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Interpretation of illness and use of history A modern notion of sin as link between causes of illness and roads to healing

I. My research questions

Since the beginning of time man has inscribed illness into a grand narrative, which gives meaning and creates order. In so called primitive societies – Oriental as well as Nordic – the world is ruled by spirits, and everything that cannot be explained – particularly illness and accidents – is attributed to supernatural forces. Prevention and treatment consist of attempts to soften the evil forces. The ideas of illness being caused by spiritual forces were continued in organized religion where the gods increasingly took on the role as the punishing authority causing illness. Man violated the Law and the violation or lack of respect for the divine will led to punishment in the form of illness. This is how we know it from the Babylonians and the Egyptians, from the Greek and the Romans, and this is how we know it from the Christian tradition where sin is also a cause of illness.

According to the Christian story, the solution to illness was to seek healing on the different levels of existence – in the correct order. Since sin was the main reason for illness, a confession was the first step towards healing. The individual had to start by seeking God, confessing and bewailing their sins and asking for forgiveness.

Then one should stop sinning. That is, one should turn away from the way of life that is against God, and in all aspects live a controlled, moderate, and balanced life. Only after the spiritual healing will it be possible to seek healing for the body.

So, within different religions there is a thousands-of-years-long tradition of understanding illness as punishment for sin, triggered by lack of balance, and to see awareness of sin and amendment as the road to healing.

The basis of my study has been the question of modern people's perspectives on causes of illness and roads to healing, whether these perspectives are connected and if so, how and why. The purpose has been to study whether the perspective of illness as caused by sin, and awareness of sin and amendment as instrumental to improvement, still play a role for modern people, or whether this represents old perspectives and thought patterns which have been totally abandoned and replaced by what we see today as enlightened and rational explanations.

II. The empirical material

In order to answer the study's research questions, I have applied for and gained access to The Registry of Exceptional Courses of Disease at the University of Tromsø. The Registry is collecting data, which are unique in throwing light on exactly the research questions

which I pose. The reason is that in the registration form answered by all patients, the patients are asked for their own evaluation of whether there is a reason for their illness, and if so, what the reason is. Also the patients are asked what has facilitated their healing or improvement.

My study is based on the registration forms filled in by all the patients in the Registry by 1.1.2007 (109 patients) and on qualitative, in-depth interviews with a strategic sample of 7 patients diagnosed with cancer and MS.

III. Perspectives on causes of illness

My analysis of the answers in the registration material shows that the patients in the registry ascribe little significance to the traditional life style factors (exercise, smoking, diet) as causes or possible causes of illness. Physical or chemical influences in their working environment, hormone treatment or inheritance also play a limited part. The perspective of the patients in the registry as to the causes of their own illness is focusing mainly on general and long lasting life strains, life crises, and the psychological patterns determining each person's reaction to and way of handling life and its challenges.

The outer strains play a large role, and the same goes for the person's way of handling it. It is not clear where in this continuum focus is placed, and therefore it is not quite clear whether and to what extent each individual feels guilty or responsible for her or his own illness. What is clear, however, is that the individual him-or herself is part of the problem that has created the illness.

The understanding of causes of illness is complex and many-faceted, and it is just as clear that the essence of the causal understanding is an interpretation of the past. Based on their illness and their life threatening and/or chronically ill condition, the interviewed persons perform an active work of memory, identifying in the past the many complex and interrelated circumstances that are given significance as the cause of illness or "points of reference within the process of becoming ill" [Williams G., *The genesis of chronic illness: narrative reconstruction*. Soc Health Illness 1984; 6:175–200., p.180]

The individual collects scattered experiences into a pattern which explains their own illness. Arthur Kleinmann talks about illness as a sponge which "soaks up personal and social significance from the world of the sick person". [Kleinman A. *The illness narratives – suffering, healing and the human condition*. New York: Basic Books, 1988. p. 31]

In the case of the patients it is obvious that what is being 'soaked up' and ascribed meaning is the close, intimate, and personal past. The personal past and particularly the family relations involved, have a central significance both for the specific, long-lasting strains and acute crisis and for the psychological patterns which play a central role as causes of illness. In the patients' understanding the past is not finished or at an end, but is continually being reproduced and revitalized in psychological patterns that create the framework of how life and its challenges are being handled. Only to a small extent do the patients relate their illness to a wider social context.

However, the past is not only being interpreted and given meaning. The responsibility for the past plays a central part. In the widest study of common man's use of history until now, Roy Rosenzweig and David Thelen conclude that, "Respondents told us the key to taking responsibility for the future lay in deciding to take responsibility for how they had acted in the past. Only by acknowledging what they now felt about their pasts – the grief or loss or shame or guilt – could they incorporate those experiences into new narratives".[

Rosenzweig R, Thelen D. The presence of the past – popular uses of history in American life. New York: Columbia University Press, 1998. p. 84] A condition also underlined by Michael Lembek in his study of the character of remembrance, “to remember is never solely to report on the past so much as to establish one's relationship towards it. Memory is never out of time and never morally or pragmatically neutral ... any invocation of memory... is ‘motivated’ by claims regarding time, person, consciousness, reality, truth, and the like ...”[Lembek M. The past imperfect: Remembering as moral practice. I: Antze P, Lembek M, red. Tense past – cultural essays in trauma and memory. New York: Routledge, 1996: 235–55. p. 235] His perception of memory as “a form of moral practice”, the framework of which is being determined by the needs and demands of present time, is extremely relevant in my study. Life threatening and/or chronic illness is here defining the framework of interpretation of and placement of responsibility regarding the causes of illness, which are to be used for orientation in the present and to form the future.

IV. Roads to healing

The analysis of the answers in the material regarding the registry patients’ efforts relating to healing shows that a little more than 2/3 have received conventional treatment, while 1/3 has refused it. All patients in the registry have chosen to use alternative treatment, but the answers show that 2/3 of the patients, in addition to choosing alternative treatment, also have made changes in their everyday life which they believe to have influenced the course of their illness.

Regarding their own efforts, almost 2/3 mention change in diet plus supplements. Half of them say that by using different types of mental techniques, they have worked on changing their thought patterns and ways of approaching life, while one fifth also have changed their lives in some practical or concrete way.

The road to improvement or healing is neither unambiguous nor prescribed for the patients. Rather, it consists of a continuous process of choices and decisions. A complex, multi-faceted causal understanding opens up for a multitude of possible efforts wherein each individual has to manoeuvre based on the interpretation of the experience each person has and gains.

“I find usually there is a pattern in the past which, when healed, allows me to move forward”, says a woman in Rosenzweig and Thalens study,[p. 83] and the same is true for the patients in this study. They identify the patterns of the past which have made them ill, and they decide to try to change these patterns.

V. Conclusion

Serious illness activates and intensifies the interpretation of the personal and near past, and the patients use the interpretation of the past in order to orientate themselves in the present and mark out the course of the future.

Bernard Eric Jensen, a Danish historian, focuses on the concept 'historical awareness', which is directed towards understanding history as a lived process which is often led by pragmatic interests, and towards the understanding of remembrance as an active process rather than a passive recollection. He defines historical awareness as the interplay that continually goes on between the interpretation of the past, the understanding of the present and the expectations of the future.[Jensen B.E. Historie – livsverden og fag. København: Gyldendal, 2003., s. 66] When my analysis shows that the perceptions of causes of illness and roads to healing are connected, it has to do with historical awareness, and it is a

consequence of the nature of memory work. It is the awareness of history, that creates the connection because it, as Bernard Eric Jensen has emphasized, ties the understanding of the present to interpretations of the past and expectations of the future. It is because the patients use history – understood as the past – to handle the present and mark out the future, that interpretations of causes of illness are closely tied to the perceptions of what to do to feel better or to heal.

However, this active work of memory, this linking of the past, present and future, as shown, also activates a moral reflection. It is not enough to interpret the past. The responsibility for it also needs to be placed in order to create change. The patients' interpretation of the past and the placement of the responsibility for it reflect that sin and punishment still are part of modern man's interpretations of life, even if in new shapes and disguises.

The patients do not talk about sin in the traditional, religious sense, where sin represents the situation where man breaks a law or a commandment given by God. The nature of sin has changed and represents no longer a violation of laws externally determined by e.g. God or the neighbor. One sins against oneself. It is a premise in the patients' perception of the world that there is to be balance between life's demands, challenges, and crises on one hand, and on the other, their own resources and their ability to manage them. Violation of this law creates imbalance and the precondition for illness, one offends oneself, becomes a victim of one's own lack of care.

The moral dimension of the interpretation of the past implies an acknowledgment of the nature of one's sins, repentance for the sins and thereby an identification of what it takes to do penance – what it means to live a life that to a higher degree respects the law of balance between demands and resources. To a large extent, the interpretation of the past is reflected in the patients' considerable personal efforts and in the experience of the illness as a learning process, which guides them towards what is being experienced as a new and better way of taking responsibility for one's own life.

So illness is still a punishment for sin, and the road to healing still demands penance and the end of sin. There are ultimate and triggering causes, and imbalance still plays a central role. There is continuity – the pattern of understanding is old. But the new shaping is perceived as relevant to modern people. Sin has become secularized, and its foundation is no longer collective or religious, but individual and psychological. The models of solution to one's own illness and healing is connected to, in a wide perspective, the individual's own flexibility and ability to change habits and patterns, choices and priorities, values and goals. The extent to which it is possible among other things to leave behind old and illness provoking elements in one's own personality and behaviour, creates the foundation for healing or improvement.

That a religious framework of interpretation of life's large and uncontrollable events no longer is collective and pre-defined does not mean that modern, secularized people in case of serious illness only turn to the medical science and its biomedical framework of understanding and interpret illness as an organ-related malfunction triggered by chance or a known or still unknown physiological cause. The focus of medical science and of natural science as a whole on the question of how and the lack of capacity in relation to the question of why, does not make science satisfactory as an answer to the question of suffering. There is still, therefore, a moral framework of interpretation which creates meaning and order to illness, and which means that illness still is a metaphor for sin – not in a religious, rather now in a psychological sense.

Susan Sontag sees the present focus on psychological causality as a replacement of earlier times' religious control of the life experiences and events – especially including serious illness – that people in reality have little or no control of.

According to Sontag, like religious spirituality, focus on psychological causality claims that people become ill because of their psychological disposition, and that they can heal themselves through mobilizing their willpower. For Sontag, present day's psychological theories of illness are “powerful means of placing the blame on the ill.”[Sontag S. *Illness as metaphor*. New York: Farrar, Straus and Giroux, 1977. p. 57]

The analysis of the interpretations of illness by patients in the Registry of Exceptional Courses of Disease, shows how the patients deal with the placement of responsibility and guilt in connection with their own illness in a very nuanced way, which demands further research.

However, my study indicates, that the patients avoid the position, ‘it is all your own fault that you are ill’, while - at the same time- they clearly see themselves as part of the reason for their illness. They seek footing somewhere in the flowing continuum between the blaming and the guilt, which is experienced as evil or destructive, and the taking of responsibility, that is seen as constructive.

To see oneself as part of the problem gives opportunities to be part of the solution – and it is this position most of the patient in the registry take. “The only thing I can do is change myself ... I can't worry about what I can't control ...” says one of the informants in Rosenzweig and Thelen's study.[p. 76]. This is to a large extent also how the patients in this study see it.