

On Illness and Human Meaning

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The occurrence of illness in our lives, the fateful encounter with what Susan Sontag calls the night side of life, is widespread. In a certain sense illness knows no boundaries, no frontiers of class, race or creed. Naturally we all hope that our sentence in that kingdom will be short and that quickly normal healthy life will resume. But for some it is not so simple. An illness or patterns of illness can become a factor which has to be taken into account in the overall plot of their lives. In some lives it appears to visit absurd sentences on its victims. In others individuals can exhibit a remarkable capacity to transform and even in a sense redeem an illness in a quite creative manner. It becomes an integral part of the creative process itself. This poses the question, what is the point, the purpose, the meaning of an illness in any particular life? Is it an absurd deprivation depriving illness of any contribution at all to the meaning of particular human lives? Or is there more to it than that?

a. Illness entails suffering

We should never lose sight of the fact of the suffering that accompanies illness. The problem is that many discussions of illness can be on the conceptual level and tend to move away from this dimension, the dimension of affliction that Simone Weil considered incommunicable. It is a point that should be in the background of every paragraph that follows. Illness is not simply a deprivation of some good such as the absence of a warm coat or a daily newspaper. The absence of certain goods might cause irritation or hardship but not necessarily suffering. What is absent in an illness at some point results in suffering.

In 1993, shortly after a delicate operation on my hand, possibly in response to the anesthetic I developed pleurisy. It came on near mid-night with the onset of an excruciatingly severe pain in the region of the left lung. The pain was so bad that I could not lie down. Clearly most postures aggravated it. For the next three weeks each night I had to rest, I won't say sleep, I had to rest in a chair through the night, trying to find some posture in which the pain would be tolerable. It was a time when, as was said by a soldier about the opening battle in Saving Private Ryan, all one wished for was that the pain, the suffering, the anguish was over. At times Virginia Woolf clearly felt like this as her manic depression came at her in waves. My pleurisy may not rank high in the list of painful illnesses. Yet in that experience and of wishing it was over I can identify with the suffering, the afflictions, both organic and psychological, that the ill endure. It was the sort of experience through which one can feel connected with the passion of human kind. We also have to accept the fact that for some the pain will not end. In some strange way it is their peculiar vocation to live it out. It is what they are being asked to do in their lives.

As well as sheer raw physical pain, illness also entails psychological pain and suffering.

In his *Journal* Jaspers recalls the isolating effect of his illness on him when he was a youth.¹ He was unable to hike, dance, or more generally participate in the normal pleasures of youth. Children who suffer from childhood illnesses will easily identify with his remarks: “The isolating effect of illness is inexorable though silent. One is excluded without anyone saying so directly. One is treated with pity, surrounded with silence and secrecy. . . . Often one is the object of dislike.”² Children acutely experience the pain of being different that is visited on them by their illness. If the illness is chronic, a permanent feature of a person’s existence, then there is a personal problem of accepting it. This can alternate between denial and identification, neither of which Jaspers considers acceptable. The acceptance of one’s illness is for Jaspers an insoluble task even though it can intensify a person’s experience of being human.

b. *There are varieties of social attitudes to illness*

When Jacqueline du Pre developed multiple sclerosis, Galina Rostropovich said to her that she got her illness because she had become a Jew. The same sentiments were conveyed to her by many, including her parents.³ In different ways in different situations remarks like that can be heard. As in so many fields, here also humans are past masters at blaming the victims for their status: “You got your cancer because of your repressed anger towards me! It is your fault. You are to blame for your illness.” Susan Sontag in her *Illness as Metaphor* and *Aids and its Metaphors*⁴ is critical of social attitudes that would think about cancer as an expression of something repressed or of AIDS as an invading plague. Under the pressure of such social attitudes the ill person can end up with the most negative of all attitudes to their own illness. Regrettably most likely there will always be those who consider illness as a punishment, even for sins committed in a previous life. They will concur with the German physicist G.C. Lichtenberg’s chilling remark that “Sickness is mankind’s greatest defect.”⁵ My own view is that the ill and those who care for them are the true heroes of society. Few, knowingly, bring an illness upon themselves.

Jaspers is highly critical of two attitudes towards illness that he finds in Plato and Macaulay. Medicine for Plato had no business curing a person who could not live in the normal way.⁶ In his Republic he did not want to lengthen out good for nothing lives or to have weak fathers begetting weaker sons, an attitude that contrasts with that of Jesus and his kingdom of heaven. Macaulay follows Bacon whose aim was to make imperfect men comfortable. For Jaspers those who have been ill, who know illness from the inside will read the lines from Plato and Macaulay with repugnance. Acknowledging that no life is worth living simply for the sake of an illness, in the cold haughtiness of the words of Plato Jaspers finds expressed the repugnance experienced by all healthy beings towards the sick members of their species. Making the ill comfortable is fine but not enough if it does not

¹ I am indebted to Phil Huston for bringing to my attention some of the points in this and the following section.

² *Karl Jaspers, Basic Philosophical Writings*, New Jersey, Humanities Press 1986, 534.

³ Easton, Carol, *Jacqueline du Pre, A biography*, London, Hodder and Stoughton 1986, 206.

⁴ New York, Farrar, Straus and Giroux, 1978 and 1989 respectively.

⁵ *Microsoft Bookshelf 95*, index under Lichtenberg, illness.

⁶ *Republic III*, 407.

open up conditions that enable the person to develop an inner and outer life.

Brian Appleyard had a niece, Fiona, who suffered from muscular dystrophy. In a newspaper article, "A Very Human Being," influenced by that experience he explored attitudes towards illness.⁷ Appleyard could easily see through her illness to perceive that Fiona was the most extraordinary person he had ever known. She had an awkward ability to put him on the spot by posing questions about the meaning of life. But mostly her very existence in his presence asked him, who did he think he was? In comparison with her daily grind he could only answer, a pampered fool. She changed lives, stopped people feeling sorry for themselves to such an extent that in one instance a person decided against taking his life. Her vital presence in so many lives was quite at odds with the stance of some medical professionals he had met who were proud of having prevented the birth of a number of cases of muscular dystrophy or who consider those who bring handicapped people into the world as irresponsible. Appleyard refers to Paschal's "Prayer to ask God for the Right use of Sickness" as a challenge to those who see elimination as the only proper attitude to illness. He is in agreement with Timothy F Murphy who sees suffering and difference as fundamental to our sense of the value of life.

An ill person may develop an extraordinary sensitivity to other ill, hurt or damaged persons and an equal sensitivity to potential situations that may lead to hurting another. They may see through the superficiality of much of the lives of normal healthy people. Should their health be restored there can arise a highly enhanced sensitivity to ordinary health and the possibilities of life.

The desire to eliminate illness from the world is a beautiful aspiration. But it is one whose success, given our experience of reality, ought to be viewed with scepticism. Interesting in this context are the remarks of Nietzsche in the Preface of *The Gay Science* where he wonders if we can do without sickness. It is his speculation that only that slow protracted pain which takes its time and in which we are as it were burned with green wood that compels us philosophers to descend into our ultimate depths, only that is the liberator of the human spirit. He doubts whether such pain improves us but he knows that it deepens us. Did Van Gogh's pain deepen his aesthetic sensitivity in a way otherwise impossible? Did it improve him as a human being?

Certain social attitudes towards illnesses can be extremely damaging for those persons who suffer from them, other attitudes can be supportive. In the realm of social attitudes towards illness there are few of us who are not in need of radical religious, moral and intellectual conversion which enables us to see through the illness and our fear of it to the person involved.

c. *we can reduce the person to their illness*

Michael de Certeau draws our attention to our inability to separate the illness from the person:

⁷ *Sunday Times News Review Section*, London, January 3rd 1999, pps 1-2.

The sick man is taken away by the institution that takes charge not of the individual, but of his illness, an isolated object transformed or eliminated by technicians devoted to the defence of health the way others are attached to the defence of law and order or tidyness.⁸

Reactions to this attitude can be found in Oliver Sacks' *An Anthropologist on Mars* and *The Man Who Mistook his Wife for a Hat*, in Sidney Winawer' *Healing Lessons* and in Michael Kearney's *Mortally Wounded, Stories of Soul Pain, Death and Healing*.⁹ All are concerned to engage, primarily with the person who has the illness rather than the illness that has the person. Sacks offers seven narratives of the human spirit visited by neurological conditions as diverse as Tourette's syndrome, autism, amnesia, and total colour blindness. They are tales of survival made possible by the wonderful but sometimes dangerous powers of reconstruction and adaptation with which human beings are endowed. With this in mind he has:

taken off my white coat, deserted by and large, the hospitals where I have spent the last twenty-five years, to explore my subject's lives as they live in the real world, feeling in part like a naturalist, examining rare forms of life; in part like an anthropologist, a neuroanthropologist, in the field, - but most of all like a physician, called here and there to make house calls, house calls at the far borders of human experience.¹⁰

Really to meet, engage with the person who has the illness rather than label them as the illness takes us out of our narrow and familiar and safe worlds into the far borders of human experience. A student I know recently described to me his first encounter with a person with autism. He was working in a care centre and was asked to set up a 1,000-piece jigsaw for a girl with autism. He shook the parts out of the box and a few seconds later she began to cry and went into an autistic-like trauma. With sensitivity he discovered that she had immediately discovered that one piece of the jigsaw was missing. This entailed counting the pieces lightning fast. Unless the missing piece was found she would remain in her state.¹¹ After much agitation and a harrowing search of the premises it was found in the vacuum cleaner. After it was found things settled down. Through that experience the student began to develop some awareness of what it was like for this other person to have this condition.

A similar struggle with the challenge to change from engaging with the illness and its symptoms to developing a sensitivity to the person with the illness can be found in Sydney Winawer's *Healing Lessons*.¹² He is a world class cancer specialist who found himself in the tragic situation that his wife developed the very cancer that was his specialisation. In

⁸ Microsoft *Bookshelf 95*, index under Certeau, illness.

⁹ Kearney, Michael, *Mortally Wounded, Stories of Soul Pain, Death and Healing*, Dublin, Marino 1996; Sacks, Oliver, *An Anthropologist on Mars*, London Picador 1995; Winawer, Sidney, (with nick Taylor) *Healing Lessons*, New York, Little Brown 1998.

¹⁰ Sacks, xvi.

¹¹ Temple Grandin, who suffers from autism, remarked that her mind is like a CD-ROM in a computer or a quick access videotape. Once she gets to the section she has to play the whole part, the entire scene. Sacks, *An anthropologist on Mars*, 269.

¹² Winawer, Sydney, *Healing Lessons*, New York, Little Brown 1998.

the course of her illness he had to change from viewing the illness and its symptoms to relating to the person with the illness. It shows very well the dramatic patterns of relations that emerge and are lived out around a person with an illness. It involved her relations with her surgeon husband, her Freudian psychiatrist (who himself at a dramatic moment in the process developed a terminal illness and disappeared from view), her children, her mother and father. It shows how she takes responsibility at key points making decisions to defer certain therapies that went against his judgement, but for her own reasons. With hindsight Winawer recognised the whole experience as a wake up call in their personal relationship, an experience that greatly deepened their lives together, a profound education in life. Hence his title, *Healing Lessons*.

d. Illness in biography: the meaning of illness, its relation to creativity

You don't have to read many autobiographies or biographies before you will come face to face with illness. Temple Grandin, Keats, Virginia Woolf, Camus, Jacqueline du Pre, John Nash, and van Gogh come to mind.¹³ Biographers study life in its concreteness and in its totality. In the wholeness of a life rarely does a person escape illness. But it will remain one of life's unsolved mysteries why some people like Picasso seem to have a very light load and others like du Pre a very rough ride in the domain of ill health. Biographers have to address such questions as: what meaning, if any, does the subject give to or find in the illnesses in their lives; and what meaning are they, as biographers to give to such illnesses. Gadamer remarks:

As a phenomenon of lived experience, insight into one's own illness is clearly not simply insight in the sense of knowledge of a true state of affairs, but rather, like all insight, it is something which is acquired with great difficulty and by overcoming significant resistance. We know the important role which concealment of the awareness of ill-health plays in certain human illnesses and, above all, what an important part this concealment can play in the lived experience of a person.¹⁴

Because of the somewhat unusual role of denial, resistance and even concealment in the realm of illness clearly the meaning and significance which illness can have in any life will vary greatly. Some people find meaning in their illness by using it to shape their very lives or a part of their lives. Others can use it to control the people in their worlds.

Temple Grandin

Autism is a permanent life-long condition. It can be recognised early in childhood in an inability to relate to other children as different from the non-human objects in their world. As a result friendship becomes impossible and isolation follows.¹⁵ Sacks rightly states that as no two humans so also no two autistic persons are the same. Each has their own unique form of humanness, a point clearly made by the life of Temple Grandin. She is an example to all of how to creatively transform a life and its autism into an exceptionally creative form of life. When she was three she was sent to a special nursery school for disturbed and handicapped children where a speech therapist rescued her from the abyss. When she was

¹³ Bibliographical details are given at the end of the text.

¹⁴ Gadamer, H.G., *The enigma of Health*, Cambridge, Polity Press 1996, 52.

¹⁵ Sacks, O., *An Anthropologist on Mars*, London, Picador 1995, 259.

a little girl she longed to be hugged but was terrified of all contact. As early as five she dreamt of a machine that would hold her. Many years later she saw a picture of a chute designed to hold or restrain calves and it clicked. She designed and developed her squeeze machine which hugged her and brought her calm. She has developed an adult career in a university and designs equipment for the humane slaughter of steers in meat plants. Strangely she has a profound sensitivity to the last moments of steers in such situations and her designs are concerned with making them as pain and stress free as possible. Many of my students, who are not familiar with the condition, with what it would be like to be clueless about friendship, find her form of life uncomfortable because they interpret it in terms of their own. They find it very difficult to cross over to the standpoint of "the other" and appreciate, enter into the otherness of a person who has this strange illness and has to work out an appropriate highly creative form of life. A nurse who was daily treating patients remarked that it was only when she became ill and found herself in certain ways dependent on others that she became aware of how *other* illness is.

Virginia Woolf

In the present context Virginia Woolf is a representative of the very many literary authors who have spontaneously found themselves drawn into using their own personal experiences of illness, or of the hurts and pains of life, as an inspiration for their creative writing. Her life was a lifelong encounter with illness, with her manic depression. That illness came upon her in waves. It was like the tide coming in in cycles to pull her out. One of her biographers, Hermione Lee describes a correspondence she had with E.M. Foster. In it she states "Not that I haven't picked up something from my insanities and all the rest. Indeed, I suspect they've done instead of religion. But this is a difficult point." Lee's remarks are worth quoting:

In passages like these, a creative language which described the value of illness competes with, and overcomes, a clinical or psychoanalytical language for madness. This competition of languages is one of the plots of *Mrs Dalloway*, in which different ways of speaking about mental illness violently confront each other. Her notes to herself in 1922 and 1923 about the book and its planning stages are preoccupied with the structural difficulties of placing 'sanity and insanity' next to each other. From the start she was extremely anxious not to be thought 'just to write essays about myself.' 'Egotism' must be countered by narrative 'control.' Septimus should not only be 'founded on me' but 'might be left vague – as a mad person is – not so much a character as an idea.' Even so, it was perilous for her to write about him: 'Of course the mad part tries me so much, makes my mind squint so badly that I can hardly face spending the next three weeks at it. In the changes from the manuscript to the finished version, she turns what reads like a direct transcription of her own experience as a 'mental patient' into a less self-referential, more abstracted narrative. But she keeps the 'exasperation' which she says in her notes should be the 'dominant theme' of Septimus's encounters with his doctors.¹⁶

And so it is that in her novel *Mrs Dalloway* we find Septimus as the representative of the illness side of her psyche or soul. Virginia Woolf was a genius at introspection, at attending to the patterns of self-consciousness involved in the illness. Combined with her literary talents she was able to narrate the symptoms of the illness as no one else. Writing

¹⁶ Hermione Lee, *Virginia Woolf*, 192.

the illness into the character of Septimus had a healing effect on her relation with it.

Camus – TB and the Absurd

As the illness of Virginia Woolf was creatively transformed in her writings, so that of Camus was creatively transformed in his philosophy. In December 1930, aged 17, Camus contracted TB. At the time, before the invention of antibiotics, it was a death sentence. Although he did not die from it, dying instead in the absurdity of a car crash, the illness was a fellow traveller throughout his life. It was for him in its intermittent episodes like a visit to a monastery, a cross to bear but also a protective railing.¹⁷ It has its own daily routine, its own rules, its way of being, pattern in life.

It also was an intrusion in his life that shaped his early philosophical outlook. Central to that outlook was the notion of the absurd. For him the absurd was the conflict between the desire for life to the full when young and the discovery of death. It finds expression through the character of Meursault in his novel, *L'Étranger*. It is a novel that turns on a significant event, the involuntary killing of an unknown Arab in a moment of fear because of the sun's reflection on his knife and the blinding sweat in his eyes. As Camus discovered death and the absurd in his TB so in this moment Meursault discovered both death and judgement.

If his own illness was a source of inspiration for his early philosophy of the absurd, his later realisation that his behaviour was a contributory factor in the mental illness in his wife, Francine, was an inspiration for his later novel, *The Fall*. In the autumn of 1952 Francine's mental health and equilibrium began to deteriorate. She became weary and was suffering from a moderate depression. In January 1954 she was under observation in a clinic. She spent her days crying, sleeping and obsessively talking about Maria Casares, Camus's lover. Her condition did not improve and one day the workers at the clinic found her second floor window open. She had jumped. The authoring of his subsequent book, *The Fall* was Camus's effort to come to terms with this situation and the sense of guilt it evoked in him. Camus considered himself responsible because he had never got past the instinctive attitude that human affairs are not serious.¹⁸ Todd remarks that:

Those who knew Camus as a man and a writer recognised him more easily in the calculated confessions of *La Chute* than in the cryptic declarations of *L'Étranger*.¹⁹

Centrally that novel was inspired by and puts before us the question, how do we deal with situations where our actions result in pain and illness in others? In it we see Camus trying creatively to transform, not his own illness, but his involvement in the illness of another.

e. The mystery of illness, its natural destructiveness of a person's life

Keats

The previous illustrations have probed the way in which individuals work at creatively

¹⁷ Oliver Todd, *Albert Camus*, London, Chatto and Windus 1997, 158.

¹⁸ Todd, *Albert Camus*, 319.

¹⁹ *Ibid*, 347.

transforming their illnesses. But the fact also has to be faced that certain illnesses seem to the human mind to be entirely destructive of our natural talents. In this category I put the illnesses of Keats and Jacqueline du Pre. As a young man in the prime of his creative life when all his desires were just starting to flower and flourish, Keats was struck down by TB. Rather than healing and creating there is something of the reverse in this. The illness extinguishes the profoundly youthful creative spirit of the poet; it is inevitably destructive of his nature, of his natural ability to be creative. We should never lose sight of this absurd dimension of our existence. There is something terribly cruel about the way in which his death sentence announced itself to him. Earlier in his life he had nursed his younger brother through the very same illness. When, one day, he himself spat blood of a certain colour, because of that earlier experience he knew it was his death warrant. The account of his passage by ship to Rome in search of a cure and of his final days by the Spanish Steps does not make for pleasant reading. His life is a symbol of the infinity of human longing for beautiful poetic creativity and human love, and of the life and death conflict between desire and creativity and mortality and destructiveness before which we fall silent.

Du Pre

Just before her fifth birthday Jacqueline du Pre heard the sound of a cello for the first time and promptly fell in love with it. She went on to become a brilliant performing cellist world famous for her interpretation of Elgar's cello concerto. She was a person that the public warmed to, a great spirit. Suddenly at the height of her career as a performer she began to sense that something was wrong with her. As the symptoms were intermittent and difficult to describe, she could not pinpoint what it was. For some years she was in a limbo of not knowing *what* was wrong with her, but knowing that something was wrong with her. Early in 1973 she found herself rehearsing for a performance of the Brahms Double Concerto with Pinchas Zukerman and the New York Philharmonic. Her fingers were numb, she had no strength in her arms and no idea what sounds she was going to make. As the year progressed she occasionally staggered, dragged her feet or dropped things. At a dinner party on October 5th she refused to go upstairs to get her husband an address book because she was frightened that her legs would not make it. On October 16, at the age of 28 she was finally given the diagnosis of multiple sclerosis.²⁰ It effectively extinguished her natural talents, awakened just short of her fifth birthday. She was to live another 14 years, dying on October 15th 1987.

Her psychiatrists acknowledge that what they taught her was that they could do nothing for her. Reluctantly she came to accept this. They also remarked that although they tried to get her to scream with rage at her situation, her screams were pathetic. Rosie Barda on the other hand found that because of her spirit on many occasions she emerged from a visit with her feeling better. She added:

Only in the last couple of years did I see her depressed. She used to say, Why have I got it? 'At first

²⁰ Carol Easton, *Jacqueline du Pre, A biography*, London, Hodder and Stoughton 1989, 172. Pages 159-172 bring out well the pain she must have endured as the illness began to manifest itself but prior to diagnosis.

you'd say, 'Oh God, isn't it dreadful – but latterly you realised there was nothing you could say.'²¹

Jacqueline du Pre's life and illness is an experience before which like Kierkegaard before Abraham we fall silent. It puts before us illness as a profound mystery, destructive of our natures whose ultimate meaning is beyond us. To the natural human being this is hard to take. Can we make sense of it from within a religious and faith perspective? Despite the maxim that God rejoices in the fully alive human being, might it be the case that from the viewpoint of eternity, from God's viewpoint, du Pre's wrestling with her multiple sclerosis might be the most creative thing she did. If God is good and loving then God cannot permit such suffering for no good reason and purpose. But that purpose will always be beyond our comprehension. God's ways are simply not our ways.

I pass over questions about the possible relations between patterns of illness, healing and creativity in individual lives and in history. In this respect is the historical the individual write large and the individual the historical writ small?

On the Ontology/Intelligibility of Illness
Some Further Questions

1. As biographers address questions concerned with the meaning of an illness within a person's life so doctors, medical researchers, lawyers, the police and others have to address questions concerned with causes and explanations. I have an inherited condition known as Dupuytren's Contracture. It affects my hands. The little and ring fingers have a tendency to curl up and freeze. There are records of the condition going back almost 1,000 years. When I had it examined the doctor looked at it and said, what is interesting about this is that no one knows what *causes* it. In this sense doctors are interested in the causes of illness, and with the police and lawyers, ultimately the causes of death. Are the causes of illness the same as the causes of everything else? What is the manner of the relation between the efficient cause and its effect in an illness?
2. In contrast with inherited illnesses and their causes one can think about accidental illnesses such as Christopher Reeves falling off his horse and onto his head. The fall caused a severing at the very top of his spine. In this sense his illness was caused by the accident. One can, accidentally, pick up an infection, polio and so forth. It seems that such accidents are a permanent feature of our world order. As the experience of Reeves shows, in this respect the world can be very unforgiving.
3. The fact that we talk about the causes of an illness and ultimately death poses the question, what is the intelligibility of illness? Does it make sense to think of illnesses as having an efficient cause, either internal to the human body or external? Interesting here is the question, are the causalities of the accident and of the inherited condition the same in their intelligibility as the causalities of the surgeon operating on the conditions and restoring the health of the individual? It seems that

²¹ *ibid*, 211.

what the accident and the inheritance causes are privations, defects in intelligibility. Reeves' accident results in a defect in the intelligibility of his body and in its related functioning and a related privation in his life. If a surgeon was to discover an operation to cure him that surgeon would cause a restoration of the intelligibility of his body and an elimination of the privation. Similarly with an inherited disease. Is there a suggestion here that it is inverse insights that are involved in understanding the causes of an illness? Gadamer talks about the patient experiencing his or her illness as a felt absence or a lack of something.²²

4. Would a consideration of illness in the sections in *Insight* on development, genetic method and finality deepen them? What implications does the nature and meaning of illness have for the thesis of the complete intelligibility of being?
5. What is the morality of illness? Clearly in human terms deliberately to cause a serious illness in another human being would be considered immoral, even criminal. Illness is a deprivation of a good, of health. So the question arises, why are innocent people deprived of a good, of health, that would seem to be a natural right? Does the argument, "we bring it all on ourselves" suffice here? I don't think so. How can we naturally affirm the complete goodness of a universe in which illness deprives us of health, a good that before God we would seem to have as a natural right? To allow illness for no reason or purpose would have to be deemed immoral. God has clearly allowed illness. For what purpose I suspect we will never in this life know. God's ways are not our ways. But I return to the main point, to permit illness for no good reason or purpose but simply for its own sake would be condemned as immoral.
6. There is the question of faith and illness. Such faith can be natural like Christopher Reeves. He has a natural faith that a cure will be found. In other circumstances faith may have to address the fact that there is no cure, that none will be found and that like Jacqueline du Pre they have to live out the illness. In this sense the meaning of an illness in a life story is a mystery that we can never understand. In Christian terms we are encountering the mystery of the passion of human-kind, the crucifixion of humanity in such illnesses. Clearly Christian faith can at least give meaning to the experience. In the Gospels in response to John the Baptist' question, are you the one?, Jesus replies: "Go back and tell John what you hear and see; the blind see again, lepers are cleansed, and the deaf hear, and the dead are raised to life and the Good News is proclaimed to the poor."²³ If this is the case are the ill just as special in the eyes of God as are the poor? But that does not mean that it in any way softens the suffering involved. So the question arises, what is the relation between illness as lived and the Christian mysteries? Are our illnesses always or never a participation or not in the passion of Christ? Can we reply to Nietzsche's accusation that illness makes us deeper but not necessarily better, more loving?

²² *The Enigma of Health* 52, 73/4.

²³ Matthew 11, 2-5.

7. In this context illness poses questions about the love of God. To love someone is to desire what is good for him or her. How can God love us when he allows us to suffer extremes of illness for which there are no cures in this life? Is it the case that on this point God's ways are not our ways, that we cannot know the true good? Perhaps Jacqueline du Pre's illness was a better good for her than her talent as a cello player. From a human standpoint this is a blasphemous thing to say. But if one believes in a loving God there is almost no alternative. If the universe is completely good then in faith every illness cannot be a cul-de-sac but must be a means to some greater good. For to create a universe in which illness was an end in itself would be immoral.

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