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# Tragedy as Contingency Acknowledgement: Towards a Practical Religious-Scientific Theory

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## Abstract

According to philosopher of religion Kurt Wuchterl, *contingency acknowledgement* (German: *Kontingenzerkennung*) means that rational thinking is inadequate for explaining contingency experiences. The authors argue that, in the tragic narrative of a contingency experience, subjects face limitations in three dimensions: in the individual, social and transcending dimensions. The individual dimension is expressed in powerful, visual metaphors for the confrontation with forces that do not take the human dimension into account in any way, even coercing the subjects to relinquish their existence. The social dimension concerns the tragic subject's feeling of being avoided and excluded by some individuals in their environment. The transcending dimension emerges in the complaint "Why me?", which religious persons address to a religious power, using moral arguments. Empirical research suggests that the acknowledgement of one's own limitations resulting from a contingency experience can be seen as a sign

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of strength rather than weakness, for, by doing so, one shows the courage to let go of past interpretative frameworks and be vulnerable. This creates the possibility of an opening in the interpretation crisis, which can lead to an unexpected, new perspective.

### Keywords

tragedy – an incurable form of cancer – contingency experience – contingency acknowledgement – interpretation crisis – metaphors – lamentation

### Introduction

In the Netherlands, one in three people die of cancer. According to the Netherlands Comprehensive Cancer Organisation (IKNL), cancer is gradually turning into a chronic condition as a result of improved diagnostics and treatment methods, an ageing population and the fact that people live longer (Palliative zorg in beeld 2014, 22-25). As a result, living with cancer will become a reality for a growing number of people, bringing uncertainty, because people do not know how long the situation will remain stable and what plans for the future are feasible. They often worry about whether they will suffer and become dependent, or about how their lives will end.

For most patients, the confrontation with the diagnosis of having a form of incurable cancer is a contingency experience, which is defined as an irreversible, disruptive event that is experienced as ‘not necessary’ and triggers a reflection process (Wuchterl 2011, 35f). An event experienced as ‘not necessary’ means that there is no convincing explanation why it has occurred—it could just as well *not* have happened and does not fit into the way people had imagined the course of their lives to be. In the past, there were fairly established religious frameworks for interpreting and accepting such experiences. In general, religions served to overcome contingency (Luhmann 1977). However, these religious interpretative frameworks are no longer taken for granted. The traditional demarcations between religious and non-religious beliefs have become fluid in today’s post-secular societies. The recent survey *Christians in the Netherlands* (The Netherlands Institute for Social Research [SCP] 2018, 150) states that the current development of religiosity is paradoxical and difficult to interpret: “*Sometimes we are talking about secularization, in other cases about transformation and somewhere else about revival*”. Subjective interpretation is becoming increasingly important because people have to deal with the contingencies of their lives on their own. Creating a personal ‘religious’ identity

has become a problematic task for modern people (Fritzen and Gärtner 2014; Giddens 1991). That raises the question of how they deal with unexpected major events, which initially appear to introduce the end of their existence. What role do religious and non-religious world views play in the interpretation of a disruptive event, such as being diagnosed with an incurable form of cancer?

### Contingency Acknowledgement

This article is about how the acknowledgement of contingency takes place in patients with an incurable form of cancer. According to the philosopher of religion Kurt Wuchterl (2011), there are three important moments in the interpretation of a contingency experience. The first moment consists of the attempt to explain away the contingency experience (*Kontingenzbewältigung*). The second moment is contingency acknowledgement (*Kontingenzerkennung*), which means that one sees the inadequacy of a causal explanation and abandons this attempt. The third moment (*Kontingenzbegrenzung*) consists of the subject's opening up to 'the other of reason'. The contingency acknowledgement positioned in the middle is, according to Wuchterl, the critical link in the interpretation. There, the subject decides whether to cling to explanatory reason, by generalizing the experience of contingency or by coming up with commonplace interpretations (2011, 166), or to give that up and allow a disconnection between the past and the present. The latter makes one vulnerable and can give rise to an interpretation crisis.

Empirical research (Van Dalen 2019) into the contingency experience of patients with an incurable form of cancer has shown that they do, indeed, search for an explanation of how this could have happened. Rarely, however, do they find adequate and convincing answers that curb their contingency experience. The critical question posed in this article is whether contingency acknowledgement is only achieved through a satisfactory explanation. Is it not more likely for an interpretation crisis to emerge from a totally unexpected situation? The human brain focuses on predicting situations (Hohwy 2013) in order to respond adequately and without wasting energy. A contingency experience is felt when a discrepancy arises between the future as people had imagined it, and the reality that suddenly appears. "*When expectations about the course of life are not met, people experience inner chaos and disruption*" (Becker 1997, 4). Many patients were shocked when the doctor informed them of the diagnosis of an incurable form of cancer. They often suffered a temporary loss of contact with reality, as if they were 'switched off', and could not absorb any

new information. Although both aspects, the unexpectedness and the inexplicability of a contingency experience, are intertwined, it seems to us that the 'uninterpretability' (Geertz 1966, 14) is rather the result of the unexpectedness. The experience of something unexpected is related to one's actions. The interpretation gap that suddenly appears when reality differs from what was anticipated leads to stagnation in the striving for future goals. Theoretically, this put us onto the new track of supplementing the concept of contingency acknowledgement, because the feeling of powerlessness, due to the inability to act, is an important component in the experience of tragedy. Wuchterl does mention powerlessness as an aspect of the contingency experience by characterizing contingent events as uncontrollable and not put at one's disposal (German: *Unverfügbarkeit*), but, conceptually, his theory is confined to the limited human understanding of the ontological principles of the world (2011, 32). By considering a (negative) contingency experience as a tragic life experience (Liebau and Zirfas 2010; Scherer-Rath 2002), we expect to see the limitations of human effort in a more multifaceted way. The acknowledgement of one's limitations is a critical moment in the interpretation, because it leads to a possible shift in the interpretation. If people realize that they have no options left and there is no possible escape, an unexpected opening might occur in the interpretation crisis. Joas (2008, 7) calls this experience 'self-transcendence', in the sense of "*being pulled beyond the boundaries of one's self, being captivated by something outside of myself, a relaxation of or liberation from one's fixation on oneself. We thus initially define this self-transcendence only as a movement away from oneself*". What this 'something outside myself' means is highly personal and depends on what—religious or non-religious—upbringing one has had, on experiences and learning processes. However, essentially, it is an openness that cannot be understood conceptually. Wuchterl states that the other *reveals* itself and that this can only be endured passively and receptively. Our considerations have resulted in the following research question: *How do patients interpret their contingency experience of having to live with an incurable form of cancer as an experience of tragedy, and in what way do religious and non-religious interpretations differ from each other and have different consequences?*

The purpose of this study is to contribute to a practical contingency theory within the framework of the academic study of religion. This is achieved by exploring the experience of tragedy as a form of contingency acknowledgement, which is considered a condition for the experience of self-transcendence. This research is conducted in the following three steps. In the *theoretical background*, the characteristics of an experience of tragedy, which serve as a starting point for the analysis, are identified. For this, we made use of narrative theory in which the action aspect, as well as the meaning people give to their

lives, come together. This combination provides insight into how the existential interpretation crisis emerges, namely as a consequence of an internal paradox (1). Next, the design and results of the empirical study are described (2). We then reflect on *the results* and the contribution to a practical contingency theory in the field of religious studies (3), to conclude with a *discussion* of the results and some conclusions (4).

## 1 Theoretical Background

The theory discussed in this section comprises three parts. Firstly, the characteristics of an experience of tragedy is identified (1.1). Secondly, the special role of metaphors in the interpretation of contingency experiences is described (1.2). Finally, the complaint that is often expressed as “*Why me?*” is framed as a phase in the interpretation of a contingency experience, namely as a moral protest (1.3).

### 1.1 *Tragedy Experience as an Internal Paradox*

One cannot discuss the experience of tragedy apart from the literary genre from which it is derived. According to Frye (1973, 162, 192), there are four generic plots for stories that people tell each other, which apply to cultures all over the world: romance, tragedy, irony (or satire) and comedy. These four plot structures can be placed in a matrix with two axes (Brugman 2000, 68-71; Murray 1985). According to Brugman, the vertical axis (*eudaimonia*) stands for the *perceived degree in which achievements with respect to important life goals and concerns have been met*, ranging from failure to success. The horizontal axis stands for the perceived degree of personal control. Personal control consists of the combination of (a) sufficient abilities to realize one’s life goals and (b) the absence of heteronomous powers or factors to which one is subjected and which forcefully restrict one’s actions. From the perspective of this matrix, tragedy is characterized by failure in the realization of one’s life goals, and by powerlessness due to subjection to forces beyond one’s control. In the aforementioned matrix, tragedy is diametrically opposite to romance, which has a plot in which the protagonist eventually can live their dream. In concrete terms, the tragic story implies that someone’s good life falls apart and decays as a result of an unexpected contingent event, and that nothing can be done to stop it. According to Scherer-Rath (2002, 83-93), the tragic experience is characterized by an immanent paradox, because of the fact that the two ingredients, as represented by the two axes in the matrix, stand in a strained relationship

to one another. People are trapped in the impossibility of remaining faithful to what they live for. Though powerless and unable to change their situation, they still feel the obligation to fulfil their life goals. Life goals can last a life time, structure people's personalities and transcend their existence (Emmons 1999; 2005). Life goals are constantly converted into concrete goals, though without ever getting fulfilled (Van den Brand 2016, 49-51). Taylor (2007, 5) elaborated this transcending human desire in the concept of 'fullness': "*Somewhere (...)* life is fuller, richer, deeper, more worthwhile, more admirable, more what it should be". Because people long for the unfulfillable, their "self" is under tension and can become divided (McNamara 2009). Because of the desire for a meaningful existence, people are *metaphysically vulnerable* (Strasser 1977, 291). The urge to stay true to oneself, which Ricoeur (1990) refers to as the *ipse*-pole of narrative identity, makes it difficult to relinquish one's life goals. Thus, the core problem of a tragic person is the inability to prevent the loss of what is regarded as ultimately meaningful. Consider the various impossibilities with which cancer patients can be confronted: for example, for parents to let go of the responsibility for their young children, for ambitious people to give up their careers, or for young people who derive their identity from the beauty and vitality of their appearance to face a mutilation after medical interventions. In short, two elements of the experience of tragedy can be established: the feeling of powerlessness and awareness of the 'unrelinquishability' of what is at stake.

In the tragic narrative, the experienced impossibility takes on dramatic proportions, because the unexpected event is being interpreted as a confrontation, not merely with the contingent event itself, but with the powers that rule people's lives. In the classical Greek drama, the gods turn against the tragic figure. In the Hebrew Bible, Job becomes a plaything when Satan challenges God. Thus, in the tragic narrative, as was already expressed in the aforementioned model with the two axes, there is not only a strongly restricted space for action, but also a strong feeling that one is subjected to a situation controlled by heteronomous forces, which is why the situation is often perceived as life, fate, nature, or God, turning against the individual. This passivity is often expressed in a literary way as something bad that *befalls* a person.

That raises the question of how this is reflected in the interpretation of the respondents in the study. Inductively, the analysis led to two additional theories, concerning the role of metaphors and the complaint as a protest. Both narrative stylistic devices, metaphor and complaint respectively, proved to be most appropriate to express the impossibility with which the respondents were confronted. Both theories are briefly discussed in the following paragraphs.

### 1.2 *The Function of Metaphors*

As stated above, a contingency experience can be perceived as an impossibility, which may well be the case when patients receive the diagnosis of an incurable form of cancer. Particularly in the initial phase of being informed, they can be in a state of shock and bewilderment. In such situations of speechlessness, metaphors can function as ‘prefab constructions’ to create a new narrative (Brugman 2000, 41-47, 262). This implies that the culture in which people live helps to initiate the process of interpretation by providing imagery that is already available for certain experiences. The word ‘metaphor’ is derived from the Greek *metaphérō* and literally means ‘to transfer’. Lakoff and Johnson (1980, 5), who wrote a ground-breaking study about the metaphor in everyday language, say that *the essence of the metaphor lies in understanding and experiencing one kind of thing in terms of another*. They argue that a metaphor is effective because it is grounded in physical experience (1980, 19). Therefore, metaphors offer possibilities to articulate feelings and emotions through images that intuitively originate from memories of the body. They do not offer an unambiguous, ready-made meaning, but one that is hidden in an image. There is a general consensus about the role metaphors play in narrative transformation of unexpected, unknown experiences. Petrie (1979, 440-441) states: “... a metaphor can provide a rational bridge from the known to the radically unknown, from a given context of understanding to a changed context of understanding”. In various method and theory studies (for example, Corbin and Strauss 2008; Ryan and Bernhard 2003; Saldaña 2015), it is widely recognized that metaphors offer an important source of information in the qualitative analysis of interviews.

### 1.3 *The Complaint*

The complaint is a literary style figure associated with contingency experiences. According to Ricoeur (2007, 68-72), the complaint has three developmental stages. In the first phase, referred to as ‘the zero point of the spiritualization of complaint’, the event that befalls somebody is simply interpreted as something random: “*Those things just happen*”, or an equivalent, such as “*Sometimes you are out of luck*”. In the second phase, a protest is made in which religious people assume a disturbed reciprocity in the relationship between God and man. The substantiation of the complaint is based on a moral scheme of reward and punishment. This phase falls within the framework of the experience of tragedy and, therefore, we restrict ourselves to that. For the sake of completeness, we also mention the third phase, in which the source of suffering and faith in God are disconnected: people step out of ‘the cycle of retribution’ and believe in God as love, despite evil. It should be noted that, in this classification by Ricoeur, the protest against the experience of tragedy (phase 2)

can present an opening in the interpretation (phase 3) by letting go of inadequate interpretation schemes, which resembles the interpretation moments mentioned by Wuchterl.

## 2 Empirical Research into the Experience of Tragedy

For the analysis of the experience of tragedy, a qualitative empirical research among patients with an incurable form of cancer has been chosen. We start with a brief explanation of the research design (2.1), followed by data collection and sample (2.2), the method of analysis (2.3) and the code definitions (2.4).

### 2.1 *Research Design*

The choice for a research among patients with an incurable form of cancer was motivated by the fact that their situation is irreversible, that they have no hope of cure and that much is at stake. That an interpretation process would be triggered was, therefore, most probable. The research design for qualitative research of the q-type (Verschuren 2009) was chosen, which aims at a high internal validity in comparison with other designs. This was based on existing theory that would later be confronted with the results of the empirical analysis, in order to contribute to a practical-religious contingency theory. It was decided to conduct a one-off semi-structured interview, including the following topics: the explanation of the cause of the disease (1), the unexpectedness of the event (2), the personal interests at stake (3), the role of religion and philosophy of life (4) and the role of the social environment (5). These were translated into interview questions, whereby the researcher was allowed to formulate further questions to probe the underlying motives and meanings.

### 2.2 *Data Collection and Sample*

The research was conducted in cooperation with the Oncology department of the Radboud University Medical Center in Nijmegen. The study was approved by the Committee on Research Involving Human Participants (CMO) in the Arnhem-Nijmegen region (NL22981.091.08) on the basis of ethical criteria such as the necessity of the research, clarity of information provision and a permissible burden for the patient. Several doctors from the ward recruited patients aged 18 years and over who visited the hospital for checks and treatment, which implicated that it was a selected sample. We aimed for an equal distribution of male and female and religious and non-religious participants. One of the inclusion criteria was that that participants had known for at least eight

TABLE 1 Sample

	Religious	Non-religious	$\Sigma$
Men	14	11	25
Women	18	12	30
<b>Total</b>	<b>32</b>	<b>23</b>	<b>55 (n)</b>

weeks that they had an incurable form of cancer, so that it was most probable that a reflection process had set in. After informed consent was given, participants were approached by telephone by the researcher and interviewed in their homes. The recruitment resulted in the following research participants:

Whether participants were religious or non-religious was determined by self-definition. The reason for choosing for this approach was the fact that religious beliefs are shifting, and that it is difficult to determine what religiosity means to people. In our approach, respondents are taken seriously as autonomously thinking and acting individuals. Due to the geographical location and the nature of the institution (Radboud University is a Catholic University), most patients who self-identified as religious had a Catholic background.

The research itself is exploratory by nature, because not much empirical research has been done into contingency experiences. For that reason, many interview questions were open-ended and follow-up probative questions were asked to elucidate further details about their experiences and motives. This allowed the concept of the experience of tragedy to emerge inductively, without specific questions being asked during the interview. The data for the analysis of the experience of tragedy was largely derived from the interview question at the beginning: *"Can you tell how long you have been ill and what happened?"* Substantial information was also obtained from the question about the first reaction to the diagnosis (*"Do you remember what you thought at that moment?"*), whether they had expected the diagnosis (*"What made it an expected or unexpected event?"*), the question about the meaning of the event, the emotion they felt (and why that emotion) and the question what people in their environment meant to them, now that they were ill.

### 2.3 Design of Analysis

The analysis was based on the Constant Comparative Analysis method (Fram 2013), supported by the Atlas.ti 7.0 software program. This method involves gathering arguments for the identification of theoretical concepts on the basis of differences and similarities between quotes. In concrete terms, this means that a single quote might contain a weak clue (just a single word) to assign a

code to, but a strong argument can be built on the basis of similarities with other quotes. The analysis comprises three phases (Baarda et al. 2013, 220-242). In the first phase, the *exploration phase*, open codes are formed, whose descriptions are close to the original text. During this phase of the analysis it was noted, among other things, that respondents often used the same types of metaphors and frequently uttered the complaint “*Why me?*”

In the subsequent *specification phase*, the open codes were organized in relation to one another and lifted to a more abstract level by forming categories and dimensions. Attempts were also being made to connect them inductively with existing theories. The metaphors revealed two aspects of the experience of tragedy, namely feeling powerless and being aware of the ‘unrelinquishability’ of what is at stake. In line with the analysis by Scherer-Rath (2002, 93), these aspects could be associated with the individual dimension of the experience of tragedy. Additionally, other elements could be identified as belonging to the social and the transcending dimension. As a result, we were able to bring together a variety of different elements in an encompassing theoretical framework of the experience of tragedy. In the analysis as performed by us, the process of theoretical structuring is supported by code definitions that have been deductively and inductively created.

According to most method books, the final *reduction phase* concerns the alignment with existing theory. In our design, this has been the case from the outset and the final phase consisted of writing down the analysis results, unified in an overarching analytic story (Knafl 2015) and reflecting on the contribution to new theory. The three moments in the interpretation derived from Wuchterl’s theory, provided guidance. This helicopter view involved a rearrangement of the theoretical elements based on social and theoretical relevance.

#### 2.4 Codes

The following codes have been developed for empirical research:

Code Meaning of tragedy individually

Respondents experience powerlessness in living with their illness as a consequence of the impossibility of relinquishing of their life goals.

Code Meaning of tragedy socially

Respondents experience powerlessness in living with their illness as a consequence of negative reactions from their environment.

Code Transcending meaning of tragedy

Respondents interpret their illness as a retribution by a power that transcends their existence. This means that they experience their illness as deserved (punishment) or undeserved (unfair).

### 3 Results

In this section, the research results are categorised on the basis of the three dimensions mentioned before.

#### 3.1 *The Individual Dimension of Tragedy*

Respondents used striking metaphors to express that their existence was being undermined by cancer. We limit ourselves to the two most important and commonly used metaphors, namely that of the disease as *a blow* and that of *the falling apart of their world*. Both occurred about ten times, which shows that these metaphors are frequently used and seemingly function as culturally determined prefab-constructions. The analysis is not only about the image itself, but also about the explanation that the respondents offered for the imagery. It starts with the analysis of three quotes in which the metaphor of the blow, or a related imagery, occurs. The first quote comes from a 53-year-old non-religious woman with breast cancer clarifying what the diagnosis meant to her:

*You get such a blow, you are being smashed to the ground. My chair legs were removed from under me. That's how it really is. (...)*

(Interviewer: *And what does the hammer do?* [A word that the respondent used earlier])

*At that moment, it just really destroys everything you have, all future plans, just everything, I think. I experienced it that way.*

Both elements of an experience of tragedy can be identified. In the first place, powerlessness. The blow with a hammer indicates the destruction of the respondent's existence. Everything is destroyed, she says. The expression 'being smashed to the ground' shows her passivity as well as the fact that the human measure is being violated here. Finally, the idiom of chair legs being removed from under one's chair (a Dutch expression), points at the undermining of her existence and that she is falling down very hard. Secondly, the respondent talks about the indivisible that is lost as a result of the experience of tragedy. It must be noted here that she does not speak about specific matters that are important to her, but inclusively about "*everything you have*" and "*all future plans*". So, she suffered a comprehensive loss. The combination of both elements of the tragic experience shows that there is no way out and that it touches on the limits of the interpretable.

A 69-year-old religious man, two months before, had been told that he had cancer of the small intestine in an incurable form. By using two metaphors he expresses what this meant for him:

*You have worked and achieved everything throughout your life, you have lived together, you still want to do a lot of things, and then a line is drawn under it. Finished. So that is a punch to the neck.*

The first metaphor is the line that has been struck through his life. This evokes the idea of a finish line or an annulment. The second metaphor speaks of a punch; actually, he used the Dutch word *dreun*: a massive blow coming from someone who is stronger. He is hit in the neck, that is, from behind, unexpectedly, as a fatal blow. Here, too, it is clear that the confrontation with the destructive power of cancer is beyond the human dimension. As mentioned in the first quote, this respondent speaks of *everything* that is lost: his whole life, everything he has achieved, his life with others and all his plans for the future. By using these metaphors, he brings both elements together, the loss of what he had always been striving for and his powerlessness.

The third and final quote comes from a 62-year-old religious woman with ovarian cancer:

*It has always been a very good life, that has suddenly been cut off, actually ... the prospects.*

She expresses her powerlessness by using the metaphor that her prospects have been *cut off*. The chopping is done suddenly, in one stroke, and involves a final separation from her good life. Here, too, the unspeakable experience of tragedy could be expressed in metaphors. The way in which she mentions the loss of her future perspective is significant: "*It has always been a very good life.*" A good life has an overarching quality. The good is related to *always*, it is sustainable, it is not expected to end. In this way, metaphors provide imagery to express the limit-experience of the decay of her life. In this way the impossibility of a contingency experience can be assimilated and acknowledged.

The second series of metaphors that belong together thematically is that of life that collapses (falls apart, implodes). These were mainly used for describing the first reaction to the diagnosis, such as from the following 37-years-old non-religious man with sarcoma cancer:

*... and also spread to the lungs. Then, of course, your world collapses.*

This metaphor expresses both elements of an experience of tragedy in a very condensed way. Collapsing is a powerless movement back to the ground. Life as a construction built over the years, suddenly collapses and falls apart. The comprehensive loss is expressed as somebody's familiar *world*, which

implicates that he more or less lost himself. So, this metaphor also functions as a bridge, as Petrie stated above, *from the known to the radically unknown*, which opens the possibility to assimilate an experience that normally leaves people speechless. In the following quote, from a 59-year-old religious man with colon cancer, another aspect is added:

*Yes, then you don't have to say: I don't care, because your world collapses at once, at the moment you are told that you have a malignant tumour.*

(A few lines further):

*Yes, you fall into a deep hole, you can say that.*

What he adds in the last line is that the downward movement is going further than to the ground and that he disappeared into a deep hole. This evokes the meaning of darkness and hopelessness, of the end. This can also be identified as an acknowledgement of reaching the limit of his existence.

### 3.2 *The Social Dimension of Tragedy*

When questioned about what others meant to them, now that they suffered from cancer, many respondents indicated that a divide had come to light in their circle of family and friends, because not everyone could handle the confrontation with a deadly disease. In this section, only the negative experiences are discussed, which exacerbate the tragedy experience. The quotes show how respondents interpret the reactions from their social surroundings. This can be seen in the following quote, from this non-religious 62-year-old man with kidney cancer:

*I noticed that friends that go back a long way no longer turned up. They don't know how to respond and distance themselves from me. And, right, I'm done with them. I think about it for a while, but then I think, okay, that's it.*

Meaningful relationships that belong to the good life, as we saw earlier, are cut off. So his social life falls apart as well, which is characteristic of an experience of tragedy. The last sentences show that the respondent acknowledges this as a reality, while, at the same time, blaming them for their behaviour. A 51-year-old religious woman with breast cancer added:

*And at one point I was walking very badly, because I had fallen down the stairs. And only three days later, when I had sat for half an hour, I stood up and had some starting problems. And then she and her daughter were in the kitchen and I had to go through the kitchen to the toilet. And I really*

*had to go from chair to table to chair, in that way I had to move to the toilet. And they said nothing at all. And then I thought: go to hell. I went mad and thought: can't you just ask only once how I am doing? They only talk behind my back with others.*

In this quote, the blaming and the alienation of others is even more striking. In different ways, respondents say that they ended up in isolation to a greater or lesser extent, because they experienced that they were treated (by some friends and relatives) as people who no longer belonged to the living. The patients have the impression that the fear of cancer is projected on them. This shows that the social dimension adds an element to the experience of tragedy, namely exclusion, the falling apart of meaningful relationships. It is important to note that the respondents not only describe their experience of being excluded by others, but that they blame them for doing so. Blaming is a judgement based on moral thinking.

### 3.3 *The Transcending Dimension in the Experience of Tragedy*

The complaint uttered by respondents can, as mentioned before, be divided into three developmental phases, of which the second phase is relevant for the analysis. In the first phase, there is only the observation that certain events just happen and cause bad luck, but in the second phase, this interpretation evolves into a protest. An example of the latter is given in the following quote, from a 69-year-old religious woman with stomach cancer:

*I always believed very strongly in God but now ... why does God do this? I have been thinking about this often, why does one have to suffer so much? I don't just mean myself, but also others. How unfair that is! (...) But you won't get an answer. And then faith fades away.*

She assumes that God has a reason to let bad things happen. Her speaking about unfairness suggests that events should be assigned in a fair way. The following respondent, a religious 69-year-old man with cancer of the small intestine, demonstrates this way of thinking very explicitly:

*Then you start thinking to yourself: why should I be the one? There is indescribable scum in the world, while I have, I guess, not hurt a single dog in my entire life, and they pluck me out.*

(Interviewer: Who are 'they' who do that?)

*Yes, who are 'they'? Let us call it Our Lord. I am not going to scold, but there is someone who arranges that.*

This interpretation is based on a moral scheme of punishment and reward. It is asserted that there is a power that grants events according to merit. Therefore, the fact that this respondent got cancer is incomprehensible, because as far as he is concerned, he is a good person. It is striking that only the religious (Christian) respondents in this study react in this way, by turning towards a religious power (God). Conversely, not all religious respondents explicitly address their complaint to a transcendent power.

The unaddressed complaint was only found among a few non-religious respondents. They lack a moral argumentation. For example, one of them, a 51-year-old man with colon cancer who had been treated for some time and then heard that the disease had become incurable responded as follows:

*Well, you get angry in the beginning, then you think, damn it, I've already come so far and why does that have to happen, why does it have to be that way?*

Based on the analysis of the complaint as a protest, a fourth element can be added to the experience of tragedy, namely the feeling that people have been treated fundamentally unfairly. Protesting against the 'moral judgement' is the last thing powerless people can do. This seems to be meaningful only for those religious persons who hold a transcendent power responsible, because they can address their complaint to an authority.

#### 4 Discussion and Conclusions

The analysis shows that, in the interpretation of their contingency experience as an experience of tragedy, the respondents came up against an impossibility. In a comparison between the three dimensions, the common ground seems to lie in the fact that the interpretation occurs on the basis of moral thinking. In the transcending dimension, the moral foundation of the complaint is—with the religious respondents—expressed very explicitly. The illness is interpreted as unfair. The complaint forms a protest. Upon reflection, the interpretations in the individual and social dimensions can also be regarded as a moral complaint. Indeed, in the individual dimension the respondents say, in all the variations, that they have been confronted with a destructive power. This evil contrasts with the 'good life', which has been lost. In powerful visual metaphors, the respondents express that they have endured a superhuman attack, that the human dimension has not been taken into account. This can be seen as a complaint, as a form of objection, a protest. From this point of view,

one can also interpret the social dimension as a complaint based on moral thinking. The respondents do not describe what has happened to them in their contact with family and friends in a neutral manner. On the contrary, in this dimension, too, there is reproach. In both the interpretations that were brought forward, the respondents settle a score with those who ignored them and shut them out, and consider this manner of dealing with each other to be reprehensible. That shows that the experience of tragedy can be typified as a last form of protest. While standing on the ruins of a collapsed existence, one does not yet give up. What happened to the respondents, is not as it *ought* to be. This demonstrates that contingency acknowledgement can be achieved, not only on the basis of explanatory reason, but also on the basis of moral reason. This means that, in this manner of interpretation, the contingent is dealt with in relation to moral principles and standards, which one has appropriated during one's life and which are one's point of departure. The contingent defies that.

The above conclusion that contingency can also be argued with moral reason, applies to both religious and non-religious respondents. However, it does appear to be so that some religious respondents have the possibility of articulating this injustice as a protest due to the fact that they have an address for it. However, religious respondents who do not believe in God as 'someone' who holds their existence in his hand, seem to use moral reasoning, but be less pronounced in their protest. The few non-religious respondents with whom the question *Why?* occurred, hardly reasoned it at all. Because the analysis came about inductively and there was no opportunity to ask more questions during the interviews, it is necessary to do additional research, thereby also including the research question of how non-religious respondents then *do* express this moral thinking.

Finally, when respondents interpret their contingency experience as an experience of tragedy, that does not seem to encompass a full contingency acknowledgement in the sense of a transition to another type of interpretation. One recognises the own limitations, even cultivates that in a dramatic narrative, but there is still no submission to 'that other'. The focus is on the destroyed existence and the hopelessness because of the impossibilities. Nevertheless, some shifts do take place. On the basis of moral thinking one becomes aware of what one lives for. Through that, the interpretation does start to change. What would have testified to powerlessness and stagnation, would have been if the bewilderment in response to the diagnosis had resulted in silence. For it is then that one gives up on one's self as a human who gives meaning to his world (Wuchterl 2011, 156). When one interprets the contingency experience as an experience of tragedy, that is no guarantee that a new perspective will open up. For it can be so that one does not progress beyond the tragedy, ending in

bitterness. Here, too, the contingency acknowledgement is therefore a critical moment in the interpretation.

For the development of the theory it is necessary that research is conducted as to how the three moments develop as a coherent process and what types of respondents can be distinguished thereby. A single interview is inadequate for that purpose. It may well be that this desired coherence will also present a clearer picture of the interpretations of, in particular, non-religious respondents.

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