to suffering and illness in psychological and spiritual terms. It will be given to everyone in life to make experiences of suffering and sickness - even if for the latter not necessarily in the first person -, dramas and fundamental faces of humanity inaggrabili of our earthly pilgrimage, despite the narcissism of a society that tends to anesthetize every little human pain and suffering. In general one is never fully equipped to face suffering and illness, especially when it involves a lot of pain, and basically all possible declensions to understand them fail, at least partially, the enterprise. Without any pretension of resolving the issue, occasionally bringing it up may offer or remind us of the existence of some possibility of meaning and significance, thus contributing to greater understanding and acceptance. Appealing to the Bible and to Christ himself, and particularly to some extremely significant experiences, including the figure of Job and the experience of V. Frankl, the "nonsense" of suffering and illness could take on an unthought out meaning and face, and encounter a healing that goes beyond the purely, though important, corporal. The revisitation of the psychological and spiritual dimensions, the latter not always easily accepted, sometimes completely rejected, could thus become weapons and support in the common and often daily intrusiveness of suffering and illness. Thus, after a brief anthropological passage, these will be addressed in their main psychological and spiritual dimensions, in order to find possible ways of meaning, which often seemingly or superficially seems impossible to exist.

Key words: pain - illness - meaning - suffering - spiritual

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INTRODUCTION

Suffering, especially related to physical and/or mental illness, is never fully understood and above all accepted. Although several authors deal with it through a spiritual and psychological reading, the analysis can only be partial and above all not exhaustive, given the evident complexity, the extreme subjectivity, diversity and drama of experiences and experiences. In this direction within the two dimensions: psychological and spiritual, only a few aspects and suggestions will be traced, but attempts to raise awareness in this direction must continue to be made.

In fact, sooner or later everyone experiences suffering and illness, it is important to explore further glimpses of meaning and sense, for all those who directly or indirectly find themselves involved in a reality that is an integral part of our lives, even if consciously they can only be stimuli and solicitations to continue the analysis and research.

In this contribution some elements of the two psychological and spiritual perspectives will intertwine, especially because of the difficulty of keeping these two perspectives separate for a long time. Emotionality, fears and fears, specific psychological approaches, constructs can meet, without merging inappropriately, with spiritual meanings, bearers of a sense that cannot remain trapped in the bottlenecks and limits of a psychology still anchored to old fears and allergies of a spiritual nature. The author who has been most taken into consideration, for his important commitment to harmonize the essential encounter between spirituality

and suffering is Luciano Sandrin. Moreover, some significant witnesses on the theme of illness and suffering will be proposed, such as Viktor Frankl, Job and the saint Giovanna Beretta Molla. One hope is that all this can be an incentive to continue reflection and research.

OPENING

Without going into the different definitions of health, which do not fall within our direct competence, we would like to recall some significant passages: the most famous one of the World Health Organization (WHO) of 1948: health as a "*state of complete physical, mental and social well-being and not only the absence of illness and infirmity*". This concept is very important and admirable, and at the same time not very feasible, if not, perhaps, in the very long term. At the WHO Conference held in Ottawa, Canada on 21 November 1986, a charter on health promotion was adopted. In the final document, very briefly, this one, above all, encourages personal promotion, i.e. it emphasises the development of personal and collective resources in terms of safeguarding and promoting health¹. Further proposals and stresses continue to arise, and much emphasis is placed on the development of personal resources. The CEI National Council for the Pastoral Care of Health in Italy has proposed a more articulated definition with wider and deeper perspectives of meaning:

¹ <https://www.aslnapoli1centro.it/documents/420534/447092/ CartaOttawa.pdf> (accessed 12 January 2020).

"The concept of health has acquired new and important connotations. In fact, it does not relate solely to physical and organic factors, but involves the psychic and spiritual dimensions of the person, extending to the physical, emotional, social and moral environment in which the person lives and works. A profound relationship is felt between health, quality of life and human well-being"².

Health like illness therefore involves the totality of the person at all levels: emotional, spiritual, relational, family, economic and social, although it is a highly personal experience. The presence of disease has always and variously accompanied human history, with the need, differently depending on the historical and cultural moments, for a greater understanding of its essence and drama. One perceives that even the contemporary era, at least in the Western world, while privileging technique seems to be beginning to feel this need.

The term disease, pain, and suffering, where the latter often accompanies the disease, with suffering, which almost inevitably is an integral part of the disease, will sometimes be used interchangeably or together, in substance they can be considered as one and almost synonymous. In fact, the disease brings suffering experienced in different ways, as well as suffering that is not the consequence of illness can worsen an illness or even lead to its onset or lead to strong psychic and emotional discomfort by somatizing. But not everyone is given to have a "strong and painful experience" of illness, pointing out that evidently the way and intensity with which everyone lives it is not identical. The family, culture and society can also influence the perception and experience of the patient. Capturing the enigmaticity of the illness is certainly difficult, but it is necessary to continue, with the contributions of psychology, theology, spirituality, but also pedagogy, which in the face of this human reality can foster greater understanding, accompaniment and where possible cure and "healing". In this journey, the testimony of some of the most silent figures can help: Job³, where suffering and illness dramatically intertwined, humanly, emotionally, pedagogically, spiritually are incomprehensible, the total donation of St. Jeanne Berretta Molla, or the suffering and pain of V. Frankl in concentration camps. These different and dramatic experiences in their absurdity must continue to question us.

PSYCHOLOGICAL TRANSITION IN THE FACE OF ILLNESS

Psychology is not a discipline inclined to host a vision open to the spiritual dimension within itself, in spite of this several authors have authoritatively offered

² Consulta Nazionale CEI per la Pastorale della Sanità, *La Pastorale della Salute nella Chiesa italiana*, 1990, 6.

³ Cf., Job, *The Jerusalem Bible*, EDB, Bologna, 1st ed. 2009, 2nd reprint 2010, 1121-1195.

a Christian reading of the disease, although dramatic, sharable or at least to make it more acceptable. But beyond the exclusively psychological reading and application, free therefore from influences of a religious nature, what meaning and contribution can psychology give to the experience of suffering, illness and pain - which often dramatically transform the face of the man who presents himself as sculpted - from a psychological perspective? We believe, without completely resolving the question, that psychology, with its tools alone, is scarcely able to go beyond an exclusively human contribution, which is not little. This perspective, however, risks being incapable of offering a further meaning, capable of accepting the profound lamentation of a suffering that humanity alone is struggling to justify, and of accepting that meaning that can come from a higher instance - in any case not without effort - capable of overcoming the limits of human events, and often with a saving scope. For L. Sandrin, about psychology

*"the ideal for psychology is to be able to predict, at least in broad outline and with good probability to guess, how the individual will behave in certain situations. But also how his behavior will change if situations change, or the way they are perceived, the attention and help they receive, the relational network and the living environment. Observe, interpret, foresee: three key words for those who want to enter the fascinating world of psychology"*⁴.

"For those who believe, the *grace of God* can also enter the field, which can escape the eye of the most experienced psychologist"⁵. We are in complete agreement on this, despite the reticence to consider God's *grace* and the influence it can have on the non-believing or practicing individual by psychology. According to the Italian psychologist and lecturer S. Bonino suffering from Multiple Sclerosis, and engaged in this "struggle" in favor of many patients like her affected by this serious disease, it is important to find meaning in life⁶. Such a dramatic diagnosis initially leads to feelings of anger, frustration, panic, sadness, even depression, all reactions that the author rightly declares normal in situations like this. The fracture that is created in the face of such a serious illness is great, and wondering whether faith can help, for the author yes, even if "finding a transcendent meaning is not necessarily attributable to a religious belief. It is a need that concerns us all."⁷ St. Bonino would therefore seem to espouse more an openness to the transcendent of cosmic character, linked to nature with a sense of belonging to the whole and to a human and universal history to which one

⁴ SANDRIN, L., *Psychology of the Sick. Understanding suffering, accompanying hope*, EDB, Bologna, 2018, 8.

⁵ SANDRIN, L., *Psychology of the Sick. Understand...*, 8.

⁶ See, BONINO, S., *"A thousand threads tie me here. Living the disease"*. Laterza, 2006.

⁷ BAKER, G.A., Living with MS, *Mind. Mind & Brain*, No. 181, January 2020, 66.

belongs, rather than a true faith in Christ. A sentiment that tends to be *new age*, certainly satisfying and consoling, very respectable and perhaps even in some ways sharable, even if it does not intercept, in our opinion, that fullness and fecundity that can come from a religious belief where Christ is placed at the center. These first considerations could already suggest to psychology (beyond the type of professed faith), an openness to the spiritual dimension that belongs to us, and that this can have its positive influence in the situation of illness or a psychotherapeutic path. But often also believing psychologists are busy keeping her far away from a therapeutic setting or other professional context. Having said that, in any case, caution and competence are required, in keeping open without, however, invading spheres not within one's competence, or operating inopportune and counterproductive salads.

The contribution that can come from psychology in the illness is very important, when really attentive to experience and development, for example through the implementation of a *resilience*, which will be mentioned later, that appeals to all the sometimes residual forces of the sick person, to identify that self-efficacy and those goals that make life worth living anyway and always.

Until a few decades ago, health psychology and even preventive psychology probably had the *bio-medical* model as their main reference. This rather narrow model was essentially linked to a cause-and-effect reading of the person and the patient, which left little room for the action of possible other factors and contexts of life. A progress of the model today is the *bio-psycho-social one*, which sees the person no longer only as a subject-patient with his illness, but inserted in a context where the different dimensions and dynamisms are intertwined: bodily, psychological and social. A further version is "also attentive to the spiritual-religious factor and its influence on the health of the person and care: the *bio-psycho-social-spiritual* model".⁸ But, of course, the extension of the model into this further dimension is not welcomed by many. In spite of this, in our opinion, it could be an exception at least for that part of psychology that deals with the last stages of life, or devastating and painful incurable diseases, seeing at least here in the spiritual dimension more an ally than an inappropriate or "scientific or measurable" issue. This last consideration of scientificity and measurability is a criticism that is often made to psychologists or psychology in general when they are clearly open to dialogue with the Christian and spiritual dimension of human affairs.

The *bio-psycho-social model* ultimately summarizes the perspective, approach and application of a current of

⁸ SULMASY, D.P., "A biopsychosocial-spiritual model for the care of patients at the end of life", in *The Gerontologist* 42, Special Issue III (2002), 24-33, in SANDRIN, L., *Psicologia del malato. Comprendere la sofferenza, accompagnare la speranza*, EDB, Bologna, 2018, 11.

psychology that could come closer to the plot of suffering, not excluding other approaches of course. This, when open to the *spiritual dimension* of which L. Sandrin speaks, can also for us offer further new and hopeful perspectives, where the broader and deeper meanings, compared to a condition where the spiritual dimension is decidedly kept at a distance, can intercept the most hidden or vulnerable recesses of the human soul, opening a breach in suffering, which as we have already mentioned is often unthinkable with the tools of psychology alone. This perspective allows us to explore other possibilities where psychology probably does not have access on its own. If therefore the disease remains in all its drama, it can however transfigure itself and take on a new meaning and meaning. Obviously, various aspects can contribute, such as: the age of the affected person, the type and severity of the illness, if mental⁹, the family context, cultural aspects, social, economic, affective and relational conditions, care possibilities and health, religious, friendly and social structures and networks. These elements generally play a fundamental role, influencing the patient's course and response. Health psychology, to varying degrees and in varying degrees, also considers these aspects:

*"Health psychology is attentive to variables such as the subject, its resources, its emotional ties and its cultural and social context. The shift of attention from the healing of the illness to the care of the person underlines the need to promote the health not only of the sick person, seen in its entirety, but also the well-being of his or her family, the quality of their life and their own health. Within a systemic model, which looks at the whole of relationships and their continuous adjustment and change, we can better understand the suffering of the sick person, but also of the other members of the family"*¹⁰.

Disease also often reveals an unexpected and disconcerting fragility and finitude. It obliges one to face something new towards which one is generally unprepared, to review attitudes, habits, certainties, relationships, present and future prospects. Physical pain also finds people naturally unprepared, and if it is often an important wake-up call or defence, persisting it accentuates a condition of limit and fragility, sometimes reaching an end, sometimes definitive. Therefore, fragility, which is part of life like illness, denounces a balance that breaks down, with a psychic and emotional dimension "that easily breaks down".¹¹

⁹ Mental illness, if it does not generally involve inner suffering (can you say for sure?), cognitive impairment or neurodegenerative disease shifts much of the suffering onto family members who find themselves so doubly burdened, particularly the *caregiver*.

¹⁰ SANDRIN, L., *Psychology of the Sick. Understand...*, 12.

¹¹ BORGNA, E., *La fragilità che è in noi*, Giulio Einaudi, Turin, 2014, 6.

"present in every hour and in every season of our lives, and creates others: anchored in anguish, which is but anguish of death, and drags us into the depths of loneliness. [...] Each of us relives the disease in different ways; but if we want to help those who feel its presence with anguish and despair, it is necessary to listen to the unexpressed words of pain and loneliness, of silence and the fatigue of living, which accompany every human experience of fragility, and in particular that caused by the disease¹².

These words of E. Borgna summarize very well our discomfort in the face of those who suffer, who however, even silently, invoke our presence. Sometimes people close to the suffering people find themselves frightened or clumsy, unable to support the eyes and feelings of the suffering person or victims of an absurd fear of being contaminated by them. Seeing our fears and limits revealed brings us shame, where the sick body, no longer defended by the modesty¹³ that ennobles and protects, sometimes risks becoming the merchandise of an increasingly technical and super-specialized medicine - which is not an evil of course - but still little humanized¹⁴.

When psychological, or physical pain comes forward together, there is the feeling, or real awareness, that one no longer has control over one's life, and that it begins to be guided by others, or by no one except the inexorable end that approaches. Loss of social role, sometimes of economic security, often the fear that what is left is not enough for those who remain. Anguish mixed with anger, helplessness, despair can accompany an end if you are not willing to find meaning to it all. Sometimes there is a loneliness that can also come from the desire to be left alone.

In all this situation it is therefore very important to know how to intercept all the discomfort and suffering of the patient, and for this reason to be open to all the possibilities offered by psychology but also by other instances of meaning.

OPPORTUNITIES IN A PSYCHOLOGICAL KEY

In the previous paragraph we have mentioned models of meaning (without having been able to go into them in depth), open to all dimensions of the person, including the spiritual dimension, which seem to us more suited to the dynamism present in situations of suffering and illness. Since it is therefore important for us to maintain these perspectives, beyond the *bio-psycho-socio-spiritual* model, some opportunities could come from some psychological perspectives such as

¹² BORGNA, E., *The fragility that...*, 40-41.

¹³ See, Tognacci, S., Psychology of shame: major psychological and cultural aspects, *Crkva u svijetu: Crkva u svijetu*, Vol. 51 No. 3, 2016.

¹⁴ In these years, however, there seems to be a certain interest and recovery towards a greater humanization of medicine.

positive psychology, the *logotherapy* offered by V. Frankl and quite recent concepts such as *resilience* and *coping*. Positive psychology was founded about twenty years ago by M. Seligman, who defined it synthetically as "the scientific study of the optimal functioning of man, whose aim is to discover and favour the factors that allow individuals and communities to prosper"¹⁵. This, said briefly, appeals to personal strengths such as: wisdom and creativity, resilience, *coping*, transcendence, emotions, humor, temperance, virtue, psychological health and many others¹⁶. One of its significant aspects is related to a certain distance from all the negative aspects on which traditional psychology normally focuses, to leverage instead on the positive ones. Traditional psychology, in fact, for various historical, economic, cultural and social reasons has focused on illness, psychopathology and mental disorders¹⁷. Positive psychology offers a new vision that tries to look forward, giving people a perspective of meaning and hope more. It must also be said that for the rest this vision has its roots very far away, that is to say in Ancient Greece and its search for *eudemony*: I itself. Boniwell remembers¹⁸ it. One could perhaps consider, without belittling it in any way, the recovery or recovery of a perspective, not new, but reworked to adapt it to our contemporary context. In our view, therefore, this is certainly an interesting and valuable prospect that offers further opportunities. We believe it is a considerable step forward compared to traditional psychology, and its allergy to what is not strictly scientific and measurable, such as the spiritual dimension.

Resilience is a¹⁹ relatively recent concept, well known in the psychological field in general, including positive psychology. Resilience in the technical sense is the ability to withstand impact, distortion and mechanical stress on a body. This concept, which does not originate in the psychological sphere, applied to the human body, to illness and especially to the psychological dimension,

¹⁵ Seligman, M.E.P. and M. Csikszentmihalyi, Positive psychology: An introduction, in "American Psychology", 55, 5-14, in BONIWELL, I., *The Science of Happiness. Introduction to Positive Psychology*, Il Mulino, Bologna, 2015, 9.

¹⁶ See, BONIWELL, I., *The Science of Happiness. Introduction...*, 9-10.

¹⁷ Boniwell reports that before World War II "psychology had three goals: to cure mental illness, to improve the lives of normal people, and to identify and cultivate the best talent. After the war, however, the last two objectives went into suborder, and the efforts were concentrated mainly on the first" Seligman, M.E.P. and M. Csikszentmihalyi, Positive psychology: An introduction, in "American Psychology", 55, pp. 5-14, in BONIWELL, I., *The Science of Happiness. Introduction to Positive Psychology*, Il Mulino, Bologna, 2015, 11.

¹⁸ See, BONIWELL, I., *The Science of Happiness. Introduction...*, 13.

¹⁹ In physics: "ability of a material to resist shocks without breaking; in psychology: "suitability of a person to face adversities and overcome them": ZINGARELLI, N., *LoZingarelli minor. Italian language vocabulary*, Zanichelli, Bologna, 2014, 1031.

appeals to a person's ability to cope with the adversities of life. The context and the socio-family network to face and live the disease and suffering integrate resilience itself. So too, as mentioned with S. Bonino, it seems important to recover and maintain a level of self-efficacy²⁰. Resilience can be an additional opportunity for pain. In fact, physical pain, which easily weakens, frightens and anguishes the sick person, is always a different and personal experience, even culturally, which touches the bowels of the person in search of an explanation that can go beyond his physicality. But L. Sandrin points out that another important pain is the need for help, the feeling of rejection that the individual can sometimes feel, not always real, or a masked aggressiveness: these are extremely debilitating²¹ pains. Every pain has to be said also involves an "emotional state certainly very unpleasant to which images and²² mental contents are associated.

*"Pain is a fully human experience, and as such escapes our rigid distinctions. [...] above all to arrive at an adequate therapy, the specialists in the field have realized that even this type of pain is not a simple response to a stimulation that affects and damages our body in various ways, but rather the result of a complex, and often unconscious, personal elaboration in which physical and psycho-social aspects merge together: an amalgam in which the individual dimensions can be distinguished, but cannot be separated. Too often, however, when we talk about pain, we continue to separate the psyche from the body, or the body from the soul: a sign of a Cartesian dualism hard to die"*²³.

The pain within a suffering dictated by the disease would result in an ideal image of one's own body intact, functioning, healthy, and on the other hand an image that no longer corresponds to it, replaced by a current, impaired, sick, painful body, resulting in a sort of discrepancy in the representation of the Self²⁴. In this

discrepancy, the security of the Self, which also depends on the relationship with the significant others, can enter into crisis and can alter the balance between the present Self and the ideal Self²⁵.

There is also a need for a sort of renegotiation of one's identity, *coping strategies*, and resilience. This gradual process has helped to improve the approach to the sick and the hardships of life by fostering the passage

*"from a psychology that focused only on pathogenesis [...] to a positive psychology that focused mainly on salutogenesis (on health and what helps to feel good). From the perspective of resilience, it is precisely the problems, traumas, difficulties, illness, pain - the aspects that we try to avoid because they can become the causes of dysfunctional developments - that turn into positive events, experiences that make us grow. And this is not only about individual resilience but also about family and community resilience. Typical factors of resilience are the response with active strategies to the difficulties [...], the attitude to orient oneself towards the task instead of orienting oneself (or only one's emotions), the willingness to change and the ability to give new meanings to the events of life"*²⁶.

*"Resilience does not mean denial of problems or a simple return to what one was before the traumatic event: a life journey is resilient when, starting from the experiences of suffering, it promotes a growth that involves the person in all its dimensions and opens a perspective of hope, even in the presence of scars that remain"*²⁷.

Resilience in the disease should also involve a multi-disciplinary approach, open to the different instances of sense of the person, according to the model: *"bio-psycho-socio-spiritual"*. This model should intercept all the characteristics and elements that contribute to make the person resist the various misadventures, and "to initiate positive and constructive processes by developing creative abilities instead of psychic pathologies"²⁸. Also the ability to show a good level of emotional, family, work or participation in the life of a community (when the disease obviously allows it). This concept therefore, in addition to passing on energy, opportunities, opportunities, also appeals to the

*"ability to reconstruct a new and positive life path that does not remove the wounds and the suffering that comes with them but, on the contrary, repairs them and uses them as a basis from which to start again to feel well and grow, and as a source of useful learning for the future"*²⁹.

²⁰ Self-efficacy, for example, is an element considered in the "psychotherapeutic" pathways carried out by the MS project (Star Better) for MS patients: SEE, FORNARO, G. A., *Living with Sclerosis, Mind, Mind & Brain*, No. 181, January 2020, 63-64.

²¹ These pains do not involve physical pain because they are of the psyche, the soul, the emotions, but can be accompanied by somatization, with physical suffering, which therefore do not have an organic origin.

²² See, SANDRIN, L., *Psychology of the Sick. Understand...*, 2018.

²³ SANDRIN, L., *Psychology of the Sick. Understand...*, 42.

²⁴ With the construct of the Self in synthesis one can understand the "1) nucleus of the self-reflexive consciousness; 2) permanent and continuous nucleus in the course of the somatic and psychic changes that characterize individual existence; 3) totality of the psychic instances relative to one's own person as opposed to object relations", GALIMBERTI, U., *New Dictionary of Psychology. Psychiatry, psychoanalysis, neuroscience*, Feltrinelli, Milan, 2018, 1157.

²⁵ See, SANDRIN, L., *Psychology of the Sick. Understand...*, 2015.

²⁶ SANDRIN, L., *Resilience. The strength to walk against the wind*, Cittadella Editrice, Assisi, 2018, 11.

²⁷ SANDRIN, L., *Resilience. The strength to walk...*, 12.

²⁸ SANDRIN, L., *Resilience. The strength to walk...*, 12.

²⁹ SANDRIN, L., *Resilience. The strength to walk...*, 12.

In sickness and resilience, an important place is also held by hope:

*"The ability to hope on which resilience is nurtured is a central resource in the psychic work of reacting to trauma. Hope is a feeling that is based on the idea, more or less conscious, of still being able to "do one's own evolutionary tasks", supporting processes of change, helping to counteract fear even in the most difficult moments and to search incessantly for new ways. [...] High state anxiety may oppose functional adaptation processes to overcome the traumatic nature of the event and contribute to fix phobic ideas. There may also be chronic anxiety, so that any sign of illness is feared as the announcement of the inevitable recovery of the disease, generating a specific hypochondriac situation, not necessarily based on the personality of the patient, but due to the severity of the trauma"*³⁰.

But instead:

*"The concept of coping (which can be translated into Italian with the verb to deal with) calls into question the "conscious cognitive mediation of the person's mind. Coping can be defined as all the efforts that the person makes, on a cognitive, emotional and behavioural level, to manage in the best way possible the internal and external demands of variously stressful situations"*³¹.

Serious illness is in essence one of the most stressful situations one can experience, the consequences of which in anxiety, despair, suffering could even be assimilated to mourning. The style of *coping*, too, can then occupy a strategic *coping* role, considering that *coping* itself is the way in which each of us can cope with the stressful event. Again for L. Sandrin the "feeling of control that the individual feels he has in the situation he is living and the perception of the effectiveness of his action" is³² fundamental. Evidently the answer can be experienced as a danger but also as an opportunity. The disabling disease, with an unfortunate, painful outcome, or in any case such as to prevent the person from being able to put in place any type of defense, *coping* or other, will need all possible external and/or family support. But the central element is "the meaning that that pain has for the individual who lives it and its importance within relationships"³³. Today psychology gives a lot of importance to the subject acting as an "information processor".³⁴ It therefore grasps the importance of the cognitive level and evaluation of events. These elements probably have the last word in considering what is the

perception and experience of the stressful event,³⁵ which requires you to verify if and to what extent you are able to control or dominate the situation, appealing to your own *locus of control* (our place of control of the situation). In the disease it is often difficult to dominate or only influence its advance and progression, therefore the *locus of control*, be it "in oneself, in others, in God, in the patron saints or in other beneficial forces", is often difficult.³⁶ However, he may find himself unarmed, thus once again returning to the meaning that the person gives to the disease. This in fact always represents a threat to be faced as a challenge, a provocation, sometimes felt as a punishment, but above all as an opportunity to check with oneself or to renegotiate expectations and possibilities.

Finally we believe we can complete, even if only partially, by urging to look at another perspective which is the Logotherapy of ³⁷ V. Frankl (Vienna, 26 March 1905-Vienna, 2 September 1997). V. Frankl, born into a Jewish family, was a neurologist, psychiatrist and philosopher. He suffered persecution and the Nazi camps. It was above all his experience as a deportee in the Nazi camps that led him to the logotherapy he founded, where he deepened and offered the possibility of a perspective of meaning and meaning that must be found and given to life, particularly in situations of great suffering and nonsense that life itself sometimes presents, including illness. Moreover, considering the different experiences, influences and masters he met in his life V. Frankl, going beyond the human, discovered the need to go further into the spiritual dimension, which is fundamental for him, as it is for us. Not being able, for reasons of space, to go further, one can understand the importance of this approach, kept at a distance from "traditional" psychology, even in some of its essential nuclei, referring to wider and deeper readings of the author:

"The vision of man's freedom/responsibility rests on the definition of what Frankl calls the dimensional ontology, for which man must be understood in the light of a triple dimensionality:

- biological level
- level
- spiritual level

It is precisely the third level, the "spiritual" level, that characterizes man in his specificity of being that is decided, value oriented, in the discovery of a task, of a meaning that is revealed to him in the experience of the concrete situation in which "he is thrown". This makes it possible to oppose any reductionism - biologism, psychologism, sociologism and even spiritualism - that

³⁰ FRANZONI, N, GASTALDI, S. and M. PROVANTINI, *Affront la malattia*, in Maggiolini, A., *Psicopatologia del ciclo di vita* (edited by), FrancoAngeli, Milano, 2019, 284.

³¹ See, Lazarus, R. S. and S. Folkman, *Stress, appraisal and coping*, Springer, New York, 1984 in SANDRIN, L., *Psychology of the Sick. Understanding suffering, accompanying hope*, EDB, Bologna, 2018, 53.

³² SANDRIN, L., *Psychology of the Sick. Understand...*, 54.

³³ SANDRIN, L., *Psychology of the Sick. Understand...*, 55.

³⁴ SANDRIN, L., *Psychology of the Sick. Understand...*, 55.

³⁵ See, SANDRIN, L., *Psychology of the Sick. Understand...*, 55.

³⁶ SANDRIN, L., *Psychology of the Sick. Understand...*, 56.

³⁷ See, FRANKL, V. *In search of meaning in life. The spiritualistic foundations of logotherapy*, Mursia, Milan, 1974-1980 (or. German 1959-1972), in SANDRIN, L., *Psychology of the Sick. Understand...*, 56.

wants to make human conduct appear as a mere reaction to stimuli of a different nature and man, within a nihilistic vision, as a "homunculus" slave of impulses and conditioning"³⁸.

Therefore, a great merit and thought of V. Frankl, certainly a great legacy of his, is to have deepened, within a human story so steeped in pain and suffering, the meaning and significance that can dwell in the suffering itself that arises in certain circumstances. The illness certainly represents a situation where it is fundamental to trace the possible meaning and significance of the events, which appeal to dimensions of a spiritual nature that know how to go beyond the merely "human" story of our existence.

SPIRITUAL PASSAGE IN THE FACE OF ILLNESS

Moral suffering, in illness, existential, pain, etc., must as far as possible be alleviated. Thus physical pain, for example related to cancer or other diseases, must be reduced or eliminated. However, we need to understand what is being done with its possible consequences. Pain has a meaning, a value or a biological utility, but at the same time suffering, pain is an evil, not a good: as R says well. Lucas Lucas

*"suffering is an evil; its salvific pedagogical function, in the sense that it serves to discover other values, does not transform it into good. Good can certainly be derived from evil, but evil continues to be evil; it should never be done and as far as possible should be avoided"*³⁹.

The labor and pain of a pregnant woman, is that bad in itself? Can it be said that physical pain is a good thing in itself here? No, because it is pain, and if it is detached from its meaning, from what is born of this pain, a life remains pain. But if this is intrinsically linked to a far greater good such as birth, the pain felt is immediately forgotten the moment the mother sees her child's face. That pain is as if it had never been there before, and yet it was there just moments before! It was a necessary pain that made real sense, and that transfigures it. Even the anxiety, which is charged with suffering, in studying and being examined is often strong, yet without it one could hardly achieve academic results, or gratifications and goals in life. The moment they are reached they

acquire a full, saving sense, while remaining in the history of all those who have lived it. For K. Rahner only a "pious mystification could attribute to suffering a "humanizing effect".⁴⁰ as for R. Lucas Lucas: "The meaning of suffering is not in suffering itself, but in the attitudes that are undertaken to overcome it or live it with mature acceptance"⁴¹. These attitudes, here too, do not depend only on the individual but, as we have already said, also on the family, social, cultural, affective context, and on the internal resources and values that each person carries, and which he or she has made his or her own, essentially from his or her own experience. The real-life, carnal examples question more deeply, forcing one to really question what is happening. It is then interesting an episode reported by V. Frankl of a difficult but positive attitude towards suffering:

*"A doctor came to see me, for many years dedicated to practical medicine. A year ago his wife died, whom he loved more than anything else in the world, and he felt unable to overcome this loss. I asked this patient, who was suffering from severe depression, if he had thought about what would happen if things went backwards, that is, if he had died before his wife. Unthinkable, he answered. She would have plunged into depression. Then I helped him to become aware: Look, all this spared his wife this sadness. At that moment, his suffering acquired a meaning: the sense of sacrifice. He could no longer change fate. But he had changed his attitude."*⁴²

The attitude with which we face a trial, the compassion and help that can be offered to the person in suffering, is one of the most important elements to give meaning to what happens to us of pain, and to continue our history, matured, renewed and strengthened. When all this happens, "pain doesn't nail you into the past, but it is an impetus towards the future"⁴³. We have a chance to give meaning to suffering, when it occurs, or it will remain dramatically meaningless. For H. Cohen quoted by Lucas, in a more extreme way: "The supreme dignity of man is suffering"⁴⁴. Undoubtedly it is very problematic if we believed that without suffering life would have no meaning, or perhaps better without it we could not reach the highest meaning of life, leading to the risk of masochism, but it certainly makes you think. In fact, the question is V. Frankl:

³⁸ FRANKL, V., *Sense and Values for Existence. La risposta della logoterapia*, Torino, Città Nuova, 2nd edition, 1998, [already published as Basics and applications of logotherapy, Torino, SEI; orig. The Will to Meaning, New York, New American Library, 1969], in BELLANTONI, D., *The existential analysis of Viktor E. Frankl, I. Origins, fundamentals and clinical model*, LAS, Rome, 2011, 122.

³⁹ LUCAS LUCAS R., *Spirituality in suffering. Dialogues between anthropology, psychology and psychopathology*, Filiberti A. and R. Lucas Luca (ed.), FrancoAngeli, Milan, 2007, 27.

⁴⁰ RAHNER K., *Warum lässt uns Gott leiden?*, Writings on Theology, vol. 14, Benziger, Zurich-Einsiedeln-Köln, 1980, cit. in LUCAS LUCAS R., *La spiritualità nella sofferenza. Dialoghi...*, 28.

⁴¹ LUCAS LUCAS R., *Spirituality in suffering. Dialogues...*, 28.

⁴² FRANKL V. E., *Das Leiden am sinnlosen Leben. Psychotherapie für Heute*, Herder, Basel, 1977, cit. in: LUCAS LUCAS R., *Spirituality in suffering. Dialogues between anthropology, psychology and psychopathology*, Filiberti A. and R. Lucas Luca (ed.), FrancoAngeli, Milan, 2007, 28-29.

⁴³ LUCAS LUCAS R., *Spirituality in suffering. Dialogues...*, 29.

⁴⁴ LUCAS LUCAS R., *Spirituality in suffering. Dialogues...*, 30.

"Does that mean you need pain to find meaning? That would be a huge misunderstanding. I do not think at all that pain is necessary, but only that it is possible despite the pain, not to say through pain - assuming that it is an inevitable pain, whose causes cannot be eliminated or removed: whether they are biological, psychological or sociological causes. If a cancer is operable, the patient must of course be operated on; if a patient comes to our practice with a neurosis, everything possible must be done to free him from it - and if it is society that is sick, then political action must be taken as quickly and as far as possible. Unnecessary pain would, in fact, lead to masochism and not heroism"⁴⁵.

God does not allow evil and suffering in order to obtain good, but "to spread the good of human freedom and the values that depend on it; that is, on the good of freedom we seek to bring forth further goods, accepting also the risk of evil"⁴⁶. A. Lucas Lucas thus leads us towards a second aspect: "in what sense is suffering the highest possibility of giving meaning to life?"⁴⁷ As Lavelle says, pain "confers on us an extraordinary intimacy with ourselves; it produces a withdrawal on itself [...]. Pain deepens and digs the conscience, suddenly emptying it of all the objects of worry or amusement that until then were enough to fill it"⁴⁸. Then "the experience of suffering inaugurates a new kind of knowledge and perception of the world; things, people, events are seen in a different light"⁴⁹. Necessarily the experience of the sometimes sudden or acute, or slowly wearing out, disease leads to a detachment from the world to enter another, previously seen from afar, feared, for some strangers. The experience of things changes face and blurs, the world around it is transformed, forcing one to experience, more than before, the limit and the mystery. This limitation is not only related to our physical humanity subject to the onslaught of years, illness, trauma, but also to our limited capacity for understanding. The human being finds himself vulnerable, disappointed, attacked in his dignity, sometimes marginalized. This condition also affects the spiritual dimension, which in addition to offering a further reading of meaning and meaning, qualifying it, can contribute enormously to giving relief, hope and support. It can bring the person closer to God and the Church, but out of anger, misunderstanding, bewilderment towards a God who seems insensitive allowing suffering, illness and pain, even turning away from faith. This attitude, if initially comprehensible, stems from a distorted idea of God imagined according to one's own desires: a God who alone: he grants, heals, rewards, then an instrument God in the hands of man to solve his problems.

⁴⁵ FRANKL, V., *God in the unconscious. Psychotherapy and religion*, Morcelliana, Brescia, 2002, 129-130.

⁴⁶ LUCAS LUCAS R., *Spirituality in suffering. Dialogues...*, 29.

⁴⁷ LUCAS LUCAS R., *Spirituality in suffering. Dialogues...* 30.

⁴⁸ LAVELLE, L., *Le mal et la souffrance*, Plon, Paris, 1947, 41.

⁴⁹ LUCAS LUCAS R., *Spirituality in suffering. Dialogues...*, 31.

"The person affected by physical, moral and spiritual suffering [...] seeks answers: the believer often mistakenly holds God responsible for his pain and therefore affirms: "Because God punishes me"; the atheist uses suffering as evidence to demonstrate the non-existence of the Absolute; others try to reduce suffering to a pure clinical or technical phenomenon that affects only the body"⁵⁰.

The illness, interpreted and lived under the banner of a reality that surpasses us, can however become therapeutic, not in the sense of a physical healing, which can also occur, but for the awareness that next to the doctor another is Christ the doctor:

"There is but one doctor, carnal and spiritual, God who came in the flesh, true life in death, born of Mary and God, who suffered first, but now suffers no more, Jesus Christ our Lord"⁵¹.

Several Fathers of the Church, saints and men of spirituality have proposed the figure of the medical Christ. Origen (died in 254 A.D.) "invites us to choose Christ as our doctor. He is the only one who, after having taken charge of the human condition, is able to heal spiritual illnesses, the origin of every other disease:

*Evaluate first the doctor to whom you must expose the house of your infirmity, if he knows how to get sick with those who are sick, groan with those who groan, if he knows the art of sharing pain and suffering, so that only then, if he who has first shown himself to be a capable and compassionate doctor, prescribes a cure and gives advice, so that you listen to him and follow him"*⁵².

Origen presents the main characteristics of the physician, who must become the neighbour of the suffering person with a pitiful attitude. However, the doctor's pity cannot spare the treatment due even when it is painful, while compassion leads him to sympathize with those who suffer. From Ignatius of Antioch to Theophilus of Antioch, Justin, Clement Roman, Clement of Alexandria, Origen, Cyril of Jerusalem, John Chrysostom, Ambrose, Augustine,⁵³ all somehow recognize in the power of Jesus, and in the power of physical "healing", beyond comfort, the possibility of true conversion. "Lord, son of David, have mercy on us! "(Mt 20:30) "Jesus stopped, called them and said: What do you want me to do for you? " (v.32), "Lord, may our eyes be opened!" (v.33) This response of the two Czechs recounted in Matthew's Gospel, which expresses the strong desire to pass from

⁵⁰ COMOLLI, G. M., The Christian vision of suffering, in the *Archdiocese of Milan*, Suffering and salvation. There is a why to man's pain, Centro Ambrosiano, Milan, 2010, 35.

⁵¹ IGNATIUS OF ANTIOCH, *Letter to the Ephesians*, VII, 2. (in Rocchetta, C., c., 7).

⁵² ORIGEN, On Psalm 37, hom. 2.6: In ROCCHETTA, C., *He healed all the sick. Jesus Doctor of souls and bodies*, EDB, Bologna, 2013, 9.

⁵³ See, ROCCHETTA, C., *He cured all the sick. Medical Jesus...*, 7-11.

darkness to light, also expresses, in a certain sense, the passage from a condition of death to a condition of life. It is interesting, as Jesus shows compassion: "he had compassion" and always urges an attitude of faith: "he touched their eyes and they instantly recovered their sight and followed him" (v. 34)⁵⁴. Christ, though true God became flesh, and truly suffered for us, having pitied us, sharing our human condition. The healings in the Bible then take on great significance as a passage from a life of illness to healing, with the possibility, in some cases, of rejoining a community (as for leprosy sufferers considered sinners and outcasts to be marginalized). Physical healing was often accompanied by spiritual healing, which in itself represented the true healing in which Jesus was interested, in fact, his response to the two Czechs suggests well how he demanded a response in the order of faith. So one can speak of a pedagogy of *Christus - Medicus* as C does. Rock. Even G.M. Comolli summarizes its meaning by recalling the two constants:

*"First: the begging of the suffering one. In the majority of miracles we notice the request of the sick person, and where this is absent, Jesus asks the suffering person if he wants to be healed. Second, faith. Miracles have as a conditio sine qua non the admission of a "frank" faith in Christ. Third: the delivery of silence."*⁵⁵

The third constant G. M. Comolli talks about is perhaps less understandable. A possible interpretation, considering that the miracle of healing in itself is unlikely to remain hidden, could concern the desire that the origin, that is Christ, remains hidden⁵⁶.

Observing the reality of the sick person and the corporal and spiritual dimensions, care must be taken not to separate these two realities, not forgetting the consciousness, which in serious mental illness can struggle to emerge. In the state of coma⁵⁷, due to the cessation of the ability to communicate and respond to stimuli, some people no longer consider themselves a person,⁵⁸ but people remain, and sometimes still in a state of consciousness. Likewise, the spiritual dimension, even if silent, remains as a child of God, a creature being that hosts a relationship with the Father.

⁵⁴ ROCCHETTA, C., *healed all the sick. Medical Jesus...*, 26.

⁵⁵ COMOLLI, G.M., *Health Pastoral Care Compendium. Everything begins with the Gospel*, Editoriale Romani, Savona, 2018, 128

⁵⁶ Cf. COMOLLI, G.M., *Compendium of the Pastoral Care of Health...*, 128.

⁵⁷ The person who has lost the ability to understand and want, with serious problems of dementia or in a coma is unable to communicate his or her state of suffering and pain, sometimes excruciating and not understood. However, it is important to remember that in coma patients, in a small percentage of cases, a state of consciousness is preserved: a huge drama not easily verifiable.

⁵⁸ This theme has over time become an important confrontation between Catholic bioethics and secular bioethics.

*"Therefore, my body cannot exist separated from the spirit that makes it be. Therefore, the human individual never gives himself, from the moment he begins to be until he ceases to exist, a human body that is not permeated, "informed", formed, by the spirit"*⁵⁹.

*"Caring from the heart draws into the reality of human suffering. As a human experience, suffering can be described; as a mystery, suffering eludes human comprehension. These reflections focus on what it means to be a human person, and highlights the capacity each person has for compassion and unconditional love"*⁶⁰.

The words of John Paul II in *Salvifici Doloris* are enlightening and always relevant: In search of the answer to the question about the meaning of suffering, of⁶¹ which we decide to quote in note 61, because of

⁵⁹ Miranda, G., Human person, body and spirit, in LUCAS LUCAS R., *The spirituality in suffering. Dialogues...*, 21.

⁶⁰ Eriksson, K., Caring, Spirituality and Suffering, in Roach, S.M., C.S.M., *Caring from the Heart. The convergence of Caring and Spirituality*, PAULIST PRESS, New York, 1997, 68.

⁶¹ 9. Within every single suffering experienced by man and, likewise, at the basis of the entire world of suffering inevitably appears *the question: why?* It is a question about the cause, the reason, and at the same time a question about the purpose (*why?*) and, ultimately, about the meaning. It not only accompanies human suffering, but even seems to determine its human content, which is why suffering is properly human suffering. Obviously pain, especially physical pain, is widespread in the animal world. But only man, suffering, knows he is suffering and asks himself why; and he suffers in an even deeper human way if he does not find a satisfactory answer. This *is a difficult question*, as is another, very similar one, the one around evil. Why evil? [...]. The one and the other are difficult, when man puts them to man, men to men, as well as when man *puts* them to God. Man, in fact, does not pose this question to the world, although many times suffering comes from it, but he poses it to God as the Creator and the Lord of the world. And it is well known that on the ground of this question we come not only to multiple frustrations and conflicts in man's relationship with God, but it also happens that we come *to the very negation of God*. If, in fact, the existence of the world almost opens the human soul's gaze to the existence of God, to his wisdom, power and magnificence, then evil and suffering seem to obscure this image, sometimes radically, all the more so in the daily drama of so much blameless suffering and so many faults without adequate punishment. Therefore, this circumstance - perhaps even more than any other - indicates how important *the question about the meaning of suffering is*, and with what acuity both the question itself and any possible answer to it should be treated. 10. Man can address such a question to God with all the emotion of his heart and with his mind full of wonder and restlessness; and God awaits the question and listens to it, as we see in the Old Testament Revelation. In the Book of Job the question has found its most vivid expression. The story of this righteous man is well known, who without any guilt on his part is proven by countless sufferings. He loses his property, his sons and daughters, and finally he himself is struck down by a serious illness. In this horrible situation the three old acquaintances present themselves in his house, who - each with different words - try to convince him that,

the importance and significance it has, a large passage from chapter three. This Apostolic Letter offers a careful and ever timely reflection on the Christian sense of suffering and pain in the light of Revelation. The passion of Christ and with it the experience of faith are a lamp for our steps, His real suffering and His passion, have given a true and profound meaning to human suffering and fully revealed its tragedy: "The salvific love of Jesus, or rather, it is the salvific love of Jesus who did not reject the pain. For it was not suffering that saved us but the love for which, in obedience to the Father, he accepted to suffer with us

because he has been affected by such multiple and terrible suffering, *he must have committed some serious fault*. [...]. The conviction of those who explain suffering as the punishment of sin finds its support in the order of justice, and this corresponds to the opinion expressed by a friend of Job: "As far as I have seen, he who cultivates iniquity, he who sows sorrows, reaps them" (24). 11. [...]. In the end God himself reprimands Job's friends for their accusations and acknowledges that Job is not guilty. His is the suffering of an innocent man; it must be accepted as a mystery, which man is not able to penetrate fully with his intelligence. [...]. If it is true that suffering has a meaning as punishment, when it is linked to guilt, *it is not true*, however, that *every suffering is a consequence of guilt and has the character of punishment*. The figure of the righteous Job is a special proof of this in the Old Testament. Revelation, the word of God Himself, poses with all frankness the problem of the suffering of the innocent man: suffering without fault. Job was not punished, there was no basis for inflicting a penalty on him, even though he was subjected to a very severe test. [...]. Suffering is a test. The Book of Job is not the last word of Revelation on this subject. In a certain way it is an announcement of the Passion of Christ. But, on its own, it is *a sufficient argument*, so that the answer to the question about the meaning of suffering is not unreservedly connected with the moral order, based on justice alone. [...]. 12. The Book of Job sharply sets out the "why" of suffering, it also shows that it affects the innocent, but it does not yet give the solution to the problem. [...]. Suffering must serve *conversion*, that is, *the reconstruction of the good in the subject*, who can recognize divine mercy in this call to penance. [...]. 13. But in order to perceive the true answer to the "why" of suffering, we must turn our gaze towards the revelation of divine love, the ultimate source of the meaning of all that exists. Love is also the richest source of the meaning of suffering, which always remains a mystery: we are aware of the insufficiency and inadequacy of our explanations. Christ makes us enter into the mystery and makes us discover the "why" of suffering, because we are capable of understanding the sublimity of divine love. In order to rediscover the profound meaning of suffering, following the revealed Word of God, one must open oneself widely to the human subject in his multiple potentialities. Above all, it is necessary to welcome the light of Revelation not only because it expresses the transcendent order of justice, but because it illuminates this order with love, as the definitive source of all that exists. Love is also the fullest source of the answer to the question of the meaning of suffering. This response was given by God to man in the Cross of Jesus Christ: John Paul II, *Salvifici doloris*, *Apostolic Letter on the Christian sense of suffering*, Pauline, Turin, 1986, 11-16.

and for us"⁶². Also the first letter of Peter (1Pt, 2,21b: "Christ also suffered for you, leaving an example for you to follow in his footsteps"⁶³ offers us a very important biblical passage, to approach the pain of Jesus and our human suffering.

"[...] Jesus did not come up with new theories about men's pain, but with his life, and above all with his own suffering assumed out of love, he preceded us, giving us the strength to be able to follow him. Just as the life of Christ was proof of God's immense love for us, so we in turn, even if we cannot discover the reason for suffering, can respond to love with love, fusing our crosses, small and large, in the one cross of Christ. Precisely at this time, when we see an immense heap of so many crosses without Christ, we believers are invited not to weaken the Gospel of suffering, but to bear strong witness that the cross of Christ is for us the foundation of hope and salvation"⁶⁴.

In fact, it would be even more incomprehensible, strongly unacceptable disease and suffering if Christ before us had not in turn suffered and felt pain. This does not reduce our anguish and our pain, but releases a meaning, a hope and a closeness to the suffering Christ. "The Apostle Paul, in the letter written in the imprisonment of Rome, now nearing the end, proclaims with strength and enthusiasm: 'I am glad in the sufferings I endure for you'. (Col, 1:24a)⁶⁵. Although this is not specifically about suffering related to illness, the meaning and intrinsic value of suffering in itself does not change. The words of John Paul II, who answers the question, contribute to give a strong meaning:

"How is it possible to turn into a source of joy what is an evil in itself, in the face of which we feel repugnance? The Pope replies on a page of high ascetic value: "A source of joy becomes the overcoming of the sense of futility of suffering (*Salvifici doloris*, n. 27a)⁶⁶.

Number 13 of *Salvifici Doloris* clearly shows how aware we are of our inadequacy and inadequacy in giving explanations for suffering. Then we are given two possibilities in a demanding process: to mature and grow, to find new meanings, or to abandon ourselves to despair. The full accomplishment of the salvific suffering of Christ on the Cross, becomes an urgent possibility to undertake that path of maturation where the meaning of which Pope John Paul II also speaks is

⁶² ARICE, C., *Salvifici doloris*. Apostolic Letter of John Paul II. This is a reflection thirty years after its publication, in Arice, C. (ed.), *L'amore che salva. Educated in the good life of the Gospel by the mystery of suffering* National Office for Health Pastoral Care of the CEL, EDB, Bologna, 2015, 46.

⁶³ *The Jerusalem Bible*, EDB, 1st ed. 2009, 2nd reprint 2010, 2894.

⁶⁴ TALIERCIO, G., *The value of suffering. Reflections on the Salvifici doloris of John Paul II*, AdP, Rome, 2005, 35.

⁶⁵ *The Jerusalem Bible*, EDB, Bologna, 1st ed. 2009, 2nd reprint 2010, 2803.

⁶⁶ TALIERCIO, G., *The value of suffering. Thoughts...*, 37.

released. The hiatus that separates these two conditions is that tortuous path that we are asked to undertake, but with the greatest respect in the face of those who are living this mystery of suffering, and very understandably find it hard to understand and accept it, because as C says well. Arice "It is a sacred ground on which you must take off your shoes and walk with respect"⁶⁷. In *Lumen Fidei* Pope Francis writes in number 56: "The Christian knows that suffering cannot be eliminated, but it can receive meaning, it can become an act of love, entrusting it to the hands of God who does not abandon us and, in this way, it can be a stage in the growth of faith and love"⁶⁸. In the light of all this we can perhaps better understand: the pain of biblical and innocent⁶⁹ Job in despair in the face of trials and physical and psychological illness approved by God, suffering pregnant with the sense of V. Frankl in the humiliation and pain of the concentration camps, to trace among the dark plots of life a meaning to the nonsense and to the gratuitous and innocent suffering of himself and his companions, the experience of the incurable illness of Saint Giovanna Beretta Molla,⁷⁰ which turns into a total and gratuitous donation of love and life for the creature he carries.

⁶⁷ ARICE, C., *Salvifici doloris*. Apostolic Letter of John Paul II. The actuality of a reflection..., 49.

⁶⁸ FRANCIS, *Encyclical Letter on Faith, Lumen Fidei*, Pauline, Milan, 74.

⁶⁹ Cf., Job, *The Jerusalem Bible*, EDB, Bologna, 1st ed. 2009, 2nd reprint 2010, 1121-1195.

⁷⁰ *Gianna Beretta Molla* (1922-1962). Gianna Beretta was born in Magenta (diocese and province of Milan) on October 4, 1922, title of the 13 children of Alberto Beretta and Maria De Micheli. Already from childhood she accepted with full adhesion the gift of faith and a clear Christian education, which she received from her excellent parents and which led her to consider life as a wonderful gift of God, to trust in Providence, to be certain of the necessity and effectiveness of prayer. The First Communion, at the age of five and a half years, marks an important moment in Gianna, giving rise to an assiduous attendance at the Eucharist, which becomes support and light of her childhood, adolescence and youth. In those years there was no lack of difficulties and suffering: change of schools, poor health, family transfers, illness and death of parents. All this, however, does not produce traumas or imbalances in Gianna, given the richness and depth of her spiritual life; on the contrary, it refines her sensitivity and strengthens her virtue. During her high school and university years she was a sweet, strong-willed, reserved young woman, and while diligently dedicating herself to her studies, she translated her faith into a generous commitment to the apostolate among the young women of Catholic Action and to charity towards the elderly and the needy in the Conferences of St. Vincent. Graduated in Medicine and Surgery in 1949 at the University of Pavia, in 1950 she opened a medical clinic in Mesero (a town in the Magentino area); she specialized in Paediatrics at the University of Milan in 1952 and preferred, among her patients, mothers, children, elderly and poor people. While carrying out his work as a doctor, which he feels and practices as a "mission", he increases his generous commitment to Catholic Action, working for the "very young" and, at the same time, expresses through skiing and mountaineering his great joy of living and enjoying the enchantment

SHORT SPIRITUAL PSYCHOLOGICAL PASSAGE

Disease brings suffering, just as psychological and emotional suffering can lead to illness, but while according to G. Franzan and G. Ciclamini "psychological depression is stronger than physical pain",⁷¹ and we agree, we must not confuse physical pain with⁷² illness and suffering⁷³. For C.A. Bernard: "Given the uniqueness of the affective consciousness, it often happens that pain is transformed into suffering and vice versa; by

of creation. He questions himself, praying and making people pray, about his vocation which he also considers a gift from God. Having chosen the vocation to marriage, he embraced it with all his enthusiasm and committed himself to giving himself totally "to form a truly Christian family". She gets engaged to Eng. Pietro Molla and lives the period of engagement, in joy and love. Give thanks and pray to the Lord. She married on September 24, 1955 in the basilica of San Martino in Magenta and is a happy wife. In November 1956 she was more than happy with Pierluigi; in December 1957, with Mariolina; in July 1959, with Laura. She knows how to harmonize, with simplicity and balance, the duties of mother, wife, doctor, and the great joy of living. In September 1961, towards the end of the second month of pregnancy, she was reached by suffering and the mystery of pain; a fibroma in the uterus arose. Before the necessary surgery, even though he knew the risk that continuing the pregnancy would entail, he begged the surgeon to save the life he was carrying and relied on prayer and Providence. Life is saved, she gives thanks to the Lord and spends the seven months that separate her from childbirth with incomparable strength of spirit and with unchanged commitment as a mother and doctor. Trembling, fearing that the creature in her womb may be born suffering and asking God not to do so. A few days before the birth, while always trusting in Providence, she is ready to give her life to save that of her creature: "If you have to decide between me and the child, no hesitation: choose - and I demand it - the child. Save him." On the morning of April 21, 1962, she gave birth to Gianna Emanuela and on the morning of April 28, despite all efforts and care to save both lives, amid unspeakable pain, after repeating the prayer "Jesus I love you, Jesus I love you", she died a holy death. He was 39 years old. His funeral was a great unanimous expression of deep emotion, faith and prayer. She was buried in the cemetery of Mesero, while the fame of sanctity for her life and for the gesture of love and martyrdom that had crowned her quickly spread. "Meditated immolation," so Paul VI defined the gesture of Blessed Gianna recalling, at the Sunday Angelus of September 23, 1973, "A young mother of the diocese of Milan who, to give her child's life, sacrificed her own with meditated immolation. It is evident, in the words of the Holy Father, the Christological reference to Calvary and the Eucharist. She was beatified by John Paul II on April 24, 1994, in the International Year of the Family. Homily of John Paul II http://www.vatican.va/news_services/liturgy/saints/ns_lit_doc_20040516_beretta-molla_it.html (seen on 22.12.2019)

⁷¹ FRANZAN, G. and G. CYCLAMEN, *Job. The Mystery of sickness and suffering. Psychology and the Bible in Dialogue*, Lateran University Press, Vatican City, 2019, 23.

⁷² which is not always accompanied by pain, indeed often, especially in neurodegenerative disease does not present itself.

⁷³ This difference refers to St. Thomas with: *Dolor e Tristitia Somma Teologica*, I.II, q.35; III, q.15, a.5-6.

virtue of the unity between body and consciousness, pain is perceived as a threat to the person and suffering is often somatized⁷⁴. In fact: "Pain threatens life and its persistence places the living in the face of ineluctable death⁷⁵. With Job then, but not only, emerges "the search for a new meaning of life and the face of God"⁷⁶. They are the sense and meaning (aspects that we consciously repeat often), the crucial knot of the human story when it is intertwined with illness and suffering, and which for the Christian refers to Other.

In the dialogue between psychology and spirituality, it is interesting now even to list some aspects of M. Szentmártoni and then D.P. Foley, on the models of adaptation possible in one's own life, where each of us obviously reacts according to our own styles or patterns "to maintain the identity and integrity of our own self"⁷⁷. Modes of thought, but perhaps more models of response and adaptation to the disease event, real threat to the survival instinct. Therefore, in the course of an illness, different attitudes of an emotional and psychological nature can be highlighted: "regressive-passive mode" (substantial dependence on health personnel; "projective-aggressive attitudes" (impulses of anger and persecutory experiences); "tendency to rationalize the illness phenomenon" (and perceived as an anatomical-clinical entity); "attitudes of partial or total negation of the illness"; "reactive-combative mode"⁷⁸. These models are more or less doomed to failure by encouraging attitudes of anger, frustration, sadness, anxiety, guilt etc. These, according to the author, are indications of a disorganization in the ability to deal with the negative event. Another author D. P. Foley, on the other hand, highlights 11 different interpretations of suffering that we only list:

- "As punishment
- As evidence
- How unfortunate
- Submission to the laws of nature
- Resignation to the "will of God"
- Acceptance of the human condition
- As personal growth
- Defensive attitude
- Minimization
- Divine Perspective
- Redemptive interpretation"⁷⁹.

⁷⁴ BERNARD, C.A., *Suffering, Illness, Death and Christian Life*, Pauline Editions, Milan, 1990, 23.

⁷⁵ BERNARD, C.A., *Suffering, Illness, Death...*, 25.

⁷⁶ FRANZAN, G. and G. CYCLAMEN, *Job. The Mystery of Illness and...*, 23. Please refer to this brief publication.

⁷⁷ FRANZAN, G. and G. CYCLAMEN, *Job. Mystery of illness and...*, 27.

⁷⁸ FRANZAN, G. and G. CYCLAMEN, *Job. Mystery of illness and...*, 27.

⁷⁹ FOLEY, D.P., Eleven Interpretation of Personal Suffering, in *Journal of Religion and Health*, 27 (1998), 321-328, in FRANZAN, G. and G. CICLAMINI, *Job. The Mystery of Illness and...*, 28-31.

These models are interwoven with the spiritual dynamism of the person, assuming different possibilities according to the image of God and one's own history and life of faith. In fact, these attitudes differ according to the different image of God that the person actually formed. In fact, negative and positive images can be formed in the person in the illness, so it is necessary to help correct them when they are distorted in order to offer positive images of God⁸⁰:

- "God who judges and punishes;
 - God of death;
 - God of accountancy and legalistic;
 - God of efficiency, who demands efficiency;
- And the positive images:
- God the Creator;
 - Good Lord, good shepherd;
 - Merciful God;
 - Compassionate God⁸¹;

It is the negative images of God that, at the beginning of a painful journey, can prevail, but almost incredibly lead to a positive path of redefinition of one's faith. For this reason, the image that can best represent pain and illness is that of mourning. In this direction among several authors J. Bowlby (1980) thought to divide the process of mourning, which we approach to our context, into 4 phases. Acute *despair*: Job finds himself incredulously and innocently tried and thrown into pain and despair. The *desire to encounter lost affection*: here man is confronted with his own limit in the arduous search for what has been lost, even God and the hope that was previously placed in him, it is therefore necessary to look for more realistic ways to always have at one's side those who have been lost or believed to have lost. *Disorganization*: here one loses the meaning of life, one does not see perspective and future, everything is questioned: "One closes oneself in oneself and one realizes that, however difficult it may be, it is necessary to start afresh, to put order within oneself⁸². In this direction: "Seizing this disorganization and realizing that it is a consequence of pain allows the individual to see the cause in this pain and not in himself⁸³. Finally the *reorganization*: in a soul where only great emotional confusion and despair reigned, a capacity to welcome the lost affection returns that "finds a new dimension in those who remain, and a new path to take on the path of life"⁸⁴ including the spiritual dimension and the acceptance of God.

⁸⁰ See, FRANZAN, G. and G. CYCLAMEN, *Job. The Mystery of Illness and Suffering...*, 31-36.

⁸¹ See, FRIELINGS DORF, K. *But God is not like that*, San Paolo, Milan, 1995, in FRANZAN, G. and G. CICLAMINI, *Job. The Mystery of Illness and Suffering...*, 31-36.

⁸² FRANZAN, G. and G. CYCLAMEN, *Job. Mystery of illness and...*, 37.

⁸³ FRANZAN, G. and G. CYCLAMEN, *Job. Mystery of illness and...*, 37.

⁸⁴ FRANZAN, G. and G. CYCLAMEN, *Job. Mystery of illness and...*, 38.

PROVOCATION

In this last brief paragraph we would just like to present a small provocation, in an attempt to get closer to the suffering of the sick person by compacting, if possible and as far as possible, his situation. The patient with Amyotrophic Lateral Sclerosis, for example, or other serious neurodegenerative disease is one who must directly and inexorably face a highly dramatic and progressively highly disabling situation. Certainly the most fundamental support comes from the family, then the most intimate friendship, and often but not always, from faith. Well, what drama are these people living through? To what extent do we really enter the sick person's consciousness and drama? What great faith must they have to put up with this diagnosis and this disease, their families and especially the sick person? Here is the provocation: how can we sometimes attack the desire to end it all? I would like us to become more involved in the drama of the sick person and the close watcher. The doctor, the friend, the neighbor, the parents, the bride and groom, but also the politician! Do we really know how to *sympathize*, suffer with and support, give hope, understand, even if it is completely impossible because certain diseases cannot be understood if they are not lived? We are scandalized like good believers with those who wish, in these conditions, to get it over with (not everyone wants that, of course). What if we were in that situation? I often think about that. If it happened to me or a loved one, what would I think? What would I do? What would I want? Would I be able to take this? I don't know, but I'd like my faith to help me in all this, I'd like to have someone who compares with me, and with the certainty that I really feel God near, inside me, then I think I could do it. If we try to put ourselves in these people's shoes for just one hour, we might understand what they are feeling for an hour, and then we might actually get the people who are in love with them. The sick person would feel it and perhaps no longer have a death wish (there are probably fewer who wish to die than those who wish, if aware, to continue living). He could find meaning and meaning, redefine his life and his relationship with others and with God. Same with the attendant. This was a provocation to emphasize how fundamental it is to redefine existence in certain situations, to know how to give hope, meaning and meaning, and to abandon oneself in the arms of Christ the doctor. The spiritual dimension can truly enter giving meaning to all this.

CONCLUSION

The path taken is inevitably not exhaustive, and at times scattered and intertwined in the face of the mystery of illness, suffering and pain often innocent and inexplicable. The fundamental aspect stressed on several occasions is that of the *meaning* and *significance* that can be attributed to all this, assuming different shades and colours, and different contents as many as human beings can experience it.

In the suffering of the illness and pain that invades Job, despite God's silence, Cardinal G. Ravasi suggests that: "The book of Job deals with the true discovery of God, through a search that cannot be conducted except through paths on high ground, steep and fraught with difficulty, with bleeding feet⁸⁵. We share this basic idea, where Job calls for careful listening through our conscience - even if the discovery of God does not always have to go through heavy suffering - This human reality, which dramatically reveals its limits, in the plots and events of life, in the freedom granted by God to man, must find a warp of meaning and significance, where human limits and fragility often struggle even to glimpse. We believe that only by appealing to a Transcendent reality, therefore in faith, can one really, in spite of everything, see that ultimate sense to which to appeal. Where humanly in sickness and pain man loses himself and despairs, the salvific value of the cross as the highest expression of meaning reveals its meaning, leading to acceptance and participation in Christ's sufferings.

The stimuli we hope to have been able to offer, could foster that openness and help, at least a little, to fill the spaces left empty by our misunderstandings and fears. Health psychology and positive psychology finally see themselves engaged in this path, which we hope will prove increasingly open to the spiritual dimension, collected by the *bio-psycho-social-spiritual* model that can, when well integrated and without improvised and inappropriate confusion, help and accompany the sufferer and his illness. This model, open to the Christian sense of life but struggling to be accepted within psychology in its spiritual openness, in joy and pain, in health as in sickness, can complete the whole human being in its different dimensions. When man, therefore, is open to the deepest instances hidden in the folds of his own personal history, available to the action of the Spirit, then new possibilities and paths open up, consoling and oozing with meaning, where meaning alone would struggle to manifest itself.

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References

1. Arice C: *Salvifici doloris. Apostolic Letter of John Paul II. This is a reflection thirty years after its publication, in Arice, C. (ed.), L'amore che salva. Educated to the good life of the Gospel by the mystery of suffering National Office for Health Pastoral Care of the CEI, EDB, Bologna, 2015, 45-61*
2. Baker GA: *Living with MS, Mind. Mind & Brain, No. 181, January 2020, 60-67*

⁸⁵ RAVASI, G., *The Book of Job*, EDB, Bologna, 2015, 23.

3. Bellantoni D: *The existential analysis of Viktor E. Frankl, I. Origins, fundamentals and clinical model*, LAS, Rome, 2011
4. Bernard CA: *Suffering, Illness, Death and Christian Life*. Pauline Editions, Milan 1990
5. Bonino S: *A thousand threads tie me here. Living the disease*. Laterza, 2006
6. Boniwell I: *The Science of Happiness. Introduction to Positive Psychology*, Il Mulino, Bologna, 2015
7. Borgna E: *La fragilità che è in noi*, Giulio Einaudi, Turin, 2014
8. Comolli GM: *Health Pastoral Care Compendium. Everything begins with the Gospel*, Editoriale Romani, Savona, 2018
9. Comolli GM: *The Christian vision of suffering, in the Archdiocese of Milan, Suffering and salvation. There is a reason for man's pain*, Centro Ambrosiano, Milan, 2010, pp. 27-43
10. Consulta Nazionale CEI per la Pastorale della Sanità, *La Pastorale della Salute nella Chiesa italiana*, 1990
11. Eriksson K: *Caring, Spirituality and Suffering*, in Roach, S.M., C.S.M., *Caring from the Heart. The convergence of Caring and Spirituality*, Paulist Press, New York, 1997, 68-84
12. Foley DP: *Eleven Interpretation of Personal Suffering*, in *Journal of Religion and Health* 1988; 27:321-328
13. Francis, *Encyclical Letter on Faith, Lumen Fidei*, Pauline, Milan, 74
14. Frankl V: *God in the unconscious. Psychotherapy and religion*, morcelliana, Brescia, 2002
15. Frankl V: *Looking for meaning in life. The spiritualistic foundations of logotherapy*, Mursia, Milan, 1974-1980
16. Frankl V: *Sense and Values for Existence. La risposta della logoterapia*, Torino, Città Nuova, 2nd edition, 1998, [already published as *Basics and applications of logotherapy*, Torino, SEI; orig. *The Will to Meaning*, New York, New American Library, 1969]
17. Frankl VE: *Das Laiden am sinnlosen Leben. Psychotherapie für Heute*, Herder, Basel, 1977, cit. in: Lucas Lucas R., *Spirituality in suffering. Dialogues between anthropology, psychology and psychopathology*, Filiberti A. and R. Lucas Luca (ed.), FrancoAngeli, Milan, 2007, 28-29
18. Franzan G & G. Cyclamen, *Job: The Mystery of sickness and suffering. Psychology and the Bible in dialogue*, Lateran University Press, Vatican City, 2019
19. Franzoni N, Gastaldi S & Provantini M: *Affront la malattia, in Maggiolini, A., Psicopatologia del ciclo di vita (edited by)*, FrancoAngeli, Milano, 2019, 283-294
20. Frielingsdorf K: *But God is not like that*, San Paolo, Milan, 1995
21. Galimberti U: *New Dictionary of Psychology. Psychiatry, psychoanalysis, neuroscience*, Feltrinelli, Milan, 2018
22. Gypsy N: *Lo Zingarelli minor. Italian language vocabulary*, Zanichelli, Bologna, 2014, 1031
23. Ignatius of Antioch, *Letter to the Ephesians*, VII, 2
24. John Paul II: *Homily on the occasion of the International Year of the Family*, 24 April 1994, http://www.vatican.va/news_services/liturgy/saints/ns_lit_doc_20040516_beretta-molla_it.html (seen on 22.12.2019)
25. John Paul II, *Salvifici doloris*, *Apostolic Letter on the Christian sense of suffering*, Pauline, Turin, 1986, 11-16
26. Lazarus, R. S. e S. Folkman, *Stress, appraisal and coping*, Springer, New York, 1984
27. Lucas Lucas R: *Spirituality in suffering. Dialogues between anthropology, psychology and psychopathology*, Filiberti A. and R. Lucas Luca (ed.), FrancoAngeli, Milan, 2007
28. Miranda G: *Human person, body and spirit*, in Lucas Lucas R., *The spirituality in suffering. Dialogues between anthropology, psychology and psychopathology*, Filiberti A. and R. Lucas Luca (ed.), FrancoAngeli, Milan, 2007, 11-26
29. Ravasi G: *The Book of Job*, EDB, Bologna, 2015
30. Rocchetta C: *Healed all the sick. Jesus Doctor of souls and bodies*, EDB, Bologna, 2013
31. Sandrin L: *Psychology of the Sick. Understanding suffering, accompanying hope*, EDB, Bologna, 2018
32. Sandrin L: *Resilience. The strength to walk against the wind*, Cittadella Editrice, Assisi, 2018
33. Seligman MEP e M. Csikszentmihalyi: *Positive psychology: An introduction*, in "American Psychology", 55, 5-14
34. Szentmártoni M: *Walk together. Pastoral Psychology*, San Paolo, Milan, 2001
35. Talierno, G., *The value of suffering. Reflections on the Salvifici doloris of John Paul II*, AdP, Rome, 2005
36. *The Jerusalem Bible*, EDB, Bologna, 1st ed. 2009, 2nd reprint 2010
37. Thomas Aquinas, *Theological Summation*, I,II, q.35; III, q.15, a.5-6
38. Tognacci S: *Psychology of shame: major psychological and cultural aspects*, *Crkva u svijetu: Crkva u svijetu*, Vol. 51 No. 3, 2016

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