Spirituality and Pain: Finding Purpose, Meaning and Hope in the Midst of Suffering

Harold G. Koenig

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INTRODUCTION

I am going to be talking about spirituality and pain as the focus of my presentation: A bit on pain, about suffering as a gift, the role in which spiritual transformation can help people cope with pain, and how religion influences coping. I will also review some of the research on religion and coping with illness, and then look at some spiritual approaches to pain with regard to application. Pain has multiple components to it or expressions of it. There is physical pain—the kind of pain that people have that is caused by disease or illness (e.g., arthritis). I experience chronic pain. I have for about 30 years and it is pain that is related to inflammation of the joints and the tendons. Then there is emotional pain—the pain that people experience because they feel bad emotionally—they feel depressed or anxious. Depression is probably one of the strongest forms of emotional pain where people feel so desperately in pain that they would rather kill themselves than be alive. Then there is spiritual pain—pain that derives from existential kinds of feelings like, “Why am I here?” “Why did God allow such and such to happen?” These are the kinds of spiritual struggles that we experience. Then there is the experience of all of these interacting together. Physical pain causes emotional pain because people become depressed over their physical pain and then they wonder, “Why is it that they have been picked to experience pain in life?"

NOW WHAT ABOUT SUFFERING AS A GIFT?

You know, pain is the gift that nobody wants. I think there is a book by that title, The Gift That Nobody Wants, and yet pain can do a lot for us. Medical societal views toward suffering and pain are: Avoid it at all cost. There is no real value or worth seen in pain or suffering other than to get rid of it. There are some risks involved in pain and also some benefits that we will take a look at. Pain can be destructive. I see a lot of patients with chronic pain, young and old, as part of my clinical practice. And it can be destructive, even in very devoutly spiritual people. If living day in and day out with pain rivets your attention to it and causes you not to be able to pray or read scriptures, it can be destructive. It makes you irritable so you are short with your family and loved ones. It can destroy people. Pain can lead to addiction as people try to struggle with relieving it, wanting to have just a little bit of comfort and not having pain in their life. That is one of the gifts of pain—being without pain is a wonderful thing. But many of us who do not have that pain, do not really realize how wonderful it is to lie in bed at night and not have any pain. So people get addicted because they take medicines to give them those short periods of relief.

Pain can be isolating because it affects your functioning and you do not feel like socializing with people. You want to just be alone and not have any more stimulation at all and it affects your socialization and you start to feel isolated and lonely. Pain can cause anger and frustration. After a while, day in and day out with pain and suffering, it is frustrating and it pushes people to become angry. I have a patient who is a very devout man in his 30s suffering from chronic pain and there is nothing he can do to get away from it and he is so angry. Pain can make life burdensome for both oneself and other people trying to care for somebody in chronic pain. Many of you may know what I am talking about—you may have a loved one that you are trying to help. Pain makes people irritable. It is hard for them to express appreciation. People begin to feel that they are not only a burden to others but they are a burden to themselves, and of course that is part of the driving thing that causes people to become depressed. Pain can lead to depression, loss of hope and suicide. These results manifest regularly
in older people with chronic medical illness and chronic disability and a lot of times we do not even hear about it. People end up just not complying with their medications or taking a little bit too much of a medication and people are reported as dying from natural causes.

What about the benefits of pain? Well, when you are in pain you are unlikely to be able to feel that pain has any value at all. All you want to be is without the pain. However, pain does provide a person with an understanding that others who are not in pain do not have: a depth of understanding and appreciation for what others who are going through pain are really going through. It is one of those things that you just cannot really appreciate unless you have been through it. It provides insight. Hopefully, it provides compassion. If it is not too destructive, pain can provide compassion for others, although compassion usually is not there when the person is having pain. It usually comes afterwards. And, of course, it can cause spiritual transformation. Pain can cause people to become more intimate with God. It can draw them to God as they seek Him in their striving for relief. Pain can also drive them away from God because they are angry and so they direct that anger at the One who ultimately is responsible for their pain. So it can go either way.

WHAT ABOUT TRANSFORMING PAIN THROUGH FAITH?

All religions of the world address the problem of pain and suffering; it is one thing religions have in common. In Christianity, faith can transform pain. Having faith, believing in God, and having a religious worldview can help people see their pain as having a sense of purpose or contributing to some kind of good. When they can get to that point, that purpose lightens the burden of their pain. When they can see that pain has some kind of meaning behind it, the burden of pain is lessened. Faith also enables the use of the pain to help others and that is perhaps the greatest benefit of pain. It can motivate us to try to help others with similar circumstances. Humans in general have a deep need to help others; when they are no longer able to do so because of disease or disability, they find that depression can begin very quickly. There is a deep human need to contribute to others’ lives and to feel useful, especially for those people who feel that they have been a burden on others. Pain enables one to help others who likewise suffer from pain. It is the best certification you can have in reaching out to, supporting and spending time with others one can have. There is no way you can be trained in school to really to have the same thing you get from having pain. A sense of participating in Christ’s redemptive suffering can be spiritually transformative. This view comes primarily from the Catholic tradition. In the Protestant tradition, people believe that Christ did it all—there is nothing left to do. However, pain somehow allows us to participate in that redemptive suffering that Christ went through, which has saved all of humanity.

GENERATING STRENGTHS FROM OTHERS’ WORK

People in pain can contribute to the work of others. This idea is actually from a book by Mother Teresa called The Joy of Loving. In Minneapolis, a woman in a wheelchair suffering from continuous convulsions from Cerebral Palsy asked me what people like her could do for others. I told her, “You can do the most. You can do more than any of us because your suffering is united with the suffering with Christ on the cross and it brings strength to us all.” There is tremendous strength that is growing in the world through this continuous sharing, praying together, suffering together, and working together. It is almost based on the principle of justice—justice that the suffering of pain contributes something. There are sick and crippled people who cannot do anything to share in the work. So they adopt a sister or a brother who then involves the sick co-worker fully in whatever he or she does. The two become like one person and they call each other their second half. Mother Teresa writes, “I have a second half in Belgium. Each time I have something special to do it is she behind me that gives me all the strength and courage to do it.” If you have a ministry and you have someone else who is deeply suffering or disabled who is praying for you, it may help. I have experienced that
strength myself when I know people are praying for me, when I may be very tired or want to give up or feel that this is just not worth it. So I think we are linked in that way or can link with those who suffer.

**HOW DOES RELIGION INFLUENCE COPING?**

Religion provides a positive worldview, a worldview that sees this beautiful universe, created by a creator with whom we can communicate, talk to, relate to, pray to, and influence. What a wonderful worldview it is where the creator cares for us and, in the Christian worldview, cares enough to have become a human and to have fully experienced the pain and suffering that humans go through. What a beautiful worldview it is, where people with pain can identify with that worldview as opposed to the scientific worldview which sees the world as basically random, that humans are simply organisms that have evolved from lower organisms into some higher form of organisms, and that we are really not very significant at all in this vast universe. There is really no purpose or meaning to the individual life. But in the religious worldview there is purpose and meaning. Every person is important; every person has a calling, whether they recognize it or not. Every person’s life is meaningful, so much so that there is a scripture verse that talks about the shepherd leaving the entire flock for the one sheep that wanders off. I do not know if you have seen the movie with George Burns, in which he is God and the devil, entitled, *Oh God You Devil*. In that movie I was struck by the fact that God and the devil are sitting at a table and there is this one person whom God wants to be able to have, who really is in Satan’s clutches. So God bets all of humanity for that one person’s life and I think that is what is so significant with the religious worldview—meaning and purpose in life.

**PSYCHOLOGICAL INTEGRATION**

When bad things happen—when you have a bad diagnosis or you are suffering with pain or you have a traumatic event, lose a loved one or even you know a disaster might occur to you or you might have a major loss, you need to be able to psychologically integrate that event into your worldview before you can move on. Even religious worldviews that may seem pretty destructive, for example, fundamentalist religious worldviews that emphasize the role of the devil and sin and hell and you might think there is not much positive emotion, when bad things happen, many people in those groups feel that it was caused by their sin and that by confessing their sin they can prevent it from occurring again. And you know it is a worldview that gives them a sense of meaning and purpose, explains the event, and gives them control over the event.

There was a major disaster that occurred in some small islands out on the South Pacific and, at one point, there were psychologists that went and were counselling the people. They became very upset by the local religious community who were attributing the disaster to God’s wrath over the attention paid to the pearl industry around the island and the fact that people were spending time on Sundays working in the pearl industry. They said that the people needed to repent and if they did so, things would become better. There was a lot of conflict between the psychologists and the religious people. I do not think the psychologists realized the role that the religious beliefs of that population was playing in psychologically integrating that disastrous event and giving them control over that event.

Again, religion provides a sense of hope that there is always something good that can come out of it, that God can either relieve people’s pain or can give them the strength to cope with the pain or can give the pain meaning, so there is that hope. When hope goes, people do not last very long. Hope is a real motivating force for just about everything, including compliance with treatments and people have to be able to see into the future that there is some way out of the situation in which they find themselves. If they cannot see that, they will not last very long. Of course, that is what happens when people commit suicide: hope is gone.

**PERSONAL EMPOWERMENT**

If we can talk to the creator, it gives us power in a situation that we may otherwise feel
powerless. When in sickness or chronic pain where you are dependent upon the doctors or the nurses, you can lie there and just be at the mercy of the treatments, or you can pray and you can influence your situation through that mechanism. The later is empowering. It gives the person a sense of control over the situation even though it is an indirect form of control through God.

**ROLE MODELS FOR SUFFERING THAT HELP PEOPLE TO ACCEPT THEIR PAIN**

The book of Job is my favourite book in the Bible. It is one of the oldest books and one that really provides a wonderful illustration of somebody coping with pain: losing all of his family and children. Imagine if you lost your children suddenly. What would happen if you lost your job—your work to which you have devoted your life. It happened to Job. All of his sheep and goats were suddenly all gone. What then would happen if you became depressed and sad over all of that had happened to you and you then had that emotional pain to bear? It happened to Job. What if you then became sick with painful boils over your body? It happened to Job and Job responded like we would all respond: He became angry and asked, “Why me, God?”

As counsellors, we can learn from how Job’s friends helped him. At first they were doing very well. They sat with him for seven days and said not a single word. Then, of course, they started to try to fix the problem for Job and tried to explain the problem. That is when things did not work out so well. In fact, Job even had to pray for his counsellors before God would forgive them for that kind of advice that they gave. Those of us in the health care professions are trained to fix things and offer advice, not to listen. But Job was angry and he asked God why and God answered him. I think his answer really helps people with chronic pain. He said, “Job, did you create the fishes in the sea? Did you create the sun and the moon, the whole universe? Do you know the past, eternity past and do you know the future, eternity future? No you don’t. But I do, I know all these things. You see only a very tiny slice of reality. There’s a lot more going on here than you are seeing right now. I know this; trust in me; trust in me.” And then ultimately Job had a good outcome. He is a wonderful role model.

**GUIDANCE FOR DECISION MAKING THAT REDUCES STRESS**

People experiencing pain and suffering a lot of times will turn to alcohol or drugs and become addicted. Religion helps them to make better decisions that reduce stress over the long term and provide answers to ultimate questions like, “Why me?” It provides support—both human support and support from the divine. Especially important is the fact that support is not lost with severe illness and disability. The philosophers, the atheistic and agnostic philosophers, did well as long as they were healthy and independent and young. But when they got into their old age and when they became sick with illness and disease, all of that philosophy did not help them much. They became very empty in those days when, as we say in the United States, “the rubber met the road.”

How common is religion in coping? What are some consequences of religious coping? And what about religion and coping with pain specifically? There is a little study we did at Duke Hospital, a very simple study. We gave a consecutive series of patients on medicine neurology and cardiology, a scale from 0 to 10 and we said: “To what extent do you use religion to help you to cope?” All patients were over the age of 60 and, yes, this was in the Bible-belt. However, 40 percent of this random sample indicated 10 on that 0 to 10 scale. Another 50 percent indicated between 5 and 9.9 on that scale so that in the end only about 1 in 10 indicated less than 5 on that 0 to 10 scale. So older adults, at least in Duke Hospital rely upon their faith to help them to cope.

This happens not just in Duke Hospital. There have been studies in arthritis patients in California, diabetes patients in New York, kidney disease patients in Washington, cancer patients all over the country, heart disease patients, heart transplant patients, lung disease patients, lung transplant patients, and HIV and AIDS patients out of Miami and Los Angeles. There have been
studies in Cystic Fibrosis (younger people as well as older), Sickle cell disease, Amyotrophic lateral sclerosis, Lou Gehrig’s Disease, chronic pain and severely ill adolescents. Well over 80 studies have documented high rates of religious coping in those conditions largely in the United States.

Remember that little scale from 0 to 10? Well, we divided the scores into low, moderate, high and very high cortiles and just then looked at the percent of the patients with various levels of depression. You can see those in the very high, the highest cortile of religious coping have about half the rate of depression compared to those in the lowest cortile. This is nearly a thousand consecutively admitted patients to the neurology and medicine services at Duke Hospital. We are now looking at depressed medically ill patients. We identify them as depressed. We do a diagnostic evaluation and then we track them over time and we see what happens to their depression; how quickly they go into remission. These are not psychiatric patients but medical patients. We divided what is called intrinsic religiosity, which is another measure of religiousness and tracked those with low, medium and high. We divide the score in thirds and look at their recovery rates from depression. This is the probability of non-remission. They are all enrolled at times zero with depression and then they recover at varying rates. Those with high religiosity are recovering at every time-point faster than those with low religiosity. This is statistically significant and independent of other predictors of depression. So now we have a model to try to understand how religion or spirituality affects mental health in severe illness. Certainly there are genetic and biological factors deriving personality, depression, anxiety. There are developmental factors, whether or not we were loved as children or whether or not our parents were available to us, that sense of development, that sense of our basic needs being met at critical times in our development, all influencing our vulnerability to depression and psychological pain later in life. Then there is religion that influences and provides training and also ultimately influences decision making in adulthood. Religion influences the likelihood of experiencing stressful life events based on decision making as well as coping with those stressful life events that occur, and cannot be avoided. It then mobilizes these coping behaviors. But religion also influences future goals, prior experiences, and, of course, mobilizes coping resources such as the support of the faith community, all influencing these various outcomes.

**RELIGION AND COPING WITH PAIN**

There is an older study of seventy-one patients with advanced cancer from regional cancer centers in Vermont. Ninety-two percent believed in God, eighty-three percent believed in a personal God, eighty percent believed that prayer was helpful, two-thirds felt close to God and about half indicated the church was very important. All of these religious measures were correlated with greater well-being and lower pain level.

There is a prospective study of seventy-four patients with persistent low back pain for six months or more. A “prayer or hoping” subscale of this coping strategies questionnaire was the third most commonly used coping strategy out of the six strategies studied. The praying subscale was significantly and positively related to average pain at baseline. This is understandable; people who are in more pain are more likely to pray, because pain is a driving force that causes people to pray. So it was positively correlated cross-sectionally but increased use of prayer or hoping strategies over time was significantly related to decreases in pain intensity over time. It is very important to look at these relationships prospectively, not just cross-sectionally because pain is driving prayer. This is Cabet Zin’s work in terms of mindfulness meditation on self regulation. It is one of the few clinical trials that has looked at the effects of meditation on pain relief. In fact, they were able to show statistically significant reductions in pain, mood disturbances, etc.

There is a study coming out of Duke Keyfadol which looks at rheumatoid arthritis patients. Thirty-five patients with RA were asked to keep a structured daily diary for 30 consecutive days, assess spiritual experiences, religious and
spiritual coping with pain and salience of religion in coping as well as religious coping efficacy. What they found was that those who reported more frequent daily spiritual experiences had a higher level of positive mood, lower levels of negative mood and higher levels of social support. No relationship however was found with pain levels. So, you know, sometimes it takes awhile for these things to work but in terms of mood and attitude, those who are more religiously involved and having spiritual experiences regularly are certainly coping better.

Here is a little story about a patient out of an article in JAMA published July 24, 2002. This was a patient of one of the editors at JAMA who also happened to be a professor of medicine at Harvard. This patient impressed the doctor so much that they decided to publish an article on it in JAMA. It is probably the longest article on religion and coping with illness that has ever been published in a journal such as JAMA, New England or Lancet. The lady was older, had multiple serious medical problems resulting in chronic, progressive unrelenting pain. She had conditions like diabetes and peripheral neuropathy and painful neuropathy in her extremities caused by the effects of the blood sugar. She had widespread rheumatoid arthritis and osteoarthritis. Her spinal column was developing bone spurs that were digging into her spinal cord causing loss of extremities in her legs and strength in her legs and feet. In fact she had what is called neuropathic pain—where the pain is coming from changes in the nervous system and is not responsive to narcotic analgesics. So she can take as much Delodid Demerol as she wants but she remains in pain as long as she is conscious. Alternative medical treatments have not been effective. They tried healing touch, massage, acupuncture and all sorts of alternative strategies—none were effective. She has limited material resources. She lives alone and does not have much support but despite all of this she is doing well psychologically. She is positive, hopeful and optimistic. And this is what impressed the medical doctor who is not particularly interested in religion but sees this patient in his office every couple of weeks and cannot do anything for her but sit there with her and just listen. She tells the doctor that she is positive and hopeful. She is functioning completely independently with no assistance and in fact he even finds her sometimes being wheeled around in the hospital, praying with patients, and encouraging other patients with conditions like chronic pain. She says that religion is how she does it. Exactly how does she cope with pain? These are her words taken out of the Journal of the American Medical Association:

I don’t dwell on the pain. Some people are sick and have pain and it gets the best of them—not me. I pray a lot. I believe in God and I give my whole heart, body and soul over to him. Sometimes I pray and I’m in deep serious prayer and all of a sudden my pain gets easy, it slackens up and I drop off to sleep and wake up and I can do things for myself. So prayer helps me a lot. I give God my heart and soul, you don’t have to worry about nothing. He leads you and directs you; He takes care of you. I believe in that; that is my belief.

Now let us dissect this just for a moment and see how it works for her. “I don’t dwell on the pain.” Now when people have pain, one thing it does is rivet their attention to the pain and the more they pay attention to pain, the larger it gets. So she is not dwelling on it; she is able to distract herself by praying. So praying helps to get her mind off the pain and gets her focused upon something greater than just herself. And it is not just the praying—she emphasizes the fact that, “I believe in God,” and not just a simple assent to believe, but a wholehearted commitment to God. So when she is praying she is not talking to a stranger; she has a relationship with God. God and she have been communicating for some time. She is not just praying to relieve her pain. This is part of an ongoing relationship with the Divine that is going both ways and is involving her wholeheartedly—her whole life is turned over to her God.

She goes on to say, “Now sometimes I pray and I’m in deep serious prayer and all of a
sudden my pain gets easy.” The relaxation response Herb Benson talks about that in deep meditation the body relaxes and people go into this deep state of meditation. That, I think, is exactly what is happening here. She is becoming relaxed and then she can drop off to sleep, her muscles relax, she wakes up and she can do things after getting a little bit of sleep here. “So prayer helps me a lot,” she says. But then she goes back to this statement: “I give God my heart and soul.” Again, she is back to this wholehearted turning her life over to God. “And you don’t have to worry about nothing.” So she is not worrying about her pain, she is not worrying about when it is going to come back or whether it is ever going to go away. She feels taken care of and supported.

So that gives you a sense of how this particular patient dealt with the pain. I will summarize: How do you deal with pain? Well, work on your attitude. Develop a spiritual attitude toward pain. Submit, as this woman did, to your understanding of God or a higher power. Submit completely, accept the pain for now. That does not mean you should not do everything possible to relieve the pain, but with whatever pain that is left after you have done everything possible to relieve it, there is a certain amount of acceptance that needs to be done. Realize that—and this is very, very important—realize that joy, fulfilment and meaning is still possible whether you are in pain or not. They are not irrevocably linked with your pain. If you are having pain you can experience those emotions. You can because of a spiritual attitude. Recognize your pain as a special calling, a special calling for you to reach out to others in pain and help those people because you know what they are going through. Get involved in a faith community. That faith community needs you if you have chronic pain. They need you. You are not necessarily going there just to be supported by them; they need you among them so that they have an opportunity to minister to the suffering among them. Seek inspiration, look for role models in Scripture, pray for relief. I pray for relief. When I am sleeping at night and my hip and back are bothering me, I pray that God will take that pain. And you know, sometimes God does—that pain goes away and it is wonderful. Pray also for God’s will to be done because God may be using the pain in your life. Pray for the ability to cope with the pain, even if it does not go away. And finally, pray for others and help them with their pain.