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Jason Whitehead

To cite this article: Jason Whitehead (2016) A Narrative-Relational Approach to the Problem of Evil and the Suffering it Engenders, Journal of Pastoral Theology, 26:1, 47-60

To link to this article: http://dx.doi.org/10.1080/10649867.2016.1184813

Published online: 03 Jun 2016.
A NARRATIVE-RELATIONAL APPROACH TO THE PROBLEM OF EVIL AND THE SUFFERING IT ENGENDERS

JASON WHITEHEAD
Iliff School of Theology, USA

Susan Nelson (2003) offered a helpful synopsis of the common ways theologians and others have explored the problem of evil; her five paradigms concerning the problem of evil are helpful tools in teaching theodicy and tragedy. Each paradigm explains different points of view on the problem of evil. While her work provides descriptive and critical approaches to each paradigm, it lacks a dynamic method of interacting with these paradigms in practical theological terms. In this article, I propose utilizing a multi-lens approach that underscores the collective, communal and local, and personal lenses that influence our interpretations of evil and suffering, helping both care-giver and care-seeker connect to the impact of complex multi-layered narratives. Grounded in process-relational theology, narrative theories of identity and therapy, and intercultural pastoral care, this approach describes a tool for assessment and reflection on our own beliefs about the problem of evil so that we might be present to another’s beliefs.

KEYWORDS: Theodicy, suffering, narrative, pastoral care, evil, pastoral counseling, process theology, intercultural, pastoral theology

INTRODUCTION

Our experiences, memories, beliefs, and imagination shape the stories we tell; we look for points of connection and disconnection, teasing out meanings and ideas, thoughts and critiques. We all tell stories about who we are, and those stories ground our ability to be open or closed to an idea, to question or consolidate our knowledge about a subject; these stories we tell about ourselves shade and color our perceptions of the people we care for and the worlds we create in those relationships.

We enter most relational spaces with expectations. In the case of caring relationships, we often seek to find ways to relate without being consumed by another or another’s thoughts or ideas. Personal and professional sources of knowledge open new constructive avenues, confirm particular ideas, or even hinder our ability to adapt to and adopt the world around us.
When we approach any relationship, we create a narrative. We may want to be open, we may want to be surprised, or we may want to challenge and question; whatever our stance, we imbue our relationships to any text or person with a set of guiding values. This preliminary impression and narrative establishes a relational space that shapes our memories and beliefs, and once that space is established, it can take great effort to stop the cycles and patterns of thought and behavior should change be warranted. It is with the experience of having created such places that so desperately needed change, as well as being on the receiving end of another’s imposed values and expectations, that I tentatively enter this conversation. In the ensuing pages, we will explore how Nelson’s somewhat static categories about evil and suffering might become more dynamic for the caring process.

AN ORIENTING STORY

I write and teach from the perspective of a pastoral theologian. This means that I generally start with an experience or observation and bring it into a collaborative conversation with other sources of knowledge that can help reflect on theory and theology, and ultimately reimagine practices of care and counseling. For me, pastoral theology is something we do that impacts the ways we think, feel, and describe the dynamic world in which we live, all the while knowing that what we think, feel, and describe impacts what we do. It is a never-ending feedback loop that changes, challenges, and sometimes reifies certain narratives and stories we tell.

Recently, while teaching a class on theodicy and tragedy, a group conversation challenged a narrative that I held about some of the material for the class. We began the quarter by reading Elie Wiesel’s Night, an account of his time in a concentration camp during the latter part of World War II. As a class, we pushed and prodded, wondering about the depth of the pain he experienced and the cruelty humans can inflict on one another. As his account was brought into conversation with our other readings, we began to discuss ideas concerning the presence of God in these horrific events. During that conversation, I watched as our words seemed to come from a safe distance, as if we were standing behind a one-way mirror observing a life fall apart only in words, as if the events were a fictional account. I could feel the frustration of the class as we connected to the text superficially, but also wanted more.

In an attempt to alleviate some of this frustration, I amended the plans for the following week in order to allow more class time for the students to speak of how they understood evil and suffering. Together, we sat and began to think about definitions of evil and suffering that could guide our time over the quarter. We relied on one another to create a more dynamic narrative about the benevolence and power of a/the divine reality, as well as the presence of evil and suffering, re-approaching the story as fellow-sufferers. These exercises alleviated some of the anxiety about witnessing but not experiencing evil and suffering. As we approached Susan Nelson’s article later in the quarter, our earlier wrestling with Wiesel’s life and writing proved helpful. Finding our own beliefs and how they changed allowed her article to have a little more life, and sparked the writing of the current article as well.
APPROACHING THE PROBLEM OF EVIL AND SUFFERING

What I propose takes Nelson’s categories and applies them as thematic descriptors at three intersecting levels of discourse. As human beings whose identities are shaped by socially constructed narratives, it is important as care-givers to develop complex ways of listening. This is not about a new theological paradigm for understanding the problem of evil; instead, it is an attempt to articulate a way of hearing and reflecting on the complex dynamics, narratives, and worldviews concerning the problem of evil and the suffering it engenders. It describes the multi-layered influence of competing narratives of evil and suffering and how we can heed their complexity and contextuality and authentically participate in how they influence care-givers and care-seekers alike.

In order to develop this approach, I want to claim one simple, but vital, anthropological idea that guides the dynamic approach to Nelson’s paradigms: “Every human person is in certain respects: (1) like all others, (2) like some others, (3) like no other” (Murray and Kluckhohn, 1953, as quoted in Lartey, 2003, p. 34). This statement informs how I characterize the multiple layers of narratives that influence our worldviews and where we can go to help people explore the influences of these stories on their lives.

People experience narratives about evil and suffering at multiple levels of meaning and varying levels of influence. These narratives become part of an identity that informs a worldview. As care-givers who are part of the discourse about these intersecting levels of meaning and construction, our ability to listen, empathize, and ask good questions about influence and meaning are vital to helping another person reconnect to the ordinary goodness of life. As we will see when we turn to the case study, this approach also interrogates the care-giver’s assumptions about evil and suffering. For those who seek to offer care to another, it is equally vital for us to know, reflect upon, and be open to the narratives and experiences of others concerning evil and suffering as it shapes our practice.

In order to develop a narrative-relational approach, I want to develop several initial ideas: (1) how Nelson’s paradigms describe evil and suffering; (2) the anthropological claim concerning our likeness, similarity, and distinctiveness as a guide to exploring influential narratives; (3) a process-relational understanding of power, which requires care-givers to authentically participate in care-giving relationships; and (4) the narrative therapy technique of double-listening, which draws out the complexities of narratives, the impacts of particular stories, and the subtle ways we are resisting described problems.

SOURCES INFORMING A NARRATIVE-RELATIONAL APPROACH TO EVIL AND SUFFERING

NELSON’S FIVE PARADIGMS

Susan Nelson (2003) described five paradigms that seek to help us understand the different ways in which we theologically describe the problem of evil. Five paradigms
form the structure and content of her article. These paradigms included: the moral view – thought to be the most widespread understanding of the problem of evil, this paradigm attributes evil to the sinfulness of humanity; radical suffering – which explores the notion that there is no justification for the evil in the world, and it is our response instead that matters; ambiguous creation – which posits that the world is finite, that we have limited control over the environment and our relationships, and evil is the experience of our finitude in a chaotic world; eschatological imagination – this view aims beyond our suffering and into narratives of resistance and liberation, and this understanding of evil posits that evil will not have the last word; finally, there is redemptive suffering – this paradigm understands the impacts of suffering on people, but claims that some suffering can be used to reclaim sinners and re-establish a life-altering relationship with God (Nelson, 2003, pp. 399–412).

Each paradigm has strengths and weaknesses related to how they conceptualize evil, the problem of evil, and the suffering it may engender. My experience of teaching this article in a variety of courses is that students often look for the one category that they can most agree with, despite the author’s admonitions against such a simple application. Nelson stated that she had “come to believe that each [paradigm] is necessary to comprehend the vulnerability of the human condition, the human capacity to inflict horrible sufferings upon one another, the resiliency of the human heart to suffer and resist enormous evil, the reality of redemption for both those who hurt and those who harm, and the complexity of God’s relationship with creation” (2003, p. 413). Despite this caution at the end of the article, once her paradigms are named and explained, it has become hard for some students (and professors, pastors, and care-givers) to see how these can be fluid tools for theological imagination and reflection. Furthermore, this is not an article about pastoral care and counseling; therefore, we are left to wonder how these categories might come alive in care-giving relationships, especially at times when there are competing narratives that may cause additional suffering or grief. Moving from these paradigms as static descriptors to seeing how they live at multiple levels of narrative influence necessitates care as we describe them in the context of the varied intersections of persons’ lives and stories.

**Relational Power**

As such, the exercise of power in relationships becomes vital. Process-relational theology’s interpretation of power as relational rather than coercive grounds how I view the care-giving relationship. As we seek to see and describe the world through the dynamics and impacts of a multi-level approach, the power negotiated in the relational process becomes important. Robert Mesle, a philosopher and scholar of religion, described relational power as including “three components: (1) the ability to be actively open to and affected by the world around us; (2) the ability to create ourselves out of what we have taken in; and (3) the ability to influence those around us by having first been affected by them” (Mesle, 2008, p. 73). Mesle’s articulation of power undergirds this approach to the problem of evil with empathy and a desire to empower out of being impacted by another’s narratives. The exercise of relational power takes the expertise of interpretation out of the hands of a care-giver. Instead, power is shared as stories unfold, with care as
a part of the process, rather than a particular tool or technique. Only in a relationship of shared power can a care-giver affect another effectively, having taken in some idea of the suffering someone is experiencing.

**Intercultural Pastoral Care and Counseling**

As articulated by Emmanuel Lartey (2003), the intercultural paradigm is “a creative response to the pluralism that is a fact of life in present-day society. It calls for affirmation of three basic principles: contextuality, multiple perspectives and authentic participation” (p. 33). Quoted in Lartey’s text is the anthropological assertion that originated with Henry Murray and Clyde Kluckhohn that “Every human person is in certain respects: (1) like all others, (2) like some others, (3) like no other” (Lartey, 2003, p. 34). While we will attend to Murray and Kluckhohn’s statement shortly, it is Lartey’s understanding of the complex interrelatedness and interconnectedness of the three spheres interacting in living, growing and changing human persons is what is expected, treated as the norm and attended to...various points in a discussion may focus on one or other of these aspects of our humanity, [but] seeks always to have the others in view and therefore hold all three in creative and dynamic tension. (2003, p. 35)

While this is stated in the context of Murray and Kluckhohn’s work, it might be similarly applied to Lartey’s intercultural categories stated at the beginning of the paragraph. As we seek to apply the lenses of contextuality, multiple perspectives, and authentic participation to relationships in which narratives of evil and suffering arise, we should seek to hold these lenses together in creative and dynamic tension, even as we feel pulled in one direction or another. As it applies here, contextuality helps us privilege the expertise and experience of the care-seeker, multiple perspectives give reason to listen attentively to the myriad stories that create a worldview and identity, and authentic participation calls us into empathic relationships where our own narratives can be affected by those of another.

**Narrative Identity Theory and Therapy**

The final resource, before turning to the multi-lens perspective, is narrative identity theory and therapy. Philosopher Kim Atkins (2008) described selfhood as “an activity of self-construction and self-understanding articulated narratively” (p. 7). Further detailing this process, psychologist Jerome Bruner explained that:

It is not that we have to make up these stories from scratch each time. We develop habits. Our self-making stories cumulate over time, even begin to fall into genres. They get out of date, and not just because we grow older or wiser, but because our self-making stories need to fit new circumstances, new friends, new enterprises. (2003, p. 210)

Simply put, we remake ourselves constantly, and we tell the same story in new ways to fit how we interpret what we have experienced in conjunction with the needs of a
particular moment. Our past experiences are not always determinative, but they have a significant impact on how we construct and present ourselves to the world. This is why any dynamic application of Nelson’s categories should heed a multi-layered intersecting approach to exploring narratives of evil and suffering. When held in tension with one another, these varieties of narratives can provide the type of contrast needed to explore new meanings and develop novel responses to evil or suffering. Just as our identities have multiple narratives, our interpretations of experience are derived through multiple lenses that are informed and applied in each moment. Thus, how we listen to and hear a story comes to be of the utmost importance.

Narrative therapists listen in order to develop a “‘thick description’ in therapeutic conversations in place of the often unhelpful thin descriptions that suppressed alternative story possibilities” (Brown and Augusta-Scott, 2007, p. xii). These thick descriptions point to the co-creation of complex narratives about a particular experience. Michael White and David Epston (1990) pointed out that “Stories are full of gaps which persons must fill in order for the story to be performed. These gaps recruit the lived experience and the imagination of persons. With every performance, persons are reauthoring their lives” (p. 13). A narrative-relational approach attempts to peer into the gaps that are present in stories and wonder how someone is filling them with lived experience and/or speculation. Do they point to collective narratives about faith that add complexity to a problematized narrative? Are there familial narratives that could provide a different emotional interpretation about shame or suffering? Has the person engaged in their own process of lived resistance to suffering or evil? Drawing out socially constructed and accepted interpretations of an experience of evil and/or suffering provides the kind of milieu in which a preferred narrative can develop as a response.

Speaking about trauma, Michael White (2006) described a posture of double-listening by stating that “When meeting people who are consulting me about trauma and its aftermath, I hear the story about the trauma, but I also hear expressions of what people have continued to accord value to in their lives despite what they have been through” (p. 30). While I do not want to fully equate trauma with evil and suffering, the double-listening stance provides some promise for helping peer into the gaps in stories. Narrative therapist Martin Payne (2008) explores this further using the term “counter-narratives” to encourage “a focus on the untypical – untypical, that is, as perceived by the person. They encourage the untypical to be considered in great detail because it is through the untypical that people can escape from the dominant stories that influence their perceptions and therefore their lives” (p. 7). What these therapists notice is that the story that is told is never the full story. There are multiple threads woven into the fabric of one narrative, some supporting an initial premise or problem and some resisting it. Without working towards a thickened account of the experience, we cannot develop an accurate sense of the influence of personal, communal, and collective narratives on the story that is told. Moreover, we lose some ability to co-create novel possibilities without fully taking into account the social systems a person returns to when they seek to reclaim a sense of the ordinary goodness of life.

Process-relational and intercultural care and counseling provide us with a set of relational terms under which we approach others who experience evil or the suffering it engenders. Between these two paradigms we see the need for utilizing
relational power in care situations, as well as the backdrop of context, multiple perspectives, and authentic participation, as providing sources for creative tension in holding together a variety of sources of knowledge inherent in a person’s stories. Moreover, narrative identity and therapy provide the impetus to explore with someone the ways in which they take the side of or resist narratives from a variety of lenses in order to imagine the reality they tell in the stories they share. All of this makes it important to name possible relational frames that we hold in tension as we talk about a person’s narratives of evil and/or suffering.

THE COLLECTIVE, COMMUNAL, AND PERSONAL LENSES

Returning to our anthropological claim concerning the simultaneous alikeness, similarity, and distinctiveness of all persons offers one way of rethinking the influence of these paradigms on living conversation and storytelling. When we think about the social construction of persons, we often look to the impact that external stories have on identity. These stories come from a variety of places, including collective narratives of common humanity, communal and local narratives of culture, society, family, and friends, and distinctive narratives of personal interpretation and reflection. David Augsburger (1986) described this statement as the:

three dimensions of being human: the universal, in which a person is ‘like all others’; the local or cultural, in which one is ‘like some others’; and the individual, in which each is ‘like no other.’ These three dimensions allow us to examine our essential humanness, our cultural embeddedness, and our individual uniqueness: human nature, culture, and personality. (p. 49)

Collective, communal, and personal narratives signal some of the ways we are like all others, like some others, and like no other. Equally distinctive is how these narratives influence a person’s worldview and experiences to create and construct identity. As we continue to explore these narrative sources, remember that not only do they impact a care-seeker, but they also influence the narratives of care-givers.

As these lenses operationalize the dynamic interplay of multiple narratives around evil and suffering, it becomes important to describe where particular ideas originate and their relative influences on a localized caring conversation. With the collective lens, assertions are made about the stories we tell in order to understand our common humanity. The major tasks we assume in exploring this larger set of narratives is how evil and suffering are described as separate from a particular experience. The primary resources utilized to describe these narratives could include beliefs, traditions, sacred writings, theologies, philosophies, reason, and experiences concerning cosmologies, metaphysics, and/or concepts of a/the divine reality. In these stories, we often find conclusions and guidance pertaining to statements of faith and belief that orient worldviews and responses to evil and suffering. As care-givers and care-seekers, we may feel called to recognize the possibility of violence in these collective narratives, or they might even provide moments of theological tenderness and concern or resistance to evil and suffering. Moreover, the concepts of hope, forgiveness, love, and compassion might materialize at this level as well.
While understanding theology or philosophy as related to the problem of evil informs any perspective and/or remedy, we can also listen for particular theological counter-narratives that speak against problematic stories of faith that may hinder reconnection to the ordinary goodness of life. Doehring (2014) calls us, in these moments of suffering, to be aware of how the problem of evil, in Nelson’s five paradigms, can help us identify and deliberate on embedded understandings of evil, as well as develop practices of resistance accordingly (p. 106). As we explore the influence of collective narratives that have long been embedded in worldviews, we can peer into their impacts on another’s life as they articulate their experiences to us.

At the level of the communal lens, we listen for particular stories or words as they express localized cultural, social, and familial narratives that explore how particular communities react and respond to the evil and/or suffering they are experiencing. Resources at this level of discourse are the enacted, internalized, and/or spoken narratives of a localized suffering community. We are listening for myths, legends, and/or particular doctrines of faith that inform how groups and individuals are interpreting and speaking about an event.

Listening for these communal narratives helps map the influence of local communal ideas and responses as they weave themselves through a community’s life together. Narrative therapist David Denborough (2008) remarked, “Within any community that is facing difficult times, community members will be responding to these difficulties, they will be taking whatever action is possible, in their own ways, based on particular skills and knowledges, to try and address the effects of the problem(s) on their lives and the lives of those they love and care about” (p. 3). Woven into the gaps might be stories of hope and resistance that can be examined and claimed as part of a caring and compassionate response to identified evil or suffering. Moreover, by listening for and exploring the impacts of communal narratives, we can draw attention to liberative or oppressive narratives that are created by those seeking to interpret an experience.

The personal lens explores the unique interpretations that an individual shares about an experience. While cultivating compassion and empathy are parts of all layered narratives, it is more evident here as a person shares their interpretations of an experience. It is in this relational space that a care-seeker might find some of the tools to reconnect to the ordinary goodness of life. By attending to the mutual impact the telling of a story has, a care-seeker can be empowered to develop novel ideas about their experiences as they share and rehearse their problematized narratives and explore their own resistance and resilience present in the gaps.

The outcomes of listening and relating through this lens are learning how stories shape identity and where people name problems, but also how they already resist particular interpretations. The care-giver’s role is to connect and affect, having first been affected by another’s narratives of suffering; as care-givers, we support and challenge, even as we are moved by another’s problem-saturated stories, the goal being to develop that thick description that empowers people to develop new narratives out of the collective, communal, and personal stories of faith that they find life-giving and to take a stand against those that limit their lives.

At each level of storytelling, there is work done by those who tell the stories of how evil has impacted them and how they suffer, as well as work that needs to be done by those who hear those who tell the stories. Certainly, there are times and places where the mental exercise of understanding the problem of evil is helpful.
and appropriate. Indeed, reflections upon this multi-layered approach to the problem of evil and suffering may create alternative definitions, theories, or theologies: let us be clear about the importance of this endeavor. However, these mental and reflective outcomes are only helpful if they lead to a tentative grounding in a pastoral space; that is, they must provide a care-giver with a solid enough ground upon which to identify themselves, but not so solid that the care-giver is immoveable. Hearing the implicit and explicit theologies within the stories we are told, listening for cultural and communal myths or interpretations layered into the narrative, and hearing the pain, grief, and suffering through an empathic connection with another human being is our goal as care-givers when we encounter persons living through such experiences. To do so as an immoveable theological and psychological object is to hinder any movement at all in the relational space. Authentic participation, as I see it in this article, requires us to see how we are moved by another’s stories and to seek appropriate places for our own reflection and change in the midst of narratives of evil and suffering.

From this perspective, it is nearly impossible to posit that evil occurs outside of some kind of relationship; moreover, from a therapeutic point of view, it is also rare that someone can effectively re-author their stories in isolation. The thrust of this approach focuses on exploring the multi-faceted impact of evil and suffering, rather than prescribing a particular doctrinal position. This multi-lens approach, requiring attentive listening and reflection on a variety of levels of beliefs, stories, and pain, interrogates the origins of our interpretations and the meanings we give to stories. In the closing pages of this article, I want to explore one such story.

**The Impact of Sara’s Stories**

Traditionally, case studies are used to illuminate the efficacy of an approach to care and counseling, or to elucidate a theological value or ethic that can guide practice. We utilize the narratives of people we care about to illustrate change, challenge, power, and privilege, among other narratives. Case studies are important ways of illustrating possibilities and novel ideas, and often they communicate ideas meaningfully. The remainder of this article is such a narrative. However, in the interest of authentic participation, this case study is an application of this multi-lens approach to my own evolution as a care-giver in relationship to a client from my early practice as a therapist. While I will describe some of the general themes that, as I understood them, Sara brought to our therapeutic relationship, I want to explore how these themes impacted my own narratives about evil and suffering and the gaps that began to show in what I believed and how I practiced as a therapist.

**Sara**

Sara was a white female in her mid-forties, an artist and former accountant. She was a survivor of multiple abuses early in her life, which led to some alienation from family members. She would often talk about her anger and loneliness and her lack of friends or close contacts. Her isolation was one of the major presenting...
issues that she named as a reason for coming back to therapy. The other issue
revolved around the abuse she experienced at the hands of an immediate family
member. What follows is my bio-psycho-socio-spiritual description of Sara and
the intersecting dynamics that were present in our therapeutic conversations.

Physically, Sara described herself as roughly 90 percent deaf; at varying times over
the 15 months we met, she mentioned ailments ranging from irritable bowel syn-
drome to complications from a hysterectomy 20 years prior to a biopsy related to
a lump found in her breast. I experienced Sara as unkempt and wary when she
would enter the room. She would alternate in how she sat on a small love seat
across from my chair. I cannot remember her ever sitting back relaxed in the
space; rather, she would sit on the edge of the seat, slumping when describing
herself, aggressive and forceful when she described her future.

Psychologically, Sara described herself as depressed and angry. I would describe
her as isolated and unyielding. She spent a great deal of our conversations talking
about her past and her desire to experience justice. Sara often talked about her
family and their inability to hear her stories when she talked about being abused.
Her aggressive and depressive feelings would often alternate when her family
came up. Her physical difficulties often weighed on her psychological well-being.
As much as she wanted to experience the reconciliation of her past narratives, press-
ing physical issues would interrupt this process at varying times.

My impressions of Sara’s isolation stem from the extent of her described social
network. Sara mentions one close friend, an aunt, and occasionally her pastor as
people she interacted with most. While for some people this might be enough
social contact, Sara felt that the quality of these relationships was less than adequate.
This was especially true for her when she tried to share stories of her abuse. Her
description of these times was that her past was downplayed and even ignored at
times. Thus, when she was at her angriest or saddest, her social network would
often disagree with either her feelings or her experiences, further isolating her.

Spiritually, Sara was a member of a local Baptist church who referred her to our
counseling center. She would often talk about God and justice in the same breath,
seeking retribution for the wrongs done to her, and only wanting people to be for-
given after they repented and received a just punishment. While her friend and
pastor would often talk of grace, she would tell me that she was uninterested in
the subject if people were not going to receive what they deserved first. God’s role
and promise for her was liberation from pain and punishment of the wicked.

MYSELF

I was a mid-30s white straight male, roughly 6 months out of school with Masters in
Divinity and Masters of Social Work degrees when I met Sara. I was in good physical
condition, exercised regularly, and had no adverse health conditions that limited my
participation in activities. Psychologically, I would describe myself as situationally
dysthymic, stemming from identity issues related to male-oriented cultural roles
that I felt I did not live up to. I began a personal therapeutic process during the
last few months in which Sara and I met in order to deal with this and other
issues. It was a struggle for me to ask for and admit the need for help at that
time. Socially, I was a part of a diverse set of communities ranging from professional to personal groups. I had been married roughly 5 years, had a small but close group of friends, and worked in professions in which I felt mostly fulfilled. I was practicing under supervision as a pastoral psychotherapist, as well as having been recently ordained in the Presbyterian Church (USA). Theologically, I was preaching and teaching out of the Reformed Tradition as that was central to my theological, therapeutic, and pastoral identities. My faith was – and still is, to some extent – highly rational yet grounded in relational ideas. The Reformed Tradition as I understood it was grounded in community and relationality, and its understanding of sin and grace was central to my worldview. Finally, at that time, I would call my awareness of my power and privilege as a white, straight, economically secure male minimal at best.

ANALYSIS

While there are certainly numerous possible areas of focus in this case study – the intersections of economics, gender, and ableness being important ones to note – this analysis will focus on theological and spiritual narratives. The impact of the therapeutic relational process on my own narratives of evil and suffering at each level will guide the structure. I see this particular therapeutic conversation as deconstructing my own narratives and requiring me to listen doubly to the narratives that were causing problems and the narratives that developed as a result. This will highlight the changes I have experienced over time having been affected by those early conversations with Sara. I chose this focus so as not to assume changes on Sara’s behalf, but rather to speak of what I know and envision how that might indicate possible changes that occur for care-givers and care-seekers in their own processes of reflection.

I left seminary with a somewhat sterile view of evil and suffering. I was not reflective on my participation in systems of oppression and depended on rational interpretations of larger narratives and concepts concerning evil and suffering. At that time, I was content with applying theological narratives concerning theodicy and tragedy according to my understanding of the Reformed Tradition and ordination. The moral view in Nelson’s paradigms was most prevalent in my post-seminary deliberative theology at the collective level. Evil and suffering could most likely be attributed to human sinfulness, whether in terms of the concept of original sin, in Niebuhr’s understanding of pride, or in estranged relationships with God. My decontextualized beliefs relied on God’s impassable nature, humanity’s depravity, and God’s providence. For me, God was firmly in control, although calling us into relationships with one another that were kind, positive, and supportive. While my conversations with Sara occurred well before Nelson’s article, in hindsight, Sara also seemed to view evil and suffering through this moral view, with an eye toward atonement rather than relationship.

The communal and local narratives that informed my stories regarding evil and suffering came from my work in a local Presbyterian congregation, my identity in relationship to culture, and the counseling center with which I was affiliated. In the local congregation, preaching related to death and grief focused on
eschatological beliefs; a phrase I remember from that time that was often preached by the pastor was that a person who died “claimed the promise of the resurrection.” The narrative this told was comforting to many, and I adopted some of this eschatological language in my own ministry, perceiving hope as a far off finality. I also practiced in a local counseling community where the theology, while liberal for that geographical area, still relied on traditional understandings of sin and suffering. This therapeutic narrative reinforced the personal aspect of suffering and evil over systemic views of oppression as a contributing factor to sin and evil. Finally, I was firmly entrenched in the southern culture as a white male who felt he could not provide economic stability for his family. The contrast between what I was doing and what I thought I should be doing was unsettling and depressing. At this communal level, I was dealing with multiple narratives that complicated my sterile theology of sin, evil, and suffering. The sanitized influence of some of the narratives would find their way into my conversations with Sara, creating a more muddled theological narrative of sin, evil, and suffering.

On the personal level, my own embedded stories about the church, community, and persons always returned to relationality. While I had not experienced some of the systemic, communal, or personal evil and suffering that others had experienced, I was able to draw on personal narratives regarding pain, suffering, and isolation at times. These narratives informed the empathic practice of care I endeavored to offer, and they complicated my deliberative theology. This informal relational theology—a primary personal lens for interpreting persons and the world—often clashed with my deliberative theology. As Sara and I continued our therapeutic relationship, I could feel the tension between my relational view of the world and the theological stories of my communities of faith. Every question Sara asked that pushed back against my formulaic theological answers was a personal challenge to how I previously constructed my religious beliefs; over time, this would challenge my theology in vacuum, making me rely on my relational stories to get by.

At this personal level of narrative analysis, Sara’s stories affected how I interpreted and reacted to my immediate world. Empathy and compassion became personal and primary as we worked together in therapy. The more I attempted to connect and stay in relationship with Sara during the recounting of her harrowing stories, the more I found my own theology being interrogated by this empathic and compassionate stance. While I will not speak for Sara and what was most meaningful in our relationship, from my seat in the room, the personal prioritization of empathy provided a counter-narrative to my sterile theology of evil and suffering. Sara’s attempts to navigate systems of power—social services, medical, psychiatric, and theological—brought into focus integrative work for myself within the fields of theology and social work. Moreover, it provided the contrast I needed to examine my own theology in terms of whether it embodied practices of ministry worth keeping.

As I bore our conversations out into the world, I began to see the communities in which I worked differently. I began to struggle with others’ language regarding sin and suffering as I would constantly juxtapose it uncritically with grace. I grew increasingly hostile to eschatology or any focus on receiving a “heavenly reward,” preferring to hone in on the present and the meanings of our acts of faith. It became harder to proclaim “the Word”—something I was ordained to do—without overthinking the intersections of my experiences. Preaching in these
communities evolved into a relational practice, something I was cautioned against in seminary. I explored my frustrations in smaller communities of trust, seeking input from friends and mentors. I found these community conversations both helpful and hostile as we would talk through the issues with larger meta-narratives within traditional theological ideas. I was experiencing the tension between who I had been as a theologian, where novel experiences were shaping my future, and how to live in community together. I did not know what to call it at the time, but I was being dragged, kicking and screaming, into Nelson’s radical suffering paradigm and trying to figure out how it worked in communities without giving up my previous understanding of Nelson’s moral view.

It was not until writing this article that I realized some of the impacts of these conversations with Sara. About 2 years after our last meeting, I began doctoral work, in part to reconstruct a theology left in tatters by my therapeutic relationship with Sara. Today, my theology is informed by collective resources in process theology, which undergirds my practice of ministry; narrative ideas shape my understanding of persons and change, and intercultural care grounds me in the transformative and co-creative presence of a/the divine reality. Process theology, coupled with feminist intersectionality and liberative understandings of systems of oppression and power, has partly answered some of my continuing questions. Now, when it comes to evil and suffering, I use these paradigms to describe experience, listening for their life-giving and life-limiting impacts on people, rather than prescribing theology. While I would not put these resources into any one paradigm that Nelson named, I feel that I have better access to the life-giving portions of the redemptive and radical suffering paradigms as informed by the ambiguous creation and eschatological imagination when it comes to systemic evil and suffering. The only view I still struggle to reconcile is the moral view on suffering and evil.

CONCLUSION

Nelson’s paradigms help provide a language to describe interpretive possibilities regarding evil and suffering. However, the people we relate to in care-giving situations are not categories or paradigms. Our propensity to categorize and label creates situations in which theology loses its constructive edge. My proposal is not that we ignore Nelson’s paradigms, but rather that we apply them fluidly, understanding that they can become descriptive of the intersections of competing or complementary personal, communal/familial, and collective theological stories. This application creates the possibility of complicating simplistic theological descriptions, as we point to and develop new narratives to describe the impact of evil and suffering at different levels of discourse. Moreover, care-givers who seek to be authentic participants and are open to being affected by another might find reasons to challenge their own theologies and construct new ways of being in relationship with those who experience the relational impacts of evil and suffering in their lives. The result is that we are afforded the opportunity to connect around differing theological stories in ways that construct new social and personal meanings in order to live and authentically participate in life to the best of our abilities.
BIOGRAFICAL NOTE

Rev. Dr. Jason Whitehead is the Director of Consultation and Formation at Iliff School of Theology. He is a licensed clinical social worker, Teaching Elder in the Presbyterian Church (USA), and the author of Redeeming fear: A constructive theology for living into hope, (2013).

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