Études Ricœuriennes / Ricœur Studies

ERRS

Ricœur's Practical Philosophy of Suffering in Medicine: a Contextualization of "Suffering is Not Pain" with Other Peripheral Works

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Abstract

Contextualizing Ricœur's lecture "Suffering is Not Pain" alongside his other peripheral works on the matter uncovers a "practical philosophy," that could provide new perspectives for clinicians faced with suffering. The analysis unfolds in four stages. First, it examines Ricœur's interest in dialoguing with psychiatry to nourish his philosophical work. Second, it highlights Ricœur's contributions as a third party to help psychiatrists overcome some major issues at that time. Third, it contextualizes the topic of suffering within the prevailing medical views at that time, and their corresponding issues in clinical practice. Finally, it delineates three principles for an applied ethics of suffering; namely, the need to dissociate suffering from any moral justification, approaching the therapeutic relationship as an alliance, and a minimal recognition that patients endure despite the damages suffering inflict on the self-other axis, to preserve their dignity.

Keywords: psychiatry; pain; suffering; practical philosophy; medical ethics

Résumé

Contextualiser la conférence de Ricœur « La souffrance n'est pas la douleur » parmi ses autres travaux périphériques sur ce sujet révèle une « philosophie pratique » pouvant offrir des perspectives fécondes aux cliniciens confrontés à la souffrance. L'analyse s'offre en quatre temps. Premièrement, elle examine l'intérêt de Ricœur pour un dialogue avec la psychiatrie. Deuxièmement, elle recense les contributions de Ricœur pour aider les psychiatres à surmonter les problématiques épistémologiques et cliniques majeures de cette époque. Troisièmement, elle contextualise le choix du sujet de la souffrance au sein des conceptions médicales dominantes et de leurs impasses. Enfin, elle dégage trois principes pour une éthique appliquée : la nécessité de dissocier la souffrance de toute justification morale, la considération de la relation thérapeutique comme une alliance et la reconnaissance minimale de l'endurance des patients pour préserver leur dignité malgré les dommages que la souffrance inflige à un soi qui ne se conçoit pas en dehors de sa relation à l'autre.

Mots-clés : psychiatrie ; douleur ; souffrance ; philosophie pratique ; éthique médicale

Études Ricœuriennes / Ricœur Studies, Vol 15, No 2 (2024), pp. 28-47

ISSN 2156-7808 (online) DOI 10.5195/errs.2024.669

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Ricœur's Practical Philosophy of Suffering in Medicine: a Contextualization of "Suffering Is Not Pain" with Other Peripheral Works

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I. Introduction

On Saturday the 25th of January 1992, at Hôtel Le Méridien Montparnasse in Paris, Paul Ricœur (1913–2005) presented a philosophical thesis on pain and suffering at the annual continuing education days of the Association Française de Psychiatrie. Specifically, Paul Ricœur delivered the keynote lecture "Suffering is Not Pain" to an audience of hundreds of psychiatrists attending the two-day conference titled "The Psychiatrist Faced with Suffering." All communications were published six months later in the review *Psychiatrie française*.[1]

Considering that suffering is neither a psychiatric/medical term nor is it known as a core concept of Ricœur's philosophy, this article aims at proposing a refined contextualization to 1) improve the understanding of the text, and 2) guide the reader into Ricœur's approach of practical philosophy deployed in this work that opens to concrete implications for the clinical practice. This article endorses an interdisciplinary approach based on an intricate historical and philosophical approach. The historical perspective contextualizes the situation of this lecture within the situation of psychiatry at that time, the medical debates on suffering, the biography of Ricœur, and the genealogy of his thought in some of his "peripheral work" — following the interpretation of Ernst Wolff[2]—on pain and suffering. The philosophical perspective develops the practical implications of the concept of suffering he proposed at the conference. Much is devoted in our article to the historical and biographical contextualization of Ricœur's conference, to show that practical philosophy requires the engagement of philosophers in relation to others outside of their field. Hence, we will describe Ricœur's position as a philosopher engaged with the factual question of pain and suffering in psychiatry and medicine, and show how this peripheral work represents a major contribution to a medical deadlock: suffering.

We propose to retrace this path with four moments: the first shows Ricœur's interest in psychiatry both to nourish his philosophical work and to develop his idea of a practical philosophy;

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[1] Paul Ricœur, "La souffrance n'est pas la douleur," *Psychiatrie française*, 23 (1992), 9–18. https://bibnum.explore.psl.eu/s/psl/ark:/18469/3tcmb; Paul Ricœur, "Suffering is Not Pain," trans. Luz Ascarate and Astrid Chevance, *Études Ricoeurienne/Ricœur Studies*, vol. 15, nº 2 (2024), 14–27.

[2] "En premier lieu, la périphérie désigne des textes habituellement considérés comme marginaux dans l'œuvre de Ricœur. Mon pari est que ces écrits périphériques ne comportent pas seulement un intérêt en soi, mais éclairent des problématiques contemporaines présentes dans les livres célèbres de Ricœur" (Ernst Wolff, *Lire Ricœur depuis la périphérie. Décolonisation, modernité, herméneutique* [Bruxelles: Université Bruxelles, 2021], 9–10).

Vol 15, No 2 (2024) ISSN 2156-7808 (online) DOI 10.5195/errs.2024.669 http://ricoeur.pitt.edu

the second explains the need for psychiatrists to call on Ricœur's philosophical thoughts to open new perspectives and overcome major epistemological and clinical issues; the third describes the psychiatric and medical vision of pain and suffering at that time and the deadlock in clinical practice; and finally, the fourth highlights the elements of an applied ethics of suffering for medical care implied by the conference, "Suffering is Not Pain."

Information about Ricœur's intervention at the conference was gathered from different sources we cross-referenced. We extracted information from the biography of Ricœur by the historian François Dosse, which was first published in 1997 while Ricœur was still alive. Using an oral history approach, we twice interviewed the historical witness and protagonist Professor Jean-Jacques Kress, the organizer of the conference in which Ricœur's intervention took place. Kress provided different original documents crucial for the understanding of the context of the production of the text: the conference program, a copy of Ricœur's manuscript for the lecture, and the pieces of paper with the different questions asked by the participants of the conference after the lecture. Additionally, we also interviewed Jerôme Porée—Ricœur's former doctoral student who was working on the phenomenology of suffering at that time.[3] Further investigation of practical philosophy of pain and suffering in medicine led to the analysis of radiophonic and video archives alongside different prefaces of Ricœur's medical books.[4] Finally, to understand the broader context of Ricœur's reflection on pain in medicine, we interviewed Caroline Philibert, a documentary maker who gave us access to all her video material about pain involving Ricœur.[5] We analyzed these texts, interviews, and conferences—that are named "peripheral" in contrast to Ricœur's systematic philosophical work and which are often considered minor in comparison to his core philosophical writings.[6] Following Wolff's thought, we believe that they hold significant value, not only in their own right but more importantly, in how they open the door to a practical philosophy by shedding light on contemporary issues through the lens of Ricœur's thought.[7]

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[3] François Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)* (Paris : La Découverte, 2008).

[4] We used the following documents : "Paul Ricœur, itinéraires," Part 4, "Éthique," in *Entretiens patrimoniaux* (Paris : Institut national de l'audiovisuel, 1999). https ://entretiens.ina.fr/itineraires/Ricoeur/paul-ricoeur; "Paul Ricœur, philosophe de tous les dialogues", ed. Caroline Reussner (Paris: Les éditions Montparnasse, 2007). https ://regardsprotestants.com/video/culture/paul-ricoeur-philosophe-de-tous-les-dialogues/; "Paul Ricœur, le sens du dialogue," *À voie nue* (Paris: France Culture, 1993). https://www.radiofrance.fr/franceculture/podcasts/serie-paul-ricoeur-le-sens-du-dialogue; Paul Ricœur, "Foreword," in *Code de déontologie médicale* (Paris: Seuil, 1996); Paul Ricœur, "Foreword," in *Médecins tortionnaires, Médecins résistants*, ed. Commission médicale de la section française d'Amnesty International and Valérie Marange (Paris: La Découverte, 1989).

[5] "Si dure la douleur," ed. Caroline Philibert (Université de Bourgogne, Les films du Village, 1996), 52 min. http://www.carolinephilibert.fr/filmogene/1Sidure.html; Paul Ricœur, "Endurer," interview by Caroline Philibert (1995). http://www.carolinephilibert.fr/filmogene/archric1.html; Paul Ricœur, "La relation thérapeutique," interview by Caroline Philibert (1995), http://www.carolinephilibert.fr/filmogene/archric2.html.

[6] Wolff, *Lire Ricœur depuis la périphérie*, 9–10.

[7] *Id.*

II. Ricœur and Psychiatry: From a Philosophical Interest in Psychoanalysis to the Potential Practical Application of his Philosophy

At the time of the conference in 1992, Ricœur was already a very well-known and sought-after philosopher, both nationally and internationally. Kress, professor of psychiatry in Brest (France), and president of the Association Française de Psychiatrie invited him to give the keynote lecture. Both men had known each other for a very long time. Namely, Kress was the childhood friend of one of Ricœur's sons, Jean-Paul, both participating in the same scout patrol in Strasbourg (France).[8] Hence, back in the 1950s, Kress spent some informal and intimate time with the Ricœur family; from Sunday lunches to ski holidays. Kress was trained as a psychiatrist by Professor Lucien Israel (1925–1996) in Strasbourg and was a member of the École freudienne de Paris founded by Jacques Lacan (1901–1981) in 1964.[9] Israel contributed to the dissemination of an adapted Lacanian psychoanalysis in the East of France. A few years later, Jean-Paul Ricœur, the son, also trained as a psychiatrist and a psychoanalyst, which fueled the bond with Kress.[10] During his military service in Paris (1962–1964), Kress spent each weekend at the intellectual community Les Murs Blancs in Châtenay-Malabry, with the Mounier family, who were neighbors of the Ricœur family. Despite Kress moving to Brest to lead the academic department of the newly built psychiatric hospital in 1973, his friendship with the Ricœur son and father continued.[11]

Ricœur's interest in psychiatry went well beyond the scope of his personal relationships, to the very depth of his philosophical work.[12] In 1965, Ricœur published a book entitled *Freud and Philosophy: An Essay on Interpretation,* five years after his first conference for an audience of psychiatrists in Bonneval (France), on the matter of the Unconscious.[13] At that time, Bonneval was a psychiatric hospital led by the famous professor of psychiatry Henri Ey (1900–1977) who, from 1942, regularly organized multidisciplinary conferences on mental disorders and psychiatry.[14] During the introductory lecture of the 1960 conference, Ricœur reported having come to Freud's

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[8] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005),* 156-157; Jean-Jacques Kress, interview by Astrid Chevance, May 22, 2024.

[9] Elisabeth Roudinesco and Michel Plon, "Lucien Israël (1925-1996)," in *Dictionnaire de la psychanalyse* (Paris: Fayard, 2006).

[10] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 156-157; Jean-Jacques Kress, interviews by Astrid Chevance, May 13 and May 22, 2024.

[11] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 247. "Les Murs Blancs" was a community founded in 1939 by five left winged Christian intellectuals: Emmanuel Mounier (1905–1950 also founder of the Esprit review in 1932) Henri-Irénée Marrou (1904–1977), Jean Baboulène (1917–1985), Paul Fraisse (1911–1996), and Jean-Marie Domenach (1922–1997). They all lived in this place with their families. Paul Ricœur joined them in 1957 with his own family. This community intended to embody the principles of personalism. See Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 247. For a memorial account by the descendants of the Murs Blancs: Léa and Hugo Domenach, *Les Murs Blancs* (Paris: Grasset, 2021).

[12] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 290-299.

[13] Henry Ey ed., *L'Inconscient. VIe Colloque de Bonneval* (Paris: Desclée de Brouwer, 1966).

[14] Jacques Chazaud and Lucien Bonnafé, *La Folie au Naturel, le premier colloque de Bonneval comme moment décisif de l'histoire de la psychiatrie* (Paris: L'Harmattan, 2006).

work and psychoanalysis because of the moral problem of culpability. Alongside Friedrich Nietzsche and Karl Marx, Freud played the role of a "master of suspicion," he said, hence questioning the very core of the philosophical project as it is deemed to rely on conscious reflection.[15] This conference was a success and Ricœur further investigated the Freudian work with his philosopher's approach with different communications at Yale University (USA) and Louvain University (Belgium) which constituted the basis of the book of 1965.[16] Beyond the initial question of culpability, and in the following of the work of Antoine Vergote (1921–2013) who was at the crossroads of psychoanalysis, phenomenology, and theology, Ricœur explored the connections between phenomenology and psychoanalysis in light of the question of hermeneutics.[17]

Ricœur's philosophical interest in psychoanalysis was nurtured by his active involvement in the intellectual hubs of the time. From the 1960s, Ricœur attended the seminars of Lacan, who aimed to revisit the Freudian thought. Lacan taught generations of psychiatrists with his seminars between 1953 and 1980; first at the Sainte-Anne Hospital, then at the École Normale Supérieure, and finally, at the Law School Panthéon in Paris. Ricœur took part in these seminars accompanied by his son Jean-Paul and Kress, who were at that time both medical students.[18] However, Ricœur took distance from the psychoanalytic world because of tensions with Lacan, which led to an outcry from a range of his followers after the publication of his book on Freud.[19] François Dosse reports that Ricœur was accused of plagiarism towards Lacan by some of his supporters.[20] Consequentially, the book was blacklisted by numerous psychoanalysts and psychiatrists. It seems that Lacan would have sought Ricœur's admiration and philosophical support, while Ricœur remained critical of Lacan's approach and posture.[21]

Even if, at the time, psychoanalysis was the dominant framework for understanding psychopathology and a common reading grid to humanities and social sciences in the broader meaning, it was not confounded with psychiatry.[22] Hence, Ricœur's interest in psychiatry was not limited to psychoanalysis. Rather, Ricœur was methodologically interested in exploring mental disorders as the extreme cases of the human mind that would allow him to ultimately understand them. As Kress once asked him why he would have so much interest in psychiatry, he answered: "to understand how it's done, you have to see how it's undone".[23] Thus, Ricœur attended many years of clinical presentations of the psychiatrist Philippe Paumelle (1923–1974), in which case

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[15] Paul Ricœur, "Ouverture du VIe colloque de Bonneval sur l'inconscient," in *L'Inconscient. VIe Colloque de Bonneval*, ed. Henry Ey (Paris: Desclée de Brouwer, 1966).

[16] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 293.

[17] *Ibid.,* 290, 293.

[18] *Ibid.,* 294; Kress, interviews by Astrid Chevance, May 13 and May 22, 2024.

[19] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 300-310.

[20] *Ibid.,* 301.

[21] *Ibid.,* 292–294 ; Jacques Postel and Claude Quetel, *Nouvelle histoire de la psychiatrie* (Paris: Dunod, 2012), 418-424.

[22] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 291.

[23] *Ibid.,* 293; Kress, interviews by Astrid Chevance, May 13 and May 22, 2024.

Vol 15, No 2 (2024) ISSN 2156-7808 (online) DOI 10.5195/errs.2024.669 http://ricoeur.pitt.edu

studies of patients were discussed by clinicians.[24] The two men met through the journal *Esprit* for which Paumelle proposed an issue on psychiatry entitled *The Misery of psychiatry* in 1951.[25] He signed a manifest under a pseudonym defending his original ideas for structuring psychiatric care. Paumelle intended to develop a new organization based on a more egalitarian patient-physician relationship and denounced a system centered on closed hospital wards separating the patients from the community. Convinced by the principles of institutional psychotherapy, he left the public hospital which he believed unable to be reformed, and in 1958, with Serge Lebovici and René Diatkine, founded the Association de Santé Mentale du 13e arrondissement de Paris (ASM13), promoting therapeutic interventions outside of hospitalization and embodied as a communitarian psychiatric dispensary.[26] Ricœur was thus plunged into post-war psychiatry, in search of a rupture with the past asylum and the reconsideration of mental disorders and psychiatric patients.

However, after the controversy sparked by his book on Sigmund Freud, it took 30 years for Ricœur to engage publicly again on the matter of psychiatry. This engagement was prompted by his friendship with Kress, who invited him to deliver a first keynote lecture at the 1986 Annual Days of the Association Française de Psychiatrie, focusing on the foundational theories of psychiatry. Notably, Ricœur chose to address the specific issue of the epistemology of psychoanalysis, with at stake, the philosophical question of the kind of regime of truth it produces, in a context of tensions between the framework of natural science and the one of psychoanalysis to support psychiatric practice. The accidental invitation by Kress to address a practical, confrontational case through philosophy introduced psychiatry as a potential field of application for Ricœur's philosophy (hermeneutics in this first case), with the promising role of serving as a third party.

III. Ricœur's First Contribution to Expand the Horizons of Psychiatry in the Case of the Epistemology of Psychoanalysis

Ricœur's first conference in collaboration with Kress took place between the 24th and the 26th of January 1986 at the Hilton Tour Eiffel in Paris, under the title "Between theories and practice. Functions of theoretical thoughts [in psychiatry]".[27] Kress who was close to the founding members of the Association Française de Psychiatrie suggested the topic of the plurality of the theoretical foundations of psychiatry and proposed to call on a philosopher to inaugurate the conference with a report that would provide greater insight into this sensitive matter.[28] In fact, Kress reported having been intrigued by the proliferation of theories and epistemologies since his residency in

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[24] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 293, Kress, interview by Astrid Chevance, May 22, 2024.

[25] Philippe Langlade (pseudonym of Philippe Paumelle), "Qui sommes-nous ?," *Esprit*, vol. 197 (1952), 797–800.

[26] Serge Gauthier and Bernard Durand, *Philippe Paumelle, un psychiatre dans la cité. La force du soin* (Arcueil: John Libbey Eurotext, 2021) ; Postel and Quetel, *Nouvelle histoire de la psychiatrie,* 359.

[27] Paul Ricœur, "La psychanalyse confrontée à l'épistémologie," *Psychiatrie française*, special issue (1986), 11–23.

[28] Kress, interview by Astrid Chevance, May 22, 2024.

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psychiatry, but foremost, he hoped to calm the controversies that were tearing apart a field in search of an identity.[29]

Part of the fragilizing context of psychiatry was its separation from neurology after the academic and social events of May 1968, which was not consensual, leading to the coexistence of neuropsychiatrists on one side and neurologists and psychiatrists on the other. Also, the new community-based organization of psychiatric care initiated in the 1960s was eventually endorsed by the law in 1985. Inspired by the experience of Paumelle in the 13th district of Paris, the philosophy of this organization, called Le Secteur, was used to promote outpatient care and to only use hospitals in emergencies or for treatments requiring specific competencies, materials, and monitoring.[30] Thus, the basic component of this psychiatric care organization was the *Centre médico-psychologique*, a community dispensary responsible for a fixed territorial and demographic unit of around 70,000 people, while hospitals were deemed less important.[31]

Regarding the theoretical frameworks referred to by psychiatrists in France in the 1980s, psychoanalysis and biology were the two most common resources for explaining and treating mental disorders, alongside behaviorism and systemic therapy to a lesser extent.[32] Most psychiatrists were trained to psychoanalyze and thus defined themselves as psychoanalysts; among them, an important number claimed to follow Lacan's thoughts.[33] At the same time, there was a strong stream of biological psychiatry inherited from a secular tradition of which the last-generation psychiatrists Henri Ey, Jean Delay (1959–1987), and Pierre Deniker (1917–1998) were the most well-known representatives; the latter being credited for the discovery of chlorpromazine, the first antipsychotic.[34] As this lively context endangered the unity of the professional field of psychiatry, Dr. Charles Brisset (1914–1989) created the French Psychiatrists' Union (Syndicat des Psychiatres Français) in 1979. The aim of the association was to promote fruitful scientific debates in psychiatry. Therefore, annual conferences were organized for the continuing education of French-speaking psychiatrists and displayed around 50 communications during three consecutive days. These days were also meant as socializing moments trying to limit dissensus and maintain professional cohesion.[35]

Hence, the setting of the association offered Ricœur the opportunity to reflect on psychoanalysis in a third-party role, as he did once in Bonneval 26 years ago. Ahead of the 1986 conference, Ricœur and Kress met regularly together or with the other psychiatrists in charge of the organization of the conference, to elaborate on their talks jointly, endorsing a multidisciplinary approach.[36] Ricœur entitled his keynote lecture "Psychoanalysis confronted to epistemology" and

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[29] Jean-Jacques Kress, "Les rapports subjectifs du psychiatre avec ses théories," *Psychiatrie française*, special issue (1986), 35–47 ; Jean-Jacques Kress, interview by Astrid Chevance, May 13, 2024.

[30] Postel and Quetel, *Nouvelle histoire de la psychiatrie,* 359.

[31] Postel and Quetel, *Nouvelle histoire de la psychiatrie,* 357, 365–366, 425, 427–430

[32] Postel and Quetel, *Nouvelle histoire de la psychiatrie,* 420–424; Jean-Jacques Kress, interview by Astrid Chevance, May 22, 2024.

[33] Postel and Quetel, *Nouvelle histoire de la psychiatrie,* 420–425.

[34] Postel and Quetel, *Nouvelle histoire de la psychiatrie,* 357–361.

[35] Kress, interview by Astrid Chevance, May 13, 2024.

[36] Kress, interview by Astrid Chevance, May 13, 2024.

identified three questions: 1) What is a fact for psychoanalysis?; 2) What is the relation between theory and practice of psychoanalysis, considering its double identity as a "method of investigation" and as a therapeutic intervention?; and 3) What is evidence in psychoanalysis and the question of validation?[37] Ricœur philosophically addressed each of these questions by listing criteria delineating operational definitions for facts and evidence in psychoanalysis. Finally, he concluded on the "complex relations between theory, methods of investigation, and treatment methods".[38]

Following Ricœur's lecture, Kress held a conference on "The subjective relation of the psychiatrist to their theories".[39] In fact, Kress, as a practitioner, wanted to inquire as to why psychiatrists would choose one theory over another to ground their clinical practice. He raised a disruptive question for epistemology by proposing alternative determinants—psychological factors—as the basis for adopting one theory over another, rather than the usual criteria of truth or even usefulness. But the philosopher eventually sidestepped Kress' question after the conference as they discussed together with an enigmatic answer: "You're a psychiatrist, I'm a philosopher, why? No one can answer this question".[40] This likely illustrates the difficulty of developing a deep interdisciplinary perspective when speaking from very different frameworks.

Overall, this keynote lecture featuring the philosopher and the psychiatrist discussing the potential epistemological foundation of psychiatry was a success, with more than 800 participants present—mostly psychiatrists.[41] After that, Kress was elected as the president of the Association, although he did not volunteer.[42] In this new role, Kress hoped to expand on the lateral thinking of psychiatry, extending beyond the alternative of a Lacanian orthodoxy on the one side and a reduction of the care of patients to biological or behavioral techniques giving up subjectivity on the other side.[43] Kress' main intuition was to enrich psychiatric thoughts beyond the language of psychoanalysis (*sic*) and to investigate, "major fundamental human dispositions, such as the complaint, hope or hopelessness, love or violence, and eventually suffering […]. We encounter these states of human existence on a daily basis, but they are not integrated into our (psychiatric) concepts.[44] That's precisely why our thinking is stimulated by the questions they raise".[45]

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[37] Ricœur, "La psychanalyse confrontée à l'épistémologie," 11.

[38] *Ibid.*, 17, 21. "Methods of investigation" refers to the way psychoanalysts investigates psychic processes and produces knowledge, and "treatment methods" to the procedures used by psychoanalysts to cure patients.

[39] Kress, « Les rapports subjectifs du psychiatre avec ses theories," 35–47.

[40] Kress, interview by Astrid Chevance, May 13, 2024.

[41] Kress, interview by Astrid Chevance, May 13, 2024.

[42] Kress, interview by Astrid Chevance, May 13, 2024.

[43] Kress, interviews by Astrid Chevance, May 13 and May 22, 2024.

[44] Jean-Jacques Kress, "Introduction," *Psychiatrie française*, special issue (1992), 7.

[45] *Id.*

IV. Suffering: the Medical Deadlock and a Case for Ricœur's Practical Philosophy

After this first conclusive attempt of involving the philosopher to expand the horizon of psychiatry, Kress chose to call again on Ricœur for the Annual Days of Continuing Education of the Association Française de Psychiatrie in 1992 to specifically address the question of suffering.[46] Indeed, as a doctor, Kress had a primary interest in the role of a patient's complaint in the clinical relationship. He organized a conference for the Société Médico-Psycholigique in Brest in 1988, entitled "The physician faced with complaint," in which he gave a lecture on the effectiveness of the patient's complaint.[47] His presentation was based on clinical observations and considerations to show that the complaint is "a fundamental human disposition, originating beyond all the reasons it seems to address" and opening to metaphysical questions.[48] Hence, the conclusion of the article opened with the biblical myth of Job, as an echo to the patient's complaint, which led Kress' thought straight to the question of suffering.[49] Faced with the complexity of this question in clinical practice and the lack of theoretical framework in psychiatry to address suffering, an experience that even may exceed the prerogatives of psychiatry, Kress asked Ricœur to provide a framework of thought, or at the very least, guidance to initiate a reflection within the field of psychiatry.[50] In fact, Kress viewed suffering not as a specific symptom of mental disorders or as a pathological event, but rather as a "fundamental human disposition", that a doctor could not ignore.[51] However, suffering was a medical deadlock, as we will show now.

Ricœur's approach to the question of suffering, by distinguishing it from pain, acknowledges the historical separation between the two. Pain, increasingly treated as a medical object since the 19th century in Europe, became the domain of medicine, while suffering was left to the realms of the humanities, religion, and the arts.[52] Explanatory models and therapeutic interventions for acute physical pain were developed quite efficiently since the middle of the 19th

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[46] *Id.*

[47] Jean-Jacques Kress, "L'efficacité de la plainte," *Psychologie médicale*, vol. 21, nº 3 (1989), 305–307.

[48] "I propose to call the effectiveness of the complaint that which, in the face of the complaint, leads to radical questions, placing the subject in a position to question their own existence. The patient comes to formulate these questions themselves: 'Why me? Why is this happening to me?' […] The complaint thus appears as a fundamental human disposition, originating beyond all the reasons it seems to address. It comes from the original rupture that characterizes humanity, which many religions account for just as psychoanalytic theories do […] And it is because reflections turn towards these areas where metaphysics emerges that I have proposed the term 'effectual' for the effects of the complaint—a substantive adjective, now outdated, that belonged to the vocabulary of theology" (Kress, "L'efficacité de la plainte," 306.

[49] *Id.*

[50] Kress, interview by Astrid Chevance, May 13, 2024.

[51] Kress, "Introduction," 7.

[52] Roselyne Rey, *The History of Pain*, trans. Louise Elliott Wallace, J. A. Cadden and S. W. Cadden (Cambridge: Harvard University Press, 1998); Javier Moscoso, *Pain: a Cultural History* (London: Palgrave Macmillan, 2012).

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century and have progressively transformed not only our daily lives but also anthropology.[53] Based on pathophysiology, the model of nociception was developed to explain pain: the nervous system detects bodily damages or threats to one's integrity. The peripherical pain receptors transmit a signal along the nerves, through the spinal cord, and then into the brain. Each level answers pain with different kinds of responses: reflex from the spinal cord, affects, and cognitive interpretation of the brain. In 1976, the International Association for the Study of Pain (IASP) was founded and developed the first consensual definition for the medical study of pain in 1979 as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage," which is now widely accepted beyond medicine.[54] This work of the IASP allowed for the development of research and evidence-based pain management in clinical routine. Anesthesiology became a medical specialty around World War II (1938 in the USA, 1948 in the UK, 1954 in France).[55] At the time of Ricœur's conference, pain medicine was about to be constituted as a new medical specialty in many countries with for instance the foundation of the American Board of Pain Medicine in 1991 in the USA and the Société Française de la Douleur in 1992.[56] While anesthesiology mostly focused on pain surrounding surgery and medical intervention or birth, pain medicine's objective was to manage recurring and chronic pain, taking into account the increase of chronic conditions in developed countries. Hence, debates on chronic pain and the organization of medical care were flourishing.

Nevertheless, the medical solutions to acute pain have left the question of suffering unsolved, even perhaps untouched. Considering the definition of the IASP and its revision in 2020, suffering was not included in the scope of scientific medicine, neither as a matter, nor as a word. Up until today, medical studies rarely tackle the issue of suffering, whereas medical consultations and foremost patients' reports are full of narratives of suffering. This discrepancy was already observed by Eric J. Cassel, who attempted to reintroduce suffering as a "Goal of Medicine" in 1982.[57] Cassel, who was a medical doctor, proposed to distinguish between physical pain, defined as nociception and related to a damaged body, and suffering which affects the person in their many dimensions: bodily, psychologically, socially, and spiritually. Cassel's conception is not far from that of Cicely Saunders, the founder of hospices in the UK.[58] Saunders also called for considering pain not only as a physical matter and coined the term "total pain" to refer to four dimensions: physical pain, psychological pain, social pain, and spiritual pain. Nursing, palliative care, and

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[53] *Id*.

[54] Srinivasa N. Raja *et al.*, "The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises," *Pain*, vol. 161, nº 9 (2020), 1976–1982.

[55] The American Board of Anesthesiology (ABA) was founded in 1938. In the United Kingdom, the Faculty of Anaesthetists was founded in 1948, which later became the Royal College of Anaesthetists in 1992. In France, the Société Française d'Anesthésie et de Réanimation (SFAR) was founded in 1954.

[56] The American Board of Pain Medicine (ABPM) was founded in 1991 to certify physicians in the field of pain medicine. Additionally, the American Board of Anesthesiology (ABA) began offering subspecialty certification in pain medicine in 1993. In the UK, the Faculty of Pain Medicine (FPM) of the Royal College of Anaesthetists was established in 2007.

[57] Eric J. Cassel, "The Nature of Suffering and the Goals of Medicine," *New England Journal of Medicine*, vol. 306, nº 11 (1982), 639–645.

[58] Cicely Saunders, "The Symptomatic Treatment of Incurable Malignant Disease," *Prescriber's Journal*, vol. 4, nº 4 (1964), 68–73.

somehow psychiatry continued to develop reflections on suffering, often in collaboration with the humanities, as these professionals were deemed to be in charge of human suffering, beyond physical damages, within medicine.

In this context of a lack of consensual and operational medical theories and practice contrary to physical pain, Kress reaffirmed the need to dig into the human suffering that psychiatrists faced in their daily care. As he had done on the matter of the epistemological foundations of psychiatry in 1986, he once again called on philosophy to help in taking a step back and fuel medical thoughts.

V. After *Oneself as Another*, Ricœur's Refined Definition of Suffering Opening to a "Practical Philosophy" of Psychiatry and Medicine

During the psychiatrists' conference of 1992, Ricœur led the keynote lecture, after a very brief and general introduction by Kress, and before Kress's own lecture with the same title as the conference: "The psychiatrist faced with suffering". Both communications were then discussed by Arthur Tatossian (1929–1995), a professor of psychiatry in Marseille (France), known for his interest in phenomenological psychopathology. Contrary to the talks of 1986, Ricœur and Kress did not manage this time to jointly prepare their communications. However, each had access to the draft of the other shortly before the conference. In his talk, Kress commented on "physical pain" and "psychological suffering" as a human disposition opening to existential questioning. Additionally, he proposed developments on "psychic pain;" a "pain of the psyche" caused for instance by the sadness of depression, referring to Freud's "mourning and melancholia." Such pain is rooted in the psychiatric semiology of the 19th century, also referred to as "moral pain" or "mental pain," and is meant as a pain felt in the mind, *i.e.* an affective experience without sensory experience associated.[59] The difference between physical and mental pain would be their localization. Mental pain was still used in practice by psychiatrists to describe and understand clinical cases, in particular in France in the *Handbook of Psychiatry* by Henri Ey.[60] Also, the introduction of the DMS-3 (and its succeeding versions) mentioned mental pain as what distinguished normal states from pathological states.[61] This kind of pain which is not felt in the body but only in the mind—mental pain—is not mentioned by Ricœur in the conference. While Kress invited Ricœur to reflect on suffering, he never suggested that he also address the issue of pain. Thus, Ricœur himself decided to reflect on "how to draw the line between suffering and pain".[62] In fact, he proposed to distinguish pain, as a physical

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[59] Kenneth S Kendler, "Melancholia as Psychalgia: the Integration of psychophysiological Theory and psychopathologic Observation in the mid-19th Century," *Molecular Psychiatry*, vol. 28, n° 1 (2023), 230–235.

[60] Henry Ey, Paul Bernard and Charles Brisset, *Manuel de psychiatrie*, 7th ed. (Paris: Masson, 1978).

[61] American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 3rd ed. (Washington D.C.: The American Psychiatric Association, 1980).

[62] "How to draw the line between suffering and pain? Beyond the use of words, both have their own signs. Regarding suffering, there are phenomena to explore: altered relation with oneself and others, diminution of the power to act. A daunting issue looms on the horizon: learning by suffering. But w hat to learn?" (Paul Ricœur, "La souffrance n'est pas la douleur", in *Souffrances, corps et âmes, épreuves partagées*, ed. Jean-Marie Kaenem [Paris: Autrement, 1994], 58).

phenomenon—an affect of the body—from suffering which opens to reflexivity and existential questioning.

Ricœur's interest in the question of suffering was not new: he reflected on suffering from his eidetic phenomenology and first anthropology.[63] Still, suffering was not a core feature of his work. In 1980, one of Ricœur's PhD students, Porée, began to work on a phenomenology of suffering, as a founding experience, trying to bridge ontology (to be) and ethics (have to be).[64] At the same time, Ricœur developed his thought on the occasion of the conference on evil at the Faculty of Theology of Lausanne (Switzerland) in 1985. He was invited by the theologian Pierre Gisel (1947–) to contribute to this cross-topic for theology and moral philosophy.[65] Indeed, Ricœur's lifelong work explored the relationship between philosophy and theology, while taking care to keep the two fields separated, one being on the side of understanding and the other on the side of believing.[66] The conference was published a few months later under the title "Evil, a Challenge to Philosophy and Theology".[67] In this text, Ricœur called on the complaint and suffering from the very beginning. Adopting the theological perspective, the issue of suffering emerges in this conference through the moral justification of personal suffering, as exemplified in Job's lament: "Why? Why me? Why my child?" Ricœur highlighted that evil is committed because it is primarily suffered, and linked sin, death, evil, guilt, penalty (*poena*), and suffering altogether. Of note, while suffering was primarily addressed, pain, however, was absent from both Ricœur's developments in "Evil, a Challenge to Philosophy and Theology" and from Porée's thesis.

As for *Oneself as Another*, the conceptual framework for suffering endorsed in the conference "Suffering is Not Pain" relates more closely to Ricœur's philosophy of action rather than to the theological perspective of "Evil, a Challenge to Philosophy and Theology".[68] Dosse highlighted a turn in Ricœur's reflections on suffering after his son Oliver died by suicide in March 1986 at the age of 39, one year after the conference "Evil, a Challenge to Philosophy and Theology".[69] This turn gave birth to "more embodied thoughts and behavior, closer to concrete

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[63] Luz Ascarate and Astrid Chevance, "Introduction," *Études Ricoeuriennes/Ricœur Studies*, vol. 15, nº 2 (2024), 8-13.

[64] Jérôme Porée, *La philosophie à l'épreuve du mal : pour une phénoménologie de la souffrance* (Paris: Vrin, 1993).

[65] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 527.

[66] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 554-558. Dosse quotes Ricœur: "J'ai toujours marché sur les deux jambes. Ce n'est pas simplement parce que je tiens à affirmer une référence double, absolument première pour moi" (Paul Ricœur, *La Critique et la Conviction* [Paris: Calmann Lévy, 1995], 211).

[67] Paul Ricœur and David Pellauer, "Evil, a Challenge to Philosophy and Theology," *Journal of the American Academy of Religion*, vol. 53, nº 4 (1985), 635–648.

[68] "At the other end of the spectrum from solicitude, what then is the inverse situation from that of the instruction by the other in the figure of the master of justice? And what new inequality is to be compensated for here? The situation that is the reverse of injunction is suffering. The other is now a suffering being, that being whose empty place has continually been indicated in our philosophy of action, whenever we depicted men and women as acting and suffering" (Paul Ricœur, *Oneself as Another* [Chicago: The University of Chicago Press, 1990], 190).

[69] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 528.

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things […] Ricœur was led to put forward a form of philosophical wisdom […] oriented towards the Aristotelian *phronesis* (a practical wisdom), *i.e.* detached from guilt and radically oriented towards action and towards a horizontal relationship with the other and no longer riveted to a transcendent vertical relationship, of looking inward".[70] At the time of the conference "Suffering is Not Pain," Ricœur had recently published *Oneself as Another*[71] and the "Little Ethics"—dedicated to his son Oliver[72]—which were already appreciated as a practical philosophy which could be useful for medical ethics.

In *Oneself as Another*, Ricœur presents a definition of suffering delimited from both physical and mental pain:

> "Suffering is not defined solely by physical pain, nor even by mental pain, but by the reduction, even the destruction, of the capacity for acting, of being able to act, experienced as a violation of self-integrity."[73]

"Suffering is Not Pain" refined this first synthetic definition of suffering by presenting it as a phenomenon whose signs could be displayed on two orthogonal axes: the "self-other" axis and the "acting/being affected" axis.[74] Not only does "Suffering is Not Pain" totalize the question of the loss of power (the acting/being affected axis), but it also equally highlights a "crisis of otherness" where the self appears as "to be thrown back upon itself" because of the conjoint process of a separation of the other on the one side and an intensification of the self on the other side.[75] Of course, in *Oneself as Another*, the relation to the Other was also at stake. Namely, suffering was defined as one end of the spectrum of solicitude, the second being the "injunction" where the self is "summoned to responsibility by the Other."[76] Solicitude was itself conceptualized as a "*benevolent spontaneity* intimately related to self-esteem within the framework of the "good life"[77] and thus saved from being a "dreary duty."[78] But in this framework, separation from the Other (derived from Emmanuel Levinas' philosophy) is quickly evoked as a pessimistic possibility in the context of institutional unfairness, but not as central to suffering.[79] Nor did Ricœur mention the loss of intentionality. Rather, solicitude is presented as the possibility of a dialectical reversal of the roles

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[70] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 525–526, our translation.

[71] Ricœur, *Oneself as Another*.

[72] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 525.

[73] Ricœur, *Oneself as Another*, 190.

[74] Ricœur, "Suffering is Not Pain," 18.

[75] *Ibid*., 19.

[76] Ricœur, *Oneself as Another*, 189–190.

[77] "On the basis of this benevolent spontaneity, receiving is on an equal footing with the summons to responsibility, in the guise of the self's recognition of the superiority of the authority enjoining it to act in accordance with justice. This equality, to be sure, is not that of friendship, in which giving and receiving are hypothetically balanced. Instead, it compensates for the initial dissymmetry resulting from the primacy of the other in the situation of instruction, through the reverse movement of recognition" (Ricœur, *Oneself as Another*, 190).

[78] *Ibid*., 193.

[79] *Ibid*., 202.

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of the suffering being and the acting being. In fact, the suffering being first appears in the position of receiving, because of the loss of power, whereas the acting being appears in the position of giving (injunctions). However, Ricœur reveals in the suffering being an ability to give "that is no longer drawn from the power of acting and existing but from weakness itself."[80] Conversely, the acting being received through sympathy "the shared admission of fragility and finally of mortality."[81]

Thus, the deepening of the concept of suffering in "Suffering is Not Pain", consists of the identification of 1) the separation from the other and from the world (loss of intentionality), leading to radical isolation ("intensification of the self") as regards the self-other axis, and 2) as regards the acting/being affected axis, a total loss of power that affect the four dimensions of acting as defined in *Oneself as Another*: "speaking out, acting in the limited sense of the term, narration, and finally moral imputation."[82]

This evolution of the concept of suffering might be align with Ricœur's wish for a "practical philosophy" to contribute to the clarification of contemporary problems.[83] In different texts and interviews, he developed the idea that medicine, as a practice, was closer to the practice of Law than the practice of science.[84] While he acknowledged that medical knowledge must be grounded in science, particularly in the biological sciences, he emphasized that physicians, like judges, are required to make decisions based on the specific circumstances of each case—whether it's a diagnosis or a treatment plan, and often in extreme situations such as the beginning and end of life.[85] This path diverged from a general and theoretical knowledge—the Law for the judge and the biomedical knowledge of the physician—to a singular situation that requires a practical wisdom that Ricœur named "prudence:" [86]

> "Speaking of prudence, I am referring to the Roman and medieval virtue of *prudentia*, a term that translates the Greek *phronesis* […]. But what does the virtue of prudence apply to? Essentially, it applies to decisions made in singular situations […]. This is particularly true of situations where the medical profession intervenes, namely human suffering; indeed, suffering, along with pleasure, is the ultimate retreat of singularity."[87]

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[80] *Ibid*., 191

[81] *Ibid*., 192

[82] Ricœur, "Suffering is Not Pain," 20.

[83] Dosse, *Paul Ricœur. Le sens d'une vie (1913-2005)*, 585, 605; "Paul Ricœur, itinéraires," Part 4, "Éthique," *Entretiens patrimoniaux*.

[84] Ricœur, "Foreword," in *Code de déontologie médicale*; Ricœur, "Foreword," in *Médecins tortionnaires, médecins résistants*; "Paul Ricœur, itinéraires," Part 4, "Éthique," *Entretiens patrimoniaux*; Paul Ricœur, "La relation thérapeutique," interview by Caroline Philibert (May 1995).

[85] "Paul Ricœur, itinéraires," Part 4, "Éthique," *Entretiens patrimoniaux*, chapter 52. For examples of application of Ricœur's priniciples in bioethics, see Peter Kemp, "From Ethics to bioethics," in *Questioning ethics*, eds. Richard Kearney and Mark Dooley (London: Routledge, 1999), 283–293.

[86] Ricœur, "Foreword," in *Code de déontologie médicale*, 10.

[87] *Id.*

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Accordingly, he defends that the ethical foundation of the patient-physician relationship is a "care pact" grounded in trust and overcoming the fundamental dissymmetric positions of two parties, to face a "common enemy:" the disease.[88]

> "The agreement owes its moral character to the implicit promise shared by both parties to faithfully fulfill their respective commitments."[89]

On the side of the practical wisdom grounding the commitments of physicians, Ricœur identified three precepts, namely irreplaceability, *i.e.* the acknowledgement by the physician of the singularity of the patients and of the care situation, the indivisibility of the person (physicians treat patients and not organs), and self-esteem. Self-esteem is defined as "the recognition of one's own value by the other person themselves" to tackle the risk of dependency behavior of the patients and humiliating behaviors of the physicians.

According to Ricœur himself, these ethical considerations are not to be confounded with a simple call for benevolence.[90] Rather, he warns that the participation of physicians in torture should not be considered as an aberration, but as the extreme pole of a series of compromises of the normal medical practice.[91]

> "Everything indeed begins on this level as soon as this practice is reduced to a technique—scientifically informed, to be sure—but disconnected from an ethics of solicitude that is attentive to the suffering of others and respectful of the patient's right to life and to care as a person."[92]

While Ricœur depicted medicine as a risky profession of abuses—and torture—since a large part of its therapeutic efficacy lies in the use of techniques that objectify the person, psychiatry is identified as one of the high-risk professions.[93] Hence, Ricœur concludes that the ethics of care needs embodiments in the laws; in "the legal and political practice of human rights."[94]

This sets the larger frame of Ricœur's consideration of a need for medical ethics, defined as an applied ethics derived from "the anterior ethic which is more fundamental than the norm" and in which the medical judgment would help to adapt the universality of norms to specific situations, hence exceeding "the resources of the norm."[95] We now propose to read the conference

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[88] *Ibid*., 11.

[89] *Ibid*., 12.

[90] *Ibid*., 12.

[91] Ricœur, "Foreword," in *Médecins tortionnaires, médecins résistants*, 6.

[92] *Id.*

[93] Ricœur, "Foreword," in *Code de déontologie médicale*, 7.

[94] *Ibid*., 6.

[95] George Taylor, "Introduction to Michel Renaud, 'After Paul Ricœur's *Little Ethics*'," *Études ricœuriennes,/Ricœur Studies*, vol. 15, nº 1 (2024), 1–4; Michel Renaud, "Après la 'Petite Éthique' de Paul Ricœur (1990), le sens de sa révision (2001)," *Études ricœuriennes/Ricoœur Studies*, vol. 15, nº 1 (2024), 8–25. The citation are from Paul Ricœur, "De la morale à l'éthique et aux éthiques," *Le Juste*, vol. 2 (Paris: Points, 2001).

"Suffering is Not Pain" together with Ricœur's contribution to a series of videos to teach medical students about chronic pain.[96] Looking at both this conference and the interviews in the videos from the perspective of a practical philosophy, we believe that we can delineate guidelines for medical ethics of suffering.

Ricœur stated in the introduction of "Suffering is Not Pain" that he did not aim to guide any therapeutic intervention, but at the same time, he disclosed that understanding suffering underlies the therapeutic relationship itself. Hence, he placed the therapeutic relationship at the very heart of the clinical problem of suffering. This encourages us to identify in these peripheral works three practical suggestions for the clinicians facing people who have suffered.

Ricœur highlights a first role for the psychiatrists who were listening to his conference, namely providing "words of comfort" to help the sufferer keep suffering separated from the feeling of guilt.[97] This feeling of guilt is associated with (comes with) suffering because they are both experienced by the subject as things that should not exist. By definition, Ricœur stated, "to suffer is to suffer too much." It is an "excess" in the sense that it should not be part of this world.[98] Suffering is pointless, precisely, it "has no object:" there isn't something where I suffer.[99] This modality of the experience of suffering as an excess, *i.e.* as something that should not exist, is similar to the modality of the experience of the moral fault. As excesses, both experiences lead to the question as to why they exist. However, according to Ricœur, guilt is "justified by the moral order"[100]—it is a moral badness—whereas suffering is not: it never deserves to exist. While guilt opens to moral justification, suffering would require a metaphysical answer. Nevertheless, the similarity of these experiences leads sufferers to the absurd use of moral justification: their experience of suffering would be the punishment for moral fault. Hence, Ricœur suggested that the role of the psychiatrist, and by extension any medical doctor faced with suffering, of guiding the patients who suffer into the diffusion of the infernal quartet composed by the two affects of suffering; guilt on one side, and their interpretation as a punishment and a fault on the other. Suffering is not a "meritorious sacrifice."[101] At one point, not relieving the feeling of guilt is endorsing the view of the torturer who uses pain as a path to suffering and then to guilt and its double, humiliation, which leads to the destruction of self-esteem. This is the point where suffering becomes self-inflicted, as Ricœur detailed with words of comfort: "No, you're not guilty; in fact, you are suffering, and this is something else."[102]

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[96] "Les douleurs rebelles," ed. Caroline Philibert (Dijon: Université de Bourgogne, 1996). It is a series of five videos designed for teaching medical students on chronic pain in which Caroline Philibert interviewed a different patients and medical doctors, alongside the anthropologist David Le Breton and the philosopher Paul Ricœur. We had access to the original videos associated educational booklet shared by Caroline Philibert.

[97] Ricœur, "Suffering is Not Pain," 22.

[98] *Ibid*., 26.

[99] *Ibid*., 25.

[100] *Ibid*., 26.

[101] *Id*.

[102] *Ibid*., 22.

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A second suggestion we can derive from Ricœur's thoughts throughout the investigation of his peripheral works on pain and suffering in medicine is the need to reformulate the therapeutic relationship, considering the loss of power by the sufferer. In many places, Ricœur highlighted the dissymmetry between the patient and the doctor under the form of an "unequal contract."[103] There is an inequality in both the knowledge (of human functioning, diseases, etc.), and in the power, which is a power of deciding a sentence—about the diagnosis or the treatment, and the power of acting on the patients, on their very body, of course, but also, we add, on their thoughts, emotions, beliefs, narratives, etc. This represents a first imbalance between the giving-receiving: the patient is indebted to the doctor.[104] The inequality between the two is aggravated by the suffering, which prevents the patient from saying anything, to act, and to narrate oneself, as Ricœur identifies in the acting/being affected axis. Thus, the patient is not in the position of giving anything to the doctor. Accordingly, to the anthropology of the *homo capax*, sufferers are almost deprived of what makes them human. There is an additional danger of dehumanizing the sufferers within the therapeutic relationship since the medical practice relies on objectifying techniques that reduce patients to biological functions or psychological components.[105]

Building on the dialectic of solicitude deployed in *Oneself as Another*, Ricœur moved in his peripheral work from the common perspective of a contract between the patient and the doctor to the foundation of an alliance. This alliance is based on the "resources of power (to exist, to act, to think, to speak) (which) have not been diminished by the suffering" of the doctors which turns them into a "potential ally of something that resides in the other."[106] We might interpret that this is something which the doctor might be an ally to the self-esteem itself, by making efforts to rebuild their capacity to speak, to act, and to narrate themselves. In fact, Ricœur does not subscribe to any portrayal of the doctor as all-powerful. He identified a major limit for the clinical work in the impossibility of an "unreserved suffering with," because on the self-other axis, suffering is precisely the irreplaceable: "other than any other, the sufferer is unique."[107] The clinicians would even suffer from their inability to fully address the complaint of the sufferer, to truly relieve the suffering.[108] This is a pessimistic view of the clinical practice, where the project of relieving human suffering through a therapeutic relationship would always already be a failure because suffering is precisely on the self-other axis, the experience of the irreplaceable, the incommunicable, and at a more intense level, a paranoiac vision of the other and a solipsistic vision of the world (*e.g.* the enemy, the reverse election). There is a possibility that quite mechanistically, because of the very process of suffering, the doctor and the patients became mutual enemies. In fact, Ricœur has forbidden any optimism for clinicians and phenomenologists in his concluding words of "Suffering is Not Pain". However, a last refuge (or common battle?) for the two allies might be dignity. Ricœur borrows Kress' words talking about the "human person insofar as they are recognized for what is

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[103] Ricœur, "Foreword," in *Code de déontologie médicale*; Ricœur, "Foreword," in *Médecins tortionnaires, médecins résistants*; Ricœur, "La relation thérapeutique," interview by Caroline Philibert (1995).

[104] *Id*.

[105] Ricœur, "Foreword," *Médecins tortionnaires, médecins résistants*, 7

[106] Ricœur, "La relation thérapeutique," interview by Caroline Philibert (1995), our translation.

[107] Ricœur, "Suffering is Not Pain," 19.

[108] *Ibid.*, 26.

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most proper to them: their dignity."[109] Quite circularly, acknowledging the ability to suffer is an ethical rampart for preserving dignity, since "the ability to suffer is an integral part of this dignity." At least, and at last, even if the relationship is prevented by the suffering, the clinician still can acknowledge the suffering of patients. On the side of the patient, Ricœur pointed out a way to correct the imbalance in the giving-receiving relationship. Ricœur proposed to consider the enduring of the patient as a "gift" to the doctor taking into account their common mortality.[110] This enigmatic suggestion might be understood insofar as enduring being "persevering in the desire to be and in the effort to exist *in spite of* our mortality."

VI. Conclusion

This exploration of Ricœur's peripheral works on pain and suffering, contextualized in the historical situation of psychiatry and medicine, has allowed us to uncover pathways for establishing a practical philosophy for clinical practice. This practical philosophy is grounded in Ricœur's philosophical work, but also in the dialogue with physicians, and in a commitment to contribute towards shedding light on major issues of his time. Our effort to contextualize a philosophy in dialogue with the psychiatrists and physicians has highlighted Ricœur's interest in extreme cases—such as mental disorders and torture—to understand the human being, and fundamentally, the relationship with the other. Put in perspective with the dialectical framework of solicitude, the ethical thoughts deployed in "Suffering is Not Pain" open to applied ethics for the clinical relationship, namely: the effort of the clinicians to remove any interpretation of suffering as the punishment for a moral fault; the actualization of the therapeutic relation as an alliance, rather than a contract, and the foundation of dignity, defined as the ability to endure, as the ethical foundation of the patient-doctor relationship, in the horizon of their common mortality.

Acknowledgements

I warmly thank Jean-Jacques Kress, for his report and memories of these conferences and for supplying different historical documents surrounding the organization of this lecture by Ricœur, which included the draft manuscript. I thank Caroline Philibert for accepting the interview and sharing crucial documents. I thank the Fonds Ricœur and the Ricœur's family for supporting this project.

Funding

Astrid Chevance received a grant from the Fondation Bettencourt-Schueller and from the Fondation Sisley-d'Ornano to support her work on Mental Pain.

[109] *Ibid.*, 22.

[110] Ricœur, "La relation thérapeutique," interview by Caroline Philibert (1995).

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Vol 15, No 2 (2024) ISSN 2156-7808 (online) DOI 10.5195/errs.2024.669 http://ricoeur.pitt.edu