



Beth Madison

# *Semper fidelis*: The Power of Friendship in Suffering

Beth Madison

No one, especially those of us in academia, wants to be seen as weak, incapable, or “less than” in any aspect of our lives. Weakness is a sharp contrast to the drive and tenacity requisite for entrance and success in academia. Most academics pride themselves on being “gritty,” as Duckworth would say. As academics, we are expected to be in control of our research, students, schedules, thoughts, and personal lives simultaneously. Perception is everything to us. We do most everything we can to hide any sign of weakness ... until we cannot.

I was diagnosed with rheumatoid arthritis (RA) in 2012 in my twelfth year as an academic. RA changed my life then and continues to do so every day. Since RA is an autoimmune disease, my immune system sees my body’s tissues as unwanted invaders. My immune system’s attack on my tissues causes inflammation resulting in swelling, pain, stiffness, and possible permanent damage from cartilage destruction.<sup>1</sup> The synovial tissues lining the joints of the fingers and toes are usually the first to succumb to attack, but other joints and organs can quickly become involved with subsequent progression of the disease. Widespread damage in seemingly unrelated organs and tissues such as the heart, lungs, kidneys, and eyes can also occur because the activation codons for RA reside in the DNA of every cell of an RA patient’s body. Thus, nearly 40% of patients like me have other symptoms such as fever, fatigue, appetite loss, and weakness along with co-morbidities including osteoporosis, migraines, heart, kidney,

eye, and/or lung disease, diabetes, and other diseases.<sup>2</sup>

Rheumatoid arthritis and other chronic illnesses do not respect gender, age, ethnicity, socioeconomic class, location, faith, or profession. The statistics speak for themselves—almost 50% of Americans suffer from at least one chronic illness; 40% have two or more chronic illnesses; nearly 75% of annual aggregate health-care costs are for treatment of chronic illnesses; and 70% of deaths in the USA annually are from complications of chronic illness.<sup>3</sup>

With many chronic illnesses, there is not a pill, shot, surgery, or “app for that” since they are usually incurable and often inhabit our DNA. Such illnesses include (but are not limited to) diabetes, heart disease, mental illness, multiple sclerosis, chronic obstructive pulmonary disease, muscular dystrophy, and rheumatoid arthritis. Goodwin and Morgan indicate that at least 20% of Americans with chronic illness report a major negative and/or debilitating influence from the illness on their daily life functions.<sup>4</sup> Wherever someone falls on the severity of symptoms, chronic illness is life changing.

## *Every. Single. Day.*

Life with chronic illness is more than just a diagnosis and symptom management—

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# Communication

## Semper fidelis: *The Power of Friendship in Suffering*

it is a reframing of expectations of what I thought my life would be. Morgan says it well: "Sickness is more than physical discomfort. It is dis-ease, jarring our whole person."<sup>5</sup> Nearly 96% of chronic illnesses are perceived as invisible as a consequence of symptoms often hidden because of embarrassment (diarrhea, rash) or exacerbation of common symptoms (fatigue, muscle pain).<sup>6</sup> Hence, there is the commonly unspoken notion of incompetence with chronic illness patients. The afflicted individual is considered incapable of just "getting everything under control" and thus labeled as weak, when actually, he or she is sick. Disregard for illness increases the patient's isolation, which can also exacerbate symptoms. Hiding is what is expected and respected by society, especially academia. A cancer survivor clearly expressed what I feel almost every day – "I keep my voice firm and strong, but inside I feel fragile as glass."<sup>7</sup>

I feel fragile from the weight of constantly dealing with physical symptoms, the grief and frustration of progressive loss of strength and abilities, and an often overwhelming list of responsibilities as wife, mother, and professor. Yet I know that I am not alone; just one forum question about chronic illness in *The Chronicle of Higher Education* garnered nearly 2,200 responses and 57,000 readings.<sup>8</sup> Fear of replacement, removal, and/or rejection because of the stigma of chronic illness is a strong motivator for many academics to simply put their heads down, keep silent, and hide (or leave).

But my colleagues would not let me hide or leave. Their support and help are what keeps me going in academia, especially on the hard days which seem to stretch past the horizon into next semester. Before diagnosis, I knew I was not an island unto myself (as the seventeenth-century poet and cleric John Donne might say), but I never realized that I was an important component in my university's ecosystem. I have learned that I am far more than the number of papers published and/or students taught per year. In fact, I think as I grow physically weaker, my contribution to the university grows stronger as I learn to depend on what is truly important: faith in the God who sees me and gave his only son for my sin and my redemption. And as my faith grows, I know more of the importance of dependence, vulnerability, and prayer.

*Every. Single. Day.*

Having to depend daily on God for physical strength, energy, and functionality is teaching me that he alone is my strength and portion as my heart and flesh fail (Ps. 73:26); I can trust him to provide what is needed for whatever he puts in my day (2 Cor. 12:9); his presence truly is sweeter and more satisfying than any other (Ps. 34:8); and he is good to those who look to him for help (Lam. 3:25). God sends me help every day through my colleagues. Some of the tangible helps I receive from colleagues include stopping by my lab room to see whether I need someone to sub for me that day, or help in moving lab equipment and gathering supplies; volunteering to help in calibrating lab equipment; sending her student worker across campus to pick up copies and/or library books for me; sitting next to me at lunch meetings to carry my plate from the buffet and then cut my food, if needed; bringing a meal to my family; and texts telling me she is praying for me today (while she is in the drive-through for lunch, and would I like something to eat?).

Every offer, call, text, and email speaks courage to my heart. C. S. Lewis expresses this well: "When pain is to be borne, a little courage helps more than much knowledge, a little human sympathy more than much courage, and the least tincture of the love of God more than all."<sup>9</sup> The courage I gain from my colleagues helps me to persevere and to keep working. In turn, my colleagues tell me that my perseverance helps them to endure in their challenges, be it at the university or in their homes. Also, students see the importance of caring, through my colleagues stopping, listening, and helping, and through my receiving their help. We model for our students the way Christ intended for us to live together as Christians (Luke 6:31). This model is a pointed contrast to our normal lessons in narcissism in academia and the tendency to keep to ourselves.

Vulnerability is another pointed contrast to the easier and expected choice of pride in the response of "thanks, but I got this." When I choose vulnerability, without complaining, I acknowledge my need for help while empowering others to reach past themselves to help me. Even though I often say "I'm fine" in response to "How are you doing today?," some colleagues press in and say, "Are you sure?" and "How can I help you today?," because they care for Christ and thus care for me (Matt. 10:42). Their persistence allows me to reply "Not great"; this

translates to “I wish I were in the hospital or at least at home in bed with an IV.” Honestly, I like hiding, but I have learned that my vulnerability can help my colleagues. Vulnerability allows my colleagues to talk about wayward children, financial difficulties, struggling spouses, depression, and other needs not easily expressed in normal conversation with people who seem to have everything in life under control. I have become “a safe space” for many because they know that I understand the reality of suffering and the power of prayer.

Recognition of the true power and essential nature of prayer is another lesson God is teaching me. It is as if God had to strip me of what I could do for myself to let me glimpse what he longed to do for others through me via prayer. As a scientist, it is mind-boggling to evaluate the correlation of answered prayers with the occasions when I have prayed with and for colleagues. Many times these answered prayers are beyond explanation, expectation, or imagination (Eph. 3:20–21). (How incredible to think that God desires for me to participate in his workings!) The evidence of answered prayers helps both my colleagues and me to grow in faith and gives us the desire to pray even more, both individually and together. Even the seemingly strongest and most “got it together” colleague amongst us has deep aching needs that only God can answer. I did not realize before RA just how many people have no one praying for them, much less someone who prays for them every day. And logically, when we pray for each other, we strengthen each other, independent of our confidences, challenges, and circumstances.

### *Every. Single. Day.*

Some people say I have lost a lot of myself in the past seven years to RA. I see this as a much-needed improvement. In the losses, I have found an unexpected and growing freedom in trading self-reliance for trusting God, and self-centeredness for gratefulness. Life now has more joy and contentment than ever before from having been “pushed, and at times shoved, against the breast of your Savior,” and there, finding him as my living hope (1 Tim. 4:10).<sup>10</sup> It is as if the joy and contentment is sweeter because it is hard-won and costly. I would not trade RA for anything, because of what God has taught and is teaching me through it.

Only God could use a cane, arm braces, and an electric scooter as doors for the Gospel with students who do not believe God exists and cannot understand or explain away how I choose faith in suffering. They have heard all the conventional answers for faith and have rejected them. Yet my reality counteracts their logic and naturally, they want to know more. They seek Truth and I am delighted to share with them the hope that I have found in Christ. Equally important, I pray for them and ask my colleagues to pray for them too. And then my colleagues and I rejoice to see traditional and nontraditional undergraduate students alike come to Jesus for salvation and then bring their friends and family members to Christ as well.

Only God can take chronic illness and use it to teach me (and hopefully, my colleagues) the incomparable satisfaction found in helping others and receiving help from them. My colleagues and I help each other to be strong in our life-challenges, be they chronic illness or something else. And thus, we build community since “suffering together builds togetherness.”<sup>11</sup>

This togetherness is essential for our lives as Christ followers. This togetherness serves to model the love of Christ for others in our lives who are not yet Christ followers, including our students, colleagues, friends, and family.

### *Every. Single. Day.*

When my colleagues help me, they remind me that I am seen by God and my niche is important to academia, even and especially as my health declines. I treasure the gift of being seen in compassion, not pity, by my colleagues. In turn, when I help my colleagues, it reminds them that they are not alone and that their faith will grow when they choose to trust God. Together we display to our students that “caring is a yearning for the good,” as my colleagues supply their strengths to complete what is missing in mine.<sup>12</sup> We all yearn to be seen, to be cared for, to be helped. We all have opportunity to see, to care, to help, and in turn, we can be made stronger together.

### *Every. Single. Day.*



#### Notes

<sup>10</sup>“Rheumatoid Arthritis,” *Cleveland Clinic*, 2017, last reviewed November 17, 2017, <https://my.clevelandclinic.org/health/diseases/4924-rheumatoid-arthritis>.

# Communication

## Semper fidelis: The Power of Friendship in Suffering

<sup>24</sup>"Rheumatoid Arthritis," Mayo Clinic, March 1, 2019, <https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/syc-20353648>.

<sup>3</sup>Wullianallur Raghupathi and Vigu Raghupathi, "An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach to Public Health," *International Journal of Environmental Research and Public Health* 15, no. 3 (2018): 431, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5876976/>.

<sup>4</sup>Stephanie A. Goodwin and Susanne Morgan, "Chronic Illness and the Academic Career: The Hidden Epidemic in Higher Education," *Academe* 98, no. 3 (May/June 2012), AAUP: American Association of University Professors, <https://www.aaup.org/article/chronic-illness-and-academic-career#.XZSuWEZKiUk>.

<sup>5</sup>Robert L. Morgan, *From Grim to Green Pastures: Meditations for the Sick and Their Caregivers* (Nashville, TN: Upper Room Books, 1994), 14.

<sup>6</sup>Kimberly Rae, *Sick and Tired: Empathy, Encouragement, and Practical Help for Those Suffering with Chronic Illness* (Raleigh, NC: Lighthouse Publishing of the Carolinas, 2013), 20.

<sup>7</sup>Kate Bowler, *Everything Happens for a Reason and Other Lies I've Loved* (New York: Random House, 2018), 114.

<sup>8</sup>*The Chronicle of Higher Education* (CHE) Forum posting on how to cope with chronic illness, disability, and other health issues in the academic workplace. Original posting of question was on April 23, 2008. Online data accessed March 28, 2019. Forum board has now been removed from the CHE site.

<sup>9</sup>Donald A. Carson, *How Long, O Lord? Reflections on Suffering and Evil* (Grand Rapids, MI: Baker Book House, 1990), 251.

<sup>10</sup>Joni Eareckson Tada, foreword to *Suffering Is Never for Nothing*, by Elisabeth Elliot (Nashville, TN: B&H Books, 2019), viii.

<sup>11</sup>Peter Kreeft, *Making Sense out of Suffering* (Ann Arbor, MI: Servant Books, 1986), 72.

<sup>12</sup>Rodney L. Taylor and Jean Watson, eds., *They Shall Not Hurt: Human Suffering and Human Caring* (Boulder, CO: Colorado Associated University Press, 1989), 6.

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