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# Psychological aspects of suffering in illness and dying

## Abstract

Suffering of a terminally ill person provokes reflection on psychological and spiritual dimension of that suffering. Frequently, the physical pain is accompanied by the 'pain' of loneliness and helplessness towards inevitability of passing away. The other person can play an extremely supportive role in bearing the pain as well as in accepting the inevitability of the end of life, provided that maturity and empathy are one's essential personality traits that the person in need can be endowed with.

**Key words:** suffering, dying, empathy

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Humanistic psychology turns towards the whole human being in his existence and actions, in his illness and suffering, by searching the proper solutions for human problems. While it is true that a psychologist cannot remove an organic defect, prevent any potential disability or change the biological clock of the human body, he or she should, however, help the person understand oneself better, teach to cope with the new situation and show the perspective and the meaning of life.

In the case of illness, chronic and often terminal in particular, the broadly defined psychological efforts are absolutely indispensable. For, as Dr Dossey wrote [1]: '(...) in some sense the cure can always come', which means that the 'cure' does not stand for the physical disappearance of the disease symptoms (heart attack, tumor) but rather for realizing that 'physical illness, even the most painful or peculiar, on a certain level is of a secondary importance in the whole context of our existence'. It also means that on the basic level we are 'inviolable', unaffected by the ravage caused by disease and death.

## A human being and suffering

The ill person is not left unaided in the suffering, for almost always one can experience the presence of another man. As the result of involvement in the experience of another human being, the individual suffering ceases to be the state, the emotion of a lonely subject (Levinas) but becomes a collective emotion or state.

'It is not good that the man should be alone' — we read in the Book of Genesis, although the quotation concerned the man in paradise. Even harder should be the loneliness among the close and kind (but busy with their own things); or the loneliness among the 'correctly polite'.

Finally, the loneliness in suffering and at the moment of passing away. Pain and suffering was defined by Aristotle as an inseparable shadow of the human life — the passion of the soul. When facing the presence of physical as well as psychological suffering all people are equal — as Szczepański wrote — for the suffering does not omit anyone. A suffering person

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expects understanding and help of one's fellowmen. Being ready to help those in pain is the practical manifestation of a humanistic attitude.

To be a man means to do something for your fellowman voluntarily, enrich his existence in sickness and health by helping to endure the suffering and the painful loneliness, accompany to the very end, when death is approaching inevitably.

During the illness, we almost always wish to enter some kind of a therapeutic garden in the place chosen by someone else (a doctor, family); the brightest place, with the easiest path leading to relief and recovery. Thanks to the help of others, we are able not only to reduce or eliminate our ailments, but we can also stay in the psychological balance and keep our dignity. This is most often the common opening of a new dimension where ailments decrease and the hope grows.

Illness means suffering. But, following Victor Frankl: 'the human being cannot be destroyed by the suffering itself, but only by the suffering deprived of any meaning' [2]. Frankl defines meaning as 'the state of subjective satisfaction of an individual connected with action which is purposeful and oriented on values (close and distant, relative and absolute)'. The emptiness caused by the lack of meaning in life is called 'the existential vacuum'. Logotherapy aims at helping people who experience this vacuum. The basic component of this therapy is introducing the idea of logos, or making people aware of meaning and value; steering a man so as to let him discover the meaning according to his personality.

Obuchowski claims that 'the meaning of life consists in ascribing life some value beyond human existence itself'. The essence of life's meaning should to some extent 'stem from personality'. Thus, it has to be the self-product of an individual, adjusted to personal characteristics, one's experience and reflections. The sense of life's meaning is connected with the expectation of recovery, feeling of relief. A human being, even when extremely weakened, is able to bear pain if he knows that everything what he experiences will bring relief.

However, when one is aware of passing away, the lack of ailments does not change anything. Ascribing fundamental meaning to what is happening can bring the only relief then. It is very often connected with faith which inspires and strengthens. The help from other people who share the same values and support the ill person with their attitude and prayer is then very important (Chrostowski) [3]. For as Dr Dossey writes: 'the one who prays, does not feel lonely'.

## Psychological problems of experiencing pain in illness

Pain affects human psyche and may lead to emotional disorders, frustrations and occurrence of depressive anxiety reactions which require treatment. At the same time, the psychological condition of an ill person determines to a considerable extent the intensity of the experienced pain, which quite often leads to a vicious circle which is hard to stop. According to Kuryłowicz [4], the sensation of pain and its intensity is shaped by the cognitive and emotional sphere. The situation connected with pain and the previous personal pain-related experience are of great importance. In the cognitive sphere the sensation of pain depends most of all on the image of illness and on the representations connected with it. The patient's image of the disease often differs significantly from the image created by the doctor. The patient most frequently uses the general, conventional information about the disease, personal observation of the symptoms, personal balance of assumptions and ideas concerning the disease, as well as the judgment about the reason, symptoms and prognosis. This image may sometimes be exaggerated, sometimes understated, often however, it is distorted. Very seldom is it congruent with reality and the image created by the doctor.

Fear is one of the main factors modifying the sensation of pain. The occurrence of pain stimulus triggers an emotional reaction which is fear or anxiety. Pain is a sign warning against physical danger, whereas anxiety — warns against danger for the psychological sphere. The strict mutual interdependence of those two signs is unquestionable. Pain causes fear and fear escalates the pain sensations.

The correlation of pain and anxiety is particularly visible in case of severe pain. Such relation is also visible beyond any doubt in the case of chronic painful diseases. Patients' numerous problems occurring in course of illness induce emotional anxiety reactions which intensify the sensation of pain. Chronic pain causes depressive reactions, whereas despondency and depression result in the reduction of pain tolerance. Here I wish to quote Khalil Gibran's words regarding the experience of pain: 'Your pain is like breaking the nutshell containing your wisdom. As the nutshell has to fall apart to let its heart see the sun, you also have to know the pain'.

## Long-lasting disease as the situation of psychological stress

Walter Cannon, who investigated the influence of harmful environmental factors on the living organisms, is considered the first researcher of the stress-related concepts. He treated stress as a reaction to danger, the aim of which was to create conditions for the survival of a living being (letting an organism stay alive).

The biological concept of stress was proposed by a French physiologist Claude Bernard, who created the principle of 'the constancy of the internal environment'. He noted that cells in multicellular organisms exist in their own environment, withdrawn from the external world. There occur constant changes in that environment which disturb the living body activities or threaten its existence. Bernard's merit is also the theory that the constancy of the internal environment is the fundamental life condition in the natural world. He was convinced that this constancy can be maintained by the physiological and biochemical processes in the living body.

The term 'stress' contains many notions such as: danger, conflict, frustration, emotional disorders and trauma that is alienation. This term has been borrowed from the field of physics. It was first introduced to the health sciences by Hans Selye [5]. He defined stress as the sum of all non-specific effects of the influence of different factors (natural factors — proper ones, pathogenic factors and other), which may have impact on the living body. Selye defined those factors as stressors. The impact of the pressure agents (stressors) causes the state of stress in the organism. It covers the set of physiological alterations of an adaptive character which serve the defense of the organism. Those alterations were specified by H. Selye as the 'general adaptation syndrome' (G.A.S.).

In the psychological stress, as the result of the stressors' operation, some changes occur in the areas of psychological functioning of an individual: emotional, cognitive and behavioural. Those changes are recognized as the elements of the stress fighting processes.

Every notion of stress refers to a different level and extent of the organism reaction. Psychological stress is always related to the physiological stress and the other way round.

Scherer described stress as an emotional reaction accompanied by long-lasting disturbance of the system balance. According to this theory emotions can be treated as 'normal' if the fear or anger trigger

(provided that they last shortly) adaptive mechanisms of the living body. However, the concept of stress refers to the situations when the fear or anger last for a long time and cause the disturbance of the body balance. According to Łosiak, stress reactions are the variant form of the 'normal' emotional reactions.

Mechanic defines stress as discomfort reactions which occur in a person being in a particular situation. The substance of the stress mechanism is constituted by the discrepancy between the requirements (coming from the outside or from an individual) and the potential possibilities of meeting those requirements.

The most popular is relational (transactional) idea of stress the essence of which is an interaction between an individual and the environment.

Reykowski [6] as the first in Poland pointed that to consider certain stimulus as generating stress, one should take into account the correlation between the stimulus and the subject. 'The way stimuli are perceived will have impact on the actual human behaviour' — he claims.

Tomaszewski [7] describes stress as a difficult situation. Situations can be recognized as 'difficult' if there is any discrepancy between the needs or the tasks and the possibilities of meeting those needs and performing the tasks. The difficulties have a subjective dimension (an individual's features e.g. lack of strength, illness) as well as an objective one (external conditions — harmfulness, disturbance).

Hobfoll [8] presents a specific approach to the concept of stress. He defines the psychological stress as the reaction to the threat of losing the resources, the real loss of those resources and even the lack of the resources' growth after investing them. As the resources Hofboll enumerates objects (e.g. flat, means of transport), conditions (good marriage, work), personal features (e.g. interpersonal skills, the feeling of effectiveness) as well as the sources of energy (e.g. money, knowledge). People who lack any resources are most exposed to stress. In the situation of illness, one can talk about depleting the immunity resources of the organism.

## Illness as the source of psychological stress

The situation connected with the disease is created by the complex network of subjective and objective factors. The perception and processing of the information by the ill person as well as giving them meaning decide about the kind of experience

and behaviour during the disease. The illness becomes a problem for an individual when an individual gives a subjective meaning to it. Giving the meaning — creating the concept of the disease, the image of one's own disease — is conducted on the basis of information coming from various sources. There are some convictions included in the disease image referring to: the essence of the illness, its reasons, current state, kinds of therapy, prognosis regarding the further course of the disease and its consequences.

Lazarus [9] points that the illness can be perceived by the ill person as:

- harm or loss — the individual's conviction about losing something that was precious and important until that moment (e.g. physical efficiency, social status);
- threat — potential unfavourable changes in the area of health and social functioning;
- challenge — the possibility of showing the ability how not to surrender to the fate and achieve the set goals.

A much more detailed categorization of the disease meanings was conducted by Lipowski [10]. According to him, the illness has most often the following meaning for a human:

- challenge, when it is treated as one of the numerous difficult life situations which require one to activate ways of overcoming them;
- enemy, when it should be fought at any cost and by all means (diverse methods of treatment, defence mechanisms) to reduce the tension related to the feeling of threat;
- punishment, when it is regarded as deserved (passive surrender to the fate, acceptance) or as unfair (it is usually connected with depression);
- weakness, when it is treated as the sign of the lack of strong will, which is related to the feeling of shame, to the denial of the disease existence and rejection of help;
- relief, when it helps escape from tough problems, requirements or responsibility; quite frequent are the symptoms of aggression or hypochondria which may impede the adaptation process;
- strategy, when it is connected with the concept of illness perceived as relief and serves to obtain interest, different kinds of prestigious or material benefits; often it is a starting point for the claim reaction;
- irreversible loss or damage, if the organ affected or damaged by the disease may be of special importance, and sometimes even carry a symbolic meaning (it accompanies depression, it may be manifested as hostility);

— value, when it is connected with philosophical attitude towards suffering treated as the creative source for new values; then, the suffering serves the development of the individual's personality.

A special meaning should be assigned to the chronic disease. It has the character of a process during which the feeling of discomfort, bad mood or the occurrence of any ailments mark its beginning. The end can be a complete recovery and return to the social and professional life in full or in the extent limited by the disease consequences. However, in some grave cases the end of the disease process is death. Before the existence end comes, the ill person often has to face a particular kind of stress related to suffering and loneliness. One has to make an effort to cope with oneself and the situation one is in. Dealing with it covers two functions: cognitive and behavioural activities. They aim at improving the situation through the change of self-functioning disturbed by stress. It may lead to concentration on one's self (regulation of emotions, self-tranquilization) or to some attempts of altering the threatening environment.

Lazarus and co-workers point that coping involves activating behaviours or inner-psychological reactions which lead to overcoming, reduction or tolerance. According to this approach, a human assesses his resources (e.g. friends, faith), evaluates his skills and coping abilities. Next, he estimates whether they are sufficient to defeat the danger or challenge which generated stress.

There are vast resources of coping with stress described in numerous publications.

One of the most frequently mentioned is social support. It arises from human social interactions and is particularly associated with having a family, the close ones and devoted friends.

The resource playing a special role in coping with stressful life events is openness. It means the willingness of a man to share his experiences, thoughts and emotions as well as the ability to express freely the emotions one is living through. A human who feels anxiety, anger, harm or inferiority can — through expressing those emotions — increase the sense of social acceptance and being understood as well as ease the unpleasant emotional tension. As the psychological resources one can also count the dispositional optimism and unconcern. Whereas optimism is the conviction of a human that in his life he will generally experience only good things, and not bad ones, unconcern means the ability not to worry, to be understanding for oneself as well as to care for one's self-comfort and sense of humour.

V.E. Frankl points, on the other hand, the ability to find meaning in crisis and to give the critical events the meaning which allows to survive and struggle against them.

The next coping method is to trust oneself. It is based on self-confidence, confidence in one's own abilities and competence and on self-reliance. A significant element in coping with stress is relatively high self-esteem and self-acceptance. Individuals having high, but not inflated self-esteem and respecting themselves cope with stress far better.

The most recent approaches aim not to classify the methods of coping with stress and investigating their effectiveness in tough situations, but rather direct the attention to the importance of coping flexibility. It determines the ability to use many different ways of coping and to smoothly pass from one to another.

Endler and Parker [11] proposed an interesting classification of the styles of coping with stress. Style in their approach is understood as a way of behaving in different stress situations typical of a particular individual. This conception refers to R.S. Lazarus' theory and describes three styles of coping with stress:

- style concentrated on the task (undertaking efforts which aim at resolving the problem, cognitive transformation and the attempt to change the situation);
- style concentrated on emotions (concentrating on one's own emotional experience and reducing the emotional tension resulting from the stressful situation);
- style concentrated on avoiding (shunning the thinking, living through and experiencing the stress situations, engaging in the substitute activities or seeking social relations).

The authors based their idea on the interactive theoretical model. It presents the coping activities, undertaken by a man in a certain situation, as the result of interaction between the situation characteristics and the style of coping specific to a particular individual.

On the whole, the disease is a difficult process for a man and requires a lot of effort. This process continues in time and shapes the ill person. The course of the process is not unimportant either for the ill person or for other people that the ill person keeps in touch with. Thus, the disease of an individual becomes a social process of a specific structure, the components of which are: medical personnel of the therapeutic unit, family, friends and colleagues.

## At the end of life — psychological reflections

'When the modern medicine cannot help any more, care and presence are the most important things' (Professor Grzegorz Opala, 2002).

A dignified life, dignified and cultured dying are the wish of every normal human being. The great philosophers (Plato, Marcus Aurelius, Rochefoucauld) and psychologists (Maslow, Rogers, Fromm) wrote about the art of living. In the Middle Ages appeared a specific genre in the religious literature called *ars moriendi* ('the art of dying'). According to Professor Father Wojciech Bołoz [12], the earliest Polish example of such literature is *Dialog Mistrza Polikarpace Śmiercią* (*Master Polikarp's Dialog with Death*) from the 15<sup>th</sup> century. At the very beginning, the authors wrote books containing advice, guidelines and rules for clergymen, which should be applied by the ill person who was dying in order to prepare for a good death. The changes which suggested directing the advice to those who accompanied the dying person were introduced relatively quickly. Finally, the addressees became all the people preparing themselves for a 'good death'. The contents of the writings accustomed people to the idea of death and prepared them for it. The Enlightenment generated an anxiety attitude towards death. The cemeteries were surrounded by high walls, the signs and symbols associated with death were eliminated. Such attitude was imposed by the ideology of developing capitalism.

The negative fear-driven attitude towards death has lasted until today. Undoubtedly, the problem of the end of life has always existed in the social consciousness, but it was only the book by Kubler-Ross [13] that became the trigger for starting broader discussion about human dying.

In 1973 the American Declaration of Patient's Rights guaranteed the right to die in dignity, which was precisely worded as the right to die in peace, with human and Christian dignity.

Nowadays, one can distinguish two marginal tendencies referring to the ethical problems connected with the end of human life. The first one concentrates more on the humanistic premises of gentle dying, whereas the other one concentrates on doing everything that could protect and prolong life.

However, it should be underlined that in the face of death the concern for dignity has a special meaning. As the whole life, the disease and death should also be dignified. The ill person should have the sense of self-esteem regardless the state he or

she is in. A human close to death is in general aware that he is dying. Therefore, one asks questions about the sense of everything. The importance of those questions is related largely to the moment of life we are in when we have to die.

The Book of Samuel says: 'Who shall die before fifty years of age, was taken prematurely'. However, in the Book of Psalms we read that: 'Our days may come to seventy years, or eighty, if our strength endures'. Hence, there is no doubt (as Professor Father Chrostowski writes) that the age at which someone dies has a great influence on their mental and spiritual state as well as on their environment's attitude to what is happening. Sometimes the environment shares the belief that the death of a close person is necessary, however, more often the opinions of others (though hidden) are different. It can significantly deepen the drama of a dying person who feels the ambivalence of attitudes towards his or her death. The dignity of a dying person, as Father Chrostowski writes, depends in a large measure on whether this person can overcome the dilemma related to the perspective of radical leaving. The spiritual condition is much determined by the extent of satisfaction from one's life achievements. Thus, a great support for a dying man is surely appreciation by means of pointing what one managed to achieve or what the signs of good and values done in the course of one's life are. The necessity to rely utterly on others, on their interference in the most intimate, private spheres of life generates sometimes the feeling of humiliation. Family bonds are for the ill a very significant field. For life is so complex that there will always occur some situations which require making amends and bringing the violated justice back. The end of life makes an ill person realize that some matters cannot be repaired and the only thing left is forgiveness. The closest environment should in such cases show a lot of subtlety and sensibility.

## What is death?

The evil of death is presented in a specific way in Hegel's philosophy. An enslaved man (towards whom the others, and not the man himself, hold the means of existence) in Hegel's approach seems to believe that death disconnects him from all values, shatters all hope for future. Life is an absolute value for him, whereas the source of life (in his opinion) are the self-existing things in this world. The enslaved one (Tischner writes) is as strongly rooted to the Earth as a tree. 'He believes in the reality of his existence, because earlier he believed in the feasibility of ob-

jects by means of which he satisfies his most strident needs... Thus, he is not able to disconnect from the Earth' [14]. Albert Camus claims that death is the consent for leaving the state of existence. Karl Rahner — a German theologian — says that we should live with death in view. For we have the awareness of death and we should not repress it. Indeed, the fear of death is very common, but the elderly and happy people fear death a bit less than the young. People whose life concentrated on their own ego and for whom the others were only the means for obtaining their own good, fear death much more.

Humanism in the attitude to other people, prosocial actions, creative activity through lifetime surely allow to overcome the fear of inevitable death. The great philosophers, psychologists and poets wrote about it underlining that to know how to die means to know how to live for other people, put into action the moral ideals and be able to resign from oneself at any moment. But can such values be appreciated in our consumerist-liberal reality?

## Provide care, be close

The need for authentic personnel care of the suffering and dying person is underlined by the medical personnel representatives as well as by the patients' family members. This care (as Koziellecki writes) is not restricted to medical problems only, but covers also the psychological and spiritual matters [15]. Even such simple gestures as shaking hands, a sincere smile, a warm word or a moment of silence have a soothing effect. In psychology one can talk about the ability to enter someone else's situation, the ability to empathise as well as about the methods of making impact.

Philosophers of dialogue claim that the characteristic thing in experiencing the presence of another man is empathising. For emotions are the most important in individuals' relations. The essence of the relation with another human being is the feeling of another person's presence, empathy, capturing what he is living through and experiencing.

In Levinas' philosophy the contact with another man's suffering is of core importance for an individual. Sympathising or even empathising with another, one not only takes part in emotions of another man, but begins to shape oneself. Also, the emotions one gets from participating in another man's experience allow for the holistic understanding of both oneself and the person with whom one empathises. According to Max Scheler, empathising is the moment when a man goes beyond his own egoism, beyond

the confinement of his own feelings and the world of his own awareness, which enables him to discover another man (to know and understand him better). Empathising becomes then the space for shaping of a man.

### Meeting another man as an event

As Tischner wrote [14], we are given only one relevant experience, in the full meaning of this word, namely the experience of another man — meeting with him. Experience through meeting which is a peculiar event. This event has a character of transcendence where through the contact with another person (experience) we come closer to the Supreme Being.

Every meeting includes a certain number of communicative acts. A communicative act means sending a signal-object to the recipient by means of an appropriate channel, with the intention that the recipient will read (decode) its contents. Thus, the words contain our thoughts and the hands are supposed to show our ideas and attitudes. In the dialogue, according to Antas [16], the action of sending arguments with hands has interchangeable and reciprocal character. The speakers grant each other something. The gestures may attract, repulse, close, provoke, they may strengthen the meaning of the information sent or adjust mental tension to the desired level. When we talk about communicating while meeting with another person, every single behaviour can be treated as communication, regardless of the intention and awareness of the speaker. The hands, mimics, pitch of voice, intonation and touch, all become important. The face gains a particular meaning.

Levinas: '(...) there exists, above all, the sincerity of face, its sincere exhibition without any protection. The face skin remains utterly naked, bare to the highest degree. The most naked, however, with a dignified kind of nakedness. It is also bare to the greatest extent: face shows genuine poverty. The proof for that is the fact that one tries to hide this poverty by means of different poses and the attitude of self-confidence... The face expression contains a certain commandment; as if the teacher was talking to me'.

The face of the other is given to us. Given in exposure. Levinas says: 'Certainly, a relation with face can be dominated by perception, but what specifically is the face, cannot amount to perception'. The best way to meet the fellowman is not to even notice the colour of his eyes! Stephan Moses in his commentary to Rosenzweig wrote: 'The God's truth is revealed right in the human face. The highest mystical experi-

ence interferes with the image of the face of a fellow human being'.

Tischner in his philosophy of drama wrote such words about human face: 'What silence is for a sound and the light for colour, the same are good and evil for the face. The face contains the reflection of ideal beauty, ideal good, ideal truth... it is unique sublimity, magnificence of a human being. It is able to grip, fascinate, elevate above the prose of the world towards the poetics of existence. But it is also fragility, the feeling of being lost, harm or poverty. There are signs of the past sufferings, there are places for the future ones on it... Here the tear and dying appear. (...) The face logos — is the way in which a man overcomes the perspective of tragedy that invaded his existence in the shape of evil, pain and harm...'

The opposite of the face mirror is a mask.

It is not a veil and it is not a face (says Tischner). The veil only covers the face, the mask lies. The mask endeavours to create illusion opposite to the real state. In the opinion of a person hiding behind a mask, it is for others and because of others. Most frequently one can talk about the mask of dissatisfaction, mask of self-ridicule and mask of the martyrdom awareness. The social life itself demands masks. Self-dissatisfaction is the manifestation of the mutiny against oneself and against those because of whom one had to wear a mask.

Sometimes, a man is aware that he is wearing a mask and suspects that also others already know about it. However, he cannot get rid of it for good. The mask allows him to stay on the arena of some world, though it is a source of anxiety and even suffering for him.

Kępiński noted: 'The mask paradox is that by means of it one achieves the effect quite opposite to the intended one. One wears a mask to be more peaceful and to calm the environment down, but one causes the increased anxiety of oneself and of the environment'. And further... 'the main source of the mask is fear. It pushes a man into such relation space where the dominating structure is the structure of opposition: the other is *a priori* my enemy and to protect myself from him I have to hide into the prepared hideout. The mask is a man's view from the hideout window'.

### Contact with other — the meaning of a question

The questioning and the questioned ones — it is a dialogical relation between humans. In a therapeutic situation it has a particular character, not

frequently a dramatic line. 'When asked (wrote Tischner), I know thanks to the question which came to me, that another man is present near me, but I know that I am near him as well'.

A question is a specific variant of a request. Request, on the other hand, results from some misery. If there was no misery of this world, according to Tischner, there would not be any requests and nobody would ask anyone about them. A man in the situation of disease, especially a serious disease, experiences a specific misery which one cannot cure completely, but which can be diminished by close relations with another person. Asking questions requires becoming closer to each other, especially spiritually. The misery expressed in a question demands mercy. The master of response becomes the one who experienced misery, whose wisdom is rooted in the awareness of tragedy. The real help for the person asking questions does not come through a direct answer, but the real lesson is asking a question. To be a master does not mean to multiply answers but to ask basic and key questions (as in the philosophy of Socrates or Saint Augustine).

I answer the question because the question was a request and an appeal and this makes me ethically responsible. Silence would be an act of contempt according to Tischner. By carrying out the request of an asking person I realize what it means to be good. When I give the answer, I enter the relation of mutuality. Which dominates in this mutuality: the good or the truth?

Nietzsche stated that the falsehood which serves life is a value higher than the truth which objects to life.

But a lie violates mutuality! A lying person has to be particularly watchful, hence the tension and anxiety that one is attentively observed. The paradox of the dialogue of lie — wrote Tischner — is that it is not possible without a simultaneous dialogue of truthfulness. The external lie has to be accompanied by the inner truthfulness. 'To be able to lie to another person, I have to tell the truth to myself; otherwise the lie would not be possible. In order to know how to hide the truth, one has to constantly keep an eye on it'. It is on this level that one should consider handling the information about what is happening and what may follow in the case of a suffering person

The information should be:

- given in an understandable and accessible way;
- adjusted to the level of education and knowledge.

The information serves at the same time as calming the patient down and giving him partial control over the state of his health.

Steward Alsop claims that '(...) the patient should be told the truth and not only the truth — but not the whole truth', for 'a man who has to die, will die more easily, when he is left a small spark of hope'.

## Final reflections

Following Teilhard de Chardin [17], we will make an attempt to look at the concept of death through his words. 'We are all getting older and we are all going to die. It means that at this or another moment — no matter how strong our resistance would be — we are going to feel that the intrusion of the destructive forces we have been opposing so far, is slowly prevailing our vitality and defeating us in the physical sense. But how can we lose the battle if God is fighting on our side? What does failure mean?' And further: '(...) since the final victory of good over evil may come only in the holistic world organization, therefore our individual existences, infinitely short, will not be able to benefit on this mortal coil from the blessing of the Promised Land. We are like the soldiers who perish during thrust which will bring peace. God cannot then be defeated as a consequence of our own defeat, for even if it seems that we were defeated in the individual sense, the world we will start our new life in, wins through our death...'. 'As an artist who can make use of a flaw or an imperfection of the material to obtain a more sophisticated image from the sculptured stone or casted bronze or a more beautiful sound, so does God — if we only trust him with love — by not saving us either from gradual dying or from ultimate death, which are a part of our life, He transforms and incorporates it into the whole of a more perfect plan...'. 'For those who search for God, not everything is directly good, but everything can become such'.

*Omnia conventur in bonum!*

## References

1. Dossey L. Słowa, które uzdrawiają. Siła modlitwy a praktyka medyczna. Wyd. Jacek Santorski, Warszawa 1993.
2. Frankl V.E. Homo patients. Instytut wydawniczy PAX, Warszawa 1984.
3. Chrostowski W. Godność człowieka umierającego — potrzeby duchowe. W: Bołoz W., Ryś M. (red.). Między życiem a śmiercią. Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego, Warszawa 2002: 135–156.
4. Kuryłowicz J. Radzenie sobie z własną chorobą. Wyd. Verba, Lublin 2006.
5. Selye H. Stres życia. PZWL, Warszawa 2004.
6. Reykowski J. Funkcjonowanie osobowości w warunkach stresu psychologicznego. PWN, Warszawa 1966.
7. Tomaszewski T.(red.); Psychologia. PWN, Warszawa 1975.

8. Hobfoll S.E. Conservation of resources. A new attempt at conceptualizing stress. *American Psychologist* 1989; 44: 513–524.
9. Lazarus R.S., Folkman S. *Stress, appraisal and coping*. Springer, New York 1984.
10. Lipowski Z.J. Physical illness, the Individual, and the coping process. *Psychiatry in Medicine* 1970; 1: 91–102.
11. Endler N.S., Parker J.D.S. Multidimensional assessment of coping: a critical evaluation. *Journal of Psychology and Social Psychology* 1990; 58: 844–854.
12. Bołoz W. Etyka chrześcijańska wobec problemów końca życia. W: Bołoz W., Ryś M. (red.). *Między życiem a śmiercią*. Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego, Warszawa 2002: 119–134.
13. Kubler-Ross E. *Rozmowy o śmierci i umieraniu*. Wyd. PAX, Warszawa 1979.
14. Tischner J. *Filozofia dramatu*. Editions du Dialogue, Paris 1990.
15. Kozielski J. *Psychologia nadziei*. Wydawnictwo Akademickie „ŻAK”, Warszawa 2006.
16. Antas J. Co mówią ręce. Wprowadzenie do komunikacji niewerbalnej. *Sztuka Leczenia* 2000; 2: 37–51.
17. Teilhard de Chardin P. *O szczęściu, cierpieniu, miłości*. Instytut Wydawniczy PAX, Warszawa 1981.