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The telos and ethos of pain and suffering

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The Genesis and Telos of Suffering and Pain

The following considerations not only examine pain and suffering from a different point of view, they also examine them – in part at least – in a manner not customarily practised in natural science: the following scientific analysis does not proceed inductively-empirically, but rather synductively-speculatively with the inclusion of deduction. Among other things, knowledge can also be derived from religious tradition. Suffering, the fact and its Christian interpretation, are the subject of the discourse on the telos and ethos of pain and suffering. In this context suffering is understood as the experience and consciousness (embracing the human being in his entirety) of pain in all its suffered and experienced spiritual, psychological, social, and somatic dimensions (Pompey 1974).

The experience of pain and suffering and the coping with pain and suffering are to be seen in a greater context, anthropologically and theologically, and always represent – at least theologically – the experience of the disastrous situation of mankind in general as well (Pompey 1981). From the Christian viewpoint, every disaster – sickness, pain, etc. – is the fact or symptom of a disturbed and broken relation, that is:

1. A disturbance in the relation of man to himself, to his somatic-materialistic reality as well as to his psychological-spiritual reality.
2. A disturbance in the relation to his contemporaries and his environment, to his interpersonal-social as well as to his economic-natural world. In the Judeo-Christian conception of man and the world, but in the conception of other religions as well, the ultimate cause for this relation disturbance is the break in man's relation to God. The original causality of this relation disturbance is traditionally described by the term *Ursünde* (original sin), because mankind bears the responsibility for this original break in relations (Pompey 1981). This does not mean, however, that every individual disturbed relation of man to himself, his neighbors, and his nature results in somatic illnesses and definite pains, although this factor cannot be ruled out. Mankind as a whole bears responsibility and continuously effects disturbances in its relation to the natural foundations of life and to interpersonal life-reality within its respective societies. Consequently, in the eyes of the early church (*Urkirche*), illness, the suffering of and the coping with pain are the tasks of the Christian community and not of the individual alone (Pompey 1982b).

According to Christian belief, God aspires, through the incarnation of Jesus Christ, to make possible again the *Ur-relation*, the fundamental contact of man to God, and that means in the last analysis every relation, retaining at the same time man's freedom of decision and his self-responsibility. God's belief in the goodness of mankind, His loving devotion to mankind, should overcome us and motivate us to believe in the good in

ourselves and in the world and to approach ourselves and the world with love; that is not to overtax, exploit or abuse ourselves, but to live together in a benevolent, beneficial relationship. God wishes to rouse mankind through Jesus Christ for and through this spirit of faith and love (cf. the mission of the Spirit). Christ's death and resurrection are the verifications of the message. In accepting pain and suffering as an expression of the manifold broken relations of mankind, Christ makes evident the creative power of suffering and death in the mystery of salvation, which extends from his incarnation to the resurrection and makes suffering as well as death principally surmountable.

For the practical-theological reflection the anthropological reality of illness, pain, and suffering is also a decisive premise: the experience of and coping with pain and suffering are dependent variables of the psychological and spiritual as well as the physical reality of the individual and of the material-economical as well as the interpersonal life situation. Here the individual affective, cognitive, somatic, as well as the social and material factors are interdependent. Body, soul, spirit, as well as the contemporaries and the environment do not represent self-contained monad systems. Principally, all dependent and interdependent relations are either disturbable or disturbed.

This is also the fundamental cause of cancer and cancer pain. Cancerous diseases represent a disorder of the interdependent relations, above all, of the material-physical substrates but also of the spiritual-psychological life reality. On the other hand, cancer pain as a warning signal and tormentor is dependent upon these disturbed interdependences.

Theology and ministry attempt through religious reorganization and support of the spiritual-psychological reality of man to ease the experience of and the coping with pain and suffering which, due to the interdependence between the spiritual-psychological and the material-physical can, by all means have physically noticeable results. The individual cancerous disease, like the extraordinary spreading of cancer among mankind – according to Bonica (1979), 5 million people die annually of cancer –, is not only a result of man's disturbed relations to his spiritual, psychological, social, and material nature, but in itself a cause for new disorders in these relation areas. Thus the causality of evil, in a process of continuous self-procreation, becomes evident as a relation disturbance for which man searches the fundamental cause (*Urgrund*) or origin (*Ursprung*).

In a comprehensive sense Christ's salvation seeks to confront the disastrous situation, the no longer intact relations. The telos of the Christian vanquishment of pain and suffering is man's reconciliation with his psychological, spiritual, social, and physical reality, which finds its ultimate orientation in the restoration of a positive relationship to God. Man bears responsibility for obtaining this global or these partial goals, from which an ethos for the actualization of successful relation variables ensues.

The Practice and Ethos of Dealing with Pain and Suffering

According to Christian theological tradition, pain disturbances and the suffering of the human being in his entirety as a result are caused by not wanting or not being able to face up to one's own reality and to the reality of the relationship partner (Pompey 1980). Man, represented by the *Gestalt* Adam, wanted to be like God, his *Ur*-relationship partner. He did not want to accept the relation to God in its given existence. Each and every inter- and intra-individual relation disturbance is based on this *Ur-Nein*. The refusal to accept the truth – a rejection of concrete reality – finds its practical expression in the overestimation of oneself and others, in the overtaxing of one's strength, in the making of

ideals and the creation of idols of reality etc., all of which find their ominous expression in the rampant growth of cells. It is undisputed, that the intra-individual disturbances of man's spiritual, psychological, and social relation reality can also materialize, can become physical, and finally – although for the single individual neither evident nor provable – are the cause of disturbances in man's somatic-material substrates. Pain and suffering as warning signals and tormentors of the relation disturbances can only be overcome when the single individual and mankind attain self-acceptance and become motivated to seek reconciliation with themselves and nature. This acceptance of the truth of life as the reality of life (Pompey 1980) means, in other words, facing up frankly and honestly to the experience of one's own, admittedly always broken reality, and thus recognizing one's own possibilities and limits. Not resistance, but loving acceptance is the way. Religious identification with the suffering Christ can bring about the psychically necessary distance to one's own situation of suffering.

According to the basic therapeutic model of *Christus medicus*, the practice of Christian salvation, which includes coping with pain, presupposes the archetype of the healing professions of the early Middle Ages (Schipperges 1965):

1. The formation of a helping relation to the sufferer. One who is suffering due to a relation disturbance can only accept himself and his reality when someone is there to accept his disturbances.
2. The willingness of the sufferer to face the painful appeal and challenge of a somatic, spiritual, psychological, or social relation disturbance and to listen to his inner self (Pompey 1980, 1982a) and hear, for example, what his body says about these disturbances. (This can also be seen as an equivalent to the voice of God speaking in man.)

Christ called Himself the Way and the Truth. Therefore, the requirements for salvation and healing shall be derived from His reality: for the radical vanquishment of suffering and its causes, God appears to us as a concrete person in Jesus Christ. In Him is manifest God's greatest possible nearness, which is characterized by faith. Faith and nearness are expressed in the Lord's Covenant. The Covenant personalizes the factor of space of finite realities through nearness and the factor of time through faith. Accordingly, a personal, tangible relation in faith and nearness forms the structural basis of every therapeutic accompaniment. The healing variables – as the functional elements of the healing relation – are likewise analogously given in the reality of God's Covenant with man:

1. The revelation of the reality of God in Jesus Christ, that is, the openness and transparentness of His doing and His purpose.
2. The belief in the goodness of man and nature despite the original break in relations.
3. The loving acceptance of man, which is not based on advance commitments and stipulations, and the goodness and mercy of God.
4. The hope that goodness shall prevail and – strengthened through His grace – shall finally achieve perfection (Pompey 1981).

These virtues as well as this spiritualness are the foundation of a successful, that means in the end a therapeutic healing relation, which can lead to the overcoming of the fundamental causes of illness and, consequently, of the suffering involved. As a result of the consonance and analogy of creation with the revelation, it is theologically acceptable that comparative psychotherapeutic research has come up with similar basic criteria known as the common factors of every positive therapeutic relation such as openness, congruence, esteem, and understanding nearness (Pompey 1982a). If a doctor, nurse, or minister actualizes these lines of basic behavior, he is most likely to make the person suffering

believe in the possibility of relations despite his given suffering and present life situation and thus help him overcome his fear of life; furthermore, to help him hope for a positive relation to himself and to nature and thus to reduce depressive and resignative tendencies; moreover to help him lovingly accept himself and the actual given choices in life and, in doing so, to give up aggression toward others and himself, to free himself from his responsibility for others and to see the truth as a reality, which also means consciously accepting the fact of illness and furthermore perceiving and accepting the possibility of death and giving up all denials. In this way, a desensibilization of the typical psychic side effects caused by cancer pain or suffering from cancer is possible. If this “No” to reality can be converted into acceptance by this method, even when this acceptance is burdensome, then this *conversio* or *metanoia* sets a vitality free which is no longer occupied with maintaining the “No”. Furthermore, new perspectives to life enter the picture, perspectives which were in part formerly never taken into consideration. A new way of life becomes possible, even if it has its limitations. In this pastoral-medical (cf. Pompey 1968) and pastoral-psychological (cf. Pompey 1976) teleology, one dare not forget that totally successful relations and a truly happy life always also represent a not yet fulfilled eschatological dimension and reality (Pompey 1981).

Special Ethic Perspectives in Dealing with Cancer and Cancer Pain

A number of solutions to special ethical problems arise from this fundamental ethos of a healing relation: If a person is confronted with pain and suffering as a warning signal of psychosomatic or psychosocial relation disturbances in himself, then he should not ignore the warning but instead follow up this call in order to forge ahead to his own truth and to come to terms again with his own reality. This is possible in cases of acute pain as well as in the beginning phases of chronic pain. However, if a person is confronted with suffering as a tormentor which obstructs his relations to himself and to his contemporaries and his environment, then it may and should be eliminated with the help of analgesics. Furthermore, it is legitimate according to Christian tradition to obviate meaningless pain during surgery. There is also no obligation to extend human life at all costs, that is, at the cost of bearing interminable and extraordinary pain (Pius XII 1954, Pius 1961); moreover, the possibility of the abuse of euphoric agents does not forbid their positive use, for example, in fighting chronic pain. In the case of irrevocably approaching death, it may even be ethically permissible to carry out treatment against pain, although bodily damage results as a side effect of this treatment, that is, in the case of a process of irreversible deterioration or excrescence, treatment against pain with the effect of shortening the life of the patient can be risked when the measure serves the purpose of improving his life quality or the relation to himself, his contemporaries, and his environment (Pompey 1974). Furthermore, a sick person may refuse extraordinarily painful treatment or a corresponding measure of treatment as he is only obligated to accept the application of measures which actually offer him a real chance of being cured. *Lege artis*, and thus ethically, it certainly would not be justifiable to fight pain with the aid of biochemical substrates, surgery, electrophysiological methods, etc. alone. Instead, all the psychic and psychological strength, that is, the religious also, should be activated. Severe and chronic pain always causes a reality of suffering which affects the entire human being and for that reason, in pain therapy, one must also think and act comprehensively. The availability and use of *every* possible type of method is especially necessary in fighting cancer pain during the final phase of suffering, as

at this stage the classical analgesics and euphorica generally become increasingly less effective.

As the aim of the Christian message of salvation is to overcome all relation disturbances and blockages as well as their painful and distressful consequences, every cure of pain is in accordance with the Christian perspective of salvation. Christus medicus has come to vanquish the illness, pain, and suffering of the individual as well as mankind. Yet the message of His own earthly-bodily existence shows that in this aeon the confrontation with and the overcoming of unavoidable and unalterable pain also exists. Only the belief in the nearness and faithfulness of God in this situation, the grappling with this terrible reality – for Christ also, the most difficult events of His life took place between Gethsemane and Golgatha – as well as the hope of the transformation of all suffering into immeasurable joy (Romans 8: 18) give mankind in its endless suffering and boundless pain the chance to live, to experience, to survive at all.

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