ANNALES
UNIVERSITATIS MARIAE CURIE-SKŁODOWSKA
LUBLIN-POLONIA
VOL. LXI, N1, 97 SECTIO D 2006

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Suffering in illness

Suffering is an inherent part of human existence. It is often identified with pain, yet it is definitely a broader concept. There are numerous definitions of suffering. Lewis, for instance, characterises it as going through long-term physical or mental pain. Suffering is an individual experience – it depends on the organism's qualities – above all on the resistance to physical and mental pain (9).

The causes of suffering have remained unchanged for years – they include all the stimuli and events which hamper the realization of our plans, needs, and ambitions. One can distinguish moral (spiritual) suffering and physical (somatic) suffering. Suffering can be caused by an illness, life threat, homelessness, poverty, unemployment, disaster, loss of a close person, etc. Aristotle distinguished suffering connected with death (he described it as suffering in view of "an evil causing a loss") from the remaining sufferings concerning "a lesser evil." The main emotional component of suffering is the feeling of sadness or distress (Latin *tristitia*), which is the opposite of pleasure (7).

THE THEOLOGICAL ASPECT

Suffering and pain "permeate" the whole Christian religion. The characters in the Bible have often experienced suffering. The Old Testament presents suffering in a very severe way, treating it mainly as punishment for sins (the sin of the first parents Adam and Eve becomes the cause of man's mortality). Also telling is the parable of Job, whom God subjects to a heavy ordeal. Here is a devout man who is suddenly afflicted with disease and other misfortunes. Job accepts his fate meekly and does not defy it. This is a sign of a person's true maturity. That is why God treated Job as a worthy partner and restored him what he had lost.

In the New Testament, we encounter a different dimension of suffering. Jesus Christ willingly accepts suffering on the Cross to show his love to his Father, God and to fulfil His will. Thus, suffering becomes an expression of love. The word "love" means that I am capable of suffering (14).

John Paul II stressed the individual manner of experiencing suffering: "suffering has a thousand faces." He claimed that the sick were chosen to suffer and that suffering requires strong will and patience. Those who suffer love stronger than others because they know the power of love. Suffering is not futile – it is cleansing, it is a trial and an opportunity to achieve greater good. Suffering ennobles us, it favours the growth of love (...). John Paul II distinguished three dimensions of suffering, which are: realization, acceptance, and sacrifice. Every suffering requires the realization and acceptance of its sense, and then the sacrifice to God as a proof of love. Only this process allows people to conquer suffering and transform it into creative values. Human suffering carries in it the task of rebuilding good. The Holy Father called the change achieved in this way an "internal miracle," greater than the miracle of healing! (14).

The religious concept of suffering has a decisive influence on how suffering is experienced. We can adopt an active or a passive attitude. According to Dalai Lama, suffering shapes a person and makes him/her stronger. Sick and suffering people are spiritually strong, whereas those who do not experience pain and suffering often lose their hope when faced with the slightest obstacles.

"However, if the perspective of facing suffering is dispiriting, it is worth remembering that in the world that we experience nothing lasts forever" (translation mine) (4).

THE PHILOSOPHICAL ASPECT

In ethics, deliberations on suffering refer to the theory of virtues. Plato, Cicero, Augustine and Thomas Aquinas believed that suffering should be conquered through valour. According to Aristotle, suffering should be overcome with patience, while valour should refer to the most difficult suffering, which is death (suffering causing demise) (13).

Suffering is a constant subject of religious and philosophical reflection. Deliberations on its sense are an important element of experiencing suffering. Saint Augustine considered God to be the highest good. God is an absolute and perfect existence, and is the cause of all good in the world. Without God it is impossible to act or to exist. The world, being God's creation, is also perfect. He explained the presence of suffering and evil as follows: evil is not part of nature, but it comes from man, it is a result of his free will ("Good God created nature, but it was spoilt by evil will"). Evil is not real, it is only a lack of good. Evil does not spoil the harmony of the world – on the contrary – it is a necessary element thereof. Leibniz held similar views (*Theodicee* of 1710) (13).

In the materialist concept of man, the sense of suffering is reduced to a signal of malfunctioning of the organism, or is treated as a sign of maladjustment to the natural or social environment. Spiritual anthropology, in turn, in which man is only a spiritual existence, allows man to freely take a position on suffering connected with corporeality (e.g., by means of euthanasia). This undermines the sense of suffering and negates the existence of God.

Modern philosophy considers the issue of suffering during an illness. Descartes makes the reduction of human suffering conditional on eliminating diseases. In his *Discourse on Method* he stressed that health is man's greatest good. The spiritual condition is very strongly dependent on the condition of the organism. That is why in medicine one should seek ways of improving the condition of both the body and the spirit (13).

The issue of suffering is present in the works of German idealists: Fichte, Hegel, Schopenhauer. According to Schopenhauer, human existence is faced with pointless suffering. One can free oneself from it by getting rid of desire, pitying others who suffer, as well as through art. Schopenahauer was followed by F. Nietzsche, who considered suffering which accompanied an illness to be the basic human suffering. According to Nietzsche, man cannot find the sense of suffering and treats it as moral guilt. Such an attitude gives rise to new suffering, "more profound, more internal, more venomous, more eating into one's life" (10).

THE PSYCHOLOGICAL ASPECT

Suffering during illness is a peculiar phenomenon. Illness afflicts a person suddenly. It cripples and deforms the body, and makes it imperfect. Illness brings physical pain, which is often very severe. It also causes psychological pain – anxiety concerning the development of the illness, the results of treatment, as well as one's own and one's relatives' future. Illness "pushes" people back into the margin of professional and social life. "The greater the will to be strong, i.e., the will to live and the need to be open to the world and others, the greater the suffering due to illness" (2).

The experience of suffering during illness depends on the moment in life in which the illness occurs. In the case of congenital disability or disability acquired early in life, a person has a lot of time to accept his/her "otherness," and later treats it as a kind of norm. When illness afflicts a mature person who has an active professional and family life, it constitutes a great burden for the whole family. It forces the household members to adopt new responsibilities, and often requires them to seek additional sources of income. This arouses in the sick person the fear of being a burden (6).

Illness often makes it difficult to move about freely and independently of others. This limits or even makes impossible contacts with other people, which results in social isolation and thus

intensifies the feeling of loneliness. All this causes in the suffering person a state of depression, sadness, and often even acute and prolonged despair. The difficulties and the suffering experienced during illness may lead to the loss of the meaning of life and wishing for death. Even suicidal thoughts or attempts may occur. Joni Eareckson Tada says: "(...) I am tired. I am simply fed up with living with hands that don't work and legs that don't walk. I don't feel sorry for myself, but I am simply tired and would like to pass away" (15).

The worst experience is illness of a child. Childhood is associated with defencelessness, helplessness, happiness, and carefreeness. Children are incapable of keeping any distance from suffering, that is why it touches them so deeply. Suffering is more intense for children than for adults. Children perceive the passage of time in a completely different manner and even short episodes of pain prove to be unbearable for them (7).

A child's suffering has been called "absolute evil" (11). The sight of suffering children stirs up a violent protest against the world and the Maker – Albert Camus in *The Plague* writes: "I shall refuse until the day of my death to love this world in which children are tortured"(3).

Illness is treated by the organism as a threat; that is why it triggers defensive mechanisms. It is owing to them that the unpleasant emotional tension can be reduced without any change of the situation that caused it. They work more or less consciously. In the face of illness the mechanism of *repression* may be set off. This occurs when we dismiss the news of illness, refuse to accept it, or erase it from our memory. We may also fall back on primitive methods of solving problems, typical of children's adjustment method. One of such methods is crying. In such a case, we are dealing with *regression*. Sick people very often feel worthless due to the limits imposed on them by the illness, hence their alienation and *social isolation*. At the initial stage, when a person accustoms himself/herself with the thought of the illness, s/he often searches for the cause of the suffering that has befallen him/her. The person may then accuse him or herself, blame others, or find guilt with external situations. The experience of suffering may be accompanied by *frustration aggression*, i.e., the feeling of rage and anger. This may take the form of *self-aggression*, i.e., inflicting pain on oneself in a more or less conscious manner (7).

A sick person has numerous psychosocial needs which have to be satisfied. These include the need for security, and the need to be heard out and understood. They can be satisfied by the people surrounding the patient: family, friends, and medical staff. A sick person, like no other, has the need for the presence of another person. As Professor A. Szczeklik, an outstanding doctor and humanist, writes in his book *Katharsis*: " (...) when there is a patient behind the door, whom it is hard to offer anything else (...) only one thing remains: presence" (translation mine) (12).

THE MEDICAL ASPECT

All actions and efforts of medicine are concentrated on alleviating pain and relieving suffering. However, chronic and incurable diseases still constitute a great therapeutic problem. Dynamically developing pharmacotherapy aims at alleviating physical pain. Analgesics are grouped in a so-called analgesic ladder. Its first step are non-opioid analgesics (paracetamol and NSAID), the second: weak opioids (codeine and tramadol), and the third step are strong opioids used for treatment of cancer pain: morphine, fentanyl, methadone (7).

A doctor encounters suffering every day at work. It is not true that one can gradually grow indifferent or immune to it. Suffering is too noticeable to be ignored. A doctor working in hospital has to keep distance from suffering so as to devote all concentration and energy to the search for the best methods of treatment.

Hospice patients occupy a special position among those who suffer. These are people who have been treated extremely sorely by life; they are mainly cancer patients in the final stage of the illness, but also patients with non-cancer illnesses which lead to quick death. Hospice patients experience "overwhelming pain". Apart from bothersome somatic symptoms and changes in appearance, they have to face problems of an existential, spiritual, and social nature (9).

Hospital is a special place – it unites patients in their suffering regardless of their social status and education. Patients fear examinations, diagnoses, medication, and they await their operations.

A doctor accompanies the patient in the journey through the illness. A certain relation is established between the doctor and the patient. The doctor has the substantial advantage because of his/her knowledge and experience. To put it simply, the therapeutic relations can be divided as follows: • the active-passive model, in which the doctor's actions dominate. The patient is the passive side and encumbers the doctor with complete responsibility for the entire therapeutic process • the paternalistic model, where the doctor is a protector and attends the patient with concern and paternal care. The patient fully accepts this arrangement • the partnership model, in which the doctor and the patient mutually co-operate and are both active sides.

Each of the distinguished models has a range of optimum application. The active-passive model is used with patients who are completely helpless or incapable of expressing their will (e.g., unconscious patients).

The second, teacher and student model is optimal for treating short-term diseases or in the acute phase of chronic diseases and in persons with low stress tolerance.

The partnership model is the most desirable relation. However, it requires active commitment of both sides. The patient must be fully aware of his/her situation and actively participate in the therapeutic process (8).

Three criteria must be satisfied in the doctor–patient relation (in accordance with Rogers' nondirective psychotherapy): • verbalization – the doctor carefully hears the patient, observes his/her facial expression, gestures, and then translates them into plain words, owing to which the patient can systematize his/her experiences • positive judgement and the doctor's emotional warmth. The doctor has to see in the patient a suffering human being who is in need of help. The doctor's empathy, in turn, by means of mutual emotions, is supposed to inspire similar feelings, such as courage, in the patient and to restore the positive elements of his/her mood • authenticity of the doctor's behaviour – the doctor must act naturally, and must not communicate false information; patients are extremely quick to sense the "insincerity" of such behaviour (5).

Competent conducting of a dialogue with a patient is a real art. It is the art of recognising suffering, penetrating the spiritual life of the sick person, the art of "getting through" to the patient. In his book, Professor Józef Bogusz writes about Maksymilian Rutkowski in the following words : "Those who worked with him could observe the ease with which he guessed the patient's disposition. A short conversation was enough for Rutkowski to estimate what kind of patient he was dealing with: whether it was a brave patient, a person who was making light of suffering and therefore had to be informed in a serious and straightforward manner about the dangers, or whether it was a patient preoccupied with his illness who needed calming words of comfort and encouragement" (1).

There are three major ways of helping a suffering person: non-invasive treatment, pharmacotherapy, surgical treatment and psychotherapy. Psychotherapy was introduced in Poland only in the last decade of the 20th century and it is still underestimated. It can be carried out in three ways. Behavioural psychotherapy is applied in cases which demand an instant lowering of the level of stress and the ensuing suffering. Supportive psychotherapy involves psychotherapeutic action aimed at providing emotional support; and it may be realized with the use of both individual and group methods. Lastly, systemic psychotherapy is used to make changes in the patient's manner of reacting and referring to his/her problem in order to activate his defence mechanisms (7).

Suffering is a painful experience which exposes the imperfection of human nature. Man seeks the sense of suffering by appealing to philosophy and theology. For many patients suffering leads to an existential crisis, a crisis of faith... That is why the behaviour of the surrounding people: family, friends, medical personnel, is so important. The sense of closeness and security are invaluable...

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SUMMARY

The subjects of suffering and the sufferer are studied in many scientific fields: theology, ethics, medicine, and psychology. Suffering is a negative emotional experience, a sense of unhappiness, the sources of which lie in the factors lowering the quality of life. Cicely Sanders, the founder of the hospice movement identifies three sources of a sick person's suffering: pain, loss of dignity, and loneliness. Progress in medicine results in growing specialization, with smaller and smaller fragments of the human body being investigated. There is a growing need to counter-balance this tendency by promoting a holistic concept of medicine, which would transcend the objectives of recognition and treatment by taking into consideration the patient's psychosocial needs.

Cierpienie w chorobie

Problematyka cierpienia i cierpiącego człowieka jest przedmiotem zainteresowania wielu dziedzin nauki: teologii, etyki, medycyny, psychologii. Cierpienie to negatywne przeżycie emocjonalne, poczucie nieszczęścia, którego źródła tkwią w czynnikach obniżających jakość życia. Cicely Sanders, założycielka ruchu hospicyjnego, zidentyfikowała trzy źródła cierpienia chorego człowieka: ból, utratę godności i samotność. Postęp medycyny niesie ze sobą podział na specjalizacje i zajmowanie się coraz mniejszym fragmentem ludzkiego ciała. Dlatego podkreśla się holistyczną koncepcję medycyny, która nie ogranicza się tylko do rozpoznawania i leczenia choroby, ale uwzględnia także psychospołeczne potrzeby pacjenta.