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# **TEENAGERS' MODELS OF UNDERSTANDING SUFFERING**

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## **Abstract**

In the context of a wider debate taking place lately in the theological milieu related to the Christian attitude toward suffering and illness – issues with major implications in the society – in this study we aimed at presenting the context and results of a conclusive research conducted among high school students in Alba county. If the difficulty of a theological approach to the suggested topic is obvious, a similar challenge involves pedagogical or didactic aspects of such an approach. The sample under investigation included young people of an age when they relate to the analysed problem in a particular way, health having only a declarative value.

**Keywords:** youth, suffering, illness, value, education, faith

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## **1. Introduction**

The fact that in Romanian syllabi for religion appear topics related to suffering, generates a series of questions in pedagogical thinking and in the didactic practice of the discipline, which in turn lead to various ways of approaching the respective topic during classes, depending on different concrete situations. Such questions are: How does one approach this topic with the youth, who usually have a very good state of health? How should one speak to students about health when one of them or one of their family members has a very serious disease? How does one approach religious issues related to health and illness? How can one make them understand that living a moral life leads on the one hand to a spiritual understanding of illness and, on the other hand, to avoiding the danger of certain diseases?

These questions were explored by means of a questionnaire administered between February and April, 2012, aimed at testing the following hypotheses:

- for high school students with good health or who have not had in the family the experience of a relationship with a seriously ill person, health represents a value mostly at a declarative level, rather than being interested in preserving health;
- in default of some of the religion teaching content as a subject pointing explicitly to issues like health and illness, students relate to these realities more

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in terms of their own experiences than in terms of the information with which they have come in contact in different learning situations.

## **2. Description of the structure of the respondents sample and the questionnaire administered**

Because the goal of the research was particularly to identify some tendencies, the sample included 400 high school students from Alba county, 100 for each of the four levels. The distribution as to gender (63% girls and 37% boys) reflects the tendency in the high school context, where the number of girls is larger than the number of boys. The age of the students varies from 15 to 19, which allows comparative analyses on certain aspects from this perspective, too. When choosing high schools, another thing taken into consideration was residence – there are students from urban as well as from rural areas, so as to analyse their answers comparatively.

Another element taken into consideration as concerns the identification data has to do with church attendance. This element enters the percentage intervals given by representative research at a national level [1]. Given the fact that the answers to the questions concerning health can be influenced by personal experiences and/or by those of family members, we also had this in mind. Thus, out of the total number of respondents, 4.5% had a serious health problem, and 17% mentioned the fact that one of the family members (grandparents in most situations) lived such an experience.

## **3. Analysis of the students' answers to the questionnaire**

The complexity of the issues concerning illness and suffering led to identifying some aspects that were approached as a result of the analysis of the data offered by the questionnaires:

- understanding health as a value for high school students;
- understanding the moral aspects connected to illness/health;
- understanding some religious aspects concerning the issue in question.

### ***3.1. Health, a value of high school students***

Through item no. 1 our purpose was to find out the students' opinion concerning the stature of health as a value, out of a list with 10 entries. The importance of this item determined the synthesis of data and the calculation of some parameters, such as: the average for health ( $a_h$ ) and the average for all the values in the given list ( $a_t$ ) for each group of students, as well as the percentage of students that gave a certain mark to health as a value and the averages for the whole sample (see Table 1).

According to the data from Table 1 we can draw the following conclusions:

- at the level of each grade, the average  $a_h$  is greater than  $a_t$ , which reveals the importance that students attach to health in the context of the value presented by

us;

- out of the analysis of the percentages for each mark, one notices great frequency in the case of the maximum value. An analysis of the four years of study shows the increase of the percentage for a maximum mark from the IX<sup>th</sup> towards the XII<sup>th</sup> grade (56%, 60%, 64%, 72%), to the same extent in which the value of the average  $a_h$  decreases (9.52, 9.44, 9.32, 9.18). The explanation can be attributed to understanding health more emphatically after accumulating information on this aspect and after a deeper understanding of the concept of value.
- this also arises from the analysis of the difference between  $a_h$  and  $a_t$  at the level of each year of study: 0.26, 0.42, 0.71, 1. One observes an almost linear increase of the values of the differences between  $a_h$  and  $a_t$  from IX<sup>th</sup> grade towards the XII<sup>th</sup> grade. If among IX<sup>th</sup> graders the differentiation of values is not very precise, the case of the XII<sup>th</sup> grade is another one, where the difference is 1 point. Besides, the difference between the averages calculated for the whole sample is 0.6 points.

**Table 1.** Distribution of the marks given and the average calculated for health as a value and the average for the values mentioned in the list.

Grade	Percentage of each mark given by students						Average $a_h$	Average $a_t$
	5	6	7	8	9	10		
<b>IX</b>	-	-	-	4	40	56	9.52	9.26
<b>X</b>	-	4	-	4	32	60	9.44	9.02
<b>XI</b>	4	-	4	8	20	64	9.32	8.61
<b>XII</b>	4	4	4	8	8	72	9.18	8.18
<b>% total of students</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>25</b>	<b>63</b>	<b>9.36</b>	<b>8.76</b>

**Table 2.** Distribution of the number of words associated with the notion of health.

No. of words	Grade				No. students /%
	IX	X	XI	XII	
<b>5</b>	<b>25</b>	<b>27</b>	<b>37</b>	<b>45</b>	<b>134 (38.5%)</b>
<b>4</b>	<b>27</b>	<b>30</b>	<b>20</b>	<b>18</b>	<b>95 (23.75%)</b>
<b>3</b>	<b>14</b>	<b>10</b>	<b>13</b>	<b>14</b>	<b>51 (12.75%)</b>
<b>2</b>	<b>14</b>	<b>13</b>	<b>13</b>	<b>9</b>	<b>49 (12.25%)</b>
<b>1</b>	<b>7</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>29 (7.25%)</b>
<b>NR</b>	<b>13</b>	<b>11</b>	<b>10</b>	<b>8</b>	<b>42 (10.5%)</b>
<b>Total words</b>	<b>310</b>	<b>320</b>	<b>337</b>	<b>363</b>	<b>1330 (a = 3.3)</b>

Another aspect that we were interested in as concerns this item refers to the correlation between the marks given by the students for the hope in God's help and for health. If the differences in favour of hope in God's help occur in the case of students with a rather intense religious life, manifested by a greater frequency as concerns religious services attendance, the ones that keep health among the values are to be found in the case of students having health problems or someone seriously ill in the family. Although one would expect a totally different situation in these

cases, students might not understand the value of hope at this age. A cause of this could be the fact that students have a limited horizon of expectation, immediacy being much more accessible.

We used items 2 and 3 in order to find out the words students associate with the notions of health and illness. Out of the data analysis we discovered that the respondents' number of words varies from 1 to 5, and in each group there is a certain amount of non-responses, as the results show in Tables 2 and 3.

**Table 3.** Distribution of the number of words associated with the notion of illness.

No. of words	Grade				No. students/%
	IX	X	XI	XII	
5	37	42	48	54	181 (45.25%)
4	25	23	19	20	87 (21.75%)
3	10	8	11	8	37 (9.25%)
2	8	6	6	5	25 (6.25%)
1	6	8	5	4	23 (5.75%)
NR	14	13	11	9	47 (11.75%)
Total words	337	346	366	388	1437 (a = 3.6)

A comparative analysis of the data synthesised in the two tables highlights the following aspects:

- the words average suggested by students is between 3 and 4 words: 3.3 for health and 3.6 for illness, which reflects a reaction of response above the average value, which is 2.5 words;
- the number of words associated with health is 107 words smaller than the ones associated with illness, which determines an average difference of 0.27;
- for both notions one observes an increase of the number of responses from the IX<sup>th</sup> grade to the XII<sup>th</sup> grade with differences around value 50 (53 for the number of words referring to the notion of health and respectively, 51 words referring to the notion of illness);
- the percentage of non-responses for both situations (10.5%, respectively 11.75%) may be attributed to the fact that often students prefer closed items to open items. We say this after observing that non-responses occurred in the case of open items.

The words that the notion of health is associated with refer to different aspects:

- definitions of health:** the best thing, after God, health is life, light, power;
- aspects maintaining health:** healthy alimentation, clean air, uncontaminated water;
- positive spiritual states that it produces/effects of health:** happiness, assuredness, appetite for life, joy, freedom, safety, liveliness;
- positive effects in relation with the others:** harmony in the family, power to pray, good deeds, helping others;
- aspects concerning spiritual health:** prayer, faith, fasting, the duty to take care

of one's body.

The words associated with the notion of illness refer to:

- **definitions of illness:** punishment for sins, state caused by man's carelessness, darkness in man's life, chance for repentance;
- **causes of illness:** drinking, cigarettes, drugs, lack of hygiene;
- **effects of illness at a personal level:** pain, sadness, distrust, depression, death, suffering, loneliness, disequilibrium;
- **negative effects as concerns the relations with the others:** tension, disunion in the family, divorce;
- **spiritual causes of illness:** lack of *spiritual hygiene*, indolence, idleness, sin;
- **remedies for sin:** hope in God's help, consolidation of faith.

Some words are found in both situations, especially the ones referring to maintaining health or healing illness: doctor, hospital, check-up, medicines, treatment, recovery, healthy diet, etc.

A synthetic analysis leads to the conclusion that students admit that health is a value, which is reflected not only by the marks attributed, but also by understanding its role in supporting religious life. Even if at this age the great majority of the students find it easier to suggest words referring to illness than to health, on account of the lack of personal experiences or situations of family members, in our opinion this can be associated with another tendency: the lack of experience in valorising the positive aspects of life [2].

### **3.2. Moral aspects related to health**

Several items have been put forward in order to analyze the moral aspects related to health. For item no. 4 the students were asked to choose three things/activities considered as having identical material value in the list we offered. The data gathered were synthesised in Table 4 (the data in bold refer directly to health).

**Table 4.** Favourite things/activities of high school students.

Things/activities	Girls	Boys	Total
various articles of clothing	193	21	214
bio products	34	5	39
computer games	10	32	42
a donation for a sick person	179	100	279
eating out with friends in a bar/confectionery	140	121	261
a routine health check-up	60	34	94
a ticket for a concert (what kind of music?)	98	93	191
several cigarette packs	22	16	38
something else, what?	20	22	42
<b>Total choices</b>	<b>756</b>	<b>444</b>	<b>1200</b>

Relating choices to the chosen sample places first the donation for a sick person (279 choices). This choice also comes first in the answers distribution according to gender (out of the total of 252 girls and 148 boys), with a 71% percentage for girls and 67.5 % for boys. In decreasing order as number of choices three aspects stand out: paying for the reckoning with friends (261), various clothing articles (214), and a ticket for a music concert (191); here the differences vary greatly according to gender. If for the first and the last choice the differences are in favour of the boys (26.20%, respectively 23.94%), choosing clothing articles was at a difference of 62.24% in favour of the girls.

As concerns the choices of seeing a doctor for a routine check-up, the percentages were very close (23.80% for girls, respectively 22.97% for boys). This can be justified by the fact that youth is associated with health and less by the lack of education regarding this issue explicitly, in relation or not with the reality of a certain cultural background concerning getting health check-ups periodically. This fact is also made clear by the great number of those who totally agree with the statement: 'I go to the doctor only when I do not feel well' from item no. 5.

The analysis of the aspects highlighting the responsibility of students towards their own health, expressed by consuming healthy food, reveals a paradox: on the one hand, as we noticed in the answers for item no. 2, admitting the importance of this, and, on the other hand, not paying special attention to putting this aspect into practice: out of the total number of students, consuming healthy products represents a priority only for 9.75%. Moreover, a large percentage of the total number of students agreed totally (38%) and partly (42%) with the affirmation: 'Even if I know that certain food and drinks are bad for health, I still consume them' (item no. 5).

Another aspect concerning health regarded the habit of smoking. This preference is in the first three choices (10.81% for boys and 8.73% for girls), which expresses a certain priority, not the percentage of students smoking or buying cigarettes. From the point of view of some specialists in religious education, this finding should offer food for thought. First of all, it reveals a percentage of students who are close to smoking addiction.

Other aspects of morality in focus were identifying the awareness level of the consequences of the lack of responsibility for one's own health, which might involve also making others ill, respectively trying to obtain different advantages, grounded on lies as concerns health. These attitudes were observed through item no. 6, students being asked to specify the level of seriousness, on a scale of four levels: not serious, a little serious, serious, very serious.

An analysis of the data from Table 5 allows us to draw some conclusions regarding the following aspects:

a) *forms of lying about health*

Almost all the students (96%) consider that obtaining a physical/mental disability certificate in order to avoid paying taxes is something serious. The distribution almost equal between *serious* and *very serious* as concerns lying about health (48%, respectively 44%) denotes a gradation of the understanding of this issue, according to concrete situations that might appear and that imply a certain attitude. Although it is in connection with these two attitudes, obtaining false

medical certificates in order to justify being absent from school comes last in the students' option concerning the seriousness of these deeds, with a percentage of 12% for *very serious* and 21% for *serious*.

*b) the morality of a deed committed for an immoral purpose*

The morality of a deed committed in order to obtain some advantages is more than questionable. According to the data presented in table 6, if we add the percentages calculated for *serious* and *very serious* we get the value of 91 points, which reflects a certain degree of awareness of the conditions related to the morality of a deed. An analysis of the answers for *serious*, depending on the year of study of students, reflects a balanced distribution among the four years of study. A linear increase of the percentage of answers was predictable, given the fact that the religion syllabus for high school suggests approaching these issues gradually from the first year of study to the fourth.

**Table 5.** Attitudes concerning health in order of seriousness.

Attitudes	Level of seriousness (%)			
	Not serious	A little serious	Serious	Very serious
1. obtaining a physical/mental disability certificate in order to avoid paying taxes	-	-	4	96
2. lying about health	-	8	48	44
3. visiting a sick person to gain trust/to ask a favour afterwards	-	19	51	40
4. non-observance for hygiene rules involving a series of diseases	-	20	48	32
5. attending classes in order not to fall behind at the risk of making one's classmates ill	9	31	33	27
6. obtaining false medical certificates in order to justify being absent from school	35	32	21	12

*c) responsibility for one's health and for that of the others*

If the lack of responsibility for one's own health (present under the form of non-observance of hygiene rules, involving also a series of diseases) has a maximum for *serious* (48%) and no answer for *not serious*, the answers concerning the lack of responsibility for the health of the others (under the form of attending the community/collectivity, at the risk of making the others ill) are almost equally distributed on the last levels: *a little serious* (48%), *serious* (33%), *very serious* (27%), as it results from Table 5.

This synthetic analysis concerning the morality of certain attitudes about health leads to the conclusion that students are much more preoccupied with satisfying some immediate pleasures/needs than with the concern for their own health and that of the others.

### 3.3. Religious aspects concerning health

The importance of health for the religious life led to the formulation of some items which can help us draw conclusions referring to the way in which students relate themselves to health and illness from a religious point of view.

A primary aspect has to do with the person to whom the students usually talk about their health. In this respect, we suggested an item with a semi-open answer (no. 7), which allowed students to choose from a list the person with whom they discuss this aspect, but also being able to add another person, who could be: the religion teacher, the spiritual father, form master, the school's psychologist, etc. Identifying this person is an indicator of the trust they have in a certain person, concerning one of the most delicate problems each man faces.

The analysis of the data reveals the fact that, for 73% of the respondents, both girls and boys, the main confidant is the mother. This percentage practically represents an average of the percentages of each year of study, namely: 81% (IX<sup>th</sup> grade), 78 % (X<sup>th</sup> grade), 70% (XI<sup>th</sup> grade), respectively 63% (XII<sup>th</sup> grade). None of the students, not even the boys, declared that he preferred talking to the father about health problems. The percentage obtained by brothers is very low (5%), close to the case in which students do not discuss with anyone problems of illness and health (2%). The difference of 20 points is shared between: best friends (12%) and another person (8%). If for the students of the IX<sup>th</sup> and X<sup>th</sup> grades *another person* represents the grandmother, for the ones in the XI<sup>th</sup> and XII<sup>th</sup> grades the girlfriend or the boyfriend is the main confidant. It is worth mentioning that girls are much more open to discussing their health with their boyfriend than vice versa.

None of the answers mentions the spiritual father or a person from school. For us this indicates the extremely insignificant role of the spiritual father in the life of the respondents. We consider invalid the variant in which all the respondents might have used the principle of least effort of thinking in filling in the questionnaire [3], in view of the fact that we observed an extremely low number of non-answers.

A set of items refers to different approaches to the Sacrament of Holy Unction. The request was that of expressing agreement or disagreement with the statement 'Attending the Sacrament of Holy Unction is important when I am ill.' There were four levels: *total agreement, moderate agreement, disagreement, total disagreement*. These answers will be analyzed comparatively with item no. 8, which focused on having attended this service at least once up to the present moment (Table 6).

**Table 6.** The relation between agreement as concerns the importance of attending Holy Unction and the actual attendance.

Levels of expressing agreement as concerns attending the Holy Unction	No. of students (%)	Attending the Holy Unction at least once	
		Yes	No
Total agreement	198 (49.5%)	138	60
Moderate agreement	132 (33%)	86	46
Disagreement	44 (11%)	3	41
Total disagreement	26 (6.5%)	1	25
<b>Total number of students</b>	<b>400</b>	<b>228 (57%)</b>	<b>172 (43%)</b>

The analysis of the data from Table 6 highlights the following aspects:

- although the percentage of students expressing total agreement concerning the importance of Holy Unction is 49.5%, only 69.75% (279 students) attended the service at least once, the reasons being very different: the need for prayer for oneself or for family members, being present in church before this service, curiosity, hazard, etc.
- An analysis according to the residence of the parents shows a greater frequency of attending Holy Unction in the case of students coming from rural areas. This demonstrates the existence of a rather different model of religious life in small communities. Out of the total number of respondents in the rural areas (144 students), 79.16% have attended at least once the sacrament of the Holy Unction, whereas in the urban areas the percentage was 64.45% (165 students).
- The students who express *disagreement* and *total disagreement* attend church only occasionally or only on great feasts.

Item no. 9 addresses only students who had a surgical intervention. The purpose of this item is to sketch the religious behaviour of students before such a moment. In this sample 14 such students answered, whose answers are synthesized in Table 7, according to the frequency of church attendance (w: once a week, m: once-twice a month, F: on great feasts, o: occasionally).

**Table 7.** Religious actions of students who had a surgical intervention, according to the frequency of church attendance.

Religious actions	No. of students	The frequency of church attendance			
		w	m	F	o
I confessed my sins and took commun.	3	1	1	-	1
I went to church to pray.	10	2	3	3	2
I prayed only at home.	4	-	-	-	4
I attended the service of Holy Unction.	2	2	-	-	-
I gave a memorial for the Holy Liturgy.	5	2	1	2	-

Out of the 18 respondents who mentioned having had a serious health problem, 14 had had a surgical intervention. All of them have different forms of religious life. Out of the 14 students, 4 prayed only at home. In the case of the other 10, besides the prayer at home, there were other ways of asking for God's help, as follows: memorial for the Holy Liturgy (5 students), confession and communion (3 students), attending Holy Unction (2 students). From our point of view, during religion classes it is important to emphasise the role of the Holy Sacraments in Christian life, and the effects of receiving them at both spiritual and physical levels.

#### 4. Conclusions

The most important conclusions at the level of tendencies show that health is more and more appreciated, with a linear increase from the IX<sup>th</sup> grade to the XII<sup>th</sup> grade. The relation between understanding health as a central value and attending

religious services is not very obvious in the case of students with health problems, and this must be carefully considered.

The respondents place, in a percentage of approximately 79%, the donation for a sick person first as concerns moral things or activities presented in connection with health. We believe that this answer constitutes an indicator of civic and religious education received by students, although there is a certain lack of responsibility for one's own health and for that of others, and obtaining a false medical certificate seems to have many excuses. These aspects come to emphasise the moral dimension of religious education [4], in which learning from the experience of models is fundamental [5].

Attending Holy Unction is not among the students' priorities, not even in the case of illness, and the spiritual father is not among the persons with whom they discuss problems of their own health, which should open a theological and pedagogical debate on the collaboration: religion lesson – catechesis.

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