The Pain-Suffering Dilemma

Natalie Hardy

Augustana College

BIOGRAPHY

Natalie Hardy is a junior at Augustana College majoring in neuroscience, biology, and philosophy. She plans to pursue a Ph.D. in philosophy with a focus in ethics and hopes to become a medical ethicist. Much of her work is inspired by her Armenian roots and her involvement in the Armenian community.

ACKNOWLEDGMENTS

I am overwhelmingly appreciative of Dr. Heidi Storl for serving as my mentor not only in this project but in my path to vocation. I am also thankful for my peers, as our thought-provoking class conversations helped spark the ideas in this paper. Lastly, thank you to my friends and family for their endless encouragement. The world turns into a limitless place with a support system like you all.

ABSTRACT

In a world offering inexhaustible opportunities and shared-decision making, individuals continue to face feelings of frustration, anxiety, and depression. Why, amidst so many choices, do countless people suffer? This paper examines the intricate relationship between pain and suffering through philosophical, medical, and cross-cultural lenses. Although suffering might seem inevitable when considering the span of one's life, I argue that it can be avoided. Examination of what I call the painsuffering dilemma and "sufferer's trap" seek to show that suffering need not arise from pain. But if this finding is true, what follows? Intriguing questions arise regarding purpose as well as responsibility, and perhaps we gain the potential to live more fulfilling lives as a result.

KEYWORDS

Pain, Suffering, Life, Dilemma

Man is not only that which he conceives himself to be, but that which he wills himself to be, and since he conceives of himself only after he exists, and wills himself to be after being thrown into existence, man is nothing other than what he makes of himself.

- Jean Paul Sartre

Overview

Imagine driving a car that is presented with three paths, each leading down a different road. With a firm grip of the wheel and a breath of confidence, you ride with the wind and drive down the first. Take a moment to consider this thought scenario in relation to the nature of human life; we are constantly presented with options that force us to become the "drivers" of our lives. As Sartre points out, existence precedes essence, but it is the decisions we make that make us. You have made decisions to pursue, abandon, or explore certain things, whether it was reaching for a toy that made you giggle as a child or leaving a company you despised working for as an adult. Whether or not we have free will in such decisions will be discussed later in greater detail. But the question at hand is why, in a world offering so many paths for us to explore, do countless people suffer? In this paper, I discuss a human's relationship with, and perception of, suffering. This topic is important philosophically, cross-culturally, and medicinally because pain is everywhere, yet suffering is not. If we look at historical changes in medicine, humans once embraced a Covenantal Model (a Biblical approach where doctors were viewed as Gods) but are quickly moving towards a Samaritan Model (an approach where doctors and patients make decisions together). This is intriguing; if medicine is shifting towards shared decision making between doctor and patient, then why are more individuals suffering? Shouldn't autonomy lead to higher life satisfaction? Understanding the implications of these historical changes might shed light on what it is like to be a "sufferer" and why so many people reach that point. From a very general perspective, this topic relates to the larger issues of depression, unhappiness, and frustration that cloud many people's lives. If we can comprehend how suffering relates to our perception of the world, then maybe we can help those living in darkness.

Position

Let us begin by examining pain and suffering at the surface level. For the purposes of the presented argument, "pain" implies an uncomfortable physical feeling arising from bodily malfunctions and can also be psychological (consider chemical imbalances in the brain), whereas suffering is more complex and has differences in kind. It is important to note that suffering comes in many forms, but such differences will be discussed later in greater detail. For now, consider suffering as being grounded in phenomenological associations dependent on one's perception of pain. In some circumstances, it need not arise at all. So, if I break my leg, I will undoubtedly feel pain (unless I have congenital analgesia), but suffering? That is up to me. I determine what a painful fracture leads to. Understandably, looking at the span of life may make suffering seem inevitable; however, scientific studies and the subjective nature of cross-cultural experiences show us that unlike pain, it can be avoided. I will first begin by arguing specifically why suffering is not inevitable and will transition to a discussion of what follows if this argument is true. One important question arises: would our treatment of the sick change if we knew that their suffering could be avoided? It might, but I am not arguing that suffering is illegitimate or that we should look down on those with serious conditions. Rather, the intent is to show (through philosophical, cultural, and medicinal implications) that we need not doom ourselves as "sufferers" the moment discomfort hits--perhaps there are ways we can adapt and embrace more authentic ways of being. Examining the subjective nature of experience along with linguistic and ethnographic patterns will hopefully shed light onto this conversation.

Suffering is Not Inevitable

3.1. Degrees of Control

As mentioned, pain arises from bodily dysfunctions like a broken leg or an open wound. Suffering, on the other hand, comes from one's perception of pain and need not follow or arise at all. If suffering lies solely in our hands yet pain does not, we must address the degree of control that individuals have over each phenomenon. A person can be exceptionally careful when walking or running to avoid injuries, but what about diseases that are molecular in nature, such as cancer? The fields of biology, physiology, and genetics defend the notion that

pain cannot be avoided even in the most cautious of individuals. We can thank what geneticists call mutations, or changes in our DNA nucleotide sequence, for surfacing this air of unpredictable mystery to the human body. Induced mutations are those in which an environmental factor (UV light, for example) lead to a change in DNA. Cellular abnormalities that arise a bit more unpredictably are known as spontaneous mutations. Although they are intriguing and beautifully complex, the specific mechanisms of these alterations are not important for the matter at hand. Rather, we should focus our attention more on their unavoidable essence. The following argument depicts how these random processes can lead to bodily pain that is out of our control:

- (1) If certain pains are not capable of being controlled due largely in part to their spontaneous biological nature (ex: cancer), then certain pains are inevitable.
- (2) Certain pains are not capable of being controlled due largely in part to their spontaneous biological nature (ex: cancer).
- So, Certain pains are inevitable.

If certain pains are inevitable, then what follows? How does this relate to suffering? The following argument introduces the notion that suffering is in the hands (or brain, rather) of the afflicted individual:

- (1) If suffering depends on how the afflicted person interprets pain, then suffering is not inevitable.
- (2) Suffering depends on how the afflicted person interprets pain.
- So, Suffering is not inevitable.

Thus, we can begin to acknowledge that pain is unavoidable, but suffering is not. Let us now examine the nature of interpretations and how they affect our perception of suffering.

3.2. The Importance of the Subjective Nature of Experience

To understand how perceptions of pain vary from person to person, imagine Sarilda, a middle-aged woman who lives a unique lifestyle. Sarilda is the "adventurer" type, constantly travelling, trying exotic foods, experiencing new cultures, and embracing failure along the way. Friedrich Nietzsche might call this person a "free spirit," as she possesses, "...that superfluity which grants to the free spirit the dangerous privilege of living experimentally and of being allowed to offer itself to adventure..." (Oaklander 1996, 105). She sees life in a sui generis manner, that is, uniquely and aesthetically, and appreciates beauty in things that might seem strange to others. For example, picture Sarilda encountering a dead, bloody deer on the side of the road. She would smile and think, "Natural selection must be working beautifully in harmony with nature tonight," instead of feeling disgusted and deeming the animal as roadkill. Michael Gazzaniga would agree that Sarilda is at an advantage. Her milieu of experiences creates options that lengthen the radius of her causally deterministic life. We can think of this neurophilosophical process like fishing from a pond; an ocean is to its robust wildlife as a brain is to its many mental states. The more fish (or mental states) there are, the harder it is to predict what might be caught (or chosen). This example is crafted to show that determinism can still hold true while being expanded by the subjective nature of experience. Even if actions A, B, and C are pre-determined, someone like Sarilda might have actions A, B, C, D, and E as options. She may not be the "driver" of these decisions but surely makes an important contribution by increasing the diversity of her mental states.

So, how does this free-spirited individual shed light on our discussion of the avoidable nature of suffering? We have already established that Sarilda will inevitably face some type of bodily discomfort during her lifetime. But having lived spontaneously, she would interpret the pain as just another twist in her life adventure, perhaps even finding it exhilarating. Whether she breaks a leg walking the Camino de Santiago or cuts her arm zip-lining, the pain does not become a nuisance but instead a memorable happening. The takeaway here is that opening ourselves to change, good or bad, helps us stop pain from progressing to suffering. I will refer to this procession from pain to suffering as the PSD (pain-suffering dilemma). It is like walking along a tightrope (pain) that sits above a sea of unhappiness (suffering), and our perceptions of pain determine how well we keep balanced. To give ourselves credit where credit is due, it is not easy to stay

balanced. We must always be aware of our bodily sensations and perceptions of them. Thinking of the mind and body as dynamically interacting counterparts helps us to recognize that pain and suffering are interrelated; the body is not solely the "dealer of pain" and the mind is not solely the "interpreter." If we let pain progress to suffering, the whole person is affected (both mind and body). In order to more clearly understand how perceptions of pain might lead to suffering, we will now transition to a discussion of the linguistic and ethnographical counterparts of subjective experiences. Investigating the role of language in the PSD will help defend the notion that suffering is not inevitable.

3.2.1. Language

A significant part of one's phenomenological framework is language. You may have already heard the phrase "you are what you eat," but it can also be argued that you are the language you speak. For example, children who are told that they can achieve anything will view society as an encouraging place with no bounds, whereas a child hearing, "You can never be a doctor" or "Women do not get PhDs" might think otherwise. The same ideology can be applied to suffering, especially here in America. When our friends, family members, and teachers speak of their aches and pains negatively, we begin to think similarly regarding our own nuisances. Interestingly enough, Americans have and use more words for pain than individuals in other countries, and we report the most pain. According to The Atlantic, 34.1% of Americans make such complaints, a shocking number in comparison to the Czech Republic's mere 8.5% (Khazan 2017). What can we conclude about language based on these patterns? Well, it is evident that our environment plays an important role in shaping how we see the world. But the fact that language is so influential supports an objection to the presented argument. We might inherently be sufferers as we are submerged in a language of suffering. How can phenomenology and a posteriori implications be of any importance if Befindlichkeit, or, "...the state in which we are found..." is made of a language accentuating suffering (Heidegger 1962, 172)? How can we form our own opinions and manage the PSD if language is an intrinsic component to our thoughts? This objection is valid and should not be dismissed. Frantz Fanon provides valuable insight on this issue in his book Black Skin White Masks, stating, "A man who has a language consequently possesses the world expressed and implied by that language...Mastery of language affords remarkable power" (Fanon 1952, 9).

Suffering begins to seem inevitable if we must live, speak, and act in societies where certain languages are embedded.

Although it seems impossible to fight centuries of historical buildup, we should note that like a slab of iron, language is malleable. We are constantly learning new phrases, vocabulary, and semantics from surrounding stimuli. Mastery of language is no easy task, but try to remember Sarilda before losing hope in balancing pain and suffering. Remember, even though we live in a country where discomfort receives great attention, we can increase the diversity of our mental states by immersing ourselves in cultures that think otherwise. Travelling provides us with priceless opportunities to see society with a "fresh" pair of eyes; that is, ones that are not clouded by pain medications and doctor visits. Let us now transition to show how cross-cultural examples make suffering seem avoidable once more.

3.2.2. Ethnographic Implications

Ethnographic implications work hand in hand with language to form the subjective nature of experience. Although pain-management techniques around the world differ, we cannot blame America's healthcare system for our woes. After all, we have, "the best-educated doctors, nurses, and medical technicians of any nation" according to T.R. Reid, who embarked on a mission to investigate differences in global medicine (Reid 2009, 28). What presents an interesting paradox is the fact that other countries utilize less than elite techniques yet suffer rarely. I believe that a phenomenological concept called humility is at stake here. It is important to clarify that for the purposes of this argument, humility does not mean demolishing one's entire self-worth for others. Rather, it is recognizing that a humble attitude can help us manage the PSD and bring us closer to fruitful life. Many Americans find suffering to be inevitable because we are engrossed in a "me, myself, and I" culture--that is, the world is but a rat race. A heightened focus on ourselves makes it almost certain that the smallest of ailments turn into a soap opera. But cross-cultural examinations make realistic the notion of embracing a "we" culture in which we care about others just as much as ourselves (if not more). By becoming "other-focused," our ailments start to seem minimal in relation to the lives of those around us. How might we shift towards this mentality, you ask? Countries like the Czech Republic have found the answer in an ethos calling for "a particular psychological positioning of oneself within the larger context of the universe...the understanding and experiencing of oneself...as a finite and

fallible being that is but a very small part of something much larger than oneself" (Caruso, Gregg, and Flanagan 2018, 273). This notion should bring hope to suffering individuals as we do not need to undergo major surgery or move to faraway places. Perhaps it takes nothing more than training the mind to think in terms of others which is a difficult yet achievable task.

To further demonstrate this point, imagine a person who has been trapped in a large, white box for 20 consecutive years. Margaret stares at the same white walls day in and day out, hears only the sound of her voice, and finds company in the shadows that fall from her body. Unlike Sarilda, Margaret naturally becomes an expert in recognizing her body's imperfections, noticing hairs that grow unevenly and even the rate at which they grow. The idea of suffering seems inevitable for someone like Margaret; she has nothing to focus her energy on except for her own grievances. She lives in a "me, myself, and I" world. Although this is a hypothetical example and you probably do not live in complete solidarity, it is meant to show that narrow-minded thinking makes the PSD tightrope walk unstable. The PSD becomes an overbearing struggle when we live with only ourselves as the nucleus of our thoughts, as every minute detail presents its own challenges. I do not believe this to be anyone's fate, though. Many people have nothing but bread for food and trees for shelter, yet by focusing on others, they live peacefully. In a cross-cultural examination, T.R. Reid states, "In rural regions of Africa, India, China, and S. America, hundreds of millions of people go their whole lives without ever seeing a doctor. They may have access, though, to a village healer who practices traditional medicine using home-brewed remedies that may or may not be effective against disease" (Reid 2009, 19). It is time for individuals to realize that suffering is not inevitable. If people living in extenuating circumstances can be content, we surely can work to "step outside the box."

3.2.3. The "Sufferer's Trap"

Let us now examine how our perception of suffering, as shaped by linguistic and ethnographic implications, can lead to what I call the "sufferer's trap." What image comes to mind when you think of someone being hospitalized? Perhaps you picture balloons, homemade cookies, and family members crowded around a neatly made bed. Having worked in a hospital for nearly two years, I assure you that this depiction is accurate. Many of my patients are flooded with gifts and visitors during their stay, and it is comforting to know that they are supported in times

of sickness. According to clinician Dr. Julia H. Rowland, "The presence of social support not only diminishes the physical distress of cancer, but may be important in modulating survival as well" (qtd. in Lerner 1996, 149). Feeling supported is undoubtedly important when facing unpredictable conditions or diseases.

In light of previous considerations, though, we must make distinctions between types of suffering. The suffering phenomenon is like a mosaic, and to be understood holistically, each piece (or kind of suffering) must be carefully analyzed. Let us call the first form of suffering S_1 and note that it is precisely the kind I deem avoidable. A person might begin with minor pain, become a sufferer, receive endless well-wishes, and enjoy the attention so much that a non-suffering version of him or herself becomes part of a distant past. The following diagram illustrates S_1 suffering in terms of the sufferer's trap:



Figure 1. The Sufferer's Trap

This feedback loop can be thought of like a well-oiled machine. Pain is the start button, suffering is the action performed, and reinforcements are the oil that

keep the cycle moving. Although friends and family are important in the healing process, a paradox naturally forms. On one hand, suffering is a phenomenon that seems to be truly undesirable, but on the other hand, the sympathy, gifts, and exceptions made for sufferers (consider school or work exemption notes) have such reinforcing effects that make suffering seem almost enticing. So, one objection to my argument might simply be, "So what? If suffering can be rewarding, what does it matter if it is not inevitable?"

This objection is valid but only for the purposes of the afflicted individual. Promoting suffering to increase pleasurable feelings and attention puts immense strain on the caretaker and creates a sort of "psychological disarray." In the absence of empirical evidence, we might rely on social conventions to shed light on this type of sufferer. Society disdains those with a reputation for S₁ suffering, especially when individuals with serious conditions require assistance. Consequently, caretakers might find themselves in a dilemma as shown through the doctrine of double effect. By showing compassion to the S₁ sufferer, we hope to alleviate their grievances and help in any way possible. But doing so unintentionally reinforces their behavior and entrenches them further in the sufferer's trap. A slippery slope thereby arises. Where do we draw the line and say, "Ok, this isn't suffering anymore...you are merely seeking attention?" It can be debated that no one but the sufferer can make such a statement. We can never know what it is like to be the afflicted person, so what right do we have in deeming their suffering as illegitimate and not inevitable? Individuals who give "tough love" and fail to condone suffering are viewed negatively in attempts to maintain their own PSD balance. These objections are certainly worth consideration, so I will proceed to address where we draw the line between different forms of suffering and what follows if suffering is not inevitable.

4. What Follows if Suffering is Not Inevitable?

Why should we care that suffering is not inevitable, and how might we use this knowledge to better the world? Specifically, how do implications differ for people who manage the PSD versus those who struggle a bit more? I hope to answer these imperative questions by examining how purpose and meaning relate to the PSD, while also suggesting realistic solutions for someone trying to overcome this dilemma.

4.1. Purpose: Hedonism vs. Eudaimonia

If suffering is truly avoidable, and I have argued that it is, then we must not see life as a free for all. Perhaps for some, "escaping" suffering means carousing around without social responsibility. Such individuals might frolic hedonistically and believe, "If I am not a sufferer, I might as well enjoy myself!" This thinking sounds fanciful, but if anything, people who have mastered the PSD are more obligated to live with purpose. Why not invest available energy in worthwhile pursuits? Let us once again refer to the free-spirited individual, Sarilda, that we have come to know so well. Imagine that Sarilda1 travels and lives spontaneously (as described earlier), however her intention in such adventures is not "otherfocused." Rather, she seeks personal enjoyment and stories to boast about. She attends luxury resorts, spas, and restaurants during these expenditures and is specifically focused on indulgence. Now consider Sarilda2, a version of the same person who travels an identical number of miles as Sarilda1 but has vastly different aims. She still enjoys being abroad but volunteers in underprivileged African schools and homeless shelters in Sri Lanka. Sarilda2 adopts what ancient Greeks called Eudaimonia, a state of prosperity that can be described as pure yet purposeful happiness. This phenomenon is essential when considering the implications of living a life free of S₁ suffering. Not only does a Eudaimonistic life rejuvenate the mind and body, but it also helps individuals become increasingly aware of the world. The following argument accentuates the importance of this historically supported concept:

- (1) If Eudaimonism betters society by making each individual person more focused on something outside of themselves, then individuals should live with Eudaimonia,
- (2) Eudaimonism betters society by making each individual person more focused on something outside of themselves.

So, individuals should live with Eudaimonia.

Eudaimonia can be thought of like a complex puzzle; each piece (or person) is unique but belongs to a working whole. It is important to clarify that living a Eudaimonistic life does not mean living a life completely free of pleasure or self-serving intentions. Remember, if we fail to care for ourselves, we might lose footing

in the PSD. So, to clarify, this argument is intended to show that it is possible to live selflessly, happily, and purposefully. You might be wondering, "How is such a life possible?" Let us introspect this question as Martin Heidegger would, through the concept of one's authentic da-sein.

In a world filled with hedonistic living, we must strive to rekindle our instinctual search for authenticity. Da-sein, or one's being-in-the-world, depends on such instincts and is "driven to discover and disclose its embodied and embedded being due to some form of uncanniness" (Storl 2008, 311). Our bodies might be worldly objects thrown into existence, but the interplay between one's flesh and its being gives rise to truth. By keeping an open mind (like Sarilda), authenticity can prosper. We might think of this notion like a growing flower; a beautiful orchid (truth) grows simply from water and sunlight (our perceptions and instincts). A plant (or person) living in darkness (suffering) cannot discover the nature of his or her true da-sein. They will forever be clouded by a present-at-hand mentality, and so enters the importance of the PSD. One's decision to embark on the challenge means that they have broadened their state of mind, or Befindlichkeit, to encompass "what it means to be in a world at all" (Wheeler 2018). Sure, we can simply "be," but the nature of one's being is not inherently authentic. We must work to uncover our deeply-rooted instincts, and the universe will help us blossom in return.

4.2. Meaning & Practicality

If suffering is not inevitable, does it follow that all suffering must be avoided? I do not see this ideology to be true, as many people find meaning through hardship. We shall name redemptive suffering " S_2 " and note that it does not need to be avoided. Religion's sedative effect on the PSD is like an ocean's wave lapping onto shore—there may be external stimuli like pelicans (or beeping IV poles), but a ribbon of tranquility falls from believing in perplexing phenomenological concepts such as Christ. The validity of this notion is apparent in individuals who feel passionately connected to a higher power during tough times. Christians, for example, might believe, "At least my horrible suffering is bringing me closer to God. I will stay strong in my faith." We must remember that for many, "The struggle itself toward the heights is enough to fill a man's heart" (Oaklander 1996, 369). Although S_2 suffering accounts for the faithful among us, I believe that two additional categories of "non-avoidable" suffering can be formed: one that

accounts for trauma (S₃) and another for guilt (S_n). Let us begin by addressing the former: people who have endured serious physical, emotional, or psychological traumas might be called S₃ sufferers. Note that this kind, like S₂, need not be avoided. Consider the mindset of someone being brutally beaten: is it realistic to think that he or she will carry on without suffering? In this case, suffering serves as a natural response that no amount of will power can deflect. It is applicable to survivors of war, victims of rape, and even children being verbally or physically abused. The important thing to note is that S₃ differs from S₁ because it functions more like a platform, gently nurturing hope and meaning for those who need it most. There is still is a need for a final category, though, as we have not yet addressed the concept of guilt (S_n). Individuals feeling blameworthy for committing a crime, speaking untruthfully, or even indulging in sweets are S₄ sufferers. Think back to a time you felt guilty—what thoughts ran through your head? Perhaps you reflected by thinking, "I should not have done 'X'..." and forecasted to the future by saying, "I will not do 'X' again." Unless a person is psychopathic and fails to have such contemplations, the interplay between past actions and future choices is crucial. S₄ suffering lets us feel the consequences of our choices, meaning wiser and more informed judgements are to come.

I have personally seen how suffering can bring meaning to people facing hardship. Several years ago, I worked with poverty-stricken children in Armenia, many of whom had no family. What is interesting, though, is that I do not remember seeing many sad faces. If anything, I was surprised by the uplifting energy that vibrated through the lavender mountains surrounding us. The kids' lives were by no means perfect, yet their happiness was contagious, a dichotomy that nicely demonstrates Nietzsche's amor fati, or the embrace of one's fate. Understandably, the children begged to call their parents but quickly wiped their tears when friends called to play. If such young kids can live joyfully amidst serious challenges, then why can we not do the same as adults? Well, one objection to this question concerns practicality. You may be thinking that it is unreasonable to expect positivity in people with significant diseases like stage IV cancer, for example. And you are right. The key to amor fati is embracing one's fate, not necessarily being content with it. So, a person who receives this diagnosis might decide to seize each day despite their unfortunate situation, a difficult yet admirable response Nietzsche would certainly applaud.

5. Overall Importance and Takeaways

In bringing my argument to a close, I find it important to broaden this discussion of practicality: Are we being down-to-earth in arguing that suffering is avoidable? After all, some people (monks, for example) dedicate their entire lives to finding inner peace, a sort of peace that emerges from a feather drifting down a stream: untouchable, independent, and glowing. How can we, as ordinary people, be successful in finding such genuine tranquility from the PSD? More importantly, how can the PSD make way for living both virtuously and teleologically? Let me respond by saying that we must first acknowledge the difficult nature of the tightrope walk. By arguing that the PSD is reasonable, I by no means intend to imply that it is easy. We may spend our whole lives trying to decipher its mysteries and cannot ask others for guidance, since the dilemma is phenomenologically unique per person. But should we simply give up because the task itself is not simplistic? Aristotle would agree that the answer lies not in surrendering but rather finding the means to live virtuously, for "what constitutes the good for man is a complete human life lived at its best, and the exercise of the virtues is a necessary and central part of such a life, not a mere preparatory exercise to secure such a life" (Macintyre 2007, 149). We can differentiate such Aristotelian ideology from that of an athlete: whereas a runner might train for the sole purpose of improving speed and agility, a person embodying practical wisdom in the PSD does not have a specific "end" in mind. Rather, focus is geared towards the means that inherently produce what is good and necessary for the agent. So, a person who courageously faces the PSD will "run into" a brighter future in the limelight, arising much like a spandrel. Taking small steps is crucial in this process, though. We need not jump from living narrow-mindedly to non-compos mentis. "Small steps" include watching a new movie or trying a different food—these actions certainly count and are largely applicable, even for hospitalized patients. Thinking little by little is pragmatic and exactly what we should aim for in finding our true telos.

With the discovery that suffering is not inevitable comes immense responsibility. We must always be careful to treat sick individuals with dignity and provide the best of care. However, that is not to say that a line cannot be drawn between S_1 and $S_2/S_3/S_4$ suffering. If a person purposefully entrenches themselves in the sufferer's trap, enjoys every minute of attention, and reaps endless rewards, we can surely note this, as mentioned, as a sort of "psychological disarray." If we do not make this distinction, then the serious nature of suffering in victims or impoverished

people becomes unjustly disregarded. But, if we scoff at attention-seekers and say, "Wow, they must not be able to control their 'suffering,'" we once again find ourselves caught in the doctrine of double effect. In attempts to discern between "true" sufferers and attention seekers, we unintentionally form a shameful stigma that might lodge people further in the sufferer's trap. So, what should be done and what attitude should we, as the observer, hold? I argue that despite their inauthenticity, we should not look down S_1 sufferers. Doing so forms stereotypes (a spandrel in themselves) that are nearly impossible for a person to overpower. Such stigmas act like a rain cloud--no matter an individual's actions, behaviors, or attitudes, others' judgements trail closely behind. So, we must notice differences in suffering and help S_1 sufferers instead of placing ourselves on a pedestal above them. Let us not forget that a human life is to be cherished and respected, even if societal expectations clash with the mindset of the afflicted individual.

In light of such contemplations, you have probably realized that the PSD is no simple task. And you are right; its complexity helps sculpt authentic individuals who "recognize the incompleteness of their being, their freedom to determine what they are by selecting this or that kind of future and in doing so are aware of themselves as existing individuals" (Oaklander 1996, 156). We might be continuously faced with injustice, inequality, and unfairness, but the world starts to breed opportunity with an increased sense of self-understanding. The nature of one's authenticity comes in realizing intrinsic freedom; despite situations we are thrown into, their impact on our lives need not be unchangeable. Sisyphus is a leading example in such thinking, as he is "stronger than his rock" and encourages us to embark in the PSD challenge (Oaklander 1996, 368). Despite such complexities, this discussion is by no means geared solely for the eyes of philosophers, geneticists, or pain-management experts, as understanding the PSD will help every person who comes across it. Let us embrace resoluteness by realizing that this challenge is entirely in our hands: no book, man, or set of laws can be our end-all-be-all guide. The beauty of the struggle arises precisely out of this notion of resolve, though, that "we are free to choose a way of Being in the future that differs from what we were in the past" (Oaklander 1996, 158). I cannot help but wonder if a better feeling exists than one of empowerment in a world whose people have simply stopped trying. Perhaps we are looking far too much into complex theories when the solution to unhappiness lies in something close

to home. Once we realize that we are our own greatest resource in conquering the PSD, we can create a society whose people live authentically...and happily.

References

- Caruso, Gregg, and Flanagan Owen. 2018. *Neuroexistentialism*. New York: Oxford University Press.
- Fanon, Franz. 1952. Black Skin White Masks. France: Pluto Press.
- Heidegger, Martin. 1962. Being and Time. Oxford: Blackwell Publishers Ltd.
- Khazan, Olga. 2017. "Americans Experience More Pain Than Other Countries." The Atlantic, December 20, 2017.
- Lerner, Michael. 1996. Choices in Healing. Cambridge: MIT Press.
- Macintyre, Alasdair. 2007. *After Virtue*. Notre Dame: University of Notre Dame Press.
- Oaklander, Nathan. 1996. Existentialist Philosophy. Upper Saddle River: Prentice-Hall Inc.
- Reid, Thomas. 2009. The Healing of America: A global quest for better, cheaper, and fairer health care. New York: The Penguin Press.
- Sartre, Jean-Paul. 2007. Existentialism Is a Humanism. New Haven: Yale University Press.
- Storl, Heidi. 2008. "Heidegger in Woolf's Clothing." *Philosophy and Literature* 32 (2): 311.
- Wheeler, Michael. 2011. "Martin Heidegger." The Stanford Encyclopedia of Philosophy. Last modified November 3, 2018.