



University of
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PHILOSOPHY OF
MENTAL HEALTH



MIDDLE
STREET

Illness and Suffering

1. Philosophy and the Role of Emotions

One of the questions raised during the event was whether there is room for emotion in philosophising. The general perception was that philosophy tends to be abstract (or “abstruse”) and detached from emotions. However, participants suggested that biases and personal emotions can influence philosophical thinking, potentially affecting the conclusions reached.

2. Illness

2.1 Objectivist and value-based conceptions

In light of the difference between objectivist and value-based conceptions of illness, some participants suggested that illnesses might be taken as a peculiar *way of living*. Some participants suggested that depression, for example, is more something that has to do with the character of a person rather than an illness. The perspective emerged that illness can be subjective, with the statement “illness is in the eye of the doctor” reflecting the influence of value-based theories and cultural perspectives on the definition of illness. It was noted that, particularly in the case of conditions such as autism, illness can also lead to unique strengths and talents, exemplified by the mention of genius physicists.

It was also noted, however that in conditions such as depression, medications (e.g., anti-depressant) are usually prescribed, suggesting that there is an underlying medical condition.

The attitudes towards illness and their potential impact on individuals' well-being were explored, particularly focusing on mental illnesses. The suggestion was made that attitudes and beliefs about mental illnesses can contribute to the suffering experienced by individuals. And mental illness might have *physical effects*, as anxiety or stress can affect the body.

2.2 Symptoms, Diagnosis, and the Distinction between Illness and Disease:

Participants discussed the relationship between symptoms and illness, with some suggesting that an illness is a set of symptoms. It was also noted that the same symptoms can be compatible with various diagnoses. The apparent distinction between illness and disease was also discussed. It was contemplated whether the distinction between illness and disease might be correlated with the presence of symptoms. It was suggested that we should be careful in defining what symptoms are. Some diseases like diabetes, for instance, can have no *apparent* symptoms.

3. Suffering

3.1 Suffering and its Relationship with Pain:

The nature of suffering and its relationship with pain were explored. The example of experiencing a headache was presented to support the possibility of being in pain without suffering. Additionally, it was suggested that social exclusion can lead to suffering without physical pain. However, it was suggested that suffering always involves *mental* pain.

3.2 Temporal Aspects of Suffering:

Temporal aspects of suffering were considered, and participants debated whether suffering necessarily includes a temporal extension. It was suggested that suffering implies a stretch of time, whereas pain can be momentary. Suffering requires a duration that allows an individual to say, "I'm suffering." Participants discussed the suffering involved in some relationships. It was suggested that a mere accident might cause pain, but in order to get suffering, there should be a *pattern* of negativity. The discussion also touched on suffering in relationships, where patterns of negativity contribute to the experience of suffering.

3.3 Positive Value of Suffering:

A notable aspect of the discussion was the exploration of the positive value of suffering. Examples were provided (e.g., documentaries, autobiographies, and Christian narratives) where suffering

could be seen as character-forming and lead to resilience. The idea emerged that suffering can have positive value for some individuals. The mindset and attitude of the person experiencing suffering were considered influential factors that could determine whether suffering leads to positive outcomes or remains solely negative. It was suggested that maybe we should settle with the claim that suffering might have a positive value *for some*.

4. Illness and Suffering

The distinction between illness and suffering was further examined in terms of advantages and disadvantages. While some highlighted that illness lacks advantages, it was suggested that some illnesses, once experienced, provide immunity. On the other hand, suffering was noted to have a more socially expansive dimension. The discussion acknowledged that suffering might lead to unpleasant character traits and negative consequences, yet it was also recognized that suffering can evoke empathy, compassion, and personal growth.

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