From Chaos to New Life: Ritual Enactment in the Passage from Illness to Health

LYNNE A. TEXTER and JANINE M. MARISCOTTI

ABSTRACT: Illness irreversibly alters our lives and our relationships. More than a physical or psychological experience, the passage of illness is an existential crisis that is potentially transformative for an individual and his or her loved ones. It is through ritual enactment that we can most fully experience the transformative potential of illness. Rituals are common during illness, but are underutilized for the critically-important reintegration period following acute illness, when personal, interpersonal, and communal healing must occur. Pastoral counselors and others who comfort and counsel the sick and their loved ones should encourage religious and secular ritual enactment to ease this passage.

Illness is a rite of passage, a tenuous time of separation from the familiar and entry into new and unknown experiences. The experience of illness irreversibly changes us and our relationships, whether or not there is a complete “recovery.” It is a time of being betwixt and between, placing the sick individual “on the threshold between living and dying.”

The passage of illness is thus more than a physical or psychological experience; it is an existential crisis that calls into question the deeply-held beliefs and images we have about ourselves, our relationships, and the world. Without supports during this difficult time, the individual, the family, and the community are forced to try to make rational sense of the experience. Yet illness is fundamentally a religious experience, not a rational one, and cannot be explained adequately by physical or psychological facts.

Because illness seems to arise from some mysterious place, it has the ability to inspire and strengthen spirituality. Experienced fully and consciously, illness has the power to address fundamental issues of human experience. Hence illness is potentially transformative; out of the chaos of illness, a new order may emerge.

Lynne A. Texter, Ph.D., is in the Department of Communication at La Salle University, Philadelphia, Pennsylvania, and Janine M. Mariscotti, M.S.W., is in the Department of Sociology, Social Work and Criminal Justice at the same university.
The experience of illness

The experience of illness has received considerable attention in both religious and psychological literature because serious illness, whether acute or chronic, effects a major loss and demands adjustment, personally, interpersonally, and communally. It is a time of unpredictability and ambiguity for a sick person and his or her loved ones.

For an individual, the shift in physical and emotional integrity is deeply unsettling. An ill person experiences invalidation, isolation, and limited interaction in attempts to fulfill the role of the sick. Illness undeniably reveals our vulnerability and dependency as we slowly integrate the sense that life is essentially beyond our control.8

In illness, a person becomes a “patient,” an individual set apart, wounded in specific ways, needing to be made whole again.9 A sick person is less than fully human, since the ability to interact freely is severely diminished.10 Illness prevents participation in normal social activities and strips the individual of the usual roles, functions, and status.11

Illness is frequently experienced as a private matter, and even though a person may be physically in the presence of others, he or she may feel lonely. This multi-dimensional alienation from self and others may extend to a sense of distance or alienation from God as well.12

If illness is deeply alienating, it is in part due to our inability to participate fully in reciprocal relationships.13 When sick, we cannot truly communicate or translate our experience of anguish to the healthy, nor can the healthy hear our story without being uncomfortably reminded of their own vulnerability and mortality.14 Hence, family, peer, and community relationships are altered in deep and profound ways as significant shifts take place in roles that the sick and the well previously fulfilled.

While the shift in role function is most apparent in the sick person, the individual at least has a “sick role” to occupy. Society provides no reciprocal role for family, friends, or community members who also suffer feelings of loss, disruption, and disconnectedness as a result of the illness. While an ill person's experience is often denied, the experience of his or her loved ones is denied more fully.15

This absence of a well-defined role for associates to occupy in times of illness can leave family and friends with feelings of meaninglessness and a sense of being cut-off from the community. The roles and rituals that are available for family and friends “are either poorly-defined or nonexistent, and if anything, tend to instill avoidance reactions [in others].”16 As a result, family and friends suffering along with a sick loved one are often unable “to make any sort of public declaration of their plight.”17

In many traditional cultures, though, there is a recognition and acknowledgment of the intimate connection between “individual illness and the integrity of the community.”18 Illness creates a kind of communal chaos—and