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RESEARCH ARTICLE

Flourishing Through Suffering: The Limits of Sentience and the Ethics of Communal Meaning-Making

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Abstract

This paper revisits the longstanding debate over the nature of suffering, focusing on the divide between subjective and objective accounts. I defend a Personalist conception of suffering, rooted in an Aristotelian understanding of human flourishing, that recognizes suffering as both universally human and deeply personal. On this view, suffering is neither a purely sentient, inner experience nor reducible to external conditions, but a disruption of flourishing that arises when love or justice is violated or absent—and that calls for a communal response. Understood through this lens, suffering, I argue, invites a shared practice of meaning-making—not as sentimental optimism but as a form of grounded hope: realistic, responsive, and attuned to the dignity of both the sufferer and those who accompany them. Even when suffering cannot be cured or fully comprehended, it can be met with deeper engagement, mutual responsibility, and a reaffirmation of our commitment to a life lived in relation and shared purpose.

Keywords: care; flourishing; personalism; relationality; suffering

A study on the nature and role of sentience in ethics merits a reflection on the nature and role of suffering —the main negative consequence of sentience.[1] Recently, there has been a revival of the ongoing debate on the definition of suffering and its implications in healthcare settings. This paper revisits the long-standing debate over the nature of suffering, focusing on the divide between subjective and objective accounts. While some define suffering in terms of felt experience—anguish, distress, pain—others insist on external, impersonal criteria rooted in notions of flourishing or harm. I suggest that both accounts are insufficient on their own.

Drawing on an Aristotelian understanding of flourishing and grounded in a Personalist framework, I defend an account of suffering that is at once *universal* and *personal.* Suffering, I argue, is neither a purely sentient, inner experience nor reducible to external conditions, but a disruption of flourishing that arises when love or justice is violated or absent—and that calls for a communal response. Understood through this lens, suffering is both an impediment and an invitation: it impedes flourishing, but it also invites a shared practice of meaning-making.

The paper unfolds as follows. I begin by engaging recent contributions to the debate over the nature of suffering to assess their respective frameworks and clarify the conceptual and ethical stakes. Then, I develop my Personalist account of suffering, which I define as a disruption of flourishing that occurs when justice is violated or love is absent. Here, I present my central argument that suffering is both objectively real and personally lived, and that meaning-making, while not always possible for the sufferer, becomes a task for the moral community. In doing so, my account responds to some objections

and substantiates Tate's call for a more holistic theory of suffering—one that holds together the subjective and objective dimensions and affirms the relational nature of healing.

Existing conceptions of suffering

Discussions on the nature of suffering often carry a normative weight that underscores the relevance of its conceptual analysis: suffering is intrinsically and prima facie bad, which yields a stringent moral obligation to do what one can to alleviate people's suffering.[2,3] In the healthcare context, this means that a patient's medical suffering (i.e., a suffering caused by ill-health) provides reasons grounding moral obligations for healthcare professionals to relieve it. While, on the one hand, such moral obligation can, in certain cases, even be legally imposed, it is also, on the other hand, not an absolute, unfettered obligation that does not accommodate exceptions (e.g., one does not have an obligation to alleviate someone else's suffering by causing harm and violating the dignity of the sufferer or of one's own).

Debates about the nature of suffering have long oscillated between subjective and objective accounts. Is suffering merely what it feels like from the inside—distress[4], anguish, pain? Or is it something that can be identified from the outside—the absence of those goods or conditions that enable a life to flourish? To put it another way: Is suffering fundamentally a subjective experience—tied to personhood, individual values, and emotions—or an objective condition, identifiable through impersonal criteria and present in the world regardless of conscious awareness?

The limits of both sentience-based and objective accounts

This conceptual distinction bears important practical implications: as Tate highlights,[5] if suffering is purely subjective and therefore an agent-dependent, first-person experience, then we exclude all those who lack a sense of self and sentience (i.e., capacity for subjective experiences).[6] This would entail that we could not say that infants, people with severe intellectual disabilities,[7] or patients who are minimally conscientious, unconscious,[8] or in a permanent vegetative state (PVS) can suffer.[9] For those upholding the objective accounts of suffering, these exclusions cannot be reasonably justified. This is because anyone who is found in a situation where there is a "gap between how things are, and how things ought to be"[10] for the attainment of a good, flourishing life, is suffering and therefore merits our immediate moral attention.[11]

Objective accounts are therefore broader and more inclusive: they consider all human beings equally, irrespective of their capacity for or level of sentience, awareness, or consciousness. All human beings suffer some form of impediment to their full flourishing at some point in their course of their lives. We all suffer, one way or another, sooner or later, sometimes for short, sometimes for long periods of time—and some of us (e.g., with chronic illnesses and disabilities) for our entire life! Though in different degrees, manner, and intensity, the objective reality is this: all human beings suffer. That is a fact. Suffering is, then, a universal phenomenon—not as abstraction, but as the lived reality of finite, vulnerable beings.

And yet, suffering is a profoundly personal experience. Subjective accounts remind us that suffering is not just the absence of flourishing in abstract terms, but the disruption of what this particular person, in this specific context, holds dear or needs to live a fulfilling life. It is tied to agency, memory, relationships, and meaning. The pain of bereavement, the anguish of betrayal, or the fear of death—these are irreducibly first-person.

Toward a holistic account: The Personalistic view

This leads one to understand that both objective and subjective features are necessary and complementary, yet not alone sufficient to fully explicate the complex nature of suffering. A holistic understanding of suffering, as Tate calls for, relies on seeing it *both* as an objective impediment to a good life *and* as a subjective experience. While the former allows one to name harm, injustice (both interpersonal and institutional/structural),[12] and absence of love, the latter keeps one attuned to the unique character of

each person's wounds. I call such holistic view "Personalistic" because it affirms that human goods are both universal and personal: objective in kind, but particular in form.

Two objections

While a holistic theory that considers both the objective and subjective aspects of suffering as an impediment to flourishing is a more inclusive and attentive approach—one that takes seriously the unique wounds of each sufferer—two important objections arise.

Objection 1: Conceptual inflation

The first objection is that in combining both the objective and the subjective components of suffering, this holistic account becomes unreasonably expansive. So much so, my opponent would argue that it falls into the unsolvable problem of conceptual inflation: if suffering is defined so broadly that it encompasses everything, it becomes meaningless.[13,14]

Few would deny that conceptual clarity is vital, especially in moral contexts with life-and-death implications such as those encountered in healthcare.[15] However, I want to challenge the assumption that the holistic view of suffering necessarily renders it ineffective. The relevant question is: too broad for what purpose, and in which context? While certainly overly broad and underspecified to serve as a reliable foundation for laws or public policies that establish MAiD, the concept of suffering as impeded flourishing remains essential in clinical and communal settings. In these contexts, medical suffering calls not for institutional proceduralism and top-down protocolization but for relational understanding and shared meaning-making.

For instance, consider a patient with advanced ALS, fully conscious but unable to move or speak. Their suffering cannot be fully grasped by pain scales or physiological metrics. What matters most may be their caregiver's presence, their gaze, their moments of shared memories, evoked through touch and music. Such meaning-making is relational, not procedural.

That is to say, the encounter with each sufferer requires healthcare professionals to go beyond the performance of objectively prescribed actions and bedside manners: a deep encounter with the sufferer depends on being attentive and present to that person as they try to make sense of their uniquely perplexing situation. This necessitates what both the objective and subjective accounts of suffering offer. Rather than being unhelpful or empty of meaning, the holistic reading of suffering—in offering a combination of both dimensions—guides the sufferer and those who accompany them in how to make sense of a presumably senseless situation. Here, a second objection may be raised.

Objection 2: Virtuous suffering

In making sense of suffering and finding ways that show how suffering can also become a path to growth in virtue, this "virtuous suffering," as Brady calls it, is actually flourishing and not suffering. For Brady, these are intrinsically good types of suffering that do not impede but instead enable flourishing and growth. Examples here would be birth pain, remorse, or grief after the loss of a loved one. Though difficult, they could be classified as "virtuous suffering" that facilitate flourishing. But if so, the objection goes, then suffering cannot be understood as an impediment to flourishing. For Brady, if these are instances of genuine suffering, they cannot also be intrinsically good, virtuous responses.[16]

Indeed, suffering can be a site for the cultivation of virtue—especially the virtue of love. There is, in this sense, such a thing as suffering well, as part of living well. However, I would not be so quick in saying that suffering (of any kind) is good in and of itself. Suffering is not intrinsically good. Suffering is, after all, objectively bad: something to be objectively avoided or alleviated, and something that grounds our moral responsibility to act upon and remedy. By affirming the badness of suffering, I am not, however, denying its transformative potential toward the good. Typically, birth pain is healthy and indicative of normal

functioning; likewise, remorse and grief are proper responses to inflicted harm and death, respectively. These instances of suffering[17] can certainly be appreciated as pathways to the good: the good of new life and the good of repentance and reconciliation, for example.

What this entails is that flourishing and suffering are not mutually exclusive[18]. On the one hand, suffering has an objective, universal component (all human life includes some sort of suffering at some point in one's existence), and this suffering will impede flourishing in some way or another—for example, by disrupting things like enjoyment, relationships, and work that are central parts of a flourishing life. On the other hand, this objectively bad and difficult situation also offers a particular way forward to that person toward her flourishing in and with her community.

Take, for instance, a cancer patient who loses their work to illness and who then finds new purpose in mentoring others in her profession. Their suffering remains a loss—there is no erasing it—but through communal bonds, it becomes bearable and even transformative.

Hope in suffering

The way forward is hope[19] built through communal meaning-making. Crucially, it is the capacity to interpret one's suffering and integrate it into a larger moral or narrative framework.[20] Since this is often unavailable to the sufferer—especially when the sufferer is at his lowest point of anguish—it is the task of his community to build this meaning with him. This capacity for meaning-making may be completely absent in infants and those with severe disabilities and diminished levels of sentience.[21] It may also collapse under the weight of severe trauma or despair. In all of these cases, the task of meaning-making is primarily communal.[22] Others must carry the hope the sufferer cannot bear. This is not a call to romanticize suffering but to recognize that the way forward with suffering is not only—or primarily—relief (sometimes there is no way out or cure) but relationship: a shared construction of meaning that restores agency and dignity.[23] So, for example, when a dementia patient can no longer recall their identity, their family's stories, photographs, and songs become not just memory aids but acts of shared agency: a narrative scaffolding that holds the person in place when memory fails. Dignity is not restored by removing suffering, but by refusing to let it isolate the sufferer.

My working definition of suffering is then the following: *Suffering is best understood as an impediment to human flourishing—in the Aristotelian sense—that arises from the absence of love or the violation of justice. Yet it is not only an obstacle; it is also an ethical summons: an invitation to communal meaning-making. While it obstructs the full realization of human potential and relational life, it also calls forth presence, attention, accompaniment, solidarity, and a deeper engagement with what it means to live well with and for others. This dual nature—as both disruption and summons—places suffering at the heart of ethical life.*

Concluding remarks

If suffering is both a universal human reality and a deeply personal experience, then its ethical implications cannot be reduced to individual resilience or clinical intervention alone. It asks more of us: not merely to alleviate, but to accompany; not simply to manage, but to interpret.

A Personalist account foregrounds this ethical task: the communal responsibility to build meaning where meaning has been shattered and to sustain hope when the sufferer cannot do so alone.

Suffering is neither merely a biomedical event nor a private interior state. It is a shared moral space—a site of encounter where the sufferer and the community are bound in mutual responsibility. This space offers no consoling illusions, nor does it sentimentalize excruciating experience. Suffering is bad. But when reframed as a shared moral endeavor, the question becomes: *What can we make of it together?* And if there is no way out, *how might we live through it—without abandoning each other to it?*

From this vantage point, the Personalist account yields three central insights:

(i) Suffering and flourishing are not opposites. Though suffering impedes flourishing, it can deepen it—not despite pain, but through the moral clarity it demands.
(ii) Both are universal and objective. Suffering and flourishing are not confined to those with full sentience; they pertain to all human lives in their vulnerability and potential.
(iii) Both are personal and communal. Suffering is experienced individually, but it can never be addressed in isolation. Its response is necessarily relational—grounded in presence, responsibility, and meaning.

This final insight carries normative weight. Our response must not be procedural or atomized, but relational, embodied, and ethically attuned. The Personalist view reframes suffering not as a detour from moral life, but as its crucible—where dignity is affirmed, agency is shared, and community is enacted.

This is not a call to optimism, nor a denial of harm. It is a vision of *grounded hope*:[24] one that is realistic in its view of pain, yet unwavering in its commitment to meaning. Even when suffering cannot be cured or understood, it can be accompanied—with presence, integrity, and a commitment to lives lived in relation and shared purpose.

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Notes

1. Suffering is within the "naturalistic" views standardly associated with the physiological ability of sentience. While there are other interpretations, I will concentrate more on these. I thank Matti Häyry for making this point clearer.
2. Brady MS. *Suffering and Virtue*. Oxford University Press; 2018, at 21.
3. Kious BM. Three kinds of suffering and their relative moral significance. *Bioethics* 2022;**36**(6):621–7, at 1.
4. See, for example, the well-known position of Eric Cassell, who defines suffering as a form of distress caused by perceived threats to the integrity of a person's self, particularly in relation to what she cares about and deeply values. Cassell EJ. The nature of suffering and the goals of medicine. *New England Journal of Medicine* 1982;**306**(11):639–45.
5. Tate T. Objective suffering: What is it? What could it be? *Cambridge Quarterly of Healthcare Ethics* 2025;1–9. doi:10.1017/S0963180125000040.
6. Ghose S, Häyry M, Singer P. Sentience and beyond–A representative interview with Peter Singer AI. *Cambridge Quarterly of Healthcare Ethics* 2025;1–9. doi:10.1017/S0963180124000781.
7. See, for example, Nelson, for whom intellectual ability to make meaning of negative experiences impacts on either reducing or amplify suffering. He argues that we cannot make any assumptions about a person's susceptibility to suffering based on their level of intellectual functioning alone. (Nelson RH. Suffering and intellectual (dis)ability. *Cambridge Quarterly of Healthcare Ethics* 2025.
8. See, for example, Blumenthal-Barby for whom concerns about non-experiential suffering are better described as harms or wrongs rather than suffering philosophically speaking. (Blumenthal-Barby J. Suffering at the margins: Non-experiential suffering and disorders of consciousness. *Cambridge Quarterly of Healthcare Ethics* 2025.
9. See note 5, Tate 2025.
10. See note 5, Tate 2025.
11. For a discussion on the concepts of bearing witness, attending to, and accompaniment, see: Moore B. Seeing and having seen: On suffering and intersubjectivity. *Cambridge Quarterly of Healthcare Ethics* 2025.
12. Tate makes an important remark reminding that there is social suffering caused from systemic oppression or poverty. That is, not all suffering is individually lived. See note 5, Tate 2025.
13. See note 3, Kious 2022; see note 7, Nelson 2025; see note 5, Tate 2025.

14. Nelson RH, Kious B, Largent E, Moore B, Blumenthal-Barby J. Is suffering a useless concept? *The American Journal of Bioethics* 2025;**25**(8):12–9. doi:10.1080/15265161.2024.2353799.
15. I have myself argued extensively against the overly broad and underspecified conception of "health" grounding a human right to health. de Campos TC. *The Global Health Crisis: Ethical Responsibilities*. Cambridge: Cambridge University Press; 2017, at chap. 1.
16. For Brady, "certain forms of suffering are intrinsically good because they are appropriate responses to bad things, and that when they do so, they promote agency" (Brady MS. Why we should be experientialists about suffering. *Cambridge Quarterly of Healthcare Ethics* 2025;1–11. doi:10.1017/S096318012500009X.
17. Those defending an objective account of suffering would object that birth pain is considered suffering. Pellegrino, for example, distinguishes pain and suffering. See: Pellegrino ED, Thomasma DC. *A Philosophical Basis of Medical Practice: Toward a Philosophy and Ethic of the Healing Professions*. New York: Oxford University Press;1981.
18. This objection raised by see note 16, Brady 2025.
19. There is an ongoing discussion on the role of hope in medicine and specially in the context of cancer treatments. See, for example: Astrow AB. Thinking about hope in the care of cancer patients. *Hastings Center Report* 2025 Mar-Apr. Clarke S, Oakley J. Where there's hope, there's life: On the importance of hope in health care. *The Journal of Medicine and Philosophy* 2025;**50**:13–24. Snyder CR, Irving LM, Anderson JR. Hope and health. In: Snyder CR, Forsyth DR, eds. *Handbook of Social and Clinical Psychology: The Health Perspective*. New York: Pergamon Press; 1991:285–305. My idea of grounded hope–a hope that is realistic, relational, and responsive to suffering without illusion or evasion–draws from both Dugdale's and van de Lugt's accounts. See: Van Der Lugt M. *Hopeful Pessimism*. Princeton: Princeton University Press; 2025 and Dugdale L. *The Virtue of Hope in the Face of Death*; 2023; available at https://socialconcerns.nd.edu/virtues/magazine/the-virtue-of-hope-in-the-face-of-death/.
20. On the importance for the sufferer of making meaning of his suffering to alleviate it, See note 7, Nelson 2025.
21. For Nelson, intellectual capacity can either increase or decrease suffering. For him, individuals with marginal intellectual functioning could be in a particularly vulnerable position, given their difficulties in making meaning of their own situation (See note 7, Nelson 2025).
22. For a different perspective, defending that "bearing witness to these patients' non-experiential (and experiential) suffering seems over-valued or mis-valued in many cases". See note 8, Blumenthal-Barby 2025. Blumenthal-Barby questions the moral obligation of family members bearing witness to patient suffering especially in cases where non-conscious patients are unaware.
23. On the crucial importance of relationality when discussing the nature of suffering, See note 11, Moore 2025.
24. de Campos-Rudinsky TC. Truth, hope, and love: Rethinking the ethics of communication in cancer care. Unpublished manuscript.

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