



# An Exploration of Suffering and Spirituality Among Older African American Cancer Patients as Guided by Howard Thurman's Theological Perspective on Spirituality

Jill B. Hamilton<sup>1,2</sup> · Walter E. Fluker<sup>2</sup>

Accepted: 17 February 2021 / Published online: 8 March 2021

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2021

## Abstract

The use of the religious experience to mitigate suffering within the context of a cancer diagnosis and treatment is poorly understood. Specifically, in this article, we explore suffering and the religious experience using Howard Thurman's theological perspective. This perspective permits an exploration of the ways in which spirituality enables African American cancer patients to better manage suffering through: (1) a positive self-image as a child of God or the identification with the sufferings of Jesus; (2) seeking harmony in one's environment; (3) the use of spirituality as self-nourishment; and, (4) the perspective of suffering as sacrament. In this paper, we use the narratives of African American cancer patients to argue that these theological perspectives are indeed relevant to the relief of suffering among this population.

**Keywords** Spirituality · Emotional suffering · Psychological distress · Howard Thurman · African American cancer patients

## Introduction

Emotional suffering is especially apparent among African American cancer patients who experience the highest overall mortality rates as well as more advanced staged disease than any other US racial/ethnic group (American Cancer Society, 2019). Moreover, the emotional suffering among this cancer population is evidenced through high levels of suffering that is expressed through anxiety and depression that results from perceptions of cancer as a painful and deadly illness (Apenteng et al., 2017; Badr et al., 2014). Levels of anxiety and depression are especially high at the

---

✉ Jill B. Hamilton  
jbhamil@emory.edu

<sup>1</sup> Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, GA 30322, USA

<sup>2</sup> Candler School of Theology, Emory University, Atlanta, GA 30322, USA

time of diagnosis when African American cancer patients immediately recall visual images and horror stories of others who “suffered and died,” after a period of “wasting away” and in excruciating pain (Hamilton et al., 2010). This recall of images and stories about other cancer patients is often replete with memories of those who died shortly after being “cut open” or of those who died from a cancer that had spread to the point where treatment would not be effective (Hamilton et al., 2010). However, particularly disturbing for the newly diagnosed African American cancer patient is the experience of being abandoned by family members or friends and treated like they were “lepers” in their communities (Hamilton et al., 2010). Yet, despite their emotional suffering, African American cancer patients are less likely to seek mental health services (Gropper et al., 2016) or to participate in cancer support groups (van der Eerden et al., 2014; van der Spek et al., 2017). African American cancer patients do report, however, the use of their spirituality to alleviate their emotional suffering.

Historically, religion has been important to the lives of African Americans. Historian John Blassingame (1972) noted that among slave communities, the church was a place for religious services but was also a “major social institution” for African Americans. Analysis of slave narratives from the Federal Writers Project in the 1930s also presents evidence of the importance of religion to the lives of African Americans. In these narratives, slaves were encouraged or forced to attend integrated churches or churches led by Caucasian ministers, but other evidence suggests that slaves often “stole” away to have their own services (Joyner, 1985; Raboteau, 1978; Randolph, 1985). During these religious services, in what is referred to as the “invisible church”, slaves prayed together, sang songs together, and consoled one another. Attendance at religious services were important because they permitted African Americans a way to express their pent-up emotions about their slave experiences and also a way to engage in social relationships with family and friends (Boles, 1984; Randolph, 1985). For African Americans, the perspective of God as Helper can be seen in historical literature going as far back as slavery in this country (Blassingame, 1972). One belief originating during slavery was that God was powerful and able to deliver slaves from their oppressive living conditions. This perspective of God as deliverer of oppression and sickness continues today among African Americans and other populations.

More recent theological and historical literature, as well as evidence from national religious surveys supports the continued importance of religion to the lives of African Americans (Pew Forum, 2007). In comparison with other US racial/ethnic groups, African Americans are more likely to have religious affiliations, to engage in religious practices of praying, to indicate that religion is very important in their lives, and to believe with certainty that God exists (Pew Forum, 2007). In other research, African Americans have expressed the ways in which religious beliefs are used to cope with illness such as cancer. For example, African Americans describe a personal and intimate relationship with God who is perceived to be all-powerful and a very important source of support during illness (Biggar, et al., 1999; Germino et al., 1998; Mackenzie et al., 2000). This perception of God provides individuals with access to a source of power and support that provides healing, hope, and comfort during illness situations (Hamilton et al., 2012; Hamilton, Moore, et al., 2013; Hamilton, Sandelowski, et al., 2013).

In this paper, we explore Howard Thurman's theological perspective to address the relevancy of spirituality in the alleviation of emotional suffering among African American cancer patients. Thurman's distinctive perspectives of the nature of suffering drawn from his research and writings as a critical resource for an exploration into spirituality commends itself to this task in a number of ways (Thurman, 1963, 1972, 1996, 1999). Thurman defines religious experience as "the conscious and direct exposure of the individual to God." Thurman says, "Such an exposure seems to the individual to be inclusive of all the meaning of life—there is nothing that is not involved" (Thurman, 1972). This phrase, "there is nothing that is not involved," may have a similar meaning to a more contemporary consensus definition by Puchalski et al., (2009) defining spirituality as the "...aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to the self, to others, to nature and to the significant or sacred" (Puchalski et al. 2009, p. 885). For Thurman, however, the spiritual encounter is a cooperative affair between a sacred God and the individual; it is a double search: "Religious experience in its profoundest dimension is the finding of man by God and the finding of God by man" (Thurman, 1972).

Specifically, Howard Thurman's theological perspective permits an exploration of the ways in which spirituality enables African American cancer patients to better manage suffering through: (1) a positive self-image as a child of God or the identification with the sufferings of Jesus; (2) seeking harmony in one's environment; (3) the use of spirituality as self-nourishment; and (4) the perspective of suffering as sacrament. Few scholars, however, have examined Thurman's theological perspective on spirituality as a resource for suffering among individuals with a clinically diagnosed illness (Millett, 1982).

## Design and Methods

In this report, we used a qualitative descriptive design including purposive sampling, open-ended semi-structured interviews, qualitative content analysis, and quantitative descriptive analysis. Approval for this study was obtained from the Institutional Review Board of Emory University.

## Participants

The interviews included in this report are from 41 African American men and women residing in the southeastern USA; African American ethnicity by self-report; at least 18 years old but less than 89 years; and survivors of cancer. Participant interviews for this report were drawn from a larger sample that targeted participants with known religious affiliations and therefore likely to use religious practices in their daily lives.

## Procedures

The first author conducted semi-structured interviews lasting 15–45 min in participants' homes or private rooms located in local churches. Participants were given a \$30 gift card for each interview. All interviews were conducted between 2013 and 2018.

In the parent study, participants were asked to talk about whether and how they used religious songs, scriptures, and prayers in response to stressful life events such as the death of a family member or their own experience with a life-threatening illness. All participants were asked to respond to three open-ended questions: “Can you recall a time in your life that was particularly stressful for you?” “Tell me about a religious song, scripture, or prayer that helped you during that time,” and “Tell me how that song, scripture and/or prayer helped you during that time.” Follow-up questions included: “Can you recall how you were feeling when you used that song or scripture, or prayer?” and “Tell me why you used that particular song, scripture, or prayer.”

This collection of narratives affirms the experience of suffering from African Americans who have had a confirmed diagnosis of cancer, completed treatment, and are now post-treatment. As survivors, these individuals are able to reflect back on the dynamic nature of suffering that occurs when there is a cancer diagnosis. The cancer survivors are an exemplar population for this exploration of suffering and spirituality given their average age of 65 and their affiliations with Protestant religious communities. The first author conducted the interviews in the privacy of individual homes where the survivors spoke freely about their emotional distress, their religious experience, and their relationships with family, extended family, and church family during diagnosis, treatment, and post-treatment of cancer. To protect their anonymity, fictitious names are being used.

## Strategies to Enhance Rigor

All interviews were conducted in the privacy of participants' homes with only interviewee and first author present. Participants were encouraged to freely express issues and experiences related to spirituality. Interviews were audio or videotaped and later transcribed verbatim with the first author and a research assistant reviewing each transcript for accuracy. Member checking was conducted with members of the target population and clergy during the process of data collection and drafting of this report to validate the interpretation of findings, generation of themes, and accuracy of conclusions.

## Data Analysis

In order to content analyze the data, a table was initially constructed to organize each participant's responses by category of text reported that related to thoughts and

feelings associated with their experience with the patient prior to and after death. These categories were labeled using texts drawn from religion, theology, musicology, and from the participants narrative responses.

## Results

### Participant Characteristics

The interviews included in this report are from 41 older African American cancer survivors residing in the southeastern USA. The participants were an average age of 65.10 years ( $SD=12.24$ ); primarily women ( $n=31$ , 75.6%); married ( $n=24$ , 58.5%); completed high school or college ( $n=27$ , 65.9%), graduate or professional school ( $n=10$ , 24.4%); were employed ( $n=17$ , 41.5%); affiliated with a Baptist church ( $n=26$ , 63.4%); and living in rural areas ( $n=22$ , 53.7%) (See Table 1).

In the next sections, we describe and illustrate with quotes from participant narratives concepts from Howard Thurman's theological perspectives on suffering.

### Suffering

First, this exploration will focus on psychological distress as suffering among these older African American cancer survivors. This cohort provides data that demonstrates how Thurman's perspective on spirituality can be used as a method to identify the genesis and development of a particular phenomenon by formulating its anatomy and then proposes a solution that is most commensurate with the religious experience.

### The Anatomy of Suffering

According to Howard Thurman, the experience of suffering is universal among living entities (Thurman, 1963). Suffering is the conscious awareness of pain that can be either physical or emotional in origin and must be dealt with (Thurman, 1963). Thurman further characterizes suffering as that experience that can be attributed to fate or by virtue of circumstance, as punishment for sins (redemptive suffering), or experienced out of love (Thurman, 1959a, b). When individuals suffer by virtue of fate or destiny, everyone affiliated with the group experiences a similar pain with no control over the particular situation that causes the suffering. By virtue of circumstance, individuals suffer innocently in situations within which they are victims without the ability to control or alter. For example, as an oppressed group and member in an underserved medical population, African Americans have historically experienced inequities in medical care which has led to limited access to care, inadequate treatment, and subsequently a high burden of illness and death rates.

Suffering might also come about due to a system of rewards and punishments, of reaping and sowing, or of justice and corruption (Thurman, 1959a; b). Therefore,

patients or individuals may experience suffering as a result of some chosen lifestyle or engagement in some unhealthy behavior that over time, has led to agony. Even though one may know that a particular behavior is harmful, they persist. For example, one might choose to eat a fatty diet that has led to his or her illness or one might choose to consistently smoke three packs of cigarettes knowing that smoking will lead to lung disease.

Finally, the genesis of suffering originates out of love and caring for another. One may be suffering as a result of love for another who might be hurting and in a situation of not being able to help. The suffering is borne out of one's desire to relieve the pain of the one that is loved. This is frequently the experience of family members of the African American cancer patient. During treatment, family members must watch as the patient suffers physically and psychologically in a profound state of helplessness. This experience of suffering borne out of love is especially profound among parents who wish they themselves were afflicted with the illness and the loved one spared.

In response to suffering, individuals exercise freedom and choice (Thurman, 1959a, b). Freedom operates during the decision to remain in a condition of suffering. Within the context of suffering and the cancer experience, there are choices by which African Americans have no control. By virtue of being an older African American, an advanced formal education was denied which limited access to higher paying jobs that come with private insurance that ensures improved access to health care and optimal medical treatment. However, younger generations of African Americans may have greater freedoms with access to formal education and greater employment opportunities that permit freedoms to make different choices. Younger generations of African Americans may now have greater freedoms and the ability to participate in cancer screening, to seek healthcare for unusual symptoms, and to obtain needed resources to complete treatment. Thus, freedom is an aspect of suffering whereby the individual can still determine or influence his/her fate in spite of the circumstance of one's existence (Thurman, 1959b). Individuals are free to choose their actions but also reactions. Thurman utilizes a two-part working definition for freedom. Freedom, for him, is first "the will and the ability to act at any moment in time as to influence or determine the future" (Thurman, 1976a). Implied in this view of freedom is the autonomy of the individual in the midst of social, physical and natural forces. Although the individual's destiny is to a large extent determined by these forces, ultimately, he or she cannot be defined by them.

### **African American Cancer Survivors' Perspectives on Suffering**

In the overwhelming majority of the stories of these African American cancer survivors, a cancer diagnosis and the increased mortality rates experienced among African Americans as a population was attributed to innocent suffering or by virtue of circumstance. They did nothing wrong; their illness and suffering was an occurrence by virtue of their membership in a racial/ethnic group or an illness inherited from their ancestors (genetics). As African Americans, these cancer survivors described their increased likelihood of being diagnosed with an aggressive cancer

and receiving inferior care from the healthcare system. Suffering among these African Americans cancer survivors was also attributed to a disharmony in their communities—feeling isolated and stigmatized.

### **Increased likelihood of cancer by virtue of genetics**

Mr. Wright described his perspectives of cancer being transmitted through his family genetic history. He also believed that cancer care available to African Americans in the past was inferior to that available today which contributed to the increased cancer mortality rates during that time. Mr. Wright's cancer diagnosis was not within his control but seeking timely treatment was. As he reflects:

When the words came out of his mouth that verified everything, I was afraid especially because my Daddy had prostate had cancer and before that my Granddaddy had prostate cancer and a couple of my cousins had prostate cancer as well, so it was pretty genetic as far as I was concerned. And growing up in the south, in the Black community because we was segregated, somebody told you you had cancer, it was considered to be kind of a kiss of death and back in the early '50s, people didn't typically recover from cancer and the five year survival rate was very, very low. And to make it worse, the doctor told me that my Gleason score- and the Gleason score can run anywhere from one to ten with ten being kind of a catastrophic cancer. Anyway, I was considered to be a high-risk patient so that made me even more fearful. . . . And then you start wondering about, what did I do wrong and a lot of thoughts go through your mind, like how much longer I have to live and then my posture has always been open, so I pretty much told anybody that I saw that I was in this mode, a downward mode and I had the prostate cancer.

### **Inferior Care by Virtue of Circumstance**

Mrs. Painter described her thoughts on the unequal medical treatment African Americans as a racial/ethnic minority group receive that contributes to their suffering:

I still don't believe that Blacks get the same treatment that White people do. They may have had inferior treatment you know or it could have been a combination of reasons. But my mother-in-law, I guess I shouldn't have put that exception in for her once I met her doctor and we talked to her doctor I just felt like he was incompetent all the way around. . . . She should have seen another doctor but she wasn't seeing another doctor. And then two days before she died, they were still having her to come in for treatment knowing she was dying so that was definitely inferior.

### **Suffering from Disharmony in One's Environment (The Victim)**

Mrs. Morris described the suffering she experienced from the stigma, disharmony, or lack of understanding within the community about cancer. This understanding and perception of cancer as a death sentence persists and is detrimental to the

cancer patients' ability to live in a supportive, nourishing community. Mrs. Morris remarked:

So the ones of like you tell them, I have breast cancer, 'Oh, no girl you gonna die, you gonna die tomorrow, you gone, you gone outta here.' Kinda like that, not necessarily in those words. Pretty much you get those looks from them or they like, 'Oh my God, what can we do? You gonna die.'

You get people that don't know what to say and unfortunately, they say the wrong things. Just, I don't know, 'Oh, girl you look good, you don't look that sick. Girl you look pale, girl what? Did you eat today? Are you losing weight? Is the chemo working? Is it not working?'

And I remember taking off my top, we were on a trip, this was during chemo, I went on a cabin trip. . . And I remember taking off my shirt, I was around my girlfriend and some of her other friends and just changing into my swimsuit and I hadn't had surgery or anything like that and they were like, 'You sure you have breast cancer? It don't look like it.' Okay, like how is it supposed to look? What is it supposed to look like? So, things like that.

Suffering might also come in the form of being socially isolated from family members that we love. Ms. Fortune described the estranged relationship with her brother after her diagnosis with cancer:

It's still painful because my brother, when it was time for me to cry out for my brother, he was the only sibling that didn't even reach out to me throughout my journey. We have an estranged relationship now but trying to reach out to all of my siblings, letting them know what's going on, my brother was one that didn't call. And he's back at home in California, but he didn't call, he didn't send no cards in the mail, no messages through anyone, he did not reach out to me. He did not reach out to me at all when I was reaching out to him.

### **Suffering by Virtue of Love for the Other**

Mrs. West, a family member, described her suffering as a mental anguish experienced when her mother was diagnosed with breast cancer. This family member was a nurse and aware of the advances in cancer care. However, she pointed out that in spite of her knowledge, when she received information of her mother's cancer diagnosis, she like others thought of cancer as a death sentence. She remembered her response:

She's going to die. It went straight to death. When I first got the phone call and she said this is cancer, I really thought she was going to die. It [my thoughts] went straight to that and then I started crying. She was comforting me and telling me not to cry, that everything was going to be okay. . . . We know so many people who have overcome cancer and survived, my mom is a survivor. She's in remission. But you still hear that word and that's what that word means. No matter what advances they have made during the years and that word came



from what we see on TV, what we've read, growing up what they said about it so that's the first thing you think about.

## Readying (Centering Down)

In response to an awareness of suffering, Howard Thurman proposes that the individual's sole spiritual responsibility is to ready themselves in order to experience the Presence of God (Thurman, 1976b). In preparation for the experience in which we connect to God, we are to ready ourselves, we are to be still, quiet, and silent and in this stillness “the door swings open and I enter Him and He enters me... God finds us and we find God” (Thurman, 1976b). In readying, we cry out to God with the whole of ourselves and enter into His presence. In the stillness, we are able to reflex on the suffering, becoming aware of the image of ourselves and the facts of our situation in relation to our perceptions of the images that others have of us and the facts available to them (Thurman, 1976b).

## African American Cancer Survivors' Perspectives of Readying—Finding God

The practice of centering down, readying one's self to hear the voice of God was especially apparent in the narrative of a young 40-year-old breast cancer survivor. Mrs. Giddings recalled her experience with *Readying*:

I made a decision to prepare myself. If God decides He wants me to be cancer-free, after I get that diagnosis as benign, I'm going shopping. . . . If He decides to say you have cancer, I was actually going to go to the forest.

Now, the forest is an area here where I go run a lot, but it's a forest with trees and you can hear the birds and nature. I go there a lot of times to pray and I feel closer to God. . . . So when I got the diagnosis that this is cancer, I went and got my stuff out of the trunk, put on my running clothes and shoes and I went straight to the forest. Because [this is where] I've gone in the past to feel closer to God.

. . . . if I was going to be diagnosed with cancer that's the place I needed to be. Man can't help me. God can. So I went straight there, so I can talk to God and He can talk to me so I could be better prepared for this diagnosis.

## The Religious Experience and Identity

Howard Thurman characterizes the religious experience both as an experience that is dynamic, fluid, creative, and constantly moving and as an object of thought. When individuals experience emotional and/or physical pain from an illness situation, they must also deal with the facts of their situation and draw from the religious experience that which is pragmatic and empirical in their attempts to mitigate the suffering (Thurman, 1976b).

Howard Thurman describes two principals in the religious experience—the individual and God (Thurman, 1976b). The individual enters the religious experience with all of his/her strengths, weaknesses, frustrations, hatreds, prejudices, and our emotional and physical pains. In this experience, the individual exposes himself/herself and in God's presence are vulnerable and yet secure. The individual becomes aware of God as a part of one's own deep inner landscape, aware of His presence, aware of His "givenness", and in this experience realize that He has always been there. In this reflexivity, the individual in his/her totality is able to make sense of the suffering. If the individual is able to harness this discovery, this encounter with God, then in suffering, this experience becomes the tool, the strategy that can be used to mitigate the suffering. As each encounter intensifies or increases in frequency and depth, the individual increasingly is present with God and his/her ability to master these strategies or tools captured during this experience.

Howard Thurman's point of departure in the discourse of healthy communities is a positive self-identity. A healthy sense of self comes from the dynamic tension between the facts of the individual (what he calls "self-fact") and the perspectives related to the individual's self-image. In the religious experience, when the individual is able to view themselves as a child of God, they are able to identify their inherent self-worth and value (Fluker, 1998). In Howard Thurman's autobiography, he is reminded of his grandmother who told him the story of the antebellum slave preacher, who told the slaves they were children of God. As a child of God, the individual feels important, loved, and cared for and this perspective encourages a positive self-image even in the midst of suffering or in the gravest of situations for which they "are not able to exercise any control" (Thurman, 1979).

In the development of a positive identity, individuals work to order and reorder the facts of their lives. Individuals search for the facts, truths, and what is good from their experiences to enable their survival. In the aloneness of one's experience, the work to achieve a positive identity is based on the facts of that particular phenomenon. From the facts, he/she renders an interpretation of the findings as a tool to mitigate suffering and to negotiate life on one's own (Fluker, 1998). There is power in one's aloneness, a time to discover one's own self. In one's aloneness, we come to know God and develop a sense of awareness that cannot be achieved with or through others. In one's aloneness, individuals are able to work through the suffering (distress) that has touched their lives and find a sense of wholeness. (Fluker, 1998).

Probably, the most profound exemplar of the work of achieving a positive identity during suffering comes from the work of Howard Thurman and his examination of the spirituals in *Deep River and The Negro Speaks of Life and Death* and the application of Howard Thurman's theology in the life of Arthur Ashe (Ashe & Rampersad, 1993; Thurman, 1999). The Negro Spirituals are replete with the sufferings, the pain and agony experienced among the African slave in the USA (Thurman, 1999). As seen in the lyrics of these songs, the slave was able to identify with the sufferings of Jesus and others in the Bible and think about and hope for a better tomorrow in this world or the next. As mentioned previously, Arthur Ashe was able to use the theology of Howard Thurman to maintain control and come to terms with dying from heart disease and AIDS. Through Howard Thurman's practice of centering down, Ashe was able reconceptualize his self as a transcendental being, to think

about the facts of his life experience as consisting of goodness and evil, and still remain optimistic (Ashe & Rampersad, 1993).

### **The African American Cancer Survivors' Perception of Awareness of Self as Child of God/Identity with Sufferings of Jesus**

One tool that was prevalent among these participants was the association of their lives now with cancer to the sufferings of Jesus. Ms. Hurston shared her thoughts:

Like I said, I never, 'Why me?', I was never afraid to die. Some of the people I loved in my life died. Am I too good to die, Christ died. So I wasn't scared to die. And people say, 'Why me having cancer?', I'm 48 years old and getting cancer. You go to the childrens' hospital, you got kids with cancer. So how can I be mad getting cancer at 48, when you got people who are two years old with IVs in them. So, I wasn't mad at God, to me I was blessed if anything. So, I was okay with everything. I was mostly praying for other people and telling God to give them strength.

I was already a child of God. And that's because the people who God blessed me with [grandmother] around me who were strong in His faith and they made me stronger in my faith.

### **The Religious Experience and Seeking Harmony**

All living creatures are dependent on one another and human life is characterized by a interrelatedness and interdependency that is evident in the social relationships within which humans live and function (Fluker, 1998; Thurman, 1986). Howard Thurman's theology proposes that life is alive and where there is life there is structure, purposefulness, and meaning. This *directiveness* of life<sup>1</sup> exists in nature and also exists in humans, in every living creature.

Thurman's theology also proposes that all individuals strive for a sense of community through harmonious relationships with others. Individuals make conscious deliberate choices to strive for wholeness and harmony and integration within themselves, others, and the world (Fluker, 1989; Thurman, 1986). Specifically, Howard Thurman's conceptualization of "common ground" was his quest for community (Thurman, 1986). His goal of common ground or community would be one that consists of individuals that share meaningful and creative shared experiences that surpass individual differences that exist among faiths, fears, or prejudices that serve to divide and cause conflict. In this community of common ground, individuals would come to relate to each other based on shared

<sup>1</sup> Thurman borrows this term from E.S. Russell, "The Directiveness of Organic Activities," an address delivered before the Zoology Section of the British Association, 1934. "Directiveness" is used as a neutral term in distinction from "purposiveness," which has a psychological connotation. See Mendenhall Lectures, p. 2.

similar experiences and if the sharing of similar experiences are sustained over time, differences that separate mankind could be eliminated (Thurman, 1986).

There are barriers, however, to communities that strive to be whole, harmonious, and integrated. One barrier comes from beliefs that the origin of illness is from sinful behaviors. When diseases such as cancer or HIV are associated with perceptions of evil or sin, the result among afflicted individuals might be shame (Ashe & Rampersad, 1993). The perception of shame implies that something is lacking, that one has done something to deserve this. However, in Thurman's thinking, given that evil may be necessary for the emergence of good, potentially good can come from evil. Ashe was able to use this theology to cope when dying.

*African American Cancer Survivors' Perspectives on Seeking Harmony in One's Environment.* The women and men in this study described their efforts to maintain supportive relationships among family members, friends, fellow congregants, and co-workers. The lack of understanding and negative comments from community added an additional dimension of hurt and emotional pain to the suffering from the cancer illness. Mrs. Walker described her experience with negative comments and the way in which a forgiving stance along with her attempts to educate people in her community seemed to alleviate some of her emotional pain:

I mean there's some stuff out there online which you shouldn't say to people with cancer and I think that's really good. There's a book out there that you can give to people now, things to say but a lot of times it's not that there's any ill-intent towards it. It's just they don't know what to say, so they just blurt out stuff. And sometimes you just have to tell them that's not cool.

Mr. Baldwin shared his experience with negativity in his community and the way in which he coped:

I'm an open person and I don't really hide a lot, so for me, it was kind of a notion of *freedom* to tell people and for some folks, you gotta look like, "Wow. You got cancer," and they kind of put you over in a corner. You were no longer, say, the person they thought you were, so they put you over in a corner, said this person has cancer almost like it's contagious. And I had seen that because going through the '80s, if somebody was HIV positive or had AIDS, you had this notion of you had to stay away from them, which is bad, it doesn't help the person's psyche, but that's a reality. That's how some people responded. Not a lot but some did. But it didn't bother me, it was more on them than on me, but I think it's better to do that for your mental recovery than being in a room from yourself and trying to hide it from the world. It's almost like a weight comes off of your shoulder when you go ahead and just tell folks and it kind of helps you to move away from having a pity party. If you get in a room, and you sulking, and you don't want to tell anybody, then you kind of feel sorry for yourself and that makes the situation even worse. But I think being open is a really a key for recovery. I think you recover and you get better quicker when you just go ahead and face reality and admit the fact that you got cancer and move forward. But it was a relief for me just to tell people rather than holding it in.

## The Religious Experience and Self-nourishment

At the core of mankind is this inner self which reflects an individual's values and beliefs and consistent search to find the genuine not only in him/herself but in others (Thurman, 1959a). According to Thurman, when those inner values are lost, the individual is lost and without values, becomes corrupt and not able to find God (Thurman, 1959a). God is there, but not visible to the individual in the *clutteredness* of the inner self where God moves. There is a constant search, a dominant personality trait, for that which nourishes, sustains, and keeps us alive. Fear, anxieties, hatred, frustrations, and pride are among those things that clutter the inner self and drown the sound of the "genuine" in me (Thurman, 1959a). Prayer as meditation, then, is crucial to clear the clutter within one's inner self, to identify those aspects of suffering that cloud the individual's ability to see God's face. God may be accused of not being there, when He is in fact there, since His presence is clouded with the clutter of the negativity from suffering (Thurman, 1959a). The individual cannot be nourished until the clutter is cleared and the sound of the genuine is heard (Thurman, 1959a).

Expressions of spirituality in the form of songs, reading and reciting Bible verses, prayers and testimonies have long been self-nourishing coping strategies used among older African Americans and African American cancer patients as a transcendence to God, to view the self positively, and to connect to others (Hamilton et al., 2016, 2019; Hamilton, Moore, et al., 2013; Hamilton, Moore, et al., 2013; Hamilton, Sandelowski, et al., 2013). Older African Americans, in particular, have established a habit of daily readings of Bible verses to nourish and calm themselves, and to stay close to God.

### African American cancer survivors' perception of the religious experience as self-nourishing

The go-to scripture for Howard Thurman was Psalms 139 and for the majority of participants that I have interviewed over the years, the favorite has been Psalms 23. Participants in their 80s to 90s have shared with me that the 23<sup>rd</sup> Psalms was the one scripture that was memorized and shared through the oral tradition because "there was something in that verse for any situation you might encounter in this life." These elders also shared with me that they were made to memorize those scriptures since their ancestors were aware that struggles were a part of living and you needed to be able to call up a song or Bible verse to 'get through' those situations. Mrs. Brooks shared how she used the 23<sup>rd</sup> Psalms to nourish herself but to teach others to use it as well:

I was in the waiting room getting ready to go into surgery and there was another lady there and she looked at me and she says, 'Are you afraid?' And I said, 'Well somewhat,' then I said, 'Not really.' I said, 'Are you afraid?' She said, 'Yes'. I said repeat the 23<sup>rd</sup> Psalms. I said, 'Do you know the 23<sup>rd</sup>

Psalms?’ She said, ‘Yes.’ I said, ‘Repeat the 23rd Psalms. God will calm you down.’

But if you’re in a situation like that and you’re afraid, just . . . repeat scriptures. It may not be the 23<sup>rd</sup> Psalms. Whatever scripture that has always been one of your favorite scriptures. A scripture that has meant a lot to you. Repeat those scriptures. And then, sometimes you can ask your Pastor or maybe a friend of yours because people has given me scriptures. One elderly man, he gave me some scriptures to look up and read and I looked those up and read them. When you’re laying there, when you’re sick and you can’t get up and do something, don’t just lay there. Get your Bible, get your hymn book. Get a book and read.

Mr. Baldwin shared how he nourished himself through constant prayer:

I did a lot of praying. I do a lot of praying all the time because I grew up in a religious family, my Daddy was a preacher, so I went to God on the daily basis. . . but those kind of scenarios draw you closer to God because you realize that God is the only person that can heal you. You can have a lot of money, you can have the best doctors, you can have nice house, cars, et cetera, but the healing comes from God. And I always knew that. Now with some of these other illnesses I had, I was in extraordinary physical pain and it was a lot to get through that, but with cancer, it’s more of a negative aura and it’s kind of a mental pain. Now, I do realize as your cancer progresses to later stages, that physical pain does come into play and I did have some physical pain from the cancer, but it was more of a mental stress initially, and I lost a lot of weight and obviously some of that weight loss was because of the cancer but some of it was because I had a lot of mental anguish going on. But God was always there for me and through the Holy Spirit, I realized that He was gon’ bring me through this. . .

## **The Religious Experience and Suffering as Sacrament**

Howard Thurman’s theology suggests that suffering consists of rewards and punishments. In the pain and agony of suffering, individuals have the ability to turn the experience into something profound and meaningful.

That choice is to become a victim and cry out “why me?” or to embrace the suffering and turn that raw material into something profound, meaningful, purposeful (Ashe & Rampersad, 1993). The writings of Arthur Ashe are an exemplar for understanding the concept of suffering as sacrament. Through the theology of Thurman, Ashe was able to reconcile that in life, good and evil co-exist and death is an event that results in suffering but is only one instance of suffering. Through the religious experience, God’s presence cancels out the threat of evil (illness) and becomes a source of comfort enabling individuals to be optimistic and focus on the positives of one’s life. Arthur Ashe was able to use the teachings of Howard Thurman to see the positives of his life despite facing

AIDS which was a terminal illness during his time. For Ashe, God had allowed him to experience the good in life, the victories, and the trophies and during this time, he never asked God "why me?" and therefore he did not think that he should ask "why me?" during suffering. Rather, Ashe used the principles of the religious experience as taught by Thurman to find the good in the tragedy of his life, to understand the facts of the tragedy, and to love life. Loving life allows us to be whole and to be free and to be a living testimony (Ashe & Rampersad, 1993).

In a final thought on suffering as sacrament, when suffering is perceived as given to the one worthy and if he/she is worthy of the suffering; there will be revealed in his encounter the meaning purpose of the suffering that can be revealed in no other way. Hence, the saying, life does not place on us any burden that we cannot bear. God has given me this suffering to bear and I and I alone can bear it (Thurman, 1959b).

### **African American Cancer Survivors' Perceptions of Suffering as Sacrament**

As cancer survivors, participants were able to use their religious experience to turn the suffering (raw material) into something creative and good. They saw themselves as improved over what they were before and also now able to use their suffering to help others. Mrs. Higginbotham shared her perception of suffering as sacrament in her narrative:

I thank Him, and I always thank God in advance. And my one motto in life that I say is: For what's to come, is gonna be better than it has been. So, I'm thanking you Lord in advance because what's to come is coming for me, what you have for me is for me so I'm getting ready to count it all joy. And I know what I have gone through or what I'm still going through and I really realized what my purpose was. Why He kept me here and kept me still living is because I have to be an encourager for those that can't get through.

Ms. Fortune found purpose after her cancer diagnosis and now shares her survivorship experience to women's groups throughout the state.

I don't know why that I am the one that's going through all of this and then there's some women that had invasive cancer and they ain't going through half of what I'm going through. And she [a friend] looked at me and she said, 'Sissy, why not you? Why not you? You are God's miracle child and you have to go out and you gonna have to spread the goodness of Jesus and you're gonna have to tell these non-believers that God is real and God is a healer'. . . . Cancer would have taken over my life and I would be dead and gone [if not for my faith]. . . . Cancer doesn't have to be a death sentence. It's just the way that you deal with it. If you know that you are an over-comer and you believe and trust in God, everything is gon' be well.

## Discussion

The use of Howard Thurman's theological perspective to address the question of spirituality and suffering among older African American cancer survivors expands the discourse on psychological distress and cancer patients on several levels. The conceptualization of suffering from Thurman's theology permits a broader perspective of suffering that we have yet to fully capture in clinically diagnosed individuals. For example, research that examines psychological distress among African American cancer patients has focused primarily on the levels of anxiety and depression and associations of these variables to health outcomes. This body of research has also examined levels of stigma and this association to health outcomes among individuals diagnosed with a specific type of cancer such as lung cancers. We have yet, however, to fully explore these concepts in the detail which Howard Thurman's theological perspective suggests.

The analysis of Thurman's theology in this paper illustrates that there are dimensions of or layering to suffering. For example, at the time of a cancer diagnosis, the suffering may be experienced as an overwhelming fear of death. This fear of death might contribute to additional suffering from the threat to one's image, and the social isolation that may be self-imposed or experienced when fearful family, friends, and co-workers fail to show when love and support is needed. The suffering from the emotional pain can be quite overwhelming and greater than the suffering from the fight with the cancer.

Howard Thurman's theological perspective expands the discourse on the religious experience with his emphasis on the practice of *Readying* or *Centering down*. Similar to meditation, centering down teaches us the value of being still, being alone so that God may find us, and we Him. When family rushes in to try to fix it [our suffering], or when the family is in constant presence with the patient, the benefit of this alone time is missed. This centering down time facilitates the individual's ability to reflect on the facts of the situation and image of self. A positive sense of self of being worthy and of value in spite of this disease is necessary for positive relationships within one's community. For example, the patient's positive attitude will transmit to others and transform them from a place of fear to optimism which enhances mutual and supportive relationships. Finally, a positive sense of self enables the patient to find God and love, to find purpose, and meaning in the suffering.

Thurman's theology expands the discourse on freedom to exercise control over emotional well-being during illness. In spirituality and health research, the question is whether patients believe God has control over illness and how that belief might influence some health outcome. As an added dimension, the individual has freedoms and control in spite of receiving a diagnosis that could very well be terminal. For example, even though a patient may have this stage 4 cancer that is devastating, the cancer may not be within their control but how they respond is within their



control. That is, they can choose to adhere to recommendations for treatment or not; they can choose to adhere to recommendations for follow-up care after treatment or not; and, they can choose to be positive or not. Finally, they can choose to cry or use this illness for some good either for themselves or for the benefit of others.

In the health sciences, the religious experience (one's spirituality) is projected as one that is static and present oriented. This perspective is likely due to the cross-sectional nature of the methods used to examine this topic. However, a cross-sectional view of topics related to spirituality and evidence generated from this perspective, is extremely limited and fails to capture the influence of past sufferings and successes of prior strategies to cope with illness. This static perspective of the religious experience also ignores that suffering in cancer is dynamic and an experience with which patients must continually reconceptualize strategies to navigate the dynamic nature of suffering with cancer.

In this paper, four tools were identified from the religious experience for potential use to mitigate suffering with a life-threatening illness—reflexivity/Identity/Identification with the life of Jesus; Seeking harmony in one's environment; self-nourishment; and suffering as sacrament. The narratives reviewed for this analysis would suggest that these strategies are iterative and dynamic in response to the nature of the suffering experience. In response to the suffering experienced, cancer patients may need to refer to any one or all of these strategies and some strategies may develop before others. Using the religious experience as a source of self-nourishment may emerge early in the diagnosis and evolve over time, whereas suffering as sacrament may emerge later at the end of treatment when the imminent threat of death has subsided or when individuals have made peace with the fact that they are at the end of their life in this world.

This exploration of the theological perspective of spirituality and suffering among African American cancer patients had limitations. The narratives were limited to those experiences of African Americans who have completed treatment and optimized the tools from the religious experience. The limitation of narratives and religious experiences of African American cancer survivors who have managed their suffering omits the voice of those patients who may have not been able to embrace and use their religious experience to effectively cope. In spite of these limitations, the theological perspective of Howard Thurman's work is a practical and useful lens with which to explore suffering and spirituality among African American cancer patients. Suffering is a dynamic and fluid state with variations influenced by one's state of mind. The religious experience is similarly dynamic and fluid and if captured in a positive way can lend itself to several tools to mitigate one's suffering.

**Table 1** Demographic characteristics of study participants

Variables	Participants (n = 41)
Age (mean, SD)	65.10 (12.24)
Gender (n, %)	
Female	31 (75.6%)
Marital status (n, %)	
Married	24 (58.5%)
Never married	7 (17.1%)
Divorced	8 (19.5%)
Widowed	2 (4.9%)
Education (n, %)	
Completed high school	19 (46.4%)
College degree	8 (19.5%)
Professional	10 (24.4%)
Employment status (n, %)	
Full-time	17 (41.5%)
Retired	19 (46.3%)
Quit due to health problems	5 (12.2%)
Religious affiliation	
Baptist	27 (65.8%)
Methodist AME/AME Zion	5 (12.2%)
Catholic	3 (7.3%)
Pentecostal/Holiness	2 (4.9%)
Other	3 (7.3%)
Geographical residence	
Rural	24 (58.6%)
Urban	17 (41.4%)

## References

- American Cancer Society. (2019). *Cancer Facts & Figures for African Americans 2019–2021*. Retrieved from Atlanta: GA.
- Apenteng, B. A., Hansen, A. R., Opoku, S. T., & Mase, W. A. (2017). Racial Disparities in Emotional Distress Among Cancer Survivors: Insights from the Health Information National Trends Survey (HINTS). *Journal of Cancer Education*, 32(3), 556–565. <https://doi.org/10.1007/s13187-016-0984-7>
- Ashe, A., & Rampersad, A. (1993). *Days of Grace*. Alfred A. Knopf.
- Badr, H., Gupta, V., Sikora, A., & Posner, M. (2014). Psychological Distress in Patients and Caregivers Over the Course of Radiotherapy for Head and Neck Cancer. *Oral Oncology*, 50(10), 1005–1011. <https://doi.org/10.1016/j.oraloncology.2014.07.003>
- Biggar, H., Forehand, R., Devine, D., Brody, G., Armistead, L., Morse, E., & Simon, P. (1999). Women Who are HIV Infected: The Role of Religious Activity in Psychosocial Adjustment. *AIDS Care*, 11(2), 195–199. <https://doi.org/10.1080/09540129948081>
- Blassingame, J. W. (1972). *The slave community. Plantation life in the antebellum south*. Oxford University Press, New York.
- Boles, J. B. (1984). *Black Southerners, 1619-1869*. The University Press of Kentucky, Lexington, KY.
- Fluker, W. E. (1989). *They Looked for a City: A Comparative Analysis of the Ideal of Community in the Thought of Howard Thurman and Martin Luther King, Jr.* University Press of America.

- Fluker, W. E. (1998). *A Strange Freedom: The Best of Howard Thurman on Religious and Public Life*. Beacon Press.
- Germino, B. B., Mishel, M. H., Belyea, M., Harris, L., Ware, A., & Mohler, J. (1998). Uncertainty in prostate cancer. Ethnic and family patterns. *Cancer Practice*, 6(2), 107–113. <https://doi.org/10.1046/j.15235394.1998.1998006107.x>
- Gropper, S., van der Meer, E., Landes, T., Bucher, H., Stickel, A., & Goerling, U. (2016). Assessing cancer-related distress in cancer patients and caregivers receiving outpatient psycho-oncological counseling. *Supportive Care in Cancer*, 24(5), 2351–2357. <https://doi.org/10.1007/s00520-015-3042-9>
- Hamilton, J. B., Kweon, L., Brock, L. B., & Moore, A. D. (2019). The Use of Prayer During Life-Threatening Illness: A Connectedness to God, Inner-Self, and Others. *Journal of Religion and Health*, 59, 1687–1701. <https://doi.org/10.1007/s10943-019-00809-7>
- Hamilton, J. B., Moore, A. D., Johnson, K. A., & Koenig, H. G. (2013). Reading the Bible for guidance, comfort, and strength during stressful life events. *Nursing Research*, 62(3), 178–184. <https://doi.org/10.1097/NNR.0b013e31828fc816>
- Hamilton, J. B., Moore, C. E., Powe, B. D., Agarwal, M., & Martin, P. (2010). Perceptions of support among older African American cancer survivors. *Oncology Nursing Forum*, 37(4), 484–493. <https://doi.org/10.1188/10.ONF.484-493>
- Hamilton, J. B., Sandelowski, M., Moore, A. D., Agarwal, M., & Koenig, H. G. (2013). “You need a song to bring you through”: the use of religious songs to manage stressful life events. *The Gerontologist*, 53(1), 26–38. <https://doi.org/10.1093/geront/gns064>
- Hamilton, J. B., Sandelowski, M., Moore, L. A., Agarwal, M., & Koenig, H. G. (2012). “You Need a Song to Bring You Through”: The Use of Religious Songs to Manage Stressful Life Events. *The Gerontologist*. <https://doi.org/10.1093/geront/gns064>
- Hamilton, J. B., Worthy, V. C., Kurtz, M. J., Cudjoe, J., & Johnstone, P. A. (2016). Using Religious Songs as an Integrative and Complementary Therapy for the Management of Psychological Symptoms Among African American Cancer Survivors. *Cancer Nursing*, 39(6), 488–494. <https://doi.org/10.1097/ncc.0000000000000335>
- Joyner, C. (1985). *Down by the riverside: A South Carolina slave community*. University of Illinois Press, Urbana and Chicago
- Mackenzie, E. R., Rajagopal, D. E., Meibohm, M., & Lavizzo-Mourey, R. (2000). Spiritual support and psychological well-being: older adults’ perceptions of the religion and health connection. *Alternative Therapies In Health And Medicine*, 6(6), 37–45
- Millett, R. A. (1982). *Simmering on the Calm Presence and Profound Wisdom of Howard Thurman (A Special Edition of Debate & Understanding)*. Martin Luther King Jr. Center: Boston University.
- Pew Forum (2007). A religious portrait of African-Americans. *Pew Forum on Religion & Public Life*. <http://www.pewforum.org/religious-landscape-study/>
- Puchalski, C., Ferrell, B., Virani, R., Otis-Green, S., Baird, P., Bull, J., et al. (2009). Improving the quality of spiritual care as a dimension of palliative care: the report of the Consensus Conference. *Journal of Palliative Medicine*, 12(10), 885–904. <https://doi.org/10.1089/jpm.2009.0142>
- Raboteau, A. J. (1978). *Slave Religion. The "Invisible Institution" in the Antebellum South*. Oxford University Press, New York
- Randolph, P. (1985). Plantation Churches: Visible and Invisible. In M. C. Sernett (Ed), *Afro-American religious history: A documentary witness*. (pp. 63–75). Duke University Press, NC, Durham
- Thurman, H. (Producer). (1959a). Freedom & Suffering #3 of 4. *The Religious Experience*. <http://archives.bu.edu/web/howard-thurman/virtual-listening-room/detail?id=341121>
- Thurman, H. (Producer). (1959b). Freedom & Suffering #4 of 4. <http://archives.bu.edu/web/howard-thurman/virtual-listening-room/detail?id=341124>
- Thurman, H. (1963). *Disciplines of the Spirit*. Harper & Row Publishers.
- Thurman, H. (1972). *The Creative Encounter*. Friends United Press.
- Thurman, H. (1976). *America in Search of a Soul*. University of Redlands, CA.
- Thurman, H. (Producer). (1976b). Meaning of the Religious Experience #1: Men who walked with God. Retrieved from <http://archives.bu.edu/web/howard-thurman/virtual-listening-room/detail?id=359229>
- Thurman, H. (1979). *With head and heart: The autobiography of Howard Thurman*. Harcourt Brace & Company.
- Thurman, H. (1986). *In Search for Common Ground*. Friends United Press.
- Thurman, H. (1996). *Jesus and the disinherited*. Beacon Press.
- Thurman, H. (1999). *Deep River and The Negro Spiritual Speaks of Life and Death*. Friends United Press.

- van der Eerden, M., Csikos, A., Busa, C., Hughes, S., Radbruch, L., Menten, J., et al. (2014). Experiences of Patients, Family and Professional Caregivers with Integrated Palliative Care in Europe: Protocol for an International, Multicenter, Prospective, Mixed Method Study. *BMC Palliative Care*, 13(1), 52. <https://doi.org/10.1186/1472-684x-13-52>
- van der Spek, N., Vos, J., van Uden-Kraan, C. F., Breitbart, W., Cuijpers, P., Holtmaat, K., et al. (2017). Efficacy of Meaning-Centered Group Psychotherapy for Cancer Survivors: A Randomized Controlled Trial. *Psychological Medicine*, 47(11), 1990–2001. <https://doi.org/10.1017/s0033291717000447>

**Publisher's Note** Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.