

Pain is a complex subjective experience that involves both neurophysiologic and emotional aspects. Many individual factors can affect a person’s experience of pain and subsequent response to treatment including their past experiences with pain, the meaning they assign to their current pain, and underlying mood disorders (e.g. anxiety, depression, anger). At times affective and cognitive dimensions of pain along with psychosocial and spiritual issues can produce an overwhelming amount of suffering. However, pain and suffering are not inextricably linked. That is, some patients with pain report no suffering.

Attending to suffering, by listening, and offering empathy is a critical non-pharmacologic intervention. Obtaining a spiritual history can help patients and their caregivers further understand and attend to the suffering aspects of pain.

What is Suffering?

A philosophical source of remarkable insights into personal suffering is exemplified in Victor Frankl's account of his internment in a Nazi concentration camp, *Man's Search for Meaning*. Frankl, a psychiatrist, maintains that physical discomfort and deprivation, no matter how extreme or brutal, do not cause suffering. The true root of suffering is loss of meaning and purpose in life, he says. Being free of physical suffering, he believes, is not enough to sustain a person, and he quotes the philosopher Friedrich Nietzsche to explain the power of meaning to triumph over physical suffering: "He who has a *why* to live, can bear almost any *how*." Pain and privation can be endured if it is for a purpose. Although each person's meaning is different, existence that is merely a burden and lacks a future with any direction or point produces the worst kind of suffering. Source: Byock, I. *Dying Well* pg 83

Obtaining a Spiritual History	
S = Spiritual belief system	Do you have a spiritual life that is important to you? Do you have a formal religious affiliation? What is your clearest sense of the meaning of your life at this time?
P = Personal spirituality	When you are afraid or in pain, how do you find comfort? Describe the beliefs and practices of your religion that you personally accept. In what ways is your spirituality/religion meaningful to you in your daily life?
I = Integration with spiritual community	Do you belong to any religious or spiritual groups? How do you participate in this group? In what ways is this group a source of support to you?
R = Ritualized practices and restrictions	What lifestyle activities or practices does your religion encourage, discourage, or forbid? What meaning do these practices hold for you? To what extent do you follow these practices?

<p>I = Implications for medical care</p>	<p>Would you like to discuss religious/spiritual implications of health care? Are there specific elements of medical care that your beliefs/religion discourage/forbid? Are there any persons you would like us to include in your spiritual care planning?</p>
<p>T = Terminal events planning</p>	<p>Are there any unresolved areas of your life at this point that you would like us to assist you with addressing? Are there practices or rituals you would like available in the hospital or home? For what in your life do you still feel gratitude even though you are in pain?</p>

Hints for conversations about suffering and faith:

- Let the patient set the agenda, you don't need to ask about fear, unless they open the door to it.
- Don't underestimate the power of silence. Sometimes the best support is a simply listening.
- A person generally isn't looking for advice, just someone to listen and affirm that fear, anger, sadness, etc are normal.

References:

- Byock I. Dying Well: The Prospect for Growth at the End of Life. Putnam, Riverhead, 1997.
- Cassell, E. J. Diagnose Suffering. Annals of Internal Medicine 1999;131(7):531-534.
- Paice JA. Managing psychological conditions in palliative care. AJN 2002;102(11):36-43.



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