

Contemplative Continuity

Conceptions of Health and Illness in a Trappist Abbey

Jeffrey DeVido

Introduction

It is of little wonder that many people do not know who the Trappists are, since, by virtue of being members of the Cistercian Order of Strict Observance (their formal name), they lead quiet, monastic lives self-consciously withdrawn from the bustle of secular society. The Trappists are an all-male Catholic monastic order whose monasteries are found all over the world. In this paper, I examine conceptions of health and illness in one such monastery, St. Joseph's Abbey in Spencer, Massachusetts.

In an informational pamphlet, the monks of St. Joseph's describe Trappists as "lovers of the *Rule* and the *place*."¹ As "lovers of the *Rule*," Trappists lead a religious lifestyle structured by the *Rule* of St. Benedict, a sixth-century canon that legislates the practical ordering of the Christian monk's life through the observance of the three capital virtues of obedience, silence, and humility. To this end, Benedict's *Rule* articulates all aspects of the monk's lifestyle, from the proper amount of food and drink to be consumed,² the importance of the virtues and manual labor, proper clothing, the daily praying of the seven divine offices, to the proper monastic hierarchy.

Despite the seemingly strict nature of the *Rule*, Abbot André Louf notes: "The *Rule* is always more than a code of life or a manual of doctrine, although it is both of these. It is above all a résumé of a spiritual experience that lies at the heart of monastic life."³ Therefore, according to Abbot Louf, the *Rule* possesses a certain humanism and liberalism that have afforded it a flexibility and adaptability that account for its continued preeminence.

As "lovers of the *place*," upon entering the Trappist community, the monk "leaves the world" and enters the monastic cloister. Therefore, the *place* to which they commit the rest of their lives has a significance that is outwardly represented by the care the com-

munity takes, both in selecting a serene location and in constructing buildings that coexist harmoniously with the natural surroundings. St. Joseph's Abbey sits atop a windswept hill in the middle of bucolic Massachusetts, flanked by rolling hills and a national forest, which together provide a fitting backdrop for a community seeking quiet solitude. The monastery is constructed entirely from brown and tan boulders that had been collected by the monks from across the expansive property, accentuating the monastery's sense of consonance with the surroundings.

Their love of the *Rule* and the *place* afford Trappist monks daily opportunities to explore their own spirituality and relationship with God, and the security of knowing that those around them are similarly focused.

The Management of Health and Illness at St. Joseph's Abbey

Methods

My project employed a three-tiered methodological approach: 1) exploratory work consisting of three open-ended, person-centered interviews; 2) a mix of participant and direct observation of the Trappist lifestyle during a three-day retreat from 8–10 March 2002; and 3) nine structured interviews of monks ranging in age from thirty-eight to ninety-three. All interviews were audiotaped and transcribed. Throughout the project I collaborated with the community's infirmarian and made every effort to ensure that all of the monks were fully informed about the nature, goals, and planned publication of the research.

The Place of Biomedicine

Biomedicine is fully consonant with the beliefs and lifestyle of the monks, insofar as 1) according to the monks, biomedicine is in accord with Catholic the-

ology, and 2) courtesy of the central proximity of the infirmary and the care provided to its residents, biomedicine plays a highly visible role in the community.

Catholic theology stipulates that God wants humans to be healthy. One monk explained it this way: “God is pure goodness . . . God wants all good . . . He’s the author of all good—the author of the natural and supernatural orders, and they support each other.” Unfortunately, for us, we have a fallen nature on account of original and natural sin; hence, we function in a disordered world with a disordered nature outside of God’s order. However, God imbued us with free will, which gives us the option of accepting or rejecting His order; consequently, we now bear the stamp of imperfectly applying our freedom toward His order.

Catholic doctrine grants that we can overcome our separation from God. God empowered us with two tools designed to inspire our knowledge of God and draw us into His order: faith and reason. Together, faith and reason call us to exercise the moral virtues, such as patience, charity, and humility, which restore order to our lives. So, products of reason such as biomedicine are in accord with Catholic teaching, as long as reason is exercised in the spirit of faith and the moral virtues, which we have the potential to do on account of our free will.

Accordingly, biomedicine plays a highly visible role in the community at St. Joseph’s. The monks employ up-to-date health-care technology combined with careful palliative care. Immediately adjacent and connected to the monastery proper is a twelve-bed, free-standing infirmary unit staffed twenty-four hours a day by monks and lay employees. It has its own refectory and chapel and boasts arguably the best view in the entire monastery complex. An infirmarian, who is a member of the community and is also a registered nurse practitioner, oversees the infirmary. He is assisted by a local physician. Caring for the body is an important and visible aspect of their lives. Benedict himself noted, “Care of the sick must rank above and before all else, so that they may truly be served as Christ, for he said: I was sick and you visited me (Matt. 25:36).”⁴

The logic of the theological underpinnings of health and illness highlight a powerful framework within which meaning can be made of illness. One monk carefully summarized the power of Catholic theology regarding health and illness in this way:

So, God wants our health and our well-being, but nevertheless, there are clouds, but there’s a silver lining to every cloud. That’s the beauty of the Catholic faith, no matter what happens, it can be used for the profit of the individ-

ual. When evil befalls us, we should try to eliminate it, and if we cannot, first of all we must accept it. It becomes a means of redemption for souls, and it can be our purgatory, insofar as we have sinned, and by accepting these vicissitudes and sufferings, that can become our purgatory so that we can be prepared to enter heaven when we die. Seeing a purpose or meaning in it [suffering] makes it easier to accept.

I categorize this framework as a process of *negotiation*, in which the monks administer biomedical healthcare by balancing the authority ostensibly demanded by biomedicine with the monks’ vocation of exploring their relationship with God in light of the *Rule*. For instance, the community at St. Joseph’s places a great deal of emphasis on the autonomy and wishes of the patient. I interviewed one eighty-four-year-old monk who, years ago, had been plagued for sixth months by shoulder pain. He was novice master, so the pain did not physically prevent him from performing his duties within the community; however, the pain did bother him when he prayed. The infirmarian at the time suggested a series of shots, which the monk described as having dulled the pain for only a few days, but he continued to receive these shots for some time. Finally, he approached the infirmarian and said, “I think this is a little more serious,” and the infirmarian consented to take him to have x-rays. The x-rays revealed a large bone spur that, in the doctor’s opinion, required surgery, not shots. The monk requested the abbot’s blessing to have the surgery, the abbot complied, and the surgery was performed. Since then he has had no bothersome pain. In this account, biomedicine was *negotiated* in the Trappist religious context, insofar as the monk was allowed to assess the severity of his condition and the interventions he desired in relation to how it affected his religious vocation—and the community supported his wishes. For this monk, the pain was sufficiently bothersome to his prayer life that it warranted surgery.

The Value of the Trappist Lifestyle in Finding Meaning in Illness

This process of negotiation is not entirely dissimilar to the manner in which medical decisions are made outside of the monastic context. However, in contrast to many Americans’ aversion to illness and hospitalization, I was struck by how the monks expressed a calm happiness and matter-of-fact attitude about themselves and their health conditions. I questioned the assistant infirmarian about patients’ attitudes, and he shared the following story that concretized my impression of the monks matter-of-fact attitude regarding health and illness:

People tend to be matter-of-fact. There have been some fairly dramatic situations. One priest had been starting treatment for adult-onset diabetes, but when he went for an examination, the doctor decided to hospitalize him and he was in there for three days. He had cancer, and there was nothing they could do for him. So, he just came home and spent the last few days in the infirmary. And, no problem [laughing], it was amazing, especially since he hadn't been the calmest character in the first place. He had been an organist, and was very bright, and he was a theologian, and so you would have expected a little hysteria or something. I was in his room on the last day he was conscious and he was listening to a tape or something and someone came by and knocked on the door and said, "Oh, I can come back later." And he replied, "Oh, come on in, I'm just killing time until time kills me" [laughing]. So, this wasn't the person I had known—he wasn't high-strung at all any more. But even in less dramatic things, they tend to be "well, that's the situation, maybe it's not what I would choose," and do what they're supposed to do.

What is different from outside the cloister, I found, is that the monks make meaning of illness and health in light of their own personal vocation of pursuing union with God—their religious lifestyle provides the bedrock on which they construct meaning in all aspects of their lives. And from this bedrock, they draw great strength in encountering adversity and other vicissitudes.

Although the daily routine of the monks' lives is highly formalized and structured, each monk I interviewed made meaning of illness and health differently. For example, one monk described his many encounters with biomedicine as "adventures." His primary-care physician summarized this monk's unique outlook as follows: "It's like, 'These medical things are kinda cool, it's an expression of God's healing power. It's just one of the tools—there are all sorts of tools for healing, and the biomedical model is one of them, and it's a gift from God.'"

Another monk, aged ninety-three years, with a myriad of infirmities including a recently diagnosed cancer, responded to the question of what "spiritual" meant to him by saying: "First of all, it is the thing that gives me life. It gives me joy. 'Know the truth, and the truth will set you free.' That's our Lord talking to the Jews. I believe that I am in the truth. Therefore, the truth makes me free."

"So, you are free because you are living in the truth?" I questioned further.

"I am in my element," he responded.

"So does that influence your health?"

"Yeah. I am the fish in the water. I am not in the aquarium. When you believe in God, it is the most wonderful thing. I am *happy* [with added emphasis]. I cannot explain it."

In short, this monk made meaning of his infirmities by drawing on his religious conviction that, courtesy of his faith and religious vocation, he was living in the *truth*. Awareness of truth provided him the experience of *freedom* that enabled him to derive happiness in life, despite his condition. His conceptions of health and illness were tempered by his religious convictions.

The preceding are just two of the many approaches I encountered for making meaning of health and illness. This variation itself reflects a more important insight into the life of a Trappist monk. That is, within the outwardly rigorous structure of the *Rule*, there is a tremendous personal freedom to explore one's relationship with God. In so doing, each monk has the occasion to develop his own mode of making meaning of himself, the world, and God's relation to it.

In exploring his Catholicism, the Trappist monk is not alone—he shares a fraternity with individuals who work together to maintain a contemplative environment in which they can best exercise their vocation. In the relationship of the individual monk to the community there is a sense of balance between the emphasis on the very personal freedom to delve into relationship with God and the emphasis on working within and maintaining the bonds of community. It is this balance, between individual and community, which supports both the ability to formulate individual conceptions of health and illness, and to negotiate the role of biomedicine in their lives.

Regarding community support, I observed three levels on which infirm monks were supported. First, the community supports its ailing members materially. The infirmary unit provides for all but the most acute care (surgery) at the monastery. Moreover, strict adherence to the *Rule* is relaxed in the infirmary: meals are provided with meat, silence is less strictly observed, and certain luxuries, like televisions for movie screenings, can be provided.

Second, ill monks are supported emotionally through visits from the other monks. While the extent of these visits varies, there is agreement, however, that when the ailment is acute, monks make more frequent and lengthier visits to those who are ill. Indeed, one monk related how he returned from the hospital after a serious medical intervention and received twenty-three visitors in one day. Furthermore, a few monks will always travel with an ill monk to the hospital, if the condition warrants hospitalization.

Third, spiritual support is offered through prayer

intercessions and sacraments. For example, the monk who described himself as “the fish in the water” receives the Eucharist in his room every morning at 5:30 AM. Anointing of the sick happens regularly, and this sacrament often draws many community members to the infirmary to participate. Moreover, monks can place notices on a common bulletin board expressing certain concerns they would like addressed in prayer, and these concerns are often about ill monks or family members. Additionally, the infirmary is equipped with an intercom system that allows residents to listen to the divine offices if they are unable to attend, although I met no one who used this service: generally, if they could make it to the offices, they would go; if they could not, they did not mention listening to them.

Based on my interviews with the monks, it seems that the freedom and opportunity to explore the depths of their Catholicism with the support of community enables them to establish a deeper relationship with God than the Catholic outside of the community has the ability to do, and this better prepares them to “accept God’s Will.” They do not have the same distractions of materialism and ego other Catholics encounter in the world that can cloud meaning in illness and suffering. In fact, one monk remarked that spiritual life for him was simply, “accepting God’s Will in everything.” The Trappists’ virtuous lifestyle cultivates an environment in which God’s Will can be better acknowledged, and thereby provides them a powerful tool in making meaning of illness.

It is important to note that illness and suffering are not valorized within the monastic context. Illness can be seen as an occasion to exercise virtue, either in caring for an ill brother or in experiencing human finitude at the hands of infirmity, but suffering for suffering’s sake is, as the infirmarian put it, “masochistic.” God wants us to be healthy, so purposely exalting in suffering and illness involves exalting in a condition in which God does not intend us to be. However, that does not completely explain the mystery of why suffering exists. As the infirmarian noted:

You still have the big ultimate questions of being human. You still have the why and the where[fore] of children that are born with congenital illness—you say, what is the meaning of this? I think it’s more to teach us as a human community that our value isn’t what we produce, but in who we are. It’s not our usefulness, or our utilitarian qualities.

Suffering, then, is a human mystery in which we should not exalt, but rather accept and explore for personal meaning.

The Perceived Impact of Continuity on Health

I categorize the Trappists’ overall management of health and illness as *contemplative continuity*. They have a framework for managing health and illness that negotiates the preventative and restorative power of biomedicine while simultaneously acknowledging the primacy of their contemplative vocation. Regarding their contemplative vocation, they work and they pray on a schedule that is centuries old, alongside equally devoted brethren, and they do this well into their old age. They don’t retire. They don’t take vacations. In short, the Trappist’s life has tremendous continuity.

I noticed a widespread reluctance on the part of infirm monks to stop working. When asked about whether he was in a great deal of pain, one ill monk replied, “I’m only in pain to the extent that I can’t do things that I used to.” Often, when a person retires or loses employment, their sense of self-worth declines, a phenomenon known as diminishment. For the Trappists, however, the potential of working and praying without deviation from the routine until death offers them an opportunity to recast the phenomena of diminishment. The monastic lifestyle allows the monks to retain self-worth in the context of community, while simultaneously permitting them to more fruitfully witness diminishment as an occasion through which they can encounter the divine. Dr. Michael Downey, at a conference of Cistercian infirmarians this past year, echoed this sentiment in his presentation: “I am holding out a vision of diminishment . . . as the very place where we encounter the divine life. This vision is shaped in a singular way by the conviction that through the Incarnation, God enters human life at its most vulnerable point. And it is there, above all else, where we participate in the very life of God.”²⁵ By maintaining self-worth through continuity in lifestyle, the monk is better equipped to find meaning in the human experience of diminishment.

Concluding Remarks

For the Trappist monks of St. Joseph’s Abbey, the management of illness and health is inexorably linked to their lifestyle and the beliefs that shape that lifestyle. The Trappist lifestyle provides monks with a framework within which they can individually explore their relationship with God, and in so doing they formulate their own meanings of health and illness. Moreover, biomedical health care and religious lifestyle are not clearly distinct, but are negotiated in relation to one another and in relation to the individual and the community. The personalized construction of meaning made possible by the

continuity of lifestyle at St. Joseph's Abbey equips monks with the strength to encounter illness and health with a positive candor and matter-of-fact attitude that characterizes the management of health and illness within the monastic context.

Notes

1. *St. Joseph's Abbey: A Brief History* (no publication or authorship acknowledged), 9.
2. Regarding "proper" food, the Trappists are vegetari-

ans. One monk explained their vegetarianism this way: "The reason monks don't eat meat was because it stimulates appetite and it makes you groggy and you can't do spiritual reading if you're sleepy and dozey."

3. André Louf, *The Cistercian Way* (Kalamazoo, Mich.: Cistercian Publications, 1980), 32.

4. *The Rule of Saint Benedict*, ed. Timothy Fry (Collegeville, Minn.: The Liturgical Press, 1981), 235.

5. Michael Downey, "A Theology of Diminishment: Context for Community Care Giving," address at the Infirmarians' Conference, Mepkin Abbey, South Carolina, 2002.