

THE EXPERIENCE OF GOD IN SUFFERING AND DYING

Monika Renz

WHAT IS IT THAT BRINGS PEOPLE REAL HEALING? The readers of a certain sort of newspaper article, full of statistics and percentages, might conclude that 'spiritual' people live longer, cope better with illness, have lower blood pressures, suffer less from cardiovascular diseases, and so on. Is this really the case? Perhaps yes. But here I am not going to engage with such findings, either to confirm them or to dispute them. My sense of spirituality is rather different. Spirituality is not something that can be assessed by questionnaires. Spiritual experience is not a matter of measurable outcome.

Grace, or Just Heightened Self-Awareness?

But what do we mean by 'spirituality' in this context? Is it some kind of heightened self-awareness? Some kind of substitute for the 'religion' that seems to sound so unattractive to many in our time? Indeed, should hospitals these days, instead of enquiring about people's religion and church affiliation, somehow be working on their 'spiritual needs'? Is spirituality simply a human characteristic? Or are we talking about an experience in company with the God who was, who is, and who is to come (Revelation 1:8)?

I stood at the bed of a terminally ill and desperate patient. He had just heard that he would die soon. But four days later, things were somehow different. What makes him so radiant with joy today? A dream? Is he thinking about his loving wife? Is it the delightful air of this fresh new morning? Or something else, something beyond all this? And if the latter, what are we to call it?

Heightened self-awareness and the experience of God are very different things. If a moment of spiritual awareness is not just to fade

The Way, 46/2 (April 2007), 59-74



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away, it must be recognised for what it is, and connected to a wider sense of mystery, mystery actively at work. This has been my experience time and again with patients in the hospital where I work. Spiritual experiences have more lasting effects, and their content is more intense, if patients are able to say, 'God was at work there'.

'So God's Like That?'

I'd been talking to Peter for a long time as a music therapist, but we had never spoken about God. He was a gifted organist, but he did not believe in God. Now he was bedridden, and very anxious about everything that was happening to him. Beads of sweat used to run down his face. But he would be grateful that I was there. We often talked about music. When we listened to Bach, his eyes would begin to shine, and his anxiety and pain would cease. It was strange. One day he was quite insistent on knowing why I believe in God. And what sort of God? My answer: 'A God that lets you be you. A God of endless expansiveness—maybe like the way you feel when you're playing the organ.' He gave me a look: 'So God's like that?' It was a turning-point in his life. Inwardly he began to relive many rich hours spent at the organ, but now in terms of 'God'. Before his next operation, he remembered this turning-point, and said, 'There's something else there now—not just fear'.

How can we speak of God in a way that really helps people? It is easier to say what we should not do. It is wrong to impose God when people are suffering; it is also wrong to let the religious dimension of things, if something is happening at that level, pass unnoticed. In the last ten years I have become aware of a growing collective silence about God. This silence is spreading corrosively, like a depression. A pastor put his finger on it: 'I don't dare to speak anymore about what's actually the centre of my life: God. And now I can't find Him any more.' An outsider would say that he was suffering from burnout; in himself he felt nothing but emptiness—spiritual burnout, perhaps. His sense of meaninglessness ceased once he decided actively to seek for God, and—as he found what he was seeking—to call on this God by name.

This collective silence about God is harmful to quite a few sufferers—people who have no way out of their situation, and just have to come to terms with it. For it is only in the context of the mystery—groundless, primordial, familiar—that they will find peace.

So it was with Teresa. I had 25 minutes to see her between her medical appointments. I was told that she needed help because she was desperate. Her cancer had been causing an advancing paralysis for a long time, and her suffering might continue for years. Fortunately, I had no idea what was waiting for me. When I went in to her room, I saw a woman turned in on herself, in tears, unable to move any more. But I was pulled up short by a whispered, 'I'm Teresa. Who are you?' My heart sank all the more as I realised that Teresa was fully conscious. I introduced myself, and we exchanged a few words. I stammered something about how what she was going through was unfair, an intolerable burden. 'Yeahhh—God', she whispered. I continued: 'What you're enduring is incredible. You must be a saint. When I was a child I read a lot about saints; I think I'm seeing one now.' Teresa was amazed: 'Nobody has ever told me that before. But I'm crying far too much to be a saint. What makes you say that?' We talked about God and suffering. I said that I thought God was pleased with how she was coping. Then I asked what went on in her head all day. She answered me in a clear and steady voice: 'It's as though I have to make a decision at the beginning of every day—a decision about acceptance'. Later, she added: 'prayer makes up my day. That's the decision I have to make each morning. I can't run away from God. But no one's ever told me that God's pleased with me. What a new and wonderful idea!' Teresa was cheerful for days, visibly so. The tears and the struggle had vanished.

Again, then: what do we mean by 'spirituality'? Spirituality is something which is just there. We might think of spirituality as an experience of the intangible, but with tangible effects. One of the clearest findings from the two research projects that I have undertaken among hospital patients who have had spiritual experiences¹ is that these experiences effect change. If an inner experience, or a sensory perception, or a meeting with someone brings about a quite new level of sensitivity—perhaps a different feeling within the body or another way of relating to the world—then it is obvious that something more than just music, or meditation, or a simple personal encounter has taken place.

Of 251 patients I cared for, 135 had one or more spiritual experiences. These 135 all felt that their awareness had changed: their sense of time and space, for example, became different. Some even experienced less pain and stress: about half reported some relief in their pain symptoms. Some felt better in their bodies, or could breathe more easily, or came to feel less anxious. Half of the patients became more reconciled to their illnesses and more realistic about their situations. Their sense of life and death changed. Half, too, including a striking number of professed unbelievers and declared atheists, reported a change in their relationship with God. Whether a person had spiritual experiences or not seemed to depend less on any particular religious affiliation or previous practice of meditation, and more on a basic personal openness.

And perhaps, too, this depended on an unknown variable: what I understand as 'grace'.

Common Features

Spirituality takes individuals beyond their boundaries. It is something other than an experience of personal limits or a heightening of self-awareness, and yet it does have something to do with who a person is and who they have become. I have worked with Christians of different kinds, with Muslims, with atheists, and with people brought up in a Western tradition who as adults have adopted an Eastern spirituality. 'Spirituality' denotes some very different experiences; but if you

¹ Monika Renz, *Grenzerfahrung Gott: Spirituelle Erfahrungen in Leid und Krankheit* (Freiburg: Herder, 2003); *Zeugnisse Sterbender: Todesnähe als Wandlung und letzte Reifung* (Paderborn: Junfermann, 2005).

consider them properly, there are genuine similarities. Common features recur with the regularity of a principle or law.

Spiritual experiences seem to occur at the threshold of a new form of perception. People come to feel that their true home is elsewhere, and to be filled with a powerful yearning:

A man who had been locked in cynicism said to me one day with tears in his eyes: 'I was just gripped—it was so powerful. Things weren't pointless any more, and I had this wistful warmth in my heart.'

Spiritual experiences can be liberating. We become free from ego-fixations and compulsions, and become more ourselves.

A dying man confined to his bed said: 'It's not gallows humour I've got but gallows freedom. I've never felt as free as I do now.' Another man, who had previously been trembling with anxiety, announced that he was now able to let it all go.

Spiritual experiences are relational, in the widest sense. They create a bond with God. We learn to listen. We are truly familiar with only one side of the relationship: our own side. But spirituality is a bond with God. Spiritual experiences may be extraordinary or quite mundane in form, but they are always pointing to something 'beyond', something 'more'. Spirituality is a matter of revelation and grace, energizing us and bringing about change. We are impelled, pushed beyond ourselves, drawn to reconciliation.

Experiences of this kind come and go unpredictably: we are like an electrical appliance dependent on a loose connection. They at once tell us about a mystery and are themselves part of that mystery—a mystery that we can neither bring about for ourselves nor understand. We can only let ourselves be grasped by it. The experiences which lead us into this mystery may be inconspicuous, but they are never trivial—rather, there is an intensity about them. They are often preceded by fear. In the Bible we are regularly told, 'do not be afraid'. Nevertheless, we can recognise the transcendent when it comes into our lives only in fear and trembling, and with a sense of being apprehended. Awe is the proper reaction. We never fully understand what has grasped us; the sense of mystery remains. But the experience itself impels us to leave the

sanctuary, to come down from Mount Tabor, and to engage once again with the mundane world.

Quite simply, 'spirituality' denotes above all an experience *of God*.

'It's unbelievable: God is really sustaining me', a religion teacher said to me, deeply moved. She had found her way from the God she could think about to the God she actually experienced.

All this bears out what we discover when we look at the history of the word 'spiritual'. *Spiritualis* is found in Latin from the second century AD onwards, and translates the Greek *pneumatikos*. It was used to describe what people became after baptism. 'Spirituality' denotes not a human attitude, for example the resolve to be baptized, but rather the unfathomable event that in fact occurs. Spirituality is different from being religious. Spirituality is a revelation-event, a self-disclosure of God; religion involves also human attitudes and practices. It is a mistake to regard religion and spirituality as the same thing. Spirituality is more than religious practice or even than the heightening of consciousness. Spirituality is a matter of being touched by God.

A Spirituality of Distress

The contemporary hunger for 'spirituality' focuses on meditation and on a spirituality of everyday life. But when they are suffering in hospital, even people who are skilled in meditation cannot carry on meditating. Nor will a spirituality of everyday life function as it should. The diagnosis cannot be evaded, and hopelessness sets in. Many seriously ill people need first to engage angrily with a God who lets this all happen and keeps silent. Sufferers generally need somebody who can stand beside them, and help them endure the seemingly hopeless things that are happening: someone who can, without offering any hasty answers, gently hope that some sort of answer can form itself from within the depths of the person's own soul. Some may need confrontation; others may need help in finding the right words for what has happened to them. What people are looking for is not spiritual experience in itself, but what will truly heal them. 'Healing' here is more than being healthy or well or happy. To be healed in this sense involves a feeling of security and well-being that is entirely compatible with being in distress. And my concern in this article is precisely the spirituality that takes root in such situations.

What helps me personally when I am dealing with patients, dealing with so much suffering and distress? Obviously hope, my own and theirs, helps me, and the sheer effort of the will that can keep hope alive. There is also endurance, in situations where hope is no longer possible and only fidelity remains. More generally, it is



important that I give myself permission to acknowledge my human limitations and simply withdraw. Inevitably, what I am wanting often does not happen, and I become disappointed. I can lose hope, and I must respect the boundaries which the patients set. And yet I am still on the quest for what brings healing in the fullest sense, even when I acknowledge my limitations fully and cannot do more than just be there. Sometimes a therapy succeeds; sometimes it fails; and what is important often happens when I am not there.

Cicely Saunders, the founder of the modern hospice movement, once asked a young man who was dying what she could do for him. The answer came back: 'I only want what is in your mind and in your heart'.

We can only bring to the sick bed what is really in our minds and hearts. Only if we do that are we authentic.

I am also helped by a conviction as to the sheer value of encounter. Patients are grateful when I simply stay with them, and thus send the message that it is all right for what is really happening to be happening. The only proper way to reach people in this condition is to take the radical risk of an encounter—an encounter to which I entrust myself fully, an encounter which has the potential to touch me and change me. Relatives, too, discover that in such an atmosphere patients who may be simply lying there motionlessly are nevertheless fully present to the



Monika Renz in a music-therapy session with a patient

situation and radiating something to others. The dying who seem already to have lost contact with us sometimes suddenly show some reaction after all. Something else, something new can happen precisely when, as helpers and carers, with all our knowledge and expertise, we have nevertheless become helpless, and simply remain there with the person in front of us, enduring the situation along with them.

I was called to visit a young seriously ill father. I already knew him as a person who would never stop talking—something that even his wife and his children were finding too much. Sometimes I succeeded in interrupting his endless stories by using music. But today the situation had changed. Thomas was crying. He had become aware that the doctors did not hold out any hope for him and he would die soon. His wife, also suffering from cancer, was sitting at his side, leaning against his shoulder. Both were silently crying, and wanted me to be with them in the silence. I was also in tears as I thought about this young couple and their children. Suddenly Thomas asked me: 'What would you do if you were me? Everybody says I should enjoy life as long as possible. But enjoyment's impossible.' His wife nodded her head in agreement. 'A good question', I reflect. 'Indeed, what would I do?' Then an answer came out, spontaneously. 'I'd react on

two levels. On one level, I'd organize whatever can be organized for you and your children. For that you can get professional help. But on the other level, which is just as important, I'd try simply to live the moment. Just being present, inwardly present. To feel, for example, what it's like to be here, the three of us. To feel how tenderly your wife is caring for you. And I'd tell God what I was feeling. I don't know if God means anything to you, but, speaking personally, that's what I'd do.'

Both of them looked at me. They weren't religious, they said, but they'd like to know what I mean by 'feel' and 'tell God'. And they began to understand: 'When I'm eating, I'm not just eating—I'm also having feelings and reactions at the same time', said Thomas. And his wife continued: 'Though I'm crying I'm still in good hands. That's very different.' We stayed together for a while. Sometimes we exchanged a few words then we remained silent again. All at once Thomas said: 'What a difference! Today I'm not the only one talking, I'm also listening. I'm even listening to myself speaking.' They had several further conversations like this, both with me and between themselves. As for the children, everyone involved with this sad case began to look around for help. None of this could alter the inevitable medical outcome, but it nevertheless bore fruit: besides the grandmother, other organizations were found that could help the children.

There were not many pious words passing between us. But this was surely a spiritual experience. Genuine solidarity is spirituality, and vice versa. Neither is attainable by the self in isolation; both occur only when people are being honest.

Four Key Questions

When I am looking for resources to help me personally in dealing with a particular case, I often think about four questions which I take from a discussion by the theologians Lothar Lies and Silvia Hell about what Jesus' miracles mean for our salvation.²

- € Who am I?
- € Who loves me?
- € Who sets me free?
- € Who makes me holy?

² Lothar Lies and Silvia Hell, *Heilsmysterium* (Graz: Styria, 1992), 14-15.

These questions deal with basic human needs. It was only through these questions that I myself realised why people discover healing in the deepest sense only in interaction, in interaction with what we have to call God. Let me explain.

Who am I?

Do we indeed discover our true identity only in God? And is any true experience of our own identity also an experience of God?

William, a manager in his fifties, had fallen ill and had had to break off his successful career. He wasn't a churchgoer, and was disillusioned about God. He was effectively an atheist. When I played music to him, it was as though it went right through him, and he said it was doing him good—though when we were talking and arguing he was always crisp, trying to move on to the next point. He perspired heavily and needed a change of bed-linen at least once a day. This was disturbing him: 'Is it normal?' he asked. I answered indirectly: 'In other patients, sweating is a sign of anxiety. But anxiety isn't your problem, is it?' 'No', he answered curtly. I sensed that his constant raising and then stifling of issues was a kind of power game. So I tried a tentative question: 'Are you thrown by being cut off from life so abruptly? I certainly would be.' He nodded in rather surly fashion: 'Perhaps you're wondering if you've done enough to come to terms with what's happening?' I continued. 'Perhaps', he replied. The atmosphere became tense. Sweat was running down his face. I plucked up the courage to ask him directly: 'Do you sometimes feel angry with God?' 'Yes, of course', he replied. 'Can you express this anger?' His answer was curt: 'I say, "that's enough, God!" But then nothing happens.' Again I pluck up a bit of courage: 'Would it be OK if the two of us try to make up a prayer that shows God what you're feeling, how angry you are, the questions you have?' 'No', came the reply. Nevertheless William wanted me to stay. We talked for a bit about this and that until he suddenly said, 'you ... pray!' I felt troubled: there were difficult feelings behind his curtness. I began: 'God, whoever or whatever you are, here is William and he is suffering terribly ...'. But then he cut across me: 'Don't say "William" when you're praying; that makes me out to be too much. I'm just a worm.' He broke down in tears, weeping bitterly. At first I didn't know what to say. Then I said: 'As far as I'm concerned you're not a worm, especially not before God. What were you called as a child?' 'Billy', he replied. 'OK. So may I say: "God, here's Billy"?' 'Yeah, try that,

Go on!’ While I was praying he seemed to become more recollected. Afterwards he commented—‘Yes, Billy, that’s the right way. That’s not too much, and I’m not a worm.’ And the tears continued.

William had had to find a new identity before God, somewhere between the worm and the powerful boss. Eventually he became a quite different person, pleasant and cheerful. The disturbance and the perspiration went away. Death came far more quickly than everyone expected. Even at the very end, he was stammering to me how important ‘that experience’ had been.

Who Loves Me?

Can there really be an experience of God’s love that offers ultimate salvation? Does it really make sense to say that whenever people love each other deeply, something greater is at work? That the power that enables us to get through a crisis, or the opening of the heart that brings about genuine reconciliation, is somehow ‘given’ from outside, rather than being available to us simply as a human resource?

In my experience, the dying receive many human signs of love during their dark nights, and these are important. But there are also needs which no human word can reach, and moments of despair when no comfort can be given. What brings deliverance at such times? If we are close to such a situation, we must begin by acknowledging our powerlessness. And yet I have repeatedly had an experience of love at work in such situations. You often find motionless patients, hooked up to machines, or in seemingly endless despair, and someone just staying there with them—a spouse, a child, a chaplain who remains present, not knowing where the energy is coming from that might enable them to cope with the situation. Then, all of a sudden, something happens. The patient’s inner experience changes; a wife’s gentle voice somehow becomes an enfolding embrace; the eerie loneliness of the intensive care unit gives way to a gentle lulling and a sense of being sustained.

A husband, who was distraught at his wife’s plight, used to play the cello every day for her. He was not a very gifted player but he wanted to find some way of reaching her in her grave illness. The night before she was due to undergo a very difficult medical procedure, she was all alone and in great anguish, apparently Godforsaken. But inwardly she heard one of the tunes he used to play. And suddenly it was as if Jesus himself was standing at her bedside, comforting her.



Who Sets Me Free?

Cancer wards, palliative care units, intensive care stations—these are not places where one expects to meet people with a sense of freedom. Patients in such places tend to be in despair, tied up to machines, perhaps already largely immobile, already too incapacitated or just too tired to perform even the simplest tasks. And yet I have never witnessed elsewhere the profound freedom I have discovered

precisely in such situations. The point comes when people cross a threshold beyond pain and anxiety, and come to terms with their oncoming death. Then they become something more than their pain, their anxiety, their body and their sickness. At just this point, they become free, so to speak, from themselves, from their ego and their superego—witness Teresa, the quadriplegic woman mentioned above. There is a freedom that is somehow more than the power of independent decision or the scope to express one's own opinion.

What Makes Me Holy?

Wholeness and holiness are gifts of grace, limit-states of human existence. But they are not uncommon among the dying. Dying people sometimes emanate a wonderful and placid serenity. Anguish and struggle can dissolve and they can give off an aura of inner peace that also touches those around them.

A serious criminal was transferred from prison to hospital. 'A murderer', someone whispered as I was being shown to his room. He seemed to be stuck in deep, long-term trauma. He was lying there, bathed in sweat and very frightened; it was as if he was unable to die. He could not cope with my looking at him, but was staring blankly at a switched-off TV. 'Even for you, Peter, there is a way to die', I said after a while. He looked at me

for a moment, and then turned away. The next time I visited him, I was with his sister. He was even more confused. 'Peter, I'm Monika, the music therapist, and your sister Marianne is here.' No reaction. The sister was disappointed. So I try again: 'Peter, somehow and somewhere there is peace for you.' There was a long, inarticulate noise, and then he breathed out, very slowly. The sister saw something of grace in this moment, and said, 'You're still our Pete; go home'. A few hours later he died peacefully.

Spiritual Experience and Its Content

These are the sorts of things than can happen among distressed patients. But what are the main contents of a spirituality of distress? What is it that happens to these patients in moments of grace? What do they inwardly feel, hear, see, sense, anticipate? How do they talk about something which in itself has no name? The research I have undertaken among patients has been centred on these questions. When I came to write up my second project, trying to categorize the spiritual experiences of the dying, I had a huge pile of paper in front of me, with some 300 accounts from 135 patients. Personal, indeed intimate, though the spiritual experiences were, I came more and more to realise that there were common features. In my final report I named five ways in which people experience the One, the Holy and the All-Embracing.

An Experience of Oneness

41 patients reported a new kind of awareness—of the body, of the world around them, of existence, of time and space. They spoke of being connected, of being a part of a whole, of absolute existence. 'Somehow time didn't exist any more. It was as if everything had come to completion.'

Roger was very ill, and far from being at peace with his impending death. But a music therapy session brought about a profound change. 'There was just Being. My body felt quite, quite different. Everything within me was pulsating: it was as if I was enormous and tiny at the same time. I was no longer bothered about what the right thing was or what I should do. It was no longer about me at all. Everything was just there. And at some point I could actually see this Being. Every created thing was there, arranged by its creator. However long or short a time everything lasted, it

just was there beyond time, and it was all good.' A few days later Roger died calmly, at peace with himself.

An Experience of the Other

By 'experience of the Other', which was described by 44 of the patients whom I was studying, I mean an experience of something from outside that is numinous: an Other that can sometimes be invisible, faceless, or powerful. Normally the Other is perceived indirectly. It is neither visible nor tangible; if it is sensed at all, it is generally heard as a powerful voice, rather like a voice in a dream. Nevertheless, this Other leads us to a proper sense of who we are. It gives us a sense of worth; it calls us to conversion; it entrusts us with a vocation. As in the case of William, people's self-images are transformed. We no longer feel like worms; we sense the dignity of being a person.

Roger's story also illustrates well the transition from an experience of oneness to an experience of the Other. It begins with a sense of Being as One. But then Roger suddenly becomes able to see this Being, and as he looks he can see how all existent things exist ultimately in relationship with Being. And this means that he also experiences himself as in relation, as at once confronted with God and rooted in God.

God as Father and Mother

34 patients spoke of what I am calling 'an experience of God as mother and/or father': a sense of closeness to an accessible parental figure who provides warmth, security, refuge or safety.

'I saw Him—and yet I didn't see Him', Martha confided to me in reverent tones after what was obviously an intense period of prayer. 'It was God just as I used to think of Him when I was a child, like a father. But then it wasn't as though I saw Him at all: He was just there. It was more than just imagination.' For her part, Agnes dreamt of a large expanse of soft wool, like the wool of sheepskin carpets, holding her and sustaining her. She felt comfortably warm and protected. Moreover, strangely, she could hear a shepherd's song. 'But why?' she was asking me. Through this dream, Agnes was finding her way back to her fundamental and distinctive way of relating to God as good shepherd, a God who was motherly and fatherly at once.

God Within

33 patients reported the kind of limit experience that I have recounted already: that of a God who steps into an experience of extreme powerlessness, often named as Christ.

An Experience of the Spirit

Of course any spiritual experience is an experience of the Spirit. But 49 patients seem to have had an experience of the Spirit in a narrower sense: a sense of energy, of a driving force, of victory suddenly being won in a spiritual struggle, of a reality within the self impelling movement and driving them onwards, pulling them beyond themselves into the vastness of God.

'In My Father's House There Are Many Dwelling-Places'

Spiritual experience, whatever form it takes, is about the One, the Holy, and the All-Embracing, in such a way that everyone—including the patient lying in front of me, and myself—can find space within this mystery. And not just any space, but rather a distinctive and personal home.

Florian, a chronic alcoholic, was unable to die. For weeks he was comatose, without any sign of communication. His son and one of his two daughters visited him from time to time. The other daughter had broken off relations with her father years ago. He wasn't her father any more; he was out of her life. The other daughter, the one who was there, told me that she was torn both ways. 'I can understand my sister and nevertheless I have to come. Maybe I still harbour a glimmer of hope. Although I really don't know what I'm meant to be hoping for. I'm ashamed of being my father's daughter.' 'Hhhhh', the reaction came from the dying father, who had obviously heard and understood. The daughter was strangely affected. Perhaps her father too was ashamed of himself? And perhaps just that fact was in some way giving him his dignity back? As we sat at her father's bedside, Florian's daughter and I had a good conversation about Jesus' promise, 'in my Father's house there are many dwelling-places' (John 14:2). 'Ahhh', Florian seemed to comment. The following day he died.

These reflections on the nature of spirituality began with the question, 'what brings people real healing?' They end with a fuller and prior question: 'when we undertake spiritual accompaniment with sick and dying people, how can we open up space so that the events that bring ultimate healing can take place within the patients themselves?'

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