

## REDEMPTIVE SUFFERING AND PAUL'S THORN IN THE FLESH

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### I. INTRODUCTION

Recently an evangelical theologian ventured into the field of medical ethics with the tone of an old-fashioned evangelist on the sawdust trail to urge a return to Hippocratic medicine and a rejection of a "new medicine" practiced today whose focus is the relief of suffering.<sup>1</sup> Nigel Cameron understands Hippocrates (the "father of modern medicine") and his followers as a reform-minded enterprise in ancient Greek medicine that championed the physician as healer with a sense of the sanctity of life within a society where the relief of suffering was the normative medicine model and included physician-assisted suicide.<sup>2</sup> An opposing viewpoint bemoans the modern medical preoccupation with prolonging life and terms this pursuit a "new medicine." This concern to prolong life is thought to be rooted in Baconian science, which sought to exercise dominion over nature. On the other hand, the method of Hippocratic physicians is found to be less aggressive. The Hippocratic corpus, it is said, offers the purpose of medicine as "to do away with the sufferings of the sick, to lessen the violence of their diseases . . . (and) to refuse to treat those who are overmastered by their diseases (*The Art* 3)."<sup>3</sup> This viewpoint claims that the Hippocratic Oath, with its prohibitions of practicing surgery and performing abortions, was an esoteric document that did not begin to gain acceptance until the Christian era (the first known reference to it comes from the first century AD) and as the Church termed abortion, euthanasia and suicide sin.<sup>4</sup> This academic debate about the historical Hippocrates and the meaning of "new medicine" reflects the modern problem of how to respond to human suffering.

Eric Cassell has defined suffering as "the distress brought about by the actual or perceived threat to the integrity or continued existence of the whole

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<sup>1</sup> N. Cameron, *The New Medicine: Life and Death After Hippocrates* (Wheaton: Crossway, 1991) 163-167.

<sup>2</sup> *Ibid.* 35, 60-67.

<sup>3</sup> N. Jecker, "Knowing When to Stop: The Limits of Medicine," *Hastings Center Report* 21 (1991) 5-8; D. Amundsen, "The Physician's Obligation to Prolong Life: A Medical Duty Without Classical Roots," *Hastings Center Report* 8 (1978) 23-30.

<sup>4</sup> Amundsen, "Obligation" 26-27.

person.”<sup>5</sup> Pain can produce suffering, but suffering can be present in the absence of physical pain. Suffering can arise because of the threat of future pain or the loss of purpose, creativity or meaningfulness. This has led Cassell not only to say the goal of medicine is to relieve human suffering but also to educate modern physicians to respond to its multifaceted dimensions.<sup>6</sup> This appeal is made in the midst of popular concern about suffering and a sometimes paternalistic prolongation of life (or dying) by medical technology. In a population in which the names of Karen Anne Quinlan, Nancy Cruzan and Dr. Jack Kevorkian are widely known and *Final Exit*, the controversial guide to suicide by Derek Humphrey, is a best seller, more and more people are confronting the issues of suffering and personal mortality. In a 1991 Gallup poll, sixty-six percent of the respondents said they believed that a person has the moral right to end his or her life when the person is suffering great pain and there is no hope of recovery.<sup>7</sup> All of this reflects how suffering, dying and death remain a severe trauma in American culture—an un-American activity.<sup>8</sup>

This dilemma has sparked public debate about sustaining life versus eliminating suffering. In the midst of the debate is the issue of euthanasia. It has the nuances of (1) active euthanasia, where a deliberate, life-shortening act is involved, and (2) passive euthanasia, where the disease process in a terminal situation is allowed to bring death by rejecting either “extraordinary means” (procedures that offer less hope of benefit and involve excessive expense and pain) or “ordinary means” (medicines or treatments that offer benefit without excessive expense or pain). The passive approach can include rejecting life-support systems, artificial nourishment and fluids, as well as providing chemotherapy, antibiotics, or insulin (when diabetes is an associated illness).<sup>9</sup> While some find active and passive euthanasia morally equivalent,<sup>10</sup> it is important to distinguish between the two: Passive euthanasia

<sup>5</sup> E. Cassell, “Recognizing Suffering,” *Hastings Center Report* 21 (1991) 24–31. Cf. Cassell, “The Nature of Suffering and the Goals of Medicine,” *New England Journal of Medicine* 306 (1982) 639–645; D. Boeyink, “Pain and Suffering,” *JRE* 2 (1974) 86; J. Hick, *Evil and the God of Love* (New York: Harper, 1977) 292–336.

<sup>6</sup> E. Cassell, *The Nature of Suffering and the Goals of Medicine* (New York: Oxford University, 1991).

<sup>7</sup> R. Worsnop, “Assisted Exit,” *Knoxville News-Sentinel* (March 29, 1992) F1. Cf. S. Begley, “Last Rights,” *Newsweek* (August 26, 1991) 40–46; N. Gibbs, “Love and Let Die,” *Time* (March 19, 1990) 62–71.

<sup>8</sup> Cf. C. Jackson, “American Attitudes to Death,” *American Studies* 11 (1977) 297–312.

<sup>9</sup> Cf. T. Beachamp and A. Davidson, “The Definition of Euthanasia,” *Journal of Medicine and Philosophy* 4 (1979) 304; D. Thomasma and G. Graber, *Euthanasia: Toward an Ethical Social Policy* (New York: Continuum, 1990) 50–83; W. B. Fye, “Active Euthanasia: An Historical Survey of Its Conceptual Origins and Introduction Into Medical Thought,” *Bulletin of the History of Medicine* 52 (1979) 492–502; J. Rachels, “Active and Passive Euthanasia,” *New England Journal of Medicine* 292 (1975) 75–80.

<sup>10</sup> J. Rachels, *The End of Life: Euthanasia and Morality* (New York: Oxford University, 1986) 108; J. Fletcher, “The Patient’s Right to Die,” *Euthanasia and the Right to Death* (ed. A. Downing; London: Peter Owen, 1969) 68; P. Ramsey, *The Patient As Person* (New Haven: Yale University, 1970) 97; Cameron, *New Medicine* 140.

allows for divine dominion in human life and reflects an immobilization rather than a deliberateness of the will.<sup>11</sup>

The issues of quality of life and sanctity of life bring to the foreground the matter of human personhood. Being created in the image of God includes physical, psychological and spiritual aspects. But a spiritual mode of being is most significant—humankind's ability to reflect, to have relationships, to have moral awareness and judgment.<sup>12</sup> Physical or biological life allows the more important spiritual experiences of loving God and neighbor to occur. "The sanctity of life ought to be interpreted in a biographical sense (having a life, expressing personhood), and not merely life in a biological sense (being alive)."<sup>13</sup> In fact preserving biological life in the absence of what is regarded as human life (personhood) can be a violation of the sanctity-of-life principle.<sup>14</sup> But an open embrace of active euthanasia as a way out of this violation or as a legalized public policy presents many problems,<sup>15</sup> and passive euthanasia provides less moral threat: It is the simple allowing of what God's will has become to take place.<sup>16</sup>

Hospice agencies that seek to provide holistic care for the terminally-ill person and his or her family through an interdisciplinary team of health care professionals provide a better alternative to support a terminally-ill person and find themselves caught in the middle of this debate. They are called "brother" by both the right-to-die and right-to-life movements. But hospice, with its objective of removing negatives and affirming life, usually eliminates what motivates some terminally-ill people to wish to end their suffering through active euthanasia.<sup>17</sup>

<sup>11</sup> R. McCormick, "The New Medicine and Morality," *TD* 21 (1973) 308–321; R. Veatch, *Death, Dying and the Biological Revolution* (New Haven: Yale University, 1976) 93; P. Menzel, "Are Killing and Letting Die Morally Different in Medical Contexts?," *Journal of Medicine and Philosophy* 4 (1979) 269–292. Some urge the elimination of passive euthanasia as a useful category; cf. R. F. Weir, *Ethical Issues in Death and Dying* (New York: Columbia University, 1986) 190–191; R. Rakestraw, "The Persistent Vegetative State and the Withdrawal of Nutrition and Hydration," *JETS* 35 (1992) 402.

<sup>12</sup> J. Macquarrie, *Principles of Christian Theology* (New York: Scribner's, 1977) 230. Cf. J. Hick, *Death and Eternal Life* (New York: Harper, 1976) 35–54; A. A. Hoekema, *Created in God's Image* (Grand Rapids: Eerdmans, 1986) 66–73; W. Gaylin, "In Defense of the Dignity of Being Human," *Hastings Center Report* 14 (1984) 18–22.

<sup>13</sup> Rachels, *End of Life* 26–27.

<sup>14</sup> R. McCormick, "The Quality of Life, The Sanctity of Life," *Hastings Center Report* 8 (1978) 35. Cf. J. DeShanno, "Quality of Life: What Does It Mean?," *Henry Ford Medical Journal* 39 (1991) 89.

<sup>15</sup> Cf. I. Van Der Sluis, "How Voluntary Is Voluntary Euthanasia?," *Journal of Palliative Care* 4 (1988) 107–109; M. J. Erickson and I. E. Bowers, "Euthanasia and Christian Ethics," *JETS* 19 (1976) 21–24.

<sup>16</sup> R. Wennberg, *Terminal Choices: Euthanasia, Suicide, and The Right to Die* (Grand Rapids: Eerdmans, 1989) 108–156.

<sup>17</sup> Cf. M. Levy, "Statement of the National Hospice Organization Opposing the Legalization of Euthanasia and Assisted Suicide" (Arlington: National Hospice Organization, 1991) 1–9; M. Gentile and M. Fello, "Hospice Care for the 1990s: A Concept Coming of Age," *Journal of Home Care Practice* 3 (1990) 1–15; P. O'Connor, "The Role of Spiritual Care in Hospice," *American Journal of Hospice Care* 5 (1988) 31–37; P. Iron, *Hospice and Ministry* (Nashville: Abingdon, 1988).

## II. REDEMPTIVE SUFFERING

The Church has attempted to respond to the place of suffering in the lives of the terminally ill. This may give concern because of some previous responses to medically related issues. Many early-Church fathers, insisting that God either inflicts or permits disease, believed the practitioners of healing arts were working against the divine will.<sup>18</sup> Then when James Simpson introduced chloroform anesthesia to reduce the pain of childbirth in the mid-1800s, segments in the Church raised religious objections.<sup>19</sup> The response of some in the Church to human suffering in terminal illness has been to value the redemptive nature of suffering—that is, the positive role of suffering in “soul making”—and appear to promote suffering. Joseph V. Sullivan, a Catholic writer, illustrates this:

If the suffering patient is of sound mind and capable of making an act of divine resignation, then his sufferings become a great means of merit whereby he can gain reward for himself and also win favors for the souls in purgatory, perhaps even release them from their suffering. Likewise the sufferer may give good example to his family and friends and teach them how to bear a heavy cross in a Christ-like manner. As regards those that must live in the same house with the incurable sufferer, they have a great opportunity to practice Christian charity. They can learn to see Christ in the sufferer and win the reward promised in the Beatitudes. This opportunity for charity would hold true even when the sufferer is deprived of the use of reason. It may well be that the incurable sufferer in a particular case may be of greater value to society than when he was of some material value to himself and his community.<sup>20</sup>

Our social context has a great deal to do with how we interpret the world in which we live. Sullivan gives evidence of little awareness of actual suffering of the terminally ill and more familiarity with ancient Church theology. A similar kind of situation may be illustrated in the “tradition history” of C. S. Lewis. When he wrote *The Problem of Pain* it was generally recognized as an intellectual and traditional response to the question of theodicy, directed to the intellectuals who would gather in the Oxford Commons Room. He said, “The problem of reconciling human suffering with the existence of a God who loves is only insoluble as long as we attach a trivial meaning to the word ‘love’ and look on things as if man were the center of them.”<sup>21</sup> For Lewis at this stage, suffering was simply an impersonal and inevitable part of life, a process that brought growth—all of this viewed from the stance of orthodox religion removed from actual human suffering. Later in life he was touched by human suffering when his wife died from cancer. Within the grief

<sup>18</sup> V. Dawe, *The Attitude of the Ancient Church Toward Sickness and Healing* (doctoral dissertation; Boston University School of Theology, 1955) 153 ff.

<sup>19</sup> Fye, “Active Euthanasia” 497.

<sup>20</sup> J. V. Sullivan, “The Immorality of Euthanasia,” *Beneficent Euthanasia* (ed. M. Kohl; Buffalo: Prometheus, 1975) 19.

<sup>21</sup> C. S. Lewis, *The Problem of Pain* (New York: Macmillan, 1962) 36; cf. D. Hall, *God and Human Suffering* (Minneapolis: Augsburg, 1986) 158–169.

process and its pain he wrote *A Grief Observed*. In this collection of feelings and experiences he said, "Talk to me about the truth of religion and I'll listen gladly. Talk to me about the duty of religion and I'll listen submissively. But don't come talking to me about the consolations of religion or I shall suspect that you don't understand."<sup>22</sup> Here he reflects an understanding of the pain of the human condition. Through this process he experienced growth spiritually to better appreciate God's actions in his life. To respond to the issue of suffering constructively, we must understand its impact on the experiential level of humankind and interact with our theology from this vantage point.

Some students of Scripture might employ the notion of redemptive suffering to explain part of the Christian perspective about terminal care. They might quote James 1:2 ("Count it all joy, my brethren, when you meet various trials, for you know that the testing of your faith produces steadfastness"). They might claim that suffering is an inescapable effect of the fall (Gen 3:16–19) and acknowledge that suffering is not good or something to be sought. But they might say that suffering experienced by the terminally ill has value because of what it allows God to accomplish in the life of the patient and caregivers. Beyond that, they might deplore what they see as modern medicine's attempt to make suffering pointless and subject to elimination. Such an approach, however, can appear to be connected merely with perspectives on theology and removed from the reality of human pain. Douglas Hall offers a significant cautionary note at this point: "The only persuasive theology is articulated by persons who have become so thoroughly humanized that they must struggle with God."<sup>23</sup> Our understanding of how to respond to human suffering must be determined from within it rather than from the traditional theological heights above.

Nevertheless it is true that many in the midst of suffering with chronic disease,<sup>24</sup> within a struggle with cancer and its pain,<sup>25</sup> or in the grief process<sup>26</sup> describe valuable learning and development. Almost everyone in my experience would be willing to forego the learning if they could dispense with the suffering. Yet others say their suffering tends to preoccupy and to render them incapable of helpful response to others.<sup>27</sup> But if suffering (at least in some quarters) becomes the occasion for learning, how is this notion reflected in the theology of the Church?

<sup>22</sup> C. S. Lewis, *A Grief Observed* (New York: Bantam, 1974) 28.

<sup>23</sup> Hall, *God and Human Suffering* 169.

<sup>24</sup> Cf. S. Schmidt, "The Sufferer's Experience: A Journey through Illness," *Second Opinion* 13 (1990) 90–108.

<sup>25</sup> Cf. R. Mack, "Lessons From Living with Cancer," *New England Journal of Medicine* 311 (1984) 1640–1644; E. A. Vstyan, "Spiritual Aspects of the Care of Cancer Patients," *Cancer Journal for Clinicians* 36 (1986) 110–114.

<sup>26</sup> Cf. V. Cronin, "In Loving Memory of My Sons," *Reader's Digest* (July 1991) 103–108; J. Claypool, *Tracks of a Fellow Struggler* (Waco: Word, 1982).

<sup>27</sup> Cf. C. Melchert, "Suffering, Silence and Death," *Religious Education* 84 (1989) 41; D. Brown, "When Suffering Eclipses God," *JRelS* 15 (1989) 87–98; P. Prest, "May I Knock on the Door of Heaven?," *St. Luke's Journal of Theology* 19 (1975) 57–66.

One approach to theodicy and, more particularly, suffering is that of Augustine, continued in the work of Thomas Aquinas and Karl Barth. Theological themes important in Augustinian thought include the goodness of the created world, human suffering and pain as a consequence of the fall, and the possibility of God bringing good out of evil. God is good in an unqualified sense, and creation is good in a secondary sense as the object of divine love. The evil that afflicts humankind and human suffering is punishment for sin, all of this rooted in humanity's free decision in the fall to turn from the will of God. Humankind's freedom of will and an inner nature that is sin-prone contribute to his or her plight and hence he or she is responsible. God has allowed freedom of will and sin, so that the greater good of redemption can come from it.<sup>28</sup>

With Irenaeus and eastern Christianity came a different approach to human suffering. In this tradition humankind was not created perfect, nor did Adam and Eve subsequently destroy perfection in sinning. Rather, humankind was created as immature and was to experience growth and development within the good and evil of life, all of this leading to the perfection of God's intent. Life's pain and suffering was not a punishment for sin but an opportunity to develop toward perfection.<sup>29</sup> An extension of this tradition would see suffering to be inherent in creation and not just a consequence of sin. For instance, in the Biblical creation account man experienced the pain of loneliness, and out of the depths of being alone came the natural human experience of relationship and love.

Man as created also encountered limits. He was placed in a garden to till and keep it and was excluded from the tree of the knowledge of good and evil and the tree in the midst of the garden. Humankind's downfall was their quest to escape these limits. This temptation again was another source of suffering and struggle. Following this the original couple suffered anxiety as they clothed themselves and attempted to hide from God. Suffering is inherent in creation and provides the opportunity to develop toward the perfection intended by God or away from it.<sup>30</sup> Irenaeian tradition provides a significant development of the view that suffering can be educative.

In this investigation of human suffering, it is significant not only to understand aspects of the public debate and view redemptive suffering against theological tradition but also to gain perspective from the foundation of the theological enterprise in the Biblical text. At times the appeal to Scriptural information and direction is taken hostage to the interests of ideology or homiletical license whereby the Biblical text is used but not heeded.<sup>31</sup> But clearly the language of suffering is a significant theme in the sayings of Jesus re-

<sup>28</sup> Cf. Hick, *Evil* 169–179.

<sup>29</sup> Cf. *ibid.* 211–218.

<sup>30</sup> Hall, *God and Human Suffering* 49–67.

<sup>31</sup> Cf. H. Kerr, "Enduring to the End," *TToday* 37 (1980) 289–293, who makes use of a Biblical injunction (Matt 24:13) out of context to describe a proper approach to suffering physical pain (illness).

flected in gospel texts (e.g. Matt. 5:11–12; 10:14–15; 23:34), and the evangelists suggest that suffering is a consequence of following the earthly Jesus. Indeed the early Church sought to prepare disciples to expect physical, economic and social persecution for the sake of Christ (Rom 5:3–5; 2 Cor 1:8–9; 11:23–29; Phil 3:8–11; Jas 1:2–4).<sup>32</sup> Most of the suffering that disciples experience has to do with persecution for their faith. But one Pauline passage may describe suffering that is due to a medical problem and may provide some perspective on human suffering related to this issue.

More than one hundred years ago Soren Kierkegaard said that 2 Cor 12:7–9 had allowed for all sorts of ingenuity and foolishness to surface as interpretation and offered everyone the opportunity to become an interpreter.<sup>33</sup> Of course more has been added in the intervening years. From a literary analysis, whether 2 Corinthians is a unified composition or a collection of letters (2 Corinthians 1–9; 10–13; 6:14; 7:1) has no significant bearing on the interpretation of 12:7–10.<sup>34</sup> The wider section of chaps. 10–13 presents the theme of Paul's confrontation with the claims of his adversaries (10:1, 10; 11:4, 12–15; 12:12, 17). More narrowly, 11:1–12:13 is the "fool's speech," characterized by the terms "fool, foolish, foolishness" (11:1, 16, 17, 19, 21; 12:6, 11).<sup>35</sup> The boasting of Paul in his weakness is that which gives his claim to apostleship an ironic contrast to the claims of his opponents who believed their stature was sanctioned by their powerful presence (10:12, 18), the financial support they received (11:7, 12), their Jewishness (11:22) and their exaltation through revelations (12:1). Paul's parody of boasting in weakness, according to Hans Dieter Betz, is influenced by the Hellenistic literary convention of foolish discourse in Socratic tradition.<sup>36</sup> To others its roots are in the parody of self-promotion in Hellenistic society.<sup>37</sup> Still others find the background more likely to be Jewish conventions.<sup>38</sup>

In 2 Cor 12:7–10 the history of interpretation has focused on the identity of Paul's "thorn in the flesh." The earliest tradition understood the phrase to refer to a physical malady that kept Paul from being too elated by the abundance of revelations. This early view was held by Latin fathers (Tertullian, Jerome) and has had its modern proponents, some of whom relate it to specific illness (epilepsy, malarial fever, eyesight problems, speech difficulties,

<sup>32</sup> Cf. P. Davids, *Commentary on James* (Grand Rapids: Eerdmans, 1982) 67; R. Schnackenburg, *The Moral Teaching of the New Testament* (New York: Herder and Herder, 1969) 154, 319.

<sup>33</sup> S. Kierkegaard, *Edifying Discourses* (Minneapolis: Augsburg, 1962) 2.164.

<sup>34</sup> Cf. W. G. Kümmel, *Introduction to the New Testament* (Nashville: Abingdon, 1975) 279–293, who argues for the unity of the letter.

<sup>35</sup> Cf. J. Murphy-O'Connor, *The Theology of the Second Letter to the Corinthians* (New York: Cambridge University, 1991) 107–124.

<sup>36</sup> H. D. Betz, *Der Apostel Paulus und die Sokratische Tradition* (Tübingen: Mohr, 1972) 92–100.

<sup>37</sup> E. A. Judge, "Paul's Boasting in Relation to Contemporary Professional Practice," *AusBR* 16 (1968) 37–50.

<sup>38</sup> Cf. J. McCant, "Paul's Thorn of Rejected Apostleship," *NTS* 34 (1988) 550–572, who suggests the Hellenistic parallels may be simple coincidence and the OT as a likely source for the style. Cf. A. T. Lincoln, "Paul the Visionary," *NTS* 25 (1979) 206.

psychosomatic disorders).<sup>39</sup> The Greek fathers, on the other hand, held that the thorn was persecution, a view that has had a modern resurgence. Some have identified the thorn as Alexander the coppersmith, the “ministers of Satan” at Corinth, or the Corinthian congregation itself.<sup>40</sup> A third interpretative tradition arose in the middle ages when the thorn was associated with sensual temptations or spiritual trials, helped along by the Vulgate rendering of “thorn in the flesh” as *stimulus carnis*. This relating of the text to sexual temptations was relevant in monastic circles of the time. More recent versions of this view see the disturbance to be spiritual torment caused by demonic visitations or the pricking of the apostle’s arrogance.<sup>41</sup>

In evaluating this tradition the interpretation of the thorn as spiritual trials or temptation has the least to commend it. Paul certainly believed he was gifted to persist in his celibate state (1 Cor 7:7; 9:27). If he faced spiritual torment, there would be no reason to stop praying for relief (Phil 1:19–20). The view that takes the thorn to be persecution has more to commend it. The strength of the argument lies in the dissimilarity between *skolops tē sarki* (2 Cor 12:7) and *astheneian tēs sarkos . . . en tē sarki* (Gal 4:13, 14). J. B. Lightfoot had contended that both passages describe the same physical ailment.<sup>42</sup> Yet T. Y. Mullins and Jerry McCant point to differences between these passages: Galatians has *en*, Corinthians does not; Galatians presents a temporary problem, Corinthians a chronic one. Beyond this Mullins suggests that *angelos* (2 Cor 12:7), which is in appositional relationship with *skolops*, always refers to a personal entity in Pauline writing, while *skolops* is a literary idiom for a personal enemy in the LXX (Num 33:55; Ezek 28:24). Consequently the thorn in the flesh, for Mullins, must refer to a personal opponent.<sup>43</sup> McCant identifies the thorn more precisely as the Corinthian congregation and takes the dative *tē sarki* as a dative of disadvantage rather

<sup>39</sup> Cf. A. Plummer, *Second Epistle of St. Paul to the Corinthians* (Edinburgh: T. & T. Clark, 1915) 351; J. B. Lightfoot, *The Epistle of St. Paul to the Galatians* (Grand Rapids: Zondervan, 1957) 186–191; J. H. Benard, “The Second Epistle to the Corinthians,” *The Expositor’s Greek Testament* (Grand Rapids: Eerdmans, 1961) 110–111; W. M. Ramsay, *St. Paul the Traveler and Roman Citizen* (London: Hodder & Stoughton, 1935) 94–97; H. Windisch, *Der zweite Korinther Brief* (Göttingen: Vandenhoeck and Ruprecht, 1924) 387; R. Bultmann, *The Second Letter to the Corinthians* (Minneapolis: Augsburg, 1985) 224; C. K. Barrett, *The Second Epistle to the Corinthians* (New York: Harper, 1973) 315; P. Nisket, “The Thorn in the Flesh,” *ExpTim* 80 (1969) 126; H. R. Minn, *The Thorn that Remained* (Auckland: G. W. Moore, 1972) 23–31; P. Marshall, “A Metaphor of Social Shame,” *NovT* 25 (1983) 315–316; P. Hughes, *Paul’s Second Epistle to the Corinthians* (Grand Rapids: Eerdmans, 1862) 442–448; V. Furnish, *II Corinthians* (Garden City: Doubleday, 1984) 549–550; R. Martin, *2 Corinthians* (Waco: Word, 1986) 414.

<sup>40</sup> Cf. T. Y. Mullins, “Paul’s Thorn in the Flesh,” *JBL* 761 (1957) 299–303; W. Bieder, “Paulus und seine Gegner in Korinth,” *TLZ* 17 (1961) 319–333; G. O’Collins, “Power Made Perfect in Weakness: 2 Cor 12:9–10,” *CBQ* 42 (1980) 216–227; McCant, “Paul’s Thorn.”

<sup>41</sup> Cf. J. J. Thierry, “Der Dorn in Fleische,” *NovT* 5 (1962) 301–310; R. V. G. Tasker, *The Second Epistle of Paul to the Corinthians* (Grand Rapids: Eerdmans, 1978) 175; R. M. Price, “Punished in Paradise,” *JSNT* 7 (1980) 33–40. For summaries of the history of interpretation of the thorn see Lightfoot, *Galatians*; Plummer, *Second Epistle*; Hughes, *Second Epistle*; Furnish, *II Corinthians*.

<sup>42</sup> Lightfoot, *Galatians* 190.

<sup>43</sup> Mullins, “Paul’s Thorn” 301–303.

than a dative or locative of place. He assumes the latter would suggest a physical malady and not the former.<sup>44</sup>

What Mullins and particularly McCant fail to consider is the temporal expression "fourteen years ago" (2 Cor 12:2) as the time when the experience of being caught up to Paradise or the third heaven occurred<sup>45</sup> with the "thorn" experienced shortly afterward. This temporal reference is more than simply "underlining the reality of the experience."<sup>46</sup> If the date supplies a vivid historical detail and if the letter was written between AD 55 and 58, then the revelational experience occurred during Paul's "silent years" after his conversion and in the period between his return to Tarsus and the mission of Barnabas to invite him to Antioch (Acts 9:30; 11:25).<sup>47</sup> This clearly antedates the founding of the Corinthian church and the opposition associated with the Gentile mission in Acts. Paul's visionary experience of being caught up to Paradise does not fit any narrated experience in Acts or in the Pauline corpus, though some have suggested the commissioning occasion in Antioch (Acts 13:1 ff.).<sup>48</sup> This makes the persecution argument less tenable. Consequently the interpretation that takes the thorn to be physical illness may be more attractive. The personal sense of *angelos* includes references to angelic beings (even McCant says it seldom refers to human messengers in the NT);<sup>49</sup> Jewish and Christian texts refer to angels that serve Satan (*T. Asher* 6:4; Matt 25:41). While the usage of *skolops* in the LXX often has a human reference (Num 33:55; Ezek 28:24), it does not function this way exclusively (Sir 43:19; Hos 2:10). In Greek texts, demons place prickles on a woman's forehead.<sup>50</sup> And in Biblical tradition Satan is clearly connected with physical illness (Job 2:5; Luke 13:16). This suggests that it is more likely that the "thorn in the flesh" refers to a physical malady inspired by the forces of evil. Consequently Paul's use of *sarx* is probably related to the physical body (rather than a theological category, the opposite of "the spirit").<sup>51</sup> The debate over the function of the dative case (*tē sarki*), whether "in the flesh" (locative) or "for the flesh" (disadvantage), could leave the impression that the locative guarantees the physical-malady interpretation and the dative of

<sup>44</sup> McCant, "Paul's Thorn" 564–569.

<sup>45</sup> It is better to understand parallelism with "Paradise" and "third heaven" (2 *Enoch* 8:1; *Apoc. Mos.* 37:5; 3 *Apoc. Bar.*) and a single experience than to interpret the references as a two-stage journey; cf. Lincoln, "Paul" 211–218; R. Spittler, "The Limits of Ecstasy: An Exercise of 2 Corinthians 12:1–10," *Current Issues in Biblical and Patristic Interpretation* (ed. G. Hawthorne; Grand Rapids: Eerdmans, 1975) 259–266; *contra* J. Tabor, *Things Unutterable: Paul's Ascent to Paradise in its Greco-Roman, Judaic, and Early Christian Contexts* (New York: University Press of America, 1986) 119; C. Rowland, *The Open Heaven: A Study of Apocalyptic in Judaism and Early Christianity* (London: SPCK, 1982) 381.

<sup>46</sup> Murphy-O'Connor, *Theology* 118.

<sup>47</sup> Cf. Lincoln, "Paul" 211; Martin, 2 *Corinthians* 399; Plummer, *Second Epistle* 340–341; R. E. Osborne, "St. Paul's Silent Years," *JBL* 84 (1965) 59–65.

<sup>48</sup> Cf. Hughes, *Second Epistle* 430–431.

<sup>49</sup> McCant, "Paul's Thorn" 565.

<sup>50</sup> Cf. G. Dellings, "skolops," *TDNT* 7.410.

<sup>51</sup> F. F. Bruce, *1 and 2 Corinthians* (London: Oliphants, 1971) 248.

advantage another view. For R. V. G. Tasker the latter understanding complements a theological meaning for “flesh” with spiritual turmoil as the thorn. For McCant, with a similar view of the dative’s function, the thorn is persecution.<sup>52</sup> Usually the locative force is expressed by the preposition *en* (e.g. Gal 4:14, *ton peirasmon hymōn en tē sarki mou*; cf. 2 Cor 4:11; Col 1:24; Gal 2:20; but *tē sarki* in 1 Cor 7:28). While the locative force would suggest a physical ailment for the thorn, the use of the dative of disadvantage simply leaves the question of the thorn open but does not rule out a physical malady.<sup>53</sup> The evidence does not rule out and seems to allow the view that the thorn/splinter in the flesh does point to a recurring physical malady that could also have expressed itself in Gal 4:12–15. Paul boasted in this bodily weakness so that the power of Christ might rest upon him as a “sign of the apostolate.”<sup>54</sup>

Paul describes this recurring visitation of the thorn as something that “was given” (a divine passive [*edothē*], 12:7). Don Carson comments that this visitation given by God was for a good purpose.<sup>55</sup> To be sure it did not feel good to Paul, because he terms it evil (“a messenger of Satan to harass me”). This paradox provides some insight regarding the will of God. Leslie Weatherhead offers a helpful discussion of the will of God, using three categories: the intentional will (God’s ideal plan for humankind), the circumstantial will (God’s will within certain circumstances), and God’s ultimate will (God’s final realization of his purposes).<sup>56</sup> Within these categories Paul experienced something of God’s circumstantial will. Suffering was never the goal of God’s will. The grace discovered in 12:9 was what Paul experienced after prayer. This became the will of God, and this aspect was good (Rom 8:28).

Suffering in the NT and its cultural milieu is described in two traditions. In the Jewish world the suffering of divine discipline was largely seen as a device to correct one’s misdirection or sin (Prov 13:24; 2 Macc 6:12–15; Jas 5:13–20; 1 Pet 1:7; Heb 12:5–11)—a later expression found in Augustinian tradition. In the Hellenistic world suffering was an experience to educate or improve the sufferer—a view that was embraced in Hellenistic Judaism, within early Christianity (4 Macc 10:10; 11:20, 27; Rom 5:3–4; Jas 1:2–18; 1 Pet 3:14–15; Heb 5:7–10) and later in the eastern Church.<sup>57</sup> Paul’s expe-

<sup>52</sup> Tasker, *Second Epistle* 174; McCant, “Paul’s Thorn” 567. Cf. Martin, *2 Corinthians* 413, who suggests that the dative of disadvantage favors Tasker’s view.

<sup>53</sup> Hughes, *Second Epistle* 447. Cf. N. Turner, *A Grammar of New Testament Greek: Syntax* (Edinburgh: T. & T. Clark, 1963) 238, 242–243, who understands in 1 Cor 7:28 *thlipsin . . . tē sarki* as dative commodi; F. Blass and A. Debrunner, *A Greek Grammar of the New Testament* (Chicago: University of Chicago, 1961) 102.

<sup>54</sup> The translation “thorn” for *skolops* reflects the meaning in the LXX and the intensity of personal weaknesses (2 Cor 12:10; so Dellling, “*skolops*” 410–411; Martin, *2 Corinthians* 412; Bruce, *Corinthians* 248) in preference to the translation “stake.” Cf. D. Park, “Paul’s *skolops tē sarki*: Thorn or Stake?”, *NovT* 22 (1908) 179–183; Hughes, *Second Epistle* 447–448; J. Jervell, *The Unknown Paul* (Minneapolis: Augsburg, 1984) 90, 94.

<sup>55</sup> D. A. Carson, *From Triumphalism to Maturity: An Exposition of 2 Corinthians 10–13* (Grand Rapids: Baker, 1984) 136.

<sup>56</sup> L. Weatherhead, *The Will of God* (New York: Abingdon-Cokesbury, 1944) 20.

<sup>57</sup> C. Talbert, *Learning Through Suffering: The Educational Value of Suffering in the New Testament and in Its Milieu* (Collegeville: Michael Glazier, 1991) 9–23.

rience with suffering from the thorn was redemptive—that is, it brought divine education or improvement to him. The power of Christ was expressed in his weakness. Gerald O'Collins claims that 2 Corinthians 12 indicates the simultaneity of weakness and power and that weakness was not a precondition for experiencing power nor a process that concludes in education.<sup>58</sup> Even if Paul's weakness becomes the occasion of an epiphany of the crucified Lord, the textual situation seems to clearly declare that initial experience of the thorn temporally precedes the education. Paul prayed three times, a pattern reminiscent of Jesus' prayers in the garden (Matt 26:30 ff.). Paul learned about divine grace subsequently, just as Jesus learned as a result of his experience of suffering (cf. Heb 5:7–10).

### III. CONCLUSION

The Pauline account of the thorn in the flesh provides some perspective about response to human suffering. It would appear that Paul experienced suffering from both physical pain (the chronic illness) and spiritual pain (the challenge this produced to his personhood). He sought to relieve his suffering and to restore an unhampered sense of meaningfulness that came from pursuing his divine vocation. The apostle never valued suffering as a desired avenue to experience moral education. He too seemed willing to dispense with both suffering and education for normal apostolic ministry. It would appear that Paul would side with those who view the goal of medicine as being to relieve human suffering (not prolong it). He challenged the natural order of things (the physical illness) and within that challenge discovered God's circumstantial will. The learning that Paul gained was within human personhood, not mere biological life. An individual with advanced terminal illness may lose the capacity to learn because the sphere of biological life is all that remains. For such an individual, suffering would have no opportunity to be redemptive and would become destructive.

Suffering in human experience may seem to be totally negative and without purpose. But within the wider context of God's activity evil events may contain divine good that can be discovered as with Paul.<sup>59</sup> It is valid to encourage the search for what affirms life and is redemptive within suffering, but when suffering ceases to serve life and brings the death of personhood mere prolongation is not furthering the mission of Christ.<sup>60</sup> The educative value of suffering too may come from its quality, not just from its quantity. Certainly suffering should not be endured for religious gain.<sup>61</sup> In an advanced state of terminal illness, passive euthanasia can be an appropriate moral option. Hospice programs as well can benefit terminally-ill people with their

<sup>58</sup> O'Collins, "Power" 536.

<sup>59</sup> Cf. M. Tinker, "Purpose in Pain?—Teleology and the Problem of Evil," *Themelios* 16 (1991) 15–18.

<sup>60</sup> Hall, *God and Human Suffering* 65–66.

<sup>61</sup> Cf. S. Hauerwas, *Suffering Presence* (Notre Dame: University of Notre Dame, 1986) 33, who says there is nothing incompatible with understanding our suffering as contributing to our moral growth and thinking that each suffering should be alleviated if possible.

goals of managing pain, supporting life and meaningfulness, and helping to lift the human spirit. Often with the removal of negatives the terminally-ill person is not motivated to embrace active euthanasia.<sup>62</sup>

Paul was active in interpreting his life experience to himself and others. This sense of storytelling or narrative ethics becomes important as a way of coping with suffering as well as securing what is wanted from others. The person who is suffering can talk back and thus be transformed as an active interpreter of experience. Our sense of ourselves can be at every moment integrated even into a single story. The person who is suffering as well as the person who is dying must be free to describe what their experience is and how they cope with their dilemma without professionals imposing structure that inhibits those individuals from being persons. Defending the value of redemptive suffering and placing it upon the one who is suffering can mean we never hear the sufferer's true voice. The quest for health and the prolonging of life at all costs has become an American tenet of faith in which health-care providers are asked to become modern priests remitting sins of the flesh and dispensing immortality through the grace of technology. Can it be that our use of theological structures (even redemptive suffering) can at times simply be an adjunct to our modern trauma of dealing with the reality of death?<sup>63</sup>

Significant as well as this study is the hermeneutics of our learning. Again as Douglas Hall has said so well, "The only persuasive theology is articulated by persons who have become so thoroughly humanized that they must struggle with God." Paul was such a person. We must move from "the problem of pain" to "a grief observed" to allow for real insight into divine involvement within our lives and our suffering. As professional theologians we must proceed from the practical level of ministry, experience and reflection to an understanding of our theology.<sup>64</sup>

<sup>62</sup> For more information about local hospice programs contact the National Hospice Organization, 1901 N. Moore Street, Suite 901, Arlington, VA 22209.

<sup>63</sup> A. Frank, "Overview," *Second Opinion* 17 (1992) 78-81; S. Crites, "The Narrative Quality of Experience," *JAAR* 39 (1971) 291-311; L. Churchill, "The Human Experience of Dying: The Moral Primacy of Stories Over Stages," *Soundings* 62 (1979) 24-37; M. Lewis and R. Butler, "Life-review Therapy," *Geriatrics* 29 (1974) 165-173. Cf. N. Cousins, *Anatomy of an Illness* (New York: W. W. Norton, 1979).

<sup>64</sup> Cf. J. Patton, *From Ministry to Theology* (Nashville: Abingdon, 1990).