

# Chapter One

## The Nature of Suffering

The capacity to suffer and the desire not to suffer are shared by all sentient beings. It is so basic and fundamental a capacity that we often fail to pay much heed to its importance in ethics. And yet it is this capacity which allows us to differentiate between the act of kicking a ball (judging such an act a morally neutral one and calling it exercise) and the act of kicking a dog or a child (judging the act to be morally wrong and calling it brutality). Dogs and children have experiences and have the capacity to suffer; balls do not. Our capacity to differentiate between the two acts of kicking rests on our capacity to feel compassion with the suffering of entities who we feel share, at least to some degree, such a capacity with us. This book will argue that the capacity to suffer can be used as a universal grounding (even if a rather thin grounding, and one in need of development) for our behavior towards others.

Our relations with each other do not simply involve particular actors acting at a particular time. Our relations with each other are determined by and occur in a community. Individual selves begin in community, and communities, in turn, are constituted of individual selves. The relationship I shall explore is a complicated and interwoven one. Our moral presuppositions when we look at community are critical to the way we ultimately look at justice and rights. These moral presuppositions shape the evolution and determine the solidarity of our community. I shall argue that communities are more than merely a composite of individuals, that communities are more than merely the means by which individual ends can be reached. Since I will use the capacity of all sentient beings to suffer as one of the underpinning conditions of community and argue that communities are shaped by, evolve, and maintain their solidarity by an ongoing search for minimiz-

ing the suffering of their individual members, a concept of suffering is basic to the way I shall look at both individual and communal ethics.

### Basic Notions of Suffering

Pain and suffering are felt to be integral parts of living. We speak of them frequently, especially when it comes to thinking about illness and disease. And yet, neither the literature of medicine or the philosophical, sociological, and psychological literature deals with the concept of suffering in any systematic or thorough fashion. The theological literature, on the other hand, tends to deal with the subject in a peculiar way: At times, suffering is seen as punitive, at others as redemptive, and while it still carries a negative connotation, some of the religious literature tends to examine what it apparently views as the more positive aspects of suffering.

Suffering, in many religious traditions, is seen as justified either because it is rewarded, deserved, or redemptive.<sup>1</sup> The suffering of innocents, rewarded by eternal bliss, has been used historically to keep slaves, serfs, and, ultimately, the proletariat in line: With eternal bliss just around the corner, why worry unduly about the here and now? In both religious and secular terms, suffering may be seen as deserved. We see that sort of thing in the day-to-day world when we say that smokers deserve to get lung cancer, drinkers deserve their cirrhosis, and the homosexuals or drug addicts who suffer from AIDS deserve their affliction. In theological terms, sinners may be condemned to hell or be sent to purgatory for a period of redemptive suffering. But, in this work, we shall leave such theological considerations aside. In addition, we shall not consider suffering that has a sufficient number of positive elements known to the sufferer so that it is willingly or perhaps even gladly endured. That is not the suffering of which we speak.

All situations of cognitive existence offer the possibility of suffering.<sup>1</sup> Suffering carries a large number of connotations. The Oxford English Dictionary defines it as "the bearing or undergoing of pain, distress or tribulation." To suffer is to "have something painful inflicted" or "to submit to with pain, distress, or grief." The implication is one of a stimulus that is both disagreeable and protracted. Many events of our daily lives are both disagreeable and protracted; and yet we would hardly claim all of them to be a cause of suffering. So, merely being disagreeable and merely being protracted does not qualify. Suffering, in addition, carries a connotation of allowing something to occur which one might easily stop: the statement in the New Testament (or, at least, the common English translation) "suffer your little children to come

onto me" may serve as an example. The implication here is not of something necessarily to be endured but of something to be permitted. That meaning, while it forms a background to our contemporary understanding of the word, is generally not the meaning we give to the term today. Nevertheless, the term carries a large and inevitable baggage of historical significance and, furthermore, has many nuances of contemporary meaning. If one is to use suffering as a unifying concept, then, one needs carefully to lay out what precisely one means by the term and how it is to be used.

Pain and suffering are often equated with each other.<sup>2</sup> Bodily pains (for which the question "where does it hurt" is an appropriate one) and pains of the soul (for which such a question has no clear meaning) are, by that analysis, both describable as pain.<sup>3</sup> But the one (whether it does or does not have a demonstrable organic cause) is experienced as having a definite bodily locus, the other does not. In this book, I shall differentiate between pain and suffering. Such a differentiation may appear to be a form of quibbling; however, I think that it can be demonstrated that there are important anatomical, conceptual, and phenomenological differences which make the distinction worthwhile.

The way the term "suffering" will be used here implies a number of things. Suffering is, first of all, a disagreeable experience and an experience one would wish to avoid. It is true that what causes one person to suffer does not cause suffering in another, so suffering has to be defined on individual terms: When what makes another suffer is painless (or, perhaps even pleasurable) to me, I cannot be said to suffer. When one willingly endures suffering, one does so to serve a larger purpose and not because suffering itself is sought out. In such cases, say when one willingly undergoes protracted chemotherapy or accepts suffering as a means for salvation of a different sort, one does so in the hope of affecting a cure or of gaining salvation. The trial is accepted for a higher integrative purpose, and while it has some of the elements of suffering it is a suffering considerably different than some other. As Frankl has pointed out, suffering no longer is suffering when it finds a meaning.<sup>4</sup> A critical component of suffering is its lack of meaning to the one suffering. "Meaning" here is used in two quite different senses. One sense is that for a negative experience to become suffering it has to be remembered, integrated and understood; without such memory, integration and understanding it remains merely a single or a series of noxious stimuli. On the other hand, when Frankl speaks of "meaning" he is speaking about understood negative sensations which cease to be true suffering when they subserve a person's greater goal and become meaningful. As we shall see when we examine the biological underpin-

nings of sensation, pain, and suffering, sensation becomes pain when it is perceived in certain ways, and pain can become suffering when it is seen to serve no purpose and, in that sense, to have no meaning.

Understood pain or discomfort, then, is no longer suffering in the same sense as is the same pain or discomfort when its meaning or purpose is not understood. This has profound implications for the understanding of suffering in different situations and by different organisms at different times. Suffering is a supple concept which differs from organism to organism, is variable in degree, and is modulated by associated circumstances.

Suffering, furthermore, is not a purely physical matter. Physical pain, even though it is often associated with and often provokes suffering, is not in itself enough to cause suffering. To suffer, an emotional response to a given situation by a given individual is necessary. Suffering cannot be reduced to pain, nor is pain necessarily equivalent to suffering. Some have felt that experiencing loss is an essential element of suffering whereas it is not necessarily an essential component of pain.<sup>5</sup>

Freud speaks of suffering as entailing the antithesis of the pleasure principle. Suffering, as Freud speaks of it, (although without giving a clear definition) threatens us from three directions. It comes to us (1) "from our own body, which is doomed to decay and dissolution and which cannot even do without pain and anxiety as a warning signal," (2) by threats from the external world "raging against us with overwhelming and merciless forces of destruction," and (3) "from our relations to other men." Freud, rightly or wrongly, thinks that the suffering which may be entailed in our relations with other men may be the worst of all because it is a "gratuitous addition" brought about by another's volition rather than being, in a sense, inevitable.<sup>6</sup> Enduring the pain of terminal cancer may, all things considered, be less important in the suffering of the cancer patient than is the frequent alienation from others.

Suffering is something experienced by an individual.<sup>7</sup> Its existential quality is subjective and peculiar to the individual suffering. A given stimulus at a given time may cause one person to suffer while causing only mild discomfort to another. The same stimulus applied to the same person at different times may provoke suffering at one time and not at another. We suffer in a particular context and we carry to our suffering an emotive baggage of present context as well as of history and a sense of the future.

The importance that meaning or the lack of it plays in differentiating animals from humans is an important issue. Many have argued that animals cannot find meaning because animals lack a history. Others

have claimed that Freud's concept of suffering can apply only to humans and cannot be applied to animals. I want to challenge both of these contentions.

If the statement that animals "cannot grasp the problem of meaning" were true, if animals could never find meaning in their pain (a statement I take strong issue with), animals could be said to suffer more rather than less. If none of my pain is understood, then my pain is far more likely to become suffering. Such an argument would have a distinctly strange consequence: If animals cannot find meaning in pain and if, therefore, they are much more likely to suffer, we must be far more concerned with the pain of animals than we need be concerned with an equivalent pain in humans. Pain that is not understood, events which are perceived as a threat because they lack explanation must, if we are to do all we can to avoid suffering, be of special concern to us. It is for this reason that we must have special concern when dealing with the mentally impaired.<sup>8</sup>

The argument that higher animals are incapable of reasoning or of finding meaning cannot be substantiated. Higher animals most certainly show the capacity to act in more than a mere reflex fashion and can be easily shown to reason consequentially. Arguing that their behavior is still merely reflex because it is in response to their innate biology begs the question. The same argument can be made with equal force about humans. Human action is no less in response to innate biology than is that of lower animals. Biology of necessity underpins all actions, but this does not equate animals and humans. The capacity to reason and the resulting capacity to find meaning are evolved capacities and are unlikely to have sprung forth biologically unanticipated in humans. As we shall see, the development of those anatomical structures necessary for reasoning, feeling, and having emotions is (like the development of the cardiovascular or renal system) one which has developed as a result of evolutionary forces. Having a better cardiovascular system (or being able to reason more effectively) is adaptive and has survival value. To claim otherwise is to reason in a creationist fashion.

The claim that animals cannot meet Freud's conditions for suffering likewise cannot be substantiated. Animals have a capacity to reason, even if that capacity is, in general, less than the equivalent capacity in humans. It is the capacity to reason which ultimately underpins Freud's conditions. Without reasoning his conditions cannot even be approached. Animals, just like humans: (1) need pain as a warning signal and have pain due to the "decay and dissolution" of their bodies; (2) are threatened by the external world (especially by mankind); and

(3) have relations with others which can bring them severe grief. Those of us who have watched a dog or a bird grieve for the loss of its mate or of its owner, those who have seen the eyes of a faithful dog beaten by its master cannot well deny this!

Suffering happens not just to individuals but to individuals in community. The nature of suffering (not only how we behave when suffering but also those things which cause us to suffer) is conditioned, and in a very real sense defined, by the community in which it occurs. Examples of this are not rare: a person who is suffering severely in one place or under one circumstance, may not do so or may do so far less in another place or circumstance. The hospice movement rests on that observation. A person may not truly suffer or may suffer far less under similar circumstances in the embrace of a religious (or other close-knit) community than he or she would in another context. Martyrs (religious as well as secular martyrs) joyfully embracing their martyrdom are, historically at least, not rare. The suffering individual and the community in which such suffering occurs cannot be separated. When community supplies solidarity and purpose, suffering is transmuted.<sup>9</sup>

There are many components to the notion of suffering, none of which is alone either necessary or sufficient for the concept. Suffering may, but does not have to, entail hurting, being afraid, not understanding, or loss and it often includes an element of hopelessness as well as a sense of being without power to change the events we fear (or know) will happen.

### Biological Considerations

Pain, in general, is a warning: a biological alarm which counsels us that something is going awry and that, if we can, we had best find out what is wrong and do something about it. It is a crucial biological safety device, something like the idiot lights in my car which flash a warning that ought not to ignore, at least until I investigate its cause. Pain is a protective device, a biologically crucial survival mechanism that is purposively noxious and meant to stimulate behavior leading to escape from the stimulus or situation. Behavior may be very simple (I take a pebble out of my shoe, avoid a blister, and perhaps save myself from a terrible infection) or, in our social setting, very complicated: I get chest pain and seek hospital care. A dog yelps and moves his foot away from a bumble bee, or he comes to his master and lifts his paw to have an injury treated or a splinter removed.

Whatever else pain is, it is something all organisms try to avoid unless a compelling reason to seek it overrides that primitive desire. For

example, I may undergo more pain to have coronary surgery after my chest pain causes me to seek admission, and the dog may hold still when his master extracts the splinter or fixes the injury despite the pain that not running away may entail. Suffering does not have quite the same teleological usefulness; it carries with it many more connotations than merely having pain does.

Pain, however, is more than simply a reflex response to a noxious stimulus and moving out of the way. After all, amoebas and worms will show such reflex responses but we hardly attribute pain to them. Our failure to attribute pain may be wrong; it may be that the avoidance behavior of amoebas and worms should be properly seen as pain. However, I believe that one can show that there is more to pain than merely avoidance behavior and that our assumption that amoebas and worms do not feel pain is correct.

Reacting to a stimulus does not necessarily entail conscious perception. Dead fish may jump under the influence of certain stimuli, and patients whose spinal cords are severed and who have no sensations from their waist down will, nevertheless, react (and even react quite violently) to an unfelt hammer tapping their knee. The observation that dead fish jump and persons with spinal cord trans-sections exhibit a knee-jerk is not sufficient reason to conclude that sensation is felt. Such cases demonstrate a dissociation between sensory perception and motor response.

Sensations are felt (appreciated or perceived) when there is a functioning neocortex connected to the area of stimulation by functioning nerve tracts. When either a functioning neocortex is absent or when nerves from the neocortex are absent or nonfunctioning, impulses either cannot be perceived (the neocortex is absent or nonfunctional) or cannot be transmitted (the connection between stimulus and cortex is absent or nonfunctional) and sensation perceived. In both these cases, the motor response may remain unimpaired, severed and separate from the sensation. In biological organisms as we know them, the presence of a functioning neocortex seems to be a necessary condition for sensation to occur. This does not, by any means, reduce pain perception to the neocortex nor claim that some other structure in as yet undiscovered organisms may not serve equally well; it does, however, advance the claim (substantiated by an enormous body of evidence) that in organisms as we know them the neocortex is a necessary condition of pain.

For noxious stimuli to become pain several things are necessary. There is, of course, the initial stimulus extrinsic or intrinsic to the organism, be it a pebble in my shoe or an ache in my stomach. Such a stimulus, may, of course, be neurotic: people may believe that they are having

terrible pain when no demonstrable cause can be found. This either means that no organic cause for sensation exists, that we have not been diligent enough in our inquiry, or that our knowledge of pathology is insufficient to allow us to find the true cause. Even when, however, no organic cause truly exists, emotional or psychological factors provide what is, in fact, a stimulus.

Once stimulation from whatever source occurs, connections from the area of stimulation to the place in which the stimulus is perceived must be in place and must be functioning. That is what is lacking in our paraplegic: the stimulus is there, the perceptive organ (the neocortex) is intact and functional, the motor ability to respond is unimpaired but the connections between the stimulus and the perceptive organ are severed. A reflex arc connecting the patella to the muscles of the leg by way of the lower spinal cord mandates a muscular twitch even though no sensation occurs.

In the worm, on the other hand, what primitive neural structures exist are not directed to cognition and merely make of such organisms somewhat more elaborate reflexive creatures. It is, somehow, the neocortex which is involved in translating a stimulus into a patient's pain. The neocortex takes the stimulus and makes of it more than a repetitive series of instances. To perceive a stimulus as ongoing rather than as merely intermittent, to realize that one instance is connected to the instance before it, some memory is essential. Kant calls this "re-cognition": a process of "knowing again."<sup>10</sup> However primitive, memory enables thought by integrating sense perception into itself.

To feel pain, then, requires an external or internal source of stimulation, a structure which receives the stimulus, connections from such a structure to higher centers of perception and ultimately structures which are able to connect instances with each other.

Pain is neither a necessary nor a sufficient condition of suffering even though it is what is most frequently thought about when the term is used.<sup>7,11</sup> It is not a necessary condition because extreme suffering can take place without actual physical pain: the mother watching her child being beaten to death while she stands helplessly by, the wife seeing her husband's agony, or the man seeing his reputation ruined or his work trivialized, are all suffering, sometimes far more profoundly than even those in severe pain. Pain, on the other hand, is not a sufficient condition for suffering: merely having pain does not denote suffering. The young teenager having her ears pierced or the person being tattooed is experiencing pain, but they cannot be said to suffer. The pain is of brief duration, not terribly severe and in pursuit of a desired goal.

Prolonged pain is not necessarily equivalent to suffering, although



it gets closer to the mark. Persons with an ingrown toenail or a mild headache ordinarily do not feel that they are suffering. The severity of pain alone does not, by itself, entail the agony of suffering. I may have a very severe but brief pain and looking back at it would laugh to think of it as suffering. A combination of severity and duration comes closer to the mark but is also not entirely sufficient. One may have rather prolonged and rather severe pain: it is disagreeable, it would, whenever possible, be avoided by most persons but just because it is disagreeable and, if possible to be avoided, it still may not be classifiable as suffering. Other features seem to enter into the equation.

Current sensation has to be, as we have seen, connected with past sensation if a discrete stimulus is to be changed into pain. Suffering, however, entails more. In however primitive a fashion, the capacity to suffer entails an ability to realize the future: I am suffering because a stimulus existed before, exists now and may, for all I know, exist in the future. It is this realization of future which underwrites hope and courage as well as hopelessness and despair. To hope or to lose hope implies a realization of the future. We may suffer but have hope or we may have lost all hope and so suffer more. But to suffer we must realize that there was a yesterday and that there is a tomorrow.

To translate pain into suffering is an even more complex issue than deriving pain. Anatomically it would seem that, beyond a neocortex, elaborate frontal lobe connections are needed. It is an old experience that patients with severe pain who undergo frontal lobotomy for "pain relief" will continue to acknowledge their pain but lose the capacity to suffer.<sup>12</sup> When asked, they readily affirm their pain but say that it doesn't really bother them: They are not—and they will readily tell you that they are not—suffering.

There is, however, a lot more than just the frontal lobe involved. Darwin suggested that evolution is as much involved in the formulation of emotions as in the development of physical traits.<sup>13</sup> In this century the fact that the limbic system is intimately connected with emotions and somehow involved in suffering has been clearly shown.<sup>14</sup> The limbic system, the thalamus and the hypothalamus "set the emotional background on which man functions intellectually."<sup>15-17</sup> When frontal lobotomy relieves the suffering associated with severe pain, the relief is not simply due to a disconnection of the frontal lobes from the rest of the neocortex. A complicated interruption of pathways between the frontal lobes, the rest of the neocortex, and lower structures associated with emotion occurs. An actual distinction between pain and suffering, apparently underwritten by an elaborate neurological system is a biologically very valid one.<sup>18</sup>

Moreover, structure is hardly the whole story. The brain is not merely an elaborately wired electrical sensing device. It is far more. Neuroreceptors and neurotransmitters play a crucial role in the function of the brain. Our emotional responses, including our capacity to suffer, are underwritten by a vastly complex and intricately interrelated system in which many forces play roles. These forces, while perhaps at the highest stage of development in man, did not appear *de novo* in man, and the ability to feel, think, and, ultimately, to suffer, are certainly present in organisms that have a neocortex and an associated limbic system.

Suffering, no more than thought or feeling, can be reduced to the material things which go to make up neural structures. Our capacity to feel, think, and suffer is far more than that. Neural chemistry and structure, however, forms the necessary substrate allowing the functions of thought, feeling, and suffering. The presence of a functioning neurological system does not equate with thought or feeling but the absence of such a system removes the possibility of function altogether.

### Nonbiological Considerations

Suffering has strong connections to hopelessness and despair. Knowing that my suffering will shortly come to an end, or that it has meaning, may convert the suffering into endurable pain; knowing or believing that my suffering is interminable aggravates it or converts mere pain (sometimes even relatively mild pain) into profound suffering. We suffer when we realize that no chance for improvement exists or, even worse, that things are likely to get worse instead of better. Shattering hope, for example, is a way of causing people to suffer. Despair, while it is generally associated with hopelessness, implies even more: It is a more global phenomenon. I may feel that my condition is hopeless, that I will not recover and that, in the nature of things, I will continue to have pain or even to suffer. But I may, at the same time, find some satisfaction in other things. Despair denotes not only hopelessness in one sphere but hopelessness overall: There will be no improvement, there is no joy and there can be no salvation. It is suffering beyond compare. Hopeless grief (despair) is, as Elizabeth Barrett Browning has pointed out, passionless. It suffers without hope, without options "in everlasting watch and moveless woe." It is alienated and withdrawn: beyond protest or tears.<sup>19</sup> In some religions, despair is the ultimate sin: When we despair we lose all belief in the ultimate goodness and purpose of God. It is an affirmation that we are alone in a hostile and incomprehensible world.

When I have options to my suffering, suffering is greatly reduced. A sense of impotence, a lack of control over my own destiny, aggravates suffering or, sometimes, can convert pain to suffering. If I know that I can stop my pain, if I know, even, that I can end my life, suffering is reduced. Prisoners in Nazi death camps, dehumanized and in despair, often went unprotestingly to the gas chambers. The realization that there was an option, even if only the option of committing suicide, stimulated at first a rash of suicides and not much later revolt: The knowledge that some option exists, however dismal, is preferable to none. Patients riddled with cancer who have the means of suicide at hand likewise have been known to take comfort in their ability to be the masters of their own fate. Their pain persists, their suffering endures but the degree of their suffering is reduced.

Fear is often a very real part of suffering and fear is often connected to some of the other elements such as lack of understanding or powerlessness. We fear what we know will happen but we may fear what we do not understand far more. The human species' ongoing attempt to "explain," in reasonable or what seems at times unreasonable ways, has been and continues to be a very important human activity. We fear what we do not understand and we try to remove this fear by labeling and explaining even when the label does not promote understanding or the explanation defies human reason or experience. Thinking we know is better than knowing we don't.

So far we have seen that in order to convert sensation to suffering, a functioning neocortex with complex neural relationships to other structures connected to the point of perception is necessary. Such a point of perception may be internal or external. I may reflect on past experiences or on missed opportunities and, in consequence, suffer extensively. On the other hand, a sustained and inescapable physical stimulus may condition my suffering. All the elements ultimately concerned with the capacity to suffer are elements which ultimately have to be sorted out and integrated into a functioning neocortex. A functioning neocortex and its complicated skein of interconnections is the necessary but not the only condition for suffering.

Patients with terminal cancer are among the most frequent examples of suffering which spring to mind when the term is used. Examining how such persons suffer can help us begin to understand some of the mechanism of suffering. Pain alone fails to describe what these patients experience. This is at once apparent when one considers that certain neurosurgical procedures may alleviate or, at times even eliminate, suffering while pain continues. Patients with severe pain who have had some of these procedures deny suffering but continue to

have pain without, however, complaining about it.

The suffering of terminal cancer patients, then, involves much more than pain. Pain, of course, is a frequent element; but it is pain which may well not be as severe as some other pain, which, under other circumstances, would not cause suffering. Hopelessness enters in and despair may appear. Patients may feel completely out of control and unable to control their own destiny. The social dimension of cancer in our particular society, what we know and don't know about it, the way we historically have looked at it and the way we look at it today, all condition the cancer patient's particular agony. Add to this that medicine, at least in America, deals, for a variety of cultural reasons, very poorly with pain and suffering.<sup>20</sup> The cancer patient whom we often take as the paradigm of suffering, however, is not alone. The ethics of managing pain (and suffering) is a subject which has not been well addressed.<sup>2</sup>

Patients with AIDS suffer, in some ways similarly to terminal cancer patients. Communal attitudes and expectations greatly condition not only the diagnoses physicians make and the explanations they use but likewise the responses patients have towards their physical illness. Anthropologists have shown that certain conditions or circumstances in certain population groups seem to cause little suffering. The particulars of what causes suffering and the way in which persons suffer is socially defined. The way childbirth is viewed socially has much to do with the way that the pain of childbirth is experienced by women. This is readily apparent not only in widely disparate cultures but has changed within our own cultural context in our own lifetimes. In societies in which illegitimate pregnancy is a cause for terrible shame, the parents of the pregnant girl as well as the girl herself may suffer horribly; in societies in which illegitimate pregnancy is an expected occurrence, such parents may look forward to their daughters confinement with joy.

### Community and Suffering

For our purposes, we shall consider that creatures who have the capacity to suffer must have (1) the ability to sense internal or external sense stimuli and (2) an appreciation of past, present, and future as connected. This requires, at however primitive a level, the faculty of thinking and reflecting. A neocortex and an associated limbic system, although not sufficient in themselves as conditions, are, nevertheless and in biological organisms as we know them, necessary conditions so that suffering can take place. Furthermore, suffering is something that happens to individuals and suffering is individually defined; but suf-

fering inevitably is conditioned by the community in which such suffering occurs (even when a hermit suffers, she suffers in the way her community of origin has conditioned her). Suffering, therefore, is a process which has biological and social dimensions inextricably intertwined with each other. To truly understand suffering requires us to understand both the individual and his needs as well as the community in which his suffering occurs.

Suffering is a universal. All sentient beings share a common capacity for suffering even if such suffering is provoked by very different events in one than it is in the other. Furthermore, the intensity of suffering of which an individual or a species is capable may be variable: Not all people and not all creatures can suffer to a like extent. All sentient beings live in community, be it the community of a small family or the community of herds or flocks, and suffering occurs in the embrace of community and is conditioned and modulated by it.

Suffering, in a sense, separates persons from community. Suffering persons tend to withdraw into themselves and to feel alienated from a community going on with its daily lives and tasks while they suffer. When communities ignore those within their embrace who are suffering and when they treat them uncaringly or callously the integrity and solidarity of community is shattered. This is true not only when patients who are in pain are ignored and not given necessary medication to relieve their pain; this is likewise true when communities ignore the basic needs of some of their members whose agony of deprivation remains unattended.

### Suffering and Ethics

The capacity of so-called higher animals not only to feel pain but to suffer has been doubted by some. They will claim that while higher animals will often appear to be suffering, our attribution of that capacity to them is a form of glaring anthropomorphism; an interpretation by us, in our own human terms, of what animal behavior denotes. Since animals cannot inform us that they suffer, so the argument goes, we cannot infer that their behavior denotes suffering merely because it resembles our own behavior when we suffer. Yet higher animals have a neocortex and an associated limbic system, have (although some will even deny this) an undoubted memory and an ability to think, and, in addition, exhibit behavior which most of us associate with suffering. The burden of proof, it seems, rests on those claiming that despite the presence of the anatomical conditions for suffering (a neocortex and limbic system), despite a memory, despite an ability to think, and

despite the fact that these animals exhibit, under appropriate circumstances, behavior generally associated with suffering, they do not suffer.

Primitively speaking, to have the capacity to suffer implies that one has the ability to recognize at some conscious rather than reflex level that noxious stimuli are noxious and to go beyond this. I have chosen to attribute ethical importance to the capacity to suffer rather than merely to the capacity to sense pain. To judge whether an organism is or is not sensing pain ultimately depends upon the behavior an organism exhibits when responding to stimuli we consider to be noxious. In the sense of responding to noxious stimuli, amoebas sense pain; but amoebas do not knowingly sense pain or have the capacity to extract suffering from such a sensation. While we do not know this with absolute certainty, evidence for this statement is overwhelming. There are, furthermore, many more ways of injuring a sentient entity than by causing pain. Focusing on pain, rather than on the more global concept of suffering, is too narrow. Saying merely that we should not cause pain to another who can sense pain excludes too many other hurtful actions which we intuitively feel need to be condemned or, at least, explained and justified. I will argue that one has a prima facie obligation not to cause suffering, and that, of course, includes the obligation not to cause pain to all (including higher animal) entities capable of suffering. Since organisms not endowed with the capacity to suffer cannot be conscious of noxious stimulation, I will forgo arguing that one has any direct prima facie obligation to organisms not endowed with this capacity. Further, I will argue that communal values as understood in beneficent communities imply an obligation beyond the prima facie obligation to refrain from causing suffering to others. Obligations, where possible, to ameliorate or prevent the suffering of members of community are likewise binding.

### References

1. Rawlinson MC: The Sense of Suffering. *J Med Phil* 11:39-62, 1986.
2. Edwards RB: Pain and the Ethics of Pain Management. *Soc Sci Med* 18(6):515-23, 1984.
3. Edward RB: *Pleasures and Pains: A Theory of Qualitative Hedonism*. Ithaca, NY: Cornell University Press, 1979.
4. Frankl VE: *Man's Search for Meaning*. New York: Simon Schuster, 1963.
5. Koskoff YD, Hagg S: The Syndrome of Suffering: A Pragmatic Approach.

*Am J Clin Biofeedback* 4:111-16, 1981.

6. Freud S: *Civilization and Its Discontent*. James Strachey, trans. New York: W. W. Norton, 1961.
7. Cassell EJ: The Nature of Suffering and the Goals of Medicine. *NEJM* 306(11):639-45, 1982.
8. Loewy EH: Treatment Decisions in the Mentally Impaired: Limiting but Not Abandoning Treatment. *NEJM* 317:1465-69, 1987.
9. Reich WT: Speaking of Suffering: A Moral Account of Compassion. *Soundings* 72(1):83-108, 1989.
10. Kant I: *Kritik der Reinen Vernunft*. Baden-Baden: Suhrkamp Verlag, 1988.
11. Cassell EJ: The Relief of Suffering. *Arch Int Med* 143:522-23, 1983.
12. Kosskoff YD, Dennis W, Lazovik D, and Wheeler ET: Psychological Effects of Frontal Lobotomy Performed for the Alleviation of Pain. *Res Publ Assoc Res Nerv Ment Dis* 27:723-52, 1948.
13. Darwin CR: *The Expression of the Emotions in Man and Animals*. New York: D. Appleton & Co., 1873.
14. Herrick CJ: The Function of the Olfactory Parts of the Cerebral Cortex. *Proc Nat Acad Sci* 19:7-14, 1933.
15. Papex JW: A Proposed Mechanism of Emotion. *Arch Neurol Psychiat* 38(4):724-43, 1937.
16. Cobb S: *Emotions and Clinical Medicine*. New York: W. W. Norton & Co., 1950.
17. Foltz, EL and White LE, Jr.: Affective Disorders Involving Pain. In Julian R. Youmans, ed., *Neurological Surgery* 2nd ed., vol. 6. Philadelphia: W. B. Saunders Company, 1982. p. 3727-38.
18. Watts JW, Freeman W: Frontal Lobotomy in the Treatment of Unbearable Pain. *J Int Coll Surg* 27:715-22, 1946.
19. Browning EB: Grief. In *The Pocket Book of Poetry*. M. E. Speare, ed. New York: Pocket Books, 1943.
20. Wanzer SH, Federman DD, Adelstein SJ, et al.: The Physician's Responsibility towards Hopelessly Ill Patients: A Second Look. *NEJM* 320:844-49, 1989.