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# THE CAUSAL CORRELATION OF SIN AND SUFFERING

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**Abstract**: The paper analyzed the causal relation of sin and suffering, including illness. Modern/postmodern societal perception of suffering, and relationship with ill persons was studied. In addition, the Bible (the Books of Job and Luke) was investigated on the subject. The idea is to use Jesus' actions and teachings as the assessment criteria. The study is important because it may help minimize or stop the practice of wrong accusations against victims who suffer in any way that their plight is their own doing. The findings of the paper are that: to a great extent people's perception of illness or suffering in modern/postmodern society and that of the biblical times are similar despite the enormous social and historical gap between both eras. Illness or suffering is seen as a reflection of the sinful state of the victim. This explains why people disassociate with victims of 'disgraceful' illnesses. The study concludes that to a large extent, modern perception of illness, particularly, of the debilitating ones, as well as relationship with victims are unethical because it does not tally with that of Jesus whose way of life, actions and teachings form the fons et culmen of Christian ethics and therefore, must be corrected.

Keywords: Correlation, Perception, Relationship, Illness, Sin, Suffering, Retribution.

### **INTRODUCTION**

Illness as well as suffering is a universal phenomenon. Analysis of the history of epidemics has shown that society attributes illness to a sin that the victim might have committed in the past for which he is now suffering (Sontag 1997). The societal perception of illness or suffering determines the way people relate to the ill. If the perception of an illness is negative it makes people alienate from the ill person. AIDS patients, for example suffer neglect as a result of this perception of illness. This raises the question whether it is only the sinful that get ill or suffer? Does the innocent also suffer? In which way does society perceives illness and which way does this perception affect people's relationship with the ill? What is the Biblical perception of illness and in which way does this perception and relationship with the ill at his time? The study tried to find answers to these questions, discussed the findings, and concluded.

Morris (1998) analyzes the tentacular and cross-cultural character of illness. He sees illness as something that defines what is to be human. Sontag on her part indicated how stigma and metaphor of certain illnesses exacerbate the pain and suffering of the ill. On the other hand, Ricoeur (1967) characterizes the metaphor and retributive notion of illness and misfortune in general as cultural creation and interpretation. Lindstrom (1994) and Keel (1969) respectively

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admitted the existence of the theory of retribution in certain sections of the Bible. Lindstrom further argues that the theory should not be taken as the point of departure for biblical exegesis since to do so is to assume the existence in the Old Testament of such a divine pancausality on the national, as well as on the individual level, which is not the case. Sontag, Ricoeur and some other scholars admitted the stigma and metaphors surrounding illness and suffering in general as having religious and philosophical bases. They advocated the de-mythicization and deconstruction of the stigma and speculations that make people suffer. In developing countries like Ghana, religion runs supreme and colors majority's perception and conception, especially of illnesses and general misfortunes that affect people. For example, AIDS is seen as a punishment for immorality of the victims. This makes life in society for the victims very difficult. The research is important because it educates by highlighting the flawed societal practice of correlating people's suffering, including illnesses, with punishment for a sin committed. This means there is need for modern/postmodern society to change its perception of illness and therefore suffering people in general. This is because as subsequently noted the innocent also do suffer. Removal of the beliefs and the speculations that engender the practices of stigma and metaphor surrounding illnesses and misfortunes, therefore, may not only alleviate the suffering but also save the lives of victims.

#### METHODOLOGY

The approach of the study is qualitative. The research strategy allows 'close interactions with informants/respondents and their settings' (Gedzi 2012b). The data for investigation came from field interviews and observation. Information was also obtained from relevant secondary data, including the Bible. The latter respectively comprises the exegeses of Gutierrez (1987), and Scheffler (1993), on the Book of Job and Luke's gospel in the Old and New Testaments. The investigation on Luke's gospel was specifically on Jesus' own experience of pain and suffering and how he related with victims of suffering or ill people at his time. This is necessary because the subject matter of study falls under the domain of Christian Ethics of which the Bible, and specifically, Jesus' actions and teachings are the point of reference.

#### **RESULTS/DISCUSSION**

This section discusses how many people of modern/postmodern society and the biblical era perceive some illnesses and therefore suffering as symptomatic of the sinful state of the ill person. It analyses how the theory of retribution affects the peoples' relationship with the ill in the two eras.

### Modern/Postmodern Society and Sin and Suffering

David Morris stresses the ubiquitous nature of illness and therefore suffering in general. This means illness/suffering cuts across all cultures and it is what defines what we are as human beings. Despite the inevitability and universality of illness/suffering, humans in all cultures throughout history try all sorts of means to find antidote for it. This is very typical, for example, with the West. The big dream of the postmodern age is to find ways of remaining young, healthy and living long. This utopian vision is explained by multiplication of fitness programs, herb and

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hormone therapies, and weekend yoga classes. This vision of life has become an obsession (Morris 1998) so much so that majority no longer believes in the life after death. The Western culture interprets everything about life in the 'here and now' categories. This is why its tendency is to try as much as possible to make the planet illness-free so that life can be prolonged and enjoyed to its fullest maximum. This way of looking at life is mirrored, for instance, in the invention of cryonics, which deep-freezes the diseased body until a cure is found. There are other practices such as antibiotics, skin grafts and kidney dialysis, to mention a few, which emphasize the postmodern Western mentality that life is only here and now.

The advancement of science has compounded the worldview that life is only material. This influence has a consequent effect on people's perception of illness. For example, the Western culture attributes any cause of illness to verifiable entities like microbes, toxins and internal malfunctions. This is why the Westerner consults his doctor who makes tests to trace his "discomfort back to its source in a recognized objective and concrete pathology as if illness, strictly speaking, is something that can be contained through taking of its inventory" (Morris 1998). Morris argues that even when it is caused by a toxin, a microbe, or the dysfunction of an organ, illness has fluidity. It is even influenced by non-medical events. This appears to make it not only subjective but also insubordinate, enigmatic and inaccessible to language. This means that illness is biocultural, including the spiritual dimension. Therefore it cannot be resolved by means of medicine alone. Moreover, even though illness is a multicultural phenomenon its experience varies from person to person and from culture to culture. This understanding of illness in the postmodern time if utilized may lead to holistic diagnosis and treatment. For example, if a doctor knows that the patient he is treating comes from a culture that smoking is rated very high he may know what kind of advice and medication to give him. This may be corrective to the modernist idea that knowledge of a disease at the molecular level only helps to cure it. It is arguable to attribute the ineffectiveness of modern medicine to cure certain diseases to this unilateral way of seeing illness. The approach appears ineffective because illness, as indicated, is biocultural and culture has a tremendous influence on molecular structures. This is even underscored by the fact that what happens in laboratory conditions, where variables are carefully controlled, is not the same as conditions outside it. The fact is that microbes responsible for many illnesses may change, "often in response to changes introduced by humans into the surrounding culture". Thus, there cannot be one framework or formula for treating illness. This is due to the fact that even if two people share in an identical molecular structure they will by all means respond differently to almost the same microbes and medications. This is because culture influences illness within a "shaping field". It is in the light of this analysis that Morris proposes that bioethics in medicine should be expanded to cover narrative experience of the ill. This means that illness because of its subjectivity makes it difficult to be well understood. The narrative experience of the ill is very necessary if we want to understand certain types of illnesses like AIDS.

Analysis of the history of epidemics involving major illnesses in the West has also shown that once medical science is not able to identify the cause of an illness, people resort to myth for an explanation. This happened, for example in the 19<sup>th</sup> and 20<sup>th</sup> centuries when the causes of TB and cancer were not known, and therefore, no cures found for them. As a result, the illnesses

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attracted stigma and the trapping of metaphor, and regarded as intractable and capricious (Sontag 1978).

Stigma, among other things, is prejudice and discrimination against someone as morally degenerate and undesirable (KEBA Africa 2013)<sup>1</sup> while metaphor is the shaping that culture gives an illness. Stigma and metaphor associated with apparently 'intractable' and 'capricious' illnesses are likely to be predominant in weak economies and where the rate of literacy is also low. Due to the ailing nature of the economies it is unlikely that governments could have the capacity to provide sufficient funds to access education and research in medical science. Illnesses whose causes are not known in these countries are likely to attract more myth. Studies on stigma in Africa, for example, have shown that the health care setting is identified as the most frequently cited context of stigmatization of AIDS patients. It is discovered that many health workers and related service providers express negative attitudes towards people living with the illness and prefer not to touch let alone treat them. This is qualified in most instances, however, by the acknowledgement that doctors never have to touch them. They simply look at their charts and pass the responsibility to the nurses. This could explain, in part, the experience of greater association of stigma with nurses rather than doctors (Nicolson 1996). In Ghana even those who have been completely cured from leprosy and insanity are never fully accepted back into society. The illnesses have the trappings of metaphor and disgrace to the victims and their extended families. Generations after, people would always make reference to it. The worst of it all is that people would not like to marry in a family with such pathological record.

Sontag (1978), Ricoeur (1967) and other scholars contended that the unsympathetic attitude of people in society towards victims of certain illnesses has in many ways been influenced by the retributive theory of religion. The retributive theory attributes people's illnesses, failure, poverty, untimely death or any misfortune in life to divine punishments for sins committed in the past. Sin for people is breaking of a divine code of law, which concomitantly unleashes pain and suffering in the form of misfortune like illness on the law-breaker. AIDS patients in particular seem to suffer most because of the retributive theory which engenders the social stigma and the metaphor surrounding the illness. This is worsened by the mentality that one does not get ill or defiled only by infringing upon a divine sanction; one can also get defiled when one has a physical contact with people who are already in the state of impurity. We can gather two inferences from the analysis on this causal connection between sin and suffering. In the first place, most people in society feel less sympathetic to ill persons because they think the latter are deservingly paying for sins they have committed in the past. Secondly, the idea that one can get defiled through bodily contact imperceptibly and surreptitiously works on most people's psychology and so will not go near the ill. Interestingly, the feeling of being defiled and the need for purification in terms of punishment (an illness) is not only a projection from society on the ill but ill persons themselves also in some cases seem to attribute their illness to some sin they might have committed in the past. Thus the way people in society perceive a particular illness conditions their relationship with ill persons. Due to this, HIV/AIDS patients are either restricted or dismissed from their employment, schools and in some cases, removed from living in community with others. They are even banned from using the same equipment and facilities.

<sup>&</sup>lt;sup>1</sup> See <u>www.kebaafrica.org</u> access on 10<sup>th</sup> April, 2013.

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Nicolson corroborated how even some church officials are explicit in their insistence that AIDS is a well-deserved punishment for sinful behavior. The discussion then leads to find out about the stance of the Bible concerning the connection between sin and illness and therefore suffering in general.

# **Biblical and Sin and suffering**

The Bible presents variant versions on the problem of sin and suffering but the books of Job in the Old Testament and Luke's Gospel were selected, among other intentions, to find out whether actually there is a causal correlation between sin and suffering.

# The Old Testament and sin and suffering

There are several texts in the Old Testament such as, for example, Psalms 22, 69, 88, 102, and others that speak about illness and the phenomenon of pain and suffering but the paper chose the Book of Job for the current exercise. The choice is strategically important because the principal character of the Book is seen as the prototype of all ill persons and sufferers. The Book is a reflection on societal perception of the ill and sufferers in general in the Old Testament time. The society at the time was very much influenced by the official religion, which believed that ill persons and those who experienced any kind of misfortune suffered so because of their sins. This is the view the author intends to correct since for him any human being at all is susceptible to illness and suffering irrespective of his or her moral standing.

In the Book the author makes Job the prototype and the spokesperson not only of his own personal experience but also of others who suffer. Job, in fact, in today terms, is a good man. He practices justice in social life (Gutierrez 1987). But this righteous man has not only lost his properties but also his children and he himself has become a victim of a very disgraceful illness in his time. He is afflicted "with malignant ulcers from the sole of his foot to the top of his head", and he sits "among ashes" (Job 2: 7-8). Job is therefore both ill and poor. To the death that is at work in his flesh there is an added social death, for in the opinion of the time, persons suffering from incurable illnesses are to some extent outcast from society. A factor contributing to this attitude is the conviction that poverty and illness are punishments for sins of the individual or the family. In the eyes of his contemporaries, therefore, Job is a sinner. As a result, he is isolated and profoundly alone. He gives dramatic expression to his situation by making a place for himself outside the town on a garbage heap or a dunghill.

The three friends of Job believe that it is because he has sinned that is why the calamity has befallen him. That Job is responsible for his own plight is evident to these friendly theologians who now begin to argue along this line. The doctrinal context in which they think is that of temporal retribution. According to the theological teaching of Eliphaz and his companions, God punishes the wicked and rewards the upright. The principle of cause and effect applies inexorably in the moral world; that the sinless never suffers or perishes and neither has it been known that an honest person is wiped out. Eliphaz and companions maintain that from

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experience it is "those who plough iniquity and sow disaster" that have their just due (see Gutierrez 1987). Moreover, according to this theology, God pays the virtuous with "riches and health" while the unvirtuous experience poverty and sickness. In the case of Job, the problem is to apply this principle inversely that if Job suffers as he does, then he is a sinner, though he may not be aware of it.

Job himself, in fact, used to have the same theoretical point of reference, but his experience and his faith in God have finally shattered this theology. His consciousness of his own integrity is incompatible with it. In his resolute defense of his innocence, Job does not make the mistake of regarding himself as sinless. At different points he recognizes that as a fallible human being he is not without his shortcomings. But when he examines himself he finds no sin that merits so great a punishment. His friends' arguments, which are based on a particular view of justice, only intensify his consciousness of being innocent (Gutierrez 1987). One purpose of the author of Job therefore is to challenge the conception that it is only the sinful who suffers.

The issue at stake is not only the suffering of the poor and the ill; it is also more specifically the misfortune of the innocent. We are now confronted with suffering that is unjust. On the one hand, the conviction of innocence that Job so emphatically repeats does not fit with the ethical doctrine of retribution. For if his life has been an upright one, why have poverty and illness befallen him? Job has no clear answer to it. What is certain is that his consciousness of being innocent conflicts with the ethico-religious view prevalent at his time. He challenges an interpretation of the relationship between human beings and God that is based on retribution. He realizes he is not the only one who suffers from poverty, illness, stigmatization and abandonment. There are many others who are like him. It is significant to note, in final analysis, that at the end of the book, neither the suffering Job nor even God himself could understand or explain, let alone resolve the reality of the mystery of suffering. The problem remains. One thing that the author makes clear, however, is that a mystery like suffering cannot be understood or explained. It can only be experienced. That is why in the midst of the untold hardship and suffering Job experiences God. This could only mean that God is with Job in his suffering and by inference, with others who suffer.

### The New Testament and sin and suffering

Luke's Gospel has been chosen for the New Testament view on ill persons and sufferers in general because the author gives an encompassing treatment on the subject. Scheffler (1993) analyzed Luke's account of Jesus' suffering and relationship with the ill and sufferers at his time and made two observations: first, victims of suffering should understand their plight in the light of that of Jesus; secondly, people's relationship to suffering people must be understood from Jesus' relationship with ill persons and sufferers in general. The analysis is important because it helps us find out whether social perception of and relationship with victims of major illnesses and sufferers attune with that of Jesus whose teachings and way of life form the point of reference in Christian ethics.

In the opinion of Scheffler the relation between Jesus' suffering and the various dimensions of ordinary human suffering derives from the comprehensive view that Luke adopts even of the

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suffering of Jesus. The Lukan account of Jesus' suffering is not limited to the traditional passion (arrest, trial, and crucifixion). It includes account of Jesus' suffering such as his humble birth, baptism, genealogy and temptation, his rejection at Nazareth, and on his way to Jerusalem; and his persecution by Jewish leaders. Thus, for Scheffler, the various dimensions of human suffering could be discerned from the suffering of Jesus.

According to Luke' account, Jesus is born in a manger contrary to the house (oikia) mentioned in Matthew 2: 11. Jesus comes from a region that is despised. The fact that he is born among animals is a testimony of his humble birth. The birth in a manger is further worsened by the presence of the poor shepherds who are the first witnesses of the news of the birth. Thus, it is seen that as a human being Jesus features pre-eminently as the sufferer. Although he is full of accolades such as the Savior, the Christ, the Lord and others, which signify his exaltation, Jesus is born a humble human being within a poverty-stricken condition. Scheffler argues that the lowly circumstances contribute to the paradoxical contrast between Jesus' exaltation and humiliation. Luke also presents the shepherds as social outcasts. In the context of Jesus' nativity they are in a sense exalted by being the first witness of his birth. But at the same time, given their deprived social position, they contribute to the lowliness of that birth. In the presentation episode in 2: 22 - 24, for example, Luke subtly communicates the poverty, which Jesus experiences as a child. His parents take him to offer the sacrifice prescribed by the Jewish Law. Leviticus 12: 8 qualifies this requirement that if a lamb cannot be afforded, then two turtledoves or two young pigeons can be used instead. By citing the stipulation in full (without specifying whether Jesus' parents brought turtledoves or pigeons), Luke wants to emphasize that Jesus' parents choose what is termed in the contemporary rabbinical literature, 'the sacrifice of the poor'. Luke's narrative establishes a close connection between the suffering and humiliation of Jesus' childhood and its soteriological significance. He seems to communicate to his readers that Jesus brought salvation not merely through his cross and resurrection as seen in 1 Cor 2: 2, but through his entire life, of which his childhood constitutes an important part. This is evident, inter alia, from Simeon and Anna's visit to the infant. For, after seeing him they speak about him as the 'salvation' and 'deliverance' of Israel and Jerusalem and even of all nations. Simeon expresses the paradoxical contrast between Jesus' exaltation and his humiliation in so many words in the nunc dimitis in 2: 34. In Israel Jesus would become the touchstone for the reversal of fortunes. The prediction that Jesus would be "the sign of contradiction" refers to the rejection he would experience throughout his life and in his final suffering. The integrity of his suffering is accentuated by the description of the anguish this would cause his mother (a sword piercing her soul). Thus, Jesus, the humble suffering human baby is the Savior of the world.

Being humbly born as an ordinary human being, Jesus is baptized in the same way as the ordinary people of his country. At baptism he is exalted when the Holy Spirit descended upon him and it is announced that God is "well pleased" with him. According to Luke, Jesus' anointing with the Holy Spirit gives him the power to go about "doing good" and healing all that are oppressed by the devil. Jesus' exaltation is therefore not for his personal satisfaction, but to make possible his ministry to sufferers. He suffers the humiliation of receiving the baptism of repentance, even though as the Son of God the baptism is not necessary. Besides, the genealogy of Jesus in 3: 23-38 reflects the same paradox of Jesus' dual state as both Son of God and a

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humble human being. As if his human descent is not humiliating enough, his genealogy does not reflect a royal lineage as seen in Matthew 1: 6, but one that contains the names of ordinary people like the obscure Nathan instead of Solomon.

Jesus' temptation in the periscope 4: 1-13 also presents us with another paradox since he is the Son of God. His suffering is intensified by the fact that he is tempted by the devil in person. His trial consists of repeated temptations over a period of forty days. The main thrust of the temptations is that he should abandon his life as ordinary human being and invoke the supernatural powers, which he actually possesses as Son of God. By refusing to do so he becomes fit for the saving ministry that follows. The irony, which Luke communicates, is that although Jesus is the Savior by virtue of being God's Son, he fulfils this role by being humiliated and not claiming his sonship. It can further be said that there is a connection between the temptation episode and Jesus' final passion. This is to say that at the time of Jesus' death, Satan became directly involved again, whereas during his ministry he had been operating indirectly through Jesus' opponents.

In Luke (4:28-29) the Nazarenes become angry and make attempt on his life by trying to throw him over the cliff. The fact that at Nazareth his own people among whom he grew up reject him intensifies the suffering inflicted by the experience. From the devil (4:1-13) and Jesus' opponents (leaders of his own people) rejection could have been expected, but hardly from the more intimate circle of people who had known him since childhood. Jesus' citing of the proverb about the dishonored prophet (4:24) therefore indicates that he is well aware of the irony of being rejected by his personal acquaintances. But the question is: why have the Lukan Nazarenes rejected Jesus? It is neither because he is a mere human being nor because he describes his ministry as one exercised for the benefit of sufferers. The people reject Jesus because of his association with all those who suffer. Jesus' view that sufferers also include the gentiles and enemies of the Jews (4:25-27) fill the Nazarenes with rage so much so that they make attempt on his life. Thus Luke communicates the irony that Jesus suffers because he advocates unconditional compassion towards all who suffer.

Moreover, the paradox of Jesus' exaltation and his humiliation is again apparent in the Nazareth episode. Despite his anointing by the Holy Spirit (4:18), he is merely the son of Joseph. It appears as if Jesus communicates to the Nazarenes that the miracles, which he is able to perform because of his exaltation, are neither for self-glorification nor to satisfy their curiosity. They are solely for the benefit of sufferers. It is only in the context of the alleviation of suffering that his miracles cannot be misinterpreted as acts of self-glorification. The irony is that in Luke's Gospel the sufferers whose lots are ameliorated by Jesus usually glorify God. Jesus' ministry to sufferers is, therefore, a humble one, which may be said to be the cause of his own suffering. Luke makes it clear that it is through Jesus' association with all categories of sufferers that the Jewish leaders persecute him. For example, in the healing of the paralytic (5:17), Luke mentions the presence of the Pharisees and the Scribes who came from "every village and Judea and from Jerusalem".

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It further emerges that in all instances the Jewish leaders attack Jesus because of his compassionate attitude towards various kinds of sufferers such as sinners, outcasts, the hungry and the sick. For example, whereas the Jewish leaders maintain that God alone can forgive sins, Jesus goes ahead and forgives sins; while they considered contact with victims of certain kinds illness such as leprosy as defilement, Jesus goes ahead, touches and heals them (5:12-14); and while they forbid any association with toll-collectors and sinners, Jesus feasts with them (5:29a); whereas they regard plucking grain on the Sabbath as work, Jesus defends his disciples' satisfying their hunger. Moreover, in the presence of the hostile Scribes and Pharisees, Jesus heals the man with the withered hand on the Sabbath. Jesus' suffering therefore seems to be very much linked with the suffering of those to whom he ministers.

There are other instances that can be cited to stabilize the point that it is because Jesus cares for the ill and other kinds of sufferers that he himself is made to suffer. For example, when Jesus heals the dumb man (11:14), he is accused of casting out the demons by the help of Beelzebul (11:15). This is a false charge because Jesus casts out demons by the hand of God. That Jesus takes the accusation to heart is evident from his repetition of the charge in 11:19. In the woes in 11:39-44, Jesus contrasts the Pharisees' concern for the law with true concern for sufferers. The Pharisees, for example, care about clean cups, but not about almsgiving (11:39-41). They care about tithes, but not about justice and love of God (11:42// Mt 23:23). They care about the best seats and salutations, and therefore not about humility (11:43// Mt 23:6). The same holds for the teachers of the law who inflict suffering on people; who actually consent to killing of the prophets and by implication are themselves persecutors (11:49-51// Mt 23: 29-36); and who deny people access to knowledge. From all these criticisms it appears that Jesus attacked his opponents for their lack of compassion for people, particularly, people of pain and suffering. It is therefore not surprising that after the criticisms the Scribes and Pharisees decided to eliminate Jesus. There seems to have been a progression in the hatred towards him, which has eventually, spread to ordinary people. In Jerusalem this enmity is even more intense and has culminated in Jesus' final suffering and death.

Thus so far, the analysis has clearly shown that people do not necessarily suffer because of their past actions. Even the innocent like Job and Jesus in the Old and the New Testaments suffered. In order to change the negative perception of illness we need to de-mythicize the metaphors surrounding illnesses such as AIDS. Moreover, since the retributive connection of sin and suffering is a cultural construct, society, including the religious and philosophical institutions needs to undo or deconstruct the dangerous belief and the speculation. The study is socially relevant because it has tried to educate people in modern/postmodern society by highlighting the unethical and therefore flawed practice of correlating people's suffering, including illnesses and misfortunes with punishment for sin committed; and which dictates relationships with victims of illness and suffering. The study also academically contributes globally to existing knowledge in Christian ethics and could stimulate interest for further research on the subject matter.

### CONCLUSION

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The study analyzed the causal correlation of sin and suffering. The analysis revealed that a particular perception of misfortunes such as an illness by a people has a tremendous influence on the way the people relate to the ill and sufferers in general. This relationship is most of the time negative, which does not help but rather increases the suffering of ill persons. It further realized that generally people's perception of illness or suffering in society and that of the biblical times are similar. They see illness or suffering as symptomatic of the sinful state of the ill person. Sin for the people is breaking of a divine code of law, which concomitantly unleashes pain and suffering in the form of misfortune like illness on the law-breaker. This implies that in spite of the enormous social gap between the two eras, and social changes that took place, modern/postmodern perception of, and attitude about illnesses such as AIDS, have not changed very much. This is to say that there is still at the moment traces of belief in correlation of sin and suffering. It is also seen that peoples in both eras believe that illness could in effect be transmitted either morally or literally and so are afraid to be defiled or infected. All this makes peoples less sympathetic toward the ill and sometimes even keep away from them altogether. This is why stigmatization with its attendant ostracism and abandonment increases the plight of those who suffer especially from debilitating illnesses in both eras. The authors of Job and Luke, however, show through their main characters, Job and Jesus that the innocent also do suffer. Thus far, the findings of the study reveal that our perception of illness, particularly, of the debilitating ones such as AIDS, and our relationship with the victims, even at the present time are unethical and so do not tally with those of Jesus whose way of life, actions and teachings form the fons et culmen (source and summit) of Christian ethics. Thus the study tried to educate and highlight the flawed societal practices of drawing baseless conclusion that people suffer because of sin. It advocates a conversion of the social conscience to make people sympathize and empathize with those who suffer in any way instead of being judgmental. This is possible when modern/postmodern society de-mythicizes and deconstructs the benign theories and speculations that engender stigma and metaphors of certain illnesses and misfortunes in life. In the final analysis, as Christians in today's society, we need to take Jesus' way of life - that is, his teachings and actions into serious consideration. People of other traditions of faith and those who do not express any faith can also see Jesus as an exemplary in perception of illness, and in relationship with suffering people in society.

#### REFERENCE

Asamoah-Gyadu, J.K. (2005). African Charismatics: Current Developmentwithin Independent Indegenous Pentecostalism in Ghana. Leiden: Koninklijke Brll NV.

Asenath, P., (1978). Individuality in Pain and Suffering. Chicago: University of Chicago Press.

- Auge, M., (1995). The Meaning of Illness: Anthropology, History and Sociology. Claudine Herzlich cop.
- Bakan, D., (1968). *Disease, Pain, and Sacrifice: Toward a Psychology of Suffering*. Chicago: The University of Chicago Press.

Bloomquist, L.G., (1993). The Function of Suffering in Philippians. Sheffield: JSOP Press.

Bolen, J.S., (1996). *Close to the Bone: Life-threatening Illness and the Search for Meaning*. N.Y.: Scribner.

Bourdieu, P., (1999). *The Weight of the world: social suffering in contemporary society*. Cambriedge: Polity Press.

Vol. 1, No. 1, pp.9-20, June 2013

Published by European Centre for Research Training and Development UK (www.ea-journals.org)

- Diamantides, M., (2000). *The ethics of suffering: modern law, philosophy and medicine*. Aldershot: Ashgate.
- Druss, R.G., (1995). *The Psychology of Illness: in Sickness and in Health*. Washington DC: American Psychiatric Press.
- Fichter, J.H., (1981). *Religion and Pain: the Spiritual Dimensions of Health Care*. N.Y.: Crossroad Pub. Co.
- Fordyce, W.E., (1976). Behavioral Methods for Chronic Pain and Illness. Saint Louis: Mosby.

Fretheim, T.E., (1984). *The Suffering of God: an Old Testament Perspective*. Philadelphia: Fortress Press.

- Gallagher, E.B., (2001). The Sociology of Health and Illness. London: Sage Press.
- Gedzi, V.S., (2012b). 'Property Relations and Women's Access to Courts among the Anlo and the Asante in Ghana'. *European Scientific Journal*. Vol.8, No. 29:121-137.
- Gilbert, P., (1989). Human Nature and Suffering. Hove: Elbaum.

Gilman, S.L., (1995). *Picturing Health and Illness: Images of Identity and Difference*. Baltimore: Johns Hopkins University Press.

- Gutierrez, G., (1987). On Job: God-Talk and Suffering of the Innocent. N.Y.: Orbis books.
- Hare, R.M., (1972). Essays on the Moral Concepts. Berkeley: University of California Press.
- Harrinton, D.J., (2000). *Why do we suffer? a Scriptural Approach to the Human Condition*. Franklin, WI: Sheed and Ward.
- Helman, C.G., (1994). *Culture, health and illness: an introduction for health professionals.* Oxford: Butterworth-Heinemann.
- Hopko, T.A, (1983). For the sick and suffering: prayers and meditation. N.Y.: Department of Religious Education, Orthodox Church in America.
- Inbody, T., (1997). *The transforming God: an interpretation of suffering and evil.* Louisville: Westminster John Knox Press.
- Jansen, H., (2001). *Laughter among the ruins: postmodern comic approaches to suffering*. Frankfurt am Main: Lang.
- KEBA Africa, (10<sup>th</sup> April 2013). 'Reducing HIV/AIDS Stigma and Discrimination in Ghana.' <u>www.kebaafrica.org</u>
- Keel, O., (1969). Feinde und Gottesleugner : Studien zum Image der Widersacher in den Individual-psalmen. Stuttgart: Katholisches Bibelwerk.
- Kitamori, K., (1965). Theology of pain of God. California: John Knox Press.

Kronenfeld, J.J., (2000). *Health, illness, and use of care: the impact of social factors.* Amsterdam: JAI.

Lindstrom, F., (1994). *Suffering and sin: Interpretations of illness in the individual complaint Psalms*. Stockholm: Almquista and Wiksell International.

- Lupton, D., (1994). *Medicine as culture: illness, disease and the body in western societies.* London: Sage.
- Lyons, R.,(1995). *Relationships in chronic illness and disability*. Thousand Daks, CA: Sage Publications.
- Mattingly, C., (2000). *Narrative and the cultural construction of illness and healing*. Berkeley: University of California Press.
- Mayerfeld, J., (1999). Suffering and moral responsibility. Oxford: Oxford University Press.

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- Moore, R., (1990). An investigation of the motif of suffering in the psalms of lamentation. Ann Arbur, Michigan: University Microfilms International.
- Morris, D., (1998). *Illness and Culture in the Postmodern Age*. Berkeley: University of California Press.
- Morris, D., (1991). The Culture of Pain. Berkeley: University of California Press.

Nicolson, R., (1996). God in AIDS? a Theological Enquiry. London: SCM Press.

- Nierman, D., (2002). Chronic Critical Illness. Philadelphia: Saunders.
- Obi, O., (2001). *Human Suffering: a Challenge to Christian Faith in the Igbo/African Families*. N.Y.: Lang.
- Oraison, M., (1961). Amour, Peche, Soufferance. Paris: Fayard.
- Poel, C.J., (1998). *Wholeness and Holiness: a Christian Response to Human Suffering*. Franklin, Wisc: Sheed and Ward.
- Ricoeur, P., (1994). 'La Souffrance n'est pas la douleur. Autrement.'
- Ricoeur, P., (1992). Oneself as Another, Chicago: University of Chicago Press.
- Ricoeur, P., (1984). Time and Narrative, Vol.1. Chicago: University of Chicago Press.
- Ricoeur, P., (1967). *The Symbolism of Evil*. Boston: Beacon Press.
- Saunders, C., (1983). *Beyond all Pain: a Companion for the Suffering and Bereaved.* London: SPCK.
- Scarry, E., (1985). The Body in Pain. Oxford: Oxford University Press.
- Scheffler, E., (1993). Suffering in Luke's Gospel. Zurich: Theologischer Verlag.
- Sontag, S., (1978). Illness as Metaphor. N.Y.: Vintage Books.
- Tudor, S., (2001). *Compassion and Remorse: Acknowledging the Suffering Other*. Leuven: Peeters.
- Veena, D., (1997). "Language and Body: Transactions in the Construction of Pain". In Arthur Kleinman, Veena, and Margaret Lock, (eds.), *Social Suffering*. Berkeley: University of California Press. Pp. 67 – 91.

Welie, J., (1998). In the Face of Suffering: the Philosophical-Anthropological Foundations of Clinical Ethics. Omaha, Neb: Creighton University Press.

Zborowski, M., (1969). People in Pain. San Francisco: Jossey-Bass.

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