Reframing the Suffering Narrative: Can Affliction Direct Us to Our Calling?

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Author Biography

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Introduction

In 1095 C.E., Imam Abū Ḥāmid Al-Ghazālī (d. 505/1111) was one of the highly esteemed scholars of Baghdad. He had it all: fame, fortune, family, and prestige. Nevertheless, deep in his heart lay an unsettling feeling urging him to pull away from the worldly life and move closer to God. It was a hard choice to make until one day it ceased to be a choice. He woke up with a lock upon his tongue that prevented him from teaching. Soon enough, he fell into depression and his body started to waste away. The renowned imam resolved to leave Baghdad and embark on a journey of heart purification and self-discovery that lasted eleven years and culminated in the production of a seminal Islamic book, *Revival of the Islamic Sciences (ʾIḥyāʾa ʿUlūm al-Dīn)*.[1] Could Ghazālī's physical suffering have been his wake-up call?

Since the dawn of civilization, physical and other forms of suffering have taken a central position in theological discussions. One fundamental question that has always perplexed human beings is "Why?" Why is there so much suffering in the world? Illnesses, physical pain, and suffering can be debilitating and crippling. Nevertheless, for some people, they turn out to be among the most rewarding experiences of their life, a blessing for themselves and others.

Muslims' understanding of themselves and their role and purpose in life is largely shaped by their religious beliefs and Islamic tradition.[2] And their view of their illnesses and their coping abilities are based on their theological belief in God's Oneness.[3] Given the fact that negative religious coping can do more harm than good,[4] the interpretation and application of theological concepts are crucial in shaping the course of Muslim patients' healing journeys. Consequently, if we are

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[1] Abū Ḥāmid Muhammad, Al-.Ghazālī, *Deliverance From Error: Five Key Texts Including His Spiritual Autobiography, al-Munqidh min al- Ḍalāl*, trans. R.J. McCarthy (Louisville, KY: FonsVitae, 1980).
[2] Majed A. Ashy, "Health and Illness from an Islamic Perspective," *Journal of Religion and Health* 38, no. 3 (1999).
[3] Chaïma Ahaddour and Bert Broeckaert, "For Every Illness There is a Cure: Attitudes and Beliefs of Moroccan Muslim Women Regarding Health, Illness, and Medicine," *Journal of Religion and Health* 56 (2017).
[4] Azi Berzengi, Latef Berzenji, Aladdin Kadim, and Falah Mustafa, "Role of Islamic Appraisals, Trauma-Related Appraisals, and Religious Coping in the Posttraumatic Adjustment of Muslim Trauma Survivors," *Psychological Trauma: Theory, Research, Practice, and Policy* 9, no. 2 (2017): 189–197.

to succeed in easing their physical suffering, our approach should take into consideration the context of religious and theological conceptualization.[5]

This paper explores a new approach to physical suffering that counselors and spiritual care providers can use to assist clients in reframing their physical suffering narrative into a quest narrative that helps them transcend a challenging experience and achieve a higher meaning and purpose. It encourages positive religious coping by putting forward an argument that physical suffering could contain a sign for us to discern, a sign pointing towards a life vocation and calling. I start by examining the meaning of physical suffering in the Qur'an and Prophetic teachings, then its meaning as seen through the eyes of the four primary Islamic theological schools and the Islamic mystical (Sufi) tradition. Subsequently, I consider the different narratives suffering patients weave for their illnesses and how those narratives affect their healing journey and their life trajectory. Finally, I discuss the role of the practitioner in using the quest narrative model for positive religious coping.

Disclaimer: This paper is not designed to judge the strength or weakness of various theological positions but rather to extract benefits from the variant representative perspectives of those traditions and to explore the potential application of those benefits in spiritual care and counseling.

Physical suffering in the Qur'an and hadith

Muslims believe that the universe is perfectly designed by its Creator. Nothing is random. The Qur'an urges Muslims to discern the signs sent their way, not only in the world around them but also within themselves (Qur'an 51:20-21). It deals with suffering not as an evil but as an integral part of the human experience and a test from an All-Merciful God, "Do the people reckon that they will be left to say, 'We believe,' and will not be tried?" (Qur'an 29:1). Suffering, from the Qur'anic perspective, serves a purpose and calls human beings to heed the call of faith and

[5] Ahaddour and Broeckaert, "For Every Illness There is a Cure."

strive to come closer to God.[6] The Qur'an advises believers facing an affliction to be patient and "Say, 'Surely we belong to God, and to Him we return.' Upon those rest blessings and mercy from their Lord, and those are the truly guided," (Qur'an 2:156-57). Prophetic traditions (*aḥadīth*) teach that illness is mercy in disguise that comes to expiate the believer's sins and emphasize God's goodness and purposefulness in everything He decrees.[7] Most importantly, Prophetic tradition is against passivity and urges Muslims to seek treatment through all available means.[8] It also recognizes the metaphysical and psychological aspect of illness and advocates reflection on the religious purpose underlying the suffering: is it a trial from God, a purification of the believer's heart, or both? Seen as such, suffering is not supposed to create a theoretical problem for Muslims; instead, it is regarded as part of God's bigger plan for humanity.[9]

Physical suffering in the eyes of the four major Islamic schools of theology

Islamic theodicy, while affirming God's Oneness, Goodness, and Justice, also accepts suffering as part of a bigger divine plan.[10] The Muʿtazilite School is one of the earliest rationalist schools of Islamic theology and the closest one to modern day Shīʿism. In their attempt to distance God from all moral evil and injustice, the Muʿtazilites emphasize human free will and agency and maintain a substantial role for reason as a source of religious knowledge, including the knowledge of good (*al-ḥasan*) and evil (*al-qabīḥ*).[11] Unlike the other three schools of theology, namely the Ashʿarites, the Māturīdites, and the Traditionalists, that all emphasize Divine Omnipotence, the Muʿtazilites' belief in Divine Justice *(ʿadl)* provides the foundation of their theodicy; it is the lens through which they see all Divine actions

[6] Abdulaziz Sachedina, "Can God Inflict Unrequited Pain On His Creatures? Muslim Perspectives On Health And Suffering," in *Religion, Health, and Suffering*, ed. John R. Hinnells and Roy Porter (London, New York: Routledge, 1999), 65-84.
[7] Ibid.
[8] Amira Ayad, *Healing Body & Soul: Your Guide to Holistic Wellbeing Following Islamic Teachings* (Riyadh: Islamic International Publishing House, 2008).
[9] Sachedina, "Can God Inflict Unrequited Pain On His Creatures?"
[10] Ibid.
[11] Sherman Jackson, *Islam and the Problem of Black Suffering* (Oxford: Oxford University Press, 2014), 52.

and is the basis on which they proclaim human free will. The Muʿtazilites' believe that "a just God could neither sponsor human evil nor reward and punish people for actions over which they exercised no effective control."[12] Accordingly, they believe that human free will encompasses not only freedom of choice (in agreement with the three other schools), but also the power to translate these choices into actions. The latter constitutes a major point of disagreement between the Muʿtazilites and the three Sunni schools of theology.[13] The Muʿtazilites affirm that "God has no need for the world," and believe that He creates for a purpose (*gharaḍ*) that benefits human beings and not God Himself.[14] For them, all actions should be judged on the basis of their inherent properties and ultimate effects and not on the simple notion of provenance. And, since God transcends pointlessness (*ʿabath*), there must be a concrete meaning and purpose (*gharaḍ*) for all His actions, including physical suffering.[15]

The Muʿtazilites ultimately use two concepts to help them reconcile divine justice with human suffering. First, *luṭf* (kindness), stating that God must, at all times, act according to humans' best interests and that all God's actions are good and just. Thus, even if the suffering seems to have no apparent benefit, it must be promoting an underlying or an indirect good. Second, *ʿiwaḍ* (indemnification), which is seen as a form of "restitution for harm suffered." This restitution could be delivered in this life or the next.[16]

Unlike the Muʿtazilites, the Ashʿarites, one of the most popular theological Sunni schools today, emphasize Divine Omnipotence. Despite being rationalists, the Ashʿarites insist that God has the absolute will and power to do as He pleases, and that good and evil cannot be known through reasoning; they must be understood from scripture. Hence, what we see as evil (physical suffering in this case) is not an ontological reality but is rather a matter of human perspective.[17] Human will, for

[12] Ibid., 51.
[13] Ibid., 52.
[14] Jon Hoover, *Ibn Taymiyya's Theodicy of Perpetual Optimism* (Boston: Brill, 2007), 70-74.
[15] Jackson, *Islam and the Problem of Black Suffering*, 61.
[16] Ibid., 62-64.
[17] Ibid., 76-77.

the Ashʿarites, carries a different meaning. Humans, in Ashʿarites' doctrine, are free to choose but not free to act unless God grants them the power to do so. This is the doctrine of acquisition (*kasb*) that ensures God's exclusive, non-negotiable omnipotence. The Ashʿarites are predestinarians, a stand that is clearly revealed in their famous expression: "What reaches you could not possibly have missed you; and what misses you could not possibly have reached you."[18]

Like the Ashʿarites', the Māturīdites' Sunni school of theology rejects secondary causation and commits to Divine omnipotence. It sees God as the Commander and Controller (*al-mudabbir*)[19] and holds its own version of the doctrine of *kasb* to define human free will in relation to God's omnipotence.[20] Wisdom (*ḥikma*) is the central theme in the Māturīdites' theology. Wisdom for them holds an underlying meaning of purpose (*qaṣd*), knowledge, and justice (*ʿadl*); and it denotes that creation is rational and subject to reasonable analysis.[21] Like the Muʿtazilites, the Māturīdites see God entirely above pointlessness (*ʿabath*).[22] Therefore, His Wisdom ensures that everything is in its proper place and every action has a commendable consequence (*ʿāqibah ḥamīdah*) even if we do not immediately understand His Wisdom or purpose.[23] Unlike the Ashʿarites, who see evil as a negation (non-existence), the Māturīdites see evil as a creation of God, which was created to play a defined positive role in human life. Accordingly, when viewed through the lens of Divine wisdom, not in terms of human justice, physical suffering is considered evil only for as long as we lack full understanding and insight into the whole picture and purpose.[24]

The Traditionalists' (Ḥanbalī's) school of theology confirms the superiority of scripture (*naql*) and regards reasoning (*ʿaql*) as subjective speculation. It rejects the need for allegorical interpretation (rationalism) of the scripture and insists on the plain meaning of the text. Like the two other Sunni schools, the Traditionalists

[18] Sachedina, "Can God Inflict Unrequited Pain On His Creatures?"
[19] J. Meric Pessagno, "The Uses of Evil in Maturidian Thought," *Studia Islamica* 60 (1984): 59-82.
[20] Jackson, *Islam and the Problem of Black Suffering*, 106.
[21] Pessagno, "The Uses of Evil in Maturidian Thought."
[22] Jackson, *Islam and the Problem of Black Suffering*, 109.
[23] Ibid.
[24] Pessagno, "The Uses of Evil in Maturidian Thought."

deny secondary causation and emphasize God's absolute will and power; yet, they recognize a degree of human agency that the Ashʿarites would not recognize.[25] The Traditionalists are not monolithic. Today, their theology is mostly exemplified in Shaykh Ibn Taymiyya's teachings.

Shaykh Ibn Taymiyya acknowledges reason's ability to understand good and evil and sees God totally above pointlessness (*ʿabath*).[26] He teaches that "God loves human beings" and that His act of creating has an inherent wise purpose that He loves. The shaykh "relates God's love to God's will" and acknowledges that although God sometimes creates things that He hates, there is always a wise purpose (*ḥikma*) rooted in Divine love.[27] Accordingly, the word *ḥikma* (wisdom) for Ibn Taymiyya denotes a "moral significance" to everything that God creates.[28] The shaykh chose the word *ḥikma* (wisdom) instead of *gharaḍ* (purpose), the term used by the Muʿtazilites, as he "believes that God wills and creates for a cause, reason, or end but yet that God is definitely not moved by a purpose" and that He is definitely above all needs.[29] Ibn Taymiyyah sees that absolute moral evil (*sharr maḥḍ*) is a privation (non-existence—*ʿadam*).[30] Accordingly, he regards what human beings perceive as evil as only relative to the context and the particulars of the situation within which it is embedded but it is "wholly good by virtue of God's wise purpose in creating it."[31] For Ibn Taymiyyah, evil plays educational and spiritual roles in the world, roles that should be seen in the light of God's Justice (*ʿadl*), Wisdom (*ḥikma*) and Beneficence (*raḥma*).[32] Thus, what we might see as evil is only a relative evil that God, with His Mercy and Goodness, allows into creation for an ultimate wise consequence and a higher purpose that we might or might not understand.[33]

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[25] Jackson, *Islam and the Problem of Black Suffering*, 149.
[26] Ibid., 148, 150.
[27] Jon Hoover, *Ibn Taymiyya's Theodicy of Perpetual Optimism* (Boston: Brill, 2007), 70-73.
[28] Ibid., 74.
[29] Ibid., 74-102.
[30] Jackson, *Islam and the Problem of Black Suffering*, 148, 150.
[31] Hoover, *Ibn Taymiyya's Theodicy*, 209.
[32] Ibid., 209-229.
[33] Jackson, *Islam and the Problem of Black Suffering*, 146-47.

The Sufis, whether subscribing to the Ashʿarite, Māturīdite, Traditionalist, or Shīʿite schools of theology, add some mystical aspects to their doctrine. For Sufis, suffering draws the believer closer to God leading him/her to supplicate so that "the gates of mercy are opened up for him."[34] Shaykh Ibn ʿAṭāʾ Allah as-Sakandarī (d. 709 CE/1310 AH), the Egyptian Sunni scholar and Sufi mystic, says, "When [God] loosens your tongue with a request, then know that He wants to give you something."[35] The extent to which a person benefits and learns from the suffering experience depends on the kind of relationship they establish with the Divine. Human suffering is thus a testimony for Divine mercy with God aiming at purifying the believers' hearts and driving them to reflect on the divine purpose of creation.[36] Whether this suffering leads to ultimate bliss or utmost despair depends on how the person makes use of it through reflection and reasoning. Additionally, Sufis see suffering as a "stimulus for spiritual growth" and a route for "perfection of gnosis."[37] A period of suffering is a period during which the believers face their own weaknesses and realize that only God is in full control. Ibn ʿAṭāʾ Allah teaches, "Nothing pleads more for you than utter need; nor is anything swifter in bringing divine gifts than humiliation and want," and "My Lord, I realize […] that what You want of me is to reveal Yourself to me in everything, so that I may not be ignorant of You in anything."[38]

Weaving the suffering narrative

In his book, *Manāzil al-Sāʾirīn*, Imam Al-Harawy (d. 481 CE/ 1089 AH), the Sunni scholar and Sufi mystic, classifies awakening as the first station in his hundred-station journey towards God: awakening to our blessings, our misdeeds, and the passage of time.[39] Illness forces us to awaken to all three. It forces us to

[34] Ibn ʿAṭāʾ Allah as-Sakandarī, *The Book of Wisdoms: A Collection of Sufi Aphorisms*, Trans. Victor Danner (London: White Thread Press: 2014), 180.
[35] Ibid.
[36] Abdulaziz Sachedina, "Can God Inflict Unrequited Pain On His Creatures? Muslim Perspectives On Health And Suffering," 65-84.
[37] Nuh Keller, Suffering and Divine Wisdom, Seekers Guidance, July 31, 2011, https://www.seekersguidance.org/answers/general-counsel/suffering-and-divine-wisdom/ (accessed March 20, 2019).
[38] Ibid.
[39] Abdullah Al-Ansary Al-Harawy, *Manāzil al-Sāʾirīn* (Beirut: Dār Al-Kutub Al-ʿilmiyyah, 1988).

slow down or even stop in our tracks and re-examine and re-evaluate our life. This pause makes us see the blessings that we formerly took for granted, evaluate our deeds and intentions, and value each moment of our existence. Illness makes us face, maybe for the first time, the possibility of the end of life, and with it face the question: what did I achieve? What did I do with the trust (*al-ʾamāna*) that God entrusted me with?

Arthur Frank describes three types of narratives that a suffering patient weaves when faced with a serious diagnosis: chaos, restitution, and quest narratives.[40] By integrating Muslims' theological thinking into Frank's narratives, I suggest a new approach to physical suffering that counselors and spiritual care providers can use to assist patients to reframe their suffering, weaving a richer alternative story that not only helps them positively cope but also helps them heal. The chaos narrative is where most patients commence upon receiving a life-altering diagnosis or when their unexplained crippling pains and disabilities start seriously interfering with everyday life. They lose their sense of coherence and with this uncertainty and ambiguity they are thrown into anxiety, depression, and/or despair. Many patients unconsciously prefer to remain in the safety of the chaos to avoid having to face the metaphysical questions about the meaning of their illness and the purpose of their existence. Such questions entail some degree of responsibility; they necessitate decision-making and agency, traits that are missing from a chaotic narrative. Nevertheless, the denial of chaos only makes it worse.[41]

Although the Muʿtazilites believe that God transcends pointlessness *(ʿabath*), the Ashʿarites and the Traditionalists stress that all God's acts must be good and just, and the Māturīdites insist on there being Divine wisdom behind any suffering, they all acknowledge that the goodness, justice, and wisdom might rest beyond our human interpretation and apprehension.[42] This lack of understanding, direction, and clarity is what defines the chaos narrative. Although Islam shows considerable tolerance of human vulnerability, many Muslim spiritual care providers show little

[40] Arthur W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995).
[41] Ibid., 112.
[42] Jackson, *Islam and the Problem of Black Suffering*, 110.

or no tolerance of the chaos narrative, which isoften mistaken for displeasure with God's will and decree. Surprisingly, the ambiguity and emptiness of the chaos are what open the door to a deeper experience of faith. Within the vicissitudes of the chaotic narrative, a therapist can help the patient locate "sparkling events"[43] where signs of resilience and strength might have gotten lost in the disarray of painful reality. However, before life can re-emerge from the mayhem, it should be acknowledged and given its due time. Like Ghazālī's, the most celebrated spiritual stories start with despair and chaos. It was precisely that chaos that forced him to withdraw from public life and take time for restitution.

The restitution narrative is the preferred narrative of our modern-day pharmaceutical and medical systems. It aims at restoring the sense that everything is going to be okay, and normalizing illness so that it does not interrupt our ordinary, quotidian story. The restitution narrative is essential for us to foster hope, ensure patients' compliance with needed treatments, and bring initial relief and stamina to withstand and cope with the suffering. Like a physician offering medication to calm the pain or control the symptoms promising restitution, theological concepts have their role in that promise. The concept of *ʿiwaḍ* (indemnification) in the Muʿtazilites' theology tells a gentle and compassionate narrative (*luṭf*) that promises restitution in this life or the next. Likewise, the Ashʿarites' determinism, promoting trust in God's omnipotence, has an underlying form of optimism that God will show the way and open the doors and that there is always room for miracles. The Māturīdites' doctrine affirming God's wisdom and stressing that illness has an ultimate purpose[44] and the Traditionalists' theology view of suffering as a relative evil that the All-Merciful God allows for an ultimate wisdom both offer an antidote for despair and helplessness and raise the patient's morale. However, the restitution narrative has its drawbacks. Although it takes the patient out of the initial chaos and initiates the healing journey, it does not promote self-reflection nor does it foster responsibility. In a secular setting, the restitution narrative places power in the hands of doctors and puts medications in charge of

[43] Alice Morgan, *What is Narrative therapy? An Easy-to-Read Introduction* (Adelaide, Australia: Dulwich Centre Publication, 2000).
[44] Sachedina, "Can God Inflict Unrequited Pain On His Creatures?"

the cure. Similarly, although it is initially beneficial, taking theological concepts at face value without deeper reflection risks fostering dependency and making patients defer their responsibility, waiting for God to fix or reward them. If this restorative trust is taken too far, it can tilt the scale towards quietism and passivity, traits that are not supported by any of the four Islamic theological schools.[45] The restitution narrative is definitely useful and even required as long as it does not blind us from the bigger picture.

All healing traditions posit that symptoms are messengers sent by the body to inform us about an underlying more serious problem. They even describe body metaphors in which every organ and system in the body holds a specific emotional/spiritual message that it delivers in the form of its malfunction.[46] The restitution narrative, like medications, calms down or "fixes" those symptoms, aiming at reaching a cure, but cure does not necessarily equate with healing. Health restoration entails listening to those body whispers; it entails tending to the needs of the soul as well as the body. In the fast-paced, left-brained Western world, there is no time for mysteries. We seek science for restitution, and we have given it the role of theology to give us support and patience until this restitution is achieved. No soul searching is required. Patients are expected to return to the way they lived before the illness, no self-reconstruction performed, and no wisdom grasped. The restitution narrative skips any self-reflection and runs back to the "safety" of everyday life, even if this "safety" held the reason for our illness in the first place. There is a fine line between trust, satisfaction (*riḍā*), and surrendering (*tawakkol*) on one side, and falling into helplessness and passivity on the other. The restitution narrative gives hope and energy, paving the way for further work on the self, for the patient to stand up and start weaving a richer quest narrative.

The quest narrative empowers patients to face not only their symptoms but also themselves. It propels them to embark on a journey of self-discovery, a journey that, like Ghazālī's, might interrupt their life and compromise their "safety," a

[45] Jackson, *Islam and the Problem of Black Suffering.*
[46] Amira Ayad, *Body Whispers: Unraveling the Emotional & Spiritual Root of Illness and Restoring Energy & Vitality* (New York: Createspace, 2015).

journey that ventures into the unknown, with an unclear destination, yet with a deep sense of trust that this journey will result in important lessons and wisdom.[47] By weaving their quest narrative, they reclaim their voice and assume responsibility for their life and their suffering. And, as they start making changes, some sense of meaning and purpose gradually reveals itself.

The quest narrative resembles Joseph Campbell's hero's journey.[48] In this famous mythology, the hero (the patient in our case) receives a call that urges him/her to leave the comforts of daily life. For Ghazālī, as for many patients, this calling was the unsettled feeling informing him that something needed to change in his life. Knowing the difficulty involved, he initially rejected the call, in the same manner that many patients brush off those body whispers until they turn into screams—official diagnoses that thrust them into action. Ghazālī left Baghdad and started what Campbell calls "the road of trials."[49] It took him eleven full years to organize the chaos of his narrative and grasp the lessons that he was meant to learn. He eventually achieved healing and returned, forever changed by his experience.

Similarly, to discern the wisdom behind illness, a patient needs to adopt a unique epistemology that challenges the modern cognitive frame of the dichotomy of good and evil. He/she needs to stop judging evil solely on the basis of it not serving an immediate interest or pleasure. Likewise, healing should not be regarded through a reductionist Cartesian lens that reduces its meaning to curing the illness. Healing means becoming whole again, becoming at peace with oneself, the world, and the Divine. Healing entails finding a meaning and purpose that is bigger than ourselves and bigger than our suffering. The quest narrative is about embarking on a journey of self-reflection, a hero/heroine's journey that encourages us to look beyond the direct effects of the suffering to discern the underlying signs and lessons. Sheikh Ibn Taymiyya sees awakening as one of the purposes of suffering.[50] Illness wakes us up from heedlessness and redirects us to our role as worshippers of God. Taking into account the wider meaning of worship, which Ghazālī sees as carrying the

[47] Frank, *The Wounded Storyteller*, 115.
[48] Ibid., 117-119.
[49] Joseph Campbell, *The Hero with a Thousand Faces* (California: Princeton University Press, 1972).
[50] Jackson, *Islam and the Problem of Black Suffering*.

trust (*ḥaml al-ʾamāna*),[51] we can thus reframe suffering and see it as a wake-up call that initiates our protagonist's journey. And, what if the Muʿtazilites' *ʿiwaḍ* is not just a reward in this life and the Hereafter, but is also the *tawfīq* (divine facilitation) of discernment, the moment of cognizance that gives the protagonist this subtle psychological and mental attitude shift towards not only their illness but also their life? What if, as the Ashʿarites teach, we look at physical suffering, not as an ontological reality, but rather as a matter of perspective:[52] "but perhaps you hate a thing and it is good for you; and, perhaps you love a thing and it is bad for you. And God Knows, while you know not" (Qur'an 2:216). What if we shift our perception of illness such that, as the Māturīdites teach, it is seen as a creation of God that is here to play a defined, wise, and positive role in our lives? And, what if we add this Sufi mystical dimension to enrich our narrative and reflect on the kind of relationship we need to establish with God and the *ʾamāna* (trust) we are entrusted with?

All Muslim theological schools agree that human beings possess the will to choose their actions and reactions. Accordingly, they are the ones who decide whether to embark on the quest journey or to settle for physical restitution. Imam Ghazālī could have chosen the restitution narrative, staying in the comfort of his luxurious life and seeking the best physicians in his time to restore his health. If he had done that, he might have healed his physical body but not his soul. His soul needed to tell the quest narrative, a narrative that we all identify with more than 900 years after his death. The quest narrative is a tough narrative to weave. Society prefers the restitution narrative that prescribes clear directions and a definite course of treatment. Ambiguity, soul searching, and massive life changes are hard for us to tolerate. The quest narrative often not only demands an upending of the status quo of our personal lives, but it also necessitates social engagements and changes.[53] Besides, we might not always be able to grasp the full picture and wisdom. Imam Ghazālī never knew that his books would be taught centuries after his death. Even if we understand some lessons, many more could be still hidden and veiled from

[51] Abū Ḥāmid Muhammad Al-Ghazālī, *ʾIḥyāʾa ʿUlūm al-Dīn* (Bairut: Dār al-Fikr, 2016).
[52] Jackson, *Islam and the Problem of Black Suffering*, 77.
[53] Frank, *The Wounded Storyteller*, 113, 120.

our limited human apprehension. We may only have a glimpse of the big picture, just see part of the larger plan, or solve one tiny piece of the puzzle, yet this tiny piece is often all it takes to keep us going, to rekindle the hope in our suffering hearts. A successful quest narrative harmonizes human agency and free will with the Divine decree, acknowledging that the full picture might not be fully revealed.

The role of the practitioner

Although many studies show the importance of religiosity and spirituality for overall health and wellbeing, research conducted with Iranian physicians and nurses has shown that the level of religiosity decreased as the level of medical training—emphasizing the technological aspects of healthcare—increased.[54] Moreover, a study performed on a sample of Muslim psychology students revealed a lack of confidence and apprehension when faced with spiritual issues in therapy.[55] These studies show the pressing need for integrating spirituality into healthcare education and practice. Although research shows that helplessness and powerlessness pave the way to depression,[56] when faced with a life-threatening diagnosis, a patient is blamed for his/her initial helpless chaos and only offered a powerless restitution narrative as an alternative. The latter comes either in the form of medications from the physician and/or encouragement from most religious leaders promising reward for patience, expiation of sins, and rising in spiritual status.

Counselors, therapists, and spiritual care providers need to practice helping the client embrace, navigate, and surpass the shady areas of the chaotic narrative; seek restitution and physical restoration; and, ultimately embark on a hero/heroine's journey of soul restoration. In other words, they need to help the patient proceed beyond the chaos and restitution narratives and start weaving a quest narrative, one that fosters positive religious coping and shifts their attitude towards not only their

[54] Sina Hafizi, Harold G. Koenig, Mohammad Arbabi, Mohammad Pakrah, and Amene Saghazadeh, "Attitudes of Muslim Physicians and Nurses Toward Religious Issues," *Journal of Religion and Health* 53 (2014): 1374–1381.
[55] Cynthia Joan Patel and Armas E. Shikongo, "Handling Spirituality/Religion in Professional Training: Experiences of a Sample of Muslim Psychology Students," *Journal of Religion and Health* 45, no. 1 (2006).
[56] Paul Gilbert, *Depression and Powerlessness* (New York: Routledge, 2009).

illness but towards life itself. Finding higher meaning in life is a central tenet of positive psychology;[57] re-formulating an illness story into a quest narrative is a powerful tool for preventing the depression and helplessness associated with many life-threatening diagnoses; it also protects the patient from embracing an attitude of resignation and quietism. However, care should be taken to avoid rushing an unready patient into a quest that adds to his/her existing chaos or imposing guilt on an already vulnerable patient. It is important not to romanticize the quest narrative by condemning the chaos and skipping the phase of restitution. As described earlier, the chaos and restitution narratives have their place and should be gracefully accepted. The chaos narrative acknowledges human vulnerability and opens the door to faith and a mystical dimension of reality. And the restitution narrative instills hope and reminds us that seeking treatment is a religious obligation.

Conclusion

All four Islamic theological schools affirm God's Transcendence, are against quietism and resignation, and believe in human free will, although they differ in the specific definition, range, and scope of this free will.[58] Patience and forbearance in the face of suffering are direct results of belief in God's Wisdom, Goodness, and Justice. Believing in these Divine attributes helps us navigate the chaos and gives us the needed hope and stamina for restitution through medical or other means. The goal of this paper is to show that yet another narrative needs to be woven, a quest narrative that aims at discerning the lessons and wisdom behind suffering.

This paper explored ways in which counselors can help patients reframe the physical suffering narrative into a quest narrative. I started by examining the meaning of physical suffering in the Qur'an and Prophetic teachings, then its meaning as seen in the eyes of the four major Islamic theological schools and the Islamic Mystical (Sufi) tradition. Next, I considered three common narratives that

[57] Martin E. P. Seligman, *Flourish: A Visionary New Understanding of Happiness and Well-being* (New York: Free Press Simon & Schuster, 2011).
[58] Jackson, *Islam and the Problem of Black Suffering.*

suffering patients weave for their challenges and showed how Islamic theological concepts could be integrated into those narratives to promote positive religious coping. Finally, I discussed the role that practitioners can play in helping a suffering patient to successfully navigate the shady areas of the chaotic narrative, seek restitution, and initiate a hero/heroine's journey of soul restoration.

This approach has its limitations, though. While I have proposed a way in which a suffering patient can build an alternative story and a quest narrative, it is still the case that not every example of physical suffering can be explained and rationalized (children's suffering, for instance). Furthermore, the paper did not deal with other forms of suffering, like natural disasters and human-inflicted suffering. Additionally, it explored the three most common narratives that a suffering patient weaves as defined by Arthur Frank,[59] yet it acknowledges that every patient weaves their own unique suffering narrative that might fall outside those common frames and these alternative narratives also need to be considered. Finally, qualitative analysis is needed to further explore the application of the suggested model in a practical setting. Examining case studies and documenting detailed therapeutic sessions will help us better understand patients' needs and the role a spiritual care practitioner can play in helping patients weave their quest narratives.

[59] Frank, *The Wounded Storyteller*.