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# The Physician and the Mystery of Suffering

by

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The topic, "The Physician and The Mystery of Suffering," is one that is eminently appropriate at this time in our nation's life, when a new Federal law requires that each patient admitted to a hospital be asked if they wish to plan for their death by making a living will. This means every patient will be confronted with the question of death, and the physician will often be consulted to assist in dealing with it.

In addition, at present euthanasia is being debated in the public forum. Many favor lenient laws on this issue, a position that has immense consequences for the practice of medicine and for the image of the physician.

While there are any number of other concerns that are related to this issue yet none is more intimately bound to it than the emotionally loaded experience of suffering. There is a fear that life will be unduly prolonged by technology and that, as a result, the patient will suffer a loss of freedom and autonomy.

As a consequence of these developments physicians even more than in the past are being put in positions where we have to deal with questions of suffering and of death. And not only will the lives of their patients depend on how we handle the various issues related to these questions, but our professional image and our concept of ourselves as healers will be profoundly shaped by our way of addressing these concerns. Thus the mystery of suffering and of death has taken on a new measure of significance for us.

There is, however, another dimension to our theme than the ethical one which concerns the medical doctor as a professional person. This other aspect of suffering and of death touches the physician as a person with human sensibility and spiritual aspirations and a transcendent destiny. I refer to the philosophical and religious questions associated with the meaning of suffering and death. Both require our consideration if we are to treat adequately of these matters.

As a priest and a monk who has lived over forty years in a monastery, my primary interest is in the spiritual and personal implications of these questions. However, the spiritual does not occur in a vacuum but presupposes the concrete, material realities of human life. Other things being equal, competent familiarity with them puts us in a better position to work effectively at the more personal and

spiritual levels of our existence.

And so let us first examine the experience of suffering from the professional point of view. The physician is most familiar with pain and suffering as phenomena that fall under observation and are of considerable significance both in diagnosis and in treatment. Often enough, too, in estimating prognosis, the presence or absence of pain or suffering is of decisive import.

Pain and suffering are symptoms to be noted and described in fastidious detail. We seek to ascertain their constancy or periodicity, their intensity and variation, their relatedness to various activities and situations all of which often provide determining evidence for accurate diagnosis. Commonly, too, pain serves to suggest appropriate therapy, modifying the treatment of choice on occasion, even changing radically the approach used in certain cases.

For pain tends to be dictatorial; it demands attention prior to other concerns. Only after it has received all due respect will it yield center stage to other symptoms requiring attention. Moreover, pain or mental suffering not infrequently has an impact on the efficacy of treatment.

### **Pain and Perceptions**

Even more frequently, the presence or absence of pain determines the way a patient perceives the efficacy of a given procedure or drug. Most of you here could think of better instances illustrating this point than I, but I mention a classical instance if only to demonstrate that a psychiatrist can remember some clinical medicine.

Patients suffering from displaced disk but having only moderate pain who submit to surgery, will commonly continue to have some degree of low back discomfort and so consider the operation to have been a failure, even though the surgeon did an excellent job. On the other hand, those whose pain was more acute as well as persistent will consider the same operation to have been highly successful, judging any residual but relatively moderate discomfort to be a considerable improvement. And so the degree of pain commonly indicates in this instance the treatment of choice.

Indeed, it would be interesting, and probably quite useful to consider extensively and in great detail the manifold ways in which pain and suffering of all types bear upon issues that fall under the physician's concern. Since most of you here could draw up a fuller category of such instances than I, I shall rather turn your attention to another aspect of pain and suffering that is of the first importance and which is all too frequently overlooked or misinterpreted by clinicians.

I refer to such experiences as anxiety, guilt, shame, fear, feelings of inadequacy, despondency, self doubt, despair and depression, and just plain human unhappiness. These are more frequently associated with suffering and pain than is adverted to by the physician, I venture to opine. Indeed, it is not too much to affirm that pain is never simply physical, even when the cause is clearly physical, as in traumatic injury. It always has some psychic resonance in the form of one or more of the above mentioned feelings. Anxiety and guilt are surely the most

common, in that order; but the others tend to be also experienced in more severe or chronic conditions.

Such symptoms do not merely attend suffering and pain; often enough they constitute a kind of suffering in themselves. In numerous instances they become more important than the precipitating symptom or the physical disease itself. Indeed, in some cases they actually constitute the illness. Until these more elusive accompaniments or causes of suffering are dealt with, treatment of the patient remains incomplete, even though the wound heals or the infection is successfully cured. Often, in fact, such reactions to suffering or pain are more serious than the physical cause of the suffering.

Allow me to give an instance that might illustrate this point. I submit that this case is typical of many that are seen by physicians. It occurred many years ago but I have never forgotten, so strikingly did it demonstrate the principle under discussion. Another reason I remember it is that it is one of the relatively few times in my career that it seemed everything worked the way the books say it is supposed to!

A middle-aged lady was seen in the medical clinic at the University hospital where I was the psychiatric resident on call. The senior medical student had spent a good part of the afternoon examining the patient, and taking her history. Her presenting symptom was persistent, rather nondescript upper abdominal distress. No clearly discernible cause had determined its appearance; there was no well-defined localization that might allow the examiner to get some clue as to its source. The physical examination revealed nothing significant. In short, after spending his time and resources he hadn't a clue as to what was the problem. As a last recourse he decided to get a psychiatric consultation.

I entered the room and he introduced me to the patient. I looked at her briefly, sat down and said with as much gentleness as I disposed of: "Life is quite hard on you isn't it?" She did not answer but broke out in copious tears. When she was able to speak she began to tell how her pains had begun after some very distressing experience in her private life. Obviously, she felt relief at being understood.

The student spoke to me after she had left, asking me how I recognized what was the cause of her problems. The corners of her mouth spoke so eloquently that her story seemed written on her face, if one knew how to see. I have often discovered since then that there were many times when I missed seeing such unhappiness in persons whom I was trying to help, and consequently have been frustrated in my efforts. But such an experience as this one has done much to teach me how important it is to remain in touch with my own inner anguish. I have learned, too, that one must also abide in the deeper reaches of one's spirit, in the quiet joy that is a gift of the Spirit of God, or there is no compassion to share. Our own anguish proves helpful to others only if we experience it in relation to the gifts of grace, which are life affirming.

There are various sources of resistance to exploring for the presence of such psychic or spiritual phenomena as these which so often accompany suffering. After all, life is busy; there are too many things waiting to be done to look behind the surface for more trouble, especially trouble of a kind that often admits of

no ready cure. Besides, it is not always clear that it is the clinical physician who is best suited to deal with the problems presented. These problems might at times be the province of a psychiatrist, although in more recent times psychiatrists themselves increasingly tend to treat them as clinicians employing drugs more readily than listening and talking with the sufferer.

### **Medicine and the Spirit**

In any case, these human states that so often are companion to suffering, anxiety, guilt, dread, fear, unhappiness, discouragement, even despair are highly complex in their cause and in their composition. They are as much or even more the subject matter of religion, theology and spirituality than of clinical medicine, and in many cases, are better dealt with by spiritual means than even by psychiatry, as experience so often demonstrates. Many physicians have some vague sense then that to come too close to such questions raises more issues than they are well prepared to deal with. Once one gets into these areas who knows just where to draw the line between medicine, psychology and the spirit?

At this juncture, then, we come up against a very fundamental issue that has always confronted the physician relative to such human questions as suffering and pain and their accompanying states of anxiety, guilt and the rest. Is medicine an art or a science? Is the physician a technician or does he practice a liberal art, one, that is, which is concerned not merely with specific problems to be resolved, but with the whole person with whom he deals?

Suffering, anxiety, guilt, and the other states of body and soul I have mentioned above, are, as a point of experience, not only physical problems. They transcend the clinical; they have always also a human, that is psychic and spiritual dimension. Thus the physician, and this includes the psychiatrist, in practice must make a choice. Is he or she to approach medicine as a person who takes a liberal, humanistic and spiritual view of the profession or does the doctor view the profession essentially as a technician or engineer? There is little doubt that the dominant thrust of medical advance in the last forty years has been in the direction of technology. Its very success, which is notable and, in its more immediate results, a source of many benefits to people, gives it a prestige that seems to warrant its increasing dominance over the spirit as well as the material life of our society. Surely no practicing physician can escape the issues that arise from this fact. If no explicit decision is made to resist the depersonalizing consequences of highly technical medicine, then by default the pressure of current dominant trends will bring about the unchallenged technological approach to medical practice. All of us are keenly conscious of the fact that already the profession has traveled far along this road. The public increasingly perceives the physician as a technocrat and even as a businessman in contrast with a softer, more personal and humanistic figure.

In order not to succumb to such pressures as tend to make the physician into a kind of biological engineer, the individual doctor must make particular efforts to cultivate in addition to technical expertise, other, more humanistic and more spiritual qualities that will bear upon the practice of the profession. There is no

substitute for dealing with the patient as a whole person with a spirit and soul as well as a body. When any human being is approached as an interesting, or perhaps more often, as a fairly routine problem, that individual will feel depersonalized to some extent; in the worst case, alienated or even degraded. I suppose that all of you have heard from patients who have had such experiences in our hospitals and clinics. It requires very great efforts in the current cultural setting to resist this trend.

I might interject here that this problem is one that affects a number of the other professions as well. Teachers, politicians and priests are not exempt from analogous difficulties associated with our technological culture. I spoke with a TV producer who had an interview with a former governor to air the topic: "Why does the public hate politicians?" As far as I am aware physicians have not as yet advanced quite so far along the road of manipulation as to merit similar attention from the media.

It is at this juncture, then, that our theme of the physician and suffering bears upon the personal as well as the professional life of the doctor. For suffering is not only an object of study and analysis and description; it is also an intimate, inner experience. It is a human reality that touches the physician as a person as well as concerning him or her as a practitioner. I would like to develop this aspect of our theme.

### **Interior Life Essential**

For the physician to function in a professional capacity in the sense of being responsible for the well-being of the whole person and not merely a problem solver, living a fuller interior life is essential. One of the first issues we must deal with in undertaking the interior life is the mystery of suffering. Suffering as personal experience; suffering as it relates to life and its possibilities for the person in the concrete. Only one who has accepted his or her life as mystery, replete with possibility for personal growth but limited by death and confronted with suffering can consistently treat others as a person and not as mere object. Suffering is one of those experiences that lead us to confrontation with life as mystery.

Suffering, even in less acute forms, partakes of the mystery that lies behind the surface of our human condition. It quickly questions values and certainties long held. And so it opens new possibilities. It also stirs up new anxieties for this very reason, and our instinct to defend ourselves against suffering is thus reinforced. There are great thinkers and poets and, above all, mystics, who have written on suffering with a most plausible eloquence. Those who know most about it realize that the most personal and profound lessons to be learned about suffering can be communicated only to those who already have some measure of experience. For only experience can understand mystery.

Learning to come to terms with some measure of suffering is essential for human maturity. Judging from the lives of outstanding persons such as saints, artists and political figures of high achievement, suffering accompanies the fuller exercise of human capacities. We tend instinctively, to avoid and resist suffering.

The very idea of seeking it out for its own sake is abhorrent to nature and to the healthy spirit.

But one cannot live very deeply without discovering that to love is to invite suffering as a companion in life. Especially to love deeply. The suffering is not at all desired for its own sake, of course, but is rather accepted as the consequence of true love. Much of the pain associated with love is accidental: prolonged absence of a loved one, for instance, is often proportional to the attachment. One looks forward to the end of such pain eagerly but as long as the beloved is absent one would not be without it.

There is a form of pure and deep love that is often a source of anguish for one that arises, not from some accident of life, but rather from the nature of our mortal condition. Any person who learns to love deeply, that is, transcendently, so as to relate to the other from the most intimate levels of the self, by that very fact becomes acutely aware of death. Not his or her own death, but the death of the beloved.

This awareness of the fact that one day the beloved must die is the beginning of wisdom and leads to a maturity that is achieved with difficulty in the absence of some form of such transcendent love. To gain wisdom in life the human person must undergo some form of suffering. The ancient Greeks already understood this well. Aeschyles has stated it finely: "In visions of the night, like dropping rain, descend the many memories of pain before the spirit's sight; and in our despite, against our will comes wisdom to us by the awful grace of God." (Agememnon, 180)

For such wisdom to develop and flourish this awareness of the frailty of life must be cultivated and allowed to influence our attitudes and actions. This always demands a certain period of maturation; it rarely occurs in young adulthood except in the presence of some great suffering.

The most striking instance I ever encountered of such a precocious transformation was the instance of a classmate at the University. He was a friendly man, one might even describe him as being sociable to a fault; certainly he was even less distinguished by devotion to hard work even than the rest of us. He was quite wealthy, drove a flashy convertible which was usually occupied by some elegantly dressed girl. He was always impeccably attired, and gave the impression of either coming from a party or going to one. The chief evidence he gave of intelligence, I believe, was his capacity to get through school without stooping to study.

It was 1942 when we met, and about a year later he went off to the service, like most of our class. I had no further contact with him for about four years until one day after the war I was driving by the hospital with a fellow medical student. My attention was drawn to a young man with a bad limp walking along. As I looked more carefully I saw it was Ed. I stopped and he recognized me immediately. When he began to speak I was so profoundly astonished at the change in him that I have never forgotten the impression I received. He made but the briefest reference to his serious wound; said nothing at all about the suffering and danger he had gone through. It was not necessary to state it; his whole person conveyed it. He had become gentle, and modest; nothing remained of his exuberant, self

advertising manner; rather, his presence was marked by a self-possession and quiet seriousness. There was a faint aura of mystery about him, I felt, as if he had some secret knowledge he could not share. Whether he was precociously wise, I do not know; but in that single brief contact it seemed to me I saw evidence of the mysterious and transforming power of suffering that is accepted and worked through.

### **Love and Limits of Life**

More rarely one sees those who learn wisdom early through loving more deeply thus feeling more vividly the consequences of our mortality. At the same time, they experience greater responsibility for the well-being of the beloved not only in the present, but throughout the whole of his or her life. Such persons live with a more sensitive consciousness of the implications of suffering and death for our daily life, and are more subject to their transforming power.

Such contact with the limits of life and the fresh appreciation for its possibilities are often privileged moments in the life of the individual. They must be accepted and even cherished to exert their beneficent influence. Such acceptance is inviting but requires courage, for it entails assent to the suffering that inevitably accompanies such love. It is facilitated by the joy of dedication to a worthy and even noble life, and by the knowledge that such sacrifice is life-giving. Such suffering is recognized as being itself a form of higher love. Accepted freely it is liberating. It is not marred by a perverse seeking of self fulfillment, there is nothing masochistic in it, but rather is known as the actualization of one's truest being.

The central act of our Catholic faith celebrates such a love that is at once human and divine. The sacrifice of the mass makes present in the Church the mystery of the suffering and death of our Savior, which He underwent through love of His Father and love for our humankind. As a consequence of His passion we cannot be touched by suffering, whether our own or that of our patients, without coming very close to the mystery of salvation, that is to say, with the issue of true life and fulfillment, on the one hand, or, on the other, of its rejection and so of death.

Far from being an expression of morbidity, to accept suffering in light of our faith in Christ ultimately leads us to an intensification of life and a fuller humanization that touches all aspects of our world, including our professional life and our relations with patients as well as with our loved ones. It further leads to a fresh understanding of love and of life. Thomas Merton has described better than anyone I know, the nature of the process by which love results in an increment of life. "Love, then," he writes, "is a transforming power of almost mystical intensity which endows the lovers with qualities and capacities they never dreamed they could possess. Where do these qualities come from? From the enhancement of life itself, deepened, intensified, elevated, strengthened, and spiritualized by love. Love is not only a special way of being alive, it is the perfection of life." ("Love and Living", 35).

Immersion, then, in the mystery of Christ as it impinges on daily life and



especially at that point of junction between the human and divine where suffering is found, at the mass and in the human soul, is an approach to life that allows the Catholic physician to grow in compassion and in humanity, for it joins the faithful to that place where God awaits us, hovering, as C.S. Lewis puts it, just beyond the grasp of consciousness. To go forth from ourselves to meet Him there is to transform suffering into meaningful life. To strive to live each day confronting such suffering as we encounter with faith and desire for union with God is to be transformed into children of God.

In this way the mystery of suffering culminates, not in death but rather in the light of glory where we discover ourselves in the truth and love of God that called us into being and that accompanies us in sorrow and suffering and thus formed us in the likeness of Christ, to the glory of God our Father.

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