

# SUFFERING

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## SUFFERING

**Primary Disciplinary Field(s):** Philosophy, Psychology, Medicine, Ethics, Theology

### 1. Core Definition and Phenomenology

Suffering is defined generally as an intense feeling of distress, anguish, or pain, which may be either physical or emotional in origin. It constitutes a subjective, aversive experience that is frequently perceived as overwhelming or unbearable, often compelling the individual to seek relief or cessation. Unlike simple pain, which is primarily a sensory event resulting from nociception, **suffering** encompasses the complex psychological and emotional responses to that pain or distress. It is the interpretation and personalization of adversity, rooted in the conscious awareness of damage, loss, or threat to one's well-being or identity.

The phenomenology of suffering dictates that its intensity is not always directly proportional to the inciting stimulus. As the source content suggests, suffering can be correlative to the situation--such as the intense grief following the death of a mother, as exemplified by Jane's experience--or it can be much higher, disproportionate to the external trigger. This amplification occurs when the physical sensation or external event interacts with preexisting cognitive frameworks, memories of past trauma, or existential anxieties. Clinically, suffering is recognized as a fundamental element of the human condition that crosses cultural and diagnostic boundaries, making its assessment and mitigation central to healthcare and psychological practice.

A critical aspect of suffering is the inherent tension between the experience and the capacity to endure it. The definition often includes the necessity "to bear or tolerate something **unbearable**," highlighting the extraordinary psychological effort required to persist in the face of profound adversity. This endurance involves psychological mechanisms of coping, adaptation, and, in many cases, existential reassessment. The chronic presence of suffering, particularly when perceived as meaningless or inescapable, is strongly correlated with severe psychopathology, including major depressive disorder and suicidal ideation, underscoring its debilitating potential.

### 2. Distinctions: Physical vs. Psychological Suffering

While often intertwined, a conceptual distinction exists between suffering arising predominantly from physical causes and that rooted in psychological distress. **Physical suffering** results from acute or chronic physiological discomfort, injury, illness, or disease. While the initial input is purely sensory (pain), the transformation into suffering involves the mental assessment of this pain: its duration, perceived meaninglessness, anticipated future impact, and the accompanying loss of function or autonomy. For instance, chronic neuropathic pain causes suffering not merely due to the constant sensation, but because of the way it disrupts life, relationships, and self-identity.

Conversely, **psychological suffering** arises independently of current physical injury, stemming instead from emotional pain, existential angst, relational loss, trauma, or cognitive distress. The example of intense grief following bereavement, where the pain is entirely emotional but potentially incapacitating, falls squarely within this category. This form of suffering often manifests as anxiety, despair, shame, loneliness, or profound feelings of hopelessness. Modern psychology, particularly through humanistic and existential lenses, emphasizes that psychological suffering is frequently tied to failed attempts to find meaning, unresolved conflicts between desires and reality, or the confrontation with the inherent limits of human existence, such as finitude and isolation.

The convergence of these two types is common in clinical settings, particularly in palliative care. Total suffering, a term often used in end-of-life care, acknowledges that physical pain is often inextricably linked with spiritual, social, and psychological distress. Effective care mandates addressing the totality of the suffering experience, recognizing that treating the physical symptoms alone will be insufficient if the patient is simultaneously grappling with unresolved interpersonal issues, fear of death, or profound feelings of isolation.

### 3. Philosophical and Historical Contexts

The problem of suffering has been a central focus of human inquiry across virtually every major philosophical and theological tradition. In the Western tradition, the Hellenistic schools, particularly **Stoicism**, advocated for the control of internal emotional responses as the primary mechanism for transcending suffering. Stoics argued that suffering is not caused by external events, but by faulty judgments and attachments to things outside one's control; thus, true tranquility is achieved through virtuous living and rational acceptance of necessity (*apatheia*).

In Eastern philosophy, particularly **Buddhism**, suffering (*dukkha*) is identified in the Four Noble Truths as an inherent characteristic of sentient existence. The Buddhist solution proposes that suffering originates from attachment, craving (*tanha*), and ignorance. Therefore, the cessation of suffering is achieved through the elimination of these attachments via ethical conduct, mental discipline, and wisdom, leading to Nirvana. This perspective offers a comprehensive framework not just for managing suffering, but for understanding its fundamental role in the cycle of life and death.

Theological traditions grapple with the "Problem of Evil"--the difficulty of reconciling the existence of an omnipotent, omnibenevolent God with the reality of profound and seemingly arbitrary suffering. Responses (theodicies) vary widely, suggesting suffering may be a test, a consequence of free will, a means of spiritual refinement, or an inscrutable mystery. These frameworks offer cultural and existential narratives that provide context, meaning, or hope for individuals navigating extreme distress, influencing how societies organize responses to pain and misfortune.

## 4. The Role of Suffering in Psychology and Psychopathology

In clinical psychology and psychiatry, the manifestation of intense suffering often serves as a primary diagnostic criterion. Most mental disorders, from generalized anxiety disorder to schizophrenia, involve significant subjective distress or impairment, which is synonymous with psychological suffering. The Diagnostic and Statistical Manual of Mental Disorders (DSM) frequently requires that symptoms cause "clinically significant distress or impairment in social, occupational, or other important areas of functioning" before a diagnosis can be assigned.

Suffering is paramount in the study of **Post-Traumatic Stress Disorder (PTSD)**. Here, the suffering is directly linked to an inability to integrate a traumatic experience into one's existing mental schema, leading to chronic re-experiencing, hyperarousal, and avoidance. The suffering is enduring because the brain remains locked in a state of high alert, attempting unsuccessfully to process an unbearable memory. Therapeutic approaches, such as Cognitive Processing Therapy (CPT) and Eye Movement Desensitization and Reprocessing (EMDR), aim to reduce this chronic suffering by helping the individual process and integrate the traumatic event safely.

Furthermore, psychological frameworks like Acceptance and Commitment Therapy (ACT) explicitly address suffering by distinguishing between clean pain (the unavoidable physiological or emotional response to an event) and **dirty suffering** (the secondary, amplified distress caused by fighting, avoiding, or ruminating about the pain). ACT posits that much chronic psychological suffering results from rigid attempts to control or eliminate internal painful experiences, and advocates instead for mindful acceptance and commitment to value-driven action, even in the presence of discomfort.

## 5. Intentional and Correlative Suffering

The dimension of intentionality provides a crucial lens through which to analyze suffering. As the source content noted, suffering can be "intentionally personally caused." This category encompasses behaviors ranging from maladaptive coping mechanisms to specific spiritual practices. On the pathological end, intentionally causing suffering includes self-harm behaviors (non-suicidal self-injury, NSSI), often used as a desperate, albeit paradoxical, attempt to manage overwhelming emotional pain or to externalize internal distress that feels otherwise intolerable. This is a form of suffering that is actively perpetuated by the individual, frequently due to underlying complex trauma or dissociative states.

In contrast, intentional suffering can be viewed within ascetic or disciplinary traditions. Many religious and philosophical practices--such as fasting, vows of silence, or extreme physical endurance--intentionally induce discomfort or deprivation. The goal of this voluntary suffering is not distress itself, but spiritual purification, transcendent experience, heightened self-control, or empathy with the suffering of others. In these contexts, the pain is given meaning and purpose,

which fundamentally alters the subjective experience from meaningless agony to purposeful sacrifice.

The distinction between correlative and highly amplified suffering is also crucial. Suffering is correlative when the intensity aligns reasonably with the scale of the precipitating event (e.g., intense, but time-limited, grief over a sudden loss). Conversely, suffering becomes highly amplified when minor stressors trigger catastrophic emotional responses, often characteristic of anxiety disorders, hypochondriasis, or high emotional reactivity. Identifying this ratio helps clinicians determine whether the patient is experiencing appropriate distress or is trapped in a cognitive cycle that exaggerates and sustains unnecessary pain.

## 6. Adaptive and Maladaptive Functions of Suffering

While suffering is universally regarded as unpleasant, it is not without adaptive potential. In evolutionary terms, acute suffering, particularly pain, functions as a vital signal, alerting the organism to danger, requiring withdrawal from harmful stimuli, or compelling rest to facilitate healing. Psychological suffering, such as shame or guilt, can signal a violation of social norms, motivating corrective behavior and maintaining social cohesion. Grief, while devastating, is thought to be an adaptive process that forces the restructuring of life and identity following significant attachment loss, eventually allowing for reinvestment in new relationships and goals.

Furthermore, periods of profound suffering are frequently cited as catalysts for personal growth, resilience, and the development of **empathy**. Navigating crisis can reveal internal strengths (post-traumatic growth) and lead to a deeper appreciation for life and human connection. Philosophers often argue that suffering is necessary for the development of character and moral depth, as it provides the context against which virtue and courage are defined.

However, when suffering becomes chronic, debilitating, or overwhelming, its function shifts from adaptive to purely maladaptive. Chronic suffering depletes psychological and physical resources, leading to exhaustion, hopelessness, and social withdrawal. Maladaptive suffering often involves ruminative thought patterns, avoidance of necessary reality, and rigid behavioral responses that prevent recovery. In such cases, the suffering itself becomes the primary obstacle to well-being, demanding intervention to mitigate its destructive effects and restore adaptive capacity.

## 7. Approaches to Mitigation and Coping

The mitigation of suffering is a primary objective of medicine, psychology, and social policy. Historically, mitigation focused on physical remediation (e.g., anesthesia, surgery) and spiritual remedies. Modern approaches are multifaceted, recognizing the biopsychosocial nature of distress.

**Pharmacological Interventions:** Use of analgesics (for physical pain) and psychotropic medications (antidepressants, anxiolytics) to reduce the biological intensity of both physical and emotional distress.

**Psychotherapeutic Techniques:** Cognitive Behavioral Therapy (CBT) aims to reduce suffering by modifying the maladaptive cognitive appraisals that amplify distress. Mindfulness-based approaches focus on non-judgmental awareness of the experience of suffering, decoupling the sensation from the reactive emotional response.

**Palliative and Supportive Care:** Dedicated to alleviating suffering in patients with serious illnesses. This approach emphasizes holistic care, including physical comfort, emotional support, and spiritual counseling, often addressing the existential dread associated with finitude.

**Social and Community Support:** Recognizing that loneliness and isolation significantly exacerbate suffering, interventions often involve strengthening social networks, providing peer support, and addressing socioeconomic vulnerabilities that contribute to chronic distress.

Effective coping with suffering requires developing resilience, which is the capacity to return to equilibrium after stress. This involves dynamic processes, including emotional regulation, seeking meaning in adversity, and maintaining flexibility in goal adjustment. While the complete elimination of suffering may be neither possible nor desirable (as per Buddhist and Stoic traditions), reducing its intensity and duration, and maximizing the capacity for meaning-making, remains the ultimate goal of therapeutic intervention.

## Further Reading

[Suffering \(Wikipedia\)](#)

[The Philosophy of Suffering \(Stanford Encyclopedia of Philosophy\)](#)

[Suffering and the Problem of Evil \(Cambridge University Press\)](#)

[Grief and Loss \(American Psychological Association\)](#)