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The Relationship Between Pain and Suffering

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In every culture, medicine is grounded in the relief of human suffering. That is what patients and the public believe to be its mission. Many of us were drawn into the treatment of pain or research by the relationship of pain to suffering. Research on pain, however, does not bring us closer to an understanding of suffering. Furthermore, patients treated for serious diseases by well-meaning and competent physicians may suffer from their treatments as well as from their diseases. If the relationship between pain and suffering were better understood, our treatment would be more effective, and our research might be more closely related to the problems that first drew us to the field. Discerning the distinction and relationship between pain and suffering will, I believe, lead to the solution of other difficult problems in the care of the sick.

PAIN AND SUFFERING DISTINGUISHED

We can only know someone is suffering by observation, inquiry, or the awareness that he or she is subject to something that we believe causes suffering. Suffering, like pain, is not objectively measurable, yet it is a universally accepted category of human experience. The relationship between pain and suffering is not constant. Patients report suffering when pain is overwhelming, as with dissecting aneurysms. On the other hand, patients may tolerate very severe pain without suffering if they know the source and if they know that the pain will end or soon be relieved. For example, I have had repeated episodes of renal colic. As reputed, the condition is extremely painful, yet it has not been a source of suffering for me. I know what the problem is. I know that it is necessary to obtain adequate pain relief as soon as possible (and that in order to do this, I must stay away from hospital emergency rooms).

On the other hand, even lesser pain may be associated with suffering if it is perceived as never ending or if it is believed to have a dire cause (such as

cancer). Clinicians working with terminally ill patients frequently see patients who are grunting with pain and cannot be comforted. Often, they act as if they do not hear what is said to them, and they seem unaware that they are grunting. When their pain has been adequately relieved and it has been demonstrated that such relief will be forthcoming if the pain should return, they will frequently tolerate the same level of pain (by their report) without requesting medication. Frequently, once they are assured that relief is possible, the suffering subsides, although the pain remains. In support of these observations is the well-known fact that it is difficult to relieve the pain of a terrified patient.

People may suffer from pain even when it is not present. Patients with severe and frequent migraines may suffer from the fear that the headaches will return. These headaches have repeatedly ruined what would otherwise have been pleasurable or important occasions. Family relationships, jobs, sports, and virtually everything that is dear to the person have been negatively influenced by the headaches. Yet these patients obtain little sympathy from family or friends. After you have said that you have a headache for the thousandth time, what else is there to say? Not surprisingly, such patients may be obsessed with their headaches and their attempts at relief to the virtual exclusion of other aspects of life—suffering when they do not have the actual pain and when they do. Patients who have terrible pain from malignant tumors but are now free of pain may suffer from the fear that the pain will return. They may repeatedly question their doctors about the possibility of the pain returning and about what will be done should that happen. For some, reassurance is possible; for others, the prospect becomes a living nightmare that no reassurance seems able to relieve.

The distinction between pain and suffering may be clarified by the case of the pain of childbirth. Purely on the issue of the adequacy of pain control, one would believe that epidural anesthesia would be employed everywhere, but this is not the case. In fact, different modalities of pain relief are popular in different parts of the United States. The more important issue seems to be not the adequacy of the method of pain control, but the degree to which the woman is in control of her own labor and delivery.

Other symptoms such as dyspnea, choking, or even diarrhea may be sources of suffering if they are sufficiently severe. In fact, suffering may be present in the absence of any symptoms. Parents, particularly if they are helpless in the situation, commonly suffer at the sight of their children in pain. Extreme poverty may be a source of suffering, as may betrayal or the loss of one's life work.

THE PLACE OF THE FUTURE

Notice the place of the future in all of these situations of suffering. For patients with seemingly overwhelming pain, long-lasting ("never ending")

pain with the accompanying fear of the inability to continue to "take it," or pain suspected of having a terrible cause, a sense of future is necessary to suffer. In each of these instances—at the moment of suffering—the pain is *not* overwhelming, the person *is* "taking it," and the *fact* of a dreadful disease does not yet exist. The body knows no future and therefore cannot worry. The body cannot supply information about the future because, at any moment, for the body, the future does not yet exist. Only beliefs, memories, ideas, or fantasies can supply the information necessary to provide a "future." In other words, to suffer, there must be a source of thoughts about possible futures.

To summarize thus far, although suffering may attend pain, they are distinct. There may be pain without suffering. There may be suffering without pain. But there seems to be no suffering without an idea of the future. Bodies do not have the beliefs, concepts, ideas, or fantasies necessary to create a future; only persons do. From the foregoing, one can conclude that, although bodies may experience nociception (stimuli defined as painful), bodies do not suffer. Only persons suffer.

SUFFERING DEFINED

A definition of suffering is suggested by clinical experience. Suffering is a state of severe distress induced by the loss of the intactness of person, or by a threat that the person believes will result in the loss of his or her intactness. It will continue until the threat is removed or the person is reconstituted. Suffering may occur in relation to any aspect of personhood.

THE NATURE OF PERSON

The importance to pain research of the distinction between pain and suffering starts with the understanding that a person is not a psychological as distinct from a physical thing. Research on pain has often been carried out with a model in which the physical phenomena are considered to be distinct from psychological phenomena, especially in the sense that the physical is real and the psychological is not. The concept of person is difficult for science and for medicine. If a person is not a body (and a person is certainly more than merely his or her body), then a person is not an object of science in the classical sense. But persons are also not merely minds and so do not "belong" to psychology, philosophy, or religion. This is true if only because persons have bodies and cannot be the same person with a different body or even the same person if something major happens to the body. One can see why the mind–body duality essentially displaced the concept of person; it had no home since it was neither mind nor body. Furthermore, as we shall see, a person is not at any particular moment the entire person because a person always has a past and a future. Thus, rather than being completely