

Metaphor, illness, and identity in Psalms 88 and 102

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Abstract

This article argues that the Hebrew Bible is an important resource for adding insights into illness language and narratives by making a case for the use of medical humanities in biblical studies. Using an interdisciplinary approach, this article utilises existing research concerned with illness experiences and identity as a heuristic tool for addressing the study of illness in the Hebrew Bible. However, as well as providing a useful heuristic lens, this article argues that ancient texts can also bring a richness to present day perspectives and analysis of illness accounts within medical humanities. A key contribution of this article is the demonstration that ancient religious texts such as Psalms 88 and 102 share many of the themes, concerns, and motifs which resonate in modern day research concerning illness experiences. We will initially examine modern illness experience research and then turn to evaluate Psalms 88 and 102 from this perspective.

Keywords

Identity, illness, medical humanities, metaphor, Psalm 88, Psalm 102

Introduction

There is no other adversity which can strike that is quite like illness. Illness affects everyone at some point, and of all the misfortunes, it is certainly the most common. However, little attention has been devoted to the potential relevance of the Hebrew Bible as a rich and fertile source for depicting the way illness is experienced. This is surprising given that Scarry's often cited work on pain, first published over 40 years ago, devotes a substantial chapter almost entirely to the Hebrew Bible.¹ It is also surprising given that problems relating to suffering and theodicy, so regularly raised in present day illness accounts, form major themes within the Hebrew Bible. This article argues that ancient texts provide a voice from the past which brings richness to present day illness accounts; they are a precious primary source which allows us a unique comparative glimpse of human experiences of illness.

1. E. Scarry, *The Body in Pain: The Making and Unmaking of the World* (1985), pp. 181–277.

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Background: illness, identity, and narrative

Attempting to define illness is complex. Many western lay people tend to think of sickness from a dualistic, somatic perspective; the body and mind are like a machine which, when broken, can be fixed.² In other words, the patient is an object who is the focus of the clinical gaze of the medic.³ In contrast, the preamble to the constitution of the World Health Organisation defines health as ‘a state of complete physical, mental *and social well-being* and not merely the absence of disease or infirmity’.⁴ The connection between the ill person’s own, socially situated, understanding of illness and its decisive role in the origin and development of health conditions is now widely recognised in the social sciences, especially in the medical humanities.⁵ Illness has been understood therefore, as a social transformation or ‘biographical disruption’ which can be particularly erosive to identity causing one to re-evaluate former identities and creating new fragmented, or spoiled, identities such as ‘cancer survivor’.⁶

From this broader understanding of illness comes a second observation: illnesses are ‘marked with cultural salience in different epochs and societies’.⁷ Cultural meanings can ‘mark the sick person’ with ‘significance often unwanted and neither easily warded off nor coped with. The mark may be either stigma or social death’.⁸ Part of the reason for this is that, far from being merely ‘natural’ and timeless, illness is socially constructed and people often enact their illness and endow it with meaning. As Friedson explains,

When a physician diagnoses a human’s condition as illness, he changes the man’s behaviour by diagnosis; a social state is added to a biophysiological state by assigning the meaning of illness to disease.⁹

Thus, substantial social consequences are associated with an illness label even in medicalised environments. Nothing inherent about the illness makes it stigmatising,

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2. On the distinctions between ‘disease’ and ‘illness’ refer to L. Eisenberg, ‘Disease and Illness: Distinctions between Professional and Popular Ideas of Sickness’, *Culture, Medicine and Psychiatry*, 1 (1977), pp. 9–23. A social constructionist approach to illness is rooted in the widely recognized conceptual distinction between disease (the biological condition) and illness (the social meaning of the condition). Cf. M. A. Glasby, *Wholeness and Holiness: Medicine, Disease, Purity and the Levitical Priesthood* (2017).
 3. M. Foucault, *Naissance de la Clinique* (1988).
 4. Author’s italics. This definition can be found on the WHO website: <https://www.who.int/about/mission/en/>
 5. But also in the medical sciences. Refer to the work of the health experiences research group at Oxford’s Nuffield Department of Primary Care Health Sciences; <http://www.phc.ox.ac.uk/research/health-experiences>
 6. L. Locock and S. Ziebland, ‘Mike Bury: Biographical Disruption and Long-Term and Other Health Conditions’, in F. Collyer (ed.), *The Palgrave Handbook of Social Theory in Health, Illness and Medicine* (2015), pp. 582–98. Cf. M. Bury, ‘Chronic Illness as Biographical Disruption’, *Sociology of Health & Illness*, 4, no. 2 (1982), pp. 167–82. Also refer to M. Bury, ‘Illness narratives: fact or fiction?’ *Sociology of Health & Illness*, 23 (2001), pp. 263–85.
 7. A. Kleinmann, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), p. 18.
 8. Kleinmann, *The Illness Narratives*, p. 26.
 9. E. Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (1970), p. 223. Refer also to P. Berger and T. Luckmann, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (1966).

rather, it is the social responses to a given malady, or some of its manifestations, that cause it to be an object of stigma.¹⁰ In stigmatised illnesses, argues Kleinmann,

the stigma can begin with the societal reaction to the condition: that is to say, a person so labelled is shunned, derided, disconfirmed, and degraded by those around him Eventually, the stigmatised person comes to expect such reactions, to anticipate them before they occur or even when they don't occur. By that stage, he has thoroughly internalised the stigma in a deep sense of shame and a spoiled identity. His behaviour, then, becomes shaped by his negative self-perception.¹¹

Therefore as well as having a cultural significance, the identity of the one who is ill is vulnerable to being reshaped by social interpretations of the illness.¹² In some societies, 'so powerful is the stigma' which the 'culturally marked illness label' evokes that 'it affects all ... relationships and may lead to ostracism'.¹³ Furthermore, Kleinmann argues, stigma 'often carries a religious significance—the afflicted person is viewed as sinful or evil—or a moral connotation of weakness and dishonour' thus, 'stigma helps to define the social identity of the group'.¹⁴ As Douglas suggested, illness and its consequences threaten essential values, behavioural norms, and conceptions of order. To restore order, threat is placed in a framework which brings social meaning to the experience.¹⁵ Therefore, illness can threaten constructed norms and values, and may even challenge the idea of the group.

This approach to illness is also taken by Good who argues that 'a great many anthropological studies of illness have shown that sickness is universally experienced as a moral event' and 'efforts to bring meaning to such events require not only resort to theodicy ... that is to answering "why me?" ... but to the yet more fundamental soteriological issues'.¹⁶ Thus, existential questions can sometimes be answered with 'religious' (when understood in a very loose sense) theories and stories, as Evans-Pritchard illustrated with regard to witchcraft, or Fortes suggested in relation to troublesome spirits.¹⁷ Answers to such questions provided through shared explanatory models¹⁸ can function in a positive way, giving the sick person a sense of agency. Or, they can be disruptive causing the ill person to take on the burden of guilt in addition to coping. Nevertheless,

10. P. Conrad and K. K. Barker, 'The Social Construction of Illness: Key Insights and Policy Implications', *Journal of Health and Social Behaviour* 51, no. 5 (2010), pp. 567–79. Cf. P. Conrad, 'The Experience of Illness: Recent and New Directions', *Research in the Sociology of Health Care*, 6 (1987), pp. 1–31.

11. Kleinmann, *The Illness Narratives*, p. 160.

12. E. Goffman, *Stigma: Notes on the Management of Spoiled Identity* (1963).

13. Kleinmann, *The Illness Narratives*, p. 159.

14. Kleinmann, *The Illness Narratives*, p. 159.

15. M. Douglas, 'The Healing Rite', *Man*, 5 (1970), pp. 302–308.

16. B. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Lewis Henry Morgan Lectures 1990; 1994), p. 134.

17. E. E. Evans-Pritchard, *Witchcraft, Oracles, and Magic Among the Azande* (1937); M. Fortes, *Oedipus and Job in West African Religion* (1959).

18. Concerning explanatory models refer to Kleinmann 1988:105. Explanatory models seek to explain etiology, that is, origins and causes; time and onset of symptoms; pathophysiology; course of sickness; and treatment.

some agency and power is claimed in the very act of telling a story since it allows narrators to communicate what is significant in their own lives.¹⁹ As Frank argues,

I hope to shift the dominant cultural conception of illness away from passivity—the ill person as a ‘victim of’ disease and then recipient of care—towards activity. The ill person who turns illness into story transforms fate into experience ...²⁰

Thus, both societies and individuals either experiencing or observing illness react in a manner which attempts to read meaning, often religious meaning, into it. Although we must acknowledge that meanings often vary,²¹ cultural meanings attached to illness nevertheless ‘shape suffering as a distinctive moral or spiritual form of distress. Whether suffering is ... the ritual enactment of despair ... or as the ultimately existential human dilemma of being alone in a meaningless world’.²² The impact of the illness experience on the individual is, therefore, considerable. Since we create, rather than merely discover, meaning in experiences the process of identity change through illness can be discerned through narrativization. As Good argues, ‘narratives are central to the understanding of the experiences of illness ... to placing pain ... in relation to other events and experiences in life.... [such narratives] bring a certain coherence to events’.²³ Sometimes such narratives may be dramatised. For example, telling your story in an Alcoholics Anonymous meeting brings illness narratives and performance together in a ritual-like manner.²⁴ Therefore, illness evokes powerful questions about identity and about the significance of experience.

Placing illness in a cross-cultural and social context is especially helpful for exploring its broader social impacts and consequences for identity. The ill person has to rethink their ability to engage with the world, and thus their entire identity. Another advantage of viewing illness in this manner is the ability to trace, through narrativization, the way in which identities and definitions of the group are reconfigured through illness. For example, just as group identity can become more pronounced in periods of migration and social upheaval²⁵ so too, group identity may be challenged and reconfigured through the occurrence of illness. To use an analogy, exclusion of those who are perceived to be ‘foreigners’ reaffirms the group’s own identity just as the sick person’s ostracism confirms the values of the group.

Method: metaphor and illness

In this analysis, two possibly exilic Psalms (88 and 102) have been selected as exemplars on account of their reflection on the common experience of individual suffering in

19. A. W. Frank, *The Wounded Storyteller: Body, Illness, and Ethics*, (1995)

20. Frank, *The Wounded Storyteller*, p. xi.

21. M. Bury, ‘Meaning at Risk: The Experience of Arthritis’, in R. Anderson, and M. Bury (eds.), *Living with Chronic Illness: The Experience of Patients and their Families* (1988), p. 91.

22. Kleinmann, *The Illness Narratives*, p. 26.

23. Good, *Medicine, Rationality, and Experience*, p. 133. Refer also to the essays in B. Hurwitz, T. Greenhalgh, and V. Skultans, *Narrative Research in Health and Illness* (British Medical Journal Books; 2004).

24. V. Steffan, ‘Life Stories and Shared Experience’, *Social Science & Medicine*, 45, no. 1 (1982), pp. 99–111.

25. K. E. Southwood, *Ethnicity and the Mixed Marriage Crisis in Ezra 9-10: An Anthropological Perspective* (Oxford Theological Monographs; 2012).

which sickness is a given component and on account of the overlap of themes and motifs in the two Psalms.²⁶ Texts which explore and narrativize illness provide a wealth of data for exploring the connections between the topics. Nevertheless, a few points of clarification are in order. It must be emphasised that this is not an anachronistic attempt to make retrospective diagnosis, exploring ancient texts through snake oil and exegetical quackery. Instead, the focus is on human interpretations and experiences of illness. It is an attempt to take seriously the sufferer's view of illness.²⁷ In addition, this is not an attempt to manipulate the two Psalms to match some modern experiences; neither is it an attempt to bend the modern discussions to fit the text. Rather, it is simply a way of looking afresh at both fields of selected evidence and discerning the significance of similarities and differences. Thus, neither the Psalms in question nor the material concerning illness experiences is understood as 'superior'. Furthermore, we must acknowledge and avoid the difficulty of engulfing the distinctiveness of the Psalms, or of the modern research, in barren simplifications thus risking misrepresenting both domains of research. Another consideration is that we are not able to engage in anthropological participant observation. This is an acknowledged limitation of this textualized approach.²⁸ However, it is not an insurmountable hurdle: the focus is on illness accounts, and the way narrators attempt to find meaning in illness, rather than on observing sickness behaviours and symptoms (which would be more aligned with the medical diagnosis approach).²⁹ Furthermore the social and cultural, although not accessible through participant observation, may be reconstructed to some extent both through the illness accounts of Psalms 88 and 102 themselves and also, albeit partially, through accessing existing scholarly arguments pertaining to the dates of the Psalms in question. An example may help to demonstrate.

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26. Psalm 102 has a lot in common with other Psalms. Perhaps, from the perspective of describing illness, Psalm 88 is one of the most prominent. Like many Psalms, both 102 and 88 are first-person singular accounts. They share common themes and motifs (as will be demonstrated). Additionally, they share similar language. Like 88, in Psalm 102 the petitioner requests that YHWH does not hide his face (Ps. 88:14; 102:2). Similarly, like in 88, the supplicant requests that the deity inclines his ear (Ps. 88:2; 102:2). Furthermore, the theme of illness connects both prayers, as is seen through the use of the term עני 'affliction' in both; indeed, Psalm 102 is even entitled 'a prayer of the afflicted when he is weak' (Ps. 102:1; עני 88:1, 7, 9, 15; 102:1). Similarly, both Psalms are described as 'prayers' תפלה (Ps. 88:2, 13; 102:1, 17). Likewise, both Psalms include the term 'answer/to be afflicted' ענה (Ps. 88:7; 102:23). Additionally, both interpret illness as a consequence of YHWH's anger. This is abundant in Psalm 88, but is also present in 102 (Ps. 102:10).
27. Concerning the patient's view refer to R. Porter, 'The Patient's View. Doing Medical History from Below', *Theory and Society*, 14 (1985), pp. 175–98.
28. It should be acknowledged that methodological problems also exist within participant observation. These include, for example, communities modifying behaviours in light of the presence of the fieldwork researcher, the anthropologist's interpretation of practices being different from the community's understanding, problems with translation of indigenous languages and terms, and unhelpful emic explanations such as 'it's just tradition'. Thus, attempting to define and explain the social through fieldwork research involves numerous challenges, just as reconstructing through textual evidence does.
29. As Seybold argues, 'the situation of the sick person from the inner perspective of an individual's own experience is expressed in the Old Testament's literature of prayer'. K. Seybold, *Sickness and Healing* (Biblical Encounters Series; 1981), p. 43.

If we were reading Sontag's work on AIDS, we might be able to reconstruct from the work itself, even without ethnographic reports or fieldwork, that a pervasive social response to AIDS at the time of her writing was to react with anxiety. Such was the scale of fear evoked by the illness as depicted in her writing that one might suppose it caused a fight-flight-freeze response with the dominant response from clinicians and fundraisers being focused on the struggle to achieve a future where the illness might be less life-threatening, and also therefore, a future where such uncomfortable anxiety might be avoided. Thus, from a text itself it is possible to gain some important cultural and social information. However, it must be acknowledged that this information is not of the same order as direct participant observation.

Also important is the problem of genre; the Psalms are poetic prayers, rather than narrative in a strict sense.³⁰ One thing that the Psalms do have in common with present day illness accounts is, however, a first-person account of illness. Thus, they may be understood as 'narrativised' in the sense of lyricism, that is, the building of an autobiographical narrative through poetry, as is done in song-cycles.³¹ As Woods argues, 'narrative does not have a monopoly on expressivity ... experiences of distress and of physical vulnerability can be brought to life and given shape in a wide variety of media'.³² Therefore, since representation of experience can occur through many avenues, 'narrative' in a loose sense, may encompass a diversity of genres and perspectives.

Also potentially confusing is the abundance of metaphor in the Psalms. As Culley comments, 'the descriptions are so vague the condition might in some cases stem from other causes like fear or despair'.³³ How do we know that sickness is not just a metaphor for suffering more generally given that the Psalms are constituted in such a way that they can capture common human experiences of individual suffering? Lindström answers these methodological questions with proficiency:

The individual complaint psalms are not diagnosing texts, but rather prayer literature. Consequently, they can be expected to present *experiences* of sickness and different kinds of

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30. Reaching a definition of Hebrew Poetry has long since been problematic. Concerning parallelism refer to R. Lowth, 'Lectures on the Sacred Poetry of the Hebrews', in D. A. Reibel (ed.), *Robert Lowth (1710–1787): The Major Works* (trans. G. Gregory, vols. 2; 1995). Also see the discussion between J. L. Kugel, *The Idea of Biblical Poetry: Parallelism and its History* (1998) and R. Alter, *The Art of Biblical Poetry* (2011). Refer also to F. W. Dobbs-Allsopp, 'Poetry, Hebrew'. In K. D. Sakenfeld (ed.), *The New Interpreter's Dictionary of the Bible* (vol. 4, *Me-R*; 2009), pp. 550–58, and to W. G. E. Watson, *Classical Hebrew Poetry: A Guide to its Techniques* (2005).
31. Poetry plays an important role in modern research concerning illness experience. C. Pointdexter, 'Research as Poetry: A Couple of Experiences HIV', *Qualitative Inquiry*, 8, no. 6 (1998), pp. 707–14. C. Glesne, 'That Rare Feeling: Re-presenting Research Through Poetic Transcription', *Qualitative Inquiry*, 3, no. 2 (1997), pp. 202–21; M. Kendall, and S. Murray, S., 'Poems from the Heart: Living with Heart Failure', in B. Hurwitz, T. Greenhalgh, and V. Skultans (eds.), *Narrative Research in Health and Illness* (British Medical Journal Books; 2004), p. 68.
32. A. Woods, 'Beyond the Wounded Storyteller: Rethinking Narrativity, Illness and Embodied Self-Experience', in H. Carel and R. Cooper (eds.), *Health, Illness and Disease: Philosophical Essays* (2013), pp. 113–28, 124.
33. R. C. Culley, 'Psalm 88 Among the Complaints', in P. C. Craigie, and L. M. Eslinger (eds.), *Ascribe to the Lord: Biblical and other Studies in Memory of Peter C. Craigie* (Journal for the Study of the Old Testament. Supplement Series, 67; 1988), pp. 289–301, 298.

suffering caused by sickness. The same psalm can depict suffering with several different dimensions: mental, physical, social, and spiritual. ... Suffering is not depicted 'objectively', but through subjective experiences. Sickness is such a general human experience that it is a suitable metaphor for every (other) ... human suffering.... Several metaphors can be combined in the prayers and descriptions of affliction in a psalm, such as war, hunting, trial, descent into the kingdom of Death, etc.the different aspects and dimensions of suffering intertwine. Is it wise to break apart such circles in order to forge them into causal chains? Is it correct to exclude ... psalms which do not explicitly use metaphors for sickness, that is, the psalms which do not express affliction with terminology referring to somatic injuries?³⁴

Similarly, Seybold comments 'the psalms do speak about sickness and healing and not just about suffering of a general nature'.³⁵ Therefore, as we have already argued, the definition of sickness should not be restricted to somatic injuries, or limited in a mono-causal way. What we are not doing is some sort of bland and banal distinction between 'real' and 'fake' illness in ancient texts. Neither are we restricting the idea of sickness in the selected Psalms to unambiguous references to somatic injuries. Rather, we are taking account of the social aspects of illness wherein the sufferer's own view and experience of illness is important and acknowledging the power and ongoing resonance in the way that sickness metaphors operate within the Psalms.

Sontag fiercely criticised the use of metaphor when thinking about illness arguing that negative metaphorical meanings, which distort biological 'facts', attached to cancer have a significant impact on cancer patients.³⁶ For example, Sontag argues that the prevalence of military metaphors 'contribute to the stigmatizing of certain illness, and by extension, those who are ill'.³⁷ Therefore, for Sontag, 'nothing is more punitive than to give a disease meaning'.³⁸ Although Sontag's arguments have been accepted by some,³⁹ they have also been the subject of criticism. Raffel, Rhys, Sarlos, and Ball, for example, present meticulous, convincing analysis which highlights the many flaws in her case, eventually concluding that 'it is both the case that metaphors can help us understand illnesses and that illness metaphors can be helpful in illuminating other aspects of reality'.⁴⁰ Far from better being banned, metaphor is a significant feature of the way people talk about their experiences and is pervasive in everyday life and thought.⁴¹ Indeed, Gibbs and Franks present a particularly strong case for the relevance and beneficial aspects of metaphor for illness accounts:

34. Lindström, *Suffering and Sin*, pp. 25–26.

35. Seybold, *Sickness and Healing*, p. 44.

36. S. Sontag, *Illness as Metaphor* (1978); S. Sontag, *Aids and Its Metaphors*, (1989).

37. Sontag, *Aids and Its Metaphors*, 99. The prevalence of military metaphors in relation to cancer is regularly commented upon. Clarke and Everest illustrate this trend thoroughly in light of battle metaphors and the mass media. J. N. Clarke, and M. M. Everest, 'Cancer in the Mass Print Media: Fear, Uncertainty and the Medical Model', *Social Sciences and Medicine* 62, no. 10 (2006), pp. 2591–600, 2597.

38. Sontag, *Illness as Metaphor*, p. 58.

39. S. Neilson, 'Pain as Metaphor: Metaphor and Medicine', *Medical Humanities*, 42 (2016), pp. 3–10.

40. S. Raffel, E. Rhys, S. Sarlos, and B. Ball, *The Method of Metaphor* (2013), p. 54. Refer also to B. Clow, 'Who's Afraid of Susan Sontag? Or, the Myths and Metaphors of Cancer Reconsidered', *Social History of Medicine*, 14, no. 2 (2001), pp. 293–312.

41. G. Lakoff, and M. Johnson, *Metaphors We Live By* (1980), p. 3.

[M]etaphor provides the intellectual and linguistic tools for communication about senseless suffering, and yet also offers a plan for personal transformation in coping with illness ... illness brings with it the need to make sense of what is happening to someone in very personal terms. Metaphor appears to have both a representational and determinative function for individuals ...⁴²

Therefore, the use of metaphor allows people to retain a transformed identity but also to communicate imaginatively about their experience. Indeed, while not necessarily healing, metaphorization of suffering provides a person who is ill with options and creative possibilities. Through structuring the experience of illness in terms of another concept, where inevitably some aspects of the experience are highlighted and others obscured, a process of interpretation and re-evaluation of identity can begin. For example, as Mazanderani, Locock, and Powell highlight, metaphor is interesting since it underlines ‘the embodiment of a particular identity tension’, and ‘metaphor offers a distinct way of expressing relations between similarity and difference’.⁴³ Given these considerations, we suggest that in their use of metaphor the Psalms actually align well with modern research agendas which highlight the positive aspects of metaphor in illness experiences and are therefore a useful and relevant source.

Analysis

A possible background to Psalm 102 is ‘likely the destruction of Jerusalem in the sixth century [BCE]’.⁴⁴ It may have existed as an original composition (consisting of vv. 1-12, 24-25) which was redacted in the exilic period.⁴⁵ Within the Psalm, illness is not isolated into disparate elements (such as social, physical, and emotional). Rather the suffering is experienced as a whole. Somatic features include the heading ‘a prayer for the afflicted when he is overwhelmed’ (Ps. 102:1); ‘my days are consumed like smoke,⁴⁶ and my bones are charred as dry wood’ (Ps. 102:3); ‘my heart is struck and withered like grass ... I forget to eat my bread’ (Ps. 102:4); ‘my bones cleave to my skin’ (Ps. 102:5); ‘I am withered like grass’ (Ps. 102:11). Similarly, in Psalm 88 some somatic characteristics of illness are listed such as the mention that ‘my being $\psi\text{נ}$ is full of troubles’ (Ps. 88:3). In addition, we are told that the petitioner is ‘like a man who has no strength’ (Ps. 88:4). Similarly, ‘my eye languishes on account of my affliction’ (Ps. 88:9). Finally, we are

42. R. W. Gibbs, and H. Franks, ‘Embodied Metaphor in Women’s Narratives About their Experiences with Cancer’, *Health Communication*, 14, no. 2 (2002), pp. 139–65, 141.

43. F. Mazanderani, L. Locock, and J. Powell, ‘Being Differently the Same: The Mediation of Identity Tensions in the Sharing of Illness Experiences’, *Social Science & Medicine*, 74, no. 4 (2012), pp. 546–53, 552.

44. W. H. Bellinger, ‘Psalm 102: Lament and Theology in an Exilic Setting’, in R. L. Foster, and D. M. Howard (eds.), *My Words Are Lovely”: Studies in the Rhetoric of the Psalms*, (Library of Hebrew Bible / Old Testament Studies, 467; 2008), pp. 147–55, 150.

45. An idea going back to H. Schmidt, *Die Psalmen* (Tübingen: Mohr, 1934). Cf. S. L. Terrien, *Strophic Structure and Theological Commentary* (Eerdmans Critical Commentary; 2003), p. 698. Also refer to J. W. Rogerson, and J. W. McKay, *Psalms. Book 2 51-100* (Cambridge Bible Commentary; 1977), p. 21.

46. Westermann suggests that this is a picture of all that is fleeting or transient. C. Westermann, *Praise and Lament in the Psalms* (1981), pp. 54–57.

informed that 'I am afflicted and dying ... I am helpless (פִּיֹן)' (Ps. 88:15).⁴⁷ In the following analysis, attention will be focused on the account which accompanies the descriptions of illness and the way illness is contextualised socially.

Perhaps the most dominant theme of Psalm 102 is isolation. The Psalmist feels like a social outcast and this is explicitly stated. The Psalmist describes himself using various animal metaphors such as 'a pelican of the desert [and] an owl of the wilderness' and 'as a sparrow alone (בַּד) upon the house top' (Ps. 102:6-7). Similarly, there is a description of enemies who 'reproach me all the day' (Ps. 102:8). The term 'alone' (בַּד), which means to 'separate', 'withdraw', or 'to be isolated', highlights the Psalmist's position as a social outcast. However, the supplicant in Psalm 102 is not entirely isolated; rather, he has the company of 'enemies' who taunt, perhaps emphasising and concretising the outcast status of the petitioner. What is particularly striking, however, is the choice of self-ascription with the metaphor of unclean birds that inhabit the desert (Lev. 11:17-18; Deut. 14:16-17; Isa. 34:11; Zeph. 2:14). As DeClaissé-Walford, Jacobson, and Tanner point out, 'the unclean status of these birds adds a religiously symbolic dimension to the psalmist's isolation, and thus to his vulnerability'.⁴⁸ The supplicant is exiled from his social group and is alone. This gives us quite a lot of information about the particular cultural setting wherein the Psalmist operates; illness, and by extension the ill person, is clearly a source of fear. Moreover, the way illness is interpreted culturally is in symbolic and ritualistic terms; perhaps pointing to a culture associating causation of, and treatment for, illness with magic or the gods. Again, this association implicates the ill person by marking them off as having offended the gods. Death is also an important theme and metaphor in Psalm 102; we are informed that the petitioner's days are 'consumed like smoke' (Ps. 102:3), that 'ashes have been eaten like bread' (Ps. 102:9), and that 'my days are like a shadow that declines' (Ps. 102:11). This can be seen in Terrien's commentary wherein the title given for the beginning of the Psalm is 'Supplication of a Man Sick unto Death'.⁴⁹ Thus, in Psalm 102 the petitioner not only understands illness in powerful metaphoric terms as social death, but also casts himself as one on the brink of death.

There are lots of similarities with the way illness is portrayed in Psalm 88. For example, the theme of isolation is explicitly stated on two occasions, the second of which is the final line of the Psalm:

You have caused my companions (literally 'those who know me') to shun (רָחַק) me

you have made me a thing of horror (תִּיעֲבָה) to them.

I am shut in (כִּלְאָ) so that I cannot escape;⁵⁰

47. The term פִּיֹן is a hapax and the meaning is uncertain. The editors of BHS suggest in the apparatus that the term be emended on the basis of the LXX (which has καὶ ἐξήπρωσθη 'and despair') to אִפְיָה 'to be weary'. A text from the Dead Sea Scrolls, 4QPs^a has פִּיר 'I am frustrated'. Refer also to J. A. Emerton, 'Some Problems in Psalm 88.16', in K. J. Cathcart, C. McCarthy, and J. Healey (eds.), *Biblical and Near Eastern Essays: Studies in Honour of Kevin J. Cathcart* (Journal for the Study of the Old Testament. Supplement Series; Journal for the Study of the Old Testament. Supplement Series, 375; 2004), pp. 95–103.

48. DeClaissé-Walford, R. A. Jacobson, and B. L. Tanner, *The Book of Psalms*, p. 752.

49. Terrien, *Trophic Structure*, p. 697.

50. It should be noted that many petitions from various cultures depict the sick person as being 'bound' or not being able to escape. For example, in Babylonian prayers and incantations,

You have caused friend and neighbour (literally ‘lover and friend’) to shun (רחק) me; those who know me, O darkness. (Ps. 88:8, 18)⁵¹

Isolation is expressed through the metaphor of physical proximity. Those who used to be acquainted with the sufferer are now far from him (רחק). Even the most significant people in his life (lover and friend), are not available to him; they are in darkness. Particularly interesting is the metaphoric self-portrayal as ‘a thing of horror’ or ‘abomination’ (תועבה) which emphasises the Psalmist’s re-aligned status, on account of illness, as social outcast.⁵² This is powerful since the language of ritual purity is used to highlight the extent of the Psalmist’s stigmatised position, again suggesting that the cultural response to illness at the time was founded on connecting it with fear. This has attracted wide-recognition. For example, Lindström states that

traditional is the idea that there has arisen a social vacuum around the sufferer that makes him vulnerable and completely abandoned ... the idea that a life emptied of positive social relationships is comparable to an existence in the chaotic darkness.⁵³

Similarly, Illman comments on the Psalmist’s ‘outsider position’, describing it as a ‘forceful lamentation about being left alone, as an outsider’.⁵⁴ In both Psalms, therefore, powerful metaphors are used which highlight some of the social consequences of illness.

Another similarity is the prominence of the motif of death. This may be a reflection of the level of isolation on account of illness felt by the Psalmist, a reflection on dwindling physical health, or some combination of the two. We are informed that ‘my life draws near to Sheol’ at the Psalm’s opening (Ps. 88:3).⁵⁵ In the Hebrew Bible, Sheol can also be used figuratively for exile and for illness.⁵⁶ In the next verse, the Psalmist suggests that

healing a sick person is to release a prisoner. Furthermore, the connection between suffering and captivity is common in the Hebrew Bible (Ps. 18:6; 31:9 49:16; Hos. 13:14; Job 3:23; 19:6, 8; Lam. 3:7). Lindström, *Suffering and Sin*, 208. The metaphor of imprisonment for illness fits neatly with Frank’s chaos story ‘But in the lived chaos there is no mediation, only immediacy. The body is imprisoned in the frustrated needs, of the moment’ (Frank, *The Wounded Storyteller*, 98). The LXX does not translate ‘shut in’ כלל but instead has παραδόθη ‘I betray’ (indicative aorist passive 1st person singular παραδίδωμι).

51. The last line is difficult to translate, on account of the awkward syntax which is such that the line (perhaps deliberately) ends with darkness and a verbless clause. Howard suggests reading v.18b in apposition to 18a, understanding the final utterance as a ‘despairing gasp or moan’. D. M. Howard, ‘Psalm 88 and the Rhetoric of Lament’, in R. L. Foster, and D. M. Howard (eds.), *My Words are Lovely: Studies in the Rhetoric of the Psalms*, (Library of Hebrew Bible / Old Testament Studies, 467; New York / London: T. & T. Clark 2008), pp. 132–46, 140.
52. The term abomination is used of something which is ritually unclean or impure such as the sacrifice of an animal with a blemish (Dt. 17:1; 11QT 48:6), images of foreign gods (Dt 7:25–26; 4QMMT C6), or sexual indecency (Lev. 18:22, 26, 27, 29, 30).
53. Lindström, *Suffering and Sin*, p. 206.
54. K. J. Illman, ‘Psalm 88’, *Scandinavian Journal of the Old Testament* 4 (1991), pp. 112–20, 112.
55. The ‘pit’ metaphor for the underworld and death is common in Mesopotamian prayers, such as the Literary Prayer to Marduk or the Baal-Mot section of the Baal Cycle.
56. The motif of being on the brink of Sheol is common in texts concerning sickness such as Hezekiah’s and Job’s illnesses (Isa. 38:10; Job 33:22). It can also be used metaphorically to refer to situations of perceived difficulty (Ps. 107:18). Terrien suggests ‘descent into the realm

he is counted ‘among those who go down to the pit... like a man who has no strength (אֵיל)’ (Ps. 88:4).⁵⁷ The motif of death is repeated again in the next verses:

like those forsaken among the dead,
 like the injured (or profane חלל) that lie in the grave,
 like those whom you remember no more,
 for they are cut off (*niphal* גזר can mean excluded) from your hand.
 You have put me in the depths of the Pit,
 in the regions dark and deep. (Ps. 88:5-6)⁵⁸

It is important to note here the ambiguity between injured or profane (as expressed through the term חלל). Like the term ‘abomination’ (תועבה), the simile ‘profane’ may be understood as suggesting the ritual language of impurity. This adds another dimension to the sense of isolation within the Psalm; the author is not only socially shunned, but is also ritually unacceptable. Effectively, all the different aspects of illness, mental, physical, social are depicted as death; or, as Lindström comments ‘Death is active in all of these areas of the petitioner’s life’.⁵⁹ The Psalmist’s identity is gravely affected by illness; not only has the illness taken away his physical power, it has also left him socially isolated and emotionally desperate: not even God can help since the Psalmist is beyond the realm of help in Sheol.⁶⁰ Being socially excluded on account of being ill is not surprising in the

of the dead is so proximate and certain that it may be considered a *fait accompli*’ (Terrien, *Strophic Structure*, 627). Similarly Seybold suggests parallels from the Gilgamesh epic, suggesting that the sick person may think of the nether world as a continuation of his state at the moment of death (Seybold, *Sickness and Healing*, pp. 37–38).

57. The term אֵיל can be translated ‘help’ or ‘strength’, and this ambiguity serves to strengthen the overarching ambiguity of the motif of death in the Psalm as either physical health or social seclusion. אֵיל is a hapax legomenon in the Hebrew Bible. It is listed in BDB as an Aramaic loanword meaning ‘help’. It comes up once in the Dead Sea Scrolls meaning ‘arbitration’ but this does not make sense in the context of Psalm 88 (4Q416 2:9). It may be related to the term אֵילֹת which occurs in Psalm 22:20.

LORD, do not be far away! O my help (or ‘strength’ אֵילֹת), come quickly to my aid (עֲזֹרָה)!

Since on this occasion, a synonym for help occurs (עֲזֹרָה) and the two terms are in parallelism it is possible to argue that strength is most fitting. Strength also correlates with the use of the term גִּבּוּר ‘man’ in verse 4.

58. The Hebrew in the last line is plural ‘darknesses’, perhaps for emphasis. The Hebrew is not in construct, although LXX has a genitive and uses the term ‘shadow’ ἰσκιὰ θανάτου ‘the shadow of death’. ‘The deep’ (מַצְלוּיָה), may be understood as related to chaos. It is the abode of the monster Leviathan (Job 41:23) and it also occurs in Jonah’s Psalm from the whale’s belly, a place of no escape (Jonah 2:3; cf. Ps. 69:2).

59. Lindström, *Suffering and Sin*, p. 207.

60. According to Seybold’s classification the Psalm is ‘with certainty’ to be understood as among the ‘sickness psalms’, presupposing a case of illness (Seybold, *Sickness and Healing*, pp. 113–17) As Haag states ‘die ‘Leiden’ als ein durch Sünden heraufbeschworenes Unheil

context of the Hebrew Bible. As Seybold comments, ‘if one refers back to the social relationships found ... in Job 19, things become clearer ... this was a society that considered the sick person to be stigmatised, or at least marked by guilt, and in which no remedies were known for many or almost all sickness’.⁶¹ Just as the supplicant in Psalm 88 described himself as abominable and profane, terms relating to ritual purity, so too does the Psalmist in Psalm 102. Both accounts emphasise the feeling that they are exiled from their social groups and are totally alone.

In light of the research concerning illness narratives, stigmatisation and social isolation are not surprising reactions to illness. As Kleinmann commented, cultural meaning marks the sick person with ‘significance often unwanted and neither easily warded off nor coped with. The mark may be either stigma or social death’.⁶² Social death is certainly a good way of describing the predicament of the Psalmist in Psalm 102 where the motif of death operates metaphorically to describe stigmatisation and lack of companionship, abandonment by God, as well as hinting at a life-threatening condition. We noted the critical affect this has on the Psalmist’s identity, and this also aligns well with Kleinmann’s observation that stigma can be internalised and cause a deep sense of shame and negative self-perception.⁶³ Furthermore, Kleinmann’s suggestion that culturally marked illness labels affect ‘all ... relationships and may lead to ostracism’ is certainly discernible in the narratives of illness in both Psalms.⁶⁴ The level of ostracism present in the Psalms is unlikely to be beneficial to the supplicant, who risks embodying the stress of marginalisation.

It is also important to acknowledge, however, the link between illness and death which those who are ill may become more aware of. As Carel, who draws on Heidigger’s notion of humans as ‘beings towards death’, comments ‘death is a central problem for humanity, especially for ill people who face concrete and imminent concerns regarding it’.⁶⁵ As such, the dual focus found in both Psalms concerning death (both, as a means of illustrating social exclusion and also as a genuine awareness of mortality) which is achieved through metaphor is very striking. Indeed, death awareness is something which, certainly in cases of chronic illness,⁶⁶ is ‘likely to be a process of meaning that is

das Tod und Untergang ... bringt’ (E. Haag, ‘Psalm 88’, in E. Haag and F. L. Hossfeld (eds.), *Freude an der Weisung des Herrn. Beiträge zur Theologie der Psalmen. Festgabe zum 70. Geburtstag von Heinrich Gross*. (1986), pp. 149–70, 158). The connection between suffering, death, misery and penitence is frequently noted. Refer to C. Ziegert, “‘Mein Auge verschmachtet vor Elend’”: Zu Kontext und Struktur von Psalm 88”, *Biblische Zeitschrift*, 54, no. 1 (2010), pp. 73–82; B. Weber, “‘JHWH, Gott der Rettung’ und das Schreien aus “finsterem Ort’”: Klangmuster und andere Stilmittel in Psalm 88”, *Old Testament Essays*, 20, no. 2 (2007), pp. 471–88; E. Zenger, ‘Mit Gott urns Leben kämpfen: Zur Funktion der Todesbilder in den Psalmen’, *Jahrbuch für Biblische Theologie*, 19 (2004), pp. 63–78; W. S. Prinsloo, ‘Psalm 88: The Gloomiest Psalm?’ *Old Testament Essays*, 5 (1992), pp. 332–45.

61. Seybold, *Sickness and Healing*, p. 46.

62. Kleinmann, *The Illness Narratives*, p. 26.

63. Kleinmann, *The Illness Narratives*, p. 160.

64. Kleinmann, *The Illness Narratives*, p. 159.

65. Carel, *Illness: The Cry of the Flesh*, p. 89.

66. An insightful definition of chronic illness is provided by Moss and Dyck:

Chronic illness is readily deemed a long-lasting sickness with no definitive cure on the horizon, a condition of infirmity, a lack of health... a state of waxing and waning ... uncertainty ... indeterminacy ... fluctuation... These indistinct patterns envelop the everyday life of someone with chronic illness so much that everyday life is awash with doubt.

constructed and reconstructed by the individual'.⁶⁷ As such it is unsurprising that in contemporary medical care, 'spiritual and religious narratives are most often invoked in end-of-life care'.⁶⁸ Through approaching the topic of death metaphorically in the illness account of Psalms 88 and 102, a powerful, yet nuanced, illustration of experience is produced.

Spiritual and religious meanings are also drawn from the experience of social death. As Kleinmann suggests stigma carries a religious significance which helps to define the social identity of the group.⁶⁹ If this is the case, we can make a number of guesses about the identity of the group whom the stigmatised supplicant is severed from. Given the likely exilic context and the fact that we know that the Babylonians kept refugee groups together,⁷⁰ it is possible that the social group in question are fellow refugees. However, given the ethnic diversity and level of assimilation at places such as Al-Yahudu and Bit-Nashar,⁷¹ it is equally possible that the group in question are a mixture of host society and refugees. It is also possible to suggest that the religious significance which the group who stigmatise the petitioners in Psalms 102 and Psalm 88 attribute to the illness, and indeed to the one who is sick, is that God has caused the petitioner to be ill and therefore the group turn against him.

Psalm 88 is particularly vehement in its accusation of Yahweh concerning the illness and its lack of acknowledgement of wrongdoing. For example, toward the beginning of the prayer, the petitioner begins three sentences with a second person singular clearly addressing God:

You have set me in the lowest pit ...

Your rage lies upon me

With all *your* waves *you* answer (ענה) me

You have caused my acquaintances to be far from me;

You have made me an abomination ...

Your burning anger over me

Your terrors annihilate me

P. Moss and I. Dyck, *Women, Body, Illness: Space and Identity in the Everyday Lives of Women with Chronic Illness* (2003), p. 16.

67. E. J. Grassman, 'Chronic Illness, Awareness of Death, and the Ambiguity of Peer Identification', in D. J. Davies, and C. Park (eds.), *Emotion, Identity, and Death: Mortality Across Disciplines* (2012), p. 17.

68. A. W. Frank, *Narratives of Spirituality and Religion in end-of-life Care* (2004), p. 132.

69. Kleinmann, *The Illness Narratives*, p. 159.

70. Perhaps the most abundant example of this is found in the archives from Al-Yahudu, Bit-Nashar, and Bit-Abi-Ram which date roughly from 572-477 and therefore, precede the evidence from Murashu and Elephantine. Refer to L. E. Pearce, and C. Wunsch, *Documents of the Judean Exiles and West Semites in Babylonia in the collection of David Sofer* (Cornell University Studies in Assyriology and Sumerology, 28; 2014).

71. Refer to Tablets 5, 9, 45, and 77 in Pearce, and Wunsch, *Documents of the Judean Exiles*.

They surround me daily like water

They go around me together. (Ps. 88:6-8, 16-17)

These verses resemble more an accusation than a prayer. As Lindström argues, the poet is ‘an object of incomprehensible divine action’ and the reaction is ‘not self-accusation, self-examination, or confession of sin, but protest’.⁷² This can be seen particularly in the powerful image of ענה ‘answer’. The verb ענה can be translated ‘affliction’ or more literally ‘answer’.⁷³ Given the accusatory tone, the translation ‘answer’ may be better; the Psalmist’s calls to God are met with yet more turmoil.

The suggestion seems to be that God is unfaithful; even when approached for help by the supplicant, the ‘answer’ is more suffering. The metaphor of ‘waves’ washing over the petitioner is a common image in the Psalms, used to express God’s fierce anger (Ps. 42:7). It evokes a sense of chaos, being overpowered, gasping for breath, while also depicting a recurring action. Just as the prayer is offered up ‘day and night’, so too the answer is repeated (Ps. 88:1). God is almost depicted as an enemy to the Psalmist.⁷⁴ It is ‘the God of the petitioner who has removed ... the protective net of the social system’.⁷⁵ Unlike other Psalms, the mood of the prayer does not improve⁷⁶: following accusations comes cynical questioning: ‘Shall you do your miracles to the dead? Shall the ghosts arise and praise you?’ (Ps. 88:10); ‘Shall your compassion be recounted in the grave? Or your faithfulness in a destroyed place?’ (Ps. 88:11); ‘Shall your miracles be known in the darkness? Or your righteousness in the land of oblivion?’ (Ps. 88:12). In this prolonged attack on the deity, the Psalmist ‘takes a step beyond the conventional language of piety: he uses sarcasm’.⁷⁷ There is some small trace of hope in the next verse where the Psalmist suggests that in the morning his prayer will confront God, but this is quickly followed by a renewed sense of abandonment ‘why do you cast off my soul? Why do you hide your face from me?’ (Ps. 88:14). The metaphor of a question concerning YHWH hiding his face is a common way to express feelings of abandonment in the Psalms (Ps. 13:1; 27:9; 30:7; 51:9; 69:17; 102:2; 143:7) and in the Hebrew Bible more generally (Ezek. 39:29; Mic 3:4). Thus, the connection between sickness and sin cannot possibly capture anything important about the interpretation of suffering found in Psalm 88. Instead, we are

72. Lindström, *Suffering and Sin*, p. 213.

73. The LXX has ἐπ’ ἐμὲ ἐπήγαγες ‘you bring upon me’. Thus the editors of BHS suggest an emendation from הַיָּיָוּ לִי לְהִיָּיָוּ ‘you have allowed to come to me’. The suggestion assumes the confusion of a guttural (ע/ח) and the insertion of the preposition ל with a first-person suffix. The *lamed* preposition is possibly questionable since in manuscripts this letter often protrudes up above the rest of the letters and is less likely to be missed. However this does provide an object for the verb. Nevertheless, while attractive, it is not absolutely necessary to change the text, given the verb ענה ‘affliction’ is used regularly in the Psalms.

74. W. Gross, ‘Gott als Feind des einzelnen? Psalm 88’, in J. Schreiner (ed.), *Studien zur Priesterschrift und zu alttestamentlichen Gottesbildern, Stuttgarter Biblische Aufsatzbände. Altes Testament* (Stuttgarter Biblische Aufsatzbände, 30; 1999), pp. 159–71.

75. Lindström, *Suffering and Sin*, p. 207.

76. Psalm 88 lacks conformity with form-critical expectations. Refer to H. Gunkel, *Introduction to Psalms: The Genres of the Religious Lyric of Israel* (1988). Refer also to Westermann, *Praise and Lament in the Psalms*.

77. Terrien, *Strophic Structure*, p. 628.

given an expression, saturated with metaphors, of illness which implicates God as the problem.

Interpretations of illness are often understood in terms of religious significance. Either God or the gods are punishing a crime, thus the sick person is guilty, or, there is some unacknowledged wrongdoing, therefore the sick person is weak and stupid. Furthermore, shame is often connected to illness on account of this religious interpretation. This idea is widespread, and is not confined to Yahwistic exiles.⁷⁸ The connection between illness and religious transgression is so strong that even during the Persian, Hellenistic, and Roman periods, when diseases were explained by various other means such as the devil or demons, God's own purposes, or fallen angels, and where ideas about the afterlife were emerging, connecting illness and religious transgression was still popular.⁷⁹ Indeed, even in modern times, the idea that illness is a type of punishment exists at a widespread level. As Sontag argues,

78. The Babylonians had exorcists and ritual penance as well as confession and appeals for divine mercy. Refer to M. J. Geller, *Ancient Babylonian Medicine: Theory and Practice* (Ancient Cultures; Oxford: Wiley-Blackwell, 2010). Similarly, in *Man and his Ba*, (an Egyptian text dating to the middle kingdom) suffering and illness are connected with the sinful character of humans. This is exemplified in the quotation 'never has a sinless child been born to its mother'. W. W. Hallo, and K. L. Younger, *The Context of Scripture: Canonical Compositions, Monumental Inscriptions, and Archival Documents from the Biblical World* (vol. 1 Canonical Compositions from the Biblical World; 2003), p. 1.574, lines 102-103.

In the Akkadian *Dialogue between a man and his God*, the sufferer suggests that his affliction is due to no known sin but after charitable deeds, which may form some kind of penance, the response of the god is healing. Hallo, and Younger, *The Context of Scripture*, p. 1.485.

Another example is *Ludlul bēl Nēmeqi* ('I will praise the Lord of Wisdom' [i.e. the God Marduk], dating from 1000 B.C.E.), where illness features strongly and the sufferer seeks to understand the origins of the illness, given that he considers himself blameless before the god Marduk, thus implying that sin and illness are connected in a causal manner. T. Oshima, *Babylonian Poems of Pious Sufferers: Ludlul Bēl Nēmeqi and the Babylonian Theodicy* (Orientalische Religionen in der Antike, 14; 2014).

79. For example, the three books of *1 Enoch* (Watchers, Similitudes and the epistle of Enoch) all deal with sin as a cause of illness. *Jubilees* 10 also deals with the sin of the fallen angels and the sin of mankind as the cause of suffering and illness. *The Testaments of the 12 Patriarchs* connect sin to the onset of illness (T Reuben; T Gad. 5:11). In the *Genesis Apocryphon* three factors bring about the affliction of Pharaoh and his household: his sin in regard to Sarah, the evil spirit who brings about the affliction, and God who is said to have struck the Egyptians with pestilence. Similarly, in the *Prayer of Nabonidus* at Qumran we may presume by the mention of Nabonidus confessing and being forgiven that sin is responsible for his illness. Likewise, in Ben Sira while justifying the role of physicians and medical remedies, the ill person is encouraged to pray to God first then to acknowledge one's faults and make a generous sacrifice (38:15). In addition, the sins of Geliodorus (2 Macc. 3) and Antiochus IV (4 Macc. 9) bring on their afflictions. Finally in the New Testament sin is given as a reason for the paralytic's condition (Matt. 9:1-8; Mark 2:1-12; Luke 5:17-26), and in 1 Corinthians a lack of charity leads to illness of community members. Philo of Alexandria connects illnesses with sin and lack of virtuous living. (De Sacrificio 70-71). Likewise, Josephus attributes the fatal illness of Herod to his wickedness (Antiquities XVII 168-171 as he does the fatal illness of Catullus to his misdeeds, (War VII 451-453) L. P. Hogan, *Healing in the Second Tempel* [sic] *Period* (1992), p. 145.

The persistence of the belief that illness reveals, and is a punishment for, moral laxity or turpitude can be seen ... A theodicy as well as a demonology, it not only stipulates something emblematic of evil but makes this the bearer of a rough, terrible justice.⁸⁰

It is not surprising, therefore, that a sense of stigma and shame which is attached to illness often becomes internalised. This is the case where the motif of human sin and guilt is found in many of the individual lament Psalms (Ps. 22; cf. Ps 13; 28; 31; 35; 71; 143). What is particularly interesting about Psalms 102 and 88 is that there is no expression of guilt or sin on the part of the petitioner. If anything, the supplicant blames YHWH for causing his problems and perceives them to be unfair, with obvious similarities to the book of Job. The illness is reported as being YHWH's doing, but no admission of guilt or request for forgiveness is present. Good's observation that narratives bring coherence to events may be appropriate here. Although no answers are given by the Psalmist, the process of expression and giving voice to the suffering experienced in illness is interesting. This is interesting *not* because of some sort of ill-defined 'healing power of narrative' and *not* because of the sense of control gained through being able to attribute blame or petition for restoration. What is fascinating is the way that attribution of religious significance to illness creates and concretises an explanatory model which is erosive to identity, yet somehow enduring and self-perpetuating.

Psalm 102 is very confident of help, asserting 'he will regard the prayer of the helpless⁸¹ and he will not despise their prayer'⁸² (Ps. 102:17). Furthermore, it contains a long hymn which focuses on the rebuilding of, and return to, the homeland, Jerusalem (Ps. 102:12-28). As such, the Psalm is a good example of the convergence of metaphor and illness. As Witt argues,

The return to Zion pictured in the hymnic section of 102 (vv. 19-23) is one that also resonates with many other places in the Psalter, as well as in exilic and post-exilic prophecy in general (e.g. Isa. 2:2-4). For, in 102, the psalmist ... envisions a future where the captives of Israel return to Zion, but also that 'the peoples gather together, and kingdoms, to worship YHWH'. (v. 23; cf. v. 16)⁸³

The return is depicted using the metaphor and imagery of exodus and pilgrimage, similar to that in Isaiah 40-55. The response to lament is prophecy, therefore, rather than an appeal to YHWH's character or great saving activities of the past (cf. Ps. 77-78) and this makes Psalm 102 rather unique.⁸⁴ Rather than looking to the past for comfort, the individual looks to the future with hope. What is particularly interesting here is the dual focus; restoration is sought both in the form of longing to return to a re-established homeland but also longing to return to a state of health.⁸⁵ This dual character of hope,

80. Sontag, *AIDS and Its Metaphors*, p. 145.

81. 11QPS^a has תולעת 'worm' instead of ערער 'helpless'.

82. The term 'prayer' (תפלה) is repeated in the verse. However, the LXX has the term προσευχή 'prayer' followed by δέσους 'entreaty' thus the editors of BHS suggest emending the second occurrence of 'prayer' תחנונם to תפלה 'their supplication', a near synonym for prayer. This would create better synonymous parallelism, and therefore be better stylistically, but perhaps there is not sufficient evidence or necessity to emend.

83. A. Witt, 'Hearing Psalm 102 within the Context of the Hebrew Psalter', *Vetus Testamentum*, 62, no. 4 (2012), pp. 582-606, 603.

84. Witt, 'Hearing Psalm 102', p. 587.

85. Concerning return migration in the Persian period, refer to Southwood *Ethnicity and the Mixed Marriage Crisis*, pp. 191-210.

where return migration and regaining health are intertwined, can be seen particularly in the second section of the Psalm:

When YHWH builds up⁸⁶ Zion, he shall reveal himself in his glory

He will regard the prayer of the destitute,

and not despise their prayer....

For he has looked down⁸⁷ from the height of his sanctuary,

from the heaven YHWH beheld the earth

To hear the crying⁸⁸ of the prisoner

to free those that are appointed to death (literally sons of death)

To declare the name of YHWH in Zion

and his praise in Jerusalem. (Ps. 102:16-17, 19-20)

The dovetailing of the motifs of restoration and return highlights the robust way in which the ideas were coupled and also adds new possibilities for interpretation of the metaphors of illness. As Rogerson and McKay argue, there is an intense longing for a return to and rebuilding of Jerusalem and the merging of these ideas suggest a prayer “as Jerusalem is restored, so may I be!”⁸⁹ Or, as Witt suggests, ‘finding no hope in the present circumstances, the redactor focused on the future restoration of Jerusalem ... in attempting to overcome his suffering’.⁹⁰ Not only are the two themes dovetailed in the Psalm, the entire structure of the Psalm oscillates between an illness account (2-11), an expression of hope for return migration and rebuilding of the homeland (12-22), and a renewal of illness narrative (23-28). This is stated in numerous ways. Most significant are the images of YHWH as unchangeable and unending, and the final statement ‘the sons of your servants shall settle and their descendants shall be established before you’ (Ps. 102:28). Rather than ending on illness, the prayer turns to consider future generations and the metaphor of return to the homeland. Therefore, a bold statement of confidence concludes the Psalm.

In total contrast, Psalm 88 portrays illness through anger and lack of religious confidence. As Lindström comments, ‘the attack on the entire personality is discernible in “the lamp of the body” (i.e. the reactions of the eyes)’ [Ps. 88:9].⁹¹ As such, the Psalm

86. The term ‘build’ בנה can be understood literally as returning and ‘rebuilding’ Jerusalem.

87. The term ‘look down’ *hiphil* √שקף refers to looking down from heaven (Deut. 26:15; Ps. 14:2; 53:3; 85:12; Lam. 3:50) or from a window (Gen 26:8; Judg. 5:28; 2 Ki. 9:30).

88. ‘Crying’ may be a good translation for אנקא, a term which only occurs four times in the Hebrew Bible, given that it is coupled with ‘weeping’ and ‘tears’ on one of those occasions (Mal. 2:13). Interestingly, on two occasions, the term is linked with ‘the prisoner’ (Ps. 79:11; 102:20), refer to note 50.

89. Rogerson, and McKay, *Psalms*, p. 22.

90. Witt, ‘Hearing Psalm 102’, p. 589.

91. Lindström, *Suffering and Sin*, p. 205.

may give voice to the Yahwist whose illness has resulted in exclusion and questions about YHWH's fidelity with accusations that YHWH is the 'prime-mover' in the Psalmist's illness. The prayer is of one who is stigmatised as a sick person. His illness gives rise to 'fundamental soteriological issues'.⁹² Most significantly, the near presence of death raises lots of questions about God's power and sardonic doubts about whether there can ever be salvation for him. Indeed, the sarcastic tone here and general dark nature of the illness expression has caused DeClaissé-Walford, Jacobson, and Tanner to suggest that it is unclear whether the opening reference to 'God of my salvation' 'is an expression of great faith or great irony'.⁹³ However, given the sarcastic tone of the doubts that are expressed, and that fact that the prayer is drafted at all, the Psalmist presumably believes at some level that there is hope of recovery.

Nevertheless, 'Why me?' arises in the narrative which attempts to bring meaning to the illness: 'Oh YHWH, why have you rejected my being; why do you hide your face?' (Ps. 88:14). The speaker is desperate for some change or intervention, as Laha states,

He makes three urgent and passionate pleas, each appealing directly to God: 'God of my salvation . . . I cry out in your presence' (v. 1); 'Every day I call on you, O Lord' (v. 9); 'I, O Lord, cry out to you'. (v. 13)⁹⁴

Despite this, it is also possible to maintain, with Lindström, that the Psalm 'lacks all signs of wanting to rationalise the causes of YHWH's anger'.⁹⁵ Thus, in the Psalm this gives way to what Kleinmann called a spiritual form of distress, where suffering becomes the ritual enactment of despair. This may be discerned through the obscure form of the Psalm which lacks a Tierce-de-picardie-like turn to praise. Good's observation that narratives bring coherence to events may be appropriate here. Although no answers are given by the Psalmist, the process of giving voice to the suffering experienced in illness may be observed. Although no answer to the existential 'why me?' question is provided, the metaphors used within the Psalm may be helpful in recreating an identity where the idea of illness is integrated. Carel, who illustrates that answering this question can sometimes be a long process, captures the anger and despair which can often accompany the question,

I fell into the beginner's trap of suffering and asked: why did this happen to me? This question had no answer . . . It was an arbitrary stroke of very bad luck.... Later, as I adjusted to my situation, I felt increasingly angry. I spent several months asking: why did this happen to me? I felt sorry for myself. I cried for days, with grief for the family I will never have, for the short and crippled life available to me.⁹⁶

The grief and anger which Carel expresses so lucidly is very similar to the expressions of such sentiments in the Psalm. Like the Psalmist, Carel asks the unanswerable questions which Good claims resort to theodicy: 'why me?'

92. Good, *Medicine, Rationality, and Experience*, p. 134.

93. DeClaissé-Walford, R. A. Jacobson, and B. L. Tanner, *The Book of Psalms*, p. 671.

94. R. R. Laha, R. R., Psalm 88. *A Journal of Bible and Theology*, 69, no. 1 (2015), pp. 88–84.

95. Lindström, *Suffering and Sin*, p. 197.

96. Carel, *Illness: The Cry of the Flesh*, pp. 31, 32.

Conclusion

It is interesting to re-analyse this material from the perspective of illness experiences. The processes of narrativization and metaphorization can bring a sense of coherence to events and can also create a space for manoeuvre for the patient who is facing illness. Both may instigate profound introspection and can cause individuals, and communities, to reconsider, carefully, questions about identity, group identity, and the values, beliefs, or components of such identity. Psalm 88 and 102 have much in common. What makes them unique is, for Psalm 102, the dual focus on hopes for return to the homeland and restoration of health. In Psalm 88, however, the sense of being overwhelmed, isolated, and almost not surviving dominates, as does the lack of resolution. However, what is particularly interesting about both Psalms is the way that illness is expressed in powerful, sometimes embodied, metaphors which can lead to a vital reconfiguration of identity. In both Psalms, therefore, it is helpful to understand illness as a fundamental biographical disruption which creatively reconfigures the way the Psalmists think about illness.

Although the study of ancient medicine and disability in the Hebrew Bible is flourishing these areas have not yet fully converged with modern research concerning illness experiences. This article has sought to introduce a new perspective to address the study of illness in the Hebrew Bible and the dynamic of the relationships between illness, theodicy, and identity in modern day narratives. By centralising questions concerned with the role of the body, both socially and individually in Psalms 88 and 102 two major, interrelated themes have emerged. First, this article has demonstrated that Psalms 88 and 102 can sometimes have unexpected contemporary resonance with many of the themes, concerns, and motifs being repeated in modern day research concerning illness experience. Second, we have highlighted the impact on identity, and the role of religious questions in illness. Since illness can lead to a spiritual form of distress, it is important to acknowledge the significance of attempts to find or create meaning in experiences of illness. Third, we have argued that the process of metaphorization in expressions of illness is, far from the view of Sontag and her supporters, extremely important in illness.