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## Suffering, care, and the good life: some ethical remarks

### Abstract

Pain and suffering can be seen as distinct experiences, although they show analogies and mutual influence. On a moral level, we might consider if and why a “painful life” is an overall “bad life”, or if (and why) some personal resources can be found to cope better with it and ultimately preserve the possibility of pursuing some “goods”. In this paper I will first address the two notions of pain and suffering, and then focus on the inner condition of human suffering, with the aim of identifying possible ethical and anthropological meanings. While suffering remains a challenging and undesirable situation in life, some personal goals and virtues may be compatible with it and can therefore be cultivated accordingly. Moreover, the human condition of suffering may even reveal some aspects of our identity, our deepest needs, and seemingly unrelated positive values, especially those related to our relational dimension. In conclusion, human flourishing can be sought despite the undeniable condition of suffering, and a constructive attitude towards suffering can yield significant elements such as mutual love and the joy that comes with it.

### Keywords

Virtue ethics, Suffering, Human flourishing, Vulnerability, Palliative care.

## 1. Introduction

Pain and suffering have been philosophically understood as distinct experiences, although they also show some analogies and mutual influence. At a moral level, we might ask ourselves if and why a “painful life” is an overall “bad life”, or if (and why) we can find some personal resources to better cope with it, and eventually preserve the possibility of pursuing some “goods”. In this paper I will initially address the two notions of pain and suffering, then I will focus on the inner condition of human suffering, aiming at identifying possible ethical and anthropological meanings. I will try to show that, while suffering remains a challenging and unwilling life situation, some purposes in life and virtue endowment might be compatible with it, therefore could be cultivated accordingly. Also, the human condition of suffering can even unveil

some aspects of our identity, of our deepest needs, and of seemingly unrelated positive values, mainly connected to our relational dimension. I will conclude that human flourishing might be sought despite the undeniable condition of suffering, and that a constructive attitude towards suffering could yield significant elements, like mutual love and the joy that comes with it<sup>1</sup>.

## 2. The functions of pain

Obviously, the experience of pain is so pervasive that no human condition or age is exempt, even in the earliest stages of human life. However, there are very different ways of encountering and processing pain<sup>2</sup>: while its mere existence is natural from a biological point of view, from a phenomenological and an anthropological perspective it can be perceived as radically unnatural, since it goes dramatically against our common aspiration to wellbeing. Hence, pain is suspended between opposite meanings: we know it is something *wrong*, but at the same time we know it is “related to life” and necessary to preserve life itself.

Biologically speaking, pain is undoubtedly useful, since it warns about multiple dangers for the body, allowing a prompt identification of many potential harms. Under this light, it represents an important tool for life defense and – far from being a punishment or a shame – it carries out a valuable function to improve survival. Without pain we would be much more exposed to illnesses and death. Hence, pain can be seen as a refined self-defense mechanism, shared by all sentient beings.

When it comes to human beings, however, this experience instantly exceeds the physical level, reaching the psychological, intellectual, and moral ones. In a word, it touches the person’s inner life<sup>3</sup> and, for this reason, this peculiar aspect of internalized pain has frequently been called *suffering*, both in the philosophical and in the ordinary languages. Not by chance, the bodily part of pain is usually accompanied by non-bodily – or not exclusively bodily – correlates, such negative emotions, thoughts, and mental images. Not even the correspondence between the nociceptive stimuli and our sensorial response is perfectly consistent and unified, since, on the one hand, we can experience a pain that goes far beyond

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<sup>1</sup> On this topic, see also the first chapter of C. Navarini, *Cure palliative simultanee e sviluppo delle virtù* (Orthotes, Salerno 2020, pp. 9-31), which inspired much of this paper.

<sup>2</sup> D. Le Breton, *Antropologia del dolore*, Meltemi, Milano 2006.

<sup>3</sup> This might be consistent with the traditional notion of the person as an inseparable unity of body and soul, as firstly suggested by Aristotle with the concept of *synolon* (ARISTOTELE, *The Metaphysics*, Penguin Classics, London 2004, VII, 3, 1029a, 3).

the actual cause of danger, therefore that has lost any practical utility for defending health and life; and, on the other hand, we can treat and eliminate the pain when needed, but we nevertheless keep on perceiving a potential harm hanging on us.

This issue is further complicated by the subjective differences in pain threshold, according to which some people suffer high levels of pain from minimal stimulation, whereas others tolerate intense pain without excessive efforts. Although some pain scales have been introduced and validated in healthcare to standardize individual reactions, the objective comprehension of someone's pain is not easy. We are used to think that a more serious illness generates a higher pain, but such an association clearly does not always occur: suffice it to think about a-symptomatic diseases, or about the so-called *diffusive pain*, which is typical of certain specific medical conditions. In the end, we experience pain as a mixture of physical and meta-physical elements, which – again – highlights their distinction as well as their conjunction.

To advance this reflections, let us assume – along with a solid sematic tradition – that the terms *pain* and *suffering*, although interconnected, are employed to address different objects. I take “pain” as the name for physical experiences like *having* a headache (“my head hurts”, “it hurts me”), and the term “suffering” for situations in which we have a subjective negative perception (“I feel bad”)<sup>4</sup>. When expressing our subjective *bad-being*, the part of the body which is hurting becomes less relevant or irrelevant, because our suffering may be a completely internal or, spiritual condition.

I am not obviously suggesting to reintroduce the separation between body and soul, nor am I detaching the subjective identity from the corporeal existence, as if the real self were incorporeal. On the contrary, by referring to the body as a “property” of the subject (something that I have), I mean that we project ourselves beyond the row matter (“I am not just a body”), and I reject the idea of an extra-corporeal subjective center, since the self is shaped and inhabited by the reality of the body (“I am also my body”). Unsurprisingly, Merleau-Ponty's «je suis mon corps»<sup>5</sup> fits very well here.

Hence, I assume to consider suffering as a specifically human experience, namely, as the human ability to internalize pain and transform it in an internal state, possibly grasping some further meaning from that. In other words, suffering as something *given* might have a lot to *give* to the meaning of human life.

<sup>4</sup> S. Grygiel, *Dolce guida e cara* [1996], Cantagalli, Siena 2008.

<sup>5</sup> M. MERLEAU-PONTY, *Phénoménologie de la perception* [1945], Gallimard, Paris 1976, p. 174.

### 3. Suffering as an inner state

To delve deeper into this notion of suffering, let us return to its characteristics of transforming a sensorial experience into an emotional, intellectual, and moral experience. Sometimes suffering is indeed the result of the internalization of physical symptoms, as it may happen when – for example – a headache is elaborated by a person emotionally and rationally. Other times, however, the process starts from “inside”: since suffering is an inner state, it can occur independently of any bodily pain, and only later can eventually result also in physical discomfort. Thus, we may suffer from failure, abandonment, disappointment, anxiety, uncertainty, or also from sad thoughts.

To be sure, many life events do touch our “thinking internality” first, and only then our corporeality, as research in psychosomatics has shown<sup>6</sup>. Long before that, in his *De Veritate*, Thomas Aquinas had already mentioned this twofold origin of suffering, by distinguishing *passio corporalis* from *passio animalis*. He defined the first as “the passion [that] begins with the body and ends in the soul inasmuch as it is united to the body as its form. [...] Thus, when the body is injured, [...] the soul, which is united to the body in its act of existing, suffers indirectly”<sup>7</sup>; the second, instead, “begins with the soul inasmuch as it is the mover of the body, and ends in the body. [...] An example is seen in anger and fear and the like; for passions of this kind are aroused by the apprehension and appetency of the soul, and a bodily transformation follows upon them”<sup>8</sup>.

These two types of *passio* seem to correspond quite well to the difference between pain and suffering that I am referring to here. And also for Aquinas, despite the seemingly lexical divergence, the second category (*passio animalis*) is exclusively human. As a matter of fact, animals<sup>9</sup> can internalize pain to a limited extent, by remembering and using it to modify their future behavior, but this is basically all. For example, dogs are very likely to avoid the tree where their leg was caught in a steel trap in the past, because they would classify that object and that situation as potentially dangerous<sup>10</sup>. The ability of such animals to modify their actions

<sup>6</sup> K.B. Koh, *Stress and Somatic Symptoms: Biopsychosociospiritual Perspectives*, Cham, Lisbon 2018.

<sup>7</sup> T. AQUINAS, *Quaestiones disputatae de veritate*, q. 26, a. 2. [Ed. Henry Regnery Company, Chicago 1952].

<sup>8</sup> *Ibidem*.

<sup>9</sup> Alasdair MacIntyre suggests the term “non-human animals”, to differentiate them from “human animals” or “rational animals”, which refer only to human beings (A.C. MACINTYRE, *DEPENDENT RATIONAL ANIMALS: WHY HUMAN BEINGS NEED THE VIRTUES*, DUCKWORTH, LONDON 1999).

<sup>10</sup> Aquinas names it *vis aestimativa*, distinguishing it from the exclusively human *vis*

according to experience is crucial for their training, allowing the acquisition of sometimes sophisticated skills, thanks to a system of rewards and punishments which can generate an accurate mapping of harmful and beneficial actions. Within behaviorism, this would create a favorable pattern of habitual responses to stimuli<sup>11</sup>, although there is no evidence of a rational process and associated free choice in (non human) animals.

Conversely, human beings seem to react to pain and suffering quite differently. Certainly, they can derive deliberations and voluntary actions from them, but this is not enough to capture the complexity of human pain and suffering processing. Let us consider again the common circumstance of having a headache. What does a human being do when they have a headache? The trivial answer is that they take a pain killer, and indeed this is what they usually do, mainly successfully, which means that they obtain the expected result of eliminating the pain. But the question is, what is left when the pain has gone? Only the trace in the memory which eventually will influence their future behavior or also something else?

#### 4. Suffering, finitude, and virtue

The anthropological perspectives on suffering offered by several authors, for instance by Stanislaw Grygiel, might help stepping forward on this point. Grygiel argues that, when the pain has gone, a threaten remains inside us, precisely “a threaten in our being”<sup>12</sup>. This expression highlights the constitutive dimension of frailty which all living beings share and can grasp somehow, reacting to it through diverse types of pain. When referred to humankind, in addition, this threaten receives further meaning and allows a new understanding of (human) frailty. As a matter of fact, human beings understand very soon in their lives that the pains they encounter – like a headache – are not entirely casual. They obviously are contingent and mostly accidental, but at some point any human comes to know that – in some way – suffering will return, in different shapes, as physical or spiritual. In short, we become quickly aware our lives are strictly intertwined with suffering and ultimately with death, therefore what really threatens us is not only the awareness of our constant frailty, but also and above all the certainty of our death<sup>13</sup>.

*cogitativa* (T. Aquinas, *Summa Theologica*, I, q. 81, a. 3 [Ed. McGraw-Hill, New York, 1964-1980]).

<sup>11</sup> This approach is the basis of Wilsonian behaviorism, as well as Pavlov’s and Skinner’s operant conditioning.

<sup>12</sup> S. Grygiel, *Dolce guida*....

<sup>13</sup> Topics like suffering, pain, and finitude run through the history of philosophy, especially within Existentialism and the proto-existentialist proposal of Kierkegaard, who offers

Human beings, indeed, seem to be the only creatures that *know* they are going to die. Many animals have also the *perception* of their end when they approach it, but apparently they cannot live “in front of death”. Most of their lives flows unaware of it, while humans acquire a deep awareness of their own inescapable death and carry the burden of this as an underlying trace in any activity.

This condition already represents a form of basic suffering, whose ignorance would be self-deceiving and even more self-limiting, since this knowledge – however hard it may be – entails the necessary re-construction of our entire life project, including the value of our past, the significance of the present, and our projections towards the future. Following Martin Heidegger, we can say that death is precisely the “ownmost potentiality-for-Being, which is non-relational and is not to be outstripped”<sup>14</sup>. For this reason, death is not only threatening when it is actually imminent, but it overwhelms us constantly with its “pending imminence”, or, after Heidegger, as “an impedence”<sup>15</sup>, which corresponds, in Grygiel’s terms, to the “threaten in the being” when pain has gone.

As a consequence, suffering might teach the subjects about their identity as finite beings. Admittedly, the experience of suffering is not limited to indicating an unescapable evil, but it also reveals who we are: people who suffer and die, who are finite and limited, but at the same time subjects whose greatness is given – after Socrates – by this very consciousness of their own nature and destiny. Thanks to this, suffering can be felt or elaborated as an opportunity to grow by improving one’s self-consciousness<sup>16</sup>. According to some accounts, suffering might even become the *conditio sine qua non* of moral development<sup>17</sup>. Of course, the idea that suffering is necessary to morality – and not just a mor-

an account of “finite” and “infinite” which are declined as “female” and “male” principles. This approach echoes in the Ethics of care model, in which “feminine” is precisely the attitude towards concrete. More recently, Salvatore Natoli, by proposing his *ethics of infinite*, has interpreted one’s individual history as a sequence of accidents, actually starting from the experience of pain, which shows the contrast between the fragility and the preciousness of the finite (S. Natoli, *L’esperienza del dolore. Le forme del patire nella cultura occidentale* [1986], Feltrinelli, Milano 2010<sup>5</sup>). Interestingly, philosophy seems to constantly keep the reflections on pain/suffering and on finitude together: anthropologically speaking, this aspect is essential to advance a solid philosophy of care and specifically of palliative care (C. Navarini, *Cure palliative...*).

<sup>14</sup> M. HEIDEGGER, *Being and Time* [1927], Blackwell, Oxford, 1962, n. 52, p. 299.

<sup>15</sup> *Ibid.*, p. 301. See also L.R. Oñate, *Assimilare la finitezza: con Nietzsche e Heidegger a un bivio*, “Acta Philosophica. Rivista Internazionale di filosofia”, 4, 1995, pp. 261-283.

<sup>16</sup> G. Traversa, *L’identità in sé distinta. Agere sequitur esse*, Editori Riuniti University Press, Roma 2012.

<sup>17</sup> M.S. Brady, *Suffering and Virtue*, Oxford University Press, Oxford 2018.; J. HAIDT, *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom*, Basic Books, New York 2006.

ally relevant fact – would deserve its own space to which I will not be able to devote enough attention in this paper. Suffice it to say that the alternative between an instrumentalist approach (suffering is a necessary means for virtue acquisition) and an edificationist one (suffering is compatible with virtue, which can be obtained despite suffering) has been extensively discussed within Virtue Ethics, showing several arguments in favor of the edificationist view<sup>18</sup>. More than that, Virtue Ethics – developing Aristotle's and sometimes Aquinas' perspectives – broadly shares the idea that virtue might impact on emotion regulation and suffering caused by negative emotions<sup>19</sup>.

So far, I have tried to identify two elements unfolded by the reality of suffering, notwithstanding its toughness: the finitude of humanity, which prevents us from “playing God”, pretending that our present lives take place in a sort of “temporal infinity”; and the possibility of a positive response to our condition of limitation, by means of the ethical endowment of virtue, which might intervene cognitively and morally in our passionate/emotional structure.

## 5. Vulnerability within human interdependence

These two elements – the narrowness of finitude and the openness of virtue –, which seem to incline towards opposite directions, could indeed be mediated by the awareness of our *vulnerability*. This term has been successfully employed and studied at some length by a few philosophical traditions, including – in recent years – Alasdair MacIntyre's thought, that introduces the notion of vulnerability in relation to suffering and affliction, at the very beginning of his *Dependent Rational Animal*, by observing that

[w]e human being are vulnerable to many kinds of affliction and most of us are some time afflicted by serious ills. [...] [O]ur lives are characteristically marked by longer or shorter periods on injuries, illness or other disablement and some among us are disable for their entire lives<sup>20</sup>

This statement leads MacIntyre hold that our social survival and, even more so, our flourishing are radically dependent of other people, espe-

<sup>18</sup> I. Kidd, *Can Illness Be Edifying?*, “Inquiry: An Interdisciplinary Journal of Philosophy”, 55 2012, pp. 496-520; S.P. James, *Suffering and the Primacy of Virtue*, “Analysis”, 79, 2019, pp. 605-613; C. Navarini, *Cure palliative...*

<sup>19</sup> M. Stichter, Learning from Failure: Shame and Emotion Regulation in Virtue as Skill. *Ethical Theory and Moral Practice*, 23, 2, 2020, pp. 341-354.

<sup>20</sup> A. MacIntyre, *Animali razionali dipendenti*, cit. p. 3.



cially some other people (“particular others”<sup>21</sup>), who in fact take care of us and protect us. In sum, our components of frailty, need, and disability – past, present, and future – make us constitutively dependent. But this condition of structural dependence is not dysfunctional or frustrating, nor does it indicate relational weakness, degenerated forms of interaction, or a master-slave relationship<sup>22</sup>. For him, vulnerability is the “normality” of human relational life, allowing morality, virtue, and flourishing themselves.

Relying on feminist Ethics of care, which originally elaborated the notion of vulnerability, MacIntyre affirms the constitutively ontological dimension of human interdependence. Within feminist ethics, a major concern was the fear of a socio-ethical depreciation of some categories of people, especially women. Because of that, the feminist authors developed their philosophical work to value the dignity of the weakest, namely, of those who have frailties which expose them to misconception or violence.

The introduction of the notion of “frailty” brings us to wonder whether the name “vulnerability” adds anything new to other (well established) terms like, weakness or finitude. Do we really need it? According to the feminist tradition, the concept of vulnerability is important because it adds a specifically relational dimension: the fact that someone might be *harmed* precisely because of their frailty. A person is as vulnerable as they are susceptible to receiving a *vulnus* or as they are likely to be hit right in their weak spot. Bearing this in mind, the feminist authors have centered their reflections on women’s vulnerability, claiming that women, for their historical and social disadvantageous status, have been easily prey of abuse and prevarication.

Since its start, the Ethics of care has been dealing with vulnerability with the purpose of uncovering violence against women, including psychological violence, while claiming women’s crucial role for society. MacIntyre underlines the constitutive relational importance of this concept and extends the category of vulnerable beings to animality, both human and non-human, although emphasizing some typically human traits, such as the openness to the future<sup>23</sup>. In sum, vulnerability emerges as a universal relational category, affecting all beings and especially all human

<sup>21</sup> *Ibidem*.

<sup>22</sup> On the connection between the Golden Rule and the master-slave relationship, see P. Pagani, *Kant e la regola d’oro*, in C. Vigna, S. Zanardo (Eds.), *La regola d’oro come etica universale*, Vita e Pensiero, Milano 2005, pp. 173-225; C. VIGNA, *Legge naturale, dinamiche del riconoscimento e Regola d’Oro. Un’equazione continua*, “Divus Thomas”, 122, 2019, pp. 266-282.

<sup>23</sup> A. MacIntyre, *Dependent Rational Animals...*



beings, as an undeniable element of personal inter-dependence and as a condition of moral development and flourishing.

## 6. Suffering, flourishing and palliative care

After considering (a) the biological utility of pain, (b) the self-awareness induced by suffering (by having our death “in front of us”), and (c) the “normality” of the universal condition of vulnerability, should we conclude that suffering is something good as a whole? If we answered positively to this question, we could not explain many of the natural responses to pain and suffering, such as fear, wanting to escape, removing or denying it, and so on. These reactions occur when we experience pain or suffering, but may also be present when we imagine or recall them. Also, if we did not conceive of suffering as an *evil*, namely, as *perceived negativity*, we could not explain the efforts we make to overcome them, and we should rather promote suffering seeking, which is obviously unsustainable. Admittedly, suffering is not the direct object of choices and deliberations; but it is eventually accepted in light of something else, as a side effect or means for obtaining a good. Since living beings generally tend to preserve their lives and do not aspire to death, and since they inevitably tend to promote their own happiness and wellbeing, they cannot logically search pain, suffering, and death as direct ends.

This morally and bioethically justifies, for example, the act of sedating pain. Sure enough, if pain and suffering are evils, then it is reasonable and appropriate to fight them, as suffering remains problematic, even outrageous, for any person, who constantly looks for their own *flourishing*<sup>24</sup>. Also, the identification and employment of remedies that can respond to suffering and pain effectively are highly recommended. Among the instruments for dealing with all forms of suffering, palliative care plays a prominent role, as it can control and reduce the set of secondary symptoms provoked by a serious disease, especially life threatening and terminal ones, but also several chronic diseases, “senior elderly” weaknesses, and some forms of disability<sup>25</sup>.

Remarkably, this care addresses not only pain – and pain management – but also suffering or “total pain”, involving the expertise of physicians,

<sup>24</sup> On the topic of *human flourishing*, see – among many others – J. Annas, *The Morality of Happiness*, Oxford University Press, Oxford 1993; E. Frankel Paul, F.D. Miller Jr., J. Paul (Eds.), *Human Flourishing*, Cambridge University Press, New York 1999; W. Evans, *Iris Murdoch, Liberal Education and Human Flourishing*, “Journal of Philosophy of Education”, 43, 2009, pp. 75-84.

<sup>25</sup> Cfr. C. NAVARINI, *Cure palliative simultanee...*

nurses, psychologists, spiritual and moral assistants, who can operate as an équipe long before the terminal phase of life, therefore contemporary to active therapy like chemotherapy or radiotherapy<sup>26</sup>. This recent trend in palliative care philosophy and practice has been defined *early* or *simultaneous palliative care*, and aims at improving patients' quality of life in all stages of a serious illness – ideally from the diagnosis of a deadly disease or an impairing clinical condition – and facilitating a smooth process of preparation to death<sup>27</sup>.

Stepping back to the meaning of suffering for human existence, it is apparent that palliative care have such a great value precisely because suffering is an evil to face and counter. Simultaneous palliative care further helps patients by addressing their wellbeing (and their family's too) as a whole, when life expectancy is limited but not so short. In sum, this kind of care bets on the possibility of improving patients' quality of life within suffering, trying to demonstrate that flourishing despite suffering is a viable goal<sup>28</sup>. I have argued that this aim could be achieved even better by implementing virtue as a way of cultivating one's own flourishing. Is that asking too much, as if we charged already exhausted people with an extra-burden, namely, working for their "moral progress"<sup>29</sup>? This brings to the final question: can sick life be a *good life*<sup>30</sup>?

However hard, the "sick life" might still have some hidden resources, which allow personal improvement. To be sure, if suffering is part of life, and life as a whole is something good, then also the "suffering life" should be somehow good. To be more precise: if life is good, it has to be good also with its amount of suffering, and with death, to which life is inseparable<sup>31</sup>. As a consequence, it can be said that the suffering life is and

<sup>26</sup> See Italian Committee for Bioethics, *Palliative care*, Dec. 14th 2024, [https://bioetica.governo.it/media/gxzlpt43/p151\\_2023-palliative-care-en.pdf](https://bioetica.governo.it/media/gxzlpt43/p151_2023-palliative-care-en.pdf).

<sup>27</sup> Or, it can generate despair, anguish, and depression. See C. Zimmermann et al., *Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial*, "Lancet", 383, 2014, pp. 1721–1730; C. Zimmermann et al., *Perceptions of palliative care among patients with advanced cancer and their caregivers*, "Canadian Medical Association Journal", 188, 2016, pp. 217–227.

<sup>28</sup> H. Carel, *Can I be ill and happy?*, "Philosophia", 35, 2007, pp. 95–110.

<sup>29</sup> C. Navarini, E. Ricci, *La sofferenza di fine-vita: cure palliative simultanee, virtù e fioritura umana nella fragilità*. "Bioetica", 4, 2022, pp. 641–652.

<sup>30</sup> S.P. James, *Suffering and the Primacy of Virtue...*; J. Cole-Wright, N. Snow, M. Warren, *Suffering, Virtue, and Character: Why the Science of Virtue Matters*, "Acta Philosophica. Rivista Internazionale di Filosofia" 29, 2020, pp. 64 ss.

<sup>31</sup> This statement must not be overestimated or absolutized. There are indeed some scholars and theories holding that flourishing is not compatible with suffering (e.g. K.R. Schultz, L.R. Mona, R.P. Cameron, *Mental Health and Spinal Cord Injury: Clinical Considerations for Rehabilitation Providers*. "Current Physical Medicine and Rehabilitation Reports", 10, 2022, pp. 131–139). What I want to venture here, is not that a life of suffering is something good, but that life can preserve some overall goodness despite suffering.

has something “good” all-things-considered, so much so that the denial of suffering and death does not ameliorate life, but misrepresents it, by illusionary transforming it in something different from what it actually is.

## 7. Caring love and good life

Let us then step a little forward in this hermeneutics of suffering to explore how a suffering life can be “good”, which in turn would make it possible for palliative care to favor a better (or good) life for the sufferer. The previous focus on vulnerability has already introduced the relational potential of suffering, suggesting a way along which “feeling bad” might not be solely self-referred, but might become a powerful message offered to the others.

I must point out here, that I do not intend to be naïve, and idealize the solidarity bond of the sufferers, since suffering can also bring along reactions of withdrawal, social retirement, and even selfishness<sup>32</sup>. However, the challenge of suffering may also involve a new “intimacy”. In fact, suffering does change relationships, because – by revealing and exposing the sufferer’s weakness and uncertainties – it calls for a kind of dedication that cannot rely on a positive self-image. Still, and exactly because of that, this might allow the relationship gain a deeper level of gratuity. While under our the best conditions we might think to deserve the others’ interest and love, when we are fragile and sick we may reinterpret (sometimes downgrade) ourselves, and at some point we may finally better identify the care of others as something purely free.

Now, since a fundamental sign of love is precisely the gratuity of self-donation<sup>33</sup>, suffering – inasmuch as it allows such a gratuity – makes the experience of love accessible in a surprising way. Thus, our sorrow might cause the other looking at us with an increasingly higher *com-compassion* (“to suffer together”), up to empathy, which consists in the ability of entering in the other person’s perspective and experiencing their feelings<sup>34</sup>.

Furthermore, suffering provides a new insight into love, not limiting it to giving and receiving help, closeness, comfort, compassion and empathy. Rather, it allows navigating the nature of love as *being-able-to-suffer-*

<sup>32</sup> A behavioral trait of the sufferer could also be an exaggerated concentration on themselves, which requires a difficult process of self-education in order to fruitfully interact with the world of the healthy.

<sup>33</sup> S. ZANARDO, *Il legame del dono*, Vita e Pensiero, Milano 2007.

<sup>34</sup> On empathy, see – among others – L. Boella, *Sentire l’altro: conoscere e praticare l’empatia*, Raffaello Cortina Editore, Milano 2006; IDEM, *Empatie: l’esperienza empatica nella società del conflitto*, Raffaello Cortina Editore, Milano 2018.

for and, once more, as human interdependence<sup>35</sup>. This deep connection between love and suffering might be unexpected, since we usually tie love to happiness, not to suffering. At best, we consider that one can “suffer for love”, for example in case of unrequited love or the loss of a loved one<sup>36</sup>.

Yet, as I tried to explain, loving makes us more vulnerable, more “dependent” from our loved ones with regard to our wellbeing and overall happiness, since all that happens to the most loved ones echoes in us as if we actually experienced the same: their suffering hurts us alike. In other words, love entails necessarily (a) accepting bigger or smaller suffering and (b) the willingness to sacrifice, while, on the contrary, disengagement and unwillingness to suffer for the loved ones result in the inability to love. To give a typical example, every new mum quickly understands that being a mother involves physical, financial, and moral sacrifice, nonetheless she usually does not hesitate to take it, because she recognizes it as part of her love towards her baby. She usually is even “glad” to carry the burden. If she refused to provide the baby with the necessary care because this causes troubles and efforts, or if she were not concerned whatsoever when the baby is sick, we would understandably ask ourselves if she loves the baby in the first place.

Generally speaking, the labors – and suffering – inherent in love do not discourage people from loving but, instead, they measure and confirm love itself. As a consequence, labors and suffering must be also compatible with one of the most typical emotions connected to love, that is, joy (which I take here as a quasi-synonym of happiness).

This leads me to revive a logical argument I have already considered in a previous work<sup>37</sup>. Considering the pair of opposites *pleasure* (p) and *suffering* (s), in comparison to the other pair of opposites *joy*<sup>38</sup> (j) and *sadness* (d), and to the experience of *love* (l), and considering also the predicate *to increase* (I), we can infer the following relations:

1. Sadness is a form of suffering, therefore it implies suffering:  $d \rightarrow s$ .
2. However, joy is compatible with suffering (as it happens with love), therefore it is not a form of pleasure:  $(j \wedge s) \rightarrow [\neg(j \rightarrow p)]$ .
3. If we admit that love is a source of joy, therefore that love implies joy:  $l \rightarrow j$ ,

<sup>35</sup> A. MACINTYRE, *Dependent Rational Animals...*

<sup>36</sup> C. NAVARINI, *Cure palliative simultanee...*

<sup>37</sup> C. NAVARINI, *Cure palliative simultanee...*

<sup>38</sup> I do not mean joy as an emotional state (which can be associated with happiness), but as a stable disposition that characterizes the inner core of life perception and evaluation (as in the expression “the joy of the hearth”).

4. and that *to suffer-for* is part of love, which means that suffering implies love:  $l \rightarrow s$ ,
5. then it follows that when love increases, suffering and joy increase as well:  $ll \rightarrow (Is \wedge Ij)$ .

We can finally derive a conclusion from this reflection on pain and suffering: a contrast exists between pleasure and suffering – where there is suffering there is no pleasure<sup>39</sup> – but there is no absolute contrast between joy and suffering. Quite the opposite, love always involves some forms of suffering, although also involves joy: the more the love, the more the suffering, but the more the joy. Which means: the benefits of love overcome the related suffering, even making it lighter.

Of course, claiming that love implies suffering, besides joy, does not mean that also suffering implies love, much less joy. Therefore, given love, we have to accept some forms of suffering – besides experiencing joy – but this does not say anything about the possibility that, given suffering, we will experience love and/or joy.

## 8. Conclusion: love-of-care and love-in-return

To be sure, the kind of suffering that results from love is generally not directly chosen, but is rather accepted as a “side effect” of loving unconditionally. Indeed, suffering is seldom *chosen* as a means to love more deeply, and this brings us to consider, as an additional conclusion, two epiphenomena:

1. the possibility of *endorsing suffering* in order to be supportive and compassionate with the sufferer (a possibility which mainly concerns the carer)
2. the possibility of *accepting suffering*, when suffering simply happens as an existential challenge and an experience of vulnerability (a possibility which mainly concerns the sufferer).

For this reason, if love can express itself in caring for the suffering person, the suffering person can allow themselves be loved as they are. To put it another way, they can respond to the *love-of-care* by consciously and willingly becoming *objects of love* for the carer, thus returning the gift of care with the trusting abandonment, through which they can hand over their vulnerable “being in need”.

In this way, the relationship between carer and sufferer – although

<sup>39</sup> Obviously excluding masochism, which I do not take into consideration here.

asymmetrical<sup>40</sup> – can end in an affective reciprocity which allows the increase of the other’s joy along with the suffering. This last point sometimes seems counterintuitive, because while it is reasonable for the caregiver to derive some joy or happiness or satisfaction from their loving care of the sufferer, it is hard to accept the opposite. However, by allowing the carer growing in joy (and co-suffering) through the *love-of-care*, the sufferer *is* a gift for the carer, and by this self-donation they can love the carer back, therefore experience the joy of loving within their suffering.

In sum, on the side of the carer it applies that, given the *love-of-care* for the sufferer, both joy and suffering follow. From the sufferer’s perspective, instead, it applies that, given their own suffering and their being loved by the carer, the *love-in-return* follows, together with its related joy<sup>41</sup>.

As a conclusion of this argument, we can say that care relationships are potentially able to sustain the development of love, therefore of joy, within the exposure to and processing of pain and suffering. Consequently, it becomes philosophically viable to look for one’s moral growth in the face of suffering, and also of terminal illness, as palliative care has widely demonstrated. After Alastair Campbell, we can say that, when life approaches death, the question of “which kind of life” becomes a crucial one<sup>42</sup>. It definitely makes sense, then, to continue to carefully investigate, on a theoretical and an applied level, the good life path conducive to the best possible coping with suffering and to a “good death”. This also accounts for the ethical legitimacy of searching the sufferer’s virtuousness, namely, the virtuous features which better help the sufferer bearing their burden.

The crucial question of why some patients cope with suffering better than others receives, in this light, new strength and perspective, which is worth exploring more deeply in future research.

<sup>40</sup> See A. Thomas, *Virtue ethics and an ethics of care: complementary or in conflict?*, in “Eidos”, 14, 2011, pp. 132-151.

<sup>41</sup> Among the feminist authors, Nel Noddings used to speak of *one-caring* e *cared-for* (N. NODDINGS, *Caring: A Feminine Approach to Ethics and Moral Education*, University of California Press, Berkley 1984).

<sup>42</sup> A.V. Campbell, *Virtue Ethics*, in N. Emmerich et. al. (Ed.), *Contemporary European Perspectives on the Ethics of End of Life Care*, Cham, Lisbon 2020, p. 55-74.